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ONLINE SUPPLEMENT 1: Additional Details on Methods

This qualitative study involved in-depth, semi-structured interviews, which allowed us to gain a deeper understanding of CPS' experiences in providing services during the COVID-19 pandemic. The research team included four public health researchers and three graduate students with expertise and training in mental health services and qualitative methods, and three leaders of a peer-run non-profit organization that provides training for CPS who are also CPS with lived experience.

Qualitative Data Collection

In-depth interviews were conducted via a password-protected Zoom video or audio call and lasted between 39 and 72 minutes, with an average length of 48 minutes. The interviews were conducted by two MPH students and one staff member who were trained in qualitative methods and supervised by the first author, a mental health researcher with expertise in qualitative methods. Interviewers used a semi-structured interview guide focusing on the following topics: CPS's experiences in providing tele health services; CPS's experiences in transitioning to telehealth service delivery in response to COVID-19; barriers and facilitators that CPS experienced in reaching patients and delivering services; CPS's perceptions on how the shift due to COVID-19 may affect how they deliver services in the future. The interview guide included open-ended questions and probes that allowed the interviewer to elicit detailed responses. The CPS team members reviewed and provided feedback on the interview guide, which was incorporated before the interviews started.

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Qualitative Data Analysis

Data analysis was guided by thematic analysis and the social ecological model. The phases of thematic analysis—including becoming familiar with the data, generalizing initial codes, and searching for, reviewing, and defining themes—is a useful approach for integrating a pre-existing theoretical framework when examining patterns across the data (1). The social ecological model, which posits that experiences and behaviors are influenced by multiple levels from the individual to policies, was used to inform the analysis through examination of themes at the individual, interpersonal, and organizational levels (2). The data analysis was conducted by the first author, two MPH students, and a staff member, with input from the other research team members, including the CPS who reviewed the findings.

All in-depth interviews were audio-recorded using Zoom, transcribed verbatim by a professional transcriptionist, and deidentified. Transcripts were uploaded to the qualitative software, MAXQDA 20, for data management and analysis. The first author developed an initial draft of the codebook based on the main topics in the interview guide and the notes completed after each interview. Additional codes were added after review by three team members, all of whom were trained in qualitative methods, and application of the codebook to the first two transcripts. These four team members coded two transcripts, compared and discussed coding, and made adjustments as needed. The remaining 12 transcripts were divided among the researchers, independently double-coded, and reviewed by the first author for consistency across coders. While mainly comprised of deductive codes, the codebook contained broad codes (e.g., communication, supports, challenges), each of which was examined for inductive categories and themes in the next step.

We wrote memos to summarize the key categories and patterns for each of the main code groups. The team met regularly to discuss common themes within and across codes. In particular, the analysis focused on describing themes related to the CPS and their positions, the response of the organization and transition in services once the COVID-19 lockdown began, the services that CPS provided during COVID, the barriers and facilitators CPS experienced for delivering those services, and perceptions about CPS' future use of telemental health. For each key topic, factors at the peer-, CPS-, and organization-levels were examined. Findings were shared and discussed with the full research team, with the particular purpose of receiving input from the CPS members. The CPS confirmed that the themes aligned with their experience and provided minor feedback (e.g., terminology related to providing peer services) that was incorporated.

Data from the online Qualtrics form were downloaded to Excel and uploaded into SPSS. Descriptive statistics were calculated for demographic characteristics.

References

1. Braun V, Clarke V: Using thematic analysis in psychology. Qual Res Psychol 3: 77–101, 2006.
2. McLeroy KR, Bibeau D, Steckler A, et al.: Ecological perspective on health promotion programs. Heal Educ Quaterly 15: 351–377, 1988.

ONLINE SUPPLEMENT 2: Participant Demographic Characteristics

Online Supplement Table 2. Demographic characteristics of 14 Certified Peer Specialists who completed interviews

Characteristic	N	%
Gender Identity		
Woman	9	64
Woman and Nonbinary or Genderqueer	1	7
Man	4	29
Race/Ethnicity		
Black or African American	4	29
White	8	57
Other	1	7
Prefer not to say	1	7
Education Level		
High school diploma or equivalent	1	7
Some college, but no degree	5	36
Associates degree	2	14
Bachelor's degree	1	7
Master's degree	3	21
Doctoral degree	1	7
Other	1	7
Work Setting		
Peer-run non-profit organization	4	29
Non-profit organization	4	29
Community mental health centers	5	36
Other	1	7
Work Role		
Peer Support Specialist	9	64
Leadership (Administrator, Manager, Director)	3	21
Other	2	14
CPS Credential		
Mental Health	9	69
Addiction	1	8
Mental Health and Addiction	2	15
Forensic	1	8
	Mean	Range
Length of time working as a CPS (years)	3.75	1-10

Abbreviation: CPS – Certified Peer Specialist

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Description of Participant Characteristics and Work Settings

A majority of participants (64%) identified as women. Participants mainly identified as White (57%) or Black (29%). CPS participants reported working at community mental health centers (36%), peer-run non-profit organizations (29%), and other non-profit organizations (29%). The majority of participants (64%) worked as Peer Support Specialists, while the rest reported working in leadership roles (e.g., Director, Peer Support Program Lead) or other roles (e.g., project coordinator). The participants in leadership and managerial roles also provided peer support services. Most CPS were credentialed in mental health (69%), with the remaining being credentialed in addiction, forensic, or dually in mental health and addiction. The participants had been working as CPS for an average of 3.8 years (range: 1-10 years).

CPS described working with peers with a variety of psychiatric conditions, including depression, anxiety, and schizophrenia, as well as peers with substance use disorders or with dual diagnosis. Several CPS work with peers who are homeless or involved in the criminal justice system. CPS' pre-COVID roles commonly involved a combination of facilitating peer support groups, wellness activities, community outings, and one-on-one sessions. Many of these activities included a focus on recovery, coping skills, life skills, and connecting peers to resources, such as housing and employment. As one CPS explained, "…I tried to meet my peers where they're at and help to support them in their recovery as well as their future goals."