

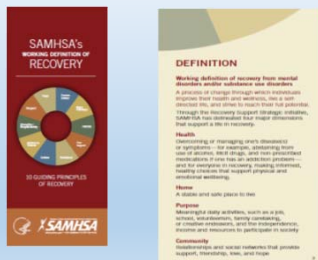
## Recognizing Peer Support Specialists as Leaders for Inclusion and Collaboration in the Mental Health Care System

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## Recovery Model for Mental Health Services

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

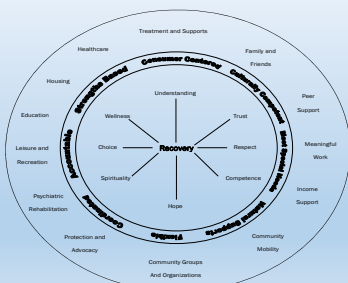
## SAMHSA's Working Definition of Recovery



## 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 ( $\leq 13$ ) and depersonalization ( $\leq 4$ ).
  - Non-peer specialists' average scores placed them in the upper third category of the MBI normative data for mental health workers on emotional exhaustion ( $\geq 21$ ).
  - There were no statistically significant differences between peer specialists and non-peer specialists on measures of emotional labor, emotional dissonance, and personal accomplishment ( $p > .05$ ).

