

Barriers to Employment

for those with severe mental illness

BOSTON UNIVERSITY

There aren't just economic benefits to employment. For those with severe mental illness (SMI), research shows that work can improve self esteem, lessen psychiatric symptoms, and improve feelings of recovery. (McGurk, et al., 2005) Unfortunately, many of these individuals, who are also on SSDI, want to work, but face multiple barriers. These include: limited access to treatment and supports, fear of losing SSDI benefits, and personal reluctance, which comes from internal fears, misconceptions about SSDI, lack of confidence, external discouragement, and stigma in the workplace. These barriers to employment can be grouped into 6 main categories: lack of engagement, cognitive impairment, deficits in interpersonal function, psychiatric symptoms, deficits in the supported employment system, and workplace discrimination. (Milfort & Paralkar, 2010) Any combination of the above can create a significant stopgap between individuals and the employment they so desire.

Barriers caused by symptoms and lack of interpersonal function

While those with a mental illness have a higher absentee rate, namely when a panic disorder co-occurs with depression, those who suffer from SMI also experience a deficit in interpersonal function due to psychiatric symptoms. (McAlpine & Warner, n.d) For example, psychotic symptoms can interfere with work and work relationships because they can lead to socially inappropriate behavior, paranoid avoidance of other employees, and attention deficits. (McGurk & Mueser 2004) After all, it is difficult to properly finish a job when one is too anxious to ask a supervisor a question. Not surprisingly, a similar issue is seen in those with anxiety disorders. On the other hand, those with affective disorders have a higher job loss rate than their cohorts. (McAlpine & Warner, n.d)

Barriers caused by cognitive impairment and lack of engagement

Cognitive impairments cause a lack of engagement. When it comes to psychiatric illness, cognitive impairments have been found in the following areas :

- attention
- * psychomotor speed
- working and verbal memory
- verbal learning
- executive function (McGurk & Wykes, 2008)

Though these impairments can create complications on any job, i.e. not retaining an assignment from a supervisor, they are even more of a detriment in this highly technological world. Individuals with cognitive impairments often face technologybased difficulties. These difficulties include: anxiety while using technology (i.e. fear of breaking the computer), memory loss (i.e. forgetting how to paste after copying), and loss of attention because of the distractions that come with technology and Internet access (i.e. social networking sites). These issues often prevent individuals from staying focused on the job or getting a grasp on technology altogether, which is often the difference between a lower-paying manual job and higherpaying technology-based job. (Guenther, 2013)

Barriers in Supported Employment

Not everyone benefits from supported employment. Some individuals are never placed while those who are only remain on the payroll for a few months at a time, as these jobs quickly end in the employee quitting, without another job secured, or in termination. (McGurk, et al., 2005) Unfortunately, some individuals with SMI never even see a supported employment site because they have a co-occurring substance abuse disorder and are therefore never referred. This may be because clinicians

- 1. see substance abuse as a barrier to employment
- have other priorities, such as securing housing, over finding these individuals work
- 3. are using referral to a supported employment sites as a reward for success in treatment (Frounfelker, et al, 2011)

Barriers caused by the workplace

The most common barriers are:

- Stigma associated with each illness
- * reluctance to hire the mentally ill
- lack of accommodations caused by little understanding of the ADA (McAlpine & Warner, n.d)
- low expectations of mentally ill workers (Kregel, 1997)

References

Frounfelker, Rochelle L., Wilkniss, Sandra M., Bond, Gary R., Devitt, Timothy S., Drake, Robert E. (2011). Enrollment in Supported Employment Services for clients with a cooccurring disorder. *Psychiatric Services*, 545-547.

Guenther, Matt. July 2013. Personal Interview.

Kregel, John. (1997). Supported Employment. *Remedial and Special Education*, 194-196.

McAlpine, Donna D. & Warner, Lynn. (No date). Barriers to Employment among Persons with Mental Illness: A Review of Literature.

McGurk, Susan R. & Mueser, Kim T. (2004). Cognitive functioning, symptoms, and work: a review and heuristic model. *Schizophrenia Research*, 147-173.

McGurk, Susan R. & Wykes, Til. (2008). Cognitive Remediation and Vocational Rehabilitation. *Psychiatric Rehabilitation Journal*. 350-359.

- McGurk, Susan R., Mueser, Kim T., Pascaris, Alysia. (2005). Cognitive training and supported employment for persons with severe mental illness. *Schizophrenia Bulletin*, 898-909.
- Milfort, Roline & Paralkar. Shree. (2010). Barriers to employment for people with mental illness. Power Point Presentation.

The Center for Psychiatric Rehabilitation, College of Health & Rehabilitation Sciences: Sargent College, is partially funded by the <u>National Institute</u> <u>on Disability and Rehabilitation Re-</u> <u>search</u> and the <u>Center for Mental</u> <u>Health Services, Substance Abuse and</u> <u>Mental Health Services Administra-</u> <u>tion</u>.