SCHOOL AND WORK TRAJECTORIES OF YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS

Transitions to Adulthood Center for Research
Implementation Science and Practice Advances Research Center
Department of Psychiatry
University of Massachusetts Medical School

Emma Pici-D’Ottavio, B.A.
Kathryn Sabella, Ph.D.
Laura Golden, B.A.
The Learning & Working Center at Transitions ACR is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center. Visit us at:

http://www.umassmed.edu/TransitionsACR

Transitions ACR incorporates Participatory Action Research with young adults with lived experience in the design, conduct and interpretation of research and knowledge translation activities.

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Presentation Objectives

1. Introduce qualitative study of young adults (ages 22-30) with mental health conditions

2. Present themes on employment and education experiences
INTRODUCTION
Young Adulthood: A Critical Time

• Young adulthood is a time for establishing a foundation for an adult working life.

• Young adults with serious mental health conditions (SMHC) often have poor outcomes with school and work
  • Lower rates of high school graduation and enrollment in post-secondary education
  • Lower rates of employment
  • Additional challenges (e.g., justice system involvement, co-occurring disorders, homelessness)

(e.g., Davis and Vander Stoep, 1997; Newman, et al., 2011; Waghorn, et al., 2009; Vander Stoep, et al., 2000)
Research Objectives

- Research is lacking first-person narratives that could invaluably inform services and supports.
- Explore *how* young adults with SMHC navigate employment, education, and training activities.
Methods
Methods and Procedure

- Eligibility Criteria
  - 22-30 years
  - Diagnosed with at least one mental health condition
  - Reported significant treatment or disruption due to SMHC (e.g., inpatient hospitalization)
  - Some school and work history

- One-time, 90-minute qualitative interviews (N=61)
  - Education, training, and work experiences
  - Mental health experiences
  - Other life events (e.g., homelessness, parenting)

- Interviews were audio-recorded, transcribed
  - Coded using Dedoose software
DESCRIPTION OF SAMPLE

(N=61)
## Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>62%</td>
</tr>
<tr>
<td>Male</td>
<td>36%</td>
</tr>
<tr>
<td>Transgender</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>77%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>12%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hispanic or Latino/a</td>
<td>88%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>12%</td>
</tr>
</tbody>
</table>

- 19 (31%) are parents

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>27</td>
</tr>
<tr>
<td>Range</td>
<td>22-30</td>
</tr>
</tbody>
</table>
# Mental Health Diagnoses

## Diagnoses Reported

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>74%</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>62%</td>
</tr>
<tr>
<td>PTSD</td>
<td>43%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>41%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>13%</td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>11%</td>
</tr>
<tr>
<td>Eating Disorder</td>
<td>11%</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>8%</td>
</tr>
<tr>
<td>Other (e.g., substance use disorders)</td>
<td>10%</td>
</tr>
</tbody>
</table>

## Co-occurring Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>20%</td>
</tr>
<tr>
<td>Autism</td>
<td>13%</td>
</tr>
<tr>
<td>Learning Disorder</td>
<td>7%</td>
</tr>
</tbody>
</table>

## Age of 1st Diagnosis

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;16 years</td>
<td>67%</td>
</tr>
<tr>
<td>16-21 years</td>
<td>30%</td>
</tr>
<tr>
<td>22-30 years</td>
<td>3%</td>
</tr>
</tbody>
</table>
### Employment or Education Status

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed (part time or full time)</td>
<td>29</td>
<td>47%</td>
</tr>
<tr>
<td>Not in school or work</td>
<td>25</td>
<td>41%</td>
</tr>
<tr>
<td>School or training (primarily)</td>
<td>7</td>
<td>12%</td>
</tr>
</tbody>
</table>
QUALITATIVE FINDINGS
Patterns of School and Work

School
- Non-linear (*multiple starts and stops*)
- Lack of motivation or direction
- Accrued student debt (*without degree*)
- Training and Certifications

Work
- Service or retail jobs
- Short duration or sizable gaps
- Limited growth
- “Trying out” different career paths
Benefits of School and Work

- Many expressed how work and school contributed to their **self-perception** and **emotional well-being**
  - Feelings of pride and self-worth
  - Builds confidence
  - Instills hope

“It helped me to grow… to see the person I should be and will be later.”

- Social benefits

“It also helped me be more friendlier to people that I don’t know and be more confident and outgoing because I’m around all these people.”
Mental Health Challenges

- Social anxiety
- Stress or anxiety related to job tasks
- Medication side effects
- Substance use

“I’d be kind of hungover going to work. And once it wore off, then I would have the anxiety and depression kick in. So it made it a lot harder to do a full day of work.”

- Attendance is a major challenge

“I couldn’t bring myself to class when I really felt like, you know, I wanted to hurt myself or I didn’t care anymore. So any class that was based on attendance, I really struggled in.”
Use of Formal Accommodations

• College Accommodations
  • Most chose not to formally disclose
  • “Non-traditional” accommodations sometimes helpful
    “I have bad insomnia and can’t commit to early morning classes. [Disability Services] made sure that I would get into classes that took place in the afternoon. I was put on a high priority list. That way I could set myself up for success in the best way possible.”

• Work Accommodations were Uncommon
  • Job requirements perceived as less flexible
  • Fear of discrimination
    “I feel like that would’ve disqualified me for a job, or they wouldn’t want to hire someone with a mental health condition.”
Leave of Absence

• Leaves of absences were utilized fairly often during both school and work

• Challenges
  • Difficult process to navigate
  • Isolating (e.g., away from social interaction)
  • Returning from leave

  “I really had to fight them to come back. I had several friends who dropped out because that was just too difficult a process to go through. So, they very much discouraged students with serious mental health issues from coming back.”

• Strong familial supports were helpful for this process

  “Maybe with enough support or with a good support system, it’s possible to kind of integrate having mental illness and be able to carry on a normal life.”
Flexibility and Supports

• Flexible schedule or hours
• Able to take breaks
• Independence

“A relaxed atmosphere for a job really helped. I knew if I needed a break, I could go take it. If I needed just a moment to calm down, I had that. Or if I needed to adjust my hours, you know there were things in place for me to be able to do that. And that was helpful.”

• Supportive supervisors and instructors

“Having an employer like that is so helpful when you have a mental illness. You don’t have to feel like you’re being judged. You’re just being helped so that you can do your job.”
Conclusions
Conclusions and Implications

• School and work patterns:
  • Low-paying, short-lived jobs with limited career growth
  • Attempts at college resulted in few credits earned & debt
  • Success in vocational training

• Potential facilitators to success include:
  • Supportive supervisors or instructors
  • Flexibility
  • Disclosure/Accommodations
Thank You!

Contact us at… Emma.PiciDOttavio@umassmed.edu, Kathryn.Sabella@umassmed.edu, Laura.Golden@umassmed.edu

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