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Is There a Relationship Between Experiences of Workplace Discrimination and Self-Stigmatization Among Mental Health Peer Support Workers?

By

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An Undergraduate Thesis Submitted in Partial Fulfillment

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ABSTRACT

This thesis aimed to explore whether a statistically significant relationship existed between experiences of workplace discrimination and self-stigmatization among mental health peer support workers. This relationship has not previously been explored in this group. The Internalized Stigma of Mental Illness Scale (ISMI) was used to measure self-stigmatization, and a 3-measure scale adapted by Stromwall, Holley and Bashor (2011), alongside a newly created measure, were used to assess perceived workplace discrimination. The sample was a convenience sample of 20 participants. The researcher expected a positive correlation between workplace discrimination and self-stigmatization. Ultimately, no statistically significant relationship was found between the two factors. However, there appeared to be some convergent validity between the new measure of workplace discrimination and the existing measure, as well as the ISMI Discrimination Experiences subscale.

Keywords: peer support work, workplace discrimination, self-stigmatization

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CHAPTER 1

INTRODUCTION

Counselors, therapists, psychiatrists and case managers have been long-standing participants in the mental health field; a more recent development, however, is the employment of peer support workers, or PSWs. These individuals “draw on their lived experiences of recovery from mental illness, substance use disorders, or both to promote recovery among others sharing similar experiences” (Lapidos et al., 2018, p. 1264). PSWs work in a variety of settings, most commonly community mental health centers but also Veterans Affairs (VA) offices, psychiatric hospitals, drop-in centers, and more (Michigan Department of Health and Human Services [MDHHS], 2018). Their daily tasks include sharing stories of recovery, vocational and housing assistance, creating groups, and visiting peer clients in the community (MDHHS, 2018).

Although peer support is a relatively new field, a growing body of research describes the effectiveness of peer support, as well as the experiences - both positive and negative - of the workers themselves. In order to better understand the experiences of these workers and their work, it is important to examine the general findings of this research. Many researchers note that peer providers may feel that they are excluded or discriminated against in the workplace. Research suggests that this behavior may originate from staff members’ stigma against mental illness and their doubts about the capabilities of peer support workers. However, much remains unknown about this aspect of peer support workers’ experiences.

Statement of the Problem

Extensive research has documented peer support workers’ experiences of workplace discrimination. However, the potential negative effects of such stigmatization on peer support

workers, and any demographic characteristics that may relate to poorer outcomes, have rarely been studied. This researcher located no studies that examined the connection between workplace discrimination and self-stigmatization in this population. This is a gap in the research that must be addressed, and filling that gap is a primary aim of this study.

Significance of the Problem

Research has shown that workplace discrimination in general – both real and perceived – has a significant negative effect on the mental health on the employee, as well as on the organization in general (Stromwall, Holley, & Bashor, 2011). Similarly, high levels of self-stigmatization are linked to poorer psychological health, while low self-stigma is associated with better psychosocial functioning (Drapalski et al, 2013; Muñoz, Sanz, Pérez-Santos, de los Ángeles & Quiroga, 2011). A greater understanding of workplace discrimination, self-stigmatization, and the relationship between the two may help to build a greater understanding of how these issues relate. Even more significantly, this knowledge may provide some-insight into how workplace discrimination among peer support workers may be effectively addressed. Without such research, the relationship between these two factors may remain unclear, and thus, more difficult to solve.

Purpose of the Study

The purpose of the study is to explore the relationship between perceived workplace discrimination and self-stigmatization among peer support workers, especially in relation to certain demographic factors (i.e., length of time employed in peer support and type of workplace). This will give a greater understanding of some of the factors that may be correlated

with a greater amount of perceived discrimination, worse self-stigmatization, or a stronger relationship between the two. In particular, the following research questions will be addressed:

- *Are higher or lower levels of self-stigmatization among peer support workers correlated with perceiving a larger amount of workplace discrimination?*
- *Are different work environments associated with differences in levels of self-stigmatization and frequency/intensity of perceived discrimination, and/or a connection between the two?*
- *Does the length of time employed as a peer provider correlate with differences in levels of self-stigmatization and frequency/intensity of perceived discrimination, and/or a connection between the two?*

Hypotheses

Prior to beginning this research, it was hypothesized that:

- Particularly high levels of self-stigmatization will be associated with a greater amount of perceived discrimination. This is because those with high self-stigmatization may perceive a greater amount of discrimination and/or discrimination may contribute to higher levels of self-stigmatization.
- Particularly low levels of self-stigmatization will be associated with a lesser amount of perceived discrimination. This is because those with low self-stigmatization may be less likely to perceive discrimination and/or because, if discrimination contributes to self-stigmatization, it is likely that less of it would be present in the environments of PSWs with low self-stigmatization.
- Greater amount of time employed as a peer support worker will be associated with lesser amounts of perceived discrimination, as discrimination may decrease over time.

Assuming a correlation between perceived discrimination and self-stigmatization, greater amount of time employed as a peer support worker will also be associated with lower levels of self-stigmatization.

- PSWs in traditional environments (working alongside traditional mental health providers, rather than in peer-run settings) will perceive more discrimination, and, assuming a correlation between the two variables, will also have higher self-stigmatization than those in peer-run environments.

Research Goals or Objectives

The primary goal of this research is to discover whether there is a relationship between self-stigmatization and workplace discrimination among peer support workers, both in general and in reference to the demographic variables listed above. This aim is primarily exploratory, as no research has yet been done on this specific topic and an initial understanding of these relationships is needed. However, by demonstrating which factors are most strongly associated with the issues of self-stigmatization and workplace discrimination, the results may also provide insight into directions for further research and potential strategies to address the harmful effects of discrimination and self-stigmatization.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

The following review of literature describes the most pertinent findings of 29 research articles, meta-analyses, and reports. The first topic covered is the definition of peer support, followed by research on peer support's effectiveness and peer specialists' experiences of workplace stigma and discrimination. Finally, the researcher will explore the current research on the relationship between discrimination and self-stigmatization among the general population of individuals affected by mental illness.

Defining Peer Support

Peer support, as it relates to mental and behavioral health, is “a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful” (Mead, 2003, as cited in Repper & Carter, 2011, p. 394). Persons providing peer support services to others struggling with mental illness and/or substance addiction are known by a variety of titles, such as Peer Support Workers “‘PSWs’, ‘consumer-survivors’, ‘consumer providers’, ‘peer educators’, ‘prosumers’ and ‘peer specialists,’” among others (Repper & Carter, 2011, p. 393). While these peer specialists work in an array of settings, peer support work can be divided into three main categories: “mutual support [such as self-help groups], participation in consumer or peer-run programs [which provide services in addition to peer support], and the use of consumers as providers of services and supports” within traditional mental health settings (Davidson, Chinman, Sells, & Rowe, 2006, p. 444). The latter is the most commonly accepted definition of peer support work and the most commonly studied (Davidson, Chinman, Sells, & Rowe, 2006).

Effectiveness of Peer Support

A large and growing research base shows that peer support services are as effective as, if not more effective than, traditional mental health services. One review of articles published between 1995 and 2010 analyzed the outcomes of clients using one-directional - in which one peer takes on the support role, as opposed to support groups or other forms of mutual support - peer support services. The authors found that mental health outcomes of peer support users and traditional clinical service users were comparable, with peer support workers having an advantage over traditional providers in some domains of recovery (Repper & Carter, 2011). Other reviews arrived at more nuanced conclusions. Rogers, Kash-MacDonald, and Brucker (2009) reported that while peer support services may be equivalent to the services of clinicians, given the weak nature of evidence regarding peer support's distinct advantages, one should not expect "peer delivered services to out-perform traditional services" (Rogers, Kash-MacDonald, & Brucker, 2009, Results and conclusions para. 1).

Peer Support Workers' Experience of Workplace Stigma and Discrimination

Unfortunately, multiple studies have shown that peer specialists at times experience stigma and discrimination while on the job. This seems to be especially true for those working in traditional mental health settings, thus working alongside traditional mental health service providers, in contrast to those working in peer-run organizations. One interview-based study found that 52% of peer providers working in conventional mental health settings - but not those in peer-run agencies - experienced issues in their work environment, including being exposed to direct (aimed at the peer specialist) and indirect (directed at clients) expressions of prejudice (Moran, Russinova, Gidugu, & Gagne, 2013). Another study involving interviews of peer providers in traditional mental health settings and their managers found that, although other staff

members generally “supported and welcomed” the peer providers, nonpeer staff “varied in terms of their comfort level in working with peer providers,” especially early after they were hired (Moll, Holmes, Geronimo & Sherman, 2008, p. 455). Mancini and Lawson’s study, in which peer providers were interviewed, found coworkers’ disrespectful behavior to be a common theme. They “attributed this sense of disrespect to the reality that they were former psychiatric survivors” (2009, para. 36). The interviewed peer providers reported ostracization and other harmful behaviors, leading the researchers to the conclusion that peer employees feel that their diagnosis significantly impacts how they are treated by nonpeer coworkers (Mancini & Lawson, 2009). On a more individual level, one author documented her personal experiences with “sanist microaggressions” while working as a peer specialist (Sinclair, 2018). Additionally, a metasynthesis of research on peer support found that one challenge of working in peer support is negative attitudes from other staff members, which manifest in a variety of ways. These manifest in “being treated as a ‘patient’ rather than a colleague by nonpeer staff,” illustrated by “labeling a work issue, such as calling in sick, as a symptom of psychiatric disability” - as well as “nonpeer staff paternalism,” “‘black humor’ by nonpeer staff about people in recovery,” and “not being invited to outside work events [...] and not being invited to certain work activities” (Walker & Bryant, 2013, p. 29-30).

It should be noted, however, that not all research participants perceive these actions as discrimination. Rather, some peer support workers see the negative attitudes of colleagues as a result of a lack of knowledge about the foundations of peer support (Vandewalle, Debyser, Beeckman, Vandecasteele, Van Hecke, & Verhaeghe, 2016, p. 244). Further, many articles on peer support work mention the importance of educating nonpeer staff on the underlying recovery principles and importance of the peer support role in order to encourage the development of a

supportive workplace environment (Garrison, Ackerson, & Forrest, 2010; Gates & Akabas, 2007; Moll, Holmes, Geronimo, & Sherman, 2009). This has been shown to be effective in practice: when agency leaders “created an understanding of the importance of the peer role to agency mission, [and] provided training to peers, nonpeers and consumers that reinforced that commitment,” among other policies, integration of peer support workers into the workplace was “more successful” (Gates & Akabas, 2007, p. 302; Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015, p. 12). Other research suggests educating nonpeer coworkers to help them determine their own biases and discriminatory behaviors, and informing them of relevant laws regarding disability and discrimination (Stromwall, Holley, & Bashor, 2010, p. 479; Ahmed, Hunter, Mabe, Tucker, & Buckley, 2015, p. 12). Additionally, as in the case of peer support workers in a homeless outreach project, what may initially seem to be acts of discrimination - such as being asked to “make coffee, clean offices, and office equipment, and fill out paperwork for” coworkers - are, in fact, typical requests made of paraprofessionals (Fisk, Rowe, Brooks, & Gildersleeve, 2000, para. 34).

One downside to many studies is that they provide only the peer providers’ perspective of stigma and discrimination. Stromwall, Holley, & Bashor’s 2011 paper provides some of the only research to survey both peer providers and mental health clinicians about their perceptions of such harmful behavior, directed at both clients and peer providers, in the workplace. They found that “peer employees perceived significantly more discrimination against service recipients than clinicians did,” and also perceived more discrimination against peer support workers (p. 476-477). One reason for the differing rates of perceived discrimination differ between these groups is that peer workers’ likely past experiences of stigma and discrimination may lead them to interpret behaviors differently (Stromwall, Holley, & Bashor, 2011). Regardless, perceived - not

just actual - discrimination is still associated with a number of negative outcomes, including poor mental health, as well as “negative consequences for employees and the organization” (Stromwall, Holley, & Bashor, 2011, p. 472-473). These three researchers are also the only ones to date to study the connections between certain peer providers’ demographic factors (race, gender) and perceptions of workplace discrimination and stigma. They found that “[w]hite employees perceived significantly more discrimination against service recipients than did employees of color” (Stromwall, Holley, & Bashor, 2011, p. 477). They also discovered several interesting and varied relationships regarding gender, employment as a peer provider or clinician, and thoughts on whether peer providers were socially included (Stromwall, Holley, & Bashor, 2011). As a general rule, female peer providers reported greater levels of both types of discrimination than female clinicians, although the opposite occurred for men (Stromwall, Holley, & Bashor, 2011).

Several possible explanations exist for such stigmatizing behavior. One reason is nonpeer coworkers’ fear that peer workers’ psychiatric diagnoses may make it very difficult for peer workers to handle their jobs. Interviews of peer healthcare associates and their other team members demonstrated this fear (Doherty, Craig, Attafua, Boocock, & Jamieson-Craig, 204, p. 76). This sentiment is echoed by the research of Gates and Akabas, who found that nonpeer staff doubted peer support workers’ ability to perform well in the workplace (2007, p. 297). Another contributing factor to poor treatment of peer workers in the workplace is that, in some cases, peer workers come to work alongside mental health professionals who have treated them in the past. Such a history between a peer specialist and a traditional provider could it make it more difficult to establish a positive relationship in the workplace, as the mental health professional may struggle to see the PSW as an equal (Repper & Carter, 2011, p. 398). Additionally, nonpeer staff

members simply “may not be comfortable with the idea of consumers as providers and may display negative attitudes toward consumers providing services” (Garrison, Ackerson, & Forrest, 2010, p. 6). As Mobray (1998, as cited in Repper & Carter, 2011, p. 399) says, peer workers may feel that they are “part of the team” and yet “always of lower status than the other professionals.” Such stigmatizing “attitudes/beliefs are, in actuality, examples of discrimination and, as such, agencies hiring PSWs that do not proactively address this issue will in all likelihood fail” (Repper & Carter, 2011, p. 399).

In contrast, research suggests that getting along well with coworkers may result in greater job satisfaction. Mancini demonstrated that acceptance by nonpeer coworkers in an important factor in job satisfaction (2018). Additionally, a national survey of peer support workers found feeling respected to be a significant predictor of job satisfaction (Cronise, Teixeira, Rogers, & Harrington, 2016, p. 218). This is not a universal finding, however. Another study examined five factors, including coworker support, and did not find such support to significantly predict job satisfaction (Davis, 2013). Despite the fact that the relationship between coworker acceptance and job satisfaction is not empirically proven, stigma and discrimination against peer workers in the mental health field is concerning in and of itself. However, one article on the employment of veteran Consumer-Providers in the VA gives some hope that a hostile work environment may not remain that way forever, as “most CPs came to be valued with time, familiarity, and better definition of their niche” (Chinman, et al., 2015, para. 24).

Current Research on Self-Stigmatization and Discrimination

Although no research seems to exist on the self-stigmatization levels of peer support workers in particular, there are several studies on mental illness self-stigmatization in general and its relationship to discrimination. One study, which examined 90 women with either

borderline personality disorder or social phobia, found that perceived discrimination seems to result in an increased vulnerability to self-stigma (Rüsch, Lieb, Bohus, & Corrigan, 2006, p. 401). High levels of self-stigmatization are also associated with poorer self-esteem, self-efficacy, and recovery orientation (Drapalski et al, 2013). In contrast, low self-stigma is associated with better psychosocial functioning (Muñoz, Sanz, Pérez-Santos, de los Ángeles & Quiroga, 2011). Experiences of discrimination have also been positively correlated with internalized stigma; however, this relationship was present only with discrimination perpetuated by family or friends, not in regards to discrimination at work, in academic settings, or in other, less personal, social settings (Muñoz, Sanz, Pérez-Santos, de los Ángeles & Quiroga, 2011). According to other research, however, discrimination at work may indeed play a role in self-stigmatization: individuals with mental illness who worked without experiencing discrimination had lower self-stigma after one year, while those who did experience workplace discrimination did not experience a significant drop in self-stigma (Rüsch et al., 2014). All of this research has troubling implications for the self-stigma and recovery of peer support workers who are exposed to discrimination and stigma against mental illness in the workplace.

Summary

Current research demonstrates that peer support workers commonly face stigma and discrimination, especially those employed in traditional mental health settings with clinicians as coworkers. However, these experiences are not universally perceived as discrimination, but are sometimes considered the result of a lack of knowledge about recovery and the peer support role. As well, a handful of studies indicate that such stigmatizing behavior decreases over time as peer specialists become more integrated into the work team. Additionally, when clinicians are surveyed, they report less stigmatization than peer support workers. Research also exists on self-

stigmatization and discrimination among people with mental health issues in general, which indicates a link between experiences of perceived discrimination and higher levels of self-stigmatization. However, what research has not explored yet is this: is there a possible connection between perceived discrimination and self-stigmatization among peer support workers in particular? The present research aims to explore this inquiry, as well as to analyze certain demographic factors - in particular, type of workplace setting and length of time working as a peer support worker - that may have relationships with peer specialists' self-stigmatization, perceived discrimination, or both.

CHAPTER 3 METHODS

Sample

The sample was located through convenience sampling. After gaining site permissions from the Certified Peer Supporters Facebook group and approval from the ETSU IRB, the researcher contacted an administrator of the Facebook group via Facebook message, asking him to create a post in the group using a script with information about the research, and the link to the online survey so that interested members could take the survey. Participation in research was entirely voluntary. Prior to beginning the survey, participants were shown a webpage regarding informed consent which described the purpose of the research – to gain a greater understanding of the experiences of peer support workers – as well as potential risks and benefits of participating in research, and the assertion that participants could choose to stop participating in research at any time. No compensation was provided for participating in the research.

All participants were members of the Certified Peer Supporters Facebook group, and by virtue of that membership, were employed as peer supporters with personal experience in mental health issues, substance addiction, and/or trauma, or were otherwise interested in the peer support field. Potential participants were screened to ensure that they are over 18 years old, have been diagnosed with a mental illness, were in fact currently employed as a peer support worker, and were physically present in the United States at the time of taking the survey.

Materials

This research utilized three main research materials. The first of these is the Internalized Stigma of Mental Illness (ISMI) questionnaire, which was used to assess the participants' degree

of internalized stigmatization so that it could be analyzed in relation to their experiences of workplace stigma. The ISMI consists of 29 items with Likert scales, and measures five subscales: Alienation, Stereotype Endorsement, Perceived Discrimination, Social Withdrawal and Stigma Resistance (Ritsher, Otilingam, & Grajales, 2003). These items will be scored from 1-4, with Stigma Resistance items being reverse-scored. The researcher scored the ISMI following the initial creator's guidelines. Each answer was coded from 1-4, with the Stigma Resistance items reverse-coded, and all of the answers averaged to create the total score. Scores for all five subscales (Stigma Resistance, Alienation, Stereotype Endorsement, Discrimination Experience, and Social Withdrawal) were calculated as well. The researcher followed the 4-category scoring method used in previous research, as follows (Lysaker, Tsai, Yanos, & Roe, 2008):

- 1.00-2.00: minimal to no internalized stigma
- 2.01-2.50: mild internalized stigma
- 2.51-3.00: moderate internalized stigma
- 3.01-4.00: severe internalized stigma

Two measures were used to measure experiences of stigma and discrimination. The first of these is a three-item scale, which asks peer support workers about their experiences of stigma and discrimination and the workplace, used by Stromwall, Holley, and Bashor (2011) in their study, modified from the measure created by Finch, Kolodny, and Vega (2000). The former researchers who wrote that the questionnaire "did not meet reliability criteria for a 3-item scale, so [the items] were analyzed as one separate item and a 2-item additive scale" (Stromwall, Holley, & Bashor, 2011, p. 475). The two questions "How often do coworkers stigmatize you because you have a mental health condition?" and "How often do coworkers treat you unfairly

because you have a mental health condition?” were scored as one item measuring workplace discrimination against the peer support worker, while the third question “How often have you seen coworkers treat service recipients unfairly because they have a mental health condition?” separately assessed coworkers’ treatment of clients with mental illness. The individual questions were scored from 1-4, with the two items scores added together and the other question’s score remaining separate. The original researchers gave no categories, but this researcher created the following categories for scores on the two-item scale:

- 2 - no workplace discrimination
- 3-4 - mild workplace discrimination
- 5 - moderate workplace discrimination
- 6 - substantial workplace discrimination
- 7-8 - marked workplace discrimination

Participants also took a new measure developed for use in this research. This survey was largely based on peer supporters’ reports of their experiences of workplace stigma in previous research (Moran, Russinova, Gidugu, & Gagne, 2013; Mancini & Lawson, 2009; Walker & Bryant, 2013). It consists of 23 questions, the majority of which use Likert scales. One section of the survey asked respondents six questions about positive experiences in their workplace - for example, "I feel that my coworkers value my opinions." This section was labeled the Acceptance subscale. Another 8-question section asked about experiences of discrimination in the workplace, such as exclusion from work-related events, labeled the Discrimination subscale. The survey also included one question in which respondents were asked to describe how often their coworkers “have verbally expressed prejudice directed at my organization’s clients with mental illness.” The survey also asked for demographic information, such as gender, age, and race, in addition to

questions about the participant's history of working as a peer support worker. As well, there are two open-ended questions in which participants are asked to provide more details of their experiences. The new survey developed for use in this research was also scored based upon the ISMI guidelines, with questions scored from 1-4 and the average of the two subscales creating the total scores of the entire survey and of the Workplace Discrimination and Workplace Acceptance subscales, with the latter reverse-scored before being included in the average. The categories were labeled as follows:

1.00-2.00: low to no levels of perceived discrimination/close to complete workplace acceptance

2.01-2.50: minimal levels of perceived discrimination/substantial workplace acceptance

2.51-3.00: moderate levels of perceived discrimination/some workplace acceptance

3.01-4.00: marked levels of perceived discrimination/minimal to no workplace acceptance

Procedures

All of the aforementioned materials were provided in the format of online surveys using Google Forms. The link to the surveys was posted in the Facebook group for members to access, and those who wanted to participate in the research did so by filling out the surveys online. The link to the surveys was kept active for four weeks after the first post is made, with weekly reminder posts being made as well, and was closed after that time.

CHAPTER 4

RESULTS

Demographics

In all, 20 individuals participated in the research. One additional respondent had to be excluded, due to an open-ended question response that indicated that the individual did not truly meet the inclusion criteria of being currently employed in peer support. The sample drew primarily white (n = 17) participants, though two participants who reported their ethnicity as Hispanic or Latino and one answered Other. Females predominated in the sample, with only one male respondent. The age of participants varied, but the majority of participants belonged to the 36-45 year old (n = 6) or 46-55 year old (n = 7) groups, with only three individuals aged 26-35, only one individuals each aged 18-25 or 61 and above, and two 56-60.

Twelve participants reported working in a traditional mental health setting, five in a peer-run setting, and three in another type of setting. Eight participants (40%) have only ever worked as peer support workers in their current workplace. Among the mental health diagnoses, mood disorders were the most commonly reported (n = 14), followed by anxiety (n = 8), trauma-related disorders (n=8) and substance use disorders (n=8). Many participants had multiple diagnoses.

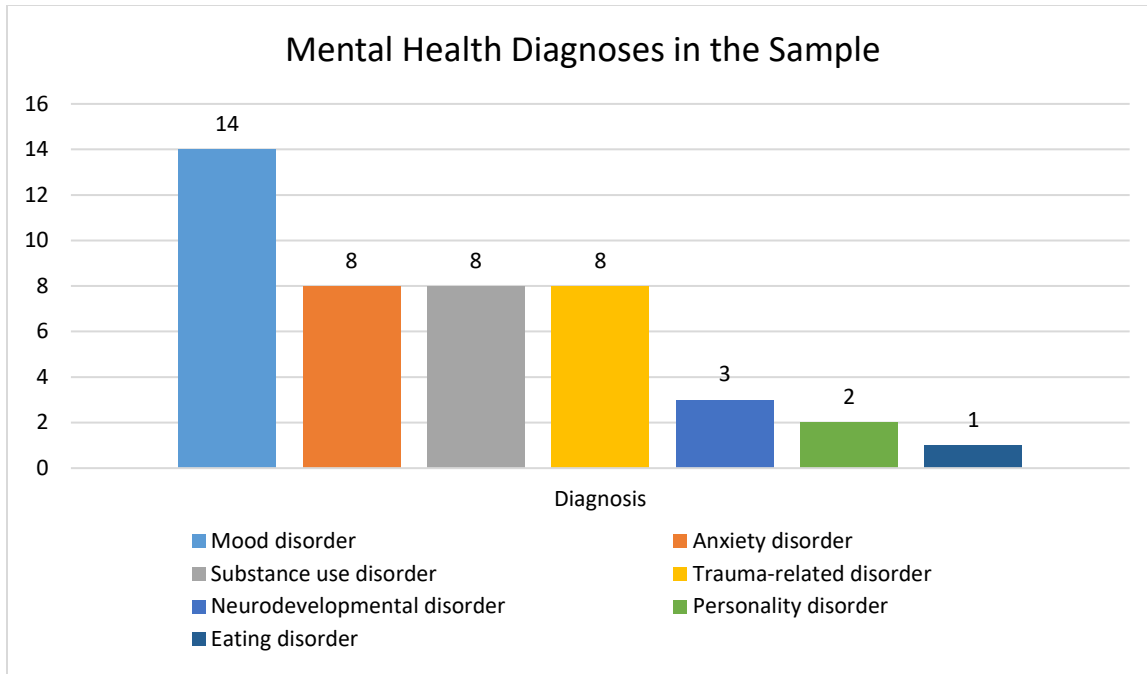


Figure 1. Mental Health Diagnoses in the Sample.

Internalized Stigma of Mental Illness Scale (ISMI) and Workplace Discrimination Scores

Descriptive Statistics

The sample in this research scored low in both levels of internalized stigma as measured by the ISMI as well as experiences of workplace discrimination as measured by the other two questionnaires. The mean ISMI score was 1.6913 with a standard deviation of 0.4017, and 17 of the 20 participants fell into the “minimal to no internalized stigma” category, with only two individuals reporting mild internalized stigma, 1 reporting moderate internalized stigma, and none in the severe category.

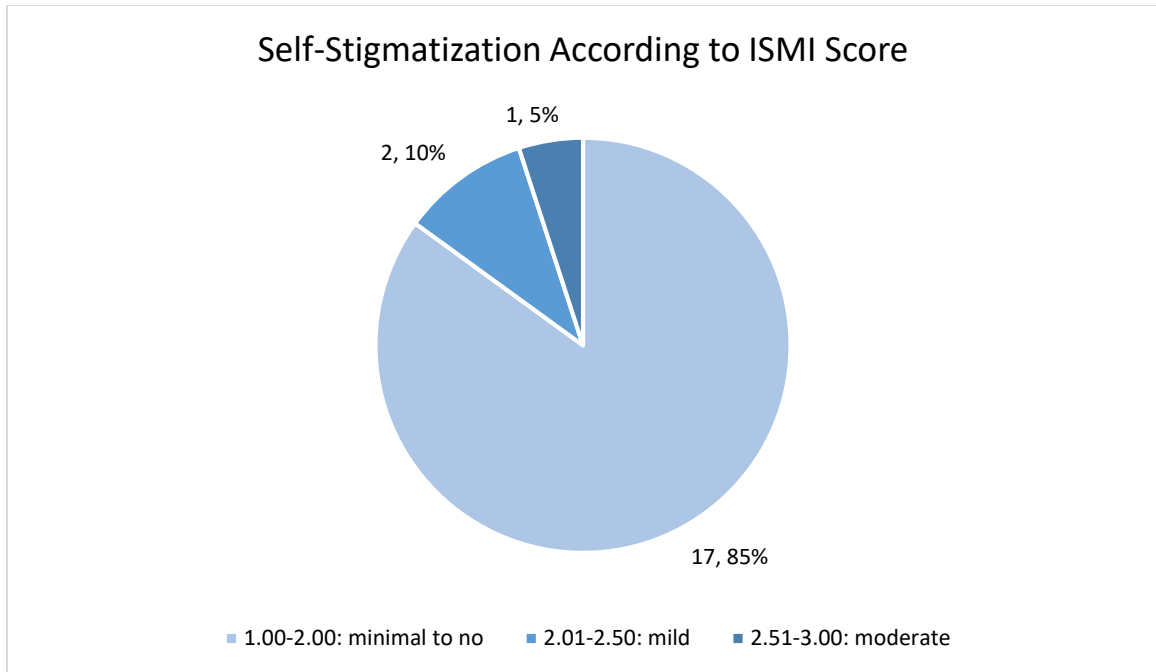


Figure 2. Participant Score Categories on the ISMI.

Moving on to workplace discrimination, scores were similarly low on the 2-item measure assessing workplace discrimination. About a quarter of respondents answered that both experiences “never” occurred, while 60% ($n = 12$) reported mild workplace discrimination, and only one reported moderate and two reported substantial levels of workplace discrimination. Additionally, no respondent answered “always” to either question, and while the scale could have gone up to 8, the highest score reached by this sample on this scale was 6.

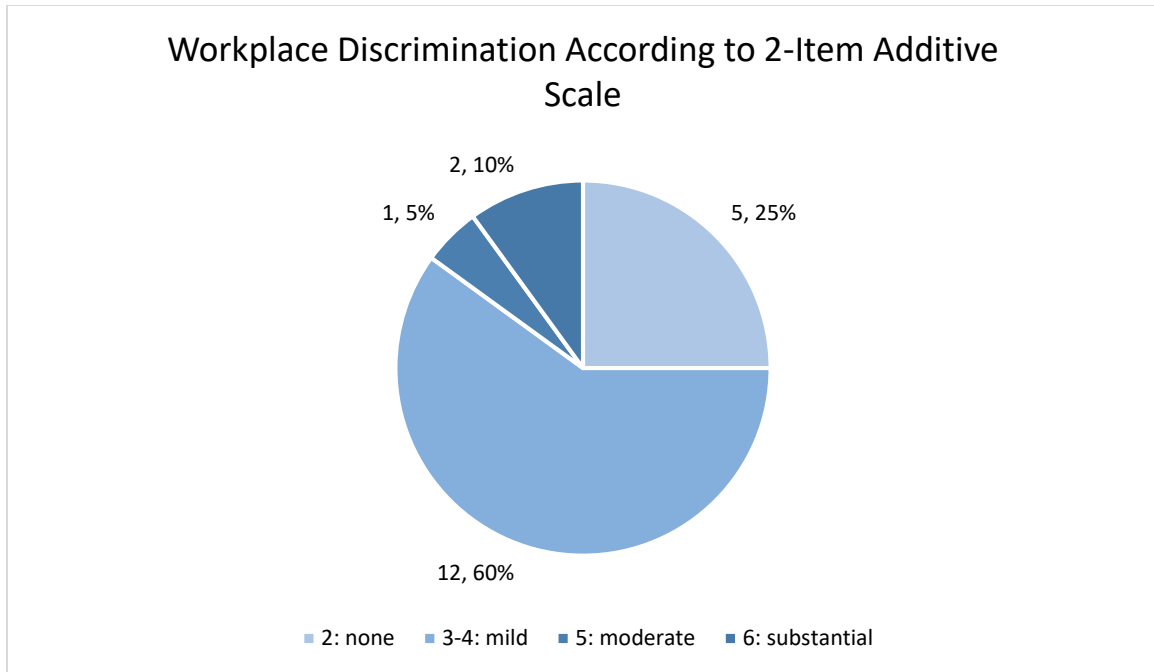


Figure 3. Participant Score Categories on 2-Item Workplace Discrimination Scale.

The new scale measured feelings of workplace acceptance and feelings of workplace discrimination. A higher score corresponded to a larger amount of discrimination and/or a lower amount of acceptance. Respondents received generally low scores on this scale as well. The mean score for the total scale was 2.099 with a standard deviation of 0.522, the Acceptance subscale (reverse scored) averaged 2.098 with a standard deviation of 0.755, and the Discrimination subscale averaged 2.104 with a standard deviation of 0.646, with the majority of respondents falling into the two lower score categories for the total scale. The question on the Discrimination subscale which received the largest proportion of “Often” ($n = 4$) responses was: “I am given fewer important responsibilities than colleagues who perform similar tasks but who do not have a mental illness/are not in a “Peer Support” role.”

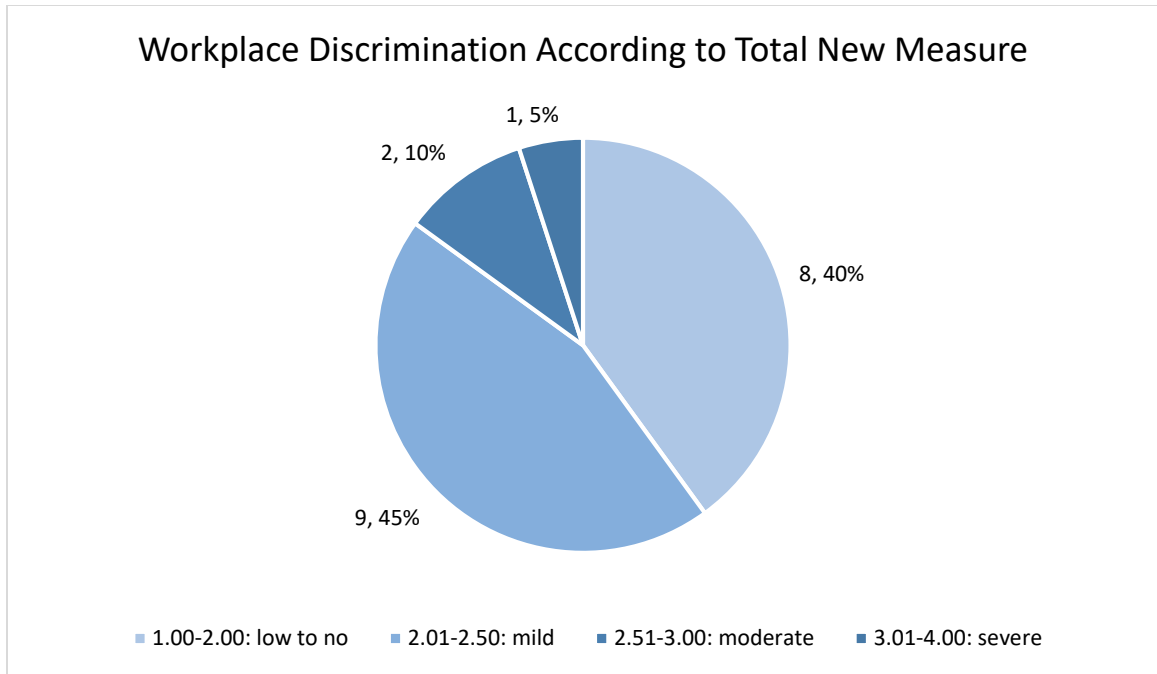


Figure 4. Participant Score Categories on New Workplace Acceptance/Discrimination Scale.

The details regarding the new measure are included in the tables on the following pages:

Table 1. *Participant Responses on New Measure Workplace Discrimination Subscale.*

Question (Summary)	Never	Rarely	Total Never/Rarely	Sometimes	Often	Total Sometimes/Often
Work event exclusion	12 (60%)	4 (20%)	16 (80%)	4 (20%)	0 (0%)	4 (20%)
Outside event exclusion*	8 (40%)	6 (30%)	14 (70%)	3 (15%)	2 (10%)	5 (25%)
Colleagues' verbal prejudice towards PSW.	9 (45%)	2 (10%)	11 (55%)	8 (40%)	1 (5%)	9 (45%)
Work-related opinions disregarded.*	3 (15%)	7 (35%)	10 (50%)	9 (45%)	0 (0%)	9 (45%)
Doubted job ability	4 (20%)	5 (25%)	9 (45%)	9 (45%)	2 (10%)	11 (55%)
Mistakes perceived as due to mental illness	7 (35%)	6 (30%)	13 (65%)	5 (25%)	2 (10%)	7 (35%)
Absences perceived as due to mental illness*	9 (45%)	4 (20%)	13 (65%)	5 (25%)	0 (0%)	5 (25%)

Given fewer important roles than non-peer staff*	9 (45%)	2 (10%)	11 (55%)	3 (15%)	4 (20%)	7 (35%)
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*Answers do not total to 100% because respondent(s) chose not to answer.

Table 2. *Participant Responses on New Measure Workplace Acceptance Subscale.*

Question (Summary)	Strongly Disagree	Disagree	Total Disagree/Strongly Disagree	Agree	Strongly Agree	Total Agree/Strongly Agree
Respected by coworkers	1 (5%)	2 (10%)	3 (15%)	11 (55%)	6 (30%)	17 (85%)
Equal part of team*	2 (10%)	3 (15%)	5 (25%)	9 (45%)	5 (25%)	14 (70%)
Opinions valued by coworkers	2 (10%)	3 (15%)	5 (25%)	11 (55%)	4 (20%)	15 (75%)
Viewed as competent.*	2 (10%)	3 (15%)	5 (25%)	10 (50%)	4 (20%)	14 (70%)
Coworkers believe in peer support	2 (10%)	5 (25%)	7 (35%)	9 (45%)	4 (20%)	13 (65%)
Valued member of workplace social circle.*	2 (10%)	1 (5%)	3 (15%)	12 (60%)	4 (20%)	16 (80%)

*Answers do not total to 100% because respondent(s) chose not to answer.

Scores remained fairly low when examining the two questions, one originally part of the 3-item measure and the other part of the newly developed questionnaire, which assessed peers' coworkers' poor treatment of clients. The former specifically asked how often peers had seen their coworkers treat service recipients unfairly due to their mental health condition, and the majority (n = 15) answered "Sometimes" with only one respondent answering "Never" and four answering "Often." In response to the latter question, which asked how often peer support workers had heard coworkers verbally express prejudice regarding clients with mental illness, "Sometimes" was still the most common answer (n = 10). Only one respondent answered "Often," while nine answered either "Rarely" or "Never." When converted to numerical scores, the average score for the 1-item measure was 2.15 with a standard deviation of 0.4894, and for the item in the new measure was 2.400 with a standard deviation of 0.8826.

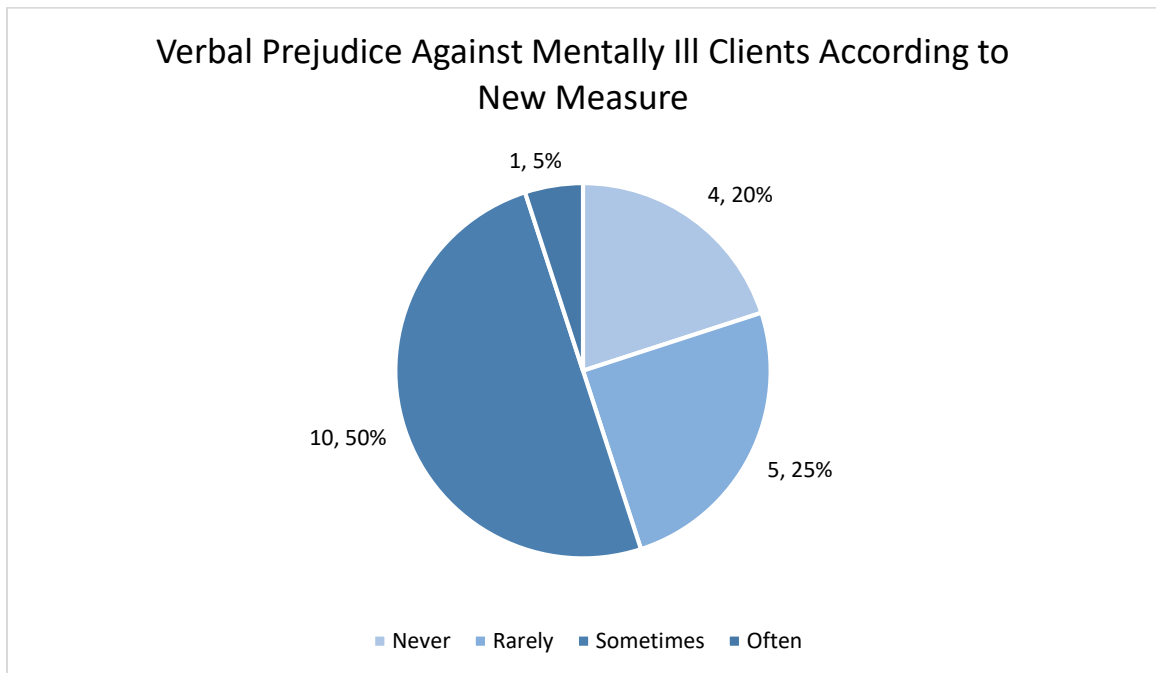
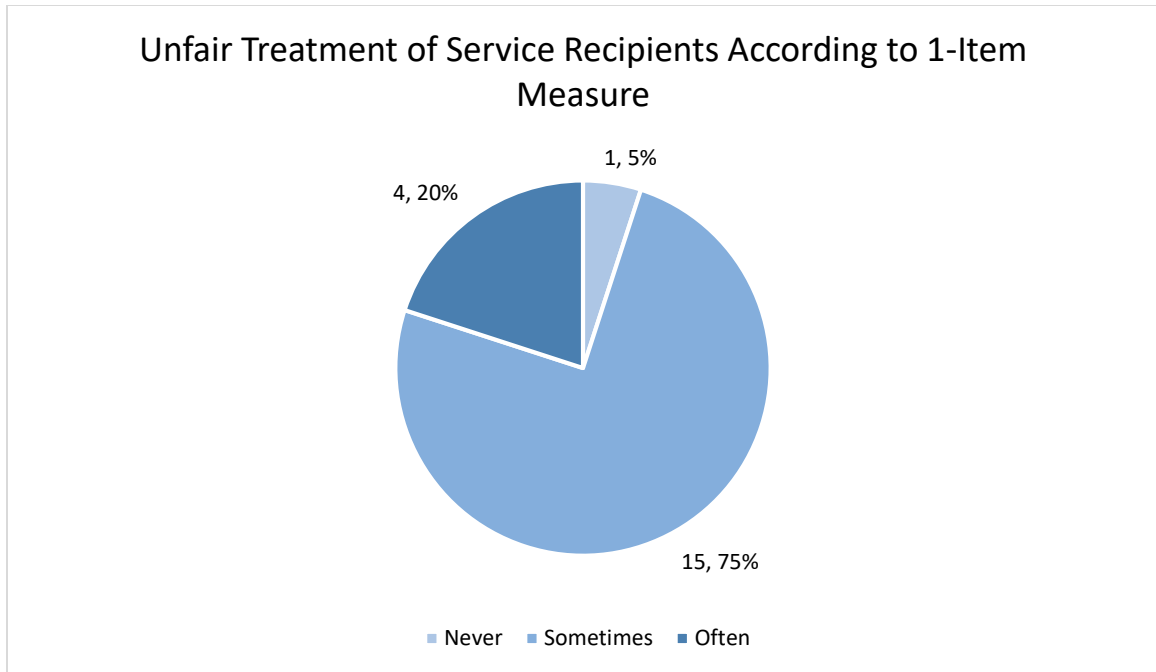


Figure 5 and Figure 6. Participant responses regarding unfair treatment of clients; Participant responses regarding coworker prejudice towards clients.

Descriptive Statistics By Type of Workplace

The mean scores for the self-stigmatization and discrimination measures were similar in the “Traditional mental health setting” and “Peer-run setting” groups. The “Other” group often

reported scores indicating higher levels of self-stigmatization and discrimination; however, that group consisted of only 3 respondents. Details are included in the table on the following page.

Table 4. *Mean and Standard Deviation of Measures by Type of Workplace.*

Variable	<u>Traditional setting (n = 12)</u>		<u>Peer-run setting (n = 5)</u>		<u>Other setting (n = 3)</u>	
	Mean	StDev	Mean	StDev	Mean	StDev
ISMI	1.659	0.383	1.6118	0.2018	1.952	0.750
ISMI: D.E.	1.900	0.582	1.980	0.623	2.183	1.025
2-Item	3.667	1.231	3.600	1.673	3.000	1.000
1-Item	2.083	0.515	2.400	0.245	2.000	0.000
New Client Question	*2.250	*1.055	2.800	0.447	2.333	0.557
New Measure	2.015	0.594	2.221	0.415	2.231	0.446
New Disc.Subs cale	2.060	0.668	2.329	0.609	1.907	0.754
Acceptan ce Subscale (Reverse- scored)	1.969	0.608	2.133	1.114	2.556	0.694

*One respondent did not answer (n = 11).

Descriptive Statistics By Length of Employment in Peer Support.

The means of each measure also had no clear relationship when compared between groups who have worked at their current workplace for various lengths of time, as well as between groups who have worked in peer support as a whole for various lengths of time. Details on these statistics are on the following pages:

Table 5. Mean and Standard Deviation of Measures by Length of Employment at Current Workplace. **

	<u>Less than 1 year (n=3)</u>		<u>1 to 3 years (n = 10)</u>		<u>3 to 7 years (n = 5)</u>	
Variable	Mean	StDev	Mean	StDev	Mean	StDev
ISMI	1.630	0.307	1.825	0.418	1.497	0.498
ISMI: D.E.	2.050	0.926	2.060	0.660	1.720	0.610
2-Item	2.667	1.155	3.600	1.506	3.800	1.095
1-Item	2.000	0.000	2.400	0.516	1.800	0.447
New Client Question	2.000	1.000	2.700	0.823	2.200	0.837
New Measure	2.052	0.443	2.137	0.674	2.135	0.333
Disc.Subs cale Score	1.926	0.740	2.043	0.784	2.303	0.486
Acc. Subscale (Reverse- scored)	2.1778	0.1678	2.240	0.982	1.967	0.380

*One respondent did not answer (n = 11). **The “7 to 10” and “10 or more” years categories were excluded due to only including one respondent each.

Table 6. Mean and Standard Deviation of Measures by Total Length of Employment in Peer Support.**

Variable	<u>One to three years (n = 5)</u>		<u>Three to seven years (n = 7)</u>		<u>Seven to 10 years (n = 2)</u>		<u>Ten or more years (n = 3)</u>	
	Mean	StDev	Mean	StDev	Mean	StDev	Mean	StDev
ISMI	1.718 2	0.1 100	1.887	0.596	1.431	0.26 8	1.425	0.19 6
ISMI: D.E.	1.800	0.5 83	2.286	0.662	1.600	0.28 3	1.600	0.34 6
2-Item	3.400	1.6 73	4.000	1.291	4.000	0.00 0	3.333	1.15 5
1-Item	2.400	0.5 48	2.140	0.690	2.000 0	0.00 00	2.000 0	0.00 00
New Client Question	2.600	1.1 40	2.286	0.756	2.00	1.41	3.000	0.00 0
New Measure	1.890	0.8 81	2.310 5	0.2172	1.883	0.38 5	2.144	0.55 1
Disc.Sub scale	2.014	0.9 35	2.356	0.620	2.000	0.15 7	1.917	0.38 2
Acc.Sub scale (Reverse -scored)	1.747	0.8 47	2.286	0.516	1.767	0.61 3	2.389	1.51 2

*One respondent did not answer (n = 11).

**The “Less than one year” group was excluded, as this group’s participants have only ever worked at their current workplace, and thus their responses do not differ from the previous table.

Correlation

The primary aim of this study was to examine the potential relationship between workplace discrimination and self-stigmatization. A positive correlation was expected between the two factors. Given that the vast majority of respondents had minimal to no internalized stigma as indicated by the ISMI, there were very few results that could have been used in analyzing the first hypothesis, which stated that high levels of self-stigmatization would be associated with a greater amount of perceived workplace discrimination. Thus, this first hypothesis was disregarded, and analysis was conducted on the second hypothesis and the prediction of a positive correlation.

The first step in examining the relationship between these two factors was analyzing the correlation between the total ISMI score and the scores on the discrimination questionnaires as well as the Discrimination Experiences subscale of the ISMI, in order to determine if a relationship may exist between workplace discrimination and self-stigmatization in general. However, no strong, statistically significant relationships emerged in the sample as a whole, other than between the ISMI Discrimination Experiences subscale and total ISMI score ($r = 0.780$, $P = 0.000$). Thus, given that nearly all respondents had minimal to no internalized stigma, and there was no statistically significant relationship between the ISMI scores and measures of workplace discrimination, these results also provide no support for the second hypothesis - that low internalized stigma would be associated with a lesser amount of perceived discrimination - as well. Thus, there was also no support for the expected positive correlation between the two factors.

While planning this study, the researcher had next planned to examine the correlation between the ISMI scores and other scores among certain subsets of the sample, to determine whether a correlation would exist within certain groups if it did not exist in the sample as a whole. The researcher had planned to separate the sample first by one category at a time (type of workplace or length of employment), then by both at once. However, with such a small sample, that would not be feasible and would have been unlikely to produce statistically relevant results. Consequently, no further such analyses were conducted.

Correlation Between Measures

While the aforementioned results show little to no evidence to support the initial hypotheses, statistically significant relationships were found between other measures, including correlations which may give some initial support to the validity of the new measure and to the connection between discrimination aimed at service recipients/clients and that aimed at the peer support workers themselves.

The total score on the new measure showed a weak to moderate correlation with scores on the 2-item measure of workplace discrimination ($r = 0.463$, $P = 0.040$). The relationship was both stronger and more statistically significant when the discrimination subscale alone was correlated to the 2-item measure ($r = 0.697$, $P = 0.001$). These relationships may indicate through convergent validity that, at least to some extent, these questionnaires measure the same concept: workplace discrimination in peer support.

The ISMI discrimination experience subscale also had a statistically significant moderate relationship with both the new discrimination subscale and the new measure as a whole ($r = 0.642$, $P = 0.002$; $r = 0.594$, $P = 0.006$). The 2-item scale was also significantly related to the ISMI discrimination experience subscale with a weak to moderate relationship ($r = 0.511$, $P =$

0.021). While the ISMI subscale does not measure for discrimination within peer support specifically, the concepts measured by the assessments were similar enough to result in these relationships.

Relationships also existed between the subscales of the new measure and the new measure as a whole. Both the acceptance - whether reverse-scored or not - and discrimination subscale scores had a moderate to strong correlation with the total scores on the measure ($r = 0.795/-0.795, P = 0.000; r = 0.701, P = 0.001$).

Further, the question on the new measure regarding coworkers' prejudice towards mentally ill clients was significantly correlated with the 1-item measure of coworkers' unfair treatment of service recipients with a weak to moderate relationship ($r = 0.585, P = 0.007$), indicating some convergent validity.

All of these statistically significant correlations are found in the following table:

Table 7. *Statistically Significant ($p < 0.05$) Relationships Between Measures.*

Sample 1	Sample 2	Correlation	95% CI for p	P-Value
New Measure Score	2-Item Score	0.463	(0.026, 0.751)	0.040*
Discrimination Subscale Score	2-Item Score	0.697	(0.368, 0.871)	0.001*
ISMI: Discrimination Experience	2-Item Score	0.511	(0.088, 0.778)	0.021*
Acceptance Subscale Score (reverse-scored)	New Measure Score	0.795	(0.543, 0.915)	0.000*
Discrimination Subscale Score	New Measure Score	0.701	(0.374, 0.873)	0.001*
Acceptance Subscale Score (not reverse-scored)	New Measure Score	-0.795	(-0.915, -0.543)	0.000*
ISMI: Discrimination Experience	New Measure Score	0.594	(0.206, 0.821)	0.006*
New Measure Client Question	1-Item Score	0.585	(0.192, 0.816)	0.007*
ISMI: Discrimination Experience	Discrimination Subscale Score	0.642	(0.279, 0.845)	0.002*

Open-ended Responses

One question on the new measure asked participants to provide details regarding any incidences of the events the measure inquires about. Of the 20 participants, 4 answered the open-ended question. These responses were largely negative. Perhaps the most common theme related to treatment of peer support workers as inferior to clinical coworkers. One respondent has been told “not to speak with client's [sic] therapist or psychiatrist or even accompany them to appointments.” Another wrote about new clinical staff appearing to feel superior to peer support workers. As well, one respondent described having “one person at our workplace that mistreats folks with mental illness,” but that “[t]he rest of our staff is very understanding and supportive and believes in peer support.” One respondent with substance abuse issues stated that they are not invited to gatherings where alcohol will be present.

Of these four responses, two reported working in a traditional mental health setting. One wrote regarding their current employment category that “All work separately,” indicating that they may work in an organization with both peer and clinical employees, which was coded to “Other.” Only one reported working at a peer-run setting.

CHAPTER 5

DISCUSSION

State of the Peer Support Field

Discrimination in the peer support field has been explored in previous research with varying proportions of individuals reporting such discrimination. According to this research, discrimination experiences in the workplace, while fairly common, are experienced by a minority of PSWs. However, this does not lessen the importance or impact of this discrimination, which is still occurring far more frequently than would be ideal. The most common forms of discrimination include colleagues expressing verbal prejudice towards the peer support worker, disregarding the PSW's opinions on work-related matters, doubting the PSW's ability to perform their job well, and the PSW being given fewer important responsibilities. Further, while peer support workers generally feel respected and included by their coworkers, it is fairly common to not feel like an equal part of the work team and to feel that coworkers do not believe in the value of peer support. Although occurring less frequently, PSWs may also face experiences of exclusion or of having workplace mistakes or absences blamed on mental illness.

The sample generally also reported a small amount of internalized stigma, which did not seem to have much relationship to the type of workplace, length of employment in peer support, and amount of discrimination reported. This is understandable given the nature of the peer support work field, which focuses on confronting stigma and a belief in recovery.

Limitations of The Research

There are several limitations which impact the generalizability of these results. The first of these is that the sample is small and non-random. Additionally, the group is homogenous in regards to the variables of sex/gender and race, with the vast majority identifying as white and

female. These results should be considered exploratory and must be studied in more detail prior to making generalizations.

CHAPTER 6

RECOMMENDATIONS FOR FUTURE RESEARCH

Due to the small sample size and lack of representativeness, the results of this research cannot be generalized with confidence. If future researchers aim to further explore the connection between self-stigmatization and workplace discrimination in the peer support field, focus must be placed on a larger and more diverse sample.

Additionally, the convergent validity of the newly developed measure with a previously used measure gives initial support to this new measure. The new measure may be able to serve as the basis for an empirically sound measure of workplace discrimination in the peer support field. Perhaps specific categories of discrimination could be identified and labeled. Questions in such a measure must be crafted to allow the most accurate responses possible. In this study, the use of the answers “Never,” “Rarely,” “Sometimes,” and “Often” in the new measure seemed to provide more nuance than the answers of the previous, modified 3-item measure for workplace discrimination in the peer support field, which allowed the answers of “Never,” “Sometimes,” “Often,” and “Always,” given the fact that no respondents selected “Never.”

Beyond developing an improved measure to assess experiences of workplace discrimination among peer support workers, researchers may use such measures in additional studies to determine effective strategies to improve the work environment. Implementing such strategies may improve the well-being of peer support workers and their clients alike.

CHAPTER 7

SUMMARY AND CONCLUSION

This research aimed to fill a gap in the existing literature, in which the relationship between self-stigmatization and workplace discrimination among peer support workers had not previously been studied. It was expected that the two variables would have a positive relationship, and that shorter employment as a peer support worker and employment at a traditional mental health agency would both be correlated with higher amounts of both perceived discrimination and self-stigmatization. While these hypotheses were not supported by the results of this research, convergent validity did exist between the newly developed measure of workplace discrimination in peer support and similar, more brief, previous measures. This new measure may thus be built upon by future researchers in additional studies of this topic. As well, many types of workplace discrimination were experienced by large proportions of respondents (between 16% and 48%), indicating that discrimination and rejection in various forms is still a frequent problem for individuals in this field.

However, the small sample size of this study prevents the findings from being generalized. It is recommended that any future researchers aim for a larger sample size in studying the potential relationship between these factors. Continued exploration of this topic is necessary, and may provide useful information on these relationships. Further research may help bring a greater understanding of the issue of discrimination faced by peer support workers and the impact it may have, as well as contribute to development of efforts to combat such discrimination.

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APPENDIX A

New Measure Used in This Research

Which of these categories best describes your current place of work? Please select one answer only. For the purposes of this research, a traditional mental health setting is one in which Peer Support Workers work alongside other mental health professionals such as psychiatrists and counselors, while a peer-run setting is staffed by individuals who have been diagnosed with and/or treated for mental illness.

- Traditional mental health setting
- Peer-run setting
- Other (please specify): _____

For the following 6 questions, please select the one answer which you feel best describes your experiences in your current workplace:

1. I feel respected by my coworkers.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

2. I feel like an equal part of the work team.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

3. I feel that my coworkers value my opinions.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

4. I feel that my coworkers view me as competent.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

5. I feel that my coworkers believe that peer support is important in mental health treatment.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

6. I feel that I am a valued member of a social circle in my workplace.

Strongly Disagree Disagree Neutral Agree Strongly Agree Unsure/Prefer not to answer

For the following question, please select the one answer which you feel best describes how often you have experienced the following at your current workplace:

Colleagues have verbally expressed prejudice directed at my organization's clients with mental illness.

Never Rarely Sometimes Often Unsure/Prefer not to answer

For the following 8 questions, please select the one answer which you feel best describes how often each of the following events have happened to you at your current workplace as a result of your mental health diagnosis and/or "Peer Support Worker" title:

- | | | | | |
|--|--------|-----------|-------|-----------------------------|
| 1. I have been excluded from work events. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 2. I have been excluded from gatherings outside of work. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 3. Colleagues have verbally expressed prejudice directed at me. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 4. Colleagues have disregarded my opinions on work-related matters. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 5. Colleagues have doubted my ability to perform my job well. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 6. Colleagues have interpreted my mistakes at work as a result of my mental illness, in situations when that is not the case. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 7. Colleagues have interpreted my absences at work as a result of my mental illness, in situations when that is not the case. | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |
| 8. I am given fewer responsibilities than colleagues who perform similar tasks but who do not have a mental illness/are not in a "Peer Support" role. (If you work in a peer-run setting where this does not apply, please leave this question blank.) | | | | |
| Never | Rarely | Sometimes | Often | Unsure/Prefer not to answer |

Please elaborate on your answers and describe incidence(s) of the events described in the previous 8 questions, if you have experienced any:

What is the total length of time you have been employed as a Peer Support Worker in any workplace? Please select only one answer.

- Less than 1 year
- 1 to 3 years
- Greater than 3 and less than 7 years
- Greater than 7 and less than 10 years
- 10 years or more

How long have you been employed as a Peer Support Worker at your current workplace? Please select only one answer.

- Less than 1 year
- 1 to 3 years
- Greater than 3 and less than 7 years
- Greater than 7 and less than 10 years
- 10 years or more

If you have worked as a Peer Support Worker at a location other than your current workplace, please select which category or categories best describe your previous workplace(s). You may select as many responses as are applicable. For the purposes of this research, a traditional mental health setting is one in which Peer Support Workers work alongside other mental health professionals such as psychiatrists and counselors, while a peer-run setting is staffed by individuals who have been diagnosed with and/or treated for mental illness.

- Traditional mental health setting
- Peer-run setting
- Other (please specify): _____
- Not applicable/I have only had this position at my current workplace

If you have worked as a Peer Support Worker at a location other than your current workplace, please briefly describe the reason you left your previous workplace(s):

What is your gender? Please select only one answer.

- Male
- Female
- Transgender man (female to male)
- Transgender woman (male to female)
- Other
- Prefer not to answer

What is your race/ethnicity? Select as many answers as applicable.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

What is your age? Please select only one answer.

- 18-25

- 26-35
- 36-45
- 46-55
- 56-60
- 61+

What is your mental health diagnosis? Select as many as applicable.

- Mood disorder (for example, depression or bipolar disorder)
- Trauma- or stressor-related disorder (for example, post-traumatic stress disorder)
- Eating disorder (for example, anorexia or bulimia)
- Anxiety disorder (for example, generalized or social anxiety disorder)
- Neurodevelopmental disorder (for example, attention deficit hyperactivity disorder or autism spectrum disorder)
- Substance use disorder
- Personality disorder
- Schizophrenia or other psychotic disorder
- Obsessive-compulsive disorder or related disorder
- Other: _____

How long ago were you diagnosed with this mental illness (if multiple, please select the answer for your earliest diagnosis)?

- Less than a year ago
- 1 to 5 years ago
- More than 5 and less than 10 years ago
- More than 10 and less than 20 years ago
- Over 20 years ago

APPENDIX B

Full Text of Open-Ended Responses Regarding Stigma/Discrimination

“I have been told not to speak with client's therapist or psychiatrist or even accompany them to appointments”

(“All work separately” or “Other” setting)

“We have one person at our workplace that mistreats folks with mental illness. The rest of our staff is very understanding and supportive and believes in peer support.”

(Peer-run setting)

“I am not invited to gatherings where there will be alcohol.”

(Traditional setting)

“Sometimes when working with a new clinical staff person, they (sometimes) seem to think they have authority/"higher ranking" status over the certified peer support specialist, type of attitude.

May also think that the peer is not bright/intelligent.”

(Traditional setting)