

Community Mental Health Center Staff Attitudes about Employment Among Persons with Serious Mental Illness

This call is being recorded.

Gretchen Grappone:

Okay. It's noon and so I'm going to get started. Hi everyone, I'm Gretchen Grappone, a trainer here at the Center for Psychiatric Rehabilitation at Boston University and the moderator for today's Making Sense of Employment Research Webinar. The webinar is funded by the National Institute on Disability, Independent Living and Rehabilitation Research. The webinar content does not represent the views or policies of the funding agency, and you should not assume endorsement by the federal government. The territory on which BU stands is that of the Wampanoag and Massachusetts people and we honor and respect the history and current efforts of native indigenous communities. We ask that you keep yourselves on mute for the entire hour. We'll have a Q and A session at the end, so you can just post your questions in the chat box as they arise and then we'll pose those at the end. I'd like to welcome Dr. Brucker, who is presenting research from her article: Community Mental Health Center, Staff Attitudes about Employment for Persons with Severe Mental Illness. As a research associate professor at UNH Institute on Disability, Dr. Brucker studies economic health and social wellbeing of persons with disabilities. She has over 20 years experience and has held social and policy positions at academic institutions, research organizations and state agencies. Welcome Dr. Brucker.

Dr. Brucker:

Thank you Gretchen. I'm glad to be here and thank you everyone for joining us today. Again, this is an article that was published in the Psychiatric Rehabilitation Journal in 2018, and I'm here to share how we conducted that research and our findings and open it up for any questions from you. This was research I completed with Mayumi Doty as a masters of social work. She was at the University of New Hampshire then, but is no longer, so I'll be presenting alone today. Funding for this study was provided by the University of New Hampshire College of Health and Human Services. Just in terms of background to set the stage for the study, we know that individuals with serious mental illness experience significantly higher rates of unemployment than the general population, and that many adults with serious mental illness have goals to work or see themselves working in the future, thinking that it would have a positive impact on their lives. So there's a disconnect between the percent actually employed and the percent of adults with serious mental illness who have goals to work. Community mental health center staff frequently interact with consumers with serious mental illness, and they may send messages to those consumers about expectations about employment as a component of recovery. So the aim of the study really draws off of that, to try to understand what are

those attitudes that the community mental health center staff have around employment for persons with serious mental illness?

We do know there are many benefits of employment for individuals with serious mental illness. In addition to financial stability and having a source of income, research has also shown an increased sense of empowerment and self-efficacy, a more satisfying social life, interacting with your coworkers can improve community integration and acceptance, increased productivity, and then decreased public spending on disability, income and healthcare at a broader level. So the purpose of this study was to collect some baseline information from community mental health centers, health agency staff, both administrative and clinical, about their attitudes about employment for persons with serious mental illness. We chose to focus not just on the clinical staff, but also on the administrative staff who may be greeting consumers as they enter agencies or interacting with them in other ways, so that we could see what the messages were throughout these organizations.

So we sent an electronic survey link to over 2000 administrative and clinical staff across four different community mental health agencies in one New England state in 2017. There's an existing measurement scale that can be used to gather information about the expectations for the employability of people with serious mental illness. It uses 23 items or questions to measure staff expectations for clients about serious mental illness, about their beliefs, about the benefits of work, the demands of the worker role and the motivation to work among their consumers with serious mental illness. The respondents would indicate agreement with a series of statements using a four point scale from zero, which indicated not at all to three, which meant a lot. And for this study, we also add an open-ended question so that the participants could share additional views they had about the survey, its contents, or employment among persons with serious mental illness overall. We collected some information also, in addition to that scale on the worker characteristics: their age, education, ethnicity, gender job tenure, how long they've been working at the agency, race and their role, whether it's administrative or clinical. And we also collected some agency characteristics: the average caseload size for clinical staff, as well as whether or not they had employment services, either integrated onsite or knew where to refer people to, to receive employment services. So this slide shows the results just in terms of the staff characteristics. It was fairly split in terms of ages of the staff. Most of the staff are female. 77%, most were white. 97%, 3% were Hispanic. 43% had more than a bachelor's degree. 33% had a bachelor's degree and 24% had less than a bachelor's student. And again, this is a combination of both administrative and clinical staff. In terms of job tenure, this was pretty split among the staff as well; a small proportion had worked at these agencies less than a year, about a quarter work there one to two years, a quarter worked three to four years, and then 34% worked five or more years. We received responses from, you know, 74% or clinical staff and 26% were

administrative. The average caseload size for the clinical only of course, was 25 people. And they estimated that about half of their caseload included persons with serious mental illness. They also estimated that 29% of their caseload with serious mental illness had attempted employment, 10% only were actually employed, and they also estimated which you may find concerning, is that 30% of their clients with serious mental illness were capable of employment. Another thing that I found interesting is we asked the staff whether their agency provides employment services and about 60% said, some form of employment services are available, 16% said no, and a quarter really didn't know at all whether they had employment services or not. For those that did have an assigned employment specialist working with their agency, we also asked them to rate their level of interaction with the employment specialist, and half said they had a strong level of interaction and half said they had a moderate.

So this slide shows the questions that pertain to assessing what staff felt about the benefits of work for their consumers with serious mental illness. And you can see for the most part, the staff really strongly agree that work would be beneficial for their clients in terms of helping them cope with their mental illness, that most people with serious mental illness have the ability to hold down the job, that they could get along with coworkers, feel more involved in their community, some of those things I mentioned at the beginning about, you know, about the benefits of work. But if you look at the last sentence statement that the staff were asked, whether or not they agreed with, that most people with serious mental illness can't work because it would make their symptoms worse- 81% agreed with that statement. The next slide speaks to whether staff believed that the consumers with serious mental illness could handle the demands of work. You can see that the responses here varied, about half said that most people with serious mental illness just can't do a fair share of work. Some of these comments relate to employers; so the second comment staff believe that usually no one wants to hire people with serious mental illness- almost 94% of staff felt that was true. A large portion believed that people with serious mental illness would have social difficulties that would make it hard for them to get along in the workplace. Lastly, most people with serious mental illness lack the family support necessary to keep a job- 86% felt that that was the case with the consumers that they serve. This next slide talks about staff's attitudes about their client's motivation to work. You can see for the most part, the staff believes that people with serious mental illness want to work and the reasons they want to work. Unfortunately, a third though, believe that people with serious mental illness get enough money from the government, so they don't need to work. And there are other studies that have shown that people that are receiving benefits, government benefits as social security, disability, insurance, or supplemental security income are still struggling to remain above the poverty line. So that statement is not necessarily true. You can see also that about a

third of the staff believe that most people with serious mental illness are too lazy to hold down a job and 80% feel they're not motivated to look for a job.

So this slide summarizes the results from the three different scales, looking at the benefits of work, the demands of the worker role and the motivation to work. The scale again was on a zero to three level. So higher meaning that the staff and administrative and clinical staff felt more strongly about certain areas. So you can see that they were less positive about the demands of the worker role in terms of clients being able to handle that and slightly more positive about believing in the benefits of work and client motivation to work. So we're also interested in looking at where differences might lie in terms of staff characteristics in these views that were held. So we conducted some statistical analysis and analysis of variants and controlling for age and education worker role, gender, job tenure, and level of employment and specialist engagement. The only significant difference we found was that staff with bachelor's degrees or higher had strong beliefs in the benefit of work for clients, and then the motivation to work among clients compared to people with lower levels of education. As I mentioned earlier, we also included an open-ended question, which we were fortunate that many of the respondents took the time to respond to; many staff offered comments supporting employment as an important recovery goal for persons with serious mental illness. One person stated that it's an opportunity that's an essential component of a person's recovery, that employment provides all people with a sense of purpose, routine and an opportunity to engage in the community. Many respondents responded with concerns about employment impacting access to health insurance, or the disincentive effect of disability benefits on employment. As shown here, one person noted the current disability benefits system in many ways, contributes to the lack of motivation to find employment for those with serious mental illness. Others stated nearly all of my clients would work, or work more if they can retain their healthcare benefits. A third statement was that I believe that many people who have a serious mental illness are capable of working however choose not to due to being able to easily obtain disability benefits. The respondents also responded to that qualitative question with ideas about employer attitudes and access to appropriate accommodations for employees with serious mental illness, generally stating that employers struggle to be compassionate, to provide reasonable accommodations for this population, but that employers aren't able to provide, or aren't providing these accommodations. Lastly, a fair number of respondents thought that the survey didn't apply to them as they only worked with youth. And we found this concerning as these providers may be missing opportunities to engage in discussions with youth and families about long-term employment goals as youth transition from child to adult mental health services, and that it's important to kind of set that stage, that expectation early on, as in general transition age or high school age youth will start to experiment with work in different forms at that time. Lastly, several staff mentioned the stigma of mental illness and a cultural

expectation that persons with mental illness should not work. They stated aside from coping and social skills, the other barriers work are cultural beliefs that they can't or shouldn't. And for all of these qualitative themes it's important, and even the quantitative information about the scale, that the idea was not to make judgements about these views that were held by staff, but really to understand what they are, so that researchers and trainers can take this information and work with these agencies to train their staff and provide corrections in some of the ideas that may be off base, or move them in a different direction to more strongly supportive of employment.

In general, in terms of policy implications, it was positive that staff are generally supportive of employment for their clients. As reviewed, many agree that there were benefits of work and improving self efficacy and socialization of clients with serious mental illness. It's important that further staff education occurs at mental health agencies to ensure that all staff are aware of current work incentives that are built into public disability benefit programs. As we reviewed, there were a number of comments stating first that they thought people earned enough from public disability benefits to not be able to work. And second, it seemed to be indicated that lack of understanding of the work incentives that are built into the public disability benefits that are supposed to promote work and protect access to health insurance. Next efforts should be made to educate all clinicians, including those working with youth about employment for persons with serious mental illness. And lastly, the role of employers, the need for community mental health agencies to increase their collaboration with vocational rehabilitation providers who can assist local employers in developing appropriate combinations for new or current employees with mental illness. So I know there's a lot of good work occurring at Boston University and elsewhere in terms of developing interventions and upscaling them and implementing them, and the information provided in this project in this paper is just meant to provide a baseline level of where staff attitudes are around employment for people with mental illness so that we know where the gaps are, where training needs to occur, and that there's still work to be done. Obviously this was collected in 2017 and we hope in the three years since then that there's been some progress. I know there are some ongoing efforts in some New England states to collect similar information at this point. And I don't know, I don't want to put Gretchen on the spot as a trainer, but she may know of some opportunities that are out there to work with these agencies in this area. So this is the citation for the actual article, and this is my contact information, and I think we can open it up for questions now.

Gretchen Grappone:

Thank you, Dr. Brucker. We have several questions that have been posted in the chat, which I will start to ask you and anyone else who has questions please post them in the chat now. One of the questions was, will the slides be available? We will archive this

video so you can access it again, should be up by the end of the week, we just need to caption it and then it will be available on our website.

Dr. Brucker:

Gretchen, would you also like the PowerPoint?

Gretchen Grappone:

Oh, sure if you're willing. At the end of the day, I'm going to be sending out a survey to all participants. So I will include Dr. Brucker's PowerPoint slides in that email as well.

Thank you. Next question, who were the staff helping when they said that a certain percentage were not people with severe mental illness. Do you have any idea?

Dr. Brucker:

We did not collect specific information. We did include a definition of serious mental illness, so I do assume, you know, people that didn't need that specific definition in terms of their agency.

Gretchen Grappone:

And I wonder if some of the people who were working with youth, maybe weren't included?

Dr. Brucker:

They might have said that as well, yeah.

Gretchen Grappone:

So next question. How can 100% of respondents say most people with severe mental illness have the ability to work, but then 81% say they can't work because of symptoms, any insight into that disparity?

Dr. Brucker:

That's a good thought. You know, that may be the disconnect between what the staff believe is possible and what maybe they've seen actually in practice. As I mentioned earlier, you know, they did share some percentages of the percent that actually tried work and the percent that were actually working. And so maybe there's something in there about, you know, the difference between what could be possible if symptoms were well controlled or medication was adhered to versus what's actually happening.

Gretchen Grappone:

Let's see. Next question. Do you have any views or information about staff at agencies, such as state employment rehabilitation agencies that handle all disabilities? So I think

the question is, do you have information, specifically data, about state employment rehab agencies at all?

Dr. Brucker:

I don't at my fingertips. We have the University of New Hampshire's Institute on Disability where I work. We have an annual disability statistics compendium, and I can send that one to you Gretchen to send out to the participants, but that every year we update and provide information about a number of areas around disability employment, number of people served by vocational rehabilitation agencies, number of persons receiving social security disability benefits. So if you wouldn't mind sending that out as well.

Gretchen Grappone:

That'd be great. Okay. So one participant says, I'm wondering, who's watching the webinar, what are the demographics of us? People who are interested in the information? Are we people that can make a difference or people who wish a difference was going to be made? So people who are interested in acting or people who are just seeing who's acting, I guess. We don't have specifics on demographics, but I can say just from the participants who've registered, there's a wide variety of people from all over the US, some from Canada, sometimes we get some people from the UK as well, some are from universities, some are from community mental health centers, some are recipients of services, some are from state rehabilitation agencies as well. So I can't answer exactly, but, we do have a wide variety of people. And if there are any participants who want to put in the chat box why you're here and what you plan on doing with this information, we can get a better sense of that as well. Next question- were there significant differences in attitudes where staff knew about local employment support programs or had an employment worker in the team? I don't know if you got that specific here.

Dr. Brucker:

So we did look at, as I mentioned, whether there was an employment specialist, you know, involved with the agency, this varied from agency to agency, and as one of those slides showed, some of the staff didn't even know if there were employment services, but we did control for that when trying to look at differences in attitudes among the staff. And there really weren't any, in terms of that level of engagement of the employment specialists, which was surprising. And as I had mentioned, it was the level of education of the staff in this particular study that came out as significant. You know, there could be, if we had a larger sample, that might've come out differently at the survey to over 2000 staff, but we have responses from about 10% of that, so in the two hundreds.

Gretchen Grappone:

I was really struck by 94% of the participants mentioning employer stigma. I mean it's not surprising that there was a ton of it, but almost everyone. So I'm wondering if you know of anyone who's kind of taken that information and reacted with any sort of intervention specifically for employers to reduce stigma.

Dr. Brucker:

I don't know, off hand, I know there's research going on at the University of Illinois, Chicago around employment of persons with psychiatric conditions, as well as obviously the Center for Psychiatric Research at BU that might be able to speak to some of that. Again, this is the staff perception, so obviously it may vary and as a New England state, you know, it may be a matter of they're most familiar with small employers in their areas who may know less. We know the literature shows that small employers sometimes have a harder time implementing accommodations for staff who need any kind of accommodation for a psych disability or other type of disability, perhaps because they only have four staff or there's no flexibility in the types of services they provide and who provide them.

Gretchen Grappone:

We did have a person post who's the state lead in MI for the evidence-based IPS employment model. He said they're working all the time and increasing their efforts. That's great. Generally they run about 41% employment rate, which is excellent, compared to what was it, 10% that in your study? So that's great. Thanks for posting that. Let's see, we have other people posting their roles. A lot of people representing IPS model, which is excellent. What have supported employment, the director of VR employment in California, welcome West coasters. I will say, I'll put my email in the chat because one of my specialties is and a project that I'm working on right now is, responding to intersectional stigmatization, specifically in the context of people with mental illness seeking employment. So very specific to this project. So if anybody wants information or help with that, I am putting my email in the chatbox now. Do we have any more questions? Let's see. Okay. Well, it looks like no more questions. So I want to thank everyone for taking time out of your day to participate. I want to thank Dr. Brucker especially for your work and for presenting today. And as I said, you'll be getting an email from me with tons of information, including a PowerPoint, and several links you can visit for more information about this. Feel free, as I said, to reach out to me, if you have any specific questions about the work we're doing at BU around stigmatization of mental illness in the context of employment. Thanks everyone. Bye.