Peer Specialist Integration into the Mental Healthcare Workforce

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Introduction

Workforce shortages and a focus on illness management in the public mental health system present profound systemic barriers to recipients advancing beyond services and into meaningful lives in their communities. A body of research demonstrates that trained peer support providers offer an innovative solution to these limitations, through recovery-promoting support services. The use of these providers, known as peer specialists, have been shown to improve service satisfaction and outcomes for persons receiving services (Cook et al., 2009; Druss et al., 2010; Lucksted, A., McNulty, K., Brayboy, L., & Forbes, C., 2009; Travis et al., 2010). Although peer specialists are increasingly utilized in mental health service settings, they are still a nascent workforce, and little is known regarding their relative integration within the mental health system. Previous research indicates that job role clarity, support of others, and networking opportunities are key to successful workplace integration of peer specialists (Gates & Akabas, 2007; Grant & Dziadkowiec, 2012; Moll, Holmes, Geronimo & Sherman, 2009).

In Texas, evaluation of Recovery Institute programming to assist organizations with the integration of peer specialists is uncovering the importance of a knowledgeable supervisor in brokering these processes. Gaining a better understanding of peer specialist job roles and factors related to the integration of peer specialists in the workplace is critical to ensuring peer specialist job satisfaction as well as the retention and overall effectiveness of this viable mental health workforce.

Methods

Survey items gathered demographics, time since attended training, job tasks performed, overall job satisfaction, and indicators of workplace integration (6 items measuring supervision, support, and collaboration). Descriptive analyses were used to illustrate the job roles and workplace integration of peer specialists. Standard multiple regression analysis was employed to determine the extent to which six indicators of workplace integration predict job satisfaction for peer specialists.

Table: Employment

<table>
<thead>
<tr>
<th>Employment</th>
<th>Mean</th>
<th>SD</th>
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</thead>
<tbody>
<tr>
<td>Hours worked per week</td>
<td>30.49</td>
<td>11.58</td>
</tr>
<tr>
<td>Consumers served per week</td>
<td>23.69</td>
<td>20.08</td>
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</tbody>
</table>

Results

Overall, peer specialists reported high job satisfaction (M=4.26 out of 5). The two most frequently reported job tasks performed were one-on-one support (64%) and helping people advocate for themselves (60.4%), which are primary roles of a peer specialist. Standard multiple regression analysis examining the predictive power of the six indicators of integration (Figure 1) revealed that the model was statistically significant ($R^2=0.53$, $p=0.001$). However, only one indicator, supervisor’s understanding of CPS job role, was a significant predictor of job satisfaction ($Beta=.53$, $p=.001$).

Conclusions & Implications

This study revealed the unique job roles of the peer specialist workforce, their integration into the public mental health system, and how this impacted their job satisfaction. Results suggest that supervisor’s understanding of peer specialist job role has a significant impact on job satisfaction, more so than any other indicator of integration. Although further study is needed, these results suggest that further integration and retention of this innovative workforce in the public mental health system may be achieved through targeted efforts to educate supervisors about the job roles and responsibilities specific to peer specialists.

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