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Work Makes A Difference: Improving Career Outcomes for Youth with Mental Health Challenges

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Session Overview

→ Recognize how youth and young adults with mental health challenges are defined

→ Understand the challenges faced by this population of youth and young adults

→ Learn about evidenced-based models and promising practices to support youth and young adults with mental health challenges

→ Gain knowledge on what partner agencies can do to support youth and young adults with mental health challenges

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Language Matters

IDEA/Special Ed: Emotional or Behavioral Disturbance

Vocational Rehabilitation: DSM mental health disorders, functional implications

Social Security Administration: Mental Disorders
- 5 categories: e.g., neurocognitive disorders; psychotic disorders; intellectual disorders + severity

Other Adult Agencies/Clinical: psychiatric disability/illness
- sub categories: clinical syndromes; personality disorders; psychosocial & environmental problems

Any Mental Illness (AMI) & Severe Mental Illness (SMI)

Comparison across Age Groups
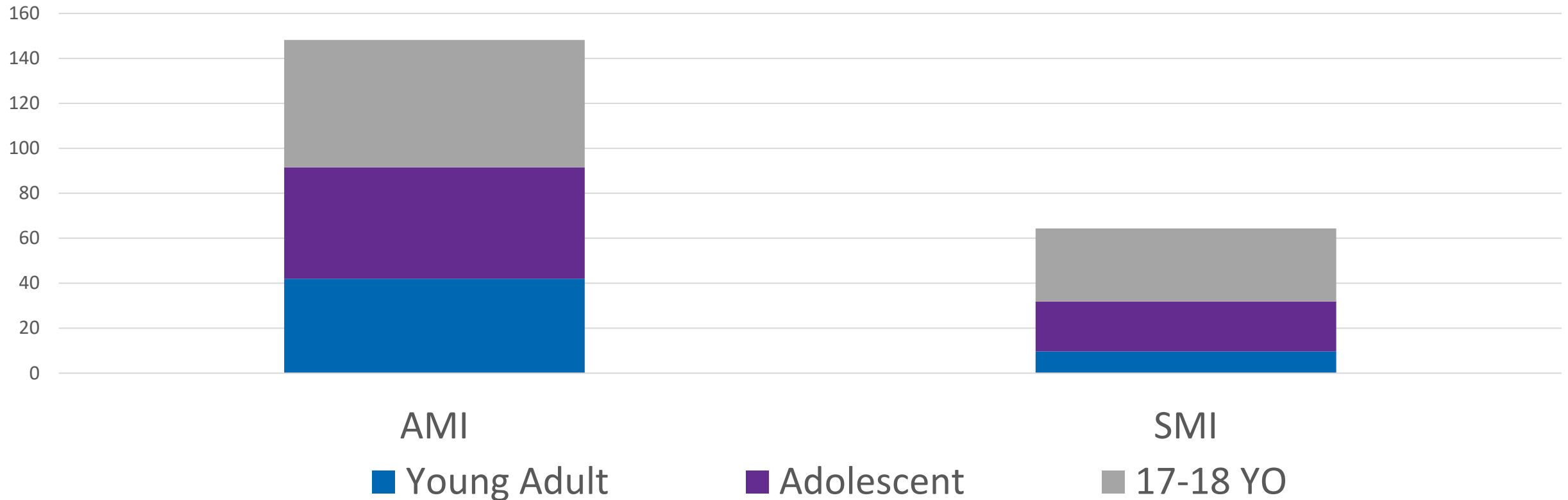
Who are we talking about…

More likely to be:

- male

- African American

- living in poverty

- from single parent households or Foster Care

- from parents with no formal education past HS

- incarcerated (65% of youth in the juvenile justice system)

- be receiving public assistance

- using substances (co-occurring)

Characteristics of MH Disorders and Treatment

→ Onset during adolescence, disrupting academic and career plans and pathways

→ Includes diverse disorders (ADHD, depression, anxiety, psychosis) and co-occurring disorders (e.g., substance use)

→ Fluctuating course of the illness over time

→ Many adolescents prescribed multiple, powerful medications that can interfere with social, emotional, and career development and have adverse side effects

→ Comprehensive early intervention, not just medication

Impact on Education

→ Disproportionate minority representation in ED category

→ Prevalence of MH increases with age in adolescence

→ More academic disruptions/School mobility

→ Identified by teachers as population "least equipped to serve"

→ Often involved in school bullying or fighting

→ Highest drop-out rate (up to 50%)

→ Lower post-secondary enrollment and graduation

Impact on Employment

→ Low employment post HS

→ Short term jobs/ Part-time jobs

→ (less likely to work full-time)

→ Low wages/ low income

→ High rates of under-employment/More service-oriented job

→ 3-5x lower rates of competitive employment compared to people without disabilities

→ Workplace stigma/self-disclosure

→ More gaps in employment history

Barriers

- Disruptions to education (e.g., suspensions)

- Family circumstances (e.g., poverty)

- Social networks (e.g., school mobility)

- Service disconnect (e.g., system fragmentation)

Transition Practices

- ❖ Family engagement

- ❖ Work-based learning

- ❖ Interagency collaboration

- ❖ Self-determination

- ❖ Wrap around services & supports

ALEX

Video Available on YouTube

Evidenced-Based Models

- Individual Placement and Support (IPS)

- Transition to Independence Process (TIP)

- Recovery After Initial Schizophrenia Episode (RAISE)

Key Practices Common Across Models

- Person-centered & Family Engaged

- Empowerment & Recovery

- Interdisciplinary Treatment

- Sustained supports overtime

- Career-focused

- Culturally sensitive

EMPLOYMENT is a KEY FACTOR in RECOVERY

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"Recovery" Means

Recovery in Mental Health is a process that includes:

→ Managing one's illness and making informed healthy choices

→ Engaging in meaningful activities in community settings

→ Having a stable and safe place to live

→ Building relationships and social networks

Individual Placement and Support

→ Rapid competitive integrated employment

→ Zero exclusion

→ Includes educational supports

→ Benefits counseling

→ Intensive engagement strategies

Transition to Independence (TIP)

- Individualized transition planning process

- Transition personnel competency-based training

- Small caseloads/transition case facilitators

- Seven key principles…

TIP Seven Principles

1. Engaging youth through relationship development**, person-centered planning,** & focus on futures

2. Providing **tailored supports** that are accessible, coordinated, & developmentally appropriate

3. Ensuring a **safety net of support** by involving a young person's parents, family members, and other informal and formal key players

4. Focusing on acknowledging and developing **personal choice & social responsibility**

5. Enhancing a person's **competencies**

6. Maintaining an **outcome focus**

7. Involving young people, **parents, and other community partners** in the transition to independence process (TIP) system at the practice, program, and community levels

Recovery After Initial Schizophrenia Episode (RAISE)

- Comprehensive services for young adults with most significant disorders

- Person-centered principles

- Integrating MH and supported employment, including

  - Personalized medication plans

  - Family psychoeducation

  - Resilience-focused therapy

  - Supported employment & education

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Role of Transition Professionals

Youth Needs:	Connect to:
•Exited secondary school/special ed services •Do NOT meet eligibility for adult services •Can access WIOA services •Can access postsec support services	•VR/Pre-employment Transition Services •Workforce Boards, AJCs •PSE disability/accommodation services
•Meet eligibility criteria for severity of disability •Need access to adult services (IPS, psycho-social, SSI determination etc.)	•VR/supported employment •VR and mental health service collaboration teams •Benefits counselors for SSA determinations •Family supports (e.g., NAMI)
•Disconnected Youth - not in school or work •Do NOT meet eligibility criteria for adult services	•Community/youth/church for info & referral •Local agencies that address youth aging out of foster care, homelessness, & substance abuse treatment

Key Engagement Strategies

→ Community-based approach

→ Asset-based approach

→ Interest-driven career assessment

→ No-judgement zone

→ Peer mentors

→ Employer access

→ Career progression

→ Facilitate exit with connection to something

Recommendations

- Early intervention
  - Integrate MH, VR, and other community supports
- Strength-based approach to career focus
- Diversity and multicultural competence
- Empowerment and recovery
- Family engagement
- Integrated resources and supports (mental health, family, housing, employment, education)
  - Facilitate access, funding & supports

Meet Chris...

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Key Resources

→ Bohrs, R., Lawrence, T., & Clark, H.B.R. (2021). Evaluation of outcomes of youth and young adults being served under the Transition to Independence Process (TIP) model by a six agency collaborative. Evidence-0based Social Work, 18(6), 716=737.

→ Bond, G.R., Drake, R.E., & Campbell, K. (2016). Effectiveness of individual placement and supported employment for youth and young adults. Early Intervention in Psychiatry, 10, 300-307.

→ Davis, A., Koroloff, N., Marrone, J., & Davis, M., (2019). Collaboration among vocational rehabilitation and mental health leaders: Supporting the vocational success of TAY with serious mental health challenges. Journal of Vocational Rehabilitation, 56(2), 123-137.

→ Ellison, M.L., Klodnick, R.R., Bond, G.R., et al., (2015). Adapting SE for emerging adults with serious mental health conditions. Journal of Behavioral Health Services and Research, 42, 206-222.

→ Maru, M., Rogers, E.S., Hutchinson, D., & Shappell, H. (2018). An integrated supported employment and education model: Exploratory study of an innovative approach ...Journal of Behavioral Services & Research, 45(3), 489-498..

→ Noel, V.A.,, Oulvey, E., Drake, R.E., & Bond, G., (2017. Barriers to employment for transition-aged youth with developmental and psychiatric disabilities. Administration and Policy in Mental Health, 44, 309-310.

→ Perryman, K., Higgins, K., Hampton, A., & Conroy, J. 2921). Transition services for adolescents with psychiatric disabilities. Education and Training for Autism and DD, 56(3), 268-273.

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