

Recovery Works! Pennsylvania Recovery & Resiliency Grant Initiative

Pennsylvania Mental Health Consumers' Association
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The Pennsylvania Recovery Organizations-Alliance
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Recovery Works! - Recovery and Resiliency Survey Summary - September 2016

Introduction

SAMSHA defines recovery as "a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential" (SAMSHA.gov). Those of us with lived recovery experience have worked to improve our lives and continue to strive to reach our full potential – often with amazing results. We have long recognized the inherent value of persons with lived recovery experience and the significant impact that we can have working in the Substance Use Disorder and Mental Health Service Systems. There is growing recognition of the contributions that our communities can make working across the larger behavioral health system workforce.

Historically, the Behavioral Health Service System has consisted of two systems, the Mental Health and the Substance Use Treatment systems, each with issues of stigma and discrimination. Advocates and persons served within these systems have long fought for parity and equality to access the services that they need and to be afforded equal opportunities in order to realize their full capabilities and potential as citizens.

To increase the viability of our Service Systems and our collective workforce, we must more fully understand and embrace opportunities to assist our communities to reach our full potential. Several important steps must first be taken. We must strengthen our collective voices on advocacy issues and identify and work towards defining and eliminating barriers for those with lived recovery experience. Failure to maximize the assets that are already in our midst may greatly impact the future of the entire Service System, and the individual lives of those accessing services from this system.

Summary

We developed this survey in an effort to more fully understand the peer workforce, the availability of training and job opportunities for persons with lived recovery experience, and to identify other perceived barriers and factors that may

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influence persons to work within our Service Systems. Self-administered questionnaires were supplied via a web link in early April of 2016. Paper copies of the survey were also given out in a variety of settings, including trainings and regional meetings, and manually entered into the Survey Monkey database. The majority of respondents submitted their results during the first week of May. The survey was closed on June 20th, with **493 responses recorded**.

87.92% of respondents identified that Mental Health and Substance Use Services are better when there are persons with lived recovery experience at every level of the system. This response suggests that those with lived recovery experience are, or should be, an integral part of the Service System. Therefore, eliminating barriers for them is crucial to retaining these individuals in the Service System.

Based on our responses, the typical respondent, is:

A Caucasian female from Central Pennsylvania with a Bachelor's Degree, who is in recovery for approximately ten years, working in the service field for approximately ten years, and between the age of 45-54.

Demographically, the survey results were received from all regions of the state, with **the largest number of survey respondents received from the Central area** with 185 or 38.38% from this region, and the smallest number at 23, or 4.77% from the Northwest region of the state.

Approximately **73.29% of respondents identified themselves as Caucasian or White**. While disproportional the percentage is lower than the population of Caucasian residents in our state by about 9%. According to the US Census Bureau in July 2015, Caucasian residents in Pennsylvania make up the majority at 82.6% of the state's population. (<http://www.census.gov/quickfacts/table/PST045215/42>). Therefore, the percentage of respondents who identified as Caucasian/White is actually lower in proportion to the number of Caucasian residents in Pennsylvania. Other identified races of respondents were lower than the state's population percentage. **The disparity in these categories suggests that there is a need to engage a more diverse population of those involved in the Service Systems.**

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Presuming that only those respondents identifying themselves as in recovery responded to the question about personal recovery, almost 70% of respondents, or 341 out of the 493 respondents, identified as being in recovery from either Drug and Alcohol or Mental Health, or both. Respondents identified as being in recovery from Mental Health (19.65%), Drug and Alcohol (53.37%) or both (26.98%). Over 40% of respondents who identified being in recovery had between five to 20 years in recovery. In addition, 83.55%, or 391 of respondents identified working in either the Mental Health or the Drug and Alcohol Service Systems, the largest percentage having worked in the Service System between six to 10 years. Over 63% of respondents responded that they have a loved one in recovery from Drug and Alcohol. 47.72% of respondents identified having a loved one in Mental Health recovery.

A very large number of comments to this survey were submitted by respondents, with **the highest number of write-in comments provided in the final two survey questions; one relating to barriers to employment within the Mental Health or Substance Use services systems for those in recovery, and the other relating to what motivates individuals to stay in the field.** A sampling of comments is listed under each question that has a comment section. All comments are included in an appendix to the full report (see Appendix II).

In addition to demographic information, we asked questions relating to areas of interest which are listed at the end of this summary. We found that:

Only 22.25% of our respondents identified that most of the people in recovery seeking employment are able to get training to become a peer supporter. Of those respondents who responded that they did not work in the Service System, 74.79%, or 89 respondents, identified being interested in working in the service fields. (Sampling of comments)

- *"It appears to be getting better, but the wheels move very slowly and the need is NOW"*
- *"This area is just starting to become better known."*
- *"It's difficult to find available classes."*
- *"I was unaware of these types of trainings."*
- *"I was extremely lucky to be able to get training funds"*

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Since 83.55% of respondents identified working in the Service System, and 43.72% of those respondents who are already working in the Service Field also identified as working in Peer Support Services, the range of diversity in employment is an advantage to this survey. It suggests that there is much room for improvement in the accessibility of trainings for persons with lived recovery experiences. Similarly, **only 10.20% percent of respondents responded that most or all of those individuals with lived recovery experience are able to get jobs in the Service Systems, again suggesting the need for increased workforce opportunities for those with lived recovery experience.** (Sample list of respondent workplaces listed in comments)

- D&A Rehabilitation Tech
- Single County Authority (SCA) Administrator
- social services
- Outpatient Drug and Alcohol counseling
- Residential Treatment for Women and Children
- Substance abuse treatment- all levels of out patient

Regarding the question asking if Peer Support Services are properly funded and available, **37.11%, or 141 respondents, responded that neither Mental Health nor Drug and Alcohol Peer Support Services were properly funded.** In addition, 20.26%, or 77 respondents, identified that Mental Health Peer Support Services were properly funded, but Drug and Alcohol Peer Support Services were not. In the comments section for this question (see Appendix II), **a high number of respondents expressed the belief that there is limited funding for Peer Support Services.** (Sample of comments)

- *“None of the above are properly funded, in fact major cuts have disabled our work”*
- *“They are available but not properly funded. I see that services are getting cut due to funding”*
- *“The funding is better for MH than for D&A but neither is enough to encourage providers to push the service”*
- *“Medicare and private sector doesn't pay for Peer Support Services.”*

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- *"I have no idea if there are services in my area and if they're properly funded."*

For the question regarding whether stigma for persons with lived recovery experience is a barrier to employment or advancement in the Service Systems, **62.75% of respondents identified that stigma is a barrier.** Comments from respondents (see Appendix II) suggest that although there has been some progress in this area, stigma remains a significant barrier to those individuals with lived recovery experience. This indicates a need for future efforts to alleviate stigma and all barriers for those with lived recovery experience. (Sample of comments)

- *"When people learn that you have a mental health or substance abuse history, they believe that you are not trust "worthy"*
- *"Even though people should view your background as a benefit they often view it as a threat. "*
- *"I believe it all depends if the employer doesn't discriminate on mental health and substance abuse."*
- *"I think it can be an asset I know it's been much easier and more comfortable for me to have someone (CRS) in my life"*
- *"Many don't understand addictions and/or MH and fear the person may not be stable enough."*

In regards to the questions asking if respondents identified persons with lived recovery experience as an asset in all levels of the Service System, **75% of respondents identified that persons with lived recovery experience are seen as assets.** In addition, approximately the same percentage of respondents identified that there is room for advancement to other positions within the Service Systems for persons with lived recovery experience. (Sample of comments)

- *"Those who work in this environment see the value of these individuals, others may not."*
- *"People are coming around to seeing us as a bonus to the services they render."*
- *"Yes, in my experience"*

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- *“There is still so much stigma and fear of hiring someone who is in recovery for either substance use and mental health.”*
- *“We can share our experiences strength and hope be living testimonies that there is a better way to live”*

Approximately **half of all respondents identified that personal involvement with the Criminal Justice system was a hindrance to employability in the Service Systems**. Within the comments section of this question, respondents suggested that prior convictions continue to be a barrier for those with lived recovery experience. (Sample of comments)

- *“Because a lot of companies would prefer no background and or college educated people”*
- *“Felonies will hinder employment.”*
- *“It's just the nature of having a stack applications - the one with the record gets put on the bottom.”*
- *“A criminal record is a stigma even in the field.”*
- *“In this state, I feel once you're in the system - it's very hard to become a different person. The system can really be a hindrance.”*

Regarding whether or not respondents see themselves working in the field in five years, **82.72% of respondents anticipate working in the Service System in some capacity in five years**. Nearly half of those respondents, or 43.30%, see themselves working in their current position. The response to this question suggests that individuals are satisfied with the work that they do in the Service System.

The survey question regarding what respondents believe is the **greatest barrier to employment** within the Service System for persons with lived recovery experience outlined several common thoughts from respondents: **stigma, criminal background, and lack of education**. (Sample of comments)

- *“One of the barriers is training and funding.”*
- *“The stigma and/or background checks”*
- *“Stigma still plays a role as well as not having the formal credentials/education”*

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- *“Stigma, pre-conceived notions, discrimination, low expectations”*
- *“They have committed crimes while under the influence and now in recovery must continue to pay for their mistakes. Low level employment and poverty.”*

The final question relating to work in the field asked respondents to identify **what motivates people to stay in the Services System field revealed many commonalities. Passion, the desire to help others, making a difference in people's lives, service, and hope were common responses.** The majority identified altruistic motives for working in the field. These responses fully support the working definition of recovery defined in the opening statements. (Sample of comments)

- *“The desire to help others, to better communities for the next generation and the personal growth rewards and benefits that come with it.”*
- *“Seeing like they are making a difference in people's lives.”*
- *“The fulfillment of observing people getting and staying well”*
- *“The satisfaction of helping others with their struggles.”*
- *“The commitment to help others reach the other side of the recovery mountain, particularly as they hiked it themselves”*

Questions we asked in our survey included:

- Whether individuals think there is enough access to **training** for persons with recovery experience to obtain certification in either mental health or peer support services
- Whether individuals think there is enough access to **employment** for persons with lived recovery experience with mental health or drug and/or alcohol recovery to obtain a job in mental health or peer support services
- Whether individuals think that peer support services in their area are properly funded and available
- Whether stigma for persons with lived recovery experience is a barrier to employment or advancement within either the mental health or substance use Service Systems
- Whether persons with experience working at all levels of the Service System seen as assets who can inform and improve the Mental Health or Substance Use Service Systems

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- Whether or not there is room for advancement to other employment positions within either the mental health or substance use Service Systems for persons with lived recovery experience
- Whether the respondents found that personal involvement with the criminal justice system is a hindrance to employability in either mental health or substance use fields
- Whether the respondents thought that Mental Health and Substance abuse services are better when there are people with lived recovery experience working at every level of our Service Systems and contributing to every important decision
- Whether the respondent saw themselves working in the behavioral health Service System five years from now
- What is the greatest barrier to employment within the Mental Health or Substance Use Service Systems for people with lived recovery experience
- What motivates people to stay in the Mental Health or Substance Use Services field