

Jump Start Initiative

The transition from adolescence to adulthood is a challenging time. One begins to leave behind the familiarity, structure, and support of school and family life and gradually embraces new experiences and responsibilities. This transition is often clearly marked by the attainment of certain life milestones such as graduation from high school and perhaps college, obtaining a first job, moving out of the family house into a place of one's own. But for young people with serious psychiatric disabilities, these milestones can be much more difficult to achieve.

Some young people who have experienced mental health difficulties since childhood face the daunting experience of "aging out" of the children's mental health system. They may lose numerous supports and services for which they may no longer be eligible in the adult system. Others may be experiencing their first onset of psychiatric symptoms during the transition years, resulting in the interruption of their education and/or work pursuits. Mental health services are often geared towards older adults who are much more functionally and cognitively disabled. Many young people with psychiatric disabilities are reluctant to engage in available mental health services as they perceive these services as demeaning and stigmatizing, and often "fall through the cracks" of the system. This lack of support may lead to homelessness, substance abuse, and involvement with the criminal justice system.

Across disabilities, young adults have the highest unemployment rates, the lowest participation in postsecondary training and education programs, and the highest likelihood of remaining dependent on public assistance programs following high school (Clark & Davis, 2002). It is estimated that those young people who enroll in SSI early on in their lives tend to stay on the rolls for an average of 27 years—their entire adult working lives (NSCET, 2003).

In November 2002, Boston University's Center for Psychiatric Rehabilitation Recovery Center launched Jump Start, a unique career development and mentoring program that addresses the recovery and vocational needs of the many young adults with psychiatric disabilities who were being overlooked by the mental health system. Jump Start is a one-year program funded by the Rehabilitation Services Administration, a division of the Department of Education. Jump Start's goal is to assist young adults between the ages 16 and 26 who have serious psychiatric disabilities in their recovery and career development processes by helping them gain the skills, confidence, and education they need to effectively transition from school to high quality employment and/or post-secondary education and greater independence.

Many young people with psychiatric disabilities are reluctant to enroll in day treatment or join a clubhouse, but are willing to be part of a school-based program. The fact that Jump Start holds "classes" rather than "groups" on the campus of Boston University helps young people become comfortable with the positive social role of "student" and "learner."

While many vocational rehabilitation programs for people with psychiatric disabilities prepare people for minimum-wage jobs in unsatisfying environments, Jump Start students are encouraged to consider career options that inspire and excite them while participating in interactive exercises, personal career counseling, and internship and job opportunities in competitive environments.

The most distinguishing feature of the Jump Start program is its use of mentoring. Individuals with disabilities in general face not only practical barriers to employment but also attitudinal barriers as well (Moccia, et al., 1989). For young people with disabilities, mentoring can change these outcomes by increasing social support, providing role models, and teaching valuable skills. In fact, in a report submitted by Consumer Quality Initiatives, Inc. to the Massachusetts Department of Mental Health in 2002, the researchers specifically named mentoring as a support that would greatly help young adults "aging out" of the public mental health system (Delman & Jones, 2002).

The mentors who are participating in Jump Start have been successful in their own school-to-work transition while living with a psychiatric disability. The Jump Start mentors were recruited from several sources including Internet volunteer websites, word of mouth, and Center research projects. These mentors are working in a variety of fields such as law, business, research, human services, and the arts, and possess a wide range of career accomplishments. They serve as friends, teachers, roles models, listeners, and coaches by providing advice, support, compassionate feedback and encouragement during the one to three hours they meet with their mentees each week. Mentors connect with their mentees by playing basketball, going to the gym, shopping at the mall, meeting for coffee, talking on the phone, going to the movies, working on resumes and cover letters together, and researching career options.

Mentors complete a 2-day training orientation and continue to receive monthly trainings throughout the program. Training topics include: building relationships with students; the choose-get-keep model of psychiatric vocational rehabilitation; the developmental and social issues facing adults with psychiatric disabilities; and developing awareness of and sensitivity towards the unique clinical, educational, and cultural backgrounds of students. In addition to these trainings, Jump Start staff also provide regular supervision and consultation as requested by each mentor.

Jump Start students were recruited from many sources including Greater Boston area inpatient, outpatient, and residential mental health programs; the Massachusetts Rehabilitation Commission (MRC); the Bureau of Transition planning at the Massachusetts Department of Mental Health; the National Alliance for the Mentally Ill (NAMI); and the Boston public school system. Students representing diverse socioeconomic, ethnic, clinical, and educational backgrounds have been accepted into the Jump Start program. Mentors were matched with students based on their mutual interests and hobbies and the personal qualities each person felt would make for a positive relationship.

Young adults with psychiatric disabilities wish to have the same “normal” experiences of growing up as their peers—completing school, finding a job, making friends—but often they lack the skills, supports, and opportunities to do so. Consequently, skills development and community integration are two of the cornerstones of the Jump Start program. In addition to receiving the support of a mentor, students enroll, choose and participate in semester-long classes designated to teach skills that will facilitate their career development and recovery process. There are two levels of career development classes to meet the diverse needs of students. The first is career exploration and the second is career planning. There are also two levels of computers classes available to students, both introductory and advanced.

To address the educational needs of Jump Start students, the program incorporates Graduate Equivalency Diploma (G.E.D.) classes that are taught one-on-one with students by staff and mentors. These classes were added in response to student demand as many program participants do not have a high school diploma and have not been successful in other GED preparation programs. Jumps Start students may also enroll in up to two classes through the Recovery Center, the Center’s supported education program promoting wellness and a holistic approach to recovery.

Lastly, Jump Start students, staff, and mentors collaboratively plan fun outings and activities that promote self-esteem, community connections, and opportunities for socialization. These events have included bowling, billiards, benefit walks, donating time to the Boston Food Bank, playing softball, hiking and attending a Boston Breakers Women’s Soccer Game.

Mentoring & Transition Resources

Consumer Quality Initiatives is a non-profit, consumer directed organization strengthening the voice of consumers in mental/ behavioral health program planning,

evaluation, quality improvement, and research. Their Youth Division is working on the following projects:

Young Adults in Transition Citizenship Project The Young Adults in Transition Citizenship Project aims to promote the development of a system of care that better meets the needs of young adults who have received public mental health services as adolescents. The goal is to establish a formal role for these young adults in designing and implementing this system through information gathering and the development of a young adult advisory council that will report to state policymakers. CQI endeavors to accomplish this goal, first, by conducting face-to-face interviews with a diverse group of young adults with mental illness about their experiences, some who have continued to receive services and others who have not. The resultant report "The Experience of Aging Out of the Adolescent Public Mental Health Service System in Massachusetts: Policy Implications and Recommendations" is based on a survey largely qualitative in nature that will identify what kinds of issues are most important to "young adults in transition" and what kinds of help they want. It also identifies what kinds of training and support are of most interest to young adult consumers to make them the best systems advocates. Executive summary and full report (in PDF format) available at: <http://www.cqi-mass.org/youthProject.aspx>

Peer Mentoring Project CQI has been awarded a grant to establish a Young Adult Peer Mentor Program which will train young adults with mental illness to provide guidance and support to adolescents at a DMH Intensive Residential Treatment Program (IRTP). The mentor will work with the adolescent to help them set educational and vocational goals and assist them with identifying resources that will help them achieve those goals. CQI will create a training program to train young adults to become a mentor and will then pilot this program at an IRTP identified by DMH.

Book

Clark, H. B. and Davis, M. (2002). *Transition to Adulthood: A resource for assisting young people with emotional or behavioral difficulties*. Paul H. Brookes Publishing Co., Baltimore, MD.

"From the premier researchers, educators, and practitioners in the field, this handbook delivers practical methods to help young people with emotional or behavioral difficulties pursue their interests and goals as they move into greater career-oriented education, work, independence, and responsibility...This book will inspire and guide mental health and child welfare professionals, educators, counselor, transition

specialists, and families in improving the process and outcomes for these young people in transition.”

Available at: <http://www.amazon.com/Transition-Adulthood-Assisting-Behavioral-Difficulties/dp/1557664544>

Reflections from mentors, students, and family members...

“My student has so much potential but lacks support of family and friends. She pushes me away by not calling me back, but keeps me on the phone when I call. I won’t give up on her because she seems so vulnerable. I feel as though every conversation is important.... She is going to Bunker Hill Community College next month and I hope to support her through the first days in a new place.”

—Sarah, a Jump Start Mentor

“Mentoring a Jump Start student has reminded me how important personal connections are to the recovery process. So much of the time, how we view ourselves is influenced by how the people around us view us—and if they’re seeing something positive, then we feel more positive about ourselves. What has surprised me most is the extent to which this kind of affirmation runs both ways in the mentor-student relationship.”

—Tamara, a Jump Start Mentor

“Although each of my three Jump Start student mentees has a distinct personality and enjoy different interests, they all share one thing in common: The ability to overcome their past difficulties and to become the best woman each can be. I love being able to help them with this goal, and look forward to watching them continue to achieve success.”

—Lisa, a Jump Start Mentor

“I am extremely pleased with the progress my daughter has made. Before attending the Jump Start program, she had been extremely isolated. She has not had a friend for 4 years. Through her growing friendship and companionship with her mentor, my daughter is gradually gaining confidence in socializing again. She called a friend from high school the other day to get together. I believe this is a direct result of becoming comfortable and feeling safe around her mentor. In addition to this, the mentor and my daughter had ‘fun’ over the weekend. She hasn’t had fun in years. This is a real milestone. The skills that are being taught are very helpful, especially the interviewing skills, writing, etc. The program is helping her find an internship with a national political campaign, which is what my daughter truly wants to do, but would not know how to go

about it herself. Her mentor and the program has been very responsive to her needs, and has helped regain some of my daughter's confidence to venture out into the world."
—Anonymous, Parent of Jump Start student

"As parents of a 20 year old son diagnosed with bipolar disorder after finishing one year of college, we're grateful that a unique program like Jump Start is available and that our son is able to be a participant...After a long and often frustrating search for the right medications and psychiatrist, our son has come a long way back to the person he was before this illness struck...

He wasn't interested in support groups, drop-in centers, or day programs. Then we heard about Jump Start. Our first surprise was that he even looked at the brochure and showed any interest. Probably the fact that it's a B.U. program impressed him, since his identity was as a college student. The next surprise was that he actually attended a few classes and kept on attending. His self-esteem is improving. He now tells people 'I'm attending a program at B.U. to try and get back on track for work and school.' He has an identity again. He's making friends at the program.

—Anonymous, Parent of Jump Start student

Mentoring Websites

Big Brothers Big Sisters of America

<http://www.bbbsa.org/>

Institute for Community Inclusion, Boston Children's Hospital

<http://www.communityinclusion.org/>

National Center on Secondary Education and Transition

<http://www.ncset.org/>

National Information Center for Children and Youth with Disabilities

<http://www.nichcy.org/>

National Mentoring Partnership

<http://www.mentoring.org/>

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National Mentoring Center <http://www.nwrel.org/mentoring/> National Mentoring
Partnership <http://www.mentoring.org/>

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Delman, J & Jones, A. (2002). "Voice of Youth in Transition. The Experience of Aging Out of the Adolescent Public Mental Health System in Massachusetts: Policy Implications and Recommendations". In a report submitted to the Massachusetts Department of Mental Health, sponsored by Consumer Quality Initiatives, Inc. Dorchester, MA.

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Moccia, R.E., Schumaker, J.B., Hazel, J.S., Vernon, D.S., & Deshler, D. (1989). *A mentor program for facilitating the life transitions of individuals who have handicapping conditions*. *Reading, Writing, and Learning Disabilities*, 5, 177-195.

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