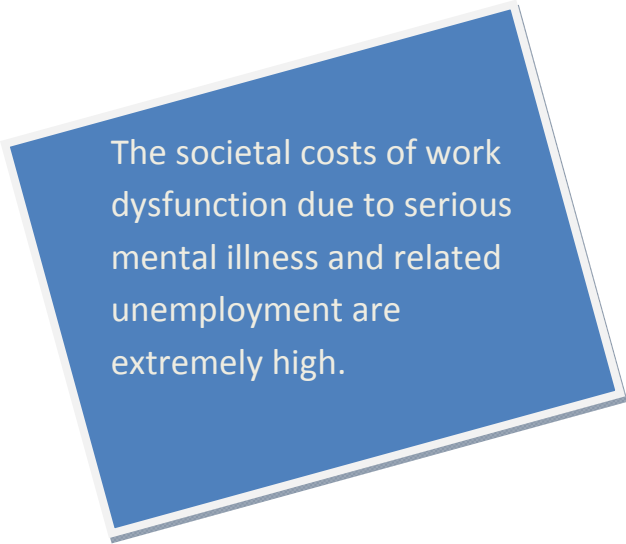


Seeking Improved Employment Outcomes for Individuals with Psychiatric Disabilities

The Impact of the Problem

Most critical among the devastating effects of psychiatric disability is impairment and dysfunction related to work. The National Council on Disability (2008) reiterated that high levels of unemployment experienced by individuals with mental illness create significant barriers to community integration. 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.

The societal costs of work dysfunction due to serious mental illness and related unemployment are extremely high. Estimates place the cost of mental disorders at \$150 billion in terms of reduced or lost productivity, health care, and related costs in the U.S. alone (Jans et al., 2004). As a result, engagement in competitive employment has been set as a high priority by the President's New Freedom Commission on Mental Health (2003; Cook, 2006), by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2009), and by the NIDRR (NIDRR Long-Range Plan, 2010-2014, Federal Register, 2009).



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Data from the U.S. Census suggest that only 31% of all individuals characterized as having any type of severe disability are in the workforce and only 16% work full time (Brault, 2008). Severe work difficulties have been estimated to affect more than 85% of individuals with psychiatric disabilities (McGlashan, 1988), and the Substance Abuse and Mental Health Services Administration reports that about 22% - 25% of adult mental health consumers are employed at any level (SAMHSA, National Outcome Measures Project, 2006).

Vocational Models

Various vocational models have emerged over the past several decades to address this need (Dew & Alan, 2005; Rogers et al., 2005), some of which may be considered "promising practices." These include the clubhouse model focusing on the "work-ordered day" and transitional employment (International Center for Clubhouse Development [ICCD], 2009), the Program for Assertive Community Treatment (PACT), which has evolved to include a vocational focus; and the State-Federal program of vocational services, which mandates states to provide an array of diagnostic and vocational services to individuals with disabilities. However, the effectiveness of state VR services, in particular for individuals with psychiatric disabilities, has been questioned (Andrews et al., 1992; Marrone, Smith, & Foley, 2008).

Supported employment (SE) models, which focus on helping individuals rapidly achieve competitive work in integrated settings are the most recent innovation for individuals with psychiatric disabilities, and there is growing evidence for their superiority over other

vocational models (Cook et al, 2005; Wong et al., 2000; Crowther et al., 2001; Bond et al., 2001; Bond, Drake, & Becker, 2008; Rogers et al., 2006). The Individual Placement and Support (IPS) model of supported employment (Bond et al., 2008; Drake et al., 1999; Drake et al., 2005) has the largest amount of empirical data and is the only evidence-based practice in employment for individuals with psychiatric disabilities. IPS is now widely available and is the focus of Federal initiatives (Drake, Becker, Goldman, et. al., 2006; SSA-MHTS, Frey et al., 2008).

The current status

Unfortunately, the statistics present a simplistic view of employment rates and job retention. Problems with job retention also are evident in the fact that individuals enrolled in IPS worked only on average 12 weeks out of 52, and IPS authors report no differences in job tenure for individuals achieving supported employment (Bond, Drake & Becker, 2008).

Underscoring these problems with obtaining and retaining employment, Cook and colleagues (Cook et al., 2005) found in the largest study of SE services (including some sites conducting IPS interventions) that only approximately 35% of the participants receiving “best practice” employment services worked for pay at any point in time during the study. Only 30% of the participants receiving SE worked more than 40 hours per week and only 25% worked in a competitive job.

Call to Action

Clearly, even after “best practice” vocational services, individuals with psychiatric disabilities have difficulty achieving lasting employment. Employment of persons with disabilities is the key to their economic self-sufficiency, social participation, personal identity, and satisfaction with life (National Council on Disability, 2007). More study is critically needed.

Supported by the National Institute on Disability and Rehabilitation Research and the Center for Mental Health Services, Substance Abuse Mental Health Services Administration, Boston University’s Center for Psychiatric Rehabilitation (CPR) has completed the first year of a five year grant. The Research and Training Center (RRTC) on **Improved Employment Outcomes for Individuals with Psychiatric Disabilities**, under the leadership of Marianne Farkas and E. Sally Rogers will provide periodic updates of our progress through eCasts, Newsletters and other publications as well as the CPR website. The development and production of this fact sheet is supported by the national institute on disability and rehabilitation research and the center for mental health services, substance abuse and mental health services administration.

References: www.bu.edu/cpr/ Resources www.bu.edu/cpr/resources/ <http://drk.bu.edu/>



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