

# Employment Outcomes After Certification as a Behavioral Health Peer Specialist in Four U.S. States

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**Objective:** A 3-year study explores employment outcomes of certified peer specialists (CPSs). Analyses reported here identified relationships between demographic, clinical, work history, and geographic characteristics and employment status and current employment in peer services jobs versus other jobs.

**Methods:** The study recruited adults who recently became a CPS, regardless of current employment status, in four states. Online survey data were collected from March to October 2020 and included demographic information, health status and diagnoses, mental health service use, motivations for becoming certified, employment history, and job characteristics, including job satisfaction. Descriptive statistics and logistic regression models were used to compare groups.

**Results:** Of 681 respondents, 591 provided data on current employment and were included. Participants who received

Social Security Disability Insurance or Supplemental Security Income, veterans, those who used outpatient counseling or therapy, and those who did not disclose their mental health status in the workplace were less likely to report current employment. Lack of disclosure and higher local unemployment rates contributed to a lower likelihood of working in peer services jobs, whereas individuals reporting depressive disorders were more likely to hold such jobs. Compared with those in other jobs, those in peer services jobs reported longer job tenure, and a larger proportion received employee benefits. Job satisfaction was significantly higher among those with peer services jobs.

**Conclusions:** Workers with a CPS credential had higher employment rates, compared with adults with psychiatric disabilities, and the quality of peer specialist jobs was equal to or higher than the quality of other jobs held by study participants.

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Certified peer specialists (CPSs) use lived experience of a behavioral health disorder plus skills learned in formal training to deliver support services (1). Forty-five states offer peer specialist certification (2), and more than 25,000 CPSs have been certified nationwide (3). CPSs are increasingly employed in U.S. behavioral health service delivery systems (4, 5), and the Centers for Medicare and Medicaid Services recognize peer support as a billable service (5, 6). Peer support demonstrates good outcomes for service users (7) and also relieves some of the nationwide workforce shortage, which has led to increased investments in CPS training and certification (8).

Despite the growth of this workforce, little is known about the extent to which a CPS credential improves employment of workers with behavioral health disorders. CPSs are individuals with psychiatric disabilities (9), a group that faces ongoing challenges to employment (10, 11). Employing CPSs may alleviate low labor force participation by this group (8), but only 17% of state entities that certify CPSs collect outcome data (3).

Research on the impact of the CPS credential has focused on training and certification trends or on employment as a

peer specialist, leading to a lack of knowledge about CPS employment in other social service fields or other industries. A recent study in Michigan of CPS graduates investigated

## HIGHLIGHTS

- Certified peer specialists (CPSs) who were unemployed were more likely than those who were employed to be receiving Social Security disability benefits, to be veterans, to use outpatient counseling or therapy, and to not disclose their mental health status in the workplace.
- Participants with peer services jobs were more likely than those with other types of jobs to have a depressive disorder and to openly disclose their mental health status to colleagues.
- Some benefits of peer services jobs, compared with other types of jobs, included longer job tenure, availability of employee benefits, and higher job satisfaction.
- Creation of a Department of Labor standard occupational classification for peer specialists would allow easier tracking of longer-term career outcomes of this essential workforce.

professional activities, job satisfaction, wages, and personal finances but excluded nearly 20% of respondents because they were not employed as a CPS (12). We do not know how many CPSs remain in the peer specialist workforce, use the credential to obtain other positions, or do not work at all. CPSs face employment challenges even when trained and credentialed (13), including workplace discrimination, lack of clear job descriptions and role confusion, difficulty requesting accommodations, and lack of networking opportunities (14–16).

This article presents findings from a cross-sectional analysis of baseline data from the CPS Career Outcomes Study, a 3-year (2020–2022), national study of CPSs that gathers information on the work experiences and career perspectives of CPSs after receipt of state-sponsored certification. It includes both employed and unemployed respondents and those working in peer support versus other types of positions. We describe the CPS cohort's demographic, clinical, work history, and geographic characteristics and the relationships of these domains to employment status and current employment in peer services jobs, as well as characteristics of peer services jobs and non-peer services jobs.

## METHODS

### Sample

This study recruited a sample of 681 adults who completed a peer specialist certification in one of four participating states in the United States. The target population for recruitment was individuals who were recently certified, regardless of their current employment status. According to our inclusion criteria, respondents were age 18 or older and had a 2019 or 2020 certification date. This included recertifications and individuals “legacied” into their state’s new certification, and these respondents (38%,  $N=261$ ) reported their original certification date.

### Recruitment

The CPS Career Outcomes Study includes four geographic regions (northeast [Pennsylvania], southeast [North Carolina], southwest [Texas], and west coast [Oregon]). These states were chosen on the basis of having large cohorts of graduating CPSs in 2019, and they maintained a public certification database, were willing to share their master list of CPSs, or obtained consent from CPSs to reveal their identifying information to researchers.

This study was approved as exempt by the Temple University Institutional Review Board. First, respondents were recruited by a letter sent via the U.S. Postal Service introducing the study, which included a \$5 unconditional cash incentive (17). Next, an e-mail was sent with a personalized survey link to an informed consent document, after which respondents completed the questionnaire. Recruitment efforts included multiple e-mail, telephone, and text message reminders. The study principal investigator (L.O.) and

research assistants (among them M.P.) who conducted study development and recruitment were people with lived experience of the behavioral health system.

### Measures

Survey data were collected online from March to October 2020 using Qualtrics. The survey included validated measures and items developed by the research team, which were reviewed by a five-person advisory group of experts in peer support employment and training and certification. The survey could be completed anywhere with an Internet connection and on multiple devices. If they requested, respondents completed the survey over the telephone.

Data were collected on domains of participant characteristics previously shown to be associated with employment or peer services work among people living with diagnoses of serious mental illness. This included disability benefits and veteran status (18, 19), physical health (18), mental health diagnosis and clinical services (18), and prior work history, negative work experiences, workplace stigma, and work motivation (10).

Respondents were asked about demographic characteristics and benefits, including age, gender, race, ethnicity, education, veteran status, and receipt of Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits. Physical health was assessed with a self-report item (20). From a provided list, participants selected psychiatric disorders for which they had received a formal clinical diagnosis. Self-reported diagnoses were coded in the following hierarchy: schizophrenia spectrum disorder, bipolar disorder without schizophrenia, depressive disorder without schizophrenia or bipolar disorder, and all other diagnoses. A diagnosis of a substance use disorder was coded as a separate yes-no variable. Use of mental health services in the past year was coded as outpatient mental health counseling or therapy, outpatient medication management by a psychiatrist or other prescriber, and psychiatric inpatient hospitalization.

To capture work history, respondents were asked about their employment history in the 5 years prior to the 2020 survey. Motivation for working in peer service positions was also reported, with options representing a series of internal and external reasons, which for this analysis was coded into “giving back and helping others” versus other reasons (e.g., being valued, recovery language, open disclosure, and making meaning of suffering), given prior research on the importance of the transformational role of peer services (21). Respondents were asked about patterns of disclosure of psychiatric history at work (“Do you openly disclose your personal experience of mental health challenges to work colleagues?”), and responses were coded as never willing to disclose (versus sometimes or always) at a peer services or other job. Although disclosure is part of peer services, some peer services jobs are in larger settings, such as hospitals or mixed service agencies, in which a peer

specialist might not disclose to all work colleagues all the time. Number of negative experiences at any job used a modified version of a 14-item Kessler Foundation checklist (22). Job satisfaction was measured with the Brief Index of Affective Job Satisfaction (23). Years since original certification was included in our models.

Two external factors that affect employment were assessed. The first was the local labor market, which was assessed by examining local area unemployment rates. Respondent zip codes were used to identify the average county unemployment rate in 2020 (24) and rural or small-town residence versus larger residential area (25). Participating states were assured that results would not be reported publicly by state, although state was included as a covariate in our models to account for regulatory and practice differences.

Respondents reported the characteristics of paid positions held in the 12-month period prior to the survey, including average hours per week, hourly or annual salary, use of job benefits, job title, location, and responsibilities. They also reported whether the position was a peer specialist job, and if so, whether certification or training was required. On the basis of this information, jobs were coded by research staff by using the Bureau of Labor Statistics (BLS) standard occupational categories (26). All jobs were coded by one research staff, and a 10% random subsample ( $N=85$  jobs) was then coded by a second researcher (J.B.-M.) to assess reliability. The two researchers then met to compare codes and reach a consensus on conflicts.

### Statistical Analysis

Associations between participant characteristics and employment status and job type were examined by using chi-square and  $t$  tests. Variables were selected for inclusion in logistic regression models. Given the exploratory nature of the analysis and the relatively large number of predictor variables, the final model terms were identified using backward stepwise regression to exclude independent variables that did not add significantly to the model.

## RESULTS

Of 681 respondents who consented to the survey, 591 (87%) provided data on current employment status and were included in the analysis. Participant characteristics are shown in Table 1. Most identified as female (66%) and as White (69%), followed by Black or African American (24%); and 9% identified as Latinx. Only 16% reported receiving SSDI income, and even fewer reported SSI (4%). Of the sample, 11% were veterans. The mean age of participants was 47. Among participants, 15% reported an education level of high school or less, 39% reported some college, and 46% reported any degree (associate's degree or higher).

Psychiatric diagnoses were reported as follows: schizophrenia, 9%; bipolar disorder, 25%; and depressive disorders, 41%. Almost a third (31%) reported a substance use

**TABLE 1. Characteristics of certified peer specialists who responded to an online survey and provided data about current employment ( $N=591$ )**

Characteristic	N	% or $M \pm SD^a$
Gender		
Male	182	31
Female	389	66
Transgender	4	<1
Genderqueer	4	<1
Nonbinary	12	2
Race		
White	410	69
Black or African American	143	24
Other non-White	38	6
Latinx	52	9
Social Security Disability Insurance recipient	94	16
Supplemental Security Income recipient	25	4
Veteran	67	11
Education		
High school or less	88	15
Some college	229	39
Any degree	274	46
Diagnosis group		
Depressive disorder without bipolar disorder or schizophrenia	240	41
Bipolar disorder without schizophrenia	147	25
Schizophrenia	51	9
Other diagnosis	153	26
Substance use diagnosis	184	31
Past-year use of outpatient medication management, psychiatry services	301	54
Past-year use of outpatient mental health counseling, therapy services	310	56
Past-year use of inpatient mental health services	29	5
Never discloses mental health status to coworkers	47	8
Peer work motivation: give back and help others (versus other reason)	132	22
Worked all months in prior 5 years	240	41
Rural or small-town residence area	33	6
State		
1	226	38
2	172	29
3	129	22
4	64	11
Age ( $M \pm SD$ )	590	47 $\pm$ 12
Self-reported physical health ( $M \pm SD$ ) <sup>b</sup>	557	3.0 $\pm$ 1.0
Years since certification ( $M \pm SD$ )	591	2.5 $\pm$ 3.0
Number of negative work experiences at any job ( $M \pm SD$ )	542	4.4 $\pm$ 3.3
County unemployment rate in 2020 ( $M \pm SD$ ) <sup>c</sup>	588	8.2 $\pm$ 1.7

<sup>a</sup> Some respondents did not complete all items, and percentages are based on the total number of responses received for each item.

<sup>b</sup> Assessed with a single self-report item (20). Possible scores range from 1 to 5, with higher scores indicating better physical health.

<sup>c</sup> Average monthly unemployment rate defined as the percentage of the civilian labor force unemployed.

diagnosis. About half (56%) used outpatient therapy or counseling in the past year, and a similar proportion (54%) reported use of medication management or psychiatry services. Only 5% reported inpatient psychiatric hospitalization in the past year. On a scale from 1, low, to 5, high, participants reported their physical health at an average of 3.

On average, it had been 2.5 years since participants were first certified as peer specialists. Most participants were employed at the time of the survey ( $N=448$ , 76%); 96% ( $N=567$ ) had worked in the 5 years prior to the survey, and 41% had worked continuously during that time. Table 2 shows the relationship between participant characteristics and employment status (currently employed or not employed), as indicated by bivariate chi-square and  $t$  tests. Only 13% of those currently employed were receiving SSDI, compared with 26% of those who were unemployed ( $p<0.001$ ), and only 3% of employed respondents reported SSI, compared with 8% of the unemployed group ( $p=0.005$ ). Among veterans, the proportion currently employed was lower than the proportion unemployed (10% versus 17%,  $p=0.018$ ). Among employed respondents, the proportions reporting past-year use of outpatient and inpatient mental health services were lower than among those who were unemployed, and mean self-reported health ratings were better among employed respondents than among unemployed respondents (3.0 versus 2.8,  $p=0.044$ ).

Work history was significantly associated with employment status, and 47% of employed respondents had worked continuously in the past 5 years, compared with 22% of unemployed respondents ( $p<0.001$ ). Only 7% of those who were currently employed reported never disclosing their psychiatric history to colleagues, compared with 15% of those who were unemployed ( $p=0.004$ ). Employed respondents had been certified for significantly longer than those who were unemployed (2.6 years versus 2.0 years,  $p=0.015$ ). Other characteristics—including state, rural residence, and county unemployment rate—were not associated with current employment status.

In the final multivariable logistic regression, SSDI and SSI beneficiary status and veteran status continued to be significantly associated with a lower likelihood of current employment, as did receipt of outpatient counseling in the past year and never disclosing one's psychiatric history to colleagues. Longer time since certification remained significantly associated with greater likelihood of current employment.

Among those currently employed, we examined characteristics associated with having a peer services position, compared with a non-peer services job, using the same multivariable model (Table 3). Respondents working in peer services jobs had been certified longer than those in non-peer services jobs (2.9 years versus 2.0 years,  $p=0.002$ ). A smaller proportion of those working in peer services jobs reported never disclosing their psychiatric history to colleagues, compared with those in non-peer services positions (3% versus 15%,  $p<0.001$ ). Finally, the proportion of respondents working in peer services jobs differed significantly by state ( $p<0.001$ ).

In the final step of the multivariable logistic regression model predicting likelihood of being employed in a peer services job, those reporting depressive disorders were significantly more likely than those with other diagnoses to have peer services jobs (odds ratio [OR]=1.93,  $p=0.028$ ). In addition, those who did not disclose their mental health status to colleagues were significantly less likely to hold a peer services job, compared with those who did disclose (OR=0.24,  $p<0.001$ ). Certification state was significantly associated with the likelihood of working in peer services jobs ( $p<0.001$ ). A higher local unemployment rate also was associated with lower likelihood of working in peer services jobs (OR=0.78,  $p=0.003$ ).

Finally, we compared characteristics of peer services jobs and non-peer services jobs among those who were employed (Table 4). Among those with peer services jobs, the proportion who had held the job for 1 or more years was higher, compared with the proportion among those who held non-peer services jobs (72% versus 57%,  $p=0.003$ ). A larger proportion of those who held peer services jobs reported employee benefits, compared with those who held non-peer services jobs, including paid time off (73% versus 53%,  $p<0.001$ ) and health insurance (55% versus 35%,  $p<0.001$ ). Job satisfaction was significantly higher among those in peer services jobs, compared with those in other jobs ( $p<0.001$ ). No significant differences were found between peer services jobs and other jobs in hourly wage, average hours worked per week, and job tenure measured in months.

In the BLS Standard Occupational Classification system, peer services are classified as "community and social service occupations." As shown in Table 4, 93% of peer services jobs were coded as such, and 6% were coded as a "management occupation." Among non-peer services jobs, the largest group was classified as community and social service occupations (30%), followed by other unrelated categories. The BLS uses job zones to characterize a group of occupations (from lower to higher) that are similar in educational requirements, experience needed, and on-the-job training needed. Compared with the peer services jobs, over half of the non-peer services jobs were in a lower job zone (59%,  $N=72$ ), 34% ( $N=42$ ) were in the same job zone, and only 7% ( $N=9$ ) were in a higher job zone.

## DISCUSSION

The results of this first national study to examine the labor force participation of individuals after their certification as peer specialists revealed a high employment rate, exceeding that observed in other studies of adults with behavioral health conditions (10, 27). Predictors of unemployment were similar to those found in other studies of adults with psychiatric disabilities. These overarching unemployment predictors include poorer physical health and higher use of outpatient mental health services, reliance on public

**TABLE 2. Bivariate associations and results of multivariable logistic regression of variables as predictors of being currently employed among 591 certified peer specialists**

Variable	Currently employed (N=448, 76%)		Not employed (N=143, 24%)		Test statistic	df	p	OR <sup>b</sup>	p
	N	% <sup>a</sup>	N	% <sup>a</sup>					
Female (reference: male)	304	68	85	59	$\chi^2=3.41$	1	.065		
Race (reference: white)					$\chi^2=1.27$	2	.530		
White	316	71	94	66					
Black or African American	105	23	38	27					
Other non-White	27	6	11	8					
Latinx (reference: not Latinx)	39	9	13	9	$\chi^2=.02$	1	.887		
Social Security Disability Insurance recipient (reference: not a recipient)	57	13	37	26	$\chi^2=14.02$	1	<.001	.43	.001
Supplemental Security Income recipient (reference: not a recipient)	13	3	12	8	$\chi^2=8.06$	1	.005	.32	.012
Veteran (reference: not a veteran)	43	10	24	17	$\chi^2=5.57$	1	.018	.52	.027
Education (reference: high school or less)					$\chi^2=1.29$	2	.526		
High school or less	69	15	19	13					
Some college	168	38	61	43					
Any degree	211	47	63	44					
Diagnosis group (reference: other diagnosis)					$\chi^2=1.46$	3	.691		
Depressive disorder without bipolar disorder or schizophrenia	188	42	52	36					
Bipolar disorder without schizophrenia	108	24	39	27					
Schizophrenia	38	9	13	9					
Other diagnosis	114	25	39	27					
Substance use disorder diagnosis (reference: no substance use disorder diagnosis)	145	32	39	27	$\chi^2=1.31$	1	.252		
Past-year use of outpatient medication management, psychiatry services (reference: no past-year use of these services)	221	52	80	62	$\chi^2=4.10$	1	.043		
Past-year use of outpatient mental health counseling, therapy services (reference: no past-year use of these services)	225	53	85	66	$\chi^2=6.87$	1	.009	.64	.044
Past-year use of inpatient mental health services (reference: no past-year use of these services)	17	4	12	8	$\chi^2=4.91$	1	.027		
Never discloses mental health status to coworkers (references: sometimes or always discloses)	28	7	19	15	$\chi^2=8.16$	1	.004	.44	.016
Peer work motivation: give back and help others (reference: any other reason)	107	24	25	18	$\chi^2=2.56$	1	.110		
Worked all months in prior 5 years (reference: did not work all months in prior 5 years)	208	47	32	22	$\chi^2=26.20$	1	<.001		
Rural or small-town residence area (reference: larger residential area)	23	5	10	7	$\chi^2=.70$	1	.403		
State (reference: state 1)					$\chi^2=5.27$	3	.153		
1	174	39	52	36					
2	120	27	52	36					
3	103	23	26	18					
4	51	11	13	9					
Age (M $\pm$ SD years)	447	46 $\pm$ 12	143	48 $\pm$ 13	t=1.56	588	.120		
Self-reported physical health (M $\pm$ SD) <sup>c</sup>	427	3.0 $\pm$ 1.0	130	2.8 $\pm$ 1.0	t=-2.02	555	.044		
Years since certification (M $\pm$ SD)	448	2.6 $\pm$ 3.0	143	2.0 $\pm$ 2.5	t=-2.21	589	.015	1.12	.009
N of negative work experiences at any job (M $\pm$ SD)	413	4.3 $\pm$ 3.3	129	4.6 $\pm$ 3.4	t=.71	540	.475		
County unemployment rate in 2020 (M $\pm$ SD) <sup>d</sup>	445	8.2 $\pm$ 1.7	143	8.3 $\pm$ 1.9	t=.25	586	.807		

<sup>a</sup> Some respondents did not complete all items, and percentages are based on the total number of responses received for each item.<sup>b</sup> Significant effects (p<0.05) remaining in backward stepwise multivariable logistic regression. Multivariable model Nagelkerke R<sup>2</sup>=0.104, classification percentage correct=76%.<sup>c</sup> Assessed with a single self-report item (20). Possible scores range from 1 to 5, with higher scores indicating better physical health.<sup>d</sup> Average monthly unemployment rate defined as the percentage of the civilian labor force unemployed.



**TABLE 3. Bivariate associations and results of multivariable backward stepwise logistic regression of variables as predictors of current employment in a peer services job among 448 certified peer specialists employed at the time of the survey**

Variable	Peer services job (N=325, 73%)		Other job (N=123, 27%)		Test statistic	df	p	OR <sup>b</sup>	p
	N	% <sup>a</sup>	N	% <sup>a</sup>					
Female (reference: male)	214	66	90	73	$\chi^2=2.20$	1	.138		
Race (reference: White)					$\chi^2=11.22$	2	.004		
White	240	74	76	62					
Black or African American	63	19	42	34					
Other non-White	22	7	5	4					
Latinx (reference: not Latinx)	32	10	7	6	$\chi^2=1.94$	1	.164		
Social Security Disability Insurance recipient (reference: not a recipient)	40	12	17	14	$\chi^2=.18$	1	.668		
Supplemental Security Income recipient (reference: not a recipient)	10	3	3	2	$\chi^2=.13$	1	.720		
Veteran (reference: not a veteran)	31	10	12	10	$\chi^2=.01$	1	.944		
Education (reference: high school or less)					$\chi^2=.24$	2	.885		
High school or less	49	15	20	16					
Some college	124	38	44	36					
Any degree	152	47	59	48					
Diagnosis group (reference: other diagnosis)					$\chi^2=17.77$	3	<.001		
Other diagnosis	67	21	47	38					
Depressive disorder without bipolar disorder or schizophrenia	147	45	41	33				1.93	.028
Bipolar disorder without schizophrenia	78	24	30	24				1.07	.854
Schizophrenia	33	10	5	4				1.95	.237
Substance use disorder diagnosis (reference: no substance use disorder diagnosis)	107	33	38	31	$\chi^2=.17$	1	.682		
Past-year use of outpatient medication management, psychiatry (reference: no past-year use of these services)	168	54	53	46	$\chi^2=2.45$	1	.118		
Past-year use of outpatient mental health counseling, therapy services (reference: no past-year use of these services)	162	52	63	54	$\chi^2=.14$	1	.706		
Past-year use of inpatient mental health services (reference: no past-year use of these services)	10	3	7	6	$\chi^2=.20$	1	.196		
Never discloses mental health status to coworkers (reference: sometimes or always discloses)	10	3	18	15	$\chi^2=20.03$	1	<.001	0.24	<.001
Peer work motivation: give back and help others (reference: any other reason)	83	26	24	20	$\chi^2=1.78$	1	.182		
Worked all months in prior 5 years (reference: did not work all months in prior 5 years)	160	49	48	39	$\chi^2=3.85$	1	.050		
Rural or small-town residence area (reference: larger residential area)	17	5	6	5	$\chi^2=.02$	1	.894		
State (reference: state 1)					$\chi^2=43.87$	3	<.001		
1	133	41	41	33					
2	62	19	58	47				0.20	<.001
3	93	29	10	8				1.56	.289
4	37	11	14	11				0.70	.417
Age (M±SD years)	324	47±12	123	45±12	t=−1.02	445	.310		
Self-reported physical health (M±SD) <sup>c</sup>	310	3.0±1.0	117	3.1±1.1	t=1.02	425	.308		
Years since certification (M±SD)	325	2.9±3.2	123	2.0±2.7	t=−2.88	446	.002		
N of negative work experiences at any job (M±SD)	300	4.2±3.2	112	4.6±3.6	t=1.14	411	.278		
County unemployment rate in 2020 (M±SD) <sup>d</sup>	323	8.2±1.7	122	8.4±1.8	t=1.05	443	.294	0.78	.003

<sup>a</sup> Some respondents did not complete all items, and percentages are based on the total number of responses received for each item.<sup>b</sup> Significant effects (p<0.05) remaining in backward stepwise multivariable logistic regression. Multivariable model Nagelkerke R<sup>2</sup>=0.226, classification percent correct=76%.<sup>c</sup> Assessed with a single self-report item (20). Possible scores range from 1 to 5, with higher scores indicating better physical health.<sup>d</sup> Average monthly unemployment rate defined as the percentage of the civilian labor force unemployed.

disability and other benefits, and stigma (as reflected in lower likelihood of disclosure of mental health status).

In multivariable analyses predicting likelihood of any type of employment, SSI and SSDI beneficiaries were less likely to be working. This finding is consistent with a large body of research reviewed by O'Day and colleagues (28) suggesting that participation in federal disability programs can act as a disincentive to find paid work, as well as with other research on the association between greater impairment and benefits eligibility (29). Veterans were also less likely to hold a paid job, in line with findings of other research (30, 31), which may be related to ongoing psychological stress (19). Respondents who never disclosed their psychiatric history to coworkers were also less likely to be currently employed, confirming the positive association between disclosure and employment status observed in other studies (32, 33). Finally, the association between use of outpatient mental health services and unemployment could be attributable to less need for services among the employed group because of the positive impacts of work on mental health (34, 35). However, many states require CPS applicants to demonstrate evidence of "recovery" (13), which may mean that certification deters them from seeking services.

The study compared respondents working in peer services positions versus other types of jobs and found that those who reported a lifetime depressive disorder diagnosis were more likely to hold peer services positions, compared with other types of jobs. This finding is consistent with the high prevalence of depressive disorders in prior studies of the peer specialist workforce (36, 37).

**TABLE 4. Characteristics of peer services jobs versus other job types among 448 certified peer specialists employed at the time of the survey<sup>a</sup>**

Characteristic	Peer services job (N=325, 73%)		Other job type (N=123, 27%)		Test statistic	df	p
	N	M±SD	N	M±SD			
Months between certification and job start (M±SD)	320	0±41	121	12±71	t=−1.71	439	.032
Hourly wage (M±SD \$)	294	15.93±5.96	100	15.60±5.68	t=−.49	392	.628
Hours per week (M±SD)	323	33±11	119	31±13	t=−1.38	440	.169
Earnings per week (wage × hours) (M±SD \$)	293	544±271	97	504±277	t=−1.23	388	.210
Tenure (M±SD months)	318	35±37	112	32±50	t=−.57	428	.567
Job satisfaction <sup>b</sup>	305	17.3±2.9	104	15.8±3.8	t=−3.62	407	<.001
	N	%	N	%			
Full-time (≥35 hours per week)	208	64	69	58	χ <sup>2</sup> =1.53	1	.216
Job tenure ≥12 months	230	72	64	57	χ <sup>2</sup> =8.83	1	.003
Benefits							
Paid time off	219	73	54	53	χ <sup>2</sup> =13.33	1	<.001
Health insurance, other medical	166	55	36	35	χ <sup>2</sup> =11.80	1	<.001
No benefits	71	24	42	41	χ <sup>2</sup> =11.81	1	<.001
Opted not to use benefits	21	7	6	6	χ <sup>2</sup> =.14	1	.708
Occupational category					χ <sup>2</sup> =213.17	17	.003
Community and social service	302	93	37	30			
Management	20	6	6	5			
Office and administrative support	0	—	16	13			
Food preparation, food serving	0	—	8	7			
Health care support	0	—	7	6			
Transportation and material moving	0	—	7	6			
Educational instruction and library	0	—	6	5			
Health care practitioners and technical	0	—	6	5			
Protective services	0	—	4	3			
Art, design, entertainment, sports, media	0	—	2	2			
Sales and related	0	—	3	2			
Building and grounds, cleaning, maintenance	0	—	2	2			
Personal care and service	0	—	2	2			
Farming, fishing, forestry	0	—	3	2			
Construction and extraction	0	—	2	2			
Production occupations	0	—	2	2			
Installation, maintenance, repair	0	—	1	<1			
Unknown or not coded	3	1	9	7			

<sup>a</sup> Some respondents did not complete all items, and percentages are based on the total number of responses received for each item.

<sup>b</sup> As measured with the Brief Index of Affective Job Satisfaction. Possible scores range from 4 to 20, with higher scores indicating greater satisfaction.

Compared with respondents working in non-peer services positions, those employed in peer services roles were more likely to disclose their psychiatric history to coworkers. This is not surprising, given that disclosure is a hallmark of peer-delivered recovery services. Employment in a peer services position was also more likely among those

residing in areas with low unemployment, which may have reflected an association between low unemployment and expanded employment opportunities for disadvantaged workers (38). Finally, significant differences were found by state in the likelihood of holding a peer services position, and this finding may have reflected the availability of positions or the hiring requirements in certain states (e.g., a driver's license or lack of criminal record), as described in the peer specialist database (2).

Job satisfaction was significantly higher among those holding peer services positions, compared with other jobs. This is not surprising given the extent to which respondents endorsed peer work as providing opportunities to help others and promote recovery ideals. High levels of job satisfaction have been found in other studies of those providing peer services (39) because of psychological benefits to working as a peer specialist (40). Although no significant differences in hourly wage or number of hours worked per week were noted, providers of peer services were significantly more likely to report a longer current job tenure. Other studies of peer services providers have also reported high levels of job stability, even during the COVID-19 pandemic (41, 42). These advantages of peer services employment are noteworthy, especially compared with the entry-level, low-wage, and low-skilled positions that are typically held by this group of workers (43).

This study had several limitations. Recruitment of newly certified CPSs proved difficult because of changes in certification processes. We collected the original date of certification from respondents, allowing us to compare new CPSs to individuals who had received certification several years ago. Most data came from respondent self-report, which could be subject to positive response bias or inaccurate recall. Our respondents were not a nationally representative sample of newly certified CPSs, although we recruited from four regionally diverse states, and the demographic characteristics of our sample were similar to those reported in a 2020 survey of 1,280 peer specialists in terms of gender, race, education, and age (41). In addition, the cross-sectional observational design of the study does not support causal inference. Finally, recruitment was conducted at the beginning of the COVID-19 pandemic, which may have altered responses and response rates. However, we found that numbers of surveys completed increased each month between April and August. Recent studies have found high levels of job stability in peer services and other types of employment in 2020 in the months after the pandemic began (41, 42).

## CONCLUSIONS

This study adds to the sparse literature on employment trajectories after recent certification of peer specialists. Responses to this survey indicated that the CPS population, compared with all adults with psychiatric disabilities, has relatively high education, recent work history, lower current use of SSI and SSDI, high rates of disclosure of mental health

status to coworkers, and a high current employment rate. Some of these patterns may stem from state requirements that CPS applicants have at least a high school diploma (or equivalent) and recent work experience (8). These policies may negate attempts to alleviate employment issues for people with psychiatric disabilities through paid peer services positions.

Research on this relatively new professional credential is hindered by the way in which CPS positions are tracked by the U.S. Department of Labor, which includes CPSs under the heading of "health educators and community health workers" (44). These job categories differ substantially in their educational requirements, competencies, and lived experience (14, 45). Creation of a designation of peer specialist as a Department of Labor standard occupational classification, as well as continued research on career trajectories, could advance our knowledge about the certification and employment outcomes of this essential workforce.

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## REFERENCES

1. Leading Mental Health Organizations Strongly Support New Bipartisan Peer Support Legislation Introduced in the Senate. Washington, DC, National Association of Peer Specialists, 2021. [www.peersupportworks.org/leading-mental-health-organizations-strongly-support-new-bipartisan-peer-support-legislation-introduced-in-the-senate/](http://www.peersupportworks.org/leading-mental-health-organizations-strongly-support-new-bipartisan-peer-support-legislation-introduced-in-the-senate/)
2. Peer Specialists. Brattleboro, VT, Copeland Center for Wellness and Recovery, 2020. [copelandcenter.com/peer-specialists](http://copelandcenter.com/peer-specialists)
3. Wolf J: National trends in peer specialist certification. *Psychiatr Serv* 2018; 69:1049
4. Chapman SA, Blash LK, Mayer K, et al: Emerging roles for peer providers in mental health and substance use disorders. *Am J Prev Med* 2018; 54:S267-S274
5. National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles, and Reimbursement. Ann Arbor, University



- of Michigan Behavioral Health Workforce Research Center, 2019. [www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRP-Peer-Workforce-Full-Report.pdf](http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRP-Peer-Workforce-Full-Report.pdf)
6. Smith DG: Guidance to states interested in peer support services under the Medicaid program. State Medicaid Directors Letter 07-011. Baltimore, US Department of Health and Human Services, Centers for Medicare and Medicaid Services, 2007. [downloads.cms.gov/cmsgov/archived-downloads/smdl/downloads/smdl081507a.pdf](https://www.cms.gov/cmsgov/archived-downloads/smdl/downloads/smdl081507a.pdf). Accessed Nov 10, 2021
  7. Chinman M, George P, Dougherty RH, et al: Peer support services for individuals with serious mental illnesses: assessing the evidence. *Psychiatr Serv* 2014; 65:429–441
  8. Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. Rockville, MD, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2013. [www.cimh.org/sites/main/files/file-attachments/samhsa\\_bhwork\\_0.pdf](http://www.cimh.org/sites/main/files/file-attachments/samhsa_bhwork_0.pdf)
  9. Frequently Asked Questions—General. Washington, DC, US Department of Labor Office of Disability Employment Policy, 2021. [www.dol.gov/agencies/odep/publications/faqs/general#3](http://www.dol.gov/agencies/odep/publications/faqs/general#3)
  10. Sevak P, Khan S: Psychiatric versus physical disabilities: a comparison of barriers and facilitators to employment. *Psychiatr Rehabil J* 2017; 40:163–171
  11. 2019 Uniform Reporting System (URS) Output Tables. Washington, DC, Substance Abuse and Mental Health Services Administration, 2020. [www.samhsa.gov/data/report/2019-uniform-reporting-system-urs-output-tables?page=0](http://www.samhsa.gov/data/report/2019-uniform-reporting-system-urs-output-tables?page=0)
  12. Lapidus A, Jester J, Ortquist M, et al: Survey of peer support specialists: professional activities, self-rated skills, job satisfaction, and financial well-being. *Psychiatr Serv* 2018; 69:1264–1267
  13. Mental Health: Leading Practices for State Programs to Certify Peer Support Specialists. Washington, DC, US Government Accountability Office, 2018. [www.gao.gov/products/gao-19-41](http://www.gao.gov/products/gao-19-41)
  14. Myrick K, del Vecchio P: Peer support services in the behavioral healthcare workforce: state of the field. *Psychiatr Rehabil J* 2016; 39:197–203
  15. Gates LB, Akabas SH: Developing strategies to integrate peer providers into the staff of mental health agencies. *Adm Policy Ment Health* 2007; 34:293–306
  16. Walker G, Bryant W: Peer support in adult mental health services: a metasynthesis of qualitative findings. *Psychiatr Rehabil J* 2013; 36:28–34
  17. Tourangeau R, Conrad FG, Couper MP: The Science of Web Surveys. Oxford, United Kingdom, Oxford University Press, 2013
  18. Bond GR, Xie H, Drake RE: Can SSDI and SSI beneficiaries with mental illness benefit from evidence-based supported employment? *Psychiatr Serv* 2007; 58:1412–1420
  19. Kukla M, Bonfils KA, Salyers MP: Factors impacting work success in Veterans with mental health disorders: a Veteran-focused mixed methods pilot study. *J Vocat Rehabil* 2015; 43:51–66
  20. Thomas C, Kelman HR, Kennedy GJ, et al: Depressive symptoms and mortality in elderly persons. *J Gerontol* 1992; 47:S80–S87
  21. Shalaby RAH, Agyapong VIO: Peer support in mental health: literature review. *JMIR Ment Health* 2020; 7:e15572
  22. 2015 Kessler Foundation National Employment and Disability Survey: Overview. West Orange, NJ, Kessler Foundation, 2015. [kesslerfoundation.org/kfsurvey15](http://kesslerfoundation.org/kfsurvey15)
  23. Thompson ER, Phua FTT: A brief index of affective job satisfaction. *Group Organ Manage* 2012; 275–307
  24. Local Area Unemployment Statistics. Washington, DC, US Department of Labor, 2021. [www.bls.gov/lau/data.htm](http://www.bls.gov/lau/data.htm)
  25. Rural Classifications. Washington, DC, US Department of Agriculture, Economic Research Service, 2021. [www.ers.usda.gov/topics/rural-economy-population/rural-classifications/](http://www.ers.usda.gov/topics/rural-economy-population/rural-classifications/)
  26. Standard Occupational Classification. Washington, DC, US Bureau of Labor Statistics, 2018. [www.bls.gov/soc/](http://www.bls.gov/soc/)
  27. Luciano A, Meara E: The employment status of people with mental illness: national survey data from 2009 and 2010. *Psychiatr Serv* 2014; 65:1201–1209
  28. O'Day B, Kleinman R, Fischer B, et al: Preventing unemployment and disability benefit receipt among people with mental illness: evidence review and policy significance. *Psychiatr Rehabil J* 2017; 40:123–152
  29. Harvey PD, Heaton RK, Carpenter WT, et al: Functional impairment in people with schizophrenia: focus on employability and eligibility for disability compensation. *Schizophr Res* 2012; 140:1–8
  30. Zivin K, Bohnert ASB, Mezuk B, et al: Employment status of patients in the VA health system: implications for mental health services. *Psychiatr Serv* 2011; 62:35–38
  31. Resnick SG, Rosenheck RA: Posttraumatic stress disorder and employment in veterans participating in Veterans Health Administration Compensated Work Therapy. *J Rehabil Res Dev* 2008; 45: 427–436
  32. McGahey E, Waghorn G, Lloyd C, et al: Formal plan for self-disclosure enhances supported employment outcomes among young people with severe mental illness. *Early Interv Psychiatry* 2016; 10:178–185
  33. DeTore NR, Hintz K, Khare C, et al: Disclosure of mental illness to prospective employers: clinical, psychosocial, and work correlates in persons receiving supported employment. *Psychiatry Res* 2019; 273:312–317
  34. VanderWeele TJ: On the promotion of human flourishing. *Proc Natl Acad Sci USA* 2017; 114:8148–8156
  35. Jäckel D, Kupper Z, Glauser S, et al: Effects of sustained competitive employment on psychiatric hospitalizations and quality of life. *Psychiatr Serv* 2017; 68:603–609
  36. Ahmed AO, Hunter KM, Mabe AP, et al: The professional experiences of peer specialists in the Georgia Mental Health Consumer Network. *Community Ment Health J* 2015; 51:424–436
  37. Fortuna KL, Brooks JM, Umucu E, et al: Peer support: a human factor to enhance engagement in digital health behavior change interventions. *J Technol Behav Sci* 2019; 4:152–161
  38. Petrosky-Nadeau N, Valletta RG: Unemployment: Lower for Longer? FRBSF Economic Letter. San Francisco, Federal Reserve Bank of San Francisco, 2019. [www.frbsf.org/economic-research/publications/economic-letter/2019/august/unemployment-lower-for-longer/](http://www.frbsf.org/economic-research/publications/economic-letter/2019/august/unemployment-lower-for-longer/)
  39. Cronise R, Teixeira C, Rogers ES, et al: The peer support workforce: results of a national survey. *Psychiatr Rehabil J* 2016; 39: 211–221
  40. Moran GS, Russinova Z, Gidugu V, et al: Benefits and mechanisms of recovery among peer providers with psychiatric illnesses. *Qual Health Res* 2012; 22:304–319
  41. Adams WE, Rogers ES, Edwards JP, et al: Impact of COVID-19 on peer support specialists in the United States: findings from a cross-sectional online survey. *Psychiatr Serv* 2022; 73:9–17
  42. Cook JA, Swarbrick M, Boss KA, et al: The importance of employment to workers with preexisting behavioral health disorders during the COVID-19 pandemic. *Psychiatr Rehabil J* 2022; 45: 11–17
  43. McDowell C, Ennals P, Fossey E: Vocational service models and approaches to improve job tenure of people with severe and enduring mental illness: a narrative review. *Front Psychiatry* 2021; 12: 1116
  44. Chen A: You're a What? Peer Support Specialist. Washington, DC, US Bureau of Labor Statistics, 2017. [www.bls.gov/careeroutlook/2017/youre-a-what/peer-support-specialist.htm](http://www.bls.gov/careeroutlook/2017/youre-a-what/peer-support-specialist.htm)
  45. Occupational Outlook Handbook, Health Educators and Community Health Workers. Washington, DC, US Department of Labor, Bureau of Labor Statistics, 2021. [www.bls.gov/ooh/community-and-social-service/health-educators.htm](http://www.bls.gov/ooh/community-and-social-service/health-educators.htm)