



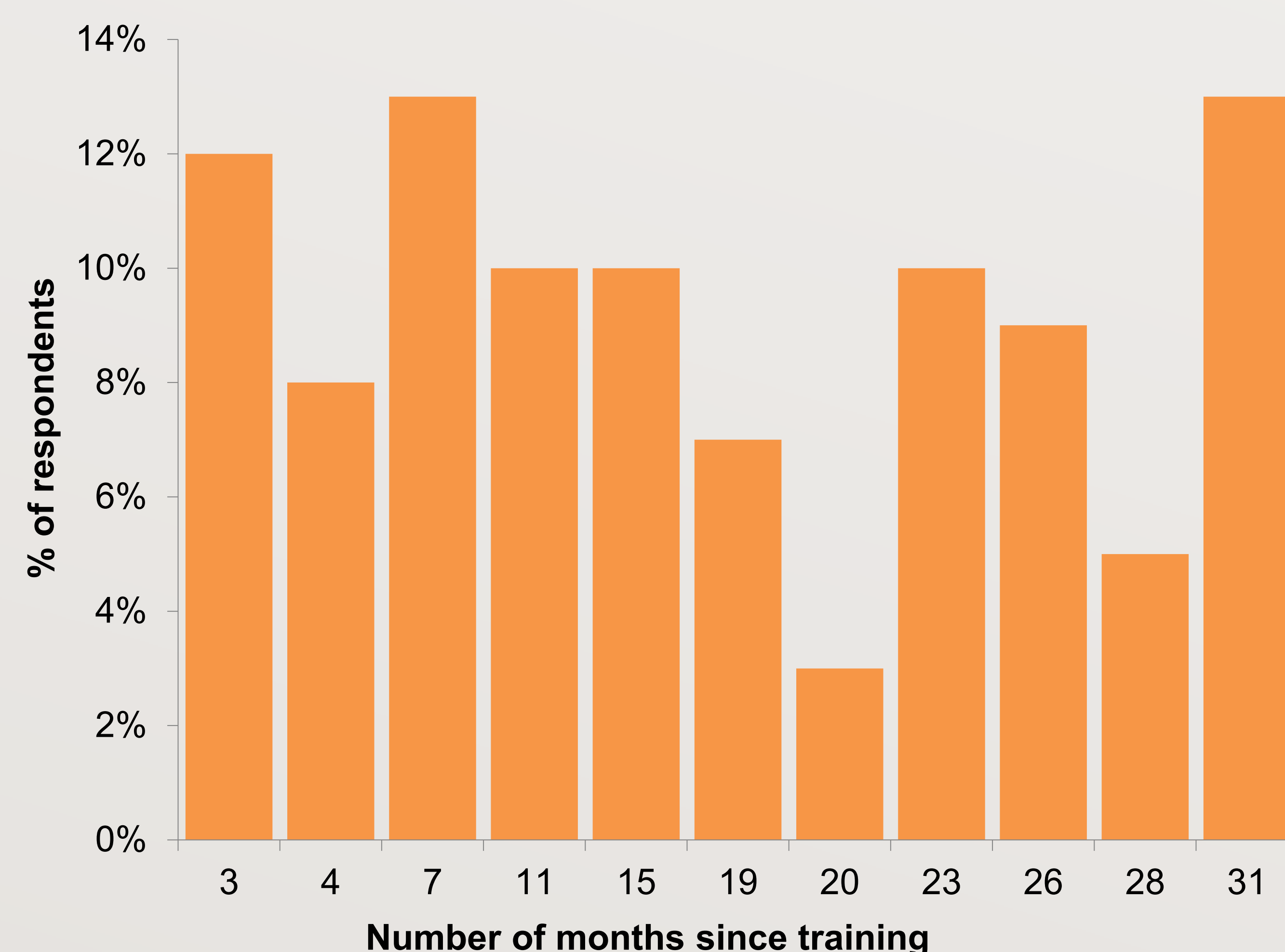
## Introduction

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.

## Design/Sample

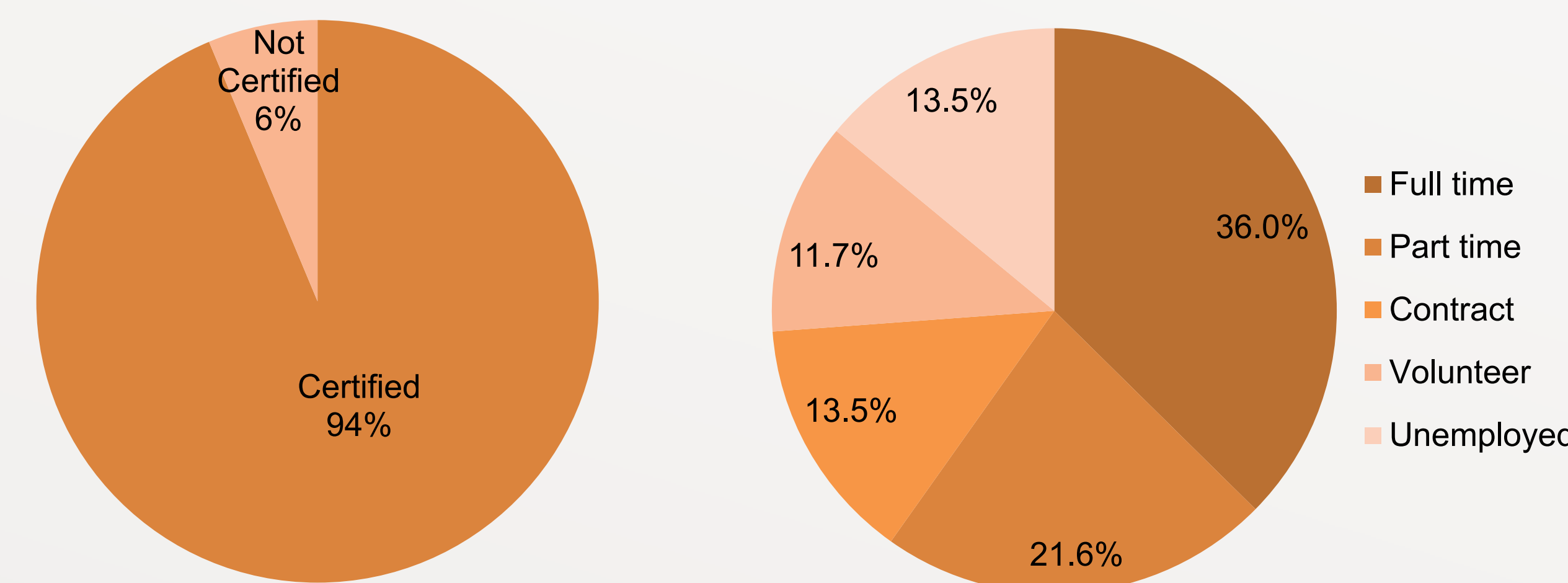
This study utilized a cross-sectional design. In October 2012, all trainees who completed the state recognized peer specialist training between March 2010 and July 2012 (309) were sent a link to an online survey via e-mail, with 111 responding to the survey (35.9%). A majority of respondents were female (61.8%) between 40 and 55 years of age (51.9%), and White (73.9%). Average number of months since training was 16.2 (SD=9.87) and was not related to job satisfaction.



## 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.

Employment	Mean	SD
Hours worked per week	30.49	11.58
Consumers served per week	23.69	20.08



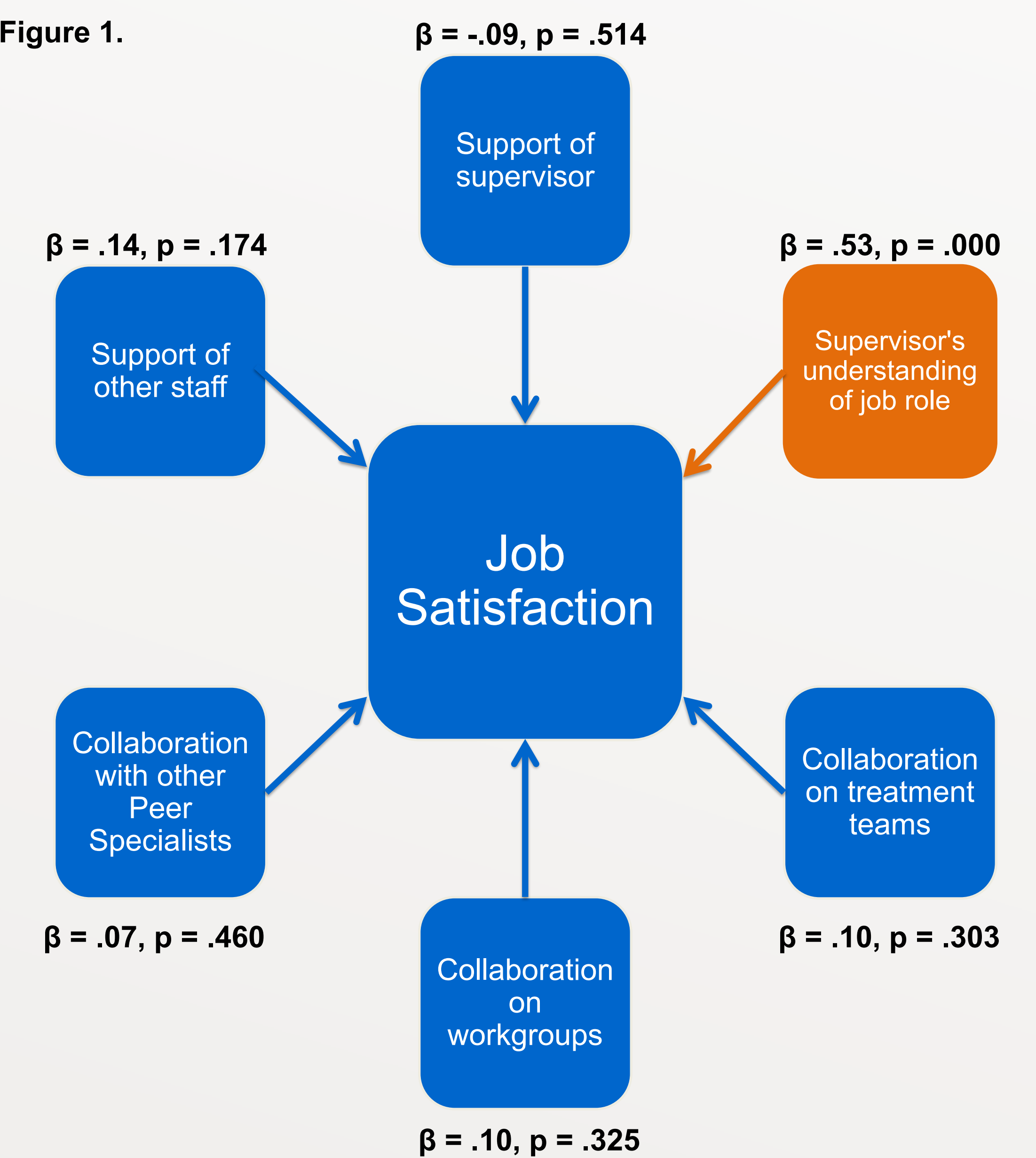
## Results

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 ( $F(df)=7.32(6, 82), p=.000$ ) with a moderate effect size (adj.  $R^2=.32$ ). However, only one indicator, *supervisor's understanding of CPS job role*, was a significant predictor of job satisfaction ( $Beta=.53, p=.001$ ).

What tasks do you perform in your work?	%
One-on-one support	64.0
Helping people advocate for themselves	60.4
Connecting consumers to resources/networking	56.8
Facilitating support groups	53.2
Goal-setting	52.3
Skill Building	41.4
Administrative tasks	39.6
Outreach / Engagement	33.3
Serve on work groups and committees	33.3
Education	31.5
Wellness Recovery Action Planning (WRAP)	27.9
Transportation assistance	27.0
Housing assistance	26.1
Working on a treatment team	26.1
Vocational assistance	18.0
Provide supervision to other peer specialists	16.2
Other	14.4
Medication monitoring	11.7

Construct	Items	Mean	SD
<b>Job Satisfaction (DV)</b>	I am satisfied with my overall job experience.	4.26	.82
<b>Supervision (IV)</b> (1 to 10 scale)	How would you rate your supervisor's overall understanding of your peer specialist job role?	7.94	2.76
	How would you rate your supervisor's overall level of supportiveness?	8.50	2.41
<b>Support (IV)</b> (1 to 10 scale)	How would you rate the overall level of supportiveness of other non-peer staff?	7.31	2.44
		<b>Yes</b>	<b>%</b>
	Working on a treatment team?	29	30.2
<b>Collaboration (IV)</b> (Yes/No)	Serving on workgroups and committees?	37	38.5
	Do you collaborate with other peer specialists on a regular basis?	59	61.5

Figure 1.



## 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.

This study was supported by a contract with the Texas Department of State Health Services, Division of Mental Health and Substance Abuse Services. We would also like to acknowledge Via Hope ([www.viahope.org](http://www.viahope.org)) for their work to advance recovery orientation and peer specialists throughout the state.

Visit the Texas Institute for Excellence in Mental Health  
@ <http://blogs.utexas.edu/mental-health-institute/>

