Transitions RTC

The Learning & Working During the Transition to Adulthood Rehabilitation Research & Training Center

Transitions RTC

Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying 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, Dept of Psychiatry, Center for Mental Health Services Research. Visit us at:

http://labs.umassmed.edu/TransitionsRTC

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University of Massachusetts Medical School

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A Life in the Community for Everyone SAMHSA Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services

Transition age youth and young adult (TAYYA) men and women with serious mental health conditions and Vocational Rehabilitation

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Maryann Davis, PhD, Director

Goals of the talk:

- To discuss employment disparities for young adults with serious mental health conditions (SMHC) and the role of vocational supports
- To describe what appeals to young adults with SMHC in vocational support programs
- To discuss social and cultural aspects in using vocational supports for young adults with SMHC
- To discuss recommendations for programmatic adaptations of vocational support programs for Latino and non-Latino young adults with SMHC

Background

- the current employment rate for all adults with psychiatric disability is 22-25%
- 70% of unemployed adults with a serious mental health condition (SMHC) want to work.

- Job placement services make the biggest difference between working and not working for individuals with a SMHC (Rosenthal, Dalton and Gervey 2008).

- Multiple different models
  - Vocational Rehabilitation (VR),
  - Individual Placement and Support (IPS)
  - Clubhouse employment supports.

Young Adult, Employment, and Mental Health Study (YAES)

- focuses on addressing employment disparities of young adults with a SMHC
- examining their own experiences with three widely disseminated vocational support programs (Clubhouses, Individual Placement Supports, and state Vocational Rehabilitation services).

- particular attention to Latino TAYYA who are at high risk compared to their white counterparts for
  - high unemployment
  - low educational attainment.

Significance

Knowledge gained through this study will improve our understanding of what young adults need in a vocational support program. It will also provide information for the design of the next iteration of culturally informed vocational support programs that will more effectively target at-risk youth and young adults with a SMHC while successfully retaining them in vocational support services.

Research Study Goals

The research study will focus on three main goals:

- Identify common factors that appeal to Latino and non-Latino young adults across the three established vocational support programs
- Identify cultural, developmental, and contextual common factors that facilitate participation in vocational programs
- Identify factors from goals 1 and 2 that differentiate Latino and non-Latino TAYYA

Methods

- A one-time, one-hour semi-structured interview
- 135 TAYYAs between the ages of 18 and 30
- In the past or are currently using employment supports through clubhouses, IPS programs, or standard state VR services in Central MA
- 1/3 Latino of the 135 participants equal men and women
- Interviews conducted by young adults with lived experience

Participatory Action Research

This study embraces Participatory Action Research (PAR) in principle and in practice by:

- Incorporating a partnership with Transition Age Youth and Young Adults (TAYYA) in the entire research process (developing the interview guide, conducting the interviews, screening participants, weekly meetings, data analysis and report writing)

- Employs the services of consultant Jon Delman who works with the TAYYA in research training activities including the nature of the Center grant, research and policy.

Preliminary Findings

Table 1. Demographics

TOTAL NUMBER OF PARTICPANTS	49
Male	55%
Female	45%
Age Range	18-30
Average Age	22.65
ETHNICITY	
White (non-Hispanic)	67%
Hispanic	16%
American Indian/Alaska Native	12%
Black/African American	2%
Asian/Pacific Islander	0%
Other (Did Not Know)	2%

LANGUAGE SPOKEN MOST OF THE TIME	
English Only	88%
Both English & Spanish	10%
Both English & Other (German)	2%
Spanish Only	0%
MARITAL STATUS	
Never Married	86%
Married	10%
Living as Married	2%
Separated	0%
Divorced	2%
Widowed	0%

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Table 1. Demographics cont…

DIAGNOSIS: CO MORBIDITY HIGH	
Participants w/1 Diagnosis	39%
Participants w/2 Diagnoses	43%
Participants w/3 Diagnoses	6%
Participants w/4 Diagnoses	12%
Bipolar	63%
Depression	51%
Anxiety	39%
Schizophrenia	27%
Schizo-Affective	6%
Others	5%

PHYSICIAN PRESCRIBED PSYCHIATRIC MEDICATION	
Yes	96%
No	2%
No Answer	2%
CURRENTLY TAKING MEDICATION	
Yes	88%
No	12%
HOSPITALIZED W/THIS DISORDER	
Yes	80%
No	20%

What are young adults saying?….

It should not be assumed that individuals in this photo have a mental health condition

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Preliminary Findings

Qualitative Data

- Vocational Rehabilitation program features such as staff and peer support, *educational supports*, goal setting, job skills training (resume building, communication skills, interviewing skills) – main themes coders agreed on

- In general, Vocational Rehabilitation features such as focus on menial jobs (low skill jobs), temporary employment, staff turnover, staff/client boundaries, and fast pace does not appeal to young adult consumers

- Having a job symbolizes social and economic independence and contribution to society

- The majority of young adults work part time, service type jobs and earn minimum wage

Preliminary Findings

Qualitative Data

- The process of looking for work is hard and difficult
- Mental health and lack of GED, higher education and *transportation* are the biggest barriers to employment for all young adults
- For Latinos, socioeconomic status, social environment, language, and stigma impact their experience with vocational supports.
- The role of family in vocational support programs is mixed

Having a job symbolizes social and economic independence and contribution to society to young adult consumers

- "A chance to prove that some of the naysayers out there are wrong. People that say, it can't be done, that people with mental illnesses can't do certain things. It's also a chance for me to be **financially self reliant**. It gives me a chance to put money in my pocket so I can go and do things without having to worry about the {you know the stores or the money } or any of that. What's there and what's not there?"

- "Uh, a job means to me that I am part of a society where you know, I'm working for a living you know, I'm doing what I need to do to help make someplace maybe better you know, keep it going, keeping things in order. So I feel working for me is very important to me and also the world cause I'm **part of the society** and helping them do things."

Vocational Rehabilitation program features such as supportive environment, educational supports, guide through goals, job skills training, involvement of mental health counselor and temporary employment (employee fills in for you) appeals to young adult consumers.

Supportive environment

- "It's very straight forward, very honest. Nobody tried to hide anything here. We work together and um, that people understand that you have an illness but that it doesn't have to hold you back and that it doesn't have to dominate your life and you **don't have to be treated like you have an illness.** Almost like the illness isn't important in a sense because we are all in the same boat, we are all people together. Some of us just have different challenges than others."
- "What I like about this program is that its kind of, it's not like every other, it's not like every other, it's not your traditional mental health program. It's not clinical. People aren't asking you "have you been taking your meds?" People aren't correcting your behaviors. Um people tend to notice your **positives**, people tend to notice my differences in a more positive sense than in a negative sense."

Vocational Rehabilitation program features such as **staff and peer support**, educational supports, guide through goals, job skills training, involvement of mental health counselor and temporary employment (employee fills in for you) appeals to young adult consumers. cont'd

"They help me with a lot. I got my permit, I did housing paperwork. I learned a lot about myself. My vocabulary is different. I speak more with respect and as an adult. I know that if I have a problem I can call them. If they're not around, they always give out the hotline numbers. Um, I know that if something comes up they're **there for me like a family**, you know."

Vocational Rehabilitation program features such as staff and peer support, *educational supports*, **goal setting**, job skills training, involvement of mental health counselor, and temporary employment (employee fills in for you) appeals to young adult consumers

- "My plan, I'll tell you my **whole plan**. My plan is to finish high school now, my last year and then right after high school, in the time that I'll be finishing high school and going into college, they're going to try to fit in as many as um, trainings as I can do so when I go to college I'll be prepared, you know like time budgeting, money budgeting. Um, networking skills, you know how take notes, how to look at situations and say 'hey do I want to do this or do I want to do that.' Like we have a whole goal sheet, it's a really long goal sheet…"

In general, some programmatic features such as focus rules, few young adults, and temporary aspect of temporary employment does not appeal to young adult s

- "…it's only temporary job, it's just sad, it's disappointing to like, to know it's kind of a tease you know, cause like you go in and you like the job and then it ends, but um, it's still a good experience and it still made me feel good about myself…but there's not reason why a temporary job couldn't be a good step "

The process of looking for work is hard and difficult

"Uh, like some of the jobs I applied for, tried to apply for that is, in the past have been kind of long and stuff, like they have, at Y-Mart they have those computer things that you type on. I couldn't sit there for that long and I couldn't go through the whole thing. And I got the **application** through and then they had this huge assessment thing that was like forty something pages long, five questions on each page and it was **overwhelming** for me."

"Its hurts but after being **shut down** so many times you learn how to compose from it and you just bounce right back up and continue going. Just cause one person says no doesn't mean the next person's going to say no."

Mental health and lack of GED, higher education and transportation are the biggest barriers to employment

"What's probably gotten in my way from getting a job usually is I have a very rocky work history because I've been hospitalized a lot. I think keeping a job, I think, I think one reason that's kept me from keeping a job is not having enough support at work. Um, I think a lot of times in the past I've had jobs I was not doing very well so I think that was a big part of it is, not being, having a **control over my mental illness**."

"Um, for me the biggest challenge would be uh, lack of what I need for **education**. Like I would like to be a teacher but I can't do that until I go to college. So that's been like, I think for school hasn't been a problem but it's been something that I've been pretty anxious about wanting to start but I have to um, take my SAT's first. But I just kind of get discouraged from time to time because I think that I should be in school right now, but I do realize that I have plenty of time to go back and…"

Social and cultural consideration in Psychiatric Rehabilitation Programs (Latino/a young adults) (**Socioeconomic status, Social Environment. Language, Stigma**)

Socioeconomic status (social networking)

– "…the lines, these lines are city lines, so that each ring is a step outside of the city…so if you live in a poor community you're bound to go to a poor school which can't afford you know a lot of books you want, athletic program….instruments for music…so then you're bound to get a poor job……..you have gangs, you have you know STDs that keeps you in the poverty circle, you have drugs…there aren't any programs you can go to….program X creates outskirts…you create highways for yourself…"

Stigma:

- "Oh yea, yea…like people be like 'oh, he's probably on SSI or something," which I'm not and I wouldn't to take that road. I wouldn't ever want to be on SSI…So they think just because you have a mental illness…It makes me feel bad because I know my mother was on welfare and stuff like that, but I wouldn't want to like, that no the road I want to go through."

Social and cultural consideration in Psychiatric Rehabilitation Programs (Latino/a young adults) (**Socioeconomic status, Social Environment. Language, Stigma**)

Language:

"More people speaking Spanish because I don't like talking in English…I'm fluent in both but like I don't like talking in English…Cause like I love talking, I love talking in my language because like it makes be feel important about what I am, like showing who I am. When I'm talking in English I be like ya I don't like talking in English. Yea, that's why I hang out with mostly Spanish because I can just talk and talk.."

"I think as far as they should focus on finding job that are only for bilinguals or that like pay more due to the fact that they're bilingual"

"Innovative program – marvel things – more inviting. I know there are festivities, Latino festivals, Centros Las Americas, supermarkets, we could find jobs in those environments."

Social and Cultural Considerations

- The social environment includes the groups in which we affiliate (e.g., race and ethnicity), the neighborhood in which we live, the way our place of work is organized
- Socioeconomic environment can cause: chronic stress, reduce access to resources such as appropriate mental health services, education, recreation, social support, employment opportunities, access to job interviews, reduced social interactions and social networks
- Low socioeconomic environments are characterized by high unemployment, drug use and availability, crime etc.
- Cost availability affects: children's academic achievement and socialization
- Quality of Housing affects: self identity, despondency, depression

Conclusion

- Having a job symbolizes social and economic independence and contribution to society
- Vocational Rehabilitation program features such as staff and peer support, *educational supports*, goal directed, job skills training, and involvement of mental health counselor appeals to young adult consumers
- The process of looking for work is hard and difficult
- Mental health, lack of GED or higher education and *transportation* are the biggest barriers to employment for all young adults
- For Latinos, socioeconomic status, social environment, language, and stigma impact their experience with vocational supports.

Recommendations

- Post secondary education is vital to develop skills and credentials to be employed – supported education. *Supported Education (SEd)* is an emerging evidence–based practice that has successfully addressed these kinds of challenges for civilians with serious mental illnesses but not readily available in all programs.
- Provide social networking opportunities (e.g., career fairs, social gatherings)
- Strategies to improve coordination of relevant state agencies (e.g., education, housing, employment, transportation)
- Interventions must provide ongoing support when needed by employees and employers
- Employment initiatives should be developmentally and culturally relevant
- Strength based approaches to vocational supports
- Recovery should be the goal

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What we know: Inequities result in loss of productivity, use of services at a later stage of illness, and health care and social costs to all.

"…I've paid a high price for this elevation of medical treatment and dismissal of ongoing rehabilitation services. I'm here today to tell a story of what didn't have to be in the hopes that, soon, others won't have to count the years lost and wonder who they might have been had they just had the services they needed." Lynn Legere, Psychiatric Rehabilitation Journal, 2007, 30(3): 227-229.