Ask Me Anything About “Doing the Right Thing in Mental Health Services: Tackling Long Term Unemployment" with guest expert Joe Marrone.

This call is being recorded.

Lisa Krystynak:

All right. Very good. Well, good afternoon, everybody, and welcome to Ask Me Anything about employment, um, with our very well known and loved expert, Mr. Joe Murano. And we're so glad he marina. We are so glad he is here with us today. And, um, he is such a joy. Uh, I haven't known him long. I've just been with Boston University for a very short time, but he, um, warmed me welcomely and, uh, made me feel right at home. So, I'm so glad to be doing this, a MA with him today. My name is Lisa Krasna, and I'll be your moderator today for a MA and Amanda Lowe. Uh, she'll be our great tech person. They'll help us through all the issues that we hopefully won't have today. Uh, today's event is funded by, uh, leer. You'll see that on your screen. Um, that's the National Institute on Disability Independent Living and Rehabilitation Research. This webinar is not a presentation, but it's rather an interactive question and answer period. So, for the next hour, Joe will respond to any questions you have related to our topic today. And the title of a MA today is doing the Right Thing in Mental Health Services, tackling long-term unemployment. Great topic today. And Joe is just the one to ask questions to. So, for today, for today, I am going to introduce Joe and give him a moment to, uh, expand on our topic. Um, then we're going to take some questions. Uh, so just remember as you think of things as they come up, just put 'me in the chat and, um, we'll be getting those to Joe. I'll be asking Joe your questions, uh, once he gets to that place in, in a MA. Um, so let's get started. So, Joe has over four decades of experience in rehabilitation services, showcasing a remarkable career dedicated to this field. And so many of you that are on here today know him very well because of this. Currently serving as a contracted consultant and program director for an online technical assistant project at Boston University, rehabilitation research and training center on mental health and employment. Joe brings his wealth of exp expertise to this role Throughout his career. Joe has been deeply involved in numerous long-term employment and supportive employment training grants, showcasing his unwavering commitment to advancing opportunities within this field of employment. Joe, we're excited to have you on here with us today. So please step in and share your opening thoughts and, um, anything that you wanna get us started with today, <laugh>, and we'll start with all the great questions.

Joe Marrone:

Thank you. Thank you, Lisa. Hello, everybody. Um, whenever people read like Lisa from the kind of the formal bio, you know, and I listened to it. I sit back and I think after listening to it, I'm surprised anybody ever divorced me, but, uh, <laugh>, at any rate, so I played better from a distance. I also should mention, which Lisa didn't mention yesterday was my birthday. So that was good. So, I went out. So, I, I was trying to be a little better than I usually am. So, to be in peak condition for this, um, let me just mention a few things to start before getting into the questions. And, um, we had a few people who sent questions beforehand. Uh, but hopefully you folks will have either comments on things I say or questions yourself then, and I'll try to keep an eye on the chat, but maybe Lisa and Amanda will be, um, keeping an eye on tum, I, whenever we do these sort of, um, general webinar things on a, on a topic, well, in this case employment, but almost anything concrete, I always have to start with, um, a disclaimer. As anybody on this webinar knows, everybody's their own little world, you know, everybody's got their own story. Everybody's got their own issues, their own environment they function in. So never, you talk about general things, you never get to the meat of the issue. So, I, I guess we we're going to try to be as specific as I can, but the reality is, very rarely will you hear anything generally that you can apply specifically and get all your questions answered for your own life. Like, I'm on social security, what should I do? Or, uh, I just got fired and I think I've been discriminated against. What should I do? You know, there's certainly some general kinds of things, but you know, to the extent I can, I'll try to answer, or, or Lisa or Amanda May chime in specific things. But I guess that just needs to be the, the, um, the context for doing any of this general thing. I just wanna mention sort of, um, I guess three things that, that frame, if you will, any of the specific answers I might have. Uh, one for those, I know I see a few names that are familiar on the, uh, chat list and, uh, not a lot of 'me, but those who know me have heard this. But I'll, I'll mention it to everybody just to be very, um, uh, uh, broad with, and there are a lot of manifestations of it. Lemme just say very broadly, when I think about employment and people with, with psychiatric disabilities or people with a label of mental illness, my basic construct is, I think work is a responsibility, not just an option for people, not just for people with disabilities, but including people with disabilities. So, part of how I frame any of my answers is I think work is a part and parcel of recovery, recognizing that there are a lot of reasons why that doesn't happen all the time, but at a simple level. But start with, I believe people should work, not just should be given the option to work, not just should be able to choose work if they so desire, but people should work. Part of the reason. The second thing, part of the reason I believe that, uh, a lot of you, uh, particularly over the last 10 years or so have heard this phrase, social determinants of health, which basically talks about health is not just a physical manifestation or a or, or a psychological manifestation, but it interacts with environmental factors like your living situation, your social situation, your, your, uh, uh, uh, relationship situation. So, uh, when I think about social determinants of health, one of the things I've done over the years is I, I, uh, keep a running list of, of information that's been in the literature about how does being unemployed affect a person's physical and mental health as one aspect of social determinants of health. And one of the factors that basically I've seen from literature going back to 1938, to what are we 2 20 24 now, is that long-term unemployment has an amazingly deleterious poor effect on a person's physical and mental health, even without any kind of preexisting physical or psychiatric problem. There are a few things worse for your physical or psychological health than being un unemployed a long time. Now, that's true because of factors like unemployment is connected to issues like, um, uh, poverty. Obviously, it's connected to issues like lack of opportunities for social relationships. So, it's a complex issue, not just working or not, but one of the things that strikes me in mental health is how little attention is paid to long-term unemployment as a major risk factor. Even with all the emphasis that most of you have probably heard about and know about, like individual placement and support IPS is being an evidence-based practice. Even a lot of clubhouses, not all clubhouses, but even clubhouses that have been to existence since the fifties with Fountain House, a place like Fountain House and a few other ones around the country have very strong employment programs, but yet there is very low emphasis on the impact of long-term unemployment and helping people get out of that state of long-term unemployment as a way to better health. And finally, as, as sort of the, the, the, uh, manifest, or let me say the, the, the context for, for those stride and opinions I have and those direct opinions I have is that when you are a helper, when you are a staff person or even a peer supporter, basically working with anyone who comes to you for some kind of help, your responsibility is to influence people, not direct people. So, when I say people should work, I don't mean that as a way of saying kick everybody in the rear end and saying, get out there and get a job. That’s not the point of helping someone. The point of helping someone is to be able to try to influence them in ways that, that help them move ahead in their lives. I had some feedback once on, uh, I was presenting at a, uh, consumer conference a few years ago, and I was doing my bit about people should work. And, uh, one person raised their hand and said, I don't think it's your job to influence people. Your job is just to listen to people. Well, that's, that's not the job of any helping relationship to just listen. Listening is a technique, but your I'm, unless you're there to try to influence people in a positive way, you're not doing your job. So that's kind of the context for any of the specific questions. So, once again, I'll get to some of the stuff we heard beforehand, but please type in the chat. Um, any questions you might have that I'll, and Lisa and Amanda will keep an eye on it. Um, I'm just going to go down the list of what I had. Um, well, let me mention two things because two things that came up with the questions that, uh, I'm going to tell you right now. I can't give you a very good answer to. We had one question having to do with the difficulty of getting back to work without endangering your SSDI. And one of the questions was, uh, do people know that's an issue? And the simple answer, yes, that's a national issue, and there's a reason why there's different, uh, work rules attached to someone being on SSDI, which essentially means you've worked before and now you're disabled. So, you're collecting money based on social security, disability insurance, and SSI, which generally means you haven't worked enough to get disability insurance. So, this is much more of a, uh, a social welfare benefit for people who have disabilities or older folks. There are, there, there's some political issues with that. But the real issue is that even though they're both called Social Security checks, they come out of different pot of money. SSDI, because the, I stand for insurance, in fact, out of an insurance, actuarily based SSI comes out of a separate, uh, uh, basically congressional budget line item out of Social Security funds. So, they come out of two different funding streams. And you can't just say, let's make the rules the same for each, because the financial rules dictate some of it. There are obviously some changes that can be made. And there has been a lot of talk about, uh, using like disability ratings on SSDI, that is like the veterans, uh, affairs. When you get disability through Veterans Affairs, you get like a partial rating, like 20%, 10%, 50%, which has its own issues. But right now, it's a national issue to answer one of the questions. Yes. And it's a common problem. Now, the ways around that, or at least ways of ameliorating that using, um, benefits planning. Uh, some states have gotten more heavily into, uh, online benefits planning to help people directly, uh, the most common one used, although it's very expensive for a state to implement, it's called DB 1 0 1, uh, uh, developed outtalk California, but it's in a lot of states now. But cl clearly, it's a common issue. There's no simple answer. Um, the other issue that's come up everywhere is, do you have any suggestions about transportation? The simple answer is no. The reason for that is transportation is the number one barrier that people identify. They're getting back to work, whether they live in New York City or they live in Eastern Montana. Obviously, the transportation context is very different in both. New York City has a ton of transportation, and Eastern Montana has very little or none. But the reason is your, your transportation context influences your expectations. So, if I'm in New York City, one of the barriers sometimes to working with a person about getting to a certain job is someone says, I don't wanna take that line because I don't want to go through that station, or I don't wanna take that bus line, or I don't wanna make two connections, even though they exist. Whereas if you're in Eastern Montana, it's, I'd have 20 miles from the place I need to get to work, and there's no public transit and my car doesn't work. Now, some states have, have, um, options to help people in rural areas, not just people with disabilities, but poor people purchase vehicles and get maintenance on vehicles. Vocational rehabilitation has some ways of assisting with that, although there, they're not adequate to the, the needs of keeping a well-maintained newer vehicle in place. People try things like ride sharing, uh, uh, carpooling, uh, using volunteers from church or community groups, but there's no simple answer to transportation. And, uh, there are some federal grants for what's called reverse transportation. That is most transportation networks where they exist are to moving people from suburban areas into urban pods of work. Whereas a lot of, uh, employment nowadays when you must be physically present is the opposite. It's people moving from centralized areas to less, uh, more rural areas or, or more likely suburban areas. So, there have been federal grants over the years about what's called reverse transportation, uh, helping people get to areas where, where transportation exists, it's haphazard or it stops because people are working too late. But there's no simple answer for that. Now, to some extent, currently the, the greater acceptance of things like telecommuting helps a little bit with that. But not all, excuse me, not all jobs can be done that way. Uh, that also carries other issues having to do with social isolation, having to do with having adequate, uh, internet access, having to do with an adequate equipment. But let me just say that both transportation and social security issues are similar in this way, in that there's no general solution to the issue. Each issue must be dealt with very individually at a micro level. So, you know, in, in the chat if people have specific kind of issues around particularly transportation, maybe we could brainstorm a little bit. But it's not going to be anything that that's going to solve every problem. So, I just wanna lay those out. Uh, I wanna go down the list of questions we got from a, a, a, a couple of people and see what I could do. Uh, one person asked What approach should be taken when a consumer, excuse me, tells you that therapist, social worker or lawyer tells them they're unable to work? First, this is a, um, I'd say it's becoming less common, but it's been a common problem. Uh, often there, there, there's, um, there has been an issue that when a person wants to try working who's been out of the workforce for a while and they have some kind of psychiatric disability, a therapist or a helper or a social worker might out of a really, a concern for the person might be worrying about the per people might be saying, do you wanna put yourself in that stressful situation or do you think you are well enough? Now you don't wanna go backwards. And often that issue comes out of genuine concern. Sometimes it comes out of concern from the helper saying, oh my Lord, if this person says they wanna get a job and they want my help, I don't have the slightest idea to help. And rather than saying that, I might suggest 'me to go a little slower. Let me say what one change I've seen over the last 30 or so years, 40 years really is 40 years ago I wrote an article called, uh, if you think Work is bad for people with mental illness, what about poverty, unemployment, or social isolation? Because 30, 40 years ago, if a person said, I'd like some help on getting back to work, often the helping person, the therapeutic person, would tell them to be much more cautious and worry about stressing themselves out too much. I see that a little bit less now. So, what I see now is not so much a person saying, um, I want a job. And the helping person saying, don't do that as much as a person not raising the issue themselves and not getting encouragement from the helping person to move ahead to, to even consider employment. Because the downside of long-term unemployment, as I said, is very, uh, negative for people to both physical and mental health. But if it does occur that you are dealing with a person and the person says they wanna work or they've been telling you they wanna work, but the person they rely on for, for moral or, or psychiatric support is discouraging them. I mean, there's a few things you can do. Number one, I think the most important point is the person themselves to say, you know, what do you think? What's your role in this? It's not the job of anybody else to run your life. It's the job of other people helping you to give you some ideas to give you their best opinion. But, uh, let's not make your whole life determine about what other people think. So, I would really start with working with the person to talk about where does work fit in their role in their life. I would not start with the idea of let's get a group of people together and argue about work in front of the person. I don't have a particular problem with that. I'm just saying it's, it, it's putting the cart before the horse because the decision about any important choice in their life, including employment, must be the person. So really must start in whatever role you are with the person about, well, why are you interested in working? What do you get out of it? What kind of feedback are you getting from these people that you say is discouraging you? Why is it discouraging you? What led to them saying that? So really start very much with the person. I do think at some point, if there does, if there is in fact a professional argument, the argument between, because often people have, have several people helping them, which on one hand is good, is sometimes confusing for people. I do not have a problem with what's called giving people mixed messages. I do not have a problem with being honest, dealing with the person saying, I and social worker x, therapist X have different views about the importance of work in your life when you say you wanna work. So, let's talk about that. If you think it'd be helpful to have a meeting with everybody and talk about it in front of you, you are the person who must decide. There hasn't been a lot of, uh, research recently on it, but there, there, there actually was this very interesting research done out of, uh, McLean Hospital in, um, outside of Boston going on about 50 years ago now, 55 years that looked not so much about work, but looked at when two, helping people have disagreements about the writer next step for a person they're both helping. And the, it's a complicated issue. But the basic, uh, research summary was that two, PE two helping people who have different views about choices, the person they're helping should make, do not cause any harm to the person. By being open with that person about their different approaches, what causes much more stress on that person being helped is this disagreement being in the background, but not being overly overtly discussed and helping that person make a choice. So, there are very few things worse in these areas of disagreement than having this tension in the background without openly confronting it with the person. It's not so much getting into an argument about who's right, who's not right as much as understanding, keeping the person at the center of their own life decisions. And if you are an employment advocate, as I am talking, listening to the person first about what are they hoping to get outate work, listening to the person next about what's that, that negative feedback they say they're getting from the person, where do they think that's coming from and helping that person navigate that themselves to the extent, they're comfortable. Then if they think it's helpful to have a group meeting or a large meeting, then fine and, and lay out the reasons everybody thinks differently. And having the person make that choice. As I said in in, in the current situation, I think what I see, two things I see more of, one, the person saying they wanna work and the, the, the helping person, the therapist or social worker not knowing how to get them the resources. In other words, not knowing how to hook 'me up with an employment program, not knowing how to, uh, hook them up with the local vocational rehabilitation agency, in which case that's a, uh, not a simple matter, but that's a concrete matter about information flow. It's much more, uh, uh, complex when the person is being discouraged from seeking employment. cause there's a genuine view that work is bad for people. And let me just say as a corollary to, I think people should work, there are some jobs that are very bad for people. cause some jobs are very bad for your mental health, but the construct of getting back to become a working adult is not bad for people. And the fact is healthy for people, but some specific jobs, which means that if you're helping a person get a job, the kind of job fit, it doesn't have to be perfect, but it must be something that meets some basic needs. And that need might be emotional. I wanna work in a place where people are nice to me, where I can feel some sense of satisfaction. It might be concrete. I need to make enough money, I need to, to, to, uh, work at this position because I got trained to do it. So that's, that's the, the issue around when someone's being discouraged. But as I said, what I see much more nowadays is the person being asked in some kind of laundry list in a, in some kind of assessment from a, a case manager or a therapist or support person. Uh, do you wanna work? And the person says, no, or I can't work, or I'm worried about social security. And rather than that leading to a discussion, it gets checked off the list and employments not seen. And that's the greater danger that I, I see. So, when I, when I hear someone telling me, uh, I don't think I can work, I shouldn't work, or I'm not going to go back to work, that opens a line of discussion about what's getting in the way. What can I do to help you? What have you tried in the past that you, because sometimes people have said to tried working and it hasn't worked out. So, what are the situations you wanna avoid? Or maybe you can do those situations again and maybe I can give you some help. So, one of the things when I was, one of my jobs in the past was I'm the deputy director of a, a large mental health center in Washington state. And one of the, the changes I made about, um, recovery planning was that any client who was unemployed longer than three months had to have something about engaging them in discussions about employment in every session. It didn't mean that if someone said they didn't wanna work, you as a therapist or a case manager was going to push them into a job. But it did mean that if someone was unemployed and in fact was putting themselves at risk, because long-term unemployment is a major clinical risk factor and not dealing with the clinical risk factor is basically clinical malfeasance. You as a helping person has to say, let's talk about this, what's getting in the way? Because we know that staying unemployed is bad for your physical and mental health. So, I, I'm, as I said, what I see much more often is not someone being discouraged from working is they're actively seeking employment and asking about employment, but the concept of employment not being raised once they've said, I'm not interested. And people make decisions at a specific point in time. So, someone in in June of 2024 may not be interested in employment because it's a bad day or something bad happened in their life or, or, uh, they're not feeling well. That's a different issue than that being a permanent life choice. So that's, that's how I would look at that. But once again, I would be much more worried about employment not being raised than people being discouraged from it at this stage. But they do get, um, more subtly discouraged rather than, no, don't try that much more of a response from do you think it's the right time or what about stress or have you talked about it or what about social security? Legitimate questions. But there are ways of facilitating that discussion to leads to a more positive discussion about employment as a short-term or a long-term goal than just taking it as a given as a life choice. Um, well the second question is the opposite of that, but it's what I've talked about. What do you do when a person says they don't think they're capable of working? Once again, you don't try to convince them of the fact that they believe in you. You talk about it. What, why do they think that what's happened in the past? No, very few people, there probably are some people that just make it up and say, I don't think I can ever work. That's not the way people operate. But people are telling you this because they concretely worried. Once again, they might have tried working, it didn't work out. They might have gotten sick in the past and they associated that with work. They might have had a poor, poor job. Lots of people quit jobs that they don't like and say, I'm not going to do that again. So, it's important to, to take people where they are. But you know, you hear a lot of talk about motivational interviewing and there's a lot of very technical skill-based, um, training that goes on now about motivational interviewing. And, um, it's all very good and very well researched from a simple point of view. When I think about how I do a helper engage a person in a way that I think is motivational to, it's helping them see the benefits of choosing work. I think very simply of three things. One, I got to give people a sense of hope. Hope doesn't mean a shallow pat in the back and say, oh, I know you can do it. cause that depresses people more hope means you understand a little bit about their dilemma. You'll be there for them, and you realize it's a, it, it's a process. It's not a one-time decision giving people some concrete help. So, if someone says they wanna work or they don't think I could work, or I wanna get some more information about something to help me choose work, you must be able to give people something concrete. You must be able to say, here's what I'm going to do next to answer that or help you get the answer to that. And third, nobody changes without, at some level feeling what I call hassle. So, when I think about motivating people, I think about the three Hs. You got to give people a sense of ha hope, you got to give 'me some concrete help. And you must hassle people. Hassle people. Depends on your relationship. It doesn't mean nagging them necessarily making him feel bad. It means keeping at it. It means not just taking no for an answer, but saying what's the context of that? No. And what can I do to help move that person ahead once again, because I know that long-term unemployment down the road has major negative effects on people's physical and mental health. There are over a hundred epidemiological studies I've collected, as I said, from 1934 to now, that show, not cause an effect, but a very strong association between people who've been unemployed a long time and having poor, not just mental health, but poor physical health. Let me also, because I don't know, most of you, I don't know. So, when I talk about these kinds of changes about views of employment, this is not just something that I as a case manager or a social worker or a or a a peer supporter should be bearing myself. It's not just an individual. What are you going to do to help that person move ahead? If I'm an administrator, I have to do things to make it easier, not harder to see employment as a important part of what we do. When I was an executive at a large mental health center, people saw helping people get employed as one of our major policy instruments. We would talk about people getting employed, we would talk about helping people get housing. We would talk about helping people better, develop better relationships, and then would talk about people feeling better about themselves. Those were in our mission statements and our policy statements. Every board of directors meeting, we had talked about employment. What could we do at a policy level and a funding level. Part of its funding. How do you develop funding? When I was at the mental health center, we were able to get funding for 25 employment staff because we got grants, we got contracts, we got some Medicaid help in terms of, of looking at Medicaid. I don't wanna get into the details, but there, there, there are ways that even current Medicaid rules allow you to help people move towards employment, even if they won't help you directly get people a job based on the certain kinds of rules you have because you don't have a specific employment, uh, funding model. So, I can't emphasize this enough, you don't remember anything else from this that helping people get out of the state of long-term unemployment is an important overall mission for any mental health system or any system that purports to say our goal is to help people focus on their own recovery. Unless you deal with issues like employment and housing, you're not doing your clinical job, whatever you do about symptom reduction or any kind of diagnostic issue. Uh, this is a, a third level of it. Question about how do you address parent or partner concerns about working and losing SSA social security benefits? Doesn't relate it, but two separate issues. Uh, first, I would make a distinction between disagreements with helping people about the role of employment in a person's recovery and disagreements that might come up with a person's, uh, intimate, uh, family or social contacts, partners or mother, father, whatever. I think it's, unless, um, I don't like this term, but unless there's obvious dysfunctional, I'll put it in air quotes, unless there's an obvious dysfunctional issue like abuse going on that should be reported. It's very sensible for a person to rely more on the judgment of their family or intimate partner than on a, an external professional. So, I would never minimize the fact that a person should take the opinions of their partner or a family probably into more, uh, concern than a professional judgment, even if that, that concerns that the partner or family has might not be accurate in the strict sense. So, I, I think I would validate the person, I think it's very reasonable for you to worry more about what your mother, father partner says than what I say. But let's talk about what, and that's why I separate. Um, the issues about, uh, general fears about working in social security. Many family members or, or intimate partners have seen the troubles that their, their loved one has gone through, have seen the problems that have come up, have maybe had to deal with the problems, maybe had to deal with three o'clock crisis, 3:00 AM crises. Maybe they, or not just maybe they're probably genuinely concerned about the person hurting themselves or making themselves feel worse or having to go back to the hospital. So, I wouldn't just assume that even if the person is on social security benefits, that the reason they're concerned is they're worried about losing the money. cause there's lots of genuine reasons why a person might in fact, um, be concerned about their loved ones considering work. cause from their end, they might have seen problems that were a job has caused in the past, or they might have just had to deal with a lot of problems by this person over the years and they're tired out and they're generally worried about their loved ones. Uh, wellbeing, the social security benefits issue is a legitimate issue. Um, often, I don't know, you know, statistically how often it comes up, but you're certainly hearing a lot that the person, uh, who's on social security is the major source of income for a poor family. The son or daughter's SSI is bringing in more money than everybody else is working. The, the husband and wife's social security disability is the major source of support. You, you can't minimize it. I think you must talk about, when I say people should work, it doesn't mean work at all costs, no matter what negative impact it might have. It might be considering that being unemployed a long time. We know it's having lots of negative impact. So, you must make a personal judgment about the loss of negative, the negative impact of not working, what the negative impact maybe financially. Now, one of the things I find particularly around social security, when people who do what's called benefits planning, and I know a lot of you are familiar with benefits planning and some of you may be benefits planners yourselves. People have, I say, have had this experience very often. You go through all the benefits planning and you come up with a benefits analysis that shows a person working might lose $200 of social security, but they're, they're overcoming that by making $500 or $600 a month by working. And that person is unimpressed by that. And that person says, I don't want my social security to drop. The reason why people do that, I think it's obvious, one is many people don't trust Social Security either. They've had their own horror stories; they've heard horror stories about Social Security. Two is social security, as you know, just by reading the papers is always a hot button issue about what's going to happen to Social Security because of the funding models used. So, people are legitimately worried about could this change? You are telling me this occurs now, but what happens in the future? And thirdly, if I'm a person with a disability who's relied on social security particularly for a long time, I often have this feeling that I can count on this to some extent it's part of my identity, not concretely I know I'm better than this, but kind of emotionally, this is who I am. And if I change my identity from someone who needs this help to someone working with all the uncertainties that work has, including, I might get laid off my money, my salary might be cut, the company might go outtalk business. I'm worried that that impacts me negatively down the road. I can't count on that the same way can, I think I can count on social security. So those are very legitimate issues that I, I think are worth discussing. But as I said, I, I would very much treat family and, and intimate partner concerns about the person in a different way than other professional helping people's, uh, concern about them working with the family and the intimate partner. Number one, I would take much more their concern as a given and acceptable, or let me say understandable, and any discussion I would have with the person at the center is to say, what's that concern come from? How do you feel about this? Are there ways I can help you? If you, for example, if you think you wanna work, but you're being discouraged, what kind of support can I give you in terms of talking with you about how you might discuss it with your family? Obviously there, there are also ways of trying, could you try working part-time? Uh, what kind of help are you getting? I would also not minimize, we talk about these issues as if they're only clinical issues, like someone is concerned about working. We also must look at the environment. If I'm an employment person, if I'm an employment organization in the North Carolina or Oregon or Wisconsin or wherever, what kind of success do I have? Can I in fact go to a person who's ambivalent about working and comes to me and checking it out? Can I tell them, geez, I'm good at this. I've done this. Let me tell you about other people we've worked with. You might wanna talk to one of the people we've worked with who's, who's working to, to who's willing to talk to you about how we've helped them. We also must own on a professional level, how competent have we been about helping people get to work? And the simple answer is all the organizations we've dealt with over the years have not been extremely competent about helping people get to work in the broadest context. So, if you look at the national figures, about 75 to 80% of adults who are using public mental health system are unemployed consistently every year. So, our figure show, whatever we've done at the community mental health system, whatever we've created, has not historically and currently been very good about helping people move out of unemployment. Number two, even stuff that's in the, in the, uh, research sense, good. If you look at a program like IPS, which is very well researched, supported employment program for people with serious psychiatric disabilities, their success rate is depending on the program, 40 to 60% of the people who enter the program get employed. Number one, that that still leaves 40 to 60% of people unsuccessful, which are the large, if you wanna live, had a 40 to 60% of the next bus coming or you, uh, getting injured when you take a hike, you wouldn't think those were very good odds. So even our best research programs still have a long way to go to be successful in the way we think of that success. Like if I turn on a light, I assume it'll come on 99% of the time, not 40% of the time. The other issue is we must look at what successful means. Even people have gotten successful. Employment often don't make a living wage. Often, we're only working part-time. So, when I talk about encouraging people to get to work, you know, most of the questions have come about what I would do with the person to help change their views or the person's environment to help change their views about working. We must look inward too and say, is the program, if I'm an employment person, is our program good enough that we can say, wow, we're good at this. And when a person comes to us and says, how successful have we been? Can I say, here are the figures, here's how successful we've been. Do I publish them? Do I tell everyone when I am? Um, if I'm a case manager at a simple level, you know, when I have a, a caseload or a group I'm working with of 20 to 40 people, depending on the program, can I just in my head say, this group of 20 to 40 people at any given time, can I know who's working, who's not working, who don't I know the status of? And if I don't know the status, well how come I don't know. And if they're not working, what have I done to help that person move ahead? because I know once again that not working is basically saying this person is more at risk for, for physical and mental health risk, unemployed people at a much larger risk, even if they never had problems before. So, like, so compounded if you've had problems before by being unemployed for their physical and mental health. Getting worse just by being unemployed, just by being long-term unemployed. Uh, transportation. What about training? Um, I don't quite actually quite understand the question. I'll read it. If the consumer expresses the desire to get training before, they go to work, what steps might be taken? I guess my simple answer would be, well help them, help 'me get training. I guess I don't know what that would mean. I mean, if, if a person says, I need training in x and training in the X exists in the community, then how do you help them? Uh, now, once again from a structural point of view, if I'm, uh, run a mental health center, what have I done at an administrative level to make sure I've helped my organization get intertwined with organizations that help people get training? Whether that's local vocational rehabilitation, what happens with the workforce? I'm constantly amazed. I've done a lot of consulting over the years, particularly over the last say 20 years, more around, um, policy stuff with states and local organizations than, uh, direct job placement training. I'm amazed at how few mental health centers in a community are actively involved with the local workforce system to say, what could we in fact get out of this system? Because just from the department of labor point of view, not looking at disability or vocational rehabilitation, but at the Department of Labor point of view, the local workforce system has a legal responsibility to provide options for people with disabilities to get access to their employment and training services. Even those that they don't refer to the local vocational rehabilitation. So, the right answer isn't, we refer, we have a link with the local workforce system and that link is with vocational rehabilitation. That's not enough. You must make sure that the vocational rehabilitation link is, uh, solidified, but also that there's links with the workforce system for people either who vocational rehabilitation can't help, or vocational rehabilitation doesn't have a good enough relationship in in your system. Or just like a lot of systems, many public vocational rehabilitation agencies, just like private, uh, human service systems have a lot of problems these days with, uh, staff vacancies that are outate their control. So, they must own that. And as an advocate, if you're on the mental health side, you must set, tell the vocational rehabilitation. Well, that's your problem. How are you going to deal with it? I'll help you, but you still have responsibility to help our clients. But you must go beyond that. So, if I'm an administrator at a mental health environment, I have to say, what links do I have with the workforce system other than just with vary? If I'm at a state level and I'm a state, um, many states and department of mental health or behavioral health have, um, a central office person who's overseeing, um, employment services at a central office, uh, situation, you know, central office location, what have I done at the state level to make sure they're links with both the workforce system in my state and the vocational rehabilitation system to Ohio State to make sure, uh, that their services available to people. So, if someone says they want training and the training exists, do I have strong enough links to make sure to get access to that through the non-disability system? If someone, um, wants training that doesn't exist? Well, I mean it depends on, on what, certainly if I'm a mental health, if I'm a case manager, I probably don't have, um, a lot of capacity to create a training program for people. There are things like on the job training that vocational rehabilitation can fund that, um, workforce systems can fund. There are certainly, um, uh, particularly for younger people, there's a lot of option, or let me say, there should be more options. And there are increasing options for people who do things like work tryouts when they're in school. There's a lot of emphasis there should be currently for what's called transition age people. So, let's say 14 to 25, that's the sort of a technical definition, although when you get into your twenties it becomes different. But people say 14 to 22 might be in a school system. There's a lot more emphasis on no systems creating work tryouts, uh, work experience options if you are in in, in a, uh, a clubhouse program. That's one reason why transitional employment came in. Now, currently, there's a lot of emphasis on, particularly through IPS on saying you should help people move right into a job. That depends. The point is you should not make a lot of barriers to people who have a work goal who wanna get into that job. So, the point of something like IPS is to say, how can I support you? Do this job you want, and you can do without having you run through hoops. But there are some people that don't know what they want, who might wanna try out things, particularly younger people. There's some virtue of trying lots of different things just to know what they like, what they don't like, what an adult particularly, uh, say after the age of 25, because I only deal with some kind of brain development. But, but even that varies. You might have a clearer sense of what you want to do. And, and the goal of the helper is to say, what are the supports that can put in place both natural quotes unquote and official supports to help you achieve that? Let me make a point about I-P-S-I-P-S is great and the best research supported employment program for people with serious mental illness or psychiatric disabilities, but that only serves a relatively small number of people. There are people who have a range of issues that need in fact to have other options for employment through the, the vocational rehabilitation or the non, or the non-disability workforce system. Who could benefit from that? I see it's five to 12 your time. I promised Lisa, I'd give her five minutes.

Lisa Krystynak:

Joe, thank you so much. We need another hour with you for real. Um, we do have, we do have a few questions in the chat. I know we don't have long, but, uh, maybe if you could touch on it just briefly. Uh, we have an employment specialist who's placed a lot of folks in jobs. Well, she's found that some of them, uh, are not able to maintain those jobs in Lum. Um, um, and her question is, how can she best prepare these individuals to move through the anxiety when, you know, having to go to a new job again?

Joe Marrone:

Well, <laugh> that's one of those things that's complicated. But let me, lemma just say there are lots of people who lose jobs. I've been fired from a job. Um, and most of, well, I don't know if most of us have, but I know a lot of people have been fired from jobs. There are lots of people who lose jobs having nothing to do with psychiatric disabilities. There's lots of people who are anxious when starting a new job, having nothing to do with psychiatric disabilities. So, one of the things you can do, uh, lemma say two things. One, which I can give you a general answer, and two, you're going to must be very specific. One is to put that in context. Oh, it's understandable. You'd be anxious. Lots of people are anxious. Let me tell you when I started, uh, let's look at the jobs that didn't work out in the past. Let's talk about what happened there. Now, at a very specific level, you do wanna be able to talk to the person and hopefully you've gotten more specific information from the previous job about why it didn’t work out and what can you do to ameliorate that. But that's going to be very specific. But I, I think the most important general thing you can do is to put the fact that I'm anxious about a new job and I've lost jobs in the past in the context of that's, that's not a permanent life decision. That's in fact certain things that have happened that you can help people change the facts about. But I know it's complicated for an individual. What else is,

Lisa Krystynak:

Okay? Um, so someone was asking about, uh, where they could find this research, a list of research, uh, that they could independently look up.

Joe Marrone:

I could send you. Um, how about if I send Lisa, if you really wanna look, uh, most of them. I, I, I'd say all 'me, but I'm not a hundred percent sure. Most of them have the actual citation. Right. And they, it's a little PowerPoint. I'll send her a PDF. So, Lisa, if you could send that out, is that

Lisa Krystynak:

Yep, that's possible. cause we, we can, uh, uh, we have, we can send it out, uh, to the folks that have come on today.

Joe Marrone:

Yeah, it's just very, all of you may not want it. It's, as I said, over a hundred citations <laugh> from going to 1938 to now, but I will send that to Lisa and Amanda.

Lisa Krystynak:

Okay, great. And any thoughts about, uh, teleworking for individuals for, with, uh, severe social anxiety?

Joe Marrone:

Uh, no. I mean, once again, the simple answer is probably no. Uh, you know, the official answer is, well, you look for the environment. You know, everybody has examples where people can work with themselves, people can telecommute. Uh, yeah, obviously that's tough. I mean, it, it, it, i I would say the only thing which is obvious is that social putting quotes is an environmental factor. So, you can probably do a better job with changing the environmental factors than changing the anxiety. But that's easier said than done. I understand that. <laugh>

Lisa Krystynak:

<laugh>, absolutely. Well, thank you Joe, so much. Of course, we're out of time and, um, but we appreciate, I, I wrote down so many notes of stuff that, uh, you helped me understand. I will investigate a little further, but, uh, I know everybody enjoyed it. Thank, thank you everybody for coming. Um, when you close out of this webinar, there'll be a very short little survey for you to do, which really helps us out with our funding and, uh, kind of helps guide us in what we're doing good, what we could improve on, all those great things. So please take a few moments to do that and, uh, we're going to sign off and hopefully we'll see you guys again at our next a MA that'll come out to you, uh, on another flyer very shortly. So, uh, but thank you Joe, and we appreciate all the work you do at, for us here, uh, at work and all the great stuff you spread around. And, uh, we'll see everybody next time.

Joe Marrone:

Bye guys.