

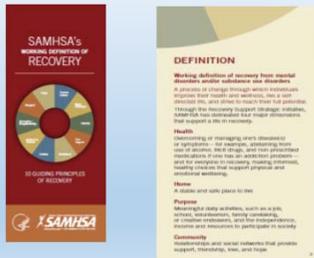
Recognizing Peer Support Specialists as Leaders for Inclusion and Collaboration in the Mental Health Care System

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Recovery Model for Mental Health Services

- People can and do recover
- Recovery involves more than symptom reduction

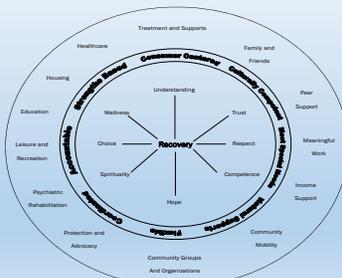
SAMHSA's Working Definition of Recovery



Peer Support

- 1 of the 10 Guiding Principles of Recovery
- Availability of multiple mutual support and Consumer-Run Programs
 - Community Programming
 - Reciprocal Relationship
 - Assists with inclusion in community
 - Example: Community Support Program
 - Barry

Central Region Community Support Program



Peer Providers

- Individuals using their own lived experience with recovery to provide a variety of mental health services
- Inclusion in community and workforce
- Evidence of effectiveness: peer support associated with outcomes such as reduced inpatient stays and improvement in recovery indicators such as sense of empowerment and hopefulness (Chinman, et al., 2014)
- Examples in Franklin County
 - Peer-to-Peer Program
 - Warm-line (Barry)

Certified Peer Specialists

- System for reimbursement of peer support services offered by persons certified by the state
 - (Centers for Medicare and Medicaid Services, 2007)

Background Information: Certified Peer Specialists

- At least 36 states have added peer support as a service eligible for Medicaid funding (Myrick & del Vecchio, 2016).
 - 105 different job titles (Salzer, 2010).
- Providers of Medicaid-funded peer support:
 - Have previously or are currently receiving mental health services
 - Have completed training and earned state certification, most often holding a title of Certified Peer Specialist (CPS).
- In PA: Certified Peer Specialists

Inclusion AND Collaboration

- Medicaid funding allows for even larger number of peer providers, so....
- Greater inclusion in mental health services workforce
- Greater *collaboration* with other mental health providers
- Kim's experience

Possible Burnout?

- Non-reciprocal support relationship between peer provider and peer
- High burnout rates among mental health providers (O'Connor, Neff, & Pitman, 2018)
- Burnout is associated with depression (e.g., Atkinson, et al., 2017)
- Prefacing Comments

Reasons for Concern

- Burnout rates higher among providers working with individuals with SMI (serious and persistent mental illness) (Acker, 2010)
 - Peer providers provide services for individuals with SMI
- Burnout associated with variables such as role conflict, role confusion, and lack of sense of community with colleagues (e.g., Green, Albanese, Shapiro, & Aarons, 2014; Ray, Wong, White, & Heaslip, 2013)
 - Peer supporters report challenges such as ambiguity (Moll, Holmes, Geronimo, & Sherman, 2009) and ethical dilemmas (Yarek, 2008) resulting from the dual roles of consumer and provider.
- Microaggressions experienced by peer specialists (Firmin, Mao, Bellamy, & Davidson, 2018)
 - Negative messages about experiencing and disclosing mental illness
 - Invalidation of peer support role

On the other hand.....

- Providing informal (unpaid) support for peers with serious mental illness is associated with higher self-esteem and self-efficacy, especially among those giving more support than they receive (Bracke, Christiaens, & Verhaeghe, 2008)
- Mental health providers rating their employing agencies as more recovery-oriented report lower burnout rates (Kraus & Stein, 2013)
 - Agencies hiring peer providers are most likely to be recovery-oriented
- Burnout lower among mental health providers placing greater emphasis on relating to and encouraging empowerment of consumers (Tartakovsky, et al., 2013)
 - Natural qualities of peer support working relationship
- Peer providers report high job satisfaction (e.g., Cronise, Teixeira, Rogers, & Harrington, 2016)

Veterans Health Administration Study

- Increasing number of peer support specialists working for the Department of Veterans Affairs (Myrick & del Vecchio, 2016)
- Conclusions from national longitudinal survey of burnout among peer specialists in Veterans Health Administration (VHA) systems in 49 states (Park, Chang, Mueller, Resnick, & Eisen, 2016):
 - Burnout levels among peer specialists similar to those of other VHA mental health staff
 - Number of service provision hours did not predict burnout at 6- or 12-months, which challenges "fears about and resistance against the implementation of PSs"

Pilot Study

- Burnout Rates Among Peer Specialists and Non-peer Specialists
 - Derrick Scheetz, Ellen McQuaid, Tara Bennett, & Kim Weikel (Shippensburg University, Department of Psychology)
 - 26 mental health professionals from a rural county in Pennsylvania.
 - 6 identified as peer specialists.
 - Participants completed the Maslach Burnout Inventory as part of their participation in a burnout workshop and agreed to allow their anonymous inventory results to be used for research purposes.

Pilot Study

- Burnout Rates Among Peer Specialists and Non-peer Specialists
 - Derrick Scheetz, Ellen McQuaid, Tara Bennett, & Kim Weikel (Shippensburg University, Department of Psychology)
 - Results
 - Peer providers scored significantly lower on emotional exhaustion and depersonalization than non-peer specialists (see Table 1 and Table 2).
 - Peer specialists' average scores placed them in the lower third category of the MBI normative data for mental health workers (n = 730) on emotional exhaustion (≤ 13) and depersonalization (≤ 4).
 - Non-peer specialists' average scores placed them in the upper third category of the MBI normative data for mental health workers on emotional exhaustion (≥ 21).
 - There were no statistically significant differences between peer specialists and non-peer specialists on measures of emotional labor, emotional dissonance, and personal accomplishment ($p > .05$).

