The Power of Peer Support:
Assessing the Health Benefits of the Java Music Club at Riverstone Retirement Communities

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Abstract

Loneliness and social isolation are persistent problems in retirement communities, often coinciding with depression and other indicators of poor mental health. Peer support programs, such as the Java Music Club (JMC), are designed to address such issues through active (rather than passive) models of care by building strong relationships and social identities. This study assessed the cognitive and psychological health benefits of a structured peer support intervention (the JMC) at Riverstone Retirement Communities (RRC). An intervention group (n=34) participated in the JMC for 20 weeks while the wait-list control group (n=23) had no intervention. Participants in both groups were assessed at baseline, 10 weeks, and 20 weeks using cognitive assessments and questionnaires assessing a variety of mental health indicators. Results showed a significant increase in self-reported happiness over time in the intervention group.

When identification with one's care community and personal identification were also considered as moderators, identification with RRC was positively associated with engagement among residents in the intervention group alone. Likewise, personal identity strength was positively associated with overall mental health satisfaction, feelings of trust, life satisfaction, and with fewer self-reported negative feelings among intervention group participants. These findings demonstrate that peer support interventions, such as the JMC, can impact the overall quality of life of older adults living in residential care settings, to align with the goals of therapeutic recreation.

Introduction

Retirement is a transitional period in life, which often impacts an individual's social networks and relationships, and is accompanied by shifts in independence, finances, and day-to-day routine (Hesketh, Griffin, & Loh, 2011). Although retirement homes typically offer much assistance with tangible tasks and physical activities of daily living, some research suggests that they may not always provide adequate emotional security (Savikko et al., 2005). Loneliness and social isolation persist, and may even be heightened, in unfamiliar communal living settings such as retirement homes (Savikko et al., 2005, 2010). Some research even suggests that nearly one half of seniors living in residential care facilities have symptoms of depression (CIHI, 2010).

Peer support has been identified as an effective tool for reaching isolated and vulnerable individuals, which often includes seniors (Sokol & Fisher, 2016). The present study assessed the psychological and cognitive health benefits of a peer support social intervention program for older adults known as the "Java Music Club" (Theurer et al., 2014). Java Group Programs, including the Java Music Club (JMC), are standardized peer support interventions designed to address the high rates of depression and loneliness in senior living (Java Group Programs, 2019).

The JMC program uses music, quotes, and photographs to evoke mutual sharing, and in turn, assists in fostering peer support. This peer support program was hypothesized to assist residents in the active engagement of mutually supportive care, consequently improving their overall sense of belonging, mental health, and quality of life.

Method

Participants and Procedure

- Retirement community residents (N=57; 51 women, 6 men), ranging in age from 70 to 100 years (M=86.65; SD=6.39) participated in a study described as assessing the potential impact of social groups on psychosocial and cognitive health. Participants were residents in one of five Riverstone Retirement Communities (RRC) in Ottawa, Canada, which share similarities in facilities and programs offered. Three retirement communities were randomly chosen as those that would receive the intervention (n=34; 59.6%), in which the JMC peer support program would run weekly. The other two retirement communities served as waitlist controls (n=23; 40.4%), which provided baseline comparisons and received the program following the 20-week data collection.

Measures

- Participants completed measures of:
  - Addenbrooke's Cognitive Examination III (ACE-III) (Noone, 2015)
  - Social identification with RRC (Doosje, Ellemers, & Spears, 1995; Time 1 α=.82, Time 2 α=.89, Time 3 α=.82)
  - Personal identity strength (Campbell et al., 1996; Baray, Postmes, & Jetten, 2009; Time 1 α=.67, Time 2 α=.61, Time 3 α=.68)
  - Comprehensive Inventory of Thriving (e.g., engagement, life satisfaction, optimism, etc.; Su, Tay, & Diener, 2014)
  - Overall physical health and mental health (i.e., rated on scale from 0=completely dissatisfied to 10=completely satisfied)

Results

NVivo software was used to analyze the qualitative data, which comprised questionnaire responses and transcripts from JMC sessions. Five themes were revealed through the qualitative analyses, including:

- Group memberships (within the Java Music Club & retirement community)
- Childhood memories (e.g., bonding over shared experiences)
- Physical health (e.g., balancing loss and illness associated with aging)
- The self-concept (e.g., life satisfaction, creativity)
- Personal relationships (e.g., grief & loss, loneliness, support)

Figure 1. Word cloud generated from transcripts of Java Music Club sessions at the three experiment homes

Quantitative analyses of variance (ANOVA) revealed a significant Time (T1, T2, T3) x Condition (intervention vs. control) interaction, such that happiness increased over time, but only among participants in the intervention group.

However, when initial identification with one's RRC (i.e., at Time 1) was considered, it appeared to moderate the intervention's capacity to deliver positive outcomes. Interestingly, RRC identification at Time 1 was significantly positively associated with feelings of engagement at Time 3, but only among residents who participated in the JMC intervention.

Likewise, initial personal identity strength (at Time 1) also appeared to moderate the intervention's impact on several mental health outcomes. Specifically, personal identity strength at Time 1 was significantly positively associated with self-reported overall mental health satisfaction, feelings of trust, life satisfaction, and feelings of belonging, as well as fewer negative feelings. As with RRC identification, these relationships were only evident among JMC intervention group participants.
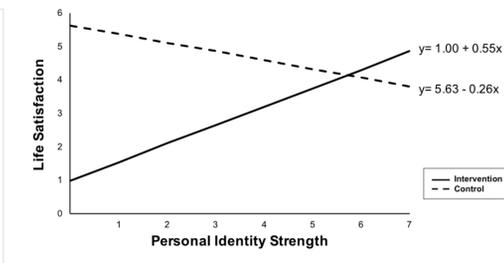
Figure 2. Happiness scores over time

Figure 3. Life satisfaction as a function of condition x personal identity strength; **$p<0.01$.

When personal identity and identification with other residents were considered as moderators, members reported*:

Increased feelings of **engagement**   Greater sense of **belonging and trust**   Increased **life satisfaction**   Positive shift in **mental health**

Conclusions

This study provides evidence that peer support programs, such as the Java Music Club, can impact overall quality of life among residents through increasing members' levels of happiness and strengthening relations between one's sense of personal identification and sense of belonging within the care community and a variety of mental health indicators.

This type of active programming may be well placed to support the objectives of therapeutic recreation to improve overall quality of life and achieve optimal mental health. By providing access to programs that are built on the concept of peer support, older adults may have more opportunities to connect through meaningful social interactions.