Peer mentorship: a key element in Active Rehabilitation

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The Sunnaas Foundation, a Norwegian non-profit foundation, has developed a Norwegian model of the Active Rehabilitation concept, in which peer mentorship is an essential element. Anecdotal evidence indicates that the participants’ experience increased independence in activities of daily living (ADL), including wheelchair skills, increased engagement in physical activities, social life and expanded social networks.

More than 1 billion people live with some form of physical disability, where nearly 200 million of these people experience considerable difficulties with physical functioning.1 The WHO recommends an even larger burden on these people, and society.2 The WHO recommends that the number of people with disability increases in the future due to the aging population.3–6

WHAT IS ACTIVE REHABILITATION?

Active Rehabilitation is a community peer-based rehabilitation concept initiated by ‘RG Aktiv Rehabilitering’ in Sweden (https://www.rgaktivrehab.se/) in the late 1970s.7 Divanoglou et al described Active Rehabilitation as a ‘grassroots transfer of practical life and social skills from experienced and active individuals with spinal cord injury (SCI) (peer mentors) to newly injured individuals or others who need it’ (p545). A peer mentor is someone who shares the same experience and has successfully dealt with these experiences.8

The Active Rehabilitation concept was developed to support people with SCI in reaching their full potential in terms of activity and participation levels by improving their self-esteem and independence in ADL.7

HOW DOES THE ACTIVE REHABILITATION PROGRAMME WORK?

An essential part of Active Rehabilitation is the training camps, which provide intensive, group-based training opportunities in non-hospital environments.7 The camps consist of several key elements: peer mentors, assistants without disabilities, training in ADL and wheelchair skills, use of sports and recreational activities and education.1 The Active Rehabilitation concept is implemented in more than 20 countries worldwide, including Norway.7 Community peer-based programmes such as Active Rehabilitation may play an essential role in assisting individuals with severe injuries to adjust to their new situation.3

ACTIVE REHABILITATION IN NORWAY

The Sunnaas Foundation is a non-profit organisation aiming to support people with disabilities in adapting to their new life situations through increased independence, activity, participation, self-confidence and knowledge. The Sunnaas Foundation is the leading organisation in Norway using peer mentorship for persons living with SCI and acquired brain injuries (ABIs). They believe that people with disabilities have critical first-hand experience they can share with others with similar challenges. The foundation runs peer-based Active Rehabilitation training camps in Norway in close cooperation with rehabilitation hospitals and centres. After several attempts in the early 2000s, the foundation started running the camps yearly in 2013.

The Norwegian Active Rehabilitation concept includes Camp Spinal and Brain Camp and has been adapted with slight modifications to the initial concept. One central adaptation is that many assistants without disabilities attending the camps are healthcare professionals with extensive SCI or ABI experience. This adaptation ensures that participants can challenge themselves in a medically safe environment. The Norwegian Active Rehabilitation concept expanded from including only people with SCI to also including those with ABI.

Each of the two Norwegian camp concepts (camps for people living with SCI and people living with ABI) runs two to three times each year, and last for around one week. The camps’ physical or leisure time activities vary with the season. The camp’s goal is for the participants to learn to manage their daily activities more independently and gain renewed faith in their capacity to master everyday challenges such as turning in bed without assistance, being confident in using a wheelchair or bicycling (see figure 1). These activities may increase the participants’ mobility.
and social interactions. Depending on the campsite and focus areas, the number of participants ranges from 15 to 30. The ratio of peer mentors to participants in the Norwegian camps is approximately 1:2. The Sunnaas Foundation aims for peer mentors’ characteristics to reflect the camp participants regarding gender, age, injury type and severity.

The peer mentor programme developed by the foundation focuses on leadership development and personal growth. In this programme, people living with an SCI and ABI learn to use their life experiences and resources to support others. This peer mentor programme teaches students to become good role models, motivators and leaders. In addition to helping others, peer mentors’ opportunities for success in working life and society are strengthened. Students gain practical experience as peer mentors at the Active Rehabilitation camps and participate in peer support work on digital platforms such as online camps and podcasts. Please visit the Sunnaas Foundation’s website for more information: www.sunnaasstiftelsen.no.

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REFERENCES