

Alexa Trolley-Hanson

CUTOFF....Boston University and I am the moderator for today's making sense of employment Research webinar this webinar is being recorded and closed captioning is on, so that you all should be able to follow along if you would like to. This Webinar is funded by the National Institute on Disability, Independent Living and Rehabilitation Research, or NIDDLR. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the Federal Government. The territory in which Bu stands is that of Wampanoag and Massachusetts people, and we honor and respect the history and current efforts of native indigenous communities. We ask that you keep yourselves on mute during this presentation. We are going to have a question and answer session at the end of the presentation, and if you have a question during the presentation, please post your questions in the chat box, and I will post them in order at the end. Also, we'd really appreciate your feedback on this webinar. So, I will be posting a survey at the end in the chat at the end of the session.

I would like to welcome Dr. Wallis Adams, who is presenting research for her article. "The Peer Support Specialist Workforce During Covid 19: Changes, Challenges and Opportunities. Dr. Adams joins us from California State University, East Bay, where she is an assistant professor in the Department of Sociology.

Welcome, Dr. Adams. we're excited to hear from you.

Dr. Adams:

Thank you so much for having me alright. We can... I'm going to go ahead and share screen.

Alright, Here we go, I apologize we're starting a couple of minutes late. I'm having some technical difficulties of course...

Alexa Trolley-Hanson:

Oh, Wallace, you're frozen again...

Dr. Adams:

... team changes challenges and opportunities. So...

Alexa Trolley-Hanson:

Excuse me, Wallace...Oh, hold on everyone I'm going to try to help...

Dr. Adams:

Yes...

Alexa Trolley-Hanson:

You're breaking up a little bit still...Oh, so awkward! when things freeze this way.

Dr Adams:

Alright. Is that? How is the sound now?

Alexa Trolley-Hanson:

The sound is better.

Dr. Adams:

Okay, so we will hope that works... alright. So, background, a little bit of methods. How we did the research, and then sharing some of what we learned.

Alright. So, as I said I'm Wallis Adams my pronouns are she and her. I'm an assistant professor of sociology at Cal State University East Bay in Hayward, California. When the pandemic hit in 2020. I was a post-doctoral research fellow at the BU Center for Psychiatric Rehabilitation-So, the center that is hosting this webinar today. I both research and teach. I research recovery-oriented mental health services, and I have a particular interest in the peer workforce. And I also teach undergraduate sociology students. I teach sociology of mental health, research methods and things like that.

So, this research was truly a collaborative effort. I worked very closely with Sally Rogers and Jonathan Edwards. Sally has been a long-standing member of the Center for Psychiatric Rehabilitation. And Jonathan at the time was a board member for the National Association of Peer Supporters, our collaborating organization. I also want to shout out Emily, Lauren, and Martha for all of their hard work.

Alright, so quick background I'm thinking that many of you might have an idea about the peer support workforce. But some of you will not so for...

Alexa Trolley-Hanson:

Oh, Wallace, Dr. Adams...

Dr. Adams:

...well training to promote mind, body, recovery, and resilience. Because of regional and organizational differences there are a variety of different job titles within the peer workforce. That could include good peer sports specialist, which is what we're going to be using a lot today also peer mentors, peer coaches, peer advocates, recovery specialists, recovery coaches, these kind of all fall onto the umbrella of peer workers.

So, the peer workforce is both a paid and volunteer workforce. So, as you'll see later on, the majority of survey respondents are in paid peer positions. And peer workers are employed in a variety of settings, including kind of traditional, non-peer run behavior, health, or social services organizations. And they also work in a variety of peer-run organizations that's kind of where a lot of the peer work began, as well as governmental agencies. The VA has a lot of peer specialists on staff. Here, peer support is one of the most rapidly growing work forces in the healthcare field. In the US, current estimates is about 30,000 Peer specialists in the US. I would guess that that's probably an undercount but it's hard to say, for sure. At this point 48 states have a training or certification program that they recommend. And 39 states require mental health peer services to be Medicaid reimbursable. One of the most recent states is California, where I am, so that has greatly expanded the scope of peer practice.

Peer support specialist, peer support is an evidence-based practice, and it is associated with increased engagement and activation and other mental health services, reduced hospitalization, increased self-

efficacy. And importantly supports recovery related outcomes like increasing hope and increasing empowerment.

Alright, so that's our little quick back background on the peer support field. And now I wanted to take a second. Think about March 2020. So, in March, 2020, I was working for the BU Center for Psychiatric Rehabilitation. It was new in England and winter. I was working on a couple of different research....

About what peer workers do and peer tasks. So, at that time I was already thinking a lot about peer specialists and what they do, and in the meantime we, of course, started to hear on the news about this new virus popping up all over the world that we didn't know anything about, and that's really scary. So mid-March hit and everything became about Covid right. The pandemic was based on this kind of infectious disease. But we were all experiencing this kind of overwhelming stress, worry related to the unknown, and this forced isolation-the stay-at-home orders.

So, there was the substantial negative impact on the population of mental health based on these increased stressors in isolation-almost immediately. The pandemic, we know, was also especially hard on health care workers, and there's no reason to assume that that the impact on peer workers themselves would be any different. We also know, you see, in that corner from the Pew Research Center there was a devastating impact on employment with huge numbers of individuals losing their job and losing their income. Especially low-income workers and peer workers in in many cases are low-income workers.

So given this context, what we really...research. We wanted to understand the changes and peer work status. What was happening with employment and unemployment. To assess the changes in the actual tasks the peer specialists were engaging in. To identify that any challenges that peer specialists were facing related to the pandemic, and also that they identified as their, the folks that they were supporting were experiencing. And then finally to a evaluate how supported peer specials were, and if there were any benefits that they identified from the pandemic.

Alright so that's what we were interested in finding out. And how did we actually do that?

Well, as I said, this was a research collaboration between some of us at the Center for Psychiatric Rehabilitation and NAPS the National Association of Peer Supporters. And so, we got together, and we thought about what are some of the really compelling issues in the peer workforce that we should try to figure out as related to the pandemic. And we created 2 different surveys. We implemented the first survey in May or June of 2020, and the second about 6 months later, which was November or December 2020. So that was still pre vaccine but after we had learned a lot more about the virus.

So, most of the questions in the survey were closed ended, easy, click, and drop. We used a software called Qualtrics... And with both us at Center for Psychiatric Rehabilitation and at NAPS and we drew a bit on past survey research related to the pure workforce, and also some Covid related stuff that we had seen. We had multiple rounds of item refinement and pilot testing, making sure that everything made sense, and there was easy to take to get through.

So, who did ask to take this survey? Well, we wanted it to be available for any peer support specialist in the United States. So, we have, we asked NAPS to send a link to the survey to everyone on their list serve. And so that was about 6,000 individuals, many of whom are peer specialists. Oh, we also allowed

for snowball sampling, meaning that people could forward the link to the survey to their colleagues to organizations that are associated.

The criteria, for how folks could participate were: they needed to live in the United States, they needed to be an adult 18 years of older, and they needed to have worked or volunteered as a peer....

The survey sent out reminders and 1,000...

Alexa Trolley-Hanson:

Excuse me, Wallace, I'm so sorry, Dr. Adams. But you're so breaking up a little bit so we lost part of that last slide. I don't know if there's a way, if you could just repeat what you just said, or if there's a better connection... I apologize, folks for the for that...

Dr. Adams:

Okay, Okay, am I back?

Alexa Trolley-Hanson:

You are back. Welcome.

Dr. Adams:

Yes. well, this is this is my nightmare. I'm so sorry everyone: Yeah, I mean, I you know I teach on zoom and it I Well, whatever, anyway, here we are. Thank you. Thank you. alright. So hopefully, I can stick around long enough. So, 1,200 folks responded, and were fully eligible and responded to the survey, which was actually a fairly good response rate.

Alright. So, thanks for all your support in the chat by the way.

As I mentioned, most of their questions were close ended. So, we did quantitative analysis using SPSS. If any of my methods students are there- We did frequency Chi- square test, T- tests, ANOVA. There were also a few open-ended questions, and we conducted content analysis....

...This is reflective of past research findings regarding the peer support workforce. So, I think that we can say that this is kind of generally in line of what we've seen for pure workforce demographics. Unfortunately, we do have a lot of work in the peer sphere for diversifying the workforce. It was a fairly highly educated group of respondents, and similar to what past research has found... In past research related to peer work. Respondents lived in every state, all 50 states. We had a variety in terms of the types of organizations that folks worked with. With 44% working in in quote- unquote, traditional mental health agencies or programs, but also many working in peer-run organizations, and in governmental agencies. More than 3 quarters had been employed as peer specialists for more than 2 years. It was a pretty experienced group as well. About 67 or 68% were working full time.

Okay, so I told you that we had done 2 surveys. So, the second survey we conducted in November and December. This is a panel survey meaning with the same folks who took the first survey were invited to take the second survey. It was a condensed version, so slightly shorter -all close ended. So again, we conducted descriptive and inferential statistics on SPSS....

... For letting allowed us to contact them for follow up and then the final sample size was 496, so that means 496 folks completed both the first, and the second survey. Quick methodological note-we do think that the folks who responded to the second survey are representative of the non-responders, and the first, was survey respondents, in general. And that is kind of demonstrated by the fact that demographically we're looking at the same kind folks white predominantly white and female....

....What I'm going to be talking about today? Alright, so importantly-What did we learn? So, I'll be talking about findings...

I was hoping that Amanda could open up a poll. I am interested in hearing about your experiences at the beginning of the pandemic. So, this is anonymous, and then I will share-

A few of you have responded...Alright, getting some more responses in-Maybe 10 more seconds.

Okay. So hopefully, we can see the results here. I'm just going to jot this down. Alright, so it looks like, "Did any of you experience job loss or layoffs?" So, 27% of us had job loss that's a lot. "Did any of your job tasks change during the pandemic?" Most of us said Yes, 80%. And then "Did you experience greater isolation during the pandemic?" Yes, every respondent said, Yes. So, 100% experience greater isolation, fairly common experience, then. And then "Did you experience any personal or professional benefits resulting from the pandemic?" And 87% said benefits.

So, this is really interesting. Well, so I want you to think about this as I go through some of the findings, because this is really kind of indicative of a lot of what we found. We can see how we compare.

All right-so first let's talk about job loss and economic impact.

So, when we asked in the beginning of the pandemic at the first survey. 8.5% percent of respondents reported that they had experienced job loss or layoffs due to the pandemic. And these were experienced peer specialists, about 2/3rds had been in their role for 2 years or longer. And, also 16.8% reported peer colleagues had experienced job loss or layoffs. So, this was a substantial number...but 8.5 is actually less than the job loss that we were experienced across all industries in the nation.

So, at the, when we first conducted the survey, we had 66% of the respondents reporting that they had been working full time before the pandemic. So, you can see here changes in job status from Pre Covid, which is, we asked about February 2020. The first survey, April and May 2020, and then the end of 2020 in orange. So, you can see that there was a dip in full time employment for peer specialists early in the pandemic, but it actually returned to pre pandemic levels by the end of 2020. Which is great! Same thing that you can see here for volunteering. The decrease, however, in part-time workers kept going. So, we had over a quarter of us here in the webinar, had experienced job loss during the pandemic, and fortunately was not quite as severe for peer specialists, and the kind of rebound reflected the general employment rates that we were seeing in later 2020.

So, despite the relatively decent news recording employment rates, peer specialists did report significant negative economic impacts. The percentage of peer specialists that reported an inability to pay their monthly bills actually increased from Pre Covid, the beginning of the pandemic, and even increased through the end of 22. 7.3% reported losing some or all of their benefits because of the panel. And so, this is reflecting what a lot of us already know, that a lot of peer workers are not necessarily making a living wage. So, some, some okay news, some not so great news.

Alright let's talk about job tasks. So, in our survey, 80% of us said that we had job tasks change during the pandemic and perhaps unsurprisingly respondents, peer specialists reported significant changes to their job tasks. And that included kind of 2 main trends, one a decrease in time spent in what they had been typically engaged in, and an increase engagement with new tasks.

Alright, so these are some of the, what we would consider typical just tasks for peer specialists. Provision of individual support, provision of group facilitation, systems advocacy. And as you can see the from pre-Covid, there are high levels of engagement in all of these activities, pre-Covid. And then they dropped significantly at the beginning of pandemic. They did rebound by the end of 2020, although not all the way up to pre-Covid levels.

We also found that the, the training also had a very similar pattern, but there was no...Percent recorded performing new tasks as a result of the pandemic. This was actually an increase from the first survey, where it was 76%. So, 81% of respondents reported completing new tasks related to technology. Here we are in a webinar. 47% reported new tasks related to helping folks with basic resources. And so, these are resources such like food, housing, transportation. And then over half reported new tasks specifically related to Covid-19, so that could be pandemic education, PPE distribution, cleaning, all those kind of things. So, as we can... As I said, this is a fairly typical response about new tasks.

"We had no online groups prior to the pandemic. Now everything is online, so it is learning the new job role of using Zoom, Google Forms, etc., for just everything we do." And peer specialists, of course weren't only trying to learn it from themselves, but they were also trying to facilitate technological access for the folks that they were supporting and serving as IT folks.

Our, our last main finding that I wanted to bring up is about challenges and benefits. So, in terms of challenges, we asked peer specialists the challenges that they were facing, but we also asked about the challenges that the individuals that they were serving were experiencing. And these were very substantial challenges. So almost a 100% of peer specialists reported that the folks that they were serving were experiencing increased isolation. A strong response related to increases and mental health symptoms from the individuals that they were serving. There are also a lot of really other important challenges that they noted, including over half possibility of job loss...or food shortages. And even more concerning, actually, is that in many cases these challenges increased, right, from April or May (the first survey) through December (the second survey). So, you can see that there were increases in in mental health symptoms, increases in interpersonal violence, and increases in housing instability throughout 2020. So, I would say that this was one of the most concerning findings that we had.

On the other hand, we asked peer specialists about the challenges that they themselves were facing and again, perhaps unsurprisingly, almost 80% said that they were experiencing increased isolation. So, when I asked all of us, all of us 100% reported isolation at the beginning of the panel. So increased isolation. They also reported high levels of communication challenges. And the good news here is that, despite the fact that, rates remained fairly high throughout 2020, they did decrease in all categories. So, it seems like peer specialist challenges were, were substantial, but decreasing throughout the first year of the pandemic. And these were statistically significant changes.

And continuing good news, part of that might be related to the support that specialists indicated experiencing. So, peer respondents reported being pretty satisfied by both the amount of support that they received, in their positions as peer workers, and the type. So, we asked about the support that they

receive from their organization, from their supervisors, and from their coworkers, and about 3 different types of support. And so, respondents were particularly likely to say that they were very satisfied with the support that they received from supervisors...Certainly that sense of support remained throughout the pandemic. So, folks were, continued to say that they were satisfied with the amount of support all the way through December 2020.

And finally, let's talk about some of these benefits. So, in our survey of our webinar participants, 87% reported that we have experience benefits. So, most of us, despite the kind of devastation of the pandemic did get something positive from it, and that was the same in our survey.

So, 75% in the second survey reported that there had been benefits resulting from the pandemic. When we asked in the first survey, 73% indicated benefits, so that actually went up. As one respondent wrote, "We are able to experience this unique situation together, and really facilitate mutuality and strengthen the relationship." So, 68% reported that they themselves experienced benefits related to the pandemic. 80%, almost all reported benefits for the individuals that they were supporting, and interestingly, over half 61% reported that there were benefits for the peer support field in general. And these positive impacts seemed to maintain, or even grow.

....Engaging in support as a result of being able to do it from home, and the increase in virtual mutual aid. And so that, of course...working from home. I also enjoy that, despite the Zoom challenges. And then, in addition to individual benefits, a lot of peer specialists noted that the pandemic had created the opportunity to shine more light on the importance of mental health in general, and the broader importance of peer support. One respondent said that "The pandemic had changed the perception of peer support, and what it could bring to the organization and the individuals that they served." Said "More staff now see for themselves the value and comfort peers can bring to anyone. Staff here at work have felt the impact of peers for themselves. Peers see that and the staff connect with peers in a more positive light."

So, what are we supposed to take away from this? So, we were heartened to see that peer specialists did not experience more job loss than the general population, although of course, the job loss that was experienced was devastating. We did see a bounce back and full-time employment...increasing levels of financial strain recorded are of great concern, perhaps related to the cumulative pandemic related economic harm or the low salaries, but continue to be an issue within the peer workforce.

As you would expect, and what happened in the broader workforce, it became difficult to continue with some job tasks. So, individuals...on implications for skills, knowledge, and job supports that people have. Highlighting this is the need for training and virtual work tasks and all the go along with that. For example, technological training and support is still needed at this point, and it's not only for the provision of telehealth, but also to support the technological needs of the individuals that peer specialists support. Despite these changes peer specials were adept at filling the needs of interview still served in the middle health system, both during the height of the pandemic and those were needs that were both psychological and material (including housing, feed, etc.). Isolation and increased mental health issues were reported by peer specialists about the individuals that they support, and percentages that are really concerning. So, the most peer support specialists report being concerned about the individuals they support due to increasing material needs, food, housing, as well as interpersonal challenges, including violence and psychological challenges. And these challenges actually seem to increase throughout the first year of the pandemic.

We believe that peer specials can and do play a vital role in helping individuals cope with this increased isolation, and by working on tangible support, for example, helping folks access basic necessities.

Many peer support specialists themselves, also experienced additional challenges, much like the rest of us, especially related to isolation and communication. However, we found somewhat surprising and encouraging amount of support given to peer specialists by their organizations, coworkers, and supervisors by the pandemic. There was, and that these high levels of support satisfaction with support remained throughout 2020.

And then, finally, we think it's important to highlight the benefits or the silver linings that have resulted from the pandemic. These benefits parallel what's been recorded in the general workforce, such as reduced commute time, and the ability to connect with individuals who may have been reluctant to connect in person. So also important is the creativity and flexibility that folks demonstrated. We need to keep those creative and flexible approaches going. This echoes other findings related to positive uptake of telehealth and mental health sphere and additionally the need to continue addressing issues of technological literacy and access.

So, if you're looking for more of the numbers on this, I recommend you looking at a couple of these articles that we've published in *Psychiatric Services*, they it says no access, but of course, I do have access. I'm happy to send it along if anyone would like. And I also really want to emphasize this book that is coming out, it's called "*What it Takes: Wisdom from Peer Support Specialist and Supervisors*". It's available from for preorder right now, on Amazon and all proceeds benefit NAPS from the National Association of Peer Supporters. And there is, we do have one chapter in there focusing on the silver linings from the pandemic, related to peer support workforce.

So, in summary the peer support specialist worked creatively and innovatively to address the needs of individuals they supported in the first year of the pandemic. In addition to acknowledging their success and that of many organizations and peer leaders, we need to capitalize on the success. We should be diligent and learning from these lessons and integrate them in peer hiring, training, supervision, and support.

So, alright, thank you very much for sticking with me. Let's open it up for discussion and question and answer.

Alexa Trolley-Hanson:

Thank you, Dr. Adams. We are, like Dr. Adams mentioned, we are going to move into the question and answer a section of the webinar. You can either post a question in the chat or Dr. Adams, if you're willing to stop sharing your screen, if people would like to raise their hands, then I can call on them to answer, ask a question. You just use little reactions, button at the bottom of your screen. So, Dr. Ostrow, would you like to unmute yourself and, and ask your question?

Dr. Ostrow:

Hi, everybody. My question is related to when you shared the sort of basic demographics of the participants, and you pointed out that a lot of them had a pretty high level of education, which has been found in other peer specialist studies. So, I'm wondering, I know that we don't really have like very accurate estimates of peer specialists nationwide in terms of those characteristics. But I'm wondering, if

you think that that is representative? and I also like tying that to sort of these silver lining experiences. You know, like we've obviously seen a big division in our population, between people who can work from home and typically have a higher level of education kind of having a very different experience of the pandemic than lower wage, lower education workers, and I'm wondering if you think those things are related, or if you found it to be related? Thanks.

Dr. Adams:

Thank you. I think those are really excellent questions. I don't know about the educational level I mean my... my guess is that it is fairly representative. I mean, I... I think that we try to make the peer support field accessible, but in many cases, you know, there are GE requirements. There are kind of barriers to entry, and so I think that that most likely kind of those, those educational experiences are associated with increased likelihood of being a peer specialist, for better or worse. And I think the second point is really interesting in terms of this division in the workforce in terms of who can experience the benefits. I think one thing that we really heard a lot about was not necessarily working from home as I worked from home, whereas I can go to meetings, I can do this webinar, but in terms of the folks that they were able to serve, right. So, there's a lot of individuals who are talking about folks in rural communities, folks without access to, these are individuals that they're serving, folks without access to transportation, folks who didn't want to leave their home. So, there are substantial benefits of providing telehealth for individuals that don't necessarily fall on what we would consider the traditional, not traditional, but the kind of white collar, blue color work from home dichotomy. That is kind of playing out. So I think, I think that there are some peer specialists who are able to...to continue to work from home in some ways, and get those kind of benefits that wouldn't necessarily from similarly paid occupations. Because of they are responding to the needs of the folks that they are serving, and that's just, it's just a better way to, to reach some folks through technology. But I think that we will, we will definitely see how that plays out in the next few years. I think that that's still shaking out. Thank you.

Alexa Trolley-Hanson:

We do have a question. in the chat box that is "I'm curious about some of the details behind the responses. For example, many peer specialists said that they felt supported by their employers. Were they able to provide details of why they felt that way?"

Dr. Adams:

Thank you. That's a great question as well. Unfortunately, because this was a survey would mostly close-ended questions. We really didn't get to dig into some of that. So, we do have the sense that folks felt supported, and that they felt listened to, and that they, they felt like there was a sense of camaraderie with their coworkers, and they felt their supervisors were, were supporting them. But we don't really have a sense about how that looked, and what was actually going on. So, if folks are interested in doing some maybe qualitative work on that I think that that that it's really kind of an important area, because we don't, we don't really know what that positive support actually looks like on the ground, just as much as we know that that existed. So, I'm sorry I don't, I don't have a better answer for that.

Alexa Trolley-Hanson:

Thank you. Other questions? There was a question about the possibility of your providing your Powerpoint slides. Would you like people to email you if they would like a copy of your Powerpoint slides?

Dr. Adams:

Sure, that would be totally fine. I'd be happy to.

Alexa Trolley-Hanson:

Other questions? Thoughts? You could post in the chat box or raise your hand. Oh, yes...

Dr. Adams:

Someone asked to put my email on the chat. I will totally do that.

Alexa Trolley-Hanson:

The other thing that I did post in the chat is a link to a very short, quick, Qualtrics survey. I will put it there again, so that, I'm hoping that you will all just fill that out before you leave. I know some people have to start taking off, but I just wanted to make sure there were any other questions or thoughts? Great. Well, I really would like to thank everyone for taking time out of your day to participate in this Making Sense of Employment Research Webinar. I especially want thank you, Dr. Adams, for your work and presenting today. A video of this presentation will be posted online at the Center for Psychiatric Rehabilitation in case you would like to access it later. In the meantime, I like, I said, I posted that that Qualtrics survey and then just we will be continuing this webinar series into the New Year. So, pay attention to your email in January, as we will have at least one more early next year. So, thank you all very much for coming, and thank you for providing feedback to us, and have a wonderful rest of your week, and take care everyone!

Dr. Adams:

Thank you so much for having me, thanks for coming.

Alexa Trolley-Hanson:

Thank you, Dr. Adams