

RELATIONSHIPS DECEMBER 2025/JANUARY 2026

BY ROBERT FIRPO-CAPPIELLO

How Peer Mentors Can Help Patients Navigate Life with Neurologic Disease

Peer mentors offer more than advice—they provide empathy, hope, and a shared experience that can help improve outcomes.

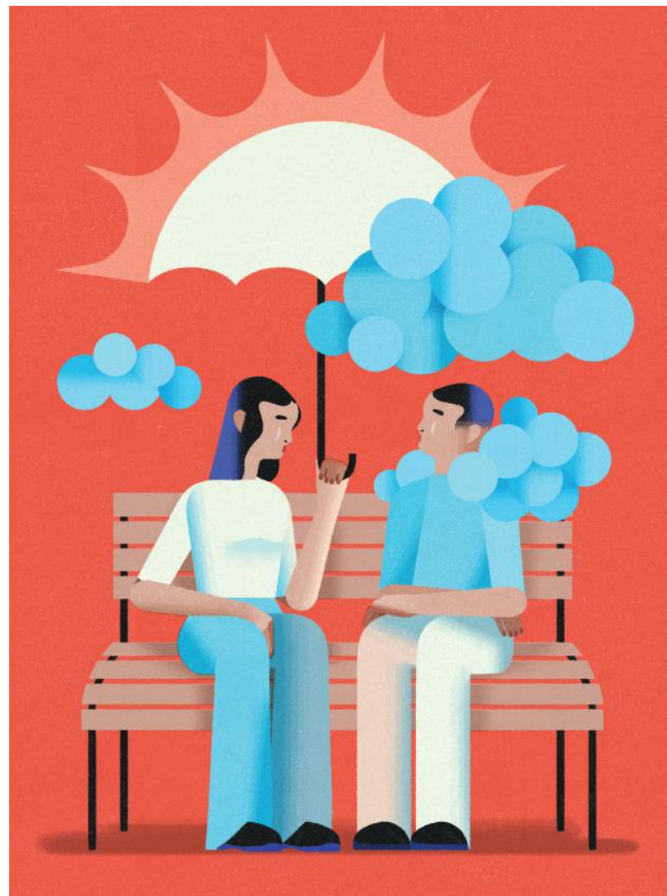


Illustration by Gracia Lam

A [stroke](#) survivor learns to walk again after months of therapy. A person with [Parkinson's](#) tries to balance a progressive disease and medication with the desire to keep moving. A former athlete adapts to life with a [spinal cord injury](#). For people living with neurologic conditions, recovery is neither a straight line nor a one-and-done “fix” but rather an ongoing process—one filled with setbacks, small victories, and constant adjustment.

In the long, uncertain middle chapters when patients are in the thick of their illness and adapting to new ways of life, many have found a powerful ally: another person who has walked the same road.

Across hospitals, clinics, and online communities, peer mentoring—pairing people navigating neurologic conditions with others who have experience with that same condition—is emerging as one of the most meaningful forms of support in neurologic care.

“Peer mentoring isn't a substitute for support groups—it's an additional layer of support,” says Jori E. Fleisher, MD, MSCE, FAAN, a neurologist and researcher at Rush University who studies ways to better support family caregivers of people living with Parkinson's disease and Lewy body dementia. “Everyone dealing with a chronic illness needs help in different ways. A one-on-one connection lets people ask those difficult, personal questions they might hesitate to ask in a group setting. That individual relationship can make it easier to talk about sensitive issues and can help patients and caregivers gain confidence and self-advocacy skills.”

Jessica Roberts, MSN, FNP-C, CEN, who coordinates peer mentoring in the stroke program at Michigan Medicine and is an adjunct clinical faculty member at the University of Michigan School of Nursing, notes that the “discharge transition period is often daunting for the stroke patient and their support persons. Studies and clinical observations have highlighted gaps in emotional and practical support following hospital discharge.”

For patients living with the long-term effects of stroke, Parkinson's disease, multiple sclerosis (MS), and other neurologic challenges, those gaps don't close quickly.

“The patient has complex needs which are different from other medical diagnoses,” Roberts says. “These range from new disabilities to emotional needs and complex medical challenges that place patients at risk of complications and readmission. Peer mentoring acts as an essential bridge—not only during this discharge transition period but throughout their entire recovery process.”

That bridge works because mentors understand the terrain from the inside. “Peer mentorship empowers patients to give voice to lived experiences, allowing for a patient-centered care approach during the recovery process,” Roberts says. Research has shown that peer support can improve patient satisfaction, mental health, and even clinical outcomes by enhancing motivation and adherence to rehabilitation.

Why It Works

Traditional care addresses the medical and rehabilitative needs of patients, but peer mentoring adds other dimensions: empathy and firsthand understanding.

“In the simplest terms,” Roberts says, “this is someone the patient can directly relate to. Peer mentors provide empathy, validation, and understanding from someone who has been through a similar situation. This is something clinicians without lived experience may find hard to replicate.”

Mentors can share strategies that make day-to-day life easier—how to organize medications, communicate with doctors, manage fatigue, or stay motivated for therapy.

“Connecting with a peer who has regained independence or adjusted to new challenges increases confidence, resilience, and hope for both patients and their families,” Roberts says, and families can benefit, too. “Loved ones, who are also adjusting, benefit from talking to others who have navigated caregiver roles. It reduces their own anxieties and feelings of isolation.”

TJ Griffin, peer and family support program coordinator for the Christopher & Dana Reeve Foundation (which the late actor and his wife established after his 1995 spinal cord injury) understands neurologic trauma firsthand. A football injury in 1990 left Griffin paralyzed from the shoulders down, forcing him to relearn even the most basic tasks, such as feeding himself. He finished high school while undergoing months of rehabilitation.

“I had so many emotions and questions going through my head,” he recalls. “I was almost as emotionally paralyzed as I was physically.”

But over time, that experience shaped his calling. Now in his 50s, Griffin connects newly injured people—and those still struggling years into recovery—with mentors who can guide, encourage, and listen.

“Being a peer mentor coordinator and helping other people realize their full potential has been the most rewarding experience of my life,” Griffin says.

Peer mentoring is critical to not only the patient but also the caregiver.

“Caregivers often ask, ‘How can I set myself and my loved one up for success?’” Dr. Fleisher says. “Peer mentoring gives them not just emotional support but a scaffold for learning—a framework for understanding symptoms, changes in family roles, and strategies for daily care.”

In Roberts’ work, she sees the benefits of mentorship unfold in emotional and tangible ways.

“When a mentor opens up to a mentee, there is a level of trust and openness that can only be fostered through shared experiences,” she says. “This in turn can lead to more honest conversations about fears, frustrations, and successes.”

That honesty creates space for difficult emotions. For Griffin, “being a peer mentor means helping people with spinal cord injuries understand that their life is not over; it’s still there for the taking.”

“When people can say, ‘I know exactly how that feels,’ it normalizes their reactions,” Roberts says. “They can talk about frustration, grief, or anger in ways that might not feel appropriate in a clinical setting.”

She also has seen how peer mentoring has helped reduce anxiety and depression among patients and their loved ones.

“There is also enhanced hope and generally a more positive outlook on recovery,” Roberts says. “Recovery is a process. ... With peer mentoring, patients tend to experience a greater acceptance of what I describe as the ‘new normal’ with support from someone who faced similar challenges.”

That acceptance can have measurable effects on engagement.

“We know that patients who are experiencing depression and anxiety after stroke tend to have decreased engagement overall, including with rehabilitation,” Roberts notes. “When patients have reduced depression and anxiety after connecting with a mentor, there in turn can be increased engagement in rehabilitation programs—which can improve recovery.”

The benefits can extend to everyday behaviors, too. People who receive mentoring experience behavioral changes, follow medical regimens better, and are better able to navigate resources, Roberts adds.

Peer mentors often become role models by example rather than instruction. Seeing someone who has rebuilt their life the way Griffin did—returning to work, finding new hobbies, or redefining independence—gives patients a glimpse of what’s possible. As Roberts puts it: “Real-life stories make recovery feel more tangible when someone can see that another person made it through or adapted to the changes that were put before them.”

Evidence-Based Support

A growing body of research has backed up what patients and clinicians have observed anecdotally for years: peer mentoring changes lives for the better.

One of the earliest and most comprehensive studies of peer mentorship in a health setting comes from the Carpeta Roja diabetes program, developed by Latino Health Access in

California and later adapted into the “Care Companion” model at WellMed Medical Group in San Antonio. A 2015 evaluation, published in [Annals of Family Medicine](#), showed that patients with Type 2 diabetes who participated in peer mentoring achieved a statistically significant improvement in blood sugar control (a faster decline in HbA1c levels) compared with a control group—even though both groups received high-quality clinical care.

Researchers also found that participants reported reduced isolation, stronger self-management behaviors, and a “ripple effect” of improved health habits among family members. While diabetes and neurologic conditions differ, the underlying principle is the same: lived experience fosters trust, motivation, and behavioral change in ways that formal medical settings alone cannot.

Another study, from [Ohio State University's Fisher College of Business](#), found that patients paired with trained peer mentors experienced lower anxiety levels and faster post-operative recovery than those who received standard post-surgical support. The researchers attributed the improvement partly to “shared emotional regulation”—when a person can relate to someone who has already succeeded in navigating recovery, they feel calmer, more confident, and more capable of doing the same.

And in the neurologic community, the Parkinson's Pals pilot program has shown promising results: people with Parkinson's disease who were paired with mentors demonstrated improved quality-of-life scores and reported feeling less isolated. The study, published in *Neurology* in 2024, suggested that structured mentoring could complement physical therapy and medication by addressing the emotional and social dimensions of living with a chronic neurologic condition.

In pilot studies, Dr. Fleisher observed “that peer mentoring for caregivers is feasible and highly engaging. Without setting time limits, we saw mentors and mentees naturally spending about 30 to 40 minutes a week on the phone—sometimes up to two hours—because the conversations were meaningful.” And while she expected the mentees to benefit the most, interestingly, the mentors also improved their own knowledge and coping skills.

“Many told us that helping others gave them perspective and helped them process their own caregiving journey,” Dr. Fleisher said.

Looking Ahead

As research continues to validate the impact of peer mentorship, such programs are becoming more deeply woven into standard neurologic care. Hospitals have started incorporating peer mentors into discharge planning and rehabilitation teams, and digital tools have expanded access for patients who live far from major centers.

Experts also foresee an expansion of caregiver mentorship. Families often bear the emotional weight of chronic illness, and structured peer support can be as vital for them as for patients. Roberts believes that the future of neurologic care will increasingly recognize the wisdom of lived experience as a therapeutic asset.

“Loved ones benefit enormously from talking to others who have walked the same path,” she says. “Sometimes the most healing words are simply, ‘I understand.’”

Dr. Fleisher and her fellow researchers have launched a large, randomized trial funded by the National Institutes of Health that will recruit about 680 caregivers of people with Parkinson's disease and Lewy body dementia. The new trial will expand on their pilot work and place “greater emphasis on the mentors themselves—because they play such a vital role and benefit personally from the experience,” she says.

For the millions of people living with neurologic conditions and their caregivers, the peer mentoring relationship may be as vital as any medication or therapy: the reassurance that recovery, adaptation, and even joy are not solitary pursuits—and that no one has to travel the road alone.

Finding a Peer Mentor

Patients and caregivers should ask their neurologist or rehabilitation center whether local peer mentor programs exist. At Michigan Medicine, for example, the stroke peer mentoring program connects patients and families with trained mentors at various stages of recovery.

“Any member of the care team can reach out to our program to connect a patient,” says Jessica Roberts, MSN, FNP-C, CEN, the program coordinator and an adjunct clinical faculty member at University of Michigan School of Nursing. “Our flyer is available in a patient education binder provided to all stroke and TIA [transient ischemic attack] patients who are admitted to Michigan Medicine, and it's also available in the outpatient stroke clinic.”

Peer mentoring programs differ in structure, but the core principles are the same: mentors are trained, confidentiality is emphasized, and the relationship is built on respect and shared experience. National programs include:

- [The American Stroke Association's "Stroke Connection" program](#): Offers a nationwide directory of support groups and online peer connections.
- [Parkinson's Pals](#): Peer mentorship for people living with Parkinson's disease.
- [Pediatric Brain Tumor Foundation Peer-to-Peer Mentoring](#): Connecting families who have lost a child or are caring for a child in treatment.
- [Christopher & Dana Reeve Foundation](#): Offers a robust peer mentoring program.
- [Helen Hayes Hospital Peer Mentoring Program](#): For people with spinal cord injury.
- [Kennedy Krieger Institute's Center for Spinal Cord Injury](#): Specialized peer mentoring for patients and caregivers.
- [Mentor Ease](#): A digital platform that helps hospitals and nonprofits create virtual peer-to-peer networks.

RELATED ARTICLES



DISEASE MANAGEMENT

[How Couples Navigate Multiple Sclerosis](#)



RELATIONSHIPS

[Interabled Couples Share How They Make Their Relationships Work](#)



[Sign Up for Our Newsletters](#)



[Healthy Living](#) [Brain Science](#) [Disorders A-Z](#) [Get Involved](#) [Issue Archive](#) [Books](#) [Podcast](#) [About Us](#) [For AAN Members](#) [Advertise](#)

[Privacy Policy](#) [Terms of Use](#) [Accessibility Statement](#)

© 2025