

Long-Term Unemployment: A Social Determinant UnderAddressed Within Community Behavioral Health Programs

This call is being recorded.

Gretchen Grappone:

Welcome everyone. If everyone can put themselves on mute so we can hear that'd be wonderful. My name is Gretchen Grappone. I'm a licensed social worker here at the Center for Psychiatric Rehabilitation at Boston University. I'm going to be today's moderator for our Making Sense of Employment Research webinar. It is funded by the National Institute on Disability, Independent Living and Rehabilitation Research. This webinar is being recorded and will be transcribed and posted on our Center's website. We acknowledged that the territory on which Boston University stands is that of the Wampanoag and Massachusetts people. We do this land acknowledgement as a way of inviting truth to our conversation over the next hour.. We ask that you please keep yourselves on mute over the next hour, and we'll have a Q and A session at the end of the PowerPoint presentation. So just post your questions in the chat box as they arise. Our webinar today is titled Long-Term Unemployment: The social determinants Underaddressed Within Community Behavioral Health Programs led by Joe Marrone, who is a recently retired senior program manager for public policy at the Institute for Community Inclusion UMass Boston. He is also Coordinator of Training and TA at the Vocational Rehabilitation and VR management RRTCs based at ICI. Currently, he is consulting with the BURRT on the provision of remote online TA. He has also been a directory administrator of a large CMHC in Washington, as well as having a 17 year career in public VR. Welcome, Joe, I'm gonna pass it over to you now for your presentation.

Joe Marrone:

Thank you, Gretchen. Hello everybody. I'm here in Portland, Oregon, where it's beautiful, 71 degrees soon to be 110 later in the week. So luckily we're doing it today, so I keep the fans off. I wanted to share the screen for you and now I'm gonna keep it pretty much to 45 minutes and then we'll have 12 minutes for questions, but if you have something burning before you can break in through the chat box or unmute yourself, but otherwise keep yourself muted for the background noise. I appreciate it. Let me share my screen and that's see there, there we are. I changed the order when I originally sent it. Gretchen you'll have the correct order because we only have a few minutes. I wanted to make sure that I, in journalism parlance, didn't bury the lead. So the first probably five or six slides is to some extent the basic issue and the rest is really some background and some filler and some rationale for it. But the first slide, which is the title- "If you think work is bad for people with mental illness, what about poverty, unemployment, and social isolation?" as an article I wrote going back 30 years ago. So basically for many years, I think it's become a little less so recently, but it's still a major issue is that work has sort of been seen as a

boutique issue in terms of mental health systems and that people have to be very concerned about, should they work? Should they not work? What about some issues around people having too much stress? And I think what we found out over the years is essentially that people with any issues, whether they have a disability or not, are often harmed more by long-term unemployment than by stresses of employment, although there are some variations on that. Here's my contact information, which you probably have seen, but anyway my cell phone is (503) 490-2072 and my email is joseph.marrone@gmail.com. So if you have any specific questions or whatever that don't get dealt with here, feel free to connect via email or my cell phone. I'm not big on cartoons, but this kind of gets to it. This is a cartoon from years ago and there's people talking together supposedly clinical folks saying he's obviously depressed. Let's label him and see if several years of unemployment and poor relationships helps this condition. Well, this is meant to be sort of snarky and, and sort of, not even that funny, but snarky about traditional mental health. The reality is that a lot of this attitude, at least behind this, still exists in mental health. So there were a couple of things that I think just frame anything I'll say over the whole 40-45 minutes. For many years, I used to do a lot of keynote speaking and I wouldn't call it inspirational, but kind of broad-based keynote speaking. It would be sort of a version of people with disabilities that just like you and me, look beyond the label, you know, that kind of, sort of roughly speaking anti-stigma discussions. Probably 20 years ago, longer than that 25 years ago, when we started talking about employment, I started saying, how does this frame out in terms of specifically about employment? And it finally came to this, to some extent, overly simplistic, but still accurate concept, which is that if I think people with disabilities, including psychiatric disabilities can work, then I think people should work. So they think of it as a citizenship responsibility and how we get to that point is not the same for everybody. Some people need nurturing. Some people need maybe a kick in the rear end. Some people need nagging. Some people need a lot more time to come to this, but I really do believe that ultimately recovery and citizenship are basically intertwined, that if people can work, which I think everybody can work despite whatever label that gets put on them, that people should work. You've heard a lot I'm sure and particularly because you've signed up for this webinar, you know that there's a lot of discussion probably over the last five years about employment being a social determinant of health. And that's true as far as it goes, but I think what's important on the stand is we're really going to be talking about the negative impact of long-term unemployment. So essentially it's important to remember that remaining unemployed is worse for you than being employed is good for you. I think that's often lost. As an old rehab person and as an old, in every step of the way, let me say a veteran and an older person who's been involved in the psychiatric rehabilitation field for going on 40 years now, I certainly have spent a lot of time talking about the virtues of employment, and I think that that's still accurate. However, what's really going to be the focus of today is really talking about how the fact that remaining unemployed is worse for you than being employed is good for you. It's really underappreciated and under-referenced, certainly in the literature and day to day discussion. Avoiding long term unemployment is a better option than waiting for an ideal or perfect job. I have two caveats with that though, particularly in today's political climate. Number

one, the fact that I can say long term unemployment is worse for you than being employed is good for you, does not mean that every specific job is good for you. Some jobs can in fact be very bad for a person's physical and mental health. So the negative effects on one's mental wellbeing of being unemployed, likely outweigh the positive value of any one job for any one individual. So that's kind of a convoluted way of saying that some are not always good for you, but being unemployed for a long time is almost always bad for you. And once again, in terms of today's often political debates, when I say people should work, what I do not mean is that you should make employment a requirement for getting things like healthcare or food support. Those are necessary supports to help people move ahead in employment. So you can't use them, or you really shouldn't use them as barriers to people seeking employment, but it's easier said than done. And I often say that all change is difficult, no matter how long you're putting it off. And the reason why it's important to think about this is here's some current stats from our current US mental health system. And I know that not everybody here is in the US, but it really doesn't change that much if you look at some of the international figures. But these figures are figures counted are, in the U S it's called the Substance Abuse and Mental Health Services Administration, which is part of our federal bureaucracy overseeing a lot of the funding models that fund basically what we call block grants to state mental health authorities. So through fiscal 2020, which is the last year we have, only a little less than 24% of people in the adult mental health system have had any kind of employment during fiscal year 2020. People looking for work or not employed are less than 50%. So over 50% of people in the adult mental health system are not even looking for employment and over 76% of adults in our current mental health system don't have any employment in the previous year. And for those folks what we know about evidence-based supported employment, fewer than 2% of adults in the adult mental health population in the US even have access to evidence-based supported employment. So we're talking about the fact that, well, you can say simply that unemployment is bad for you. The reality is that long-term unemployment is a state that most adults with serious mental illness in the U S and frankly, internationally, still face, and it's a serious health problem. It's not just a social problem or an economic problem. It's a serious health problem. So the reason I present some of those figures is that you've often heard the phrase what gets measured gets done, but that's not totally true. I like to tell you until something gets measured and gained, it doesn't begin to get done. One of the dilemma of these figures, what I would see as a major health crisis in the US adult mental health population, is that in general, most people, if you've got a local mental health system, if you go to Iowa or Massachusetts or Connecticut, or a Washington state, most administrators at the state level and mental health, or at the local level, don't even know these numbers. They know kind of, it's a general problem. They don't know the numbers because the numbers aren't important enough that people, what I call game the system, don't try to fudge the system because there isn't enough effort put into improving those numbers. Rumi, who is somebody you might've heard of, is a poet from several hundred years ago who said "Yesterday I was clever, so I want them to change the world. Today I am wise, so I have begun to change myself". And John Cage who's a much more current composer or a musical composer in the US

says, "I can't understand why people are frightened of new ideas; I'm frightened of the old ones." And then you hear a lot about recovery these days, over the last 20 years, which is very good. You know, we're not talking about mental health treatment, or just clinical improvement, we're trying to talk about recovery. We often hear of recovery as a personal journey, but if you don't get anywhere, it can become a treadmill. And remaining unemployed is a classic case of not getting very far in terms of recovery in my point of view. Now this seminar is basically about employment and work. So when I think about work, I don't just think about productivity although being productive is certainly important. But it's not necessarily the most important part of life for everyone. There are other things in life that hopefully keep people vibrant and make life worth living in a sense; relationships, families, spirituality, recreation, hobbies. The reason I focus on employment and work is that it may not be the most important part of life, but it's the stuff that we in human services, particularly psychiatric human services, are least successful at helping our constituency, that people are supposed to help achieve. And when I say not just productivity, what I mean is that volunteering for example is often a good individual strategy for people. It's often very helpful for people to get a sense of giving back, to try something out, to not just be a recipient of service, but be someone who helps other people. So that's certainly a very valid individual way of being productive. But when we talk about human service systems, we need to talk about employment as different from volunteering. Volunteering may be good individually, clinically, but it's not the same as employment. I often, when I deal with system change, I often hear people when they talk about statistics, want to lump in paid work and volunteering as the same outcome. They're not the same outcomes. They both may be important, but they're not the same outcomes.

Some of you may have, hopefully a lot of you know of her, Pat Deegan who was probably the most fantastic and probably one of the most influential people with lived experience, speakers in the world really not just in the US, and she's someone who's had their own story of lived experience and then became a PhD psychologist. But she's a wonderful speaker, author and poet. She doesn't talk a lot about employment necessarily, but when she does talk about it, this is from an international conference from 16 or 17 years ago: "life lived within the confines of the human service and rehabilitation landscape is a life in which the freedom to become and make your own future is diminished." And that's my concern, frankly, as a US citizen and as a citizen of the world, I, well, it's certainly valid for people to worry about things like budget and people, human services, cost of human services and taking money away from other things that need to be done like climate change or economic development. That's not my concern about longtime unemployment and people in the mental health system. My concern is that people who have lived their lives within the confines of rehabilitation or human services are in fact often circumscribing their lives in a way they don't need to be circumscribed. And there's a lot of virtues to avoiding long term unemployment. Now part of the problem, when you do a fairly short webinar like this is, you're talking about these broad terms, and it's easy for people to say, well, I know that, I'm already doing that. You often have people who are already doing that.

We've tried that out. We tried that 15 years ago, 18 years ago, or I hear people say, we've offered employment to anybody who chooses employment, but most of our clients don't feel ready or aren't interested in employment. So my concern, if everybody's already doing it, how come it doesn't get done because it's not getting done as you can see from these statistics. If we're saying we value employment and they're trying to help people avoid long-term unemployment, and we see long-term unemployment as a clinical risk factor, that mental health systems and human service systems must help people confront then we're clearly not doing a good enough job with that.

Basically I'm going to focus more on employment. But when I talk about outcomes for recovery oriented mental health system, I think about employment, educational outcomes. I think about housing outcomes. It's clearly important to think about helping people avoid more distress that sometimes symptoms can cause or self-injurious behavior. I think about community participation and citizenship. I think about helping people listen to their need for outside financial support, because that always makes you dependent on the whims of the political whims or social whims. And I'm also talking about how people are satisfied with their own lives and how people are satisfied with what you bring them. So these are broad based outcomes that I think we need to think about not just employment, we're really going to focus on the employment piece because I really think that combating unemployment is an area that really has not been dealt with very strongly. And when we talk about employment as a social determinant of health, you're going to see references and there'll be more references that you'll have for takeaway and handouts that Gretchen will put in the chat box in a bit. But what's important to understand is that I'm not just saying that employment is good for you. What I'm really saying is that long term unemployment is very bad for you. And there is basically a clinical responsibility by people involved in any facet of the psychiatric rehabilitation or the mental health system to deal with combating long-term unemployment as a clinical risk factor for people. It's not just a nice outcome once other things are taken care of, it's a clinical risk factor. I also don't want you to get trapped in this hokey kind of stuff that you hear people say, what's the first thing people ask you about at a party about, that's not the reason to deal with it. The reason to deal with long-term unemployment is that remaining unemployed is one of the worst things you can do for your physical and mental health. Practically to some extent, well I can get as cosmic as the next person in terms of the social benefit of psychiatric rehabilitation, adult mental health, ultimately I see becoming a better person and self realization is that the consumer is the person, the recipient's responsibility. What we in the public mental health system/behavioral health system really have a fiduciary responsibility to do is to help people get employed, get housing, stay out of the hospital or jail and reduce symptom impact. And those are all what I see as primary staff responsibilities as we create partnerships with the person. I'm talking about partnerships, I'm talking about ways that a staff person should influence people to improve their lives, not control people, but the ways people getting paid by the system to help people deal with serious mental illness, influence people to move ahead in their lives and provide this kind of support they need. I'll talk more in a

bit about what I see as the difference between just helping people and supporting people. Terry Pratchett, who's a children's author said, "I'd be more enthusiastic about encouraging thinking outside the box when there's evidence of any thinking going on inside it." So I don't want you to think necessarily they have to be super creative, I want you to think about how concrete you can be about dealing with people when they're facing the major clinical issues inherited long-term ones. I wrote an article that I mentioned, this goes back, I guess, 21 years now, about why should people work? And to some extent, I hadn't fully crystallized my conception of long-term unemployment, but in terms of why people should work. It had that title that we started with, "if you think work is bad for people with mental illness, what about unemployment, social isolation and poverty." "Unemployment is much, much worse for your mental health and the stresses of employment. I see employment, frankly, as part of citizenship. And I see recovery and citizenship as both part of the deal. Work is not enough, but it's a better start on the American dream than unemployment and poverty and I understand as I hope all of you do, whether you're in the US, Canada, or overseas, that there were a lot of people who worked very hard and they're still poor because of various economic systems and economic realities. So this is not a magical solution for people moving out of poverty, because there are people who, at least in the US, work two jobs and are still suffering from poverty. I don't have the magical solution, but I know that remaining unemployed is not the best way out of poverty.

I think there's a lot of emphasis on discovery and career profiling and person centered planning, and those are all great, but ultimately beginning the journey towards employment is more likely to lead to a career than just planning about it. You need to take some action to begin moving ahead. Frankly, if you're a 20 year old person who was unemployed, it doesn't get easier to become employed or to move ahead in your life when you're 40. While employment is stressful and often episodic, you know, we hear a lot about the gig economy, we know what's happened during the pandemic. It's often over the long haul, a much less stressful way of life than depending on social security or TANF, and for those folks, not in the US, SSI and SSDI had two versions of our social security income benefit system. One for people who've been employed, one for essentially, people who have been unemployed. TANF is what we used to call our AFDC, or basically a welfare system for unemployed, often unemployed, although they can be employed, poor parents with children. I think it certainly gets more status than a consumer of mental health systems. That's not necessarily right, but it's something people can relate to. You know, most people are employed, so people can relate to you as a worker much easier than they can relate to a person as a consumer of the mental health system, even if they have very positive views about mental illness and substance abuse. Frankly, particularly in our current society, it's a lot easier way to meet people and expand networks and develop possibilities for intimacy and love and sex. We just don't have the kind of social fabric that we had a hundred years ago. We move around a lot more. We're not as connected with neighbors as we were.

Our families are not necessarily close together anymore. I have grandkids in Michigan and outside of Washington DC. so it's not as easy to create a social network as it might've been a hundred years ago where people were rooted in one place with their family constellation all around. And certainly one of the primary ways we'd meet friends, family, lovers, people who become family, good friends, associates, and on a practical level it hopefully, although not always, depending on the job, it's a much more interesting day to day and it gives leisure more meaning. There was a recent article in the Washington post who said, sort of obviously I guess, that prolonged and inescapable boredom has serious negative consequences. And while some jobs and some repetitive jobs can be terribly boring, being at home all day can often be terribly boring, relying on, on day services or just treatment at a mental health center can be terribly boring, usually much less intellectually stimulating and interesting than just working with coworkers, it connecting with customers in a job, as I said, and that's kind of the theme for this and unemployment is really bad for you. Let me see if in the chat box now, hold on a second. Gretchen, will put, if she hasn't already, I think she does. I have several handouts, but one of the key handouts is a handout of references and in that you'll see over a hundred epidemiological references that don't prove causation between long-term unemployment and physical and mental health, but there's a very strong correlation. And what you have in the next few slides is some samples. These are included in that log of handout, but what we don't have a strict, causative cause and effect basis, there is an enormous amount of data that certainly indicate a direction that says even in the absence of preexisting physical or mental problems pathology that in fact long-term unemployment may cause, or certainly exacerbate existing health issues, whether physical or psychological.

So here's some samples from that handout. Margaret Park, who was a person with lived experience, read, this is probably 10 years ago, now I forgot the year, "mental health professionals believed I could not work and I believed them. I trusted them. Unemployment is itself a boring and depressing experience. It takes Herculean effort to not be overwhelmed by a sense of meaninglessness." There's other sections of her quote, talking about being judged by others, not being able to be respected by friends for good or bad reasons. That's not necessarily good from a social construct that people shouldn't respect you because you're unemployed, but it's a reality of life. However, she ends by saying direct care staff who provided services for me, conveyed to me that my aspirations to climb back into a comfortable lifestyle were grandiose and unattractively ambitious. My coworker, who several of you might know, was in New York state as the commissioner, before that he was a commissioner of the Ohio Department of Mental Health. Many years ago, he was a chair of what was known as the president's commission on mental health. And when he talked about the vision of recovery, he talked about increasing employment for people with mental illness as one of the most urgent priorities in today's mental health system. That's a quote from a brochure from the Ohio Employment Leadership Alliance, what I don't have is the date. The date of that brochure is 1993. So in 28 years, that figure that I showed you that is now 23.6% of adults in the mental health system having any kind of

employment basically moved from about 16 and a half percent. So it's moved up. But when you reconsider the economic boom, the stock market boom, over the last 28 years, the way the economy has progressed over the last 28 years, the way unemployment has basically come down with that blip from the pandemic where we're really up and then 2008, that great recession, the reality is we've hardly moved at all when we think about this being one of the greatest priorities and most urgent priorities. So here's some examples from those epidemiological studies. This goes back to the first one I could find was from 1938, so we're not talking about a recent finding, unemployment tends to make people more emotionally unstable than they were previous to unemployment. That goes once again, 1938, this was written in an old out of the press news magazine called the psychological bulletin, which has now kind of morphed into psychiatric services. 2006 you know, the question in the article was, is work good for your health and wellbeing or finding and keeping work issues for those with mental health needs, it's obviously a long article, but here's what they basically find them. Once again, I have the references, so feel free to read the whole article. Being in the right type of work, which is good for health, quality of life, and self-esteem. People who are long-term unemployed have more sickness, disability, obesity, use meds more, use more medical services, decreased life expectancy. Returning to work after unemployment, this is interesting, improves health by as much as unemployment damages it. So it's not a lost cause. So if long-term unemployment, in fact, has a negative impact that's deleterious to a person's physical and mental health, returning to work can in fact begin to help people improve. These are several articles, the first article talks a lot about that a longer duration of poverty and unemployment is a risk factor of heavy drinking. It talks about how recovery was influenced by unemployment and poverty. Another article talks about that if you were poor, this is not too surprising, if you were poor prior to disability acquisition, you have a greater deterioration in mental health than among those with higher wealth. I think we know that. This article from 2014 from Australia, talks about a greater reduction in mental health for those persons with disabilities who were unemployed or economically inactive, then for those who were employed. Steady employment is associated with reduced use of mental health services. This was an old article 12 years ago, but there's been some follow-up. Basically this particular article talks about \$166,000 of lower costs of mental health services for people who worked over 10 years. I think what you find when you look at the use of employed people for mental health services, what you tend to find is that they use fewer mental health services and when you're doing some qualitative interviews, the reason they do that is not necessarily because they feel that much better, but to some extent it is. But to some extent it's because people are doing other things with their time than using mental health services. So from a policy point of view, to figure out how to save medical costs or what we call the United States, Medicaid costs, it's very important. It's an important policy outcome. But I think for an individual, the real concern is that there were other parts of their life that they're paying attention to, other than purely getting services from the mental health system. When I was deputy director of the largest mental health center in Washington state, I'd get to work pretty early and frankly, I was always depressed. Our clinic opened at eight o'clock and there would be a line of people around 7:30 when I'd get in

waiting to get in. Now on one hand, that was good- we had services that people valued, on the other hand, that was a concern because I'm thinking why is this 7:30 in the morning, the major need that people have in their life to use mental health services that we need to do a better job. You know, at some stage we'll be successful and some certainly not as successful as we want it to be. One of the issues is that mental health affects future employment as job loss affects mental health. So the pyramidal health is attributed to both the impact of unemployment and to existing mental health problems. So basically I don't want to minimize the fact that sometimes people's psychiatric status or mental health status does in fact make it harder for them to get a job. That's why we have things like supported employment. That's why we have support services. So I don't, when I say that unemployment is worse for you than employment is good for you. I don't mean that the only thing that resonates with your mental health status is whether you're employed or not. What I do mean is that being unemployed for a longer time is a kind of problem and risk factor that we do a poor job with that we do around symptom reduction or med management. Often people need a lot of things, but employment is one of the things that we do the worst at, and long-term unemployment we don't hear enough talk about as a clinical risk factor. When I was the deputy director of the mental health center, where I mentioned in Washington state, one of my goals was to beef up employment services. And one of the things we did was to move our employment staff. We had two employment staff when they started and at the end of two years, we had 23 employment staff. That was really important. We provided more resources for employment. Practically speaking, in terms of my changing the attitude within the mental health system about employment, I didn't spend too much time with my employment staff because the person who ran it was good and I had a good employment support staff. I spent most of my time with the clinicians, with the doctors, with the nurses, with the crisis team, some of the best discussions we had about the risks of long-term unemployment were with the crisis team. So when I talk about long-term unemployment as a clinical risk factor, and I talk about systems, I'm not just talking about adding a few employment staff. I'm not just talking about doing evidence-based important employment, and what you know as IPS. I'm talking about how do you get the clinical teams more engaged in helping people avoid long-term unemployment? And we're probably at the stage in the world in most places, not every place, at least in the US where if a client says, I want a job that there's a reasonable amount of support at some level to say, okay, let's see what we can do to help you. What I'm talking about is for the 80% of people or the 60% of people that are concerned that right now, they say, "they're not at the best time for getting a job, I'm not ready to work right now" that clinicians begin to discuss with them the greater risk they're taking for their physical and mental health by remaining unemployed.

Here's some more articles you can see this is from a relatively recent one, 2016, 2017. "Unemployment is a source of adult and youth mental distress and of economic hardship and it changes the way people are able to relate to their families." The results of this particular article from Scandinavia in 2016, talk about this one, in fact, talks about a causal link between unemployment and poverty status and subsequent health status. But obviously there are issues

about what's called the research selection bias, like who exactly was interviewed in these discussions. This particular article from 2017 basically interviewed 71 participants. The majority of the community and two areas of community integration emerged as a problem, even though they were living in the community, these 71, this was a qualitative set of interviews that were basically satisfied with their living arrangements, but they weren't satisfied with quote unquote "being productive or being close to someone," that is working or having relationships. Once again, I certainly understand from a philosophical point of view, there's a difference between being productive and working. You can be productive without having a paid job. It's inescapable though, to come to the conclusion that most adults in our society and in many societies, certainly in Western societies, see paid employment as a major vehicle to productivity when you're working age adults, certainly there are other societies that have different views of productivity, but in those societies, frankly, being productive is essentially what takes the place of paid work. It's not, as in the United States, something we might say, well, they're not working but they're productive. In societies where there isn't as much paid employment, that sense of being productive in terms of value to the tribe, but to the local community is really the equivalent of paid work. And once again, in terms of people taking care of their family, being a stay at home mom or dad, being a quote unquote homemaker, that's considered a job that has economic value. This is a slide from a group that was training physicians in Arizona years ago, talking about clinical decision-making and it was labeled "Practical stuff they didn't teach you in medical school." And there are several things here about sort of taking a holistic view. But what's interesting is they talk about, even in this slide, which is geared for physicians and talking about training physicians, that loss of work causes anxiety, depression, loss of self-worth, and threatens identity. They talk about the web mobility corporation, this set of slides talks about unemployment as a clinical risk factor. This book from 1987, it's not an article, but to some extent it basically summarizes what pretty much, most of those articles from 1938 through 2020, actually you'll see, in the reference list, basically this summarizes, what are some of the side effects of unemployment in the general population- increased substance abuse, reduced self-esteem loss of social contacts, alienation and apathy, increased psychiatric disorders, and increased physical problems. Now, if I'm a clinical director in a community mental health center, or if I'm a state or a federal governmental official in charge of mental health policy, and I'm saying what's a social condition that increases clinical risks for the population we serve in terms of this issue, putting people more at risk for substance abuse, for losing social relationships, for alienation, apathy, for greater physical or psychiatric disorders, for lowering self-esteem. I would say this is a crisis. If in fact, over 76%, over three quarters of the population in our adult mental health system in the United States, and it's not much different internationally, in fact have this condition, you can have this situation of putting themselves at greater risk for these areas, why are we not doing something about it? This is a serious clinical crisis. It's not just a social or an economic crisis, it's a clinical crisis. I talk about, and this is also in your handout, you don't want to talk about motivational interviewing, what I try to get people to think about is to think about motivational enhancing environments. And I'm not going to go through each of these things, but

what you'll see in that handout is this little overly simplified view of contrasting, just focusing on motivational interviewing, which as good as it is and what a wonderful intervention it is, is essentially totally focused on helping the person change their behavior. I want you to think about how do you help the organization create a motivationally enhancing environment so that in fact, people can put themselves less at risk for long-term unemployment. How do you deal? Number one with the people who say they're interested in employment, how in fact do you produce interventions that give them a greater chance of succeeding in employment and for the greater numbers of people who say right now, "I'm not ready for employment, I'm not interested in employment" how do you in fact begin to influence them to get them if nothing else, to understand the dangerous situation they're willingly entering into, by not dealing with long-term unemployment. One way I don't want to get into this here, but I just want to mention one of the ways I've helped people think this through is to essentially say, you won't very often heard about the quadrant approach in terms of people with concurrent disorders, substance abuse and mental health or physical issues and mental health issues, and I want you to take a quadrant approach to employment. Think about people who have high or low support needs and mental health and people who have high or low support needs in employment. Some of those people have very high support needs in both employment and mental health and need something like evidence-based supported employment, which you see in the upper right side here, what's called IPS-individualized placement and support popularized by people from Dartmouth and now West App. But there are other kinds of employment needs that could be attended to based on the levels of support they need either in employment or in clinical areas. Some people may need a lot of mental health support, but very little employment support. Some people may need a lot of employment support, but very little clinical support. So the various resources that we need to think people can access and help people access, whether that's our department of labor system in the United States or workforce centers, whether that's a public vocational rehabilitation system, whether it's looking for jobs on their own doing through networking, whether that's direct job placement, whether that's supported employment. Kevin Martone was the head of an organization called the Technical Assistance Collaborative or TAC, was formally the director of mental health in New Jersey, said "a man with schizophrenia once told him he could cope with the voices in his head, but it was the poverty, the unemployment, the homelessness, and the fact that he was going to die 25 years sooner than the general population. Those were the big issues for him." So, you know, why has it been so hard to move employment into community mental health practice? Partly because people don't do these suggestions; these are very simply to some extent, overly simplified suggestions, which if you have any questions we can talk more about, but here are five very specific kinds of suggestions. Number one, we need to prioritize employment outcomes concurrently with housing, within recovery oriented, mental health systems of care. They're not prioritized around our US mental health system. We need to identify the treatment of long-term unemployment as a significant clinical risk factor, similar to plans on crisis management and discharge planning. When I was a deputy director of a large mental health center, I required all clinicians, if someone was unemployed for more than three months, to put

something about dealing with long-term unemployment clinically on every service plan. Whether that person was interested, we might start right away helping them get a job. If they weren't interested, we obviously wouldn't push them into employment, but we would talk about how do we help them deal with long-term unemployment. From our state funding levels, we need to include the ability to provide things like supported employment and that's kind of a technical issue. I think there should be ways of both incentivizing employment, but more importantly, we need to add sanctions for people who don't deal with employment and with long-term unemployment. And we also need to do a better job of linking with generic systems like vocational rehabilitation or the workforce systems.

I'm going to skip this and let me end and then we'll have some questions about this. From an individual point of view, how do you help people change? And what I like to think about is there's only three ways or three interventions that everybody needs to change. People need a sense of hope. People need some concrete help and people need some hassling at some level, people need to get out of their comfort zone. And when I contrast hope versus optimism, I think about optimism or shallow optimism as just keeping a pat on the back and saying, oh, I know you can do it. And if someone's had a lot of problems, if someone's had a lot of failures in life, it doesn't help just to say, I know you can do it. When you're really going to be hopeful to people you communicate, you care, you understand, you'll be there and you have ideas and help to offer. And I contrast help, which is giving people what you think they need versus support, which is giving people what they want. And sometimes you need to do both, but always know the difference, help with giving people what you think they need support as giving people what they want. Before I take some questions, think about Billie Holiday, who was an old blues singer from the thirties and forties, who said, you need love in your life and some food in your stomach before you can still hold still for some damn fools lecture about how to behave. I have some ending quotes, but I want to see if there's any questions first. So let's see on the chat box,

Gretchen Grappone:

Well first Joe, I have to apologize. I've mispronounced your last name. It's important for me to acknowledge that. Sorry about that. But we did have a few questions come in and I'll just take them in the order that they came in. The first question is besides the financial aspect, how would the outcome be different between volunteering and working?

Joe Marrone:

Well, sadly, I think you need to treat it as a social policy versus for lack of a better word clinical. I'm using the term clinical broadly. For any individuals that you or anybody's working with, I think a lot of people say, ah, I like to volunteer. I want to give something back or I want to try. I have a friend who is volunteering and gets a lot of satisfaction from it. It's also from a sort of a broader clinical point of view. It's very helpful for people who are recipients of a service to feel empowered, to give something back. It's just that it's not the same when I'm in a mental health

system of care or I'm in an employment system and I want to help people get back into the economic fabric of society, counting volunteering as employment is misconstruing what's going on. So there's nothing wrong with volunteering. It's just not employment. I think ultimately what we find is that long-term unemployment is what's deleterious or persists physical and mental health. And as you know, from maybe your own life for lots of people's lives, there are a lot of people including me, and I assume, as I said, many of you who both work and volunteer in something not associated with work. So that's the distinction. It's not so much, both can be good for you, but it's just at once I think a good kind of clinical step that you may or may not want to take, but from a social policy, outcome orientation, that's not the same as changing the direction of the long-term unemployment that we see in the statistics.

Gretchen Grappone:

Thank you. Next question is from a participant that's from Tanzania who says that there just isn't enough awareness of this issue in where he's from. And he says he has a disability. He and his colleagues who also have disabilities run an NGO and they're wondering about if you know of any support, like small grants or, or any kind of thing at the international level that you could point them to.

Joe Marrone:

No, not particularly. Certainly, the World Health Organization has published a lot of statistics about unemployment and poverty and mental health. The UN has grants, from the US point of view, the agency for international development is called USAID, the European Union has done a lot, but you know, I certainly can't tell you right off the cuff about very specific grants that might relate to people in Africa right now. I mean, that's, you know, obviously an issue- funding, particularly for countries that have not a strong social support network or human service network. Although, as I said, countries like the US and Canada, which have very strong social service networks and human service networks still are tackling this and don't necessarily do as good a job as they can. So I don't think I'm going to be that helpful right now, except the obvious with things like the World Health Organization and the UN and UNESCO.

Gretchen Grappone:

Great. Next question. I dare you to answer this one, Joe. When will the US force people, of course, companies to hire people with mental illness? In Europe, companies are forced to do this, but in the USA, people have to compete.

Joe Marrone:

Yeah, well there's two answers to that one. I don't think you'll see it in the US, however, because of our political structure. I think what you're seeing more, and I'll just talk about the US, but I'll also talk about Europe. What you see more in the US is more emphasis on the fact that mental

health is in fact a disability, you know. Legally it's covered by the disability protections we do have in the US, including some of the, the, what we call affirmative action protections, but those tend to be more robust at helping people keep their job level, then at the job acquisition level for a variety of reasons. So I think you're never going to see or going to see in my lifetime, the US political environment force people with private companies to hire anybody with a physical or mental disability. You are seeing an increasing emphasis on understanding psychiatric disability as part of the constellation. I'd say in other countries like, for example, Japan or in Europe, there's often a lot of like quota systems. However, when you look at those systems, what you find is often companies would rather pay the fines than actually do the hiring. And there really isn't a lot of strong data, certainly it has had some impact in some countries. There isn't a lot of strong data that creating a quota system for different disability labels necessarily improves hiring all that much at a system level.

Gretchen Grappone:

Great. And our last question to round out our webinar today- prior to COVID, not being able to leave home for work was seen as a barrier and a sign of being unemployable. With the new normal, will there be more opportunities for some, with mental health challenges to gain employment and be able to attend to their mental health needs while working at home?

Joe Marrone:

Yeah, I think there's good news and bad news with the post COVID economic environment. The good news is it's a job applicants market now, you know, there's certainly a lot of opportunities. Just recently the U S average wage for basically entry-level jobs has inched over \$15 an hour, which is still, you know, not a lot of money comparatively, but it's a lot better than it used to be. So the good news is that there's more economic opportunity in terms of the two caveats with that in terms of a specific question, there will be a lot more work from home jobs, as you can tell from the statistics, those tend to be very much white collar jobs, tend to be actually concentrated in the higher paid professions. So I think for people whose only barrier, let me say, is the idea of being out of the house or connecting with a lot of people. I think that's going to open up, but for people reentering the job market after a long time, or just entering the job market, a lot of those white collar jobs aren't necessarily going to be available to them. The negative part, not related to telecommuting or work from home is that a lot of the increase in jobs that you see in the labor market, in the U S and I assume what you're going to be seeing in other parts of the world, offer entry level, you know, supermarket delivery, warehouse jobs, jobs that are not necessarily the greatest jobs. So, because of the need, they tend to be paying more and they'll often come with benefits which five years ago didn't come with benefits. In the United States, having a job with health care is an important benefit that may not be as much in Canada or other parts of the world that have national health care. But I think a lot of the opportunities and jobs, not at home, not work from home jobs, but a lot of the big glut of vacant jobs in the US are really entry level kind of jobs, which I think are a good start for a lot of people, particularly if you're younger, but it's

not always the most desirable jobs. And as I said, long-term unemployment is terrible for you. Every specific job may not be good for you. And some jobs can be very bad for you. Is that it on the questions?

Gretchen Grappone:

That is it.

Joe Marrone:

Okay, let's end with some quotes. Gilead, which is a famous novel by Marilyn Robinson, John Ames was the narrator in the novel, who said "I've probably been boring a lot of people for a long time. Strange to find comfort in that idea. There have always been things I felt I must tell them, even if no one listened or understood." That's kind of the way I feel now at the age of 74. There's an old Yiddish proverb that says "If one person calls you a jackass, ignore him; if a second person calls you a jackass, think about it; and if a third person calls you a jackass- get a saddle." And finally, if anybody ever likes anything, I say, I always remember this Mark Twain quote. "There's nothing you can say in answer to a compliment. I've been a compliment to myself a great many times, and they always embarrass me. I always feel they have not said enough." Anyway, thank you all for attending. You have Gretchen's contact. She put the handouts in the chat box, I'm assuming, and you have my contact and email. So if you have anything you want them to say, good or bad offline, feel free to call me or berate me over my message line on my cell phone.

Gretchen Grappone:

Thank you so much, Joe. And, I'll be sending out an evaluation for this for everyone. So please give us your feedback and we thank you all for attending, and we will see you next time.