

**Ask Me Anything Webinar with Joe Marrone, January 24, 2018**

**David Blair:** Well, good afternoon, everyone, and welcome to Ask Me Anything about Employment with Joe Marrone. My name is David Blair, and I'll be your moderator today. This webinar is not a presentation, but an interactive question and answer period. And for the next hour, Joe will take any questions you have related to funding and policies supporting employment in mental health systems of care.

Joe is a Senior Program Manager for Public Policy at the Institute for Community Inclusion at UMASS Boston and is also Coordinator of Training and Technical Assistance at the NIDLRR funded Vocational Rehabilitation and VR Management RRTCs based at ICI. He was formerly the Associate Director of the largest community mental health center in Washington State as well as having a 17-year career in public VR. He has consulted, trained, and lectured in all 50 states, Canada, Puerto Rico, Asia, and Europe; as well as over 40 years direct service and administrative experience in delivering rehabilitation services and in community mental health. Joe is also the Editor on the Editorial Boards of five journals.

Today's event is part of the National Research Center on Employment, which jointly funded by the National Institute on Disability Independent Living and Rehabilitation Research and the Center for Mental Health Services and Substance Abuse and Mental Health Services Administration, within the Department of Health and Human Services. The content of this webinar does not represent the views or policies of these funding agencies and you should not assume endorsement by the federal government. During the registration for the event, you were given the opportunity to submit questions in advance. Over the course of the webinar, we will alternate between those questions submitted in advance and the ones you ask here today in the chat room. To ask a question, you may type it in the box. Or you may ask it over the telephone, if you're on the telephone with us, and when called on, you'll just press "star star" on your phone to unmute yourself. Your participation is critical to the success of this event, and I really look forward to you guys asking some questions. As a reminder if you have joined us by telephone, please make sure to mute your computer speakers before asking questions. It causes this echo effect that's really unpleasant. So with that, welcome to the webinar, and I hope you enjoy the next hour. Joe, we're going to get started with the questions submitted during registration.

**Joe Marrone:** Ok!

**David:** Laura asks, "Have you ever seen any policies or practices that have successfully changed the culture regarding employment being more important or at least as important as case management as an agency, where the agency has put their money and resources towards this in a substantial manner with the high penetration or access to those services?"

**Joe:** I think that's a good question, Laura. Are you getting feedback?

**David:** I am. Let me go ahead and mute you.

**Joe:** Let me double-check. I was using the headphones. Hold on a second.

**David:** No, no. I fixed it. It was someone else, who unmuted themselves.

**Joe:** Oh, ok. Thanks for the question, Laura. I guess the simple and the not-so-simple answer is yes and no. There are various states in my travels, and in some states it's a county-based system, so it's much more localized, where counties really control the system, unlike in Massachusetts where it's a state-run mental health system. Whereas in other states, like say in Oregon and Washington, it's much more of a county-based system. There are some states that have put more effort into systemic changes around highlighting employment. I would say very few of them, I hesitate to say none because I haven't been everywhere, but the places I have been, there are very few of them that have managed successfully, what I would say successfully changed the culture. When I think about changing the culture, I think there are several states that have done a better job than others about creating a lot more evidenced-based supported employment programs. I hesitate to name names, but historically Maryland, Minnesota, to some extent Illinois, Oregon have been very successful in broadening the scope of evidenced-based supported employment. In my experience, and certainly taking my point of view, even those states overall have not been able to successfully infuse employment into a core part of a recovery-oriented system of care. By that I mean that I think that there are those states and some others and some counties that really have done a good job of really implementing IPS. But there really is very little practical impact that I've seen around the country in terms of when, when case managers or clinicians do treatment planning whether they really infuse employment into the overall treatment planning as opposed to identifying specific programs. So that's my, I certainly have this discussion all the time with the IPS crowd, with folks from Westat, formerly of Dartmouth. You know, we have some disagreements on it. But I think we've done better at expanding programs than we have in terms of creating that system change. The other thing I would say is, in human services we talk a lot about culture change, and I think that's important, but I think culture follows behavior rather than behavior following culture. And I think to some extent that we spend too much time doing things like training and keynote speeches about culture recovery and less about implementing practical things. For example, when I was at the mental health center, one of the changes I tried to implement was that every clinician, case manager clinician when they were doing initial treatment planning with people, if someone was unemployed longer than 30 days, they had to include something about employment on their treatment plan. It didn't mean getting someone a job right away if they weren't interested in working, but in recognizing that long-term unemployment is one of the, has one of the most deleterious effects on people's physical and mental health. So that's my concern. So yes, people have done better, but I can't say I've seen major system changes in

most states in terms of really inculcating a culture of recovery and employment in mental health systems of care.

**David:** Sure. “Does anything stick out in your head, you know, if someone were themselves a provider or an employment specialist wanted to bring about the change, is there anything you would say to them, you know, to get the process started, you should do this?”

**Joe:** Well, I think to some extent it’s the employment folks get it, or most of them get it, which is why they are in employment. I think they certainly can be a nag. They certainly can talk about being more assertive in terms of, for example in evidence-based employment there’s a real emphasis on clinical and vocational collaboration. I think very often the employment people in that collaboration are kind of seen as the junior members of the team, and it takes an assertive person to say, “I don’t just want to be here to report on people working. I want to provide some input on how you make sure that employment is included in all kinds of treatment planning, even when people aren’t interested currently in working.” That’s certainly one thing, but I think the real issue is above the placement people or above the people who really get it, the consumer and the employment people. And really talk about spending time more with the clinical people about how they look at employment. Once again, as an administrator, I spent more of my time with nurses, doctors, clinical staff than I did with the employment staff because that’s what I saw as the element. But I guess the two concrete things, whether you can control it yourself or not, is 1) that I think including employment in treatment planning for everybody who is unemployed, and I think certainly an employment specialist or a line person can be a strong advocate for that. The other issue is to be very upfront about reporting outcomes and outputs and activity around employment. Very often it’s very hard for a community mental health center or a mental health system of care to develop accurate information about employment. To the extent that an employment specialist is doing a good job about collecting data to make sure that that kind of employment-oriented data gets collected beyond the particular program that they’re working with gets collected in the broader system of care.

**David:** Sure. So our next question comes from Joseph, and he asks, “Regardless of education, goals, and experience, why are consumers still limited in terms of placement, for example, food, filth, filing, and peer jobs at minimum wage?”

**Joe:** Uh, you know, it’s a double-edged sword. I think I’m on the positive side, even those food, filth, filing; people have added fetching and folding to it. You know, there’s a large number of vets. One practical issue is that often people come into the employment sphere with not a lot of work history or good work history, so some sense it’s pretty natural to get people into entry-level jobs. I think on the negative side, I think obviously there’s a lot of entry-level jobs in those areas, and I don’t want to use the word ‘easy’ because doing job placement is hard. But certainly from an employment person’s perspective, there’s a tendency to look at places that

are require a lot of turnover, that have a lot of entry-level jobs, that are much more forgiving about people's past work history. So it's easier for people, it's more accommodating the employment specialist. I think also, I think to some extent that it has to do with that clinical issue that I mentioned, that people early on in the treatment planning have when we talked about a recovery-oriented system of care, and we talked about strengths-based planning, we have to help people in a vocational sense really examine their strengths, help people understand, are there things that they can do that they maybe they haven't done in the past that they can take the next steps with. I once worried about people starting somewhere on the ladder than the fact that that's seen as the limits of their potential. So, I think there's, if you will, there's faults or issues on all sides. I think sometimes consumers themselves lack self-confidence and they're happy to take kind of what's there. Often employment people find it easier. Often vocational counseling is hard whether you have a disability or not. And sometimes it's hard for people who don't have a vocational bent, like most clinical case managers to take that strengths-based planning approach, but particularly looking at things like employment, and not just what's your next step, but how does this step fit into the larger career progression.

**David:** Sure. So Kathryn, who's in the room with us today has a question, and she writes, "Too often employers are more comfortable discussing job accommodations for job seekers with physical disabilities, but there are still so many stigmas surrounding mental health and employment. How can I better educate or engage employers, human resource staff, recruiters regarding job seekers I am assisting about mental health?"

**Joe:** I think you have to take a step back. I mean, part of it has to do with the issue about disclosure. I think as a general rule, not with everyone, there's a fair amount of data to show that if you disclose a psychiatric or psychological disability early on, your chances of getting hired tend to go down. That's not with everybody, that's just statistics, but I think in general, there's very little effective education at the upfront hiring point. People are much more accommodating in the broad sense when they get a chance to know people, when they get a chance to see them as people and as productive members of their workforce. So I would say first of all the important point when you think about accommodations is to try to encourage people to kind of enter as a regular employee, if you will. In terms of possible kinds of accommodations, often the kinds of things you see from people with psychiatric disabilities are increased break time, a different style of supervision, more time off, the ability to work in a different environment. I think part of the reason why it's tougher for employers is that those tend to require alterations of kind of the basic system of work that they have. So from a logical point of view, there's kind of a common sense reaction to it. But I think what's important for a job developer to understand is that lots of things we think of as accommodations for people with mental illness and then are seen pretty naturally by a lot of employers. I think often you can do more or less by talking about the technical aspect what a person with a mental illness needs to be accommodated with, but rather than this is a worker who's a good worker, and here are some of the things that occur with that worker that you might be more flexible about,

just like you are with other people. Many or most accommodations in the workforce for anybody and not done through an official accommodation process. They're done through kind of common sense, human modifications. As a general rule when you talk about educating employers, the ability to educate anybody—employers, or the general public, just by information as opposed to positive experience is very limited. So I would think much more about engaging the person and getting the person connected much more as an early employee. And then after some relationship is developed, you might be able to assist that person in getting something that looks like a modification or an accommodation. But an upfront kind of discussion about it is, in general, not the most helpful way to approach it.

**David:** Trina, who's in the room here, asks "about Canadian statistics, and especially transition age youth, do you know where someone might look for stats on employment for Canadians?"

**Joe:** I don't know specifically, I might even be able to help dig it up, I don't know it off hand. There's a Canadian Council on Rehabilitation and Work that's kinda like the equivalency of what used to be our President's Commission on Employment. It was in Winnipeg, it was then moved to Toronto. I think it might be back to Winnipeg. There's some national stuff that gets published in the literature. I'd be happy to send you, I have some stuff on that. I don't have it off hand, but I'd be happy to send David or the folks at BU some of the data I have. But certainly because the Canadian system is slightly different, I think the Provincial Ministry of Health is much more likely to have much more accurate data than the federal government, just by the nature of the Canadian governmental structure. But certainly the Canadian Council on Rehabilitation and Work, and I'll look at some stuff, and David, I could send it to you or folks at BU, and then you could distribute it.

**David:** Go ahead and send it to me, and I typed in our e-mail address, which is [psyrehab@bu.edu](mailto:psyrehab@bu.edu). Anyone who wants that info, if you just send us an e-mail, and I'll make sure to pass it on. Let's switch back to one other question, and then I'll get to a couple questions in the room.

**Joe:** Let me just mention one thing. I know you were asking about Canada. We, being the United States, the SAMSHA federal authorities, collect information about employment statistics within the adult mental health system of care. I would say that no one, including me, believes those statistics are accurate, even though we have on the surface an easier way of collecting data than you might have in Canada. The statistics are really seen as poorly collected and poorly defined, so it's a broader issue than just Canada.

**David:** So, Sean asks, "How are we to expect to retain good quality staff with the low wages that are paid? People have families and they're living in Chicago, and they can't afford to stay with a non-profit and live."

**Joe:** I mean the simple answer is, I don't know! Ha! I mean that's a broad issue in entry-level human service work, and it has to do with kind of our political culture or capitalistic society. So the simple answer is, I don't know. I think wages are really important, especially if you live in a high-cost city like Boston or Seattle or Chicago. I think the other issue that leads to turnover is that employment staff are often seen, as I said, as the junior members of the team, not really seen as people that are core members of the mental health system of care. I find sort of a fraternalistic, paternalistic kind of view when I go to a provider or I go to a state or a county, and they talk about their employment system. Even at the state levels, the state coordinator of employment. I'll often get what see as a sort of paternalistic or fraternalistic, "oh, this is Harvey, he's someone we couldn't do without him." But they're not really as core professionals in the system of care. So, I think at one level, you can do a better job of creating an environment where people are really seen as core staff. I mean, just for an example, and it's only one example, it has much more to do with the person. The person, who currently is basically the third in command of the Washington State Division of Behavioral Health, started as a job coach for me at my mental health center. And most of her rise has to do with her own skills obviously, but a piece of it has to do with the fact that employment at the mental health, employment became a key element and a key feature of what they did and what they were known for and got recognized for. So I think there's a system piece to it beyond just the pay. Certainly there are political issues, like unions and stuff like that, which lead to higher pay, but there also are other issues about work environment, work culture, how staff like that are valued, how you create a career ladder, not just for the entry-level people. In other words, if you're just an employment provider, what other places can you go within that system beyond just the head of employment services? But I mean the issue of low pay for human service staff I think will be with us for quite a while.

**David:** Laurie, in the chat box; and for anyone who is curious how to ask a question without being on the phone, there's a chat box in the room here, and if you just type into it, I can read those questions to Joe, that way he can just focus on answering. Laurie, and I think she's responding to one of the other answers you gave, Joe. She says, "What about mutually agreed upon voluntary periods for the sake of orientation, skill development, etc., ahead of paid employment? She says, it has worked well with peer specialists in my organization, their voices are much more central to the process of employment. Any ideas about generalizing this to other employment settings?"

**Joe:** So Laurie, are you talking about, basically the role of volunteer work as opposed to paid employment? Is that the basic question?

**David:** I think it's, because I don't see her typing, I think it's the volunteer work or internship before paid employment.

**Joe:** Yeah, I think the issue, actually, I think a general statement, I think volunteer work is very helpful for people who have been in disadvantaged or positions in society, and being able to be in a real volunteer position where they're valued for what they do, where they produce something of value for an organization is very good. I think the issue when we talk about employment is often two things, two issues around volunteer work. 1) People conflate volunteer work with employment. In other words, when we talk about collecting data, when I talk about helping people develop a data system on employment, very often they want to include all kinds of things as employment outcomes. And volunteer work I think could be a good activity, but it's not an employment outcome. That's number 1. 2) I think volunteer work, in, if you will, normal volunteer positions. In other words, other places that help, that usually use volunteers (hospitals, schools, homeless places, you know places in the community that rely on volunteers, you know pet shelters, whatever) I think is very useful. What I sometimes see is people creating fake volunteer positions. I actually heard, I mean that's not what Laurie mentioned, I used to work, I worked with one program where they were talking about their volunteer positions, and the volunteer positions were at the hardware store, at the restaurant; and those aren't volunteer positions, that's unpaid labor, which you can't do. So, I think as long as it's seen as an activity to help people develop their own sense of self-confidence, their own ability to give back, that's great. I think they should be regular positions where there are other volunteers, who may not have a mental health issue. And the third element, which is a core part of any good employment, it can't be seen as a necessary step. In other words, it can't be seen as before we help you get a job, you need to do this volunteer position. But given those three caveats, I think volunteer work is very healthy for people, and people do get a lot out of it. And sometimes it's things they learn about themselves, in terms of self-confidence or interests or skills. But it's also a question of giving something back, and people feel like they're a person of worth because they're giving something back, and they're not just a consumer of services or a client.

**David:** Sure. Lynn asks, "Is there any published research yet on the effectiveness of the IPS model with populations other than mental illness, serious mental illness, or populations with co-occurring, multi-occurring diagnoses?"

**Joe:** Yeah, there are. They've done, they being other folks at Westat (formerly Dartmouth) have done. Early on when they started the IPS, what became IPS in western NH, there was a lot of criticism about, "well, this works in rural NH, it doesn't work with (fill in the blank)." The next step with that, they did some work in Washington, DC, with city folks. There's actually been a lot of work with people with different disabilities, including co-occurring disorders. You know, there's a fair amount of research, and BU certainly has access to that, too, and is part of their research and training center. To some extent, we're coming full circle. One of the things they're starting to research is the effectiveness of IPS with people with intellectual disabilities, which is kind of interesting because, to some extent, the supported employment movement itself came out of the work with people with intellectual disabilities. And there's really a lot of overlap. The

major distinction is one of the elements of IPS is that there needs to be this kind of clinical coordination between vocational and mental health. Whereas with intellectual disabilities, the service system is not a clinical service system, it's a community service system, so there isn't that kind of need. Now there is some beginning work that I haven't seen quite well developed yet, about looking at people with intellectual disabilities, who also have some psychiatric disabilities. You know, one of the hidden issues with people with intellectual disabilities is close to 40-50% of adults with intellectual disabilities probably have some form of diagnosable depression that often doesn't get dealt with very well by the mental health system. But yes, there has been a lot of the research over the last 20 years with IPS has been with various populations.

**David:** I know this field has a lot of acronyms in it, so for anyone who is not looking at the chat room and doesn't know, IPS is Individual Placement and Support. So Yolanda asks us, "How can I help a consumer obtain a job when he or she is so picky, and everything I present seems to be a problem? And I have to start all over searching for other jobs."

**Joe:** (Laughter) I'm chuckling! You know picky is picky. I mean people are people whether they are mental health consumers or not. Some people are pickier than other, some people make their life harder. I think on both, if you will, on both ends of the equation, I think, as someone who's done employment and managed employment services, I try to help my staff understand that you have to be where people are. People aren't being picky, they're telling you what's important to them. Now what they tell you is important to them, may make it more difficult to do your job. But that's a human issue. I mean, we have friends who are picky, who won't take certain jobs. We have, you know, people probably in your family. You know that's just an issue of humanity. I think once you have a relationship with the person, one of the reality-based issues you should talk to people about is if you're looking for a job, and employment is important to you, and you're finding after a certain period that your desired employment isn't there for you, then you have to examine, and I as a helper will help you examine, that does it have to do with your skills? Does it have to do with your location? Does it have to do with the way you present yourself? So then maybe we can talk about some issues about how does that affect your life? But I think too often we see people's desires as being impediments to us, rather than our skills or our abilities or our situations, which we have to deal with. I mean, if you're a job developer in rural northern Michigan, there are not as many jobs available to you. So you have to deal with reality, too, but I think, to some extent, we can't just lay it on the person. The person kind of identifies for them, and you helped them identify their strengths, their interests, their environments. If that doesn't match what's available, hopefully, you have enough of a relationship with people to say, "Here are the limits of what I can do. Here's what you're telling me. Here are some other options, whether that's a move or whether that's further schooling, whether that's taking something else initially, but keeping that dream alive. So I guess, well I don't guess, I recognize the issue from the standpoint of view, but I think just



making it the client being picky as the problem may kind of trivialize the problem a little too much.

**David:** Theo is with us today asks, “How do I encourage my son to get a vocational assessment?”

**Joe:** Well, part of it depends how old he is, part of it depends on,... I don't know what you mean. If the issue is how do I encourage my son to consider employment, I think, frankly, there's a different role for a parent or a close friend than there is for a professional. I think as staff, as anybody in the field. One of the things I try to do is help people understand that choosing to remain unemployed is very unhealthy for long-term physical and mental health. I think that's something even professionals in the field don't understand. So I think from a practical point of view, when you have discussions with your son about that, if the issue is that he's not working at all or he's concerned about or he chooses not to work, he has to at least understand that's some of the risks he takes. I think as a parent, frankly, you have more of a capacity to nag. I think if a person is living with you, I think that you have a lot more relevance to say, “here's what I hope you'll do.” Vocational assessment is a loaded term. Once again, that's why I ask, I don't know what you mean by that. If I'm talking to a person, not with the parent, who is reluctant to move ahead with employment, I'd talk about the dangers of unemployment, and I'd also say, “What can I do to help you? What's getting in your way? What are the things that are stopping you?” You know, most people with mental disabilities, just like anybody us, aren't lazy. Maybe 10% of the world is lazy. So what's holding people back often isn't that they don't want to work or are not interested in a vocational assessment, but they're scared, they don't have confidence in the people they're dealing with, they've had bad experiences. So part of it is understanding kind of what's getting in the way. The other issue, which is easier for a professional, if you will, to deal with than a parent who's kind of living it, is people move at their own pace. We deal with people at certain points of their time, so somebody who's 20 years old may not be interested, at 25 they are, at 30 they are. People pacing this is certainly up to them. And as I said, as a parent, particularly somebody who's living with you, but even they're not, because you're a parent. You know, dealing with problems with your son or daughter is much more stressful in a lot of ways than dealing with your own problems. Part of the recognition is that people need to move at their own pace, but to the extent that you can sort of identify with people what's getting in the way, what can you do to help to eliminate some of those barriers? But it's rarely that people don't want to work. It often has to do with some of those other things, like I said, fears, previous experience, they don't have confidence in people they're dealing with, and that's one of those things, as a parent, you could help identify with them. But ultimately, people have to make their own choices.

**David:** Sure. Sarah asks us, “I have ADD, which makes me take longer to complete tasks. I work at a nonprofit, and they won't pay me overtime hours. I'm willing to sign a waiver so that they only have to pay me 40 a week, but they won't accept that. Do you have any advice?”

**Joe:** Well, one is a practical matter. They can't waive wage and hour laws. I don't know if they want to, but even if they wanted to, they really can't waive it. It depends on, you know if you're an hourly employee, they essentially can't waive it. That's a legalistic point, I'm not a lawyer, but that's from a legal point of view. In terms of, whatever the cause of it, if it takes you longer to complete tasks, I guess part of the issue is, is it your stress or they're putting the stress on you? In other words, do you want to take, do you want to work the extra hours because they say you're not cutting the mustard because you're taking too long; or are you just feeling that you should complete more? So you need to identify that first. They may be happy with the pace you're working with, and you're uncomfortable with it, and maybe that's the accommodation you make for yourself that I know my own pacing, and I do a good job, it just takes me slower. Certainly from a technical point of view, you know if I were an employment person working with you, there may be things you are doing that maybe can be changed, there may be a different way of organizing the work that maybe you don't see that somebody could help you with. But I think #1 you have to decide are you just uncomfortable with your own pace or is the nonprofit, or whoever, your employer uncomfortable. And if your employer is uncomfortable with the pace, are there things that can be changed about the things you have to do or reorganized. And that maybe something where maybe somebody can help you do that, maybe the employer has suggestions, but you have to decide what's the level of discomfort, but anyway. But if you're an hourly employee, people can't waive the ability to pay you for the hours you put in. If you're a salaried employee, there's a lot more flexibility.

**David:** Sure. Laurie writes to us, "Considering new Medicare reforms, states, and work requirements, one roadblock is insufficient numbers of employers who will allow access to folks with psychiatric histories, or allows access, and then let them go once they find out about the mental health issues. Have there been states who have shown success with tax incentives or other programs that have been improved employment outcomes?"

**Joe:** In general, no. There's certainly, I think it's called something else now, the old Work Opportunities Tax Credit, which multiple assessments done by federal government by researchers has shown that tax credits and tax incentives don't really increase the employment of people with, let me say, increase the employment of people with any disabilities beyond what might have happened anyway. In other words, they may have used things like the tax credit nationally have been entry-level employees that have a lot of turnover that haven't basically generated a lot of income from that. That's the old food, filth, files operation that we talked about earlier. Internationally, there's a lot strategies having to do with quota systems, with tax penalties if you don't have enough people with disabilities. In general, those kinds of fiscal incentives haven't worked. There's a certain movement by some economic researchers, for example people in Mathematica, to try to connect what we think of as Worker's Comp or people going on Social Security to a specific employer financing. That is, people get incentivized for encouraging workers who might have a disability not to go on public assistance. That's, and

there are a few papers written about that, Mathematica is one of the groups who pushed that. In our current environment, it's very hard to talk about employer penalties for that, but that's been much more of an emphasis to say what are some different ways of looking at encouraging people to retain employers. Certainly people who, I say aren't allowed. We have an ADA, we have written laws that basically say, just because people find out that you have a psychiatric disability, doesn't mean that they can fire you for that. We all know that there's lots of ways around it. In general, the ADA has been much more protective, let me say, much more successful about protecting people who are already employed from being terminated due to disability than they've really been able to make an impact on encouraging employers to be more open against the stigma of mental illness to people who have applied with a psychiatric disability. I don't even like the word stigma, we're talking about discrimination. But in general, the fiscal incentive that exists in the U.S. and other countries, has not statistically proven very effective on encouraging employers to hire people. Once again I'll reiterate, I think, in general, identifying yourself or identifying your client as a person with a mental illness in the hiring process is generally not a good strategy. Now there are reasons to do it, and when I do training I have a whole little decision tree. But as a general rule, understand that there is a strong discriminatory behavior against people with an identified mental illness, particularly in the hiring process that occurs with many employers. And to the extent that you can take that out of the mix, not by education, but frankly, by not being that open about it, you'll be much more successful. And then after a person is hired, then if the person feels there's an important issue about disclosing, about identifying his or her needs to people, that's much more successful after a personal relationship has been developed.

**David:** Jessidia asks, "How do you aid an individual with identifying and exploring their particular mental health barriers in finding and sustaining employment?"

**Joe:** Well, I don't want to be complacent, but first you ask them. I guess insight is not always everyone's strong point, whether you have a psychiatric disability or not. So certainly you have to beyond that, but as a starting point, you certainly can talk about asking people what their experiences have been, what getting in the way, what would they like to see out of the way. Certainly there's a lot of emphasis on taking a broader view of vocational assessment, if you will, like Theo asked earlier. Rather than seeing it as a series of tests, to really talk about getting to know the person, to look at the person's strengths, to see how they operate in different environments, to help them identify what kind of environments they find useful from their own experience. Help them check out things, maybe volunteering, maybe do transitional work, maybe some work experience, depending on their age. So I think that, doing it. I sound too simplistic because obviously some people are easier or more open to that than others, but I don't know any better way of helping people explore than to take a non-judgmental, what do identify is getting in your way, what are your hopes, what are your fears? Here's what I see as a helper, here's what I see as things we can do to ameliorate some of those things. Now once again, if someone has not had a lot of work experience, then part of it gets tested out. Maybe

things that you think have been a barrier, haven't been a barrier; and maybe things that you haven't perceived as a problem, other people perceive as a problem. Understand we talk about work, barriers to work, or success in work. We're not talking about, there's no global thing of work. There's a job, an employer, and a person. And a good employment person, a good employment program, creates a match between a specific job, a specific employer, and a specific person. Frankly, I've known, as a general rule, I would say I know a lot of private industry employers that are much more flexible about jobs that say than people in governmental positions. Sometimes employers have personal experience that even makes them more open or less open. But I think it's a mistake to think about, and I think it's one of the things we've tried to get away from when we talk about good employment services, there's no such thing as work, in general. There's a job, there's an employer, and there's a person. It's really a triangular match, and within the job, there's a specific environment and specific skills needed. With an employer, there's a certain kind of skill set he or she needs, but there's also a personality and a culture of that employer. And then the person, him or herself, has certain skills and also certain values. And so, when we talk about how do we talk to people about what's getting in the way, we really need to think more specifically about those kinds of things...about a specific job, a specific employer, and a specific person, rather whether a person is ready for work or not. We spent a lot of years trying to get away from that, but it's tempting to do because we're dealing with a lot of people, many of whom present barriers that we struggle with ourselves, not just them. So, it's tempting to think about who fits into this niche or not. But we really can't think about work as a concept. We need to think about a job and an employer with the person.

**David:** Sure. Ken asks, "Given the stagnation in wages and an increasingly costly environment, and the increase in contract employment as opposed to long-term stable work, how can we not be concerned, and what can we do to prepare consumers for the difficulties of working and perhaps working beyond capacity without making ends meet?"

**Joe:** That's another one, we're talking about our economy. Many of you, as I do, know people working one or two jobs that are still poor. You know my basic answer comes back to what I started with about the negative effects of long-term unemployment are very strong in terms of people's physical and mental health. So whatever the dangers of long-term unemployment is very bad. That's different than a job. There are a lot of jobs that are not very good for a person's physical and mental health. So part of the issue is that you're dealing with a real economy. One of the issues around community inclusion is that you're included in the community that may or may not be functioning well, just as a community. Because when in a position that you identified, where there's a lot of emphasis on contract labor, where there's wage stagnation, even though it's moving up a little bit, where unions have basically lost members and have lost credibility, so we can't do much in the short-term about changing that. However, I think what we can do with people is to number one to help them identify some of the dangers of long-term unemployment, to the extent we can, help them find a niche that may

not be the most economically satisfying, but has emotional satisfaction, meets a certain set of values and interests that they have. Certainly helping people deal with being eligible for things like, work incentives. I think what we found out about things like work incentives for people who are employed, but don't make enough to make ends meet, is that they're very helpful for people once they decided to choose employment. They haven't been strong motivators for people to choose employment in the first place. So I think that's the best you can do because we're dealing with a society that has some of those problems that you identified. They go way beyond workers with disabilities, they have to do with workers in general.

**David:** Marlene asks, "What are strategies to assist our clients who experience both physical and mental health issues as they age? This often impacts their work performance. How do we address age discrimination with our clients?"

**Joe:** I think, let me go one step earlier, I think those of you who are old enough as I am to remember the '60s and when the civil rights laws came in, and I think it was '72 when the age discrimination laws came in, but I'm not sure of that. But anyway, understand that the legal issues around discrimination, were treated as legal discriminatory issues, they weren't treated as stigma issues. And I think one of the problems we have in disability is that we treat disability as something to deal with discrimination and education, and not to deal with legally. And I think frankly that advocates, whether you're employers, whether you're job developers, whether you're mental health systems, whether you're researchers, you have to encourage people to take a more legalistic approach to disability discrimination. In terms of age discrimination, it occurs, it depends on the industry. There's a lot of industries where because of the economy, particularly over the last 20 years, where what is happening is actually male older workers are staying beyond the normal retirement age. But it's very hard to get hired if you're older. But once again, a lot of the age discrimination legal safety net starts at age 40. You know an age we don't really think of as old, so part of it depends on what you're talking about. But certainly if you're talking about someone who's in say their 40s, 50s, or 60s who are looking for an entry-level job, that does become a problem for people. You know there are job-seeking skills, tricks, if you will, and techniques that we talk to people about, talk about how what they've done in the past even though it was unemployment translates to employment, how to talk about selling yourself, how to talk about early on if you have an obvious problem having to do with your age or physical disability, you bring it up yourself, and getting it out of the way, if you will. But we live in a society that basically does have a lot of age discrimination. You know it depends on the field. Some in technology, there's a lot of overt age discrimination and in other areas. In human services, it's varied. So, I don't know if you can prepare people, you know you can certainly talk about some of the techniques we use in job-seeking skills. But you can also talk about people facing discrimination that they can identify as age related, are the legal recourses that you can help them with, if you can identify with. Because that's why we have laws against discrimination of people with disabilities, sexual orientation, age, or whatever.

**David:** Debbie asks, "What do legislatures need to know to craft supportive state laws?"

**Joe:** You know it depends on the legislature. I think, when you think about any kind of state or federal kind of legislative stuff, I think as a simplistic modification, legislators, the actual elected representatives themselves really resonate with personal stories and how it relates to their constituents. I think staff of legislators, the people that we deal with, are much more nuts and bolts. They want to know costs, they want to know impact on employers, impact on medical costs. One of the issues with things like return on investments is, and there is the, IPS and other folks who have done, folks in vocational rehabilitation, too, have done some studies about return on investments to society of people working. There's some hard data about the return to society, the investment of return to society of people being taxpayers rather than recipients of public assistance. The problem is the longer the nation is putting out the money, for example a state mental health system may be developing policies that spend money on employment. Their policies may have a strong impact on overall societal spending on health and unemployment, but they don't necessarily get the money back themselves, so it's a little complicated in that the actual return may not return to the organization incurring the cost. I would say that to the extent that people are interested in cost data that there's a fair amount of data about the cost/benefit of things like employment. Some states have used what's called a Medicaid waiver, often called, there's different kinds of Medicaid waivers, but what's common in mental health is an 11:15 waiver. Part of the elements of that to get it to demonstrate to Medicaid when you apply for it is how you expect to save Medicaid cost of the money when providing these kinds of complimentary services. So for example, Delaware has a 11:15 Medicaid waiver for people in mental health system. Washington just got approved a 11:15 Medicaid waiver with three traps: one for coordinated mental and physical health, one for supported employment, and one for supported housing. And to get that waiver, they had to come up with some cost projections about how provision of these services will, in fact, save Medicaid money based on providing these services. They then have to report on that back to Medicaid over the next few years. So, I think legislators rely on that, but I think frankly that one of the political small people political issues that I find is there's not really a strong grassroots push from consumers and families to make employment in a central part of the system of care. There's a certain amount of push to include employment as a possibility for people who choose to work. But when you talk about legislators and political movements, I find legislators don't hear very often from consumers and families very strongly about the importance of employment. New York State probably has some of the strongest relatively grassroots advocacy at the legislative level in terms of their We Can Work campaign because of the push in employment. But I think one of the things we need to be concerned about from a broad advocacy perspective is getting consumer and family groups much more assertive with their own legislators and legislatures in general about how employment needs to be ingrained much more in the community services and mental health. There's really that kind of push that you see, for example, in the developmental disabilities from consumers and families, in terms of pushing systems to make sure employment is included within a system of care.

**David:** Sure. You know we only have a few minutes left, so I'm going to try to lump a couple of questions together here that are similar. The questions are about, "How to help someone talk with their employer about the symptoms that negatively affect their work? And the two examples are: they're a probationary employee who needs time off, and the other one is just generally dealing with their psychiatric symptoms that are ongoing."

**Joe:** Once again, it depends on the person and the employer. Let me separate them. In terms of the time off from work during the probationary period, it depends on how much time and what's the work. I mean, it's not uncommon for people whether they are in their probationary period or not to have a doctor's appointment or something like that. So, I guess part of the issue is how much time are you talking about? You know, someone working in food service is going to have a harder time getting a lunchtime off than 3:00 off. Someone who is requesting a couple of hours off once a month for three months is going to have in general less problems than someone who says I need three hours off every week. So part of it depends on the situation. But it's not uncommon for people, so I don't we should. If you can get through a probationary period and can be an excellent employee and then if you have a disability or not, I tell people, if you get through any kind of early period being an excellent employee, after that early period, there's a lot more predictive than if you're not an excellent employee. But if you don't have that option to really treat it as a normal thing. Gee, I have a doctor's appointment, is it ok? Can I make it up? What's a convenient time? I think we also have to understand though, from the clinical side, is that people need time off clinically. One of the issues we have to ask people, we have to ask systems, are you making the services you provide people accessible to people who need to work? I still run into, this is 2018, I run into places where people ask to take time off of work to attend a residential meeting that happens at 2:00 in the afternoon on Tuesdays. I still have people say they need to take time off from work because their medication appointment can't be changed. So from the system point of view, we also need to say, can we make it easier to work by changing the way operate our own system? For the people who do need time off, that's fairly natural depending on the context. In terms of the second part of that question, I wouldn't try to educate employers about psychiatric disabilities early on. What you're trying to talk to people about is, are there things about me as a worker that are slightly different than other workers who may be, and people are used to idiosyncrasies. Somebody who hires people, everybody I hire has an idiosyncrasy. I have idiosyncrasies. So I wouldn't try to treat it as a mental health education, I would try to treat it as, I'm a good employee, here's why I'm a good employee, here are some of the things that are a little different. Are these the kinds of things that we can work out? Do you have a problem with that, Mr. or Ms. Employer? If you do, are there other ways I can deal with that? I really would, unless you see yourself as a community change agent overall, I really would downplay your role as an educator about mental illness to employers. It's something else, if you do see this as your role, I would wait until you're safely ensconced as a desired employee. But up until that, I would just see you as you're a person who has individual needs just like a lot of other people do, just like working

mom's do, just like people who have physical issues do, just like people who are in school do. So it's just how can you work out something that doesn't detract from what your employer needs but meets your needs, just like every other employee?

**David:** Sure. Well Joe, thank you for your time and answering everyone's questions, and everyone thank you for your attendance. Look for the next Ask Me Anything about Employment webinar in your mailboxes. In the next few days, you should receive a survey about your experience, and we'd love to get your feedback about this event. Thank you everyone, and thank you again, Joe. And we look forward to having everyone join again. Have a good day.

**Joe:** I'll send David some of that stuff. I do have some Canadian stats, but as I say, it's much accurate at the provincial level.

**David:** Sure, and if anyone wants that information, please just e-mail the psyrehab, and I'll put that e-mail address in again, [psyrehab@bu.edu](mailto:psyrehab@bu.edu), and we'll pass it on. So, thank you, Joe.

**Joe:** Thanks a lot. Thanks everybody.