

Beyond Supported Employment: Meaningful Career Development Initiatives During the Next Decade

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Three Postulates

- 1) People would, could, and should work
- 2) The Tao of Pooh – Simplicity may prove to be more powerful than complexity
- 3) Our perception of reality influences our intervention targets

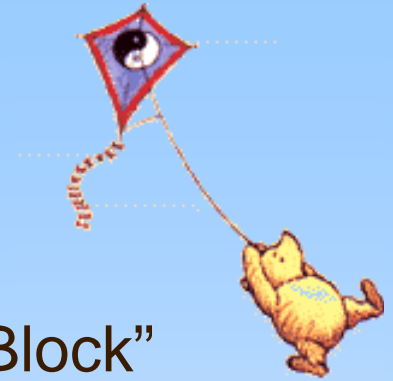
Current Knowledge about Work

- Growing evidence and culture that persons with psychiatric disabilities –
 - **Would work:** consumer surveys show that work is a primary objective of 70% of those now idle
 - **Could work:** 99% of persons diagnosed with schizophrenia have worked. Research has shown that people can obtain work in the future
 - **Should work:** studies indicate many positive effects of work (symptoms, hospitalizations, self-concept, self-mastery, and life satisfaction as well as on income and lifestyle)

Work Among Persons with a Psychiatric Disability

- Approximately 75-80% are unemployed at any given time
- Nearly 50% of those who do obtain jobs leave them within a one-year period
- Very few move beyond low-wage, part-time, minimal-benefit jobs

Tao of Pooh



- “P'U” – The Tao principle of “the Uncarved Block”
 - things in their original simplicity contain their own natural power.
 - Power and effectiveness is lost with complexity and overthinking
- Winnie-the-Pooh epitomizes simplicity

"Pooh hasn't much Brain, but he never comes to any harm. He does silly things and they turn out right."

Piglet in 'Winnie-the-Pooh' (Milne)

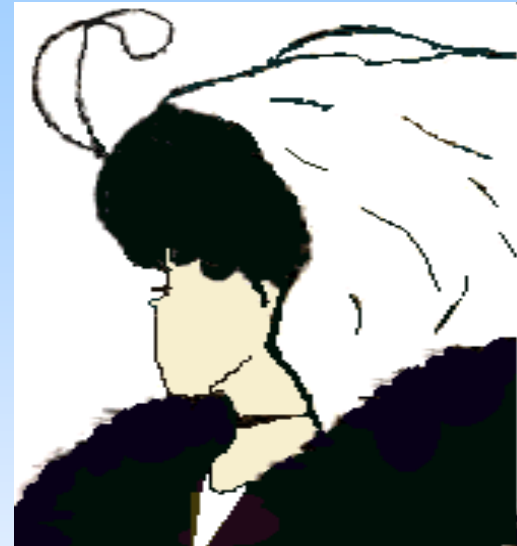
Stop the “thumping” and Simplify



“Here’s Edward Bear (a.k.a. “Winnie-the-Pooh”) coming downstairs now, thump, thump, thump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming down the stairs, but sometimes he feels that there really is another way; if only he could stop thumping for a moment and think of it.”

From “Winnie the Pooh” by A.A. Milne

Figure-Ground Illusion



Rubin's Vase

Our brains process information in order to determine meaning.

Gestalt psychologists claim it is impossible to perceive both images simultaneously

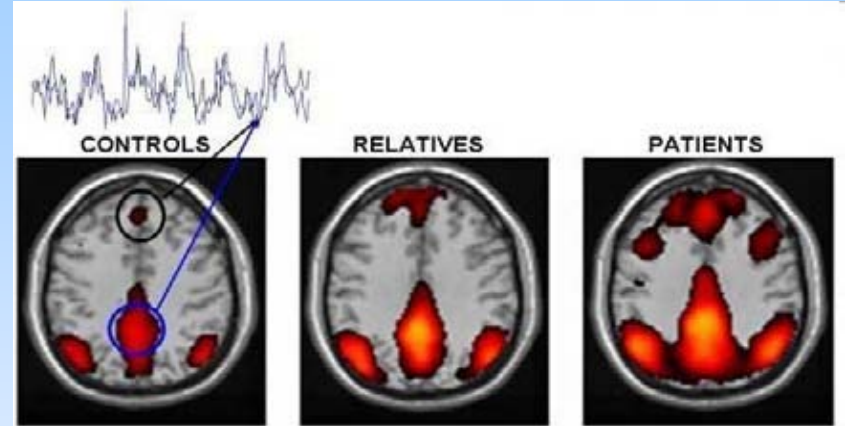
Contextual Illusions



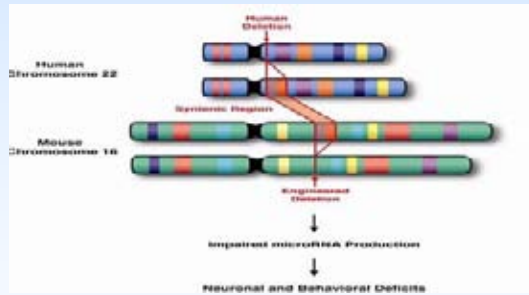
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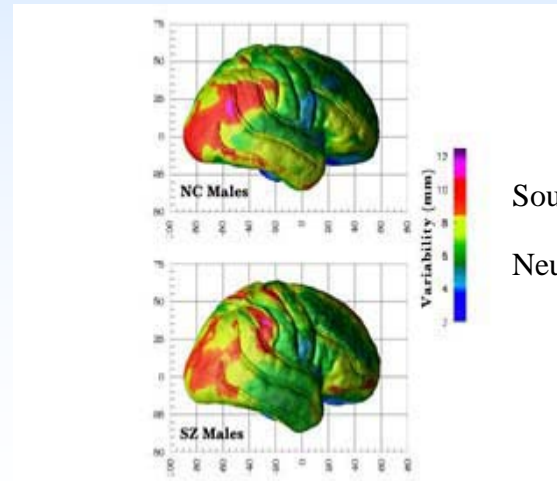
Science Has Produced a Complex Understanding of How the Brain Affects Cognition and Behavior



From Susan Whitfield-Gabrieli, McGovern Institute for Brain Research at MIT



(Credit: Copyright 2008, Columbia University Medical Center)



Source: Laboratory of NeuroImaging, UCLA

Brain Differences Associated with Various Mental Illnesses and Employment

- Active and severe symptoms associated with mental illnesses clearly effect performance
 - Diagnosis is not a good proxy for ability to work – Presence of Symptoms and Functional Impairments are predictive
 - Schizophrenia diagnosis is associated with the poorest employment outcomes. However, the effect of diagnosis goes away after controlling for the presence of active symptoms (Rogers et al., 1997)
 - Schizophrenia may appear worse because of more frequent and intense episodes (Cook and Razzano, 2000)
 - As with any person, functional impairments (higher for persons with psychotic disorders) explain a large amount of variance in unemployment (Baldwin & Marcus, 2007)
- “Deficit”-Correcting Interventions: The effects of social skill training, cognitive remediation, and old vs. new medications on employment outcomes currently appears to be negligible



Diagnosis, Functional Impairment, Symptoms, and Work

- Conclusions
 - Good treatment is important because it limits symptom intensity and frequency.
 - Functional impairments do affect work. However, effects of interventions currently appear limited.
 - MANY people do work even with residual symptoms and functional impairments

Supported Employment: They Work.....in One Sense

- SAMHSA-funded multisite, randomized, controlled study of supported employment (EIDP)
- Those who received supported employment were
 - more likely to be competitively employed (55% vs. 34%)
 - Work 40 hours or more per month (51% vs. 39%)
 - Have greater average earnings per month (\$122 vs. \$99)

IPS Outcomes

- Individual Placement and Support (IPS) Model
Consistently associated with positive outcomes that are much higher than usual OVR outcomes
 - Bond et al. meta-analysis (PRJ; 2008)
 - 61% Competitive employment rate for IPS vs. 23% for those in control conditions
 - Effect size of .83
 - Results are consistent with findings from other reviews

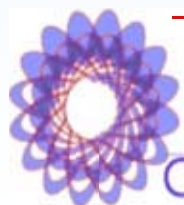
Supported Employment Is Not Building Careers Or Dramatically Reducing Poverty for Most People (EIDP Outcomes)

- Only 17% of clients were reporting working full-time
- Employed participants averaged only 19.4 hours of work per week
- 62% of the jobs they held were at the “lowest level of expertise” in the labor market
- Average annual earnings amounted to only \$2,447



Programs: IPS Outcomes

- Drake et al. (1996) study of IPS
 - 78% of those in IPS obtained employment vs. 40% in comparison program
 - Approx. 40% of IPS folks were employed at any given time in an 18-mo. Period (low 15%, high 48%)
 - **IPS earnings \$4346.71 (sd \$5824.20)**
- Drake et al., (1999) DC Study
 - 60.8% of those in IPS obtained employment vs. 9.2% in comparison program
 - 17%- 34% of IPS folks were employed at any given time in an 18-mo. Period
 - **IPS earnings \$3084.11**
 - **IPS average job tenure of 16.5 weeks**



Simple, Contextual Thinking: Normative Factors

- Race
- Gender
- Education
- Social Networks
- Community factors associated with social disorganization and low local labor market demand
- Discrimination
- Rational decision-making (sometimes with incomplete information) about losing entitlements

Normative Work Experiences

How much different are the work experiences of people with serious mental illnesses from the general population?



Philadelphia Work History Project*

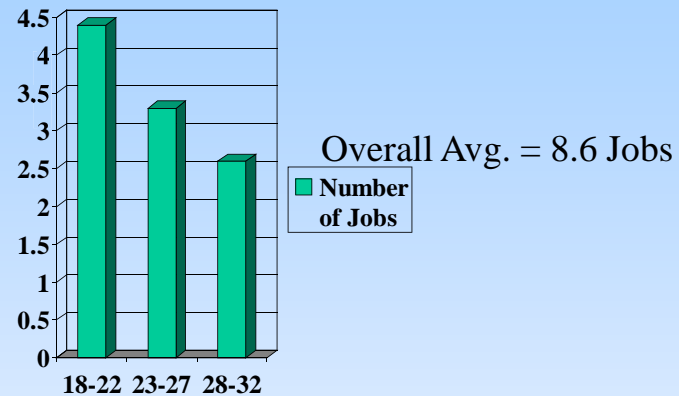
Sample: 22 men and 18 women (avg. 37 years-old) with a psychiatric disability who were seeking vocational supports

- Respondents had worked a total of 167 jobs.
- Mean of 4.40 jobs (SD±2.44)
 - range (0 jobs-1 person; 11 jobs-1 person)
 - Full-time jobs -- 2.70 (SD±2.38)
 - Range (0 full-time- 7; 11 full-time-1)
 - Part-time jobs - 1.89 (SD±1.79)
 - Range (0 part-time – 6; 8 part-time – 1)
- Mean 18.57 (SD±26.81) months
 - Range 1 day to 144 months

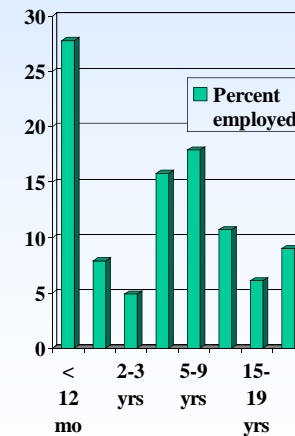
*From Baron & Salzer (2000). The Career Patterns of Persons with Serious Mental Illness.

National Longitudinal Survey of Youth

- 9,964 young men and women age 31 to 39 in 1996



Source: BLS --ftp://146.142.4.23/pub/news.release/nlsoy.txt



Current Population Survey

- a monthly survey of 50,000 households
- Results from February 1998 survey
- Median tenure for Men: 3.8 years
- 34% of jobs held less than 18 months

Source: ftp://146.142.4.23/pub/news.release/tenure.txt



Other Normative Findings

- Philadelphia Work History Project – Job Endings
 - 73% of jobs lost because of firing (5%), layoffs (15%), and resignation (53%) -- birth of a child, found a better job, moved, etc.
 - 16% due to drugs or alcohol (3%) or mental health reasons, including hospitalization (13%)
- McCrohan, Mowbray, Bybee, & Harris (Rehab. Couns. Bulletin, 1994)
 - 99% of people with serious mental illnesses had worked
 - Current or last job
 - Service (51%)
 - Benchwork (light assembly in sheltered workshops) (31%)
 - Clerical (<5%)
 - Sales (<5%)
 - Five occupations with lowest job tenure (BLS: Source: <ftp://146.142.4.23/pub/news.release/tenure.txt>)
 - Retail Trade: 1.8 Yrs
 - Sales workers: 1.2 yrs
 - Food Service: 1.3 yrs
 - Construction laborers: 1.6 yrs
 - Equipment cleaners, helpers, laborers: 1.9 yrs



Less Education, Less Work

	Percent of Total Weeks								
	Employed			Unemployed			Out of labor force		
	White	Black	Hisp.	White	Black	Hisp.	White	Black	Hisp.
HS Dropout	68.8	48.2	62.2	5.5	9.8	5.7	25.3	41.4	31.2
HS Graduate	80.3	69.0	75.3	3.6	8.4	4.9	15.7	22.1	19.2
Some College	82.6	77.6	80.7	2.8	5.6	3.4	14.2	16.1	14.6
College Graduate	88.2	90.9	88.7	1.7	2.6	1.8	9.7	6.2	9.0

Less Education, Fewer Weeks of Work (Especially for Women!!)

	Percent of Total Weeks					
	Employed		Unemployed		Out of labor force	
	Male	Female	Male	Female	Male	Female
HS Dropout	75.2	48.8	7.9	4.2	16.2	46.9
HS Graduate	86.8	68.9	4.8	4.1	7.9	26.7
Some College	88.0	76.1	3.8	2.9	7.5	20.5
College Graduate	95.4	81.1	1.8	1.8	2.4	16.6

Educational Attainment

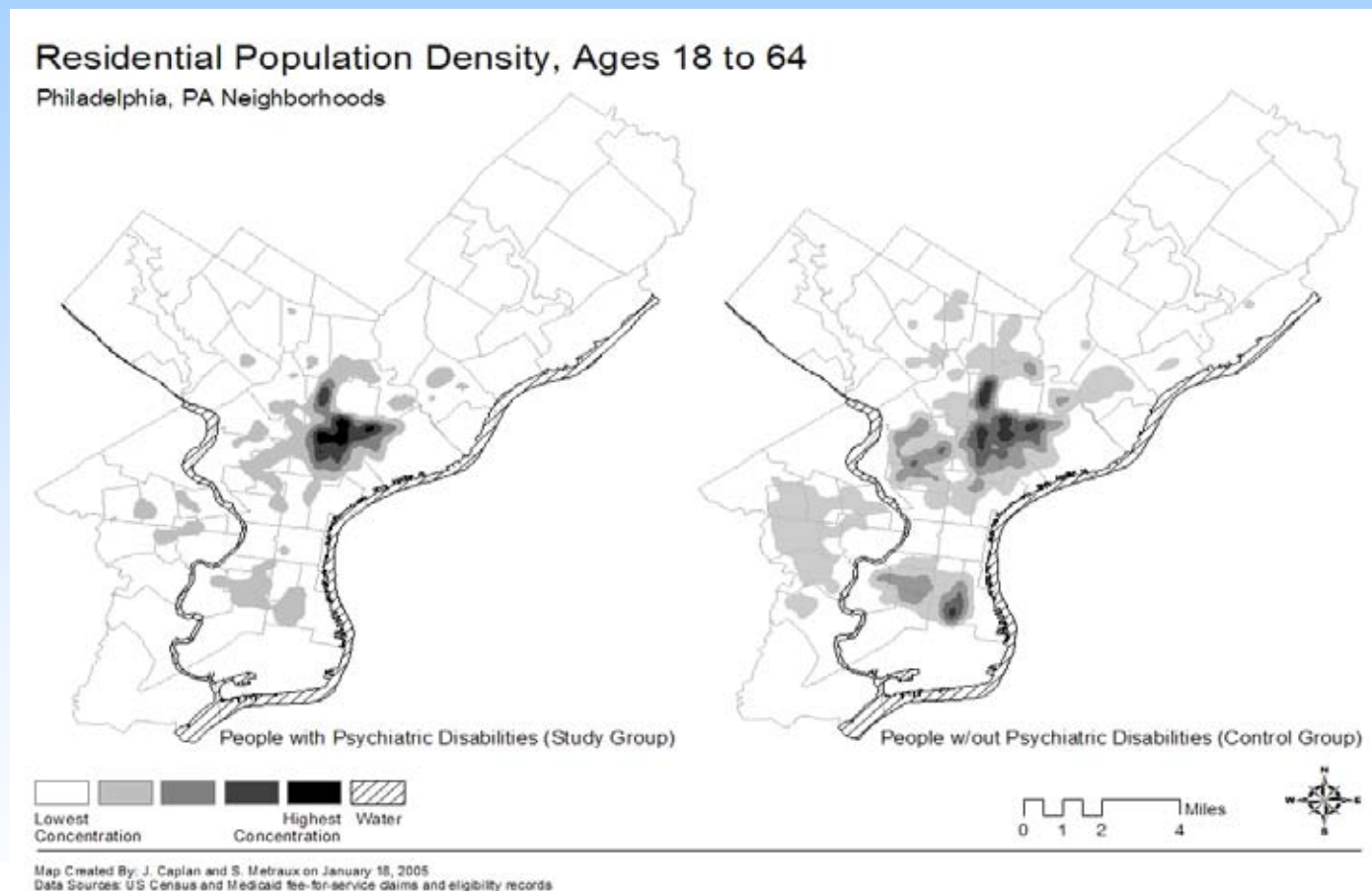
- Epidemiologic Catchment Area Study (Keith, Regier, & Rae, 1991)
 - 57.4% of persons diagnosed with schizophrenia graduated from high school
 - 4.8% were college graduates
- Early-onset of a psychiatric disorder has an adverse impact on educational attainment (National Comorbidity Study: Kessler, Foster, Saunders, & Stang, 1995)
- American Community Survey Data from 2007 (Erickson & Lee, 2008)
 - 69% of people with mental illnesses have a high school diploma vs. US Population average of 89%
 - 9.5% of people with mental illnesses have a bachelors degree or more (Erickson & Lee, 2008) vs. US Population average of 31%



Social Networks

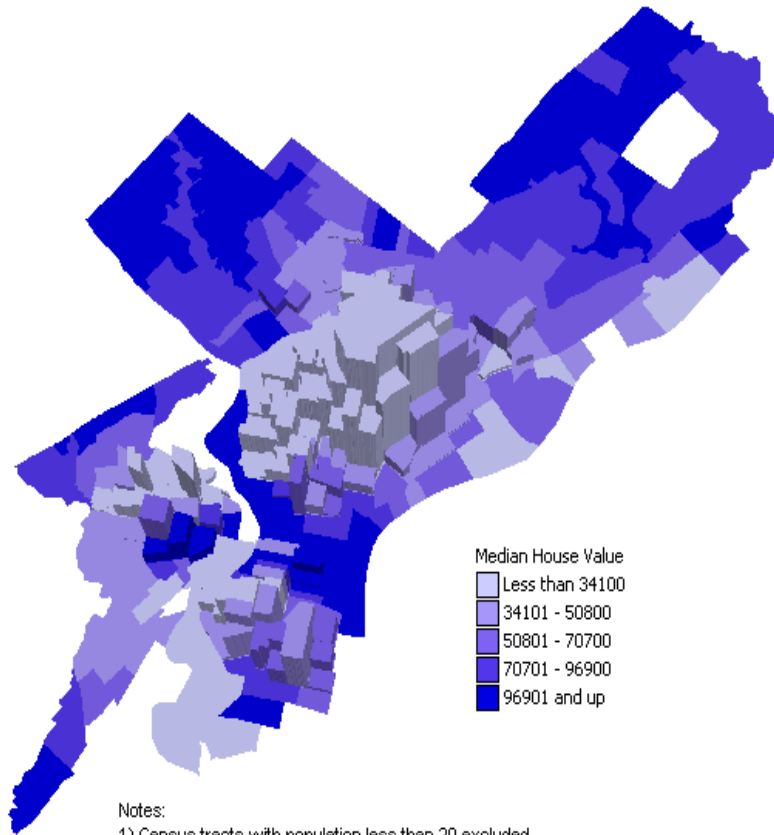
- Isolated
- Smaller social networks
- Networks are likely to involve other unemployed individuals (peers and neighbors)

Exposure to Social Disorganization and Joblessness (Wilson, 1996, *When work disappears*)



People Live Where Housing is Affordable

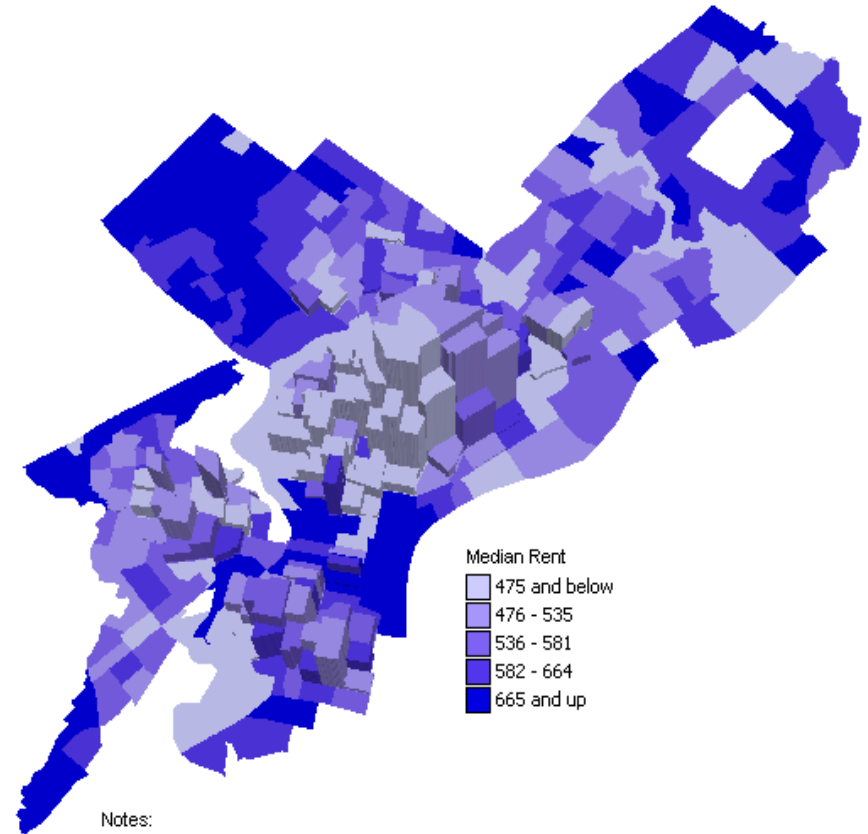
Median House Value



Notes:

- 1) Census tracts with population less than 20 excluded.
- 2) Higher elevation of a census tract represents higher density of mental health consumers receiving Medicaid in that tract.

Median Rent

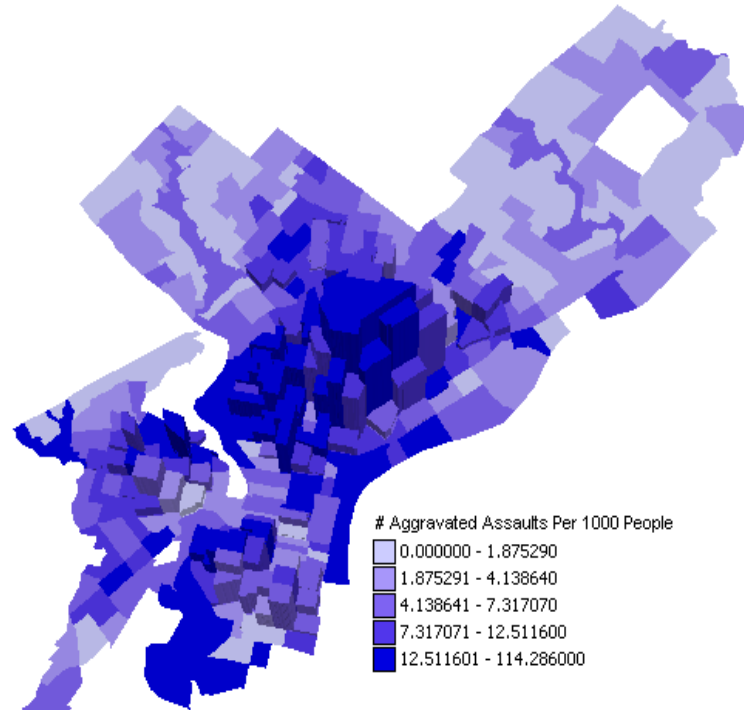


Notes:

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Exposure to Crime and Substance Use

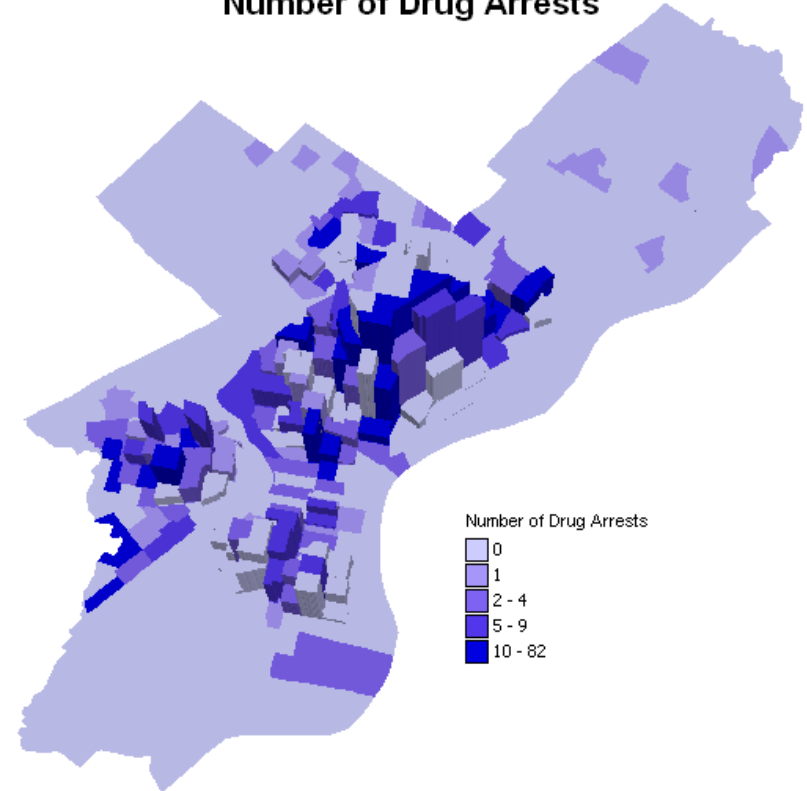
Number of Aggravated Assaults Per 1,000 People



Notes:

- 1) Census tracts with population less than 20 excluded.
- 2) Higher elevation of a census tract represents higher density of mental health consumers receiving Medicaid in that tract.

Number of Drug Arrests

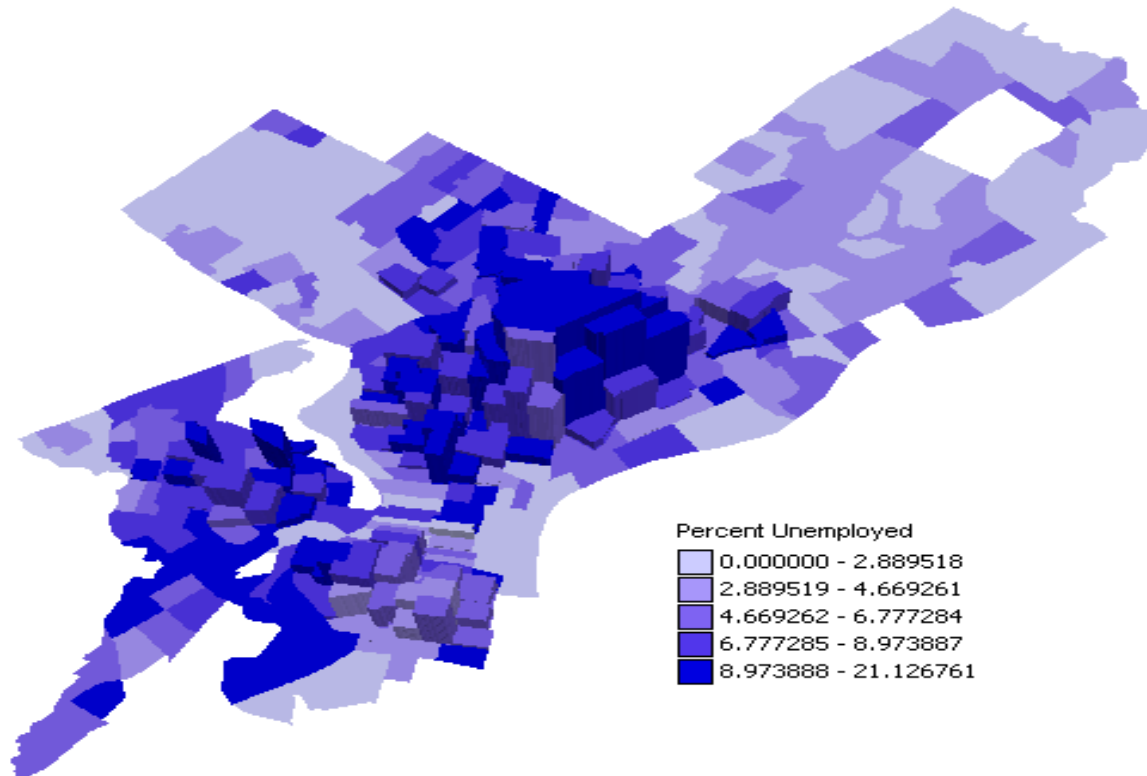


Note:

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Joblessness

Unemployment Rates



- 1) Census tracts with population less than 20 excluded.
- 2) Higher elevation of a census tract represents higher density of mental health consumers receiving Medicaid in that tract.

Effects of the Economic Environment

- EIDP Findings (Cook et al., 2006)
 - Local employment rates at the various sites had a significant impact on employment outcomes

Addressing Labor Market Factors May Produce Better Employment Outcomes than Eliminating the Illness

Scenario	No MI No Disability	Psychiatric Disability	Disability Gradient
White Man 18-44, Married, from Midwest suburb, > college	95%	65%	1.46
Nonwhite woman 55-64, Never married, from northeast central city, < high school	15%	2%	7.50
Social Gradient	6.33	32.50	



Normative Factors Affect Supported Employment Outcomes

- Better Employment Outcomes Across EIDP Sites and Conditions were Found for those who were:
 - Younger
 - HS or college education
 - Female
 - Hispanic/Latino
 - African-Americans had the lowest rates of competitive employment
- Authors concluded that labor market and social factors (i.e., discrimination) affect employment outcomes

(Burke-Miller et al., 2006)



Discrimination and Work

- Baldwin & Marcus (2007)
 - Large gap (38%) in predicted employment (based on characteristics such as age, race, gender, education, functional impairments, etc.) between those with psychotic disorders and those without any mental disorder
 - 13% gap for those with mood disorders
 - 30% of this gap is unexplained by characteristics
 - Authors suggest that this is evidence of discrimination

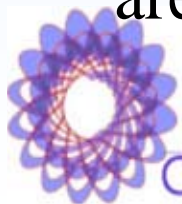
Discrimination*

- Employers express more negative attitudes about hiring workers with psychiatric disabilities than most other groups
- Approximately 1/3 of individuals with mental illnesses report
 - Not being hired when disclosing an illness
 - Being fired, laid off or told to resign, refused employment, refused a transfer, refused a promotion, or refused a training opportunity because of their mental disorder
- 1/5 of all U.S. court cases alleging employment discrimination were related to mental illness in 2004



Evidence of Rational Decision-Making?: Fears of Losing Entitlements

- Reviews (e.g. Estroff, 1997; O'Day & Killeen, 2002) suggest that:
 - Majority of individuals are dependent upon the SSA system for both cash assistance and medical coverage
 - Anxiety about losing SSA eligibility is profound
 - Difficult to re-establish eligibility after a period of independence
 - Regulations have made it very difficult for individuals to earn much more than small change without losing their eligibility
- Myths surrounding the punitive and arbitrary decisions of the Social Security Administration are powerful enough to dissuade a great many people from seriously pursuing financial independence (Baron, 2000).
- Secondary labor market (low skilled/unskilled) jobs people are getting don't pay well and lack benefits



Career Development Approach



Universal Design Strategies

- Become community organizers like our President
 - Work to combat social disorganization and increase labor demand, especially in secondary labor market and urban settings
 - Work to improve wages and benefits in the secondary labor market
 - Work to address ageism, sexism, racism



Mental Health Systems and Program Strategies

- Recognize impact of normative factors on careers of persons with mental illnesses
- Value secondary labor market and skilled labor market (dental hygienist, medical technician, etc.)
 - Understand that careers for these individuals differ from managerial/professional careers
 - Pay, tenure, benefits
- Develop and use social capital to promote policies and laws (Universal and targeted strategies) that support careers
 - Pursue use of stimulus package money to create jobs that target people with disabilities
- Advocate for housing in economically-strong neighborhoods
- Establish that people would, could, should work
 - “Supporting employment” initiatives (Weiman)



Mental Health Systems and Programs

- Enhance development of social networks and social capital
- Increase utilization of mainstream employment programs
 - Address barriers and provide supports
- Understand importance of education in career development, including vocational, technical, trade, community college, in addition to colleges and universities



Education: Postsecondary Students with Mental Illnesses

- More students with mental illnesses
 - 5 institutions in the Big Ten Conference saw an increase of 30% to 100% in the number of students served with psychiatric disabilities in a one-year period (Measel, 1998)
- 86% of students with mental illnesses withdraw from college prior to completing their degree (Kessler et al., 1995)
 - 45% withdrawal rate for the general student population (Kuh et al., 2006)

Results from National Survey of Students (Salzer, 2009)

- College students with mental illnesses are
 - less satisfied with their relationships with other students, faculty, and the administration
 - Use campus facilities and participate in campus clubs and organizations less

Perceived Discrimination and Engagement

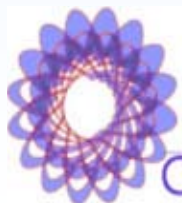
- 133 out of 477 (28%) reported that they feel others treat them differently because they have a mental illness “Most of the time”
 - 235 (49%) reported “Sometimes”
- Those reporting “Most of the time”
 - Used campus facilities less than the other students
 - Had much less satisfaction with their college
 - Had poorer relationships with faculty, administration, and especially other students



Anecdotal Evidence of Actions That May Further Limit Educational Attainment

- College/University Actions
 - Discouragement
 - Involuntary Withdrawal/Leave of Absence
 - NPR story* (12/2/08): Jeremy expelled for violating code of student conduct when he sought help for suicidal thoughts
 - Coerced “Voluntary” Withdrawal/Leave of absence
 - Making re-enrollment a challenge

*<http://www.npr.org/templates/story/story.php?storyId=97713906>



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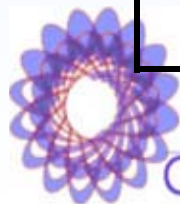


Supports

- Supported Education as an emerging best practice
 - 1) Regular individual contacts with a supported education specialist - the number of contacts being determined by the participant
 - 2) Academic adjustment services: accommodations education, interpersonal skill building, assistive technology, full campus orientation to services and resources, accompaniment to campus-based or community-based resources, services, and meetings, ongoing goal clarification, connection to vocational supports, on-going school logistical aspects such as financial aid, bursar, registration, assistance with drop-out, re-entry process
 - 3) Academic emergency plan: implemented if the student experiences psychiatric problems that may affect their academic performance
 - 4) Staff availability to join the student, at his/her request, in meetings with professors, family, or others who are critical to the student's academic success.
- Supported Education Programs
 - Mobile, mental health agency-based
 - College/University-based (UI model)

Circles of Support Approach: To what extent was each support valuable in your academic experience?

Support	% Very/Extremely Valuable
Family	36%
Friends	35%
Teacher/Professor	30%
Psychologist/Psychiatrist	38%
Rehabilitation Services	12% (47% reported “Does not apply”)
On-campus MH services	14% (34% reported “Does not apply”)



Addressing Discrimination In the Workplace

- “Open-Minds, Open Doors” (Pennsylvania Mental Health Association)
- Develop reciprocal relationships and social capital with business community (e.g., boards, Chambers of Commerce)
- Promote disability hiring incentives

Entitlements



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Effectively Disseminating Information about Policy Changes

- Effectively disseminating information about policy changes to providers and consumers
- Overcoming fears

SSA and Health Care Reform

- SSA policy change
 - Quick re-establishment of SSI/SSDI
- Health care policy
 - Separating healthcare benefits from entitlement enrollment