

Beyond the Myths About Job Retention: Evidence and Implications for Practice

“There is a critical need to conduct systematic and rigorous research on employment and vocational recovery in order to fulfill the promise of full employment and true community integration.”

—William A. Anthony, PhD, Executive Director, Boston University Center for Psychiatric Rehabilitation

The problem of achieving parity of employment for those who have experienced mental illnesses has been with us for a long time. Some years ago, William A. Anthony, Executive Director of the Center for Psychiatric Rehabilitation (CPR), listed a number of “Vocational Rehabilitation Myths.” In a more recent publication, he updated these, and among the myths still present, he listed: “Professionals can predict a person’s readiness to engage in and profit from supported employment services” and “The particular supports used in supported employment are well known.”

We do not know exactly when a person is ready, nor do we know what particular mechanisms will support any individual. The fact is that people differ in their vocational rehabilitation readiness, just as they vary in readiness for any other possible changes. It must also be recognized that there are a large number of supports that may be operating to assist persons in their vocational rehabilitation. In many cases we do not know exactly which supports are critical or which ones are of most benefit.

Attempts have been made through research to help understand and determine vocational readiness as well as to learn more about the supports which assist in vocational rehabilitation. For example, Marianne Farkas, Director of Training at CPR, has worked on developing a “readiness” technology that can be used to help people determine their own vocational readiness. The focus on an individual making her/his determination is the key to this technology.

The CPR staff has also studied vocational rehabilitation and this newsletter summarizes some recent preliminary findings. A current study by Zlatka Russinova, PhD (of CPR), explores the factors that influence the capacity of people with psychiatric disabilities to overcome severe work dysfunction and achieve vocational recovery. Though the findings are not complete, this and previous research have developed some intriguing evidence to help us determine how so many people are meeting with success and which supports may be instrumental.

General Definitions

In order to study any subject, some definitions are necessary. It should be noted that there are many definitions one encounters and no one definition is absolute. Still, for the purpose of conducting a well-researched study, the following definitions were utilized:

“Severe work dysfunction” was defined as “the receipt of disability benefits due to a psychiatric disability.” “Vocational recovery” was examined as an important aspect of recovery from serious mental illness and defined as “regaining or acquiring competitive employment after the onset of a disabling psychiatric condition.” Vocational recovery is further defined as “preserving, regaining, or acquiring competitive employment after being affected by a serious mental illness” and designates a certain level of vocational functioning above a specified threshold of vocational achievement.

The criterion used in this study for meeting the threshold for vocational recovery consists of the “capacity to sustain competitive employment for at least two consecutive years, working at least six months per year and at least 10 hours per week.” To some, “only” 10 hours per week might appear low for a recovery threshold, but it is believed that when the criterion for stability is also met, this scope of workforce participation constitutes an initial stage of vocational recovery. Others may well disagree and find that a lower or higher threshold might have been used.

Review of Studies

In one longitudinal study, with a national sample (N=687), 80 percent of the respondents had worked continuously during the 24 months prior to entering the study, 70 percent worked 35 hours or more per week at the time of entering the study, 17 percent worked between 20 and 34 hours, and 13 percent worked between 10 and 19 hours.

Those who participated in the study were primarily middle aged, with 42 percent between the ages of 40 and 49. The study also showed that 77 percent of the participants held a college or graduate degree, suggesting that they had professional or “higher-level” employment.

Of all participants, 49 percent had reported a diagnosis of bipolar disorder, 30 percent one of depressive disorder, and 16 percent a diagnosis of schizophrenia spectrum disorder, while 4 percent were diagnosed with other disorders. A total of 70 percent of

all participants were first diagnosed with a severe mental illness before the age of 30.

One of the most important considerations in vocational rehabilitation is the capacity to sustain employment. Preliminary results show that 31 percent of all study participants who completed

each yearly assessment survey (N=213) did not experience any work interruptions over the course of four years and worked continuously for

48 months. Only 4 percent of all study participants who completed each yearly assessment survey worked on average less than six months per year over the course of four years.

For those who did experience interruptions, the reasons for interruptions in employment ranged widely, and in many cases were not related to the psychiatric condition:

- Exacerbated psychiatric condition (24%)
- Laid off (12%)
- Job ended (11%)
- Medical condition (8%)
- Family/personal situation (5%)
- Attending school (3%)
- Maternity leave (2%)
- Retirement (0.6%)

The preliminary findings suggest that an increased capacity to sustain employment over the course of four years was associated with:

- A higher level of education
- Experiencing fewer mood fluctuations and addiction problems
- Having a job requiring creativity
- Having a job involving doing a variety of things

Additional Findings

The findings also suggest that there are specific supports that are important. Persons who were employed reported that the following supports contributed to keeping a higher-level job:

- Consistent use of psychotropic medication (49%)
- Support of a spouse/partner (34%)
- Support of psychiatrist/therapist (33%)
- Support of boss/supervisor (27%)
- Support of co-workers (26%)
- Support of friends (26%)
- Spiritual involvement (21%)
- Support of parents/family members (17%)
- Support of other consumers (17%)
- Support through a vocational program (2%)
- Employee assistance program (1%)

Respondents indicated that the primary reasons for keeping a “professional-level” job include:

- Interest in and satisfaction with what I do (73%)
- Opportunities for professional development (43%)
- The control I have over my work (30%)
- The money I make (27%)
- Flexibility I have at work (25%)
- Relationships I have developed at work (23%)
- Recognition I get for the work I do (18%)
- The benefits I get (16%)
- The organizational culture and values (15%)
- The understanding I get at work about my psychiatric condition (7%)
- The convenient location of my job (6%)

Only 3 percent listed “The accommodations I got due to my psychiatric condition.”

In reviewing the preliminary data, we find that the predictors for “higher level” of employment are as follows:

- Older age
- Being male
- Being married
- Higher level of education
- Not having received disability benefits
- Being in psychotherapy
- Not compromising one’s own mental stability because of work
- Having a job in a helping field, such as mental health, versus a job in a more industrial field
- Having the support of a psychiatrist/ therapist

An evaluation of the factors that provide support to individuals can be an important contribution to our understanding of personal vocational rehabilitation, and we look forward to final results of the study.
