

# **Peer Specialist Compensation/ Satisfaction 2007 Survey Report National Association of Peer Specialists**

While peer support has been common for many years in substance abuse treatment settings, it is a relatively new development for persons with psychiatric disorders. Some states, such as Georgia and Pennsylvania, have used peer specialists as a component in mental health treatment for many years. But, for the most part, peer specialists have emerged in significant number only in the last four years.

In order to gain an understanding of the status of peer specialists throughout the U.S., the National Association of Peer Specialists (NAPS), a non-profit organization dedicated to the promotion of peer support in mental health settings, initiated a survey to determine the nature of this occupation. Specifically, the survey was designed to determine the variety of tasks peer specialists perform, how satisfied they are with their work, compensation levels, outlook for the future and what motivates such workers.

This information can be valuable for both peer specialists and mental health administrators when designing and implementing peer specialist programs.

## **Methodology**

A survey instrument was designed by an experienced social researcher and it was tested among a small group of peer specialists to identify problem areas that could affect reliability and validity of resulting data. The survey was distributed in several ways: 1) on the NAPS website, 2) at a national conference for peer specialists, and 3) by direct mail to NAPS members. Those distributed by mail to NAPS members included a self-addressed, stamped envelope to encourage response.

The survey was distributed July 15 through September 30, 2007. A total of 173 surveys were completed and returned representing 35 states. For the purpose of the survey, a “peer specialist” was defined as one with a history of or a current experience with a psychiatric disorder who helps others with psychiatric disorders.

The survey consisted of 18 questions, some of which offered multiple responses. Additional comments were sought in the survey instrument as a means of gaining detail about objective responses. Data was entered on an Excel spreadsheet for convenient processing.

## **Results**

The data gathered reveals the following national information:

<b>Average Hourly Wage*</b>	<b>Average Number of Weekly Hours</b>	<b>Average Years on the Job</b>	<b>Average Number of Peers Served Weekly**</b>	<b>Percent with Specific Job Training</b>	<b>Percent Interested in More Job Training</b>
\$12.13	29.5	2.8	16.7	82.7%	81.5%

\*Salaries were converted to hourly rates based on 2,080 hours per year.  
\*\*This number reflects peer contacts in individual and group settings.

Respondents wanting additional training for their jobs listed the following as areas of particular interest: Wellness Recovery Action Planning (WRAP), public speaking, peer rights and legal issues, leadership, computer skills, boundaries and ethics, anti-stigma, trauma, diagnoses, benefits, motivational interviewing, conflict resolution and supervision skills.

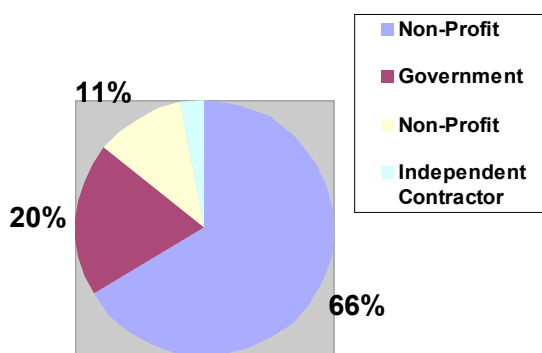
Percent Working for Non-Profit Organization	Percent Working for Government	Percent Working for For-Profit Organization	Percent Working as an Independent Contractor
66.3%	19.5%	11.2%	3.0%

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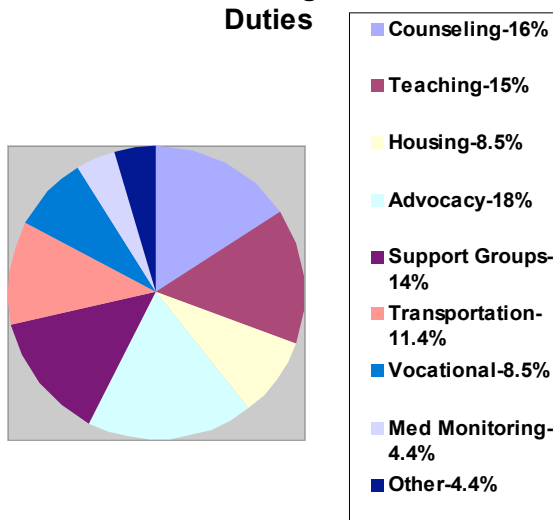
Peer specialists perform a diverse number of tasks. Respondents were asked to identify tasks (more than one response possible) from a checklist that included: one-on-one counseling, teaching, housing assistance, advocacy, facilitating support groups, transportation assistance, vocational assistance and medication monitoring. In addition, respondents were provided with an “other” option and asked to describe that task.

Those selecting the “other” option described such tasks as resource connecting; staff, family and community education; crisis intervention; jail diversion; administration; clubhouse supervision; coordinating appointments; research and reporting; serving on committees, benefits counseling and grant writing.

Percent Working for Organization Type



Percent Performing Various Job Duties



Why do peer specialists do what they do? That question was posed and the results are as follows:

Percentage Identifying Motivation to Work as a Peer Specialist

Money	Helping Others	Having Something to Do	Other
5.5%	73.5%	5.9%	16.7%

Nearly all those reporting “other” as a reason for their motivation identified “helping with my own recovery” as a reason for engaging in work as a peer specialist.

Are peer specialists satisfied with their work? The survey responses revealed the following:

Percentage of Persons Reporting Job Satisfaction

Always	Mostly	Somewhat	Not at all
31.5%	60.7%	7.1%	.6%

Related to job satisfaction is the frequency of conflicts in the workplace and whether peer specialists feel respected by co-workers. The results for these inquiries are below:

	Frequently	Sometimes	Rarely	Never
Percent with conflicts	4.9%	36.6%	45.7%	12.8%
Percent feeling				

<b>respected</b>	65.2%	30.5%	3%	1.2%
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Another area of interest is the number of peer specialists who work full-time as opposed to part-time. Respondents were asked to report the number of weekly hours they worked on average. Those working 32 or more hours per week were considered full-time. Those working less than 32 hours per week were considered part-time. Of the 168 respondents to this inquiry, 48.9 percent reported they worked part-time.

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The reasons for working part-time instead of full-time can be many. Respondents were asked to select from a list barriers that prevented them from working full-time. That list included: mental health reasons, lack of health benefits (including potential loss of SSI/SSDI benefits), administrators/managers, demand for services, physical health reasons, and low wages. Respondents were also invited to check “other” and then identify the barrier.

The results of this portion of the survey instrument are as follows:

**Percent Identifying Barriers to Full-Time Employment**

<b>Mental Health</b>	<b>Benefit Loss</b>	<b>Administrators/Managers</b>	<b>Demand for Services</b>	<b>Physical Health</b>	<b>Low Wages</b>	<b>Other</b>
17%	36.7%	9.5%	4.1%	11.6%	6.8%	13.6%

Respondents who identified “other” as a barrier explained it was a personal preference to work part-time as opposed to full-time.

How long do peer specialists expect to remain in this occupation? The results of this inquiry may be interpreted as a measure of overall satisfaction and are detailed below.

**Percentage Identifying Expected Duration in Occupation**

<b>Forever</b>	<b>At least 3 years</b>	<b>Until Something Else Comes Along</b>	<b>Next Year or so</b>	<b>Other</b>
43.8%	27.8%	10.5%	6.8%	11.1%

Those identifying “other” exclusively said they were pursuing educational opportunities that would take them to a different career path.

At the end of the survey, respondents were asked to provide any additional comments they wished. The following is a sample of some of those comments.

- “Love the job but low pay is a real problem.”
- “I am concerned that peer support and peer specialists will not last.”
- “Mental health staff do not understand the role of peer specialists.”
- “Stigma is a problem. The work environment is hostile.”
- “More training would help us gain respect among mental health professionals.”
- “Someone needs to train administrators about the roles of peer specialists and their value.”
- “My agency is very supportive.”
- “I love spreading hope around.”

**Analysis**

Generally, the sample size is too small to provide statistical reliability on a state level. There are, however, a few exceptions. For example, 39 peer specialists from Michigan (22.5% of total responses) provide enough data to make reliable conclusions about that state. It is possible to determine with some accuracy, therefore, that Michigan peer specialists work about 5 fewer hours per week (25 versus 29.5 nationwide) and receive less average pay (\$11.02 per hour versus \$12.13). Satisfaction data also indicates Michigan peer specialists are somewhat less satisfied with their jobs than their counterparts in other states.

But enough data has been provided to make reasonable conclusions about peer specialists on a national level. One of the most obvious interests among peer specialists involves additional training for their positions. Respondents were asked to identify particular topics for further instruction and skill development but those responses were wide ranging. It can be said with some accuracy, however, that peer specialists want to know more about everything.

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Looking at hourly wages, number of weekly hours worked and longevity, there is reason for concern about the level of integration of peer specialists in the mental health treatment workforce. The occupation is low paying with little apparent opportunity to create a meaningful career path that will enable peer specialists to move beyond dependence on entitlements, particularly Social Security disability benefits.

The majority (66.3%) of peer specialists work for non-profit organizations with almost 20 percent working for government agencies. If wages, work hours and working conditions are to change significantly, these employers must be the focal points for worker advocacy.

Although there are challenges facing the peer workforce in the future, there are bright spots. Peer specialists are generally very satisfied with their jobs, feel respected in the workplace and have relatively few conflicts among co-workers.

Clearly, the primary reward that motivates peer specialists is helping others. This is understandable as one who has survived and overcome the hardships of a psychiatric disorder often feels—with a fair measure of confidence—they are in a unique position to help others through the same or similar challenges.

### **Findings**

The following findings can be reasonably made regarding the state of the peer specialist workforce in the U.S.:

- Peer specialists are paid relatively low wages, work fewer hours than mental health professionals and have few opportunities for career development in their current career path.
- Peer specialists are highly motivated and serve a significant number of peers.
- Peer specialists perform a variety of work duties and are not generally “locked” into a particular task.
- Peer specialists are generally highly satisfied with their job duties and work environment.
- Peer specialists are hungry for additional training in a variety of areas.
- Educating mental health administrators about the varied roles of peer specialists and their value could improve the work environment.
- Additional satisfaction/compensation survey research would be useful.
- Survey research among state mental health administrators would be a logical “next step” in determining the status of peer support in U.S. mental health systems.
- The National Association of Peer Specialists should use data gathered from survey research to advocate for more peer support initiatives, higher wages, more work hours and a greater understanding of peer specialist roles.

### **Future Plans**

The National Association of Peer Specialists will distribute this report via direct mail to its members. Others who have requested this report will receive it by postal mail or e-mail. Survey results will be shared with mental health professionals, administrators and peer specialists at conferences, meetings and other events whenever possible.

Additional survey research directed to state mental health administrators will determine: 1) the number of working peer specialists in each state, 2) training/certification requirements, 3) future plans for peer specialist program creation and/or development.

Survey research will be implemented on an annual basis to measure changes in the peer specialist workforce. Experience will be useful in refining survey instrument design.

The National Association of Peer Specialists will consult with mental health advocacy organizations and government agencies to determine how it can best advocate for an enduring, well-trained and satisfied workforce.