

INPUT FROM STAKEHOLDERS: HIRING AND RETAINING PEOPLE IN RECOVERY IN THE BEHAVIORAL HEALTH WORKFORCE

A Contribuição a partir do Interesse das Pessoas: Contratação e Permanência das Pessoas em Processo de Recovery como Trabalhadores da Saúde Mental

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ABSTRACT: The hiring of people in recovery (PIR) from mental illnesses in the behavioral health workforce has bloomed in the past few years. PIR have been hired in a variety of positions including as peer supporters, case managers, clinicians, and CEOs. This paper highlights findings from focus groups that were conducted with behavioral health organizations to gather input on hiring and retaining PIRs in the behavioral health workforce. Suggestions were mostly targeted to the areas of 1) Hiring Peers— the value and benefits and challenges, and suggestions for organizational readiness and, 2) Retaining PIRs— transitioning PIRs to the behavioral health workforce and supervision, flexibility and accommodations. Input from these discussions has informed the creation of development and implementation guides for organizations wanting to hire PIRs as peer supporters. In addition to the development of training guidelines for PIRs in roles as peer supporters. This paper signifies the importance of gathering input prior to developing implementation initiatives on the employment of PIRs as peer supporters, in the behavioral health workforce.

Keywords: Peer Supporters. Laypersons. Recovery-Oriented. Hiring. Mental Illness

RESUMO: A contratação das pessoas com sofrimento mental em processo de recovery (PIR) como trabalhadores da saúde mental avançou nos últimos anos. Pessoas em processo de recovery foram contratados em diferentes cargos, incluindo, suporte de pares, gestores de casos, clínicos e diretores. Este artigo apresenta os resultados dos grupos focais que foram realizados nos serviços de saúde mental com o objetivo de reunir informações sobre a contratação e permanência dos usuários como trabalhadores da saúde mental. As principais propostas foram direcionadas para as áreas de: 1) Contratação de Pares - função, benefícios, desafios e avaliação de desempenho, 2) Permanência dos usuários como trabalhadores da saúde mental, participação, flexibilização e o lugar dos usuários na supervisão clínica. Através das informações coletadas nos grupos focais foi criado um guia de desenvolvimento e implementação de suporte de pares para os serviços que desejam contratar usuários. Além do desenvolvimento de diretrizes de treinamentos para usuários trabalhando como suporte de pares. Este artigo é importante por conter informações prévias sobre o desenvolvimento e a implementação do trabalho dos usuários como suporte de pares na saúde mental.

Palavras-chave: Suporte de Pares. Leigos Orientação para a Recovery. Contratação. Doença Mental

“The basic information that has the most power to effect change is knowledge of what has happened to people and of how people define their own needs and desires” (CARLING, 1995, p. 126).

“When I was in the psychiatric unit, we, the patients were the biggest support to each other. We helped each other out as the nurses sat behind the glass bubble” (Guy, Peer educator/Supervisor and Research Associate at Yale PRCH).

1 INTRODUCTION

In one sense, it can be said that support by people in recovery (PIR) to other PIRs has been around since the beginning of time, meaning that people are naturally drawn to others based on shared experience, especially when that experience is something quite unique. The provision of mental health services by people with personal histories of mental illness can be traced as far back as Pussin’s management, as chief physician, of the Bicêtre Hospital in 1790’s France, and more recently to Harry Stack Sullivan’s leadership at Shepard and Enoch Pratt Hospital in Baltimore in the 1920’s (DAVIDSON, RAKFELDT, & STRAUSS, 2011). “As much as possible,” wrote Pussin, when asked by Pinel to describe his approach, “all servants are chosen from the category of mental patients. They are at any rate better suited to this demanding work because they are usually more gentle, honest, and humane” (Weiner, 1979). Sullivan justified his preference for hiring his own patients, believing that people who had experiences with psychosis would be more understanding to the challenges faced by others (DAVIDSON, RAKFELDT, & STRAUSS, 2011; DAVIDSON et al, 2016).

Peer mentoring and support programs and the hiring of people with lived experiences of mental illness, trauma and substance abuse in a variety of roles—as peer supporters, clinicians, CEOs—have blossomed over the past few years. Research has indicated that involvement by those who have “been there” can be effective in engaging participants; providing role models of recovery possibilities, mutual support, and other opportunities (SOLOMON & DRAINENE, 1995; Mowbray et al, 1996; NUSSBAUM, 2000; MEAD, HILTON, & CURTIS, 2001; SOLOMON, 2004; SELLS et al, 2006; Rowe et al, 2007; SELLS, 2008).

The hiring of people with disclosed lived experiences has also been identified as key to humanizing the behavioral health workforce (WOLF et al, 2010).

Prior to the state of Connecticut's development, circa 2010, of a training and certification of people in recovery from mental illness as peer supporters or recovery support specialists, we aimed to get an understanding of the experiences of hiring people with lived experiences. The purpose of our project was to collect confidential and anonymous focus group data concerning experiences and strategies for hiring PIR as staff in behavioral health organizations, and to use this information to assist in developing training and suggested guidelines for behavioral health organizations interested in employing PIR as part of the workforce. From our experience in developing initiatives and programs, hearing from stakeholders—people with lived experience as well as providers and other staff—is important to address concerns and challenges but also to get their input on developing effective and sustainable initiatives. This paper provides a review of the findings and suggestions from this study which were developed for a report for Connecticut's' Mental Health Transformation State Incentive Grant Initiative (CT TSIG) (McDonald et al, 2009).

2 METHODS

2.1 Participants:

The target population included individuals working in state-run or non-profit behavioral health organizations in Connecticut (directors, front-line staff, administrative staff, etc.); Five organizations were chosen from around the state to participate in focus groups. A total of 43 individuals participated, with each group ranging in number from 5-11 participants. Focus groups took place at each agency. An agency contact person was asked to organize the group to include staff in various positions.

2.2 Procedures:

Each focus group lasted between 1.5 to 2 hours. Participants were asked to respond to a series of general questions designed to evoke dialogue on the topic of hiring and retaining PIR in the behavioral health workforce (please see questions below). Focus groups were conducted by staff of Focus on Recovery United, Inc., a peer run organization, who were awarded a grant to develop the Connecticut Recovery Employment Consultation Service (C-RECS). The C-RECS team conducted the focus groups (a collaboration of persons in

recovery of FOR-U and Yale University), beginning with questions based on the Appreciative Inquiry model (Cooperider, 2002), aimed at eliciting participant's views on positive aspects of peer involvement in general. Specific questions followed relating to hiring and retention issues. This study was approved by Yale University Human Investigations Committee.

Notes were taken during the focus group on an easel board, so that focus group participants would be aware of the information that was being recorded. In addition, a C-RECS team member took notes on specific stories told during the process. Participants in the focus groups were informed that investigators would not collect any personally identifiable information about participants and that any later reference to participants' responses to focus group questions would be anonymous, and any participant responses that could potentially lead to identifying the participants would be disguised.

2.3 Base Questions:

1. Can you describe a time when you experienced, witnessed, or heard about, a person in recovery (PIR) making a positive difference in your life or someone else's life?
2. What unique gifts do PIR bring to your work, your team?
3. What do you value most about working with PIR in your organization?
4. What special initiatives has your organization instituted to make working together with PIR a better experience for all?
5. What *small* addition to this process would produce a *big* benefit for your agency or for the behavioral health workforce?

2.4 Analysis:

After each focus group, the team met to discuss the focus group themes and stories and to write additional notes. These notes and stories were then analyzed for each focus group. An iterative process followed, in which themes were developed and then refined. Next, overall themes from all focus groups were developed based on the themes provided from each focus group.

2.5 Findings

HIRING OF PIR IN THE BEHAVIORAL WORKFORCE:

2.5.1 Value of PIR in the Behavioral Workforce

The value of disclosed PIR in the behavioral health workforce, included:

- Recovery is made visible with peers and PIR;
- Firsthand knowledge of clients' experiences helps; and
- Peers/PIR support and learn from each other

The notion that PIR promotes understanding and acceptance of “recovery” is paramount in a mental health system determined to achieve mental health transformation. This was evident in comments such as: PIR bring richness, value, a new way of thinking, and that recovery is made visible. Disclosure of PIR in the workforce was discussed as beneficial to the organization as a whole, and particularly to other staff and clients. PIR have been able to provide systemic suggestions because they have firsthand experience with dealing with the mental health system [“fresh eyes” and “fresh ears”]. In addition, focus group participants said that having PIR self-disclose helps other non-disclosed staff within organizations to self-disclose. It was noted that in “higher-up” or leadership positions, there was little disclosure. The impact of PIR working directly with agency clients included: the ability to motivate other PIR because of “been there done that;” the ability to cut through the bureaucracy and have humanistic relationships with clients (PIR); and the ability to make recovery visible.

2.5.2 Overcoming Barriers to Hiring PIR in the Behavioral Workforce

Barriers to hiring PIR related to concerns of self-disclosure and issues around development of PIR. Organizations were not certain how to handle self-disclosure. Questions included:

- Should we hire people that disclose too much during the interview process?
- Should PIR get special preference in hiring?

Disclosure was discussed as a potential challenge to preferential hiring practices, and the focus group participants indicated not being sure how to handle this from an organizational and/or legal perspective.

Development of PIR as effective peer supporters in the workforce was also raised as a concern: Are we just a stepping stone for PIRs in these roles? Administrators from agencies were concerned that the training and commitment involved in developing a PIRs

organizational presence may be for naught, as once developed peers would move on to other agencies, thus leaving them short staff and having invested in peer work for naught. Many agency administrators also spoke about the lack of room for career growth and advancement within their organizations, as no such pathways had been developed. There was also a discussion about many PIR not meeting educational and training requirements required for other positions in the agency. They discussed changing the current criteria – not the skills needed, but things like degree requirements or certifications that may not be necessary if the person has adequate experience.

Others spoke about the “field of peer support” as a separate discipline of mental health care. The recommendation from focus group participants was to clearly define this field and give it weight and respect like other mental health practice fields, like social work or psychology.

2.5.3 Organizational Readiness

Several organizations prepared for hiring PIR by informing staff and discussing their issues and concerns; working with team leaders around issues of flexibility and accommodations, in some cases providing a job coach to assist the PIR; and working with human resources to discuss benefits and disability accommodations (as outlined in the Americans with Disabilities Act. Other organizations hired the PIR for loosely defined positions and then worked with them to develop and define the position. In either case, it was focus group participants suggested that it was imperative that the end result be a clear definition of job expectations and roles within the organization.

2.5.4 PIR Readiness

Administrators from agencies working with individuals with co-occurring mental illness and substance use experiences, expressed concerns about whether or not PIR are “ready” for employment. “Ready or not” was often referred to as length of time recovering from, or “clean” of, substance abuse. Fears of relapse and of PIR becoming “triggered” from the work were discussed. One administrator noted this had been an issue in the past. It was suggested by the focus group participants that agencies need enlightenment on readiness in the context of a recovery orientation framework, understanding that recovery is a process that is different

for everyone.

Readiness was also an issue if the PIR was a current client. Several focus group participants mentioned policies that do not allow for staff to receive mental health treatment and services while at the agency. Several spoke of the difficulty that this presented for some PIRs (who could not be clients as well as staff), particularly in more rural areas because of lack of available services and transportation: the PIR would have to find a new therapist or go without, and thus lose that source of support. In addition, PIR discussed needing adequate transportation to get to work as a concern.

3 RETENTION: HOW TO KEEP PIR IN THE BEHAVIORAL WORKFORCE: Transitioning to Work

The majority of the organizations said that transitioning to work for PIR was a key issue. Issues involving transition to work included whether or not the PIR would have supports and accommodations, adequate supervision, and clear roles. It was noted that when several PIR were working in an agency, they were able to provide support to and motivate each other. Some focus group participants spoke of a “transitioning cocoon” to assist the PIR, involving support, ‘space’ to vent, and flexible scheduling, but at the same time, encouraging them to take on challenges.

Focus group participants raised concerns that when PIR are hired, their support circle, (such as therapeutic and self-help support systems, may dwindle). This occurred when PIR had to make accommodations to switch self-help groups that included clients of the agency in which the PIR worked. While the latter case did not involve agency policy, PIR mentioned a sense of not being sure how to relate to agency clients in such settings. PIR also said they needed additional supports, as it was often challenging to work with others who have similar issues at times when they were having a tough time (it was noted that staff in general face similar challenges).

3.1 Acceptance and Inclusion

Issues of acceptance and inclusion were noted in regards to the role of the PIR. One PIR spoke of having his integrity questioned by non-PIR staff member who questioned

whether or not he could be 'objective,' rather than automatically take the side of his client. Other PIR issues included concerns that staff would gossip, or think they were not "smart" enough because they lacked the educational credentials. There were also concerns mentioned by some focus group participants that some PIR may not be ready to be fully trustworthy the agency. This issue has also been cited in the literature as a concern by organizations, related to whether PIR could be objective and maintain confidentiality (MOWBRAY & MOXLEY, 1997).

Focus group participants talked about the issues of internalized and externalized stigma (acceptance and inclusion), and microaggressions and discrimination need to be addressed in trainings with all staff. Suggestions included having workshops for all staff to unite them in understanding these concepts, using a common language, including no client speak or exclusionary language. They wanted sessions where they could talk about concerns and express their fears, such as "Healing Racism" seminars (HAWKINS, 2007).

3.2 Supervision, Accommodations and Flexibility

Adequate supervision was mentioned as something that was needed for all staff. Specific to the supervision of PIR, focus group participants expressed issues related to the effectiveness of non-PIR supervising PIR, as well as the need to understand elements of a supervision meeting. Work flexibility and accommodations were also discussed. Several administrators discussed that while policies were not developed, they worked with the PIR when they needed time-off, as they would work with other staff in their agency.

The concept of "us vs. them" was noted by both PIR and non-PIR – that all staff need more effective supervision to help with team building and to counteract "burn-out" and vicarious traumatization from working in the mental health field. Non-peer staff noted that they, too, needed supports to keep them motivated to remain in the workforce.

In summary, the organizations valued having PIR in the workforce and spoke of the need to provide transitioning assistance and support both internal and external to the agency. Issues of accommodation and flexibility were also discussed, as agencies were unsure of policies and procedures to follow.

3.3 Summary: Suggestions for Deployment

Key areas were mentioned by focus group participants that are essential components to address in hiring (See Table 1) and retaining PIRs (See Table 2), specifically PIRs in peer support positions.

Table 1: Overall Hiring Themes and Suggestions

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a. What Organizations Can Do:	b. What PIRs Can Do?
<ul style="list-style-type: none"> Addressing HR and legal concerns regarding disclosure at interviews and once hired 	<ul style="list-style-type: none"> Training of PIRs for peer support roles or roles where disclosure is part of the work
<ul style="list-style-type: none"> Preparing organizations On Recovery Oriented Principles 	<ul style="list-style-type: none"> Meet with a benefits counselor to understand all available options
<ul style="list-style-type: none"> Preparing HR to deal with benefits concerns of PIR, and the use of benefits counselors who have the most detailed and up to date information 	<ul style="list-style-type: none"> Practice interview strategies, and think about the benefits and challenges of disclosure – how much to disclose and when
<ul style="list-style-type: none"> Preparing organizations on accommodations and the ADA 	<ul style="list-style-type: none"> Plan for development of a support system – particularly in cases where needed to change therapist or support groups
<ul style="list-style-type: none"> Reduce role ambiguity by clarifying job functioning for PIR 	<ul style="list-style-type: none"> Meet with a life coach to discuss pre-conceptions, and internalized and external stigma
<ul style="list-style-type: none"> Assuring adequate and consistent supervision 	<ul style="list-style-type: none"> Plan for transportation needs

Table 2: Overall Retention Themes and Suggestions

Table 2: Overall Retention Themes and Suggestions	
a. What Organizations Can Do	b. What PIR Can Do
<ul style="list-style-type: none"> Provide internal transitional support or linkages to coaches outside of the agency (discussions regarding having a PIR on teams, role ambiguity, and having clear job descriptions) 	<ul style="list-style-type: none"> Maintain (or have available) adequate support system outside of work

<ul style="list-style-type: none"> • Provide support for all staff – no “us vs. them” 	<ul style="list-style-type: none"> • Maintain balance between work and life outside of work (to avoid burn-out)
<ul style="list-style-type: none"> • Provide adequate and consistent supervision 	<ul style="list-style-type: none"> • Seek out educational opportunities (both formal and informal)
<ul style="list-style-type: none"> • Provide information on benefits 	<ul style="list-style-type: none"> • Awareness of preconceptions and possible stigmas
<ul style="list-style-type: none"> • Provide in-service trainings and other educational opportunities for PIR and all staff (again, no "us vs. them") 	<ul style="list-style-type: none"> • Awareness and understanding of employment and disability rights

We offer a diagram below (See Figure 1) that represents the key components of deployment of peer supporters in the behavioral health workforce. At its core is a foundation on Recovery Oriented Principles with spokes to key components for organizational readiness in hiring and retaining PIRs in the behavioral health workforce.

Figure 1: Key components of Hiring and Retaining PIRs



4 CONCLUSIONS

The data gathered from PIR and agency staffs were key elements which we have included in the development of trainings for PIR working in peer support and other roles, in

manuals and guidebooks on working effectively to include PIR in the behavioral workforce, and in learning collaboratives of agencies wanting to move in this direction. Involving key stakeholders from the beginning to hear of their perspectives on the barriers and facilitators of involving and developing PIR related initiatives is important for states and countries that are moving towards the inclusion of PIR in peer support or other supportive roles in the behavioral health workforce.

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