

BRIEF REPORT

Benefits of Working as a Certified Peer Specialist: Results From a Statewide Survey

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Objective: Certified peer specialists (CPSs) are an emerging workforce across the United States and are a critical component of recovery-oriented mental health systems. This study examined possible benefits of working as a CPS. **Method:** A statewide survey of trained CPSs in Pennsylvania was conducted in Winter/Spring 2010. A total of 271 CPSs responded to the online survey. Data from 154 working CPSs were analyzed. **Results:** Forty-one respondents (28.7%) were not working prior to their CPS employment and 60% of all respondents reported a decrease in Social Security entitlements. Statistically significant reductions were reported in case management, crisis services, and inpatient hospitalizations. Finally, respondents overwhelmingly reported personal, recovery-oriented benefits, and felt that they have a positive impact on their agencies. **Conclusion and Implications for Practice:** CPS initiatives appear to benefit the individual CPS worker and may result in societal cost savings. These results further expand the potential value of peer-support services.

Keywords: certified peer specialist, employment, outcomes

Certified peer specialists (CPSs) are a growing behavioral health care workforce that is essential in recovery-oriented environments (Salzer, 2010). Studies have shown that peer support can have positive benefits to recipients and should be considered a best practice (e.g., Salzer & Mental Health Association of Southeastern Penn-

sylvania, 2002). Less understood, and less discussed, are the potential benefits of being trained and working as a CPS. Working as a CPS may be beneficial based on the helper-therapy principle, which proposes that helping others brings benefits to the helper (Riessman, 1965; Skovholt, 1974), as well as the general positive

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effects of work (Bond et al., 2001; Dolan, Peasgood, & White, 2008). Numerous anecdotal reports of the impacts of providing peer support can be found in the literature (Mowbray, Moxley, Jasper, & Howell, 1997), and common themes about the benefits of providing peer support were found in a study of 14 peer providers (Salzer & Liptzin Shear, 2002). Only one study has examined the potential economic benefits of peers providing peer-support services (Sherman & Porter, 1991). Fifteen peers with long hospitalization histories who worked as case management aides experienced only 2 days of hospitalization among them over a 2-year period after starting to work as peer specialists.

The current study was conducted by a coalition of CPS providers and advocates, state policymakers, and researchers to be among the first to gather quantitative data addressing the following research questions that are of interest to policymakers as they make decisions about expanding CPS initiatives:

1. Does working as a CPS enhance employment status?
2. Does working as a CPS reduce Social Security entitlements?
3. Does working as a CPS impact the frequency that CPSs use mental health services themselves?
4. Do being trained as a CPS and work as a CPS enhance skills and psychological well-being and recovery?
5. Do the working CPSs feel they are having an impact on the agency in which they work?

Method

Measures

A survey was created on SurveyMonkey, which is a Web-based survey tool. Demographic information and employment histories were obtained along with CPS training and employment information. Respondents were also asked whether they have “. . . been able to get off or reduce your public assistance (SSI/SSDI) or public assistance because of your employment as a Certified Peer Specialist?” (yes/no) and about changes in mental health service utilization (response options were *did not use*, *increased a lot* through *decreased a lot*). Participants were also asked to answer a series of questions regarding their perceptions of the impacts that CPS training had on their recovery and their satisfaction with working as a CPS, each of which was rated on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). The survey was anonymous.

Procedure

Two methods were used to inform CPS trainees about the survey. First, names and mailing addresses were obtained for 1,003 of the 1,053 CPS trainees between 2004 and 2010 from the two vendors who provide CPS training in Pennsylvania. A single announcement about the survey was mailed to 1,003 CPS trainees with usable addresses in January 2010. Six letters were returned. Second, three e-mailed announcements were sent to 440 CPS trainees who had working e-mail addresses on file with the Pennsylvania Peer Support Coalition, the statewide CPS advocacy organization. This study was

determined to be exempt from institutional review board approval by the lead author's academic institution.

Sample

A total of 271 individuals responded to the survey and 230 answered questions about their current employment and employment prior to CPS training. A conservative estimate of our response rate is approximately 27% if we assume that all 1,000 or so CPS who were mailed the announcement actually received it. It is believed that the response rate was likely higher as some unknown numbers of the mailed announcements were delivered to addresses where CPSs no longer lived. Our final study sample was the 154 CPSs who had competitive employment (full or part time, or irregular employment) as a CPS (i.e., they indicated that their job required CPS certification) at the time they completed the survey.

Results

Sample Characteristics

More than half ($n = 87, 56.5\%$) of our sample were women and White ($n = 131, 85.1\%$). The average age of the sample was 47.5 ± 9.7 years. The average number of years working as a CPS was 2.5 ± 1.2 years. Approximately half ($n = 73, 47.4\%$) worked full time, defined as 30 hr or more, and 81 (52.6%) worked part time or irregular hours. A fifth of the respondents ($n = 31, 20.5\%$) reported being employed as a CPS supervisor.

Changes in Employment and Entitlements

In the final sample, 143 individuals reported their employment status prior to CPS training. Of these 143 CPSs, 102 (71.3%) worked immediately before CPS training, and 41 (28.7%) were not previously employed or had transitional or sheltered employment. This latter group represents a gain in employment following CPS training. In addition, 75 respondents (60%) reported transitioning off or reducing public assistance as a result of their work as a CPS.

Changes in Mental Health Service Use

Of the 122 who reported using outpatient therapy prior to CPS training, 71 reported a change in their service use. Twenty-nine (40.9%) reported an increase, and 42 (59.1%) reported a decrease, which was not significantly different, $\chi^2(1) = 2.38, p = .123$. Fifty-five of 93 respondents reported a change in use of case management services: More individuals reported a decrease ($n = 38, 69.1\%$) rather than increase ($n = 17, 30.9\%$), $\chi^2(1) = 8.02, p = .005$. Forty-nine of 89 individuals who had gone to an emergency room or crisis response center reported a change in frequency. Significantly more of these reported a decrease ($n = 41, 83.7\%$) rather than an increase ($n = 8, 16.3\%$), $\chi^2(1) = 22.22, p < .0001$. Finally, 37 of the 103 who had been hospitalized prior to CPS training reported a change: A significantly greater proportion of individuals ($n = 55, 83.3\%$) reported a decrease versus 11 (16.7%) who reported an increase, $\chi^2(1) = 29.3, p < .0001$.

Recovery Impacts of CPS Training and Work

As reported in Table 1, respondents overwhelmingly agreed that CPS training made them develop skills applicable to their lives and

Table 1
Recovery and Work Impacts of Certified Peer Specialist (CPS) Training

| Statement | Score ^a | | Strongly agree/agree | |
|---|--------------------|------------------|----------------------|-------|
| | <i>n</i> | Mean ± <i>SD</i> | <i>n</i> | % |
| Your CPS training . . . | | | | |
| Made you develop skills that are applicable to your life and recovery | 151 | 4.54 ± 0.59 | 146 | 96.69 |
| Made you more hopeful about your own future | 151 | 4.42 ± 0.71 | 134 | 88.74 |
| Gave you more confidence you can do things to further your recovery | 150 | 4.38 ± 0.77 | 132 | 88.00 |
| Gave you more confidence to seek employment | 151 | 4.15 ± 0.98 | 113 | 74.83 |
| Working as a CPS, you feel that . . . | | | | |
| You have an ability to impact the agency where you work | 148 | 4.36 ± 0.8 | 133 | 89.86 |
| The work gives you an opportunity to give back to others | 146 | 4.8 ± 0.42 | 145 | 99.32 |
| Your confidence and sense that you can help yourself and others has increased | 145 | 4.67 ± 0.58 | 139 | 95.86 |
| The work facilitates and allows you to practice your own recovery | 145 | 4.67 ± 0.59 | 138 | 95.17 |
| Your job allows you to learn from your peers | 145 | 4.69 ± 0.58 | 138 | 95.17 |
| You have opportunities for personal development at agency | 148 | 4.29 ± 0.87 | 126 | 85.14 |

^a 1 = *strongly disagree*; 2 = *disagree*; 3 = *neither agree nor disagree*; 4 = *agree*; and 5 = *strongly agree* to the statements.

recovery, made them more hopeful about their own future, and gave them more confidence to do things to further their own recovery. Most of the sample believed that the work that they do in the CPS capacity was satisfying and meaningful and that their work enabled them to make a difference at their agencies and give back to others.

Discussion

Our survey results suggest that CPS training and employment have brought previously unemployed individuals into the labor market and generated enough income to allow a sizable portion of respondents to reduce or eliminate dependence on Social Security benefits. Respondents who experienced a change in mental health service use overwhelmingly reported positive change (i.e., decreased use). From a societal cost-savings standpoint, these changes are significant. Connecting people to the labor market increases recent work experience and decreases the likelihood of future long-term unemployment episodes. Social Security entitlements can be up to approximately \$900 per month, and reductions or ending these entitlements can result in substantial savings over the long term, with potential secondary savings in Medicaid and other benefits (e.g., Section 8, food stamps, etc.) that come with these entitlements. Reduced mental health service use has additional cost-savings benefits. These outcomes also suggest that individuals experience the positive psychological benefits of employment, possibly accounting for reduced mental health service use and increased income that is made possible by working as a CPS. Finally, CPSs indicate enhanced recovery as a result of their training and their experience on the job and a feeling that they are having a significant impact on the behavioral health system, both in the settings in which they work and the populations that they serve.

One limitation of this survey is that the response rate is unclear. Some unknown number of trained CPSs likely no longer lived at the mailing address that was on file, but the mail was still delivered. Moreover, it is unclear how many individuals who received mailed announcements had access to the Internet or know-how to complete the survey. Another limitation is that self-reported entitlement and service use may not be the most accurate method to use, although administrative databases can also be inaccurate. Future research should attempt to use these databases to address these important questions. Finally, these results pertain to currently employed CPSs

only. Previously employed CPSs may have experienced negative outcomes that would not be reflected in these results.

Overall, although more research is needed, the results of this study suggest that CPS training and employment opportunities benefit those who provide peer support, and that these benefits may be financial as well as psychological.

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