

# TRANSITIONS RTC

THE LEARNING & WORKING  
DURING THE TRANSITION TO ADULTHOOD  
REHABILITATION RESEARCH & TRAINING CENTER

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# 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, Department of Psychiatry, Center for Mental Health Services Research.

Visit us at:

<http://labs.umassmed.edu/transitionsRTC/index.htm>

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# Supporting The Education And Employment Of Transition Aged Youth And Young Adults With Serious Mental Health Conditions: Results from three studies by the Transitions RTC

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# Adapting Supported Employment for Emerging Adults with Serious Mental Health Conditions

by Marsha Langer Ellison



# Thresholds Young Adult Program

- 16-21 year olds with SMHC including trauma
- Residential & Transitional Living
- Community Based
- Founded in TIP Principles
- Transition Cliff to a Slope



# The Model – Based in IPS

## IPS principles :

- **Community based** - work with youth in their homes or communities
- **Place and Train** – gain direct job experience, no pre-vocational assessments
- **TAY Choice** - THEIR interests in job and school, let them take lead on goals
- **Employment Specialists** - will develop jobs, work with employers or behind the scene, provide job coaching
- **Integrated, competitive employment** - typical jobs in the community for typical pay
- **Integration with mental health team**



# The Model – Adaptations to IPS

- Supported Education
- Peer Mentors
- Career Development focus



# Study Design and Goal

- Single group mixed method pre-post feasibility study
- Baseline and 12 month follow-up with participants
- Assessment of:
  - ❖ Implementation
  - ❖ Study Feasibility
  - ❖ Vocational and educational outcomes





# Implementation Lessons

- Separate SE and SEd specialists

- Peer mentors

Boundaries

Turnover

Connection with SE team

- Feasibility: engagement and retention



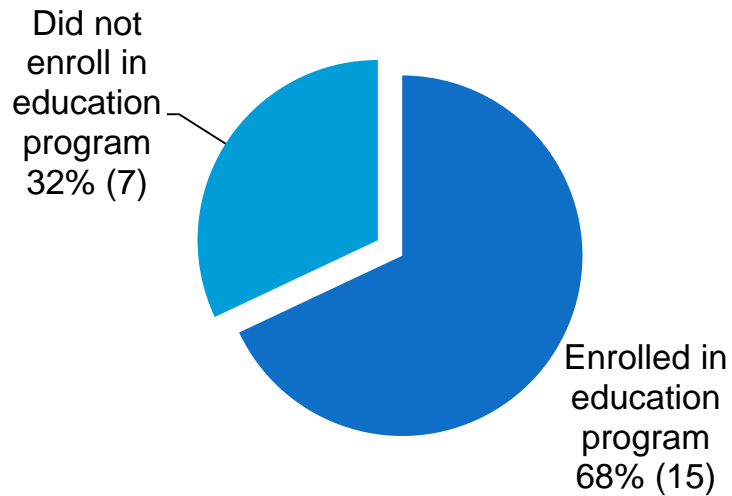
# Outcomes

- Nearly half of study participants worked or enrolled in an education program
- Majority of participants were open to vocational and education services more than 1 time.
- Multiple starts and stops were the result of the TAY trying out work and school and determining what they wanted to pursue.



# Outcomes - Education

22 enrolled in Ed. track



	N	%
Number of Ed. starts	18	100
Number of completions	6	22
1 CPR Certificate		
1 Unarmed security certificate		
2 High School diplomas		
College course completion	2	13
Discontinued program	9	50



# Employment outcomes

- 33 enrolled in employment services
- 24% (N=8) had a job start ; 76% no job starts
- There were 13 job starts and 10 job endings
- Average job tenure was 11 weeks
- Jobs were typically part time and minimum wage
- Most job endings (n=6, 60%) were due to job termination.
- Three maintained employment after the study period



# Conclusions

- Career development for TAY must include both employment and education
- Vocational services for TAY Employment should be more broadly interpreted to include job experimentation and job experience
- Peer mentorship is viable strategy for TAY that merits continued testing



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## Age-Associated Need, Services, and Outcomes of Participants Enrolled in Supported Education: Preliminary Analysis

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# Study Design

- A randomized controlled trial to evaluate the efficacy of a SEd intervention among college students with psychiatric conditions.
- SAMPLE:
  - 187 college students recruited from the New Jersey who are in college or graduate students
    - are between the ages of 18-64;
    - have a DSM-IV Axis-I diagnosis;
    - have not been involved with SEd prior to consent
- DESIGN:
  - Each participant is randomized into either the:
    - Experimental group: individualized, mobile SEd services (information & support)
    - Active Control group: campus services as usual plus one meeting a semester with a SEd provider to provide information (information only)



# Study Design (con't)

- All participants are followed for up to 2 years (5 data points)
  - CSEQ (baseline & final assessment)
  - Educational Barriers
  - Educational Supports
  - Hopkins Symptom Checklist
  - Recovery Assessment Scale
  - Lehman's Quality of Life
- Transcripts & Service Reports are collected throughout study participation.

# Demographic Characteristics (N=187)

Demographic	30 & Under (n= 103)	31 & Over (n=84)
Age (M ± SD)	22 ± 3.2	41.64 ± 7.3
Gender (% female)	65%	61.9%
Receives SSDI***	4%	35.8%
Receives SSI*	7%	17.2%
Use of SE Counselor**	11.7%	36.1%
Employment status (%)	55.8% unemployed, 38.2% PT, 5.8% FT	65% unemployed, 21.6% PT, 13.3% FT
Quality of Life*	4.2 ± 1.1	3.8 ± 1.1

p < .05\*

p < .01\*\*

p < .001\*\*\*

# Clinical Characteristics

Characteristic	30 & Under (n=99)	31 & Over (n=84)
Diagnostic status***	39% major depression, 29% bipolar, 23.2% mood & anxiety, 4% psychotic disorders	25% major depression, 30% bipolar, 15.4% mood & anxiety, 19% psychotic disorders
Age of onset***	16.75 ± 3.8	26 ± 9.9
Ever hospitalized**	47.5% yes	66.2% yes
Age of First Hospitalization***	18.19 ± 3.3	28.05 ± 9.6
No significant difference on: Number of times hospitalized Patterns of Medication Use		

# Academic Characteristics

Academic Characteristics	30 & Under (n=99)			31 & Over (n=84)		
Classification* (%)	Freshman 22.3% Sophomore 35.9% Junior 19.4% Senior 10.7% Graduate 5.8%			Freshman 38.8% Sophomore 17.6% Junior 16.4% Senior 9.4% Graduate 7.1%		
Prior college attempts** (% n times)	0 47%	1-2 41.3%	3+ 11%	0 12%	1-2 44.7%	3+ 36.4%
Parents College***	Neither 28.4%; Yes, Both 42.2%			Neither 61.4%; Yes, Both 13.2%		
Full Time Credit Hours*** (15+ credits)	35.6%			6.0%		
No significant difference on: Number of Hours of Studying/Preparing Use of Disability Services (70% of entire sample do not utilize)						

# Further Data Analysis of Baseline Data

- College Student Experiences Questionnaire
  - Evaluate how younger vs older students experience their campus
    - Estimate of gains
    - Utilization of services/resources
  - Do younger college students with psychiatric conditions experience college differently than their non-diagnosed counterparts?
  - What about older adults?
- Transcript Analysis
  - Do GPAs differ at baseline?

# Conclusions, Thoughts, Discussion?

Thoughts & Collaborators Welcome:  
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# Practical Issues in Implementing Supported Employment with Young Adults: The Perspective of Employment Specialists

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# Employment and Young Adults: Goals

- Supported Employment (SE) developed to provide employment for chronically mentally ill people, often subsequent to long-term state hospital stays
  - typically episodic, part-time, and entry level
- Many young adults with Mental Illness (MI) seek full-time, significant employment careers. Our services should encourage those goals.





# Questions the Study Addresses

How does the employment market for young adults differ from the employment market for older people with a history of chronic mental health conditions?

What are the barriers to full-time employment in career advancing jobs for young adults with serious mental health conditions (SMHCs)?

How might employment programs be improved to facilitate young adult careers?



# IPS and Young Adult Careers

The Evidence-based Practice in employment for people with MI is Individual Placement and Support (IPS). Key features:

1. Open to anyone who wants to work
2. Focus on competitive employment
3. Rapid job search
4. Systematic job development
5. Client preferences guide decisions
6. Individualized long-term supports
7. Integrated with treatment
8. Benefits counseling included

Dartmouth IPS Supportive Employment Center: <http://sites.dartmouth.edu/ips/about-ips/ips-practice-principles/>



# Methods

Intensive semi-structured interviews with:

- 10 employers who have employed people with MI
- 12 employment specialists
- 10 people with MI who have gained full-time employment and gave up Social Security Insurance or Social Security Disability Insurance payments
  - Up to one hour long
  - In person/telephone

This report focuses on employment specialist interviews.



# Some Findings: The Employment Specialists

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# Young Adult Employment Goals

I: *“Do you feel they want careers more? Do they express that they want more of a career than just”*

P: *“**They want something that is meaningful.**”*

Employment Specialist (ES)11

*“And yeah, they do think that they can...go on to college. They can get the career. They can live the “normal” life. So yeah, I mean a lot of them do say I think right **now I can only work at a grocery store but I do want to go to college and I do want to get a career, which is like yay!**”*

ES10





**STIGMA**

**BARRIERS**

**RISK SSI**

**MH SYSTEM  
Scheduling**

# Stigma

*“I’ll be honest, I don’t necessarily market it as a program that helps people with mental illness. I market it as, okay we’re a program that market’s people with disabilities with employment. ... I say well-they have some cognitive challenges or I’ll say mental health challenges.” ES5*

*“Instead of phrasing it that I work for somebody with a disability, I say of varying abilities... You kind of make it sound more normal so that way it doesn’t quite sound as negative.” ES10*



# Mental Health System Scheduling

*“They [clients] do have really full schedules at the [Service], a lot of it is not mandatory but you better be there (laughs) kind of thing. So you start getting into okay IMR is in the middle of Wednesday and the transportation ends at 7 and you know they have DBT group on Thursday and they have therapy once... a week. They have psychiatry once a month. **They start really having some availability problems.**” ES9*





# Advice “Don’t Risk Benefits”

*The biggest barrier is the **support system**... it is such a fear base thing. It is the [service provider]. Parents. It starts in the adolescence. It’s docs and therapists...**don’t risk your benefits**.... They go home and hear what their parents are saying, be careful before you take that you’re going to lose your SSI.” ES1*

*“The pressure that’s being put on young adults by their family, **we see therapists, we see social workers, really telling them don’t risk your benefits**, don’t – you’re too young to do this or start that. Or you’re applying to work at the pizza place, you’re gonna lose your benefits, don’t work there! Wait ‘til you graduate from school.” ES3*



## Advantages of Young Adult Employees

*“...they haven’t picked up a lot of bad habits, they’re still learning, so that’s actually a plus!” ES12*

*“Technology...young adults can run circles around older people with technology and you know that can be a huge plus.” ES3*

## Challenges of Young Adult Employees

*“Lack of skills. I have one young adult...only finished the eighth grade...Lack of education....Substance abuse.” ES5*

*Many...haven’t gone to a traditional school or...had a traditional upbringing so they don’t have ... soft skills that are necessary to have a job. Many of our guys are terrible with scheduling...have impulse problems...learning disabilities, educational deficits. They don’t have the role models. They don’t know what it’s like to work.”*



ES7

# Conclusions

Traditional Job development is largely irrelevant career development for youth due to:

- Online application process
- Centralization of hiring policy
- The jobs that can be developed are entry level only

Many young adults want careers, but need more training and education (Supported Education?)

Rapid placement is particularly important for young adults (perhaps in paid internships or education)

SSI benefits should not be encouraged

New methods of job development are essential.



# Innovative Job Development Strategies

- Coordinated efforts by multiple service providers to reach higher up in the corporate hierarchy.
- Collaboration among various mental health services that provide supported employment i.e., shared known job opportunities and one central job development group was able to speak for all of them and contacted senior managers among the employers.

