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YOUTH, YOUNG ADULTS, & MENTAL HEALTH

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**Special
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EDUCATION & EMPLOYMENT



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INTRODUCTION

EDUCATION & EMPLOYMENT



What do you want to be when you grow up? At various times in my life I answered the question earnestly with the following: archeologist (I had just come back from visiting the King Tut exhibit), marine biologist (seals are so cute!), truck driver (my middle school years apparently brought with them a love of the open road), and van painter. As a child of the 70s, I envisioned a life in which I would air brush wolves, stars, and majestic tigers onto metal panels, all while I lived in the back of my own highly ornate van.

In college, my career path remained an open road. I began as a Drama major, but that didn't last long as the realities of job potential given my talents were all too apparent. I ended up settling on Communication (dabbling in Sociology along the way) where my new dream was to become a documentary film maker. Although I did fine as a college student, again in my actual abilities – this time behind the camera instead of in front of the camera – caused me to reflect on yet another career choice. My first job after graduation was working in syndication for a television network in New York City. I lasted three months as the long commute, intensely competitive work environment, and strict rules made me question whether a career in television – and my major – weren't a mistake.

Between college and graduate school, I earned money as the following: a barista, personal assistant, manager of a

sports intramural program, wedding cake consultant, and editor (Hey! Something stuck!). Then, in 1993, I started my Master's program in Developmental Psychology and by 1998, I earned my PhD in the same field (still working as a barista to help me through school). I was 30 when I graduated.

I don't believe my career path is atypical. Very few people know exactly what they want to be when they grow up, and create a linear path to that goal. Instead, they dabble in different dreams and jobs, learning where their skills match and the work environment is a good fit, ideally landing in a job that feels right.

Youth and young adults with mental health challenges face similar trajectories when trying to determine “who they want to be” when they grow up. However, their journeys are often more arduous due to their struggles with mental health. With that in mind, this special issue of *Focal Point* focuses on best practices for helping youth and young adults with mental health challenges reach their educational and employment goals, by highlighting preliminary results from some of our research at Pathways to Positive Futures as well as some of the work being done at the Transitions RTC at the University of Massachusetts. Three articles describe interventions, two of which are currently funded by Pathways. One describes the promising results of Career Visions, a program designed for youth to truly explore different career options as opposed to settling for any old

job, despite the obstacles mental health issues may bring. Another, Better Futures, supports high school students who have both mental health conditions and experience in the foster care system in their goals to get into college or other post-secondary education. Finally, Opt4College, created by Myra Rosen-Reynoso and colleagues, is a computer-based program which guides youth through the obstacles and supports that await them while applying for and attending college.

Other articles in this issue of *Focal Point* describe best practices for working with youth to achieve desirable education and employment outcomes. Pathways member Eileen Brennan and colleagues conducted research to determine what factors are associated with better educational outcomes in youth with mental health challenges. Another article examines how both supported employment and supported education can be effective with young people (Delman & Ellison), while this issue's Data Trends reviews how supported employment may not benefit all young adults equally. An editorial by Charles Lidz suggests that viewing career development as a part of the recovery process can reframe the way we think about employment services. Finally, an article by Joe Marrone and Stephaine Taylor examines how vocational rehabilitation services can work effectively with young adults with mental health challenges.

Three more articles provide a sense of what works from

the perspectives of young adults. Two young adult authors focus on what made the programs in which they participated (Pathways projects Career Visions and Better Futures) successful. Additionally, a group of young women from the Pathways sister program, Transitions – which operates out of the University of Massachusetts – offer advice as to how to best work with young adults with mental health challenges, while their supervisors do the same from their point of view in a separate article.

A common thread through all these articles is the need for support. No one person can achieve their educational and career goals without the help of others. When I think back on my own winding path toward where I am today, I am touched by the number of people who supported me along the way – a college advisor, my friends and family, and various people who were just willing to offer advice. For young people with mental health challenges, these supports can be more difficult to find, and are that much more important. We hope that this special issue of *Focal Point* provides valuable information and insights towards helping youth with mental health challenges reach their educational and employment aspirations.

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Better Futures: Helping Young People in Foster Care with Mental Health Challenges Prepare for and Participate in Higher Education

Many youth in foster care experience mental health issues, often associated with trauma, separation from bio family, placement changes, and other stressors. Although the overwhelming majority of youth in foster care (70%) want to go to college or vocational school,¹ very few get the opportunity; only 20% of youth in foster care who complete high school go on to attend college, as opposed to 60% in the general population.² The statistics are similarly disappointing for young people with mental health conditions. For example, a follow-along study of youth with mental health issues in high school found that over 80% expected to participate in higher education.³ However, four years after high school, only 34% had actually participated.⁴

Young people in foster care with mental health issues may be more likely to struggle in school because they do not receive the support they need to be successful and navigate barriers. Foremost, most youth in foster care lack a consistent adult to encourage them in school or to advocate for them. Low expectations of school staff, child welfare, mental health, and other professionals further limit the opportunities available for these youth to learn about and prepare for higher education. Many youth with mental health issues in foster care retain their dreams of going to college, but do not receive support or services that could promote their success.

THE BETTER FUTURES PROJECT

The goal of the Better Futures Project is to empower and support young people in foster care with serious mental health issues to prepare for and participate in college or vocational school. To accomplish this goal, Better Futures

is conducting a preliminary study of the effects of an intervention model that is informed by research on the benefits of self-determination enhancement^{5,6} and supported education.^{7,8} A centerpiece of the model is support provided to youth by near-peers who are in college themselves and who have shared experiences around foster care and/or mental health. Project youth participate in: 1) a four-day, three-night Summer Institute during which they live on a university campus; 2) individualized coaching provided about twice a month for nine months by near-peers who support youth in working toward their goals and managing barriers; and 3) mentoring workshops that bring together the youth and their coaches for discussions and experiences that are guided by speakers who have expertise around foster care, mental health and higher education.

BETTER FUTURES PARTICIPANTS

Better Futures is currently working with the last group of youth enrolled in the current study. Youth eligible to participate in the Better Futures Project were (a) in the guardianship of the state foster care system; (b) living within the project's geographic area; (c) in high school or a GED program and one or two years away from completion of their secondary education; and (d) identified as experiencing a significant mental health condition. In addition, youth had to be open to the idea of attending college (i.e. they had not ruled it out), but had not yet applied. Approximately 87% of youth invited to enroll in the project decided to join; as legal guardian, the state foster care agency provided consent for youth choosing to participate.

Sixty-seven youth were enrolled in the study. Following consent, each youth completed an assessment packet

and then was randomized into the intervention group (36 youth) or the control group (31 youth). The assessment packet gathered information around youth demographics, empowerment, self-determination, quality of life, mental health, hope, confidence about planning for college, and involvement in planning for transition to adulthood. Following their initial assessment, youth completed assessments three more times: following the Summer Institute (approximately one month after their first assessment); after their coaching ended (nine months after enrollment); and about six months after they completed the intervention. In addition to the assessment measures, youth also

"The coaches were helpful to me and could relate to what I've gone through so it was easier to trust them."

completed questionnaires asking about their satisfaction with each of the intervention components (Summer Institute, coaching, workshops), and they provided continuing information on their educational status (i.e., not in school, attending high school, GED program, or type of higher education). Youth were enrolled in three waves or subgroups,

with each wave beginning in the summer and ending about 16 months later. Youth in the first wave (17 total) have completed all four assessments; youth in the second wave (25 total) are currently completing their final assessment; and youth in the last wave (25 total) have completed their second assessment, with the intervention group still engaged in coaching and mentoring workshops.

IMPACT OF THE SUMMER INSTITUTE

At this point in time, all of the youth have completed their initial assessment and their assessment following the Summer Institute. Thus, this section describes the Summer Institute in more detail and shares some preliminary findings.

Key Summer Institute Activities

The Summer Institute featured information sessions during which youth learned about the different options for higher education, the advantages of earning a college degree, and resources for paying college tuition. Youth also assessed their current educational status and heard about various options for high school graduation and credit recovery. Participants were exposed to both university and community college campuses, and completed a variety of activities, such as mapping their career pathways, that encouraged them to dream about their educational futures. The Institute also sponsored a number of panels during which young adults with shared experience around foster care and mental health discussed their experiences regarding their educational goals. Two young adult "All-Stars" from FosterClub, a national leadership group for young people in foster care, assisted with Institute activities and provided informal mentoring. The youth stayed in college

dorms, and all activities were held on college campuses. At the Institute, participants had the opportunity to connect with other youth who had similar life experiences and educational goals, and each cohort left as a very bonded group. Topics introduced at the Institute were followed up with more in-depth discussions during near-peer coaching sessions and mentoring workshops. In this context, the Institute's goal was to excite youth about higher education, help them see it as within their reach, and launch their individual planning and preparation activities.

Impact of Summer Institute on Assessment Outcomes

Compared to youth in the control group, youth in the intervention group showed encouraging change from initial assessment to post-Institute assessment, about a month later. Independent t-tests comparing group scores showed that while the intervention and control group did not differ significantly at baseline on any of the measures, there were significant differences between the two groups when they were assessed after the Summer Institute. For example, compared to the control group, youth in the intervention group had significantly higher scores on measures of quality of life, self-determination, confidence in college planning, hopefulness, and involvement in planning for transition to adulthood. The differences between groups (intervention vs. control) after the Institute can also be understood through effect sizes obtained for the mean difference between the groups for each measure, which, at Time 2, ranged from .31 for a measure that evaluated mental health recovery (considered moderate) to .85 on a measure that assessed self-determination (a large effect size). While the consistency and strength of these positive findings across measures are promising, they should be interpreted with caution given the relatively small sample size and short period of time between assessments. More sophisticated analyses will be done following collection of remaining data, and will assess whether post-Institute improvements are maintained, reduced, or enhanced over time.

"I learned about financial aid, scholarships, tutoring, colleges, and it was definitely beneficial to me."

Youth Perceptions of Summer Institute

Feedback from youth regarding their experiences at the Summer Institute further highlights the importance of the event in helping young people feel like college is within their reach; it also helps to distinguish which elements or activities of the Summer Institute were most critical. Immediately following the Institute, youth were asked to complete a brief evaluation which gathered information about their experiences during the event; response options for each question were on a four-point Likert scale ("not at all", "a little", "quite a bit", and "a lot"). Youth were asked

to rate the extent to which the Institute: 1) was useful, 2) was enjoyable, 3) made them more interested in going to college, 4) helped them learn how to prepare for college, and 5) made them feel more confident about preparing for college. As shown in Figure 1, for each item, at least 80% of youth responded “quite a bit” or “a lot”, suggesting that participants felt the Institute was extremely worthwhile.

Key quotes from the qualitative feedback also suggest the Institute was transformative, with participants commenting:

- “It helped me prepare for my future by educating me on resources.”; “I learned about financial aid, scholarships, tutoring, colleges, and it was definitely beneficial to me.”
- “The coaches were helpful to me and could relate to what I’ve gone through so it was easier to trust them.”
- “I enjoyed the panels because they showed me that people went through a lot and still made it.”
- “I liked hearing from the college students because it gave a realistic perspective on what college life is like.”; “I’ve always planned on it [college] but with the help I know about, I want to even more.”
- “It helped because we could talk about anything in life at the Institute. I was not judged and [I] left feeling more sure of my choices.”
- “Better Futures has opened my eyes to a lot of resources and services that I didn’t know were available to me.”; “Because of it and my coach, I feel a lot more secure and excited about my future.”
- “I made a lot of new friends, made connections, had FUN!”; “Really fun – Living like a college student in dorms and such was pretty cool”; “I already knew what I needed to do, but now I have a better idea of how I can actually go about getting it done.”
- And one youth summed it up as, “It changed my life!”

CONCLUSION

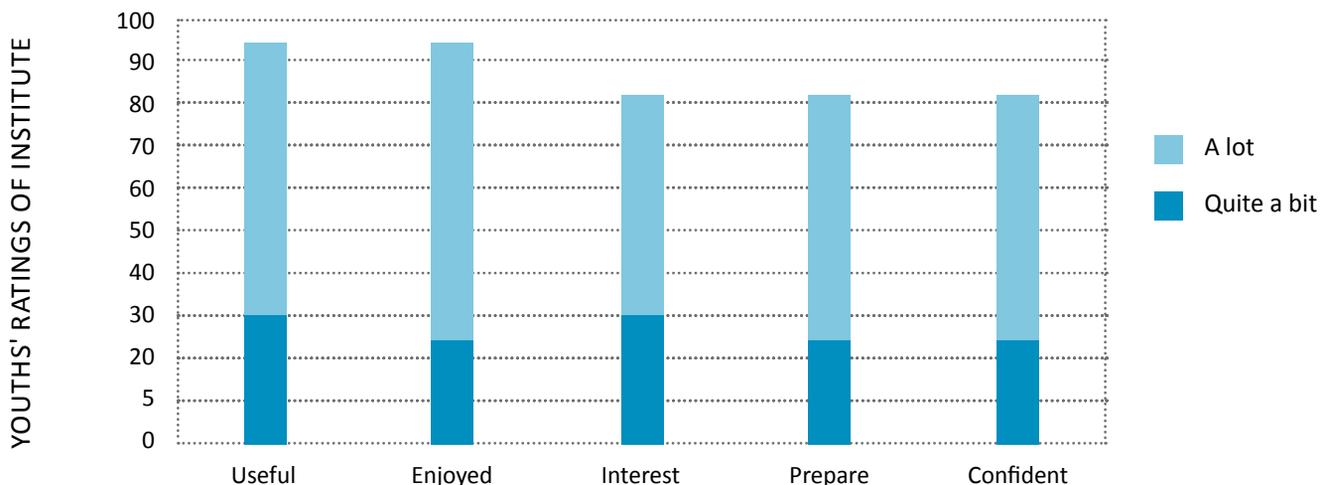
These findings suggest the Summer Institute was meaningful and impactful for the youth participants. Thus far, preliminary data from participants in waves 1 and 2 indicate that after youth completed the intervention phase of the Better Futures project, they were more likely to have actually applied to and been accepted into a college (61%), compared to youth in the control group (33%).

Several components of the Better Futures project make it unique. First is the diversity among participants. Approximately 70% of youth at the Summer Institute were engaged in mental health services, with almost half currently taking mental health medication. Furthermore, almost one-third of youth participating in the Summer Institute received special education services and 8% also received developmental disability services. To date, programs focused on supporting the higher education goals of youth in foster care have not been inclusive, and youth with disabilities (particularly developmental disabilities) are often underrepresented or excluded.

The direct emphasis within the Better Futures Project on mental health is another distinct feature. While youth in foster care are significantly more likely than youth in the general population to experience a significant mental health condition, this is rarely addressed in programs designed to support their participation in higher education. However, identifying and addressing mental health challenges faced by youth in foster care are key components of success. For many of the youth, participation in Better Futures has marked the first time that they were exposed to discussions focused on normalizing their experience of mental health issues, and affirming their strengths, including the knowledge, skills, and resilience they have developed



FIGURE 1. YOUTH PERCEPTIONS OF SUMMER INSTITUTE



through their foster care and mental health experiences. Across all project components, the youth in the intervention meet and learn from a variety of near-peers who also have experienced complex lives and many stressors, and who ultimately have achieved success in higher education. Their peer coaches support youth even when the adults doubt their capacities for success and fear that their mental health issues will worsen if they try new activities. Coaches also encourage youth around self-care and work with their mental health providers and foster parents to support them in obtaining effective mental health services. During their 10 months in the Better Futures intervention, many youth experience other stressful life events, which include placement changes or running away, pregnancy and parenthood, and/or mental health crises and hospitalization. Coaches try to remain in contact with youth during these periods by offering a caring presence, continuing to highlight youths' strengths, helping youth consider their options and think through decisions, and supporting youth in continuing to work on their higher education goals, which sometimes enables youth to preserve some degree of normality and hope in the midst of chaos. Youth and coaches also discuss the importance of strategic disclosure of mental health and foster care status – for example, in college application essays, in order to access higher education accommodations. Thus, Better Futures aims to empower and sensitively support youth in normalizing and addressing mental health issues as a facet of their overall process of preparing for and attending higher education.

We hope that findings from Better Futures will ultimately underscore the capacities of youth in foster care, youth with mental health issues, and youth having both experiences, to successfully prepare for and participate in higher education, when provided with youth-directed and responsive support. We also hope that knowledge gained from the Better Futures Project will help catalyze increased supports and access for youth with foster care and mental health experiences across the continuum of higher education services, making it possible for these youth, like many of their peers, to realize their dreams for higher education.



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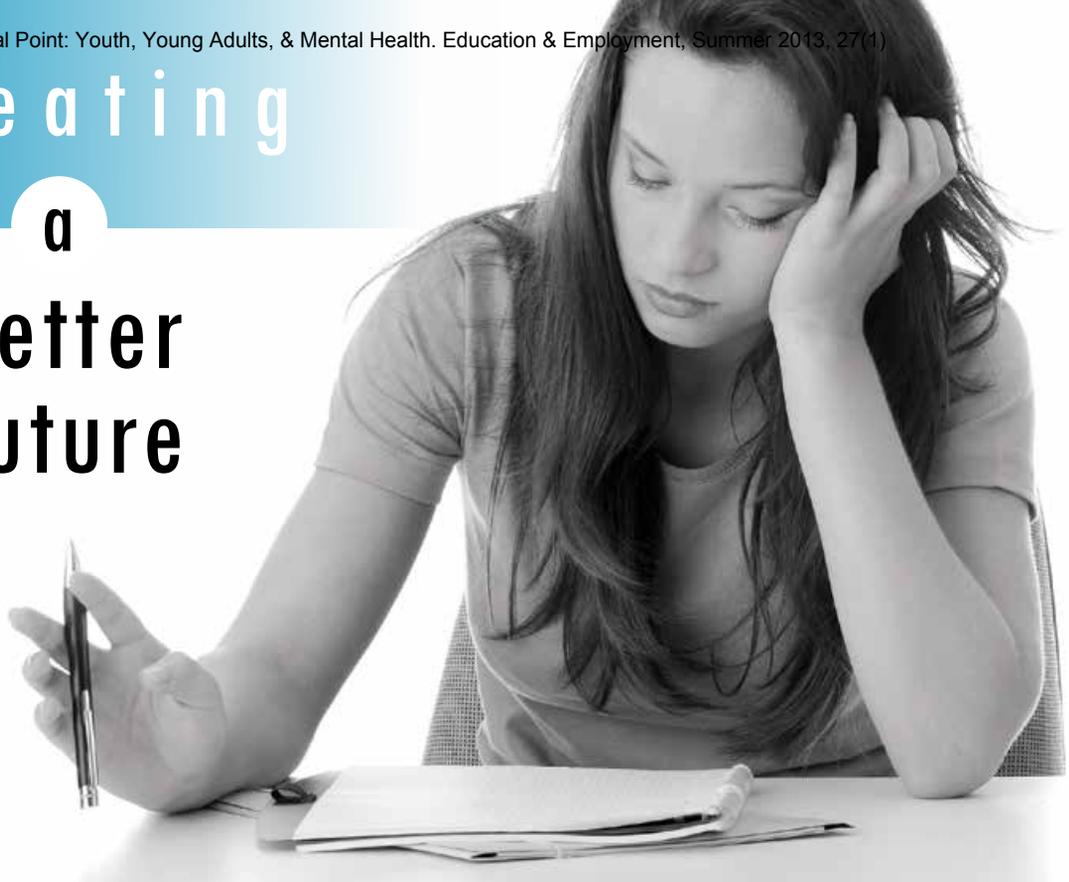
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Creating

a

Better Future



We spend twelve years of our lives working towards one day; twelve years of homework, reading books, and hopefully learning skills we'll need to succeed in life. We do all this to walk across a stage and receive a high school diploma. For most students, these years come with some struggles but end with graduation. However, for foster youth struggles are more common. In fact, only half of all foster youth graduate from high school or receive a GED – with 89 percent receiving their GED rather than a diploma.¹

Being in foster care brings on many problems in the area of education. Most youth report having gone to seven or more schools and eighty percent are held back by their third grade year.¹ These numbers can be disheartening; however, they can also be empowering. By having the knowledge that I do, I have become determined to be part of the other side of these statistics.

I have been in foster care for about nine years. During that time, I've been in six placements, and have gone to 15 schools. Although being in foster care comes with few guarantees, one thing that never failed was going to a different school with each move. This inconsistency was one of the biggest problems for me. In elementary school I rarely went to the same school for an entire year and because of all the moves I was usually behind in multiple subjects. School went from being a fun place that I looked forward to going to each day, to being a place where I struggled to keep up with the other kids.

Being used to changing schools meant I was good at making friends, but it also meant that I had missed gaps in the curriculum and became frustrated trying to learn what seemed to come easily to my friends. Unlike my friends, up

to this point I had been surrounded by foster parents and family that did not think school was important, and like my family, I figured that I would just stop going to school at some point.

Changing schools and having gaps in my learning was constant, but when I finally had a sense of permanency my experience with school changed completely. In sixth grade I was placed with my grandparents and they immediately made it very clear that school was a priority. One big difference with moving in with my grandparents was that I didn't have to change schools. They drove my siblings and me to and from school every day, and during the summer before I started middle school we moved so that we could stay in the same school district. When I started middle school, I realized something I hadn't before – even though I had gone to 13 elementary schools, I had learned a lot. In fact I went from just getting by in school to being an honor roll student and getting a 4.0 GPA. Doing well in school felt amazing, but I still couldn't picture the day I would walk across a stage, receive my high school diploma and officially be a high school graduate. Finishing high school felt like a dream, not something I could actually do.

Although I haven't always been able to picture myself completing high school and going to college, I have always worked hard to make it happen. When I learned that only 50% of all foster youth graduate from high school or get a GED, I became determined to be a part of the 50% of foster youth who do graduate high school. Fortunately, these struggles I had early on in my educational experience have not defined me as a student now.

During my senior year I became involved in Better Futures. Better Futures is a year-long program that partnered me with a coach who was also in foster care and



"I lived in the dorms for 3 nights and 4 days and attended classes and tours. This experience was very fun but educational at the same time."

had experience going to college. My coach helped me by meeting me at school or home and working on my goals for my future. She was able to take me on college tours, and help with securing financial aid, applying for Chafee (John H. Chafee Foster Care Independence Program grants), taking placement tests, and more. On my own I knew what steps I needed to do, but didn't know how to get them done. Having a coach who knew what to do and believed in me was a huge support. My coach helped me to make a timeline of important dates and forms that I needed to complete before the end of the year, and checked up on me to make sure I was completing them. Having someone to keep me accountable for getting things done and help me complete them was a big part of how I finished the pre-college process.

Another part of Better Futures was the Summer Institute, which gave me a taste of college life. I lived in the dorms for 3 nights and 4 days and attended classes and tours. This experience was very fun but educational at the same time. During our time on campus we attended workshops that informed us about the forms and applications that were necessary to complete before starting college.

Throughout the year, I attended more Better Futures workshops that focused on key steps to entering college and self-care once in college. Since there are many stressors in our lives now and there will continue to be more when we do go to college, the workshop on self-care was one of my favorites. Speakers from Oregon Youth M.O.V.E (a youth-led organization that improves services and systems through youth voice) led the workshop and we learned about all the famous people who once were diagnosed with a mental health issue who now are actors, musicians and stars. It really helped to normalize our experiences. We each talked about tools we have used to manage our stressors and were given new ones to try out. We then talked about college and the resources available there for us to access if needed. At the end of each workshop we all went

out as a group to have dinner and get to know each other. It was helpful to be around peers who shared experiences similar to mine.

The support that I received from my family and Better Futures helped me turn my dreams into reality. The only things that have gotten me where I am are this support and my determination. The support I have had has given me the power to show the people who doubt my ability to succeed that I can do anything I put my mind to. I am now a high school graduate and a college student. Currently I am majoring in education, and finished my first term with straight A's. I plan on becoming a teacher, and hopefully working with foster youth in some way in the future.

I believe that most foster youth desire and have the dream to go to college, but what they're missing is the support. Being a foster youth doesn't make us any different from anyone else; we just have had different life experiences. Like everyone else, foster youth need support from the people around them. Without support a dream will stay a dream and never become a reality. I know from experience, however, that just one person saying, "You can do this," can tune out some of the "You're never going to get there" messages that are commonly conveyed to youth in care. It just takes one person to inspire youth to create a future for themselves.

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Employment, Careers, & Recovery for Young Adults

The growing emphasis on recovery for people with serious mental health conditions (SMHC) has led many to rethink the types of mental health services that are appropriate to the needs and goals of mental health consumers. The community mental health movement developed employment services designed to assist people returning from long-term hospitalization to find employment (e.g., supported employment, clubhouse transitional employment). In spite of the successes that these services have achieved with the adult population, we want to suggest that recovery for young adults with mental health conditions requires a different approach to employment services.

Young adults with mental health conditions struggle with problems in many areas of their lives, including homelessness, early pregnancy, arrests, school disruption, and co-occurring substance use disorders. Many people who experience such problems leave them behind in their youth, recover, and go on to fulfilling lives. However, one's future life course is strongly affected by the successes and/or failures in one's life tasks during young adulthood.¹

One of the most important steps in the transition to mature adulthood is the development of a history of stable employment. Stable employment is an important source of self-esteem and status, and allows for fiscal autonomy. Young adults with SMHC, like many others their age, are interested in careers, not just in having a job.² However, youth with SMHC generally do not perform well in their employment roles, and have been shown to have lower employment rates than young adults with other disabilities.^{3,4}

THE IMPORTANCE OF EMPLOYMENT

It is easy to underestimate the importance of employment in recovery. Mental health professionals tend to look primarily at patients' symptoms of mental illness and responses to medication and therapy. Although these are important in recovery, one's sense of membership in the community is critical to self-esteem, and this cannot be achieved through the use of medication and psychotherapy alone. Because experiences of young people with SMHC with employment are often negative, and because employment is so central to a "respectable" place in modern society, this is a serious problem for the recovery of these young adults. Although mental health issues and educational difficulties are a significant part of the problem, the employment supports provided for this group do not seem to be effective. If we are to change this difficult pattern, it is possible that we need to rethink the problem entirely.



THE EMPLOYMENT MARKET

In thinking about the careers of young adults, it is useful to begin by thinking about the job market for young adults with SMHC. Of course a young person with SMHC can simply go apply for a job like anyone else. Many do. However, mental health professionals often encourage them to enter what can be considered a "specialized" market.

One can conceive of this specialized job market as arrayed along a dimension from completely sheltered job opportunities to those that are completely independent. The extremes are, at one end, completely protected jobs such as the work given to state hospital patients whose psychiatric condition is seen as compatible only with work within the hospital. At the other extreme is full-time work for a private organization that the individual obtained without the help of any mental health organization. In between are more or less "protected" markets where employment is arranged by mental health service agencies in cooperation with public-spirited employers (e.g., clubhouse transitional employment) and more "restricted employment" in which

the individual works alongside people without mental illness but whose work routine is structured so that the individual will continue to receive disability payments and remain eligible for Medicaid.

JOB SUPPORT SYSTEMS

In recent years there has become a general consensus within the mental health field that supported employment (SE) using the Individual Placement and Support (IPS) model is the preferred approach to helping people with mental illness rejoin the labor market,^{6,7} although there have been notable dissents.^{8,9} Individual Placement and Support (IPS), which has been developed from SE, places emphasis on competitive employment in which individuals with SMHC are placed directly into a work situation of their choice without prior training or screening, but receive ongoing support to help them retain their job. Although IPS can claim good success rates in placing people in jobs,¹⁰ job tenure does not seem to be a strong point and many people so placed work only part time and remain on disability.⁹

Specifically, although many people with SMHC gain employment through IPS, it is restricted employment: overwhelmingly part-time and typically with a limited set of employers and a with a very limited career trajectory. But a career model² implies either starting in a competitive job or ultimately leaving the restricted job market and

The jobs that young people with SMHC obtain are affected by three major sources of influence: the behaviors of employers; the behaviors of mental health and vocational rehabilitation professionals who link individuals with SMHC to employment and support them once they have jobs; and the attributes and behaviors of the young people themselves. Employers may prevent young people with SMHC from developing careers due to the stereotypical belief that persons with SMHC cannot handle the demands of many job settings. Vocational rehabilitation professionals affect the career paths of young people with SMHC by the types of jobs and educational programs that they support. Finally, the young people with SMHC may self-stigmatize and accept employment limits that society assumes.

There are important ways in which young people with SMHC have better opportunities in career development than do older persons with mental illness. At least initially, their resumes are in some ways “blank slates” and do not show the prolonged history of unemployment and job difficulties that mark the careers of many older people with a SMHC. Also, many employers understand that young employees may take some time adjusting to the working world and thus it is possible that young people might be given more leeway. On the other hand, in some ways employment is likely to be more stressful for young people with SMHC than for older people precisely because they do not have experience with the working world.

IF RECOVERY IS THE GOAL

If the goal of employment services for youth is simply to find some sort of work for as many young people with SMHC as possible, then the current system is doing reasonably well. However if we view employment as a critical part of recovery then we need to think about how we develop a system that supports the career goals and ambitions of young people.¹ Careers are not created overnight. They require training.

Because SE, codified as a standardized, evidence-based service in IPS,¹¹ is officially recognized as an “evidence-based practice,” great emphasis has been placed on implementing IPS with young people with SMHC. Competitive employment is the rehabilitation goal.⁸ IPS emphasizes the avoidance of “lengthy” pre-employment preparation or training and does not screen people for work “readiness” or “employability.”

However, any rapid placement model of employment services will not support career development goals. Of course, many young people with SMHC will be satisfied with any job and some will not be able to sustain the motivation to develop a career, but employment programs for young people with SMHC should not settle for a lowest common denominator. Career-focused education should be an option for everyone.¹² Supported Education (SEd) is one model that responds to this need. It recommends services and supports to assist a person to successfully access and complete programs and courses of higher education. SEd is driven by the preferences of the consumer and works to enhance students’ academic strengths and build academic skills by maximizing the use of academic resources and educating schools on effective student supports, as well as through peer support.^{13,14}



successfully moving into the completely independent labor market. This can be thought of as the employment aspect of complete recovery and has important consequences for self-esteem and mental health in general. We need to understand whether mental health system employment supports are structured to help young adults with SMHC attain their goals of full careers. Unfortunately, young people with SMHC overwhelmingly fail to develop careers that they desire. Thus, regarding employment, recovery is partial.

“...it’s [employment] kind of a sense of importance. I’ve always heard negative statements about people with mental illness not being able to do things and they chose to not be able to do those things because they were lazy and the fact that I do have a job and I follow through with it, makes me feel like somehow I’m proving all the people who are kind of prejudice[d], it makes me feel that I’m doing one piece to prove them wrong.”

— A young adult with a mental health condition

CONCLUSION

Whether or not SEd is the appropriate answer, the mental health community needs to adapt its services to young adults who expect to recover and have a full life that includes a meaningful career. It is true that not all of them will achieve their goals but it is better for some to fail than for none to have the opportunity to try. Employment services for young people with SMHC need to recognize that many of these young people have great potential and they must not be shuttled off into dead end jobs.

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Improving Educational Outcomes for Young People with Mental Health Disorders



Since the early 1990s, national surveys have tracked the educational outcomes of transition-aged young people receiving special education services. The first round of reports from the National Longitudinal Transition Study (NLTS) published in 1991-92 had particularly discouraging findings regarding outcomes for high school students who had been identified as being affected by emotional disturbance (ED).^{1,2} These young people were found to be disengaged from school, often did not receive a high school diploma, and generally did not enter post-secondary education. Disconnected young people who had not completed high school were also linked with unemployment and involvement in the criminal justice system.³

More recently, advances in special education policy and practice have increased the access of these young people to general education and transitions services and improved school accountability. In a report using NLTS-2 data collected between 2001 and 2010, Wagner and Newman painted a more encouraging picture of high school completion.⁴ Young people receiving special education under an ED designation graduated from high school at about the same rate (78.1%) as their peer group (76.1%). However, transition-aged young people with ED were significantly less likely to enroll in post-secondary education (53.0%) than peers in general education (67.4%).

Another approach to examining educational outcomes for young people affected by ED is to analyze data gathered in treatment settings. Young people engaged in treatment may not be identified for special education services, but may have their educational outcomes affected by mental health difficulties, without the benefit of supports in their school settings. Recently Manteuffel, Stephens, Sondheimer, and Fisher examined the characteristics, service use, and outcomes of 8,484 youth between the ages of 14 and 18, find-

ing older youth needed greater access to services and had less positive mental health outcomes compared to younger adolescents.⁵

Building on this work, we used data from the National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program to explore relationships linking school attendance, service outcomes, and school functioning with school performance and completion for older youth and young adults.⁶ This study reports on interview data (gathered at intake, 6 months, and 12 months) from 248 transition-aged youth and their caregivers who were served in systems of care sites between 2002 and 2006. Youth were ages 17 to 22 who were still receiving services one year after intake. Most young people were 17 years of age (67.7%), followed by 18 (18.5%), and 19 or older (13.7%). Participants were 52.3% male and diverse: 25.2% African Americans, 3.6% Asian Americans/Pacific Islanders, 30.2% non-Hispanic European Americans, 27.4% Hispanics/Latinos, 10.1% Native Americans, and 2.8% multiracial. The majority of young people were living with their caretakers (83%) and 71.5% of the families were living below the poverty line for a family of four.

Twelve months after entering services, only 57 (23%) of the young people had attained a high school diploma, and were no longer in school. Another 78 (31%) were still in school, and were reporting grades of C or better. The majority (54%) of the young people being served attended school or completed their secondary education. Unfortunately, at the time of intake for services, 40 young people (16%) had already left school without getting their diploma or GED. A year later, an additional 31 had dropped out, making 29% of those in treatment disengaged from school, and without a diploma.

Why did fewer young people with mental health diffi-

culties complete their high school education by age 18 than those in the NTLs-2 study? One potential answer may lie in the fact that relatively few of the transition-aged youth received special education services and supports. At the time of intake, only 38% of those who were in school had received special education services in the past six months, and just 42% had an Individual Education Plan (IEP). After 12 months of mental health treatment, the rate of those still in school who were in special education had risen to 44%, with 43% having an IEP.

Encouragingly, as the students remained in treatment, caregivers reported that they improved in both school attendance and behavior. At enrollment to treatment, caregivers indicated that 38% of students missed school regularly at the rate of three times a month or more, and 67% of caregivers stated that emotional or behavioral problems were a cause of school absence. At the 12-month interviews, caregivers reported that the young people who were still in school were regularly absent from school at a reduced rate (30%), and only 37% of their caregivers attributed their absences to emotional or behavioral problems. In addition, caregivers reported reductions in youth school disciplinary actions in the past six months: 10% at 12 months vs. 31% at intake.

When looking into the factors that might be associated with successful performance in school, we found that those reporting better attendance and more culturally sensitive services in the treatment setting were more likely to do well in school (school engagement and achieving grade C or better). We then examined factors that might predict whether the young people in school at intake would finish school during the twelve months following intake. Interviews with young people revealed that the degree to which they believed that they performed well in school and their rating of the helpfulness of their mental health services distinguished those who successfully graduated or got their GED from those who had not.

Preliminary findings for educational outcomes from a diverse group of young people receiving treatment in systems of care are somewhat encouraging. Culturally relevant and effective mental health services increased youth confidence in their own school functioning. Further, support for school attendance may possibly contribute to positive education outcomes. That said, even with the support of comprehensive mental health treatment, substantial numbers of youth had not graduated from high school by age 18, and nearly 30% had dropped out of school at the time of the study. Young people with serious mental health difficulties may require additional supports in the educational setting, such as those received when they qualify for special education services.

Young people who have been identified as having emotional difficulties in their educational settings benefit from improvements in their schools' climate in terms of acceptance by other students and school staff. When school settings avoid stigmatizing these young people, adopt culturally and linguistically competent practices, and achieve flexibility of processes and curricula based on youth needs, educational outcomes can continue to improve.⁷ As others have noted, when young people with serious mental health conditions have support across the domains of their lives,

there is increased hope for both their recovery and successful participation in education.⁸

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OPT **4** COLLEGE:

Learning Together to Improve Transition for Youth with Disabilities and Special Health Care Needs

Enrollment in postsecondary education is a primary transition goal of many youth with disabilities, special health care needs, or both (hereafter referred to as YWD and/or SHCN). Unfortunately, research has indicated that these youth remain less likely than those in the general population to enroll in postsecondary education.¹ YWD and/or SHCN from traditionally underserved communities (such as ethnic, racial, and linguistic minorities) experience double jeopardy in their attempts to enter the world of postsecondary education. While there are excellent college preparation programs designed to help youth from ethnic, racial, and linguistic minority and low-income backgrounds enter postsecondary education,² few programs make special accommodations for youth who have significant disabilities in addition to these other risk factors.³ Through funding from the National Institute on Disability and Rehabilitation Research (NIDRR), the Opening Doors Project designed OPT4College to address the specific situations of youth with disabilities from traditionally underserved communities.

OPT4College is an online tool that was co-designed by youth with disabilities employed as staff on the project (see Rosen-Reynoso, et al,⁴ for a full description of the youth-based participatory approach). This tool assists youth with disabilities from traditionally underserved communities in entering into the educational transition process. It can be used to complement any of the services YWD and/or SHCN may already receive through their schools. The current

study was a feasibility assessment of the use of the OPT4College tool. We were interested in knowing the answers to two questions in particular: (1) How would OPT4College work in the real-time real-world context?; and, (2) How would the experience of using the tool be evaluated by the participants? Although full quantitative results generated from this study are beyond the scope of this article, we present a brief description of OPT4College, characteristics of the students engaged in the study, and their assessments of the usefulness of the online curriculum in two specific areas: self-advocacy, and financing of college education.

OPT4COLLEGE

OPT4College consists of six online lessons with topics that include: deciding which college is the best choice for a student; preparing for SATs and ACTs; filling out a financial aid form; and learning how to advocate for accommodations. The lessons are 10 to 20 minutes in length and include four-question quizzes at the end to assess how well the participants have comprehended the material. Students view the lessons at monthly intervals over a six-month period.

Participants in the OPT4College assessment completed surveys at baseline, mid-point, and exit from the study. These surveys included questions about educational attainment goals, steps completed in the process of postsecondary application, and other related topics. However, the focus of this article is on the qualitative data that was also collected via phone interviews upon completion of all six lessons.

PARTICIPANTS

A total of 133 students were enrolled in the study; although high school sophomores and juniors were targeted, the sample also included freshmen and seniors (among the seniors were six students enrolled in programs that allowed credit for concurrent college coursework). Participants in this study were recruited from 30 high schools in the New England area, primarily in urban settings, where a majority of the students are eligible for free or reduced lunches, reflecting lower socioeconomic status. The majority of the participants were either Black (35%) or Latino (22%), with 10% indicating they were biracial and 6% Asian. Across the 30 schools, enrollment in the study ranged from one student to 39 students ($M = 4.4$). The 39 students that completed all lessons were also interviewed about their experiences using OPT4College.

RESULTS

Paying for College

Student feedback indicates that in addition to raising general awareness about the costs of postsecondary education, OPT4College also provided useful information about financial options available for students. Specifically, students reported learning about sources of aid and about the aid application process. These topics are explicitly covered in OPT4College: the videos inform students that over 70% of undergraduates receive financial aid; the resource pages include links to scholarship search websites; and the activities ask students to complete a Free Application for Federal Student Aid Forecaster (FAFSA4Caster), so that they can estimate the amount of FAFSA aid that they will receive.

The following quotes convey learning about sources of aid: "I really didn't know what a financial aid was. And people explained it to me, but I didn't really get it. I still don't get it when they explain it to me. But when I watched that video it really explained to me what it is." Another student explained that OPT4College, "told me a lot about scholarships and opportunities and places I could go and what I could do to sign up for financial aid and nobody's ever helping me with that." A third student identified the financial aid lesson as being the most helpful. Importantly, at least two students said that increased awareness about sources of financial aid led to their increased belief in the possibility of attending college. One student said, "I really didn't think I was going to go to college because I don't come from wealth." This same student reported feeling differently after completing OPT4College.

In addition to acquiring knowledge about sources of financial aid, students reported learning about the process of applying for financial aid. One student reported, "About the stuff that you need to fill out for financial aid, that's what I learned the most about... it was the thing I knew the least about, like about the FAFSA and stuff like that.... It's definitely something I'm going to need to do when applying and that was something that I never heard of before and I had no idea how to go about that." Other students provided similar feedback, including the following comments: "After the lesson I learned about a whole bunch of stuff that

I never knew about... like the FAFSA and other forms that I could fill out to get free financial aid"; and, "I think the most important thing that I learned about was financial aid and the FAFSA process. I knew a little bit about it but I didn't know all the details and everything that goes into it when it comes to applying for financial aid."

Importantly, several of these quotes convey an initial lack of knowledge about financial aid, and at least one of these quotes indicates that students were not receiving adequate support with the process ("nobody's ever helping me with that"). This suggests that OPT4College addresses a critical gap in services provided to diverse YWD and/or SHCN.

Self-Advocacy

YWD and/or SHCN are oftentimes accustomed to the manner in which they receive services in high school. They are surprised when they find that receiving accommodations or having an Individualized Education Program (IEP)/504 Plan (for special accommodations) is no longer "automatic" or something that parents take care of for them. Therefore, college students with disabilities and/or SHCN need to be equipped with skills and knowledge that will enable this advocacy; they must be willing to disclose their disabilities to college staff, they must identify the



accommodations that will help them succeed, and they must accept the responsibility to engage in advocacy. OPT4College videos address these situations by defining advocacy and informing students that they will be responsible for: advocating for accommodations; providing examples of reasonable and unreasonable accommodations according to laws such as the Americans with Disabilities Act (ADA) and Section 504; and describing the process of documenting disabilities through disability services offices on college campuses. The online activities ask students to describe their disabilities in order to promote thinking about relevant accommodations, and write a script that they can follow when they request accommodations from college professors or disability services officers.

Six students reported that learning about self-advocacy was the most helpful lesson. Student feedback indicates that OPT4College taught them about the importance of self-advocacy, and that it also prepared them to engage in self-advocacy. The following quotes demonstrate gains in knowledge related to the importance of self-advocacy: "It showed me that you need to be self-advocating, and taking charge in college. To tell your professors that you have a disability and see what accommodations are for that disability"; and, "It made me realize that I am really going to need these accommodations and that in order to get them, I need to advocate for myself." One student said the following when asked about the most important thing he learned from OPT4College: "How to speak up for yourself... because if you don't communicate and talk to people, how would people ever know what you need and stuff. Your parents are not always going to be there for you. You got to be independent and speak up for yourself."

Participants also demonstrated their ability to identify accommodations that meet their individualized needs. For example, one student reported difficulty taking notes, and reported that she intended to request note-takers.

DISCUSSION

This exploratory study examined the feasibility of developing and implementing an online curriculum to support the transition to postsecondary education of students from historically excluded populations, especially YWD and/or SHCN. As the qualitative results indicated, students reported learning about the availability of financial aid, the process of applying for financial aid, and the importance of developing self-advocacy skills. It is also likely that they developed, at least to some degree, skills that will enable them to be effective self-advocates, as some participants gave us examples of how they had already applied some of the knowledge they gained through the curriculum to advocate for themselves.

The relatively low completion rate of the program (29%) is worth noting. Lacking explicit information about the participants' levels of comfort with, and access to, web-based learning tools, we cannot assess the degree to which the individual students' orientation to technology is a factor. Although grade in school was not related to completion rates of the program, we do not know whether there is a developmental period that is more or less ideal for participation, in relation to successful transition to college. Lon-

gitudinal follow up with participants to document actual post high school educational trajectory is a necessary goal of future study.

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About Opt4College

OPT4College is part of the Opening Doors project, which is a 5-year rehabilitation research and training center funded by the National Institute on Disability and Rehabilitation Research/US Department of Education. The Principal and Co-Principal Investigators are Drs. Judy Palfrey and Susan Foley.

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SELF-DETERMINED CAREER PLANNING: THE CAREER VISIONS PROJECT

The Career Visions Project (CV) works with young adults who are 20 to 30 years old, and want career and job planning assistance that address challenges they have getting and keeping a job due to their mental health issues. Prior experiences and challenges of the young adults seeking assistance from CV vary a great deal. Some young adults began receiving mental health and/or special education services in their teens or earlier, whereas others did so for the first time in their 20s. Their prior work experiences range from none, to one or two jobs, to having had a large number of short-term service industry jobs. Most of the young adults have at least completed their GED, and many have started college and continue to attempt to complete their degree.

Almost all of the young adults in CV want assistance to figure out the type of job or career that would be a good match for their skills and interests and in which they could be successful. Most of those who are going to college or have attempted to, but struggled in doing so, want assistance with discovering strategies that will help them to complete their education. Those who are seeking or want to seek a job want help with landing a job and being successful on the job.

Figuring out the “right” career or job area to pursue, how to be successful in college and other job training programs, and how to get and maintain a job are challenges that are typical of most young adults. The term “quarterlife crises” has been used to describe the struggles of people in their 20’s as they move from the accepted norm of being dependent on parents as adolescents to fully independent adults, especially in the area of financial self-sufficiency.¹ Arnett² has more recently described these years as a unique developmental phase of life which he calls “emerging adulthood.” Arnett’s research suggests that contemporary young adults take longer to move through this phase than prior generations as they marry later in life and as more pursue

postsecondary education before seeking a full-time career job.² The recession and slow economic recovery of the past half-decade has made the employment challenges of young adults particularly difficult. For example, it is estimated that over half of recent college graduates have not been able to find employment or are underemployed.³

The young adult years pose many challenges for those going through them, and in many cases families are also challenged as they attempt to balance continuing to support their adult children while encouraging them to take steps toward independence. Arnett² points out that most individuals successfully maneuver through these years. However, data suggest that many young adults with mental health issues do not. The unemployment rate for Americans with mental health conditions is three to five times higher than for those who have not been diagnosed with these conditions and about 70 percent of people with mental health conditions with college degrees earn less than \$10 per hour.⁴ Combining the challenges experienced by most young adults with the unique challenges faced by those who also have mental health issues (i.e. societal and employment stigma) results in many who unsuccessfully maneuver through these years, spending their lives dependent on Social Security and living in poverty.

SELF-DETERMINED AND SELF-DIRECTED CAREER PLANNING

There is evidence that individuals who experience disabilities and who learn and use “self-determination” strategies such as goal setting, plan and action step development, and problem solving are more likely to be successful in adult life, including in employment.⁵ Therefore, the young adults who participate in CV learn and use strategies to choose a career or job that is a good fit for each of them, to develop plans for moving toward their career goals, and to take steps toward these goals. They also learn other practical skills such as how to do informational interviews and write resumes. In addition the young adults gain information and support directly related to mental health challenges and in particular the specific challenges each of them experiences related to moving forward with their career plans, including going to school. This includes information that they can use to decide if they want to disclose their challenges to colleges and employers, and if so, when and how.

Each young adult meets with his or her career guide about once a week for 12 meetings. During these meetings the young adult learns how to answer each of the questions shown in Table 1, and by the end of these meetings the

TIM'S STORY

Tim was in his mid-20's when he began with the Career Visions Project. He experiences Aspergers and a number of mental health diagnoses. Tim attended an alternative high school for students with behavior issues at which he was not challenged academically. When Tim completed high school, a job developer helped him obtain a job at a video store which he held for several years. When the store closed down, the public mental health program where he receives services suggested Career Visions to him. Through the planning process, Tim shared that when in school and prior to going to alternative schools he had enjoyed math and science. He also shared that in his spare time he liked to create Excel spreadsheets to keep track of things. One of the career fields that we suggested that he might like to research was Geographical Information Systems (GIS). He and his career guide researched it on-line and then met with someone at a company who does GIS. Tim was excited about what he learned and then met with GIS program directors at a community college. He wasn't sure if he could be successful in college or would like going to school again, but decided that he would like to give it a try. The next challenge was figuring out how to pay for it. With the assistance of his career guide, Tim asked his VR counselor to pay the cost of one class as an assessment of whether he could do the work and if he liked it. His VR counselor agreed to his request because of all of the research that he had done, including presenting her with data that showed that the employment projections in the GIS field were excellent. Tim took his first GIS class in the fall of 2012, received a B+ and loved it. He is now taking two more classes and plans on completing his GIS certificate and then pursuing a career in the field.

young adult has at least begun a career plan. The young adult then meets with the career guide about twice a month for 9 more months in order to obtain support and encouragement as she or he takes steps in her or his plan. Some young adults complete all of their meetings within about a year, while many others take longer because they have to miss meetings due to a number of issues such as hospitalizations, reentering inpatient substance use rehabilitation, and personal and family obligations.

The curriculum that we are using for CV was adapted from materials developed by Wehmeyer and his colleagues.⁵ However, no intervention or research to date has specifically focused on whether such programs can benefit young adults with mental health conditions.

PRELIMINARY OUTCOMES OF THE PROJECT ARE PROMISING

In order to evaluate the impact of the Career Visions Model on the young adult participants we are using a study design in which the young adults who wish to participate are randomly chosen to either receive the full intervention or to receive only a few hours of career guidance. We are using a number of assessment instruments that all of the young adults in the CV group complete prior to receiving guidance. The assessments are given again after the first 12 weekly meetings; after the 18 twice monthly meetings; 6 months after the last meeting; and then once more 6 months later. Those in the brief career guidance comparison group complete the same measures during the same time intervals. Additionally, CV participants are given a semi-structured interview after the weekly meetings to gather qualitative data on program effectiveness.

The study is still underway and data continue to be collected from many of the young adults. However, the preliminary results appear to be promising. One of the measures that we have used gathers the quantity of career planning activities the young adults have engaged in out of about 50 career planning activities that include internet research to learn about different jobs or careers, meeting with a Department of Vocational Rehabilitation Counselor, and applying for jobs. As Figure 1 shows, very few of the young adults in either group had done any of these activities prior to the study. Those in the CV group had done many more of these career planning activities after being involved in the program, whereas those in the comparison group continued to engage in very few of the activities.

The young adults also completed a measure called the Career Development Self-Efficacy (CDSE) scale, which assesses how confident they are related to career planning.⁶ Those who were in CV have made much greater gains in their career planning self-confidence than those in the comparison group (See Figure 2). On the Disability-Related Self-Efficacy measure,⁷ which assesses a person's confidence in effectively dealing with challenges related to their disability, the CV young adults also made greater gains than those in the comparison group, particularly after meeting with their career guide for about a year (See Figure 3). In fact, the comparison group young adults' confidence deteriorated over time. Additionally, on the subscale of the ARC Self-Determination⁸ measure that is specifically related to career planning and employment, the young adults in Career Visions have made larger gains than those in the comparison group, whereas the self-determination of those in the comparison group declined (See Figure 4).

FEEDBACK FROM THE YOUNG ADULTS

The story shared by a CV participant about her experiences in the project (see p. 24) reflects those of many of the young adult participants. Most of the young adults identified the following things to be particularly helpful:

1. Participants learned and were supported to use practical information and strategies focused on jobs and careers. While they acknowledge that the counseling and case management services they received from other programs were helpful, they felt that Career Visions was unique in providing them with specific support that they needed in order to actually take steps toward jobs and careers.
2. Although all Career Visions participants learn the same set of self-determined career planning strategies, how they use these strategies is up to them and the type and nature of the supports provided by the career guides to help them do so is very individualized.
3. The career guides are nonjudgmental and flexible. We are not focused on the young adults' diagnoses or the things that they have done in the past that have gotten in the way of them moving forward in a positive fashion (such as a legal history), but on helping them to rediscover a sense of hope for, and belief in, themselves and their futures, and to act on this hope.
4. The consistent meetings with their career guide helped them to stay on track in planning and doing the steps that they had listed on their "to do" list. They recognized that knowing that they would share with their career guide what they had done and not done provided an extra incentive to them for getting things done.
5. As was suggested before, many of the young adults enter the program with little confidence in their abilities

or their futures. The consistent communication by the career guides of their belief in the young adult, along with the opportunity to experience success and accomplishments and learning to pat themselves on the back each day for taking even small steps was critically important for most of the participants.

6. They liked that the career guides really "walked the talk" of self-determination by giving them the tools to self-direct their own plans, helping them to gather the information they needed to make informed decisions and respecting and supporting the decisions they made even when the career guide might not agree with them, and giving them the amount and type of support that they wanted in order to be successful.

OTHER LESSONS LEARNED

Each young adult in Career Visions is provided with a notebook of materials and forms that they use to write their plans, "to do" lists, and accomplishments. They find the materials to be very helpful, but many want us to put the materials on-line so that they can access and use them without needing to lug around a notebook. With the input of one of the participants we are now planning to create an interactive online program and "apps" that young adults can use.

Following completion of all of their meetings with their career guide, most of the young adults indicated that they would have preferred to continue to meet with him or her on an as-needed basis. Many of them, for the first time in their lives, were working or going to school and felt that they needed some on-going, but infrequent "booster" shots of support and help. In fact, preliminary data suggest that the gains made when they were meeting with their career guides began to decline during the follow-up assessments.

A number of State Vocational Rehabilitation (VR) counselors have been critical to the success of several of the

TABLE 1. CAREER PLANNING SELF-DETERMINATION AND SELF-DIRECTION QUESTIONS

PHASE 1 What careers and jobs are a good fit with my interests, talents and needs?	PHASE 2 What is my plan?	PHASE 3 What have I achieved?
1. What are my interests, strengths, & preferences? 2. What are possible jobs that reflect my strengths and interests? 3. What do I know about each now? 4. What must change to get the job and career I want? 5. What is my career goal?	6. What is my plan to reach my goal? 7. What actions can I take to reach my career or job goal? 8. What resources can I use? 9. What could keep me from taking action? 10. What can I do to remove these barriers?	11. What actions have I taken? 12. What barriers have been removed? 13. What has changed to enable me to get the job and career I want?

FIGURE 1. CAREER ENGAGEMENT ACTIVITIES

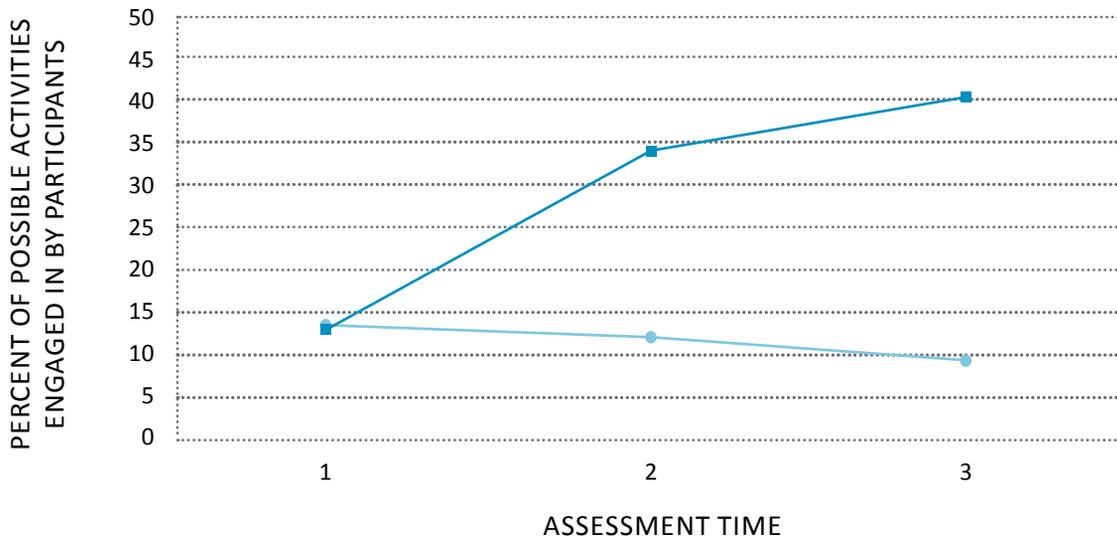


FIGURE 2. CAREER DEVELOPMENT SELF-EFFICACY

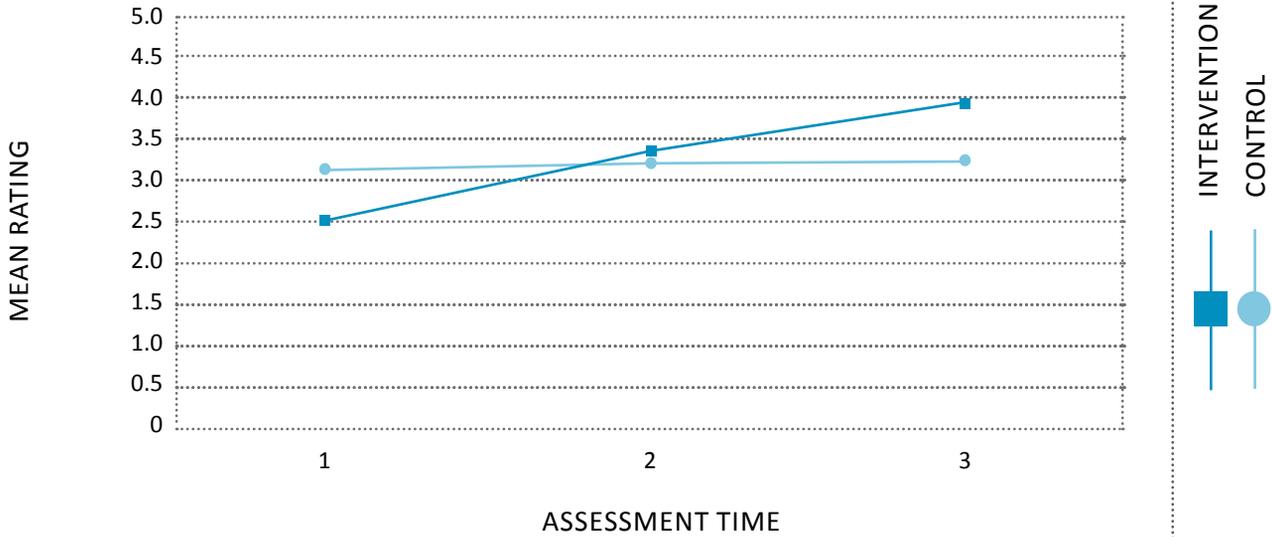


FIGURE 3. DISABILITY-RELATED SELF-EFFICACY

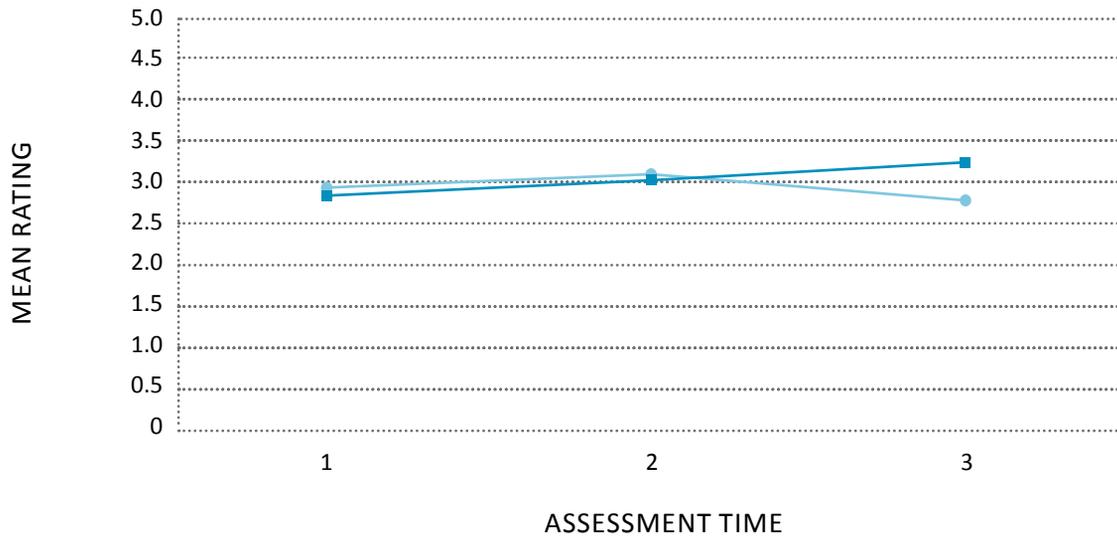
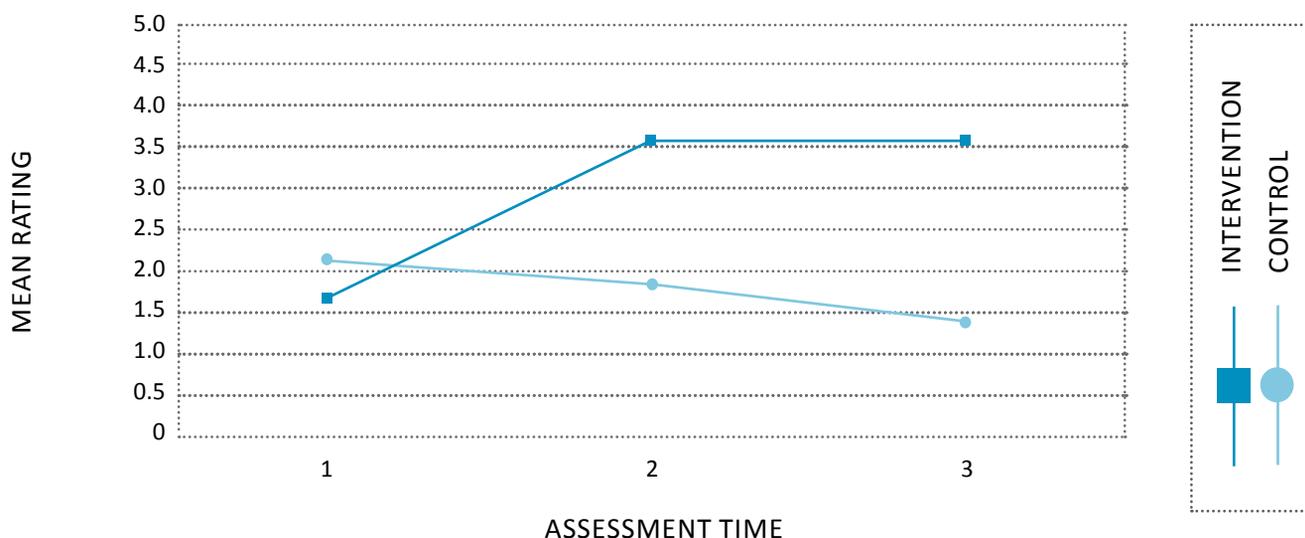


FIGURE 4. ARC SELF-DETERMINATION SCALE (JOB-RELATED SUBSCALE)

young adults in CV. One local county VR counselor office has been particularly supportive and willing to provide funding needed by some of the young adults to proceed with their plans. For example, she helped secure funding of college classes for a number of the participants. The story of Tim (see sidebar, p. 20) is another illustration of how a flexible and supportive VR Counselor can make the difference in a young person's life.

IMPLICATIONS

I have had the opportunity to work with many older adults who have long histories of involvement in the mental health system. Most of these adults had long ago given up on work because they had been told for many years by professionals and even their families that they could not work and that it would probably cause their mental health issues to become worse. Even as attitudes about work have evolved in the mental health field the focus has been on helping older people with significant work history gaps and little education or training to obtain entry-level jobs. There is a critical need to provide a great deal more systematic and intentional support for young adults at a time in their lives when they still have the opportunity to get back on the path to a career or job in which they have a chance to use their talents and skills, and to achieve a decent quality of life and self-sufficiency. As we continue to work with young adults and to collect and analyze our data we hope that Career Visions continues to prove to be effective and, thus, one approach that community programs offer to more of their young adult service recipients.

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Earning My Success:

Working with the Career Visions Project



I am sharing my experiences as a participant in the Career Visions project because I believe that employment difficulties are an often overlooked aspect of life for individuals with disabilities. I also believe that having a job – somewhere to be, something to do, a purpose – can be an important part of the recovery process.

A lot of my self-worth is tied to my ability to be useful, whether that be in an academic or career setting. My goal upon entering Career Visions was to learn job skills, increase my comfort with tasks that I would likely have to do in a job, volunteer, and ultimately land a part-time job. My participation in the Career Visions Project was a turning point for me.

When I started Career Visions, I was not comfortable looking at my resume. Jared, my career guide, and I did not look at my resume for months. Such is the beauty of a program where I determined the pace. I told him I had lost the document, half-hoping/believing it was true. The first time I reopened my resume document I cried and pondered deleting it. Looking back, my resume wasn't that dreadful. It was typical of a full-time college student who had transitioned straight from high school to college. One of the most important things about Jared was that he was non-judgmental. He was also consistently reliable and

worked so hard to aid me in my career struggles.

The more time I spent in the Career Visions Project, the more ambitious I became. What started out as a goal for part-time work morphed into desiring full-time work once school ended. Then I decided I didn't want school to end (imagine that!) and applied to graduate school. I have accomplished everything I set out to do through self-determination and the guidance of the project. I graduated college with a bachelor's degree with honors. I also started working full-time at a non-profit residential treatment center. I was accepted to graduate school and currently attend while working full-time. I have earned my success. That said, my success would not have been possible without Career Visions.

I am twenty-two years old and have had mental health problems since I was six-years old. I first began treatment when I was fourteen and have been a mental health service consumer ever since. The status of my mental health has been a significant barrier for as long as I can remember; however, I am still a very capable person. It is just harder to do some things, and for most everything I have a plan. Given appropriate accommodations, I believe I can be very successful. Career Visions taught me about making a plan to overcome barriers. I can take care of myself. I pay my rent and bills on time and with money I have earned. I get

myself to appointments on time and rarely miss a day of work. Without a job, this would not be possible.

HELPFUL ASPECTS OF CAREER VISIONS

The dreaded revision of my resume was an integral part of my Career Visions experience, and a catalyst for my success. Prior to beginning Career Visions, I had very little knowledge of how one went about obtaining employment. I obtained my first job at eighteen as waitstaff the summer after I graduated from high school. I worked part-time for two months until I began college. During that short time, the job terrified me. I hated handling money and was afraid of not remembering orders correctly. In college, I had two part-time work study jobs that lasted less than six months each. I did not know how to request accommodations. I did not know how to advocate for myself. I was not self-determined.

In Career Visions, I learned how to be self-determined. I learned how to write a resume, respond to job postings, research careers, conduct informational interviews, make phone calls, ask for help, and take risks. I remember the first time I made a phone call to a potential employer on my own. At my request, Jared and I wrote potential scenarios and practiced them several times before I made the call. That first call was rather anticlimactic given that it ended up going to voicemail. All the same, imagined and real phone rehearsals and having as much information as possible helped me feel comfortable and prepared.

Another helpful piece of Career Visions was how Jared and I would brainstorm to overcome barriers. For example, I have trouble sleeping so we would discuss steps to take so that I would feel better rested before an interview. I am afraid of driving and that often became a barrier to success: sometimes because a potential employer would require the ability to drive a company vehicle or transport clients, and sometimes because utilizing only public transportation limited me in the locations and times I was able to go. The bus can arrive late – or not at all – and there are days when it is hard to breathe because there are so many patrons on the bus. My career guide and I would figure out ways to make public transit more manageable, and that is important given that getting there is half the battle.

While in the project, I downplayed some significant moments. Interviews are scary things, and I feigned competence and confidence before my first informational interview with a practitioner in the field of social work. Meeting with Jared after the completion of the interview, I revealed how momentous the occasion had been. A few months earlier, I had panicked when my psychologist had offered to set me up for a pseudo interview with a fellow psychologist as a form of exposure therapy. During my time in Career Visions I conducted six informational interviews, gaining both knowledge and experience in the process.

My last six months of Career Visions were focused primarily on finding and obtaining part-time employment. Through those six months, I applied for and sent letters of interest to over a hundred jobs. I had three interviews; the vast majority of organizations to which I applied never contacted me, even after I followed up once or twice. One of the interviews resulted in a job doing data entry for a

non-profit once a week. As this was my first job in a few years, and first job in an office setting, I was unsure of how to conduct myself. I did not want to bring attention to myself since I was concerned about being an inconvenience. I was also concerned that my employer would think I was lazy if I were seen away from my desk, so I went the entire six hour shift without getting up to go to the bathroom or eat. This happened the first couple of times I went in: although my employers were very nice and easy going, I did not feel comfortable leaving my desk if I did not have a scheduled, allotted time to do so. Ultimately I improved my self-advocacy skills by letting my employer know when I would take lunch.

Had I not gained experience and comfort in that setting, I believe my chances of obtaining my full time job would have decreased. Everything I did in the Career Visions Project was for a purpose.

ADVICE TO OTHER YOUNG ADULTS

My advice to my peers is to be persistent and get the help you need.

This time last year I was in the Career Visions Project, meeting weekly with Jared and learning about job skills, resources, and how to best accomplish my goals. My goals were to graduate college in good standing, get a job, and maybe apply to graduate school. Now? I work full-time in a job in my field and attend grad school, after graduating on time with honors for my bachelor's degree. I hope I can serve as some sort of inspiration to others. Although I realize I look the epitome of cool, calm, and collected now, let me assure you it wasn't always that way. The truth of the matter is that I was a hot mess for a long time.

Getting the help you need is crucial. It is unfortunate that there is still stigma associated with mental health troubles. Personally I feel that I have not done enough to combat that stigma, and that is both the reason I am writing this and the reason it is anonymous. Sometimes it is difficult to remember that it is not the person, but the natural response to an environment or situation that makes a person alternatively abled. We are capable.

And for those of us who are service providers: be empathetic, knowledgeable, and consistent. A relationship of trust is important when providing services to anyone. Do what you say you will. Do not pity your clients. Be flexible and ready to help think of solutions when obstacles arise. You have the potential to make a difference in empowering a person. I don't need a friend; I need an ally.

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Career Visions taught me about making a plan to overcome barriers. I can take care of myself. I pay my rent and bills on time and with money I have earned.



Supported Education as a Vital Route to Competitive Employment

This article explores the importance of supported education services for the vocational outcomes of emerging adults with serious mental health conditions. Emerging adults are people in their late adolescence and early adulthood. Emerging adults are typically in the process of becoming independent and making important life choices for the first time. In particular, they are making career choices, utilizing high school, college or other life experiences to guide them. Many have worked low-paying jobs as adolescents and want more out of their employment experiences. Most emerging adults rightly believe that some kind of school or training will advance both their mid- and long-term prospects for careers and financial independence. Adult relatives or school administrators have emphasized training and education as a path to life and financial success, and indeed a clear predictor of later income for individuals with mental health conditions is educational attainment.¹

Emerging adults with mental health conditions, generally called Transition Age Youth, (TAY), are not substantially different from other young adults in their consideration of employment and careers as critical avenues to future success. Because difficulties stemming from serious mental health problems often begin to occur in late adolescence and early adulthood, these emerging adults frequently face interruptions in their educational, and thus career, trajectory.² Many TAY have formed career aspirations in high school and early college, and thus can be deeply dejected when derailed from education that supports those aspirations.³

TAY struggle with high rates of unemployment both compared to youth without disabilities or to youth with other disabling conditions.⁴ For example, unemployment rates for young adults who have experienced a first episode of psychosis are between 57% and 87%.⁵ Unless ways are found to improve the employment rates among TAY, there

is a significant chance that they will experience lifelong poverty and benefits dependence. Fortunately, there is preliminary evidence that having the support of an education/employment specialist, combined with appropriate early intervention mental health services, results in higher rates of competitive employment and education that leads to attainment of a degree, certification and/or employment qualification among TAY.^{6,7} Thus, the combination of supported employment (SE) and supported education (SED) for TAY vocational success is a promising practice⁸ that we explore here.

SUPPORTED EMPLOYMENT

To understand how to best support TAY in their quest for employment and careers, it is valuable to consider what services work for older adults. However, one cannot assume that what has worked for older adults will work for younger adults. Vocational supports for older adults are moderately successful. The Individual Placement and Support (IPS) model is an evidence-based SE approach that has been effective in assisting clients to obtain competitive employment. IPS defines "competitive employment" as "permanent jobs paying commensurate wages in integrated community settings (i.e., employing nondisabled workers) and available to anyone (not just individuals with disabilities)." (p.32).⁹ IPS differentiates itself from non-SE approaches through its emphasis on consumer job preferences. According to its developers, IPS is based on eight principles (p.32):⁹

1. Eligibility based on client choice,
2. Focus on competitive employment,
3. Integration of mental health and employment services,

4. Attention to client preferences,
5. Work incentives planning,
6. Rapid job search,
7. Systematic job development, and
8. Individualized job supports.

Historically, IPS has not emphasized educational attainment as a critical ingredient, but instead has required that there be a “rapid job search,” meaning making a job contact within 30 days of client engagement with the employment specialist.^{6,10,11} However, recent adjustments to the IPS manual make clear that a rapid search for a training/educational program designed to assist a person to attain competitive employment is sufficient to meet the rapid job search requirement.¹² This change reflects a basic principle of IPS, which is to respect a client’s preferences, including education as a path to competitive employment.

EDUCATION SUPPORTS: AN IMPORTANT CAREER PATHWAY FOR TAY

Although IPS has typically focused on jobs as outcomes, IPS developers and colleagues have come to realize that training and education are often vital and desired pathways for TAY who wish to achieve competitive employment, perhaps in the form of a career. As noted by Nuechterlein, et al:¹⁰

“Adaptation of IPS to this early period of schizophrenia and related disorders involved recognition that appropriate vocational goals for some individuals involved return to regular schooling rather than to competitive employment, given their age and educational circumstances at onset of psychosis. Thus, the option of supported education was integrated with supported employment. ...Inclusion of supported education within an IPS model involved allowance for initial evaluation of whether schooling or employment was the immediate goal, having the IPS specialist work directly with educational as well as competitive employment settings to aid placement, and follow-along support that included aid in study skills and course planning in addition to contact with teachers and employers. Work with family members was also found to play a larger role than is typical of IPS with chronically ill individuals.” (p. 347)¹⁰

Nuechterlein¹⁰ incorporated SEd into IPS by recognizing that rapid “job search” should include rapid education/training search (if that’s a step towards achieving competitive work), and by informing consumers that SEd is a clear option for clients. In an early report of this study, Nuechterlein demonstrated the feasibility of IPS with TAY experiencing a first episode of psychosis (FEP); of the individuals receiving IPS/SEd, “36% selected school alone, 31% selected jobs alone, and 33% returned to both school and jobs. Amongst those who did both during the course of the study, most started with school and then added a part-time job (85% of this subsample)...” (p. 344).¹² Killackey et al¹² compared treatment as usual to high fidelity IPS for a small group of TAY with FEP, and found that IPS produced much improved vocational outcomes, while fewer people

dropped out in the IPS group. (See also Rinaldi et. al. (2010)¹³; Major et. al. (2010)⁶.)

SUPPORTED EDUCATION

Like vocational outcomes, the educational outcomes of adults with serious mental illness compare unfavorably to those of individuals with no disability, and SEd, like SE, was developed to address this gap. SEd has been defined as supports “to assist people with psychiatric disabilities to take advantage of skill, career, educational and inter-personal development opportunities within post-secondary educational environments” (p. 506).¹⁴ The approach facilitates accomplishment of educational goals by assisting a person with a psychiatric disability to attend and succeed in schools. The goals of SEd include: improving educational competencies related to education settings (e.g., literacy, study skills, time management); providing support to navigate the educational environment (e.g., applications, financial assistance); and improving attitude and motivation.¹⁴ Very recently the Substance Abuse and Mental Health Services Administration has released a toolkit that describes the approach and its implementation.¹⁴

Many studies have demonstrated the success of a SEd practice.^{15,16} For example, in one randomized study of 397 SEd participants, researchers found significant positive effects for participation in college or vocational services.¹⁴ A recent systematic review shows that there is much preliminary evidence for the effectiveness of SEd; however, the reliability of the evidence is hampered by the limited number of randomized studies.¹⁷

SEd¹⁵ shares many similarities with the IPS approach to supported employment. Among these are: goals are achieved in natural community settings (community colleges, adult education programs); support is time-unlimited and can ebb and flow according to the needs of the person; clinical and vocational services are integrated; and goals are driven by the person’s choice. Consequently, there is great opportunity to combine the two approaches into one (as was done in the studies described above).

Although incorporating SEd with SE can be important for TAY and emerging adults, such an intertwining is not as simple as it may appear. First, performance criteria need to change to include educational placements as well as job placements, which should then be clearly reflected in the fidelity tool that is often a guide for treatment teams and employment specialists. Second, the degree of specialization necessary for competence in the skills of both job development and educational coaching speaks to the challenge faced by employment specialists who are adding SEd to their responsibilities; there would be a need for enhanced training. Third, the criteria for rapid education/training placement would need to change because an education start would almost always be dictated by the academic calendar which would delay enrollment until the start of a semester. Fourth, placing a student in a costly higher education setting is a serious investment. One cannot change educational settings as simply as one may change a job. Therefore SEd services may need to address academic readiness on the part of the student – a substantial departure from typical IPS principles.

CONCLUSION

Education is a natural developmental stage for TAY and emerging adults and important to future employment success. SE is an evidenced-based practice for job acquisition that can be adapted to use with TAY with the incorporation of SEd services. However, such an adaptation could require revision of some of the stated principles and practices of IPS that are not fully consistent with the needs of these young adults. For example, employment specialists may need to become education specialists as well, and the principle of rapid job placement may need to give way to the exigencies of a longer academic calendar.

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Education is a natural developmental stage for TAY and emerging adults and important to future employment success.

Learning to Make it Work: Employing Young Adults with Serious Mental Health Conditions



The Transitions Research and Training Center (RTC) at UMass Medical School is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions (SMHC) who are trying to successfully complete their schooling and training and move into rewarding work lives. In alignment with this goal, since 2010, the Transitions RTC has employed young adult (YA) project assistants with lived experience of a serious mental health condition who partner with leadership and staff on a multitude of research and knowledge translation projects.

ENGAGING IN “PARTICIPATORY ACTION RESEARCH” WITH YOUNG ADULTS

The Transitions RTC infuses a participatory action research (PAR) process in which collaboration with community members offers them the opportunity to be actively involved in all phases of the research including: defining the problem, designing the research methodology, collecting data, and analyzing and disseminating results.¹ PAR at the RTC encompasses direct involvement of the YA project assistants in conducting research and knowledge translation activities. PAR not only strengthens the work that the Transitions RTC does, but has also given us valuable first-hand learning experience with effectively employing and supervising young adults with SMHC. Supervising these young adults has been one of the most rewarding, yet most challenging aspects of our jobs and we are continually learning how to make it work.

Young adults with serious mental health conditions often face many psychosocial developmental delays and challenges as they pursue their schooling and training during the transition to adulthood. It is estimated that 6-12%

of transition-age youth and young adults struggle with a serious mental health condition (2.4-5 million individuals).² The unemployment rate among individuals with a mental health disability is 85-92%.³ Previous studies have also noted that the employment rates for young adults with mental health conditions are significantly lower than for young adults without mental health conditions.^{2,4}

It is hoped that the identification of potential strategies that contribute to success in the workplace for this population can benefit many young adults. We do recognize that the situation here at the Transitions RTC is unique in that disclosure is encouraged and required. We realize that in many other settings, employers are not always privy to their employees' struggles with mental health, but what we have learned can be applied to employers who employ young adults with SMHC either purposely or by chance. Furthermore, every young adult is different, and we are fully aware that while we have been able to make this work with some young adults, we have not been able to make it work with others. This is all still very much a learning experience for us; however, we hope that in sharing our experiences thus far some of what we have learned can be applied to other settings where young adults with lived experience are employed.

CHALLENGES WE ARE FACING & OVERCOMING AS EMPLOYERS

According to Vorhies et al., what appears to contribute to successful employment among transition-age youth and young adults is both 1) their insight into mental health conditions and ability to manage mental health and 2) their insight into work culture and ability to function successfully at work.⁵ In line with this, the biggest overall challenge we have faced in employing young adults with SMHC is that



etiquette such as communicating appropriately, managing responsibilities, obliging by dress code policies, respecting office work space guidelines, and abiding by workplace policies.

So, how have we tried to overcome our challenges? Honestly, with a lot of growing pains we've identified a few strategies that are helpful in creating success in the workplace, but these strategies can also present their own challenges.

#1 SUPERVISOR UNDERSTANDING OF THE SERIOUS MENTAL HEALTH CONDITION

As supervisors, the more we understand an individual's SMHC, the more we can work with that individual to promote success in the workplace and help her pursue her own personal goals. Here again, the fact that at the RTC disclosure is encouraged and required makes our situation unique, and we've found it helpful to discuss the individual's SMHC upfront as part of the interview and application process. We find it is helpful to understand how a person views her recovery and how she has learned to manage her condition and this understanding can come even if disclosure comes after a certain period of employment. We can't force someone to share everything with us, but with gentle encouragement we try to understand as much of her story as possible. This contributes to the start of a trusting relationship, and helps us to understand an individual's triggers or warning signs of crisis as well as her support system so that we may be able to better help her in times of crisis.

However, understanding someone's SMHC is easier said than done. As we pointed out earlier, young adults are often still learning what their mental health condition means for them and how it impacts their professional lives, so if they are struggling with it, how can they effectively communicate it? Additionally, this conversation needs to be continuous. As young adults face new challenges, either personally or professionally, they are learning about themselves, and in turn, we need them to be able to communicate back to us when they are facing new challenges. We often will encourage them to work with a third party (friend, co-worker, support person) to help them communicate with us, and we've also encouraged them to write out notes before coming to us so they feel more confident they are communicating effectively.

#2 REASONABLE ACCOMMODATIONS

According to the Job Accommodations Network (JAN) website, a reasonable accommodation is "a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity."⁶ When offered and implemented, reasonable accommodations in the workplace can contribute to increased tenure for individuals with psychiatric disabilities.⁷ Accommodations should be handled on an individual basis; what accommodations work best for one person may not fit the

Some young adults with serious mental health conditions are simultaneously learning to live with their mental health condition while also navigating a professional work environment for the first time.

these individuals are often simultaneously learning to live with their mental health condition while also navigating a professional work environment for the first time. This parallel learning trajectory can be difficult for the young adults to navigate. Even if a young adult was diagnosed with his SMHC during childhood, he is often learning and re-learning what it means to have this mental health condition – and how it may, or may not, affect his adult life. Additionally, we have seen that young adults unfortunately experience a lack of empowerment or ownership in terms of their SMHC. Just as they are transitioning to more independence in early adulthood, they are also learning to "own" their diagnosis and perhaps navigate support services independently for the first time. Moreover, in our experience most of the YAs have never worked in a professional environment before, so they are simultaneously learning aspects of professional

needs of another.

We have been providing a multitude of informal accommodations that can give a YA project assistant with a SMHC a chance for success without having to disclose formally. We have tailored some of the policies of our larger institution and recommendations from online websites to fulfill our needs. Many of these accommodations are very cost effective and simple to implement and include:

- Flexibility in work schedules to accommodate doctor appointments, time off due to illness, transportation/travel needs, weather conditions
- Providing office products that best help with employees' individual productivity and organization
- Working from home occasionally
- Headphones to block out office noise
- Listening to music during particular tasks
- Quiet workspace or access to one
- Frequent breaks

Again, in providing accommodations, one of the biggest challenges we face is getting an accommodation request clearly communicated to us. As indicated earlier, if a YA is still learning what his mental health condition means for him, then it is often difficult for him to even identify what kinds of accommodations might help him, let alone advocate for them. Here again, we encourage young adults to work with a third party to try and identify possible accommodations. We may also refer them to resources within our organization (i.e. disability office or employee assistance program) or to online resources (ASK JAN, ODEP, and BU Center for Psychiatric Rehabilitation) for additional help. The young adults at the RTC have also recently created a worksheet that helps them organize their requests in advance of a one-on-one meeting with us.

#3 INDIVIDUALIZED APPROACH TO SUPERVISION

Every employee/supervisor relationship is unique, but we have found that when supervising young adults with SMHC it is even more imperative that we are flexible and willing to develop individualized approaches to making the relationship work.

The challenge to this strategy is that it is time-consuming and resource intensive. Supervisory tasks can easily fall in priority to other day-to-day tasks, but when supervising young adults with SMHC, we've learned

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PROJECTS AND STAFF:

CAREER VISIONS tests an approach to career planning and employment for young adults, ages 21-25, who are receiving SSE or extended special education services.

Jo-Ann Sowers, Principal Investigator; Jared Tormohlen, Project Manager.

BETTER FUTURES tests a comprehensive intervention to assist young people in foster care with serious mental health conditions to prepare to participate in post-secondary education.

Sarah Geenan and Laurie Powers, Co-Principal Investigators; Pauline Jivanjee, Project Advisor; Lee Ann Phillips, Project Manager; Adrienne Croskey, Graduate Research Assistant; Catie Hankins, Isha McNeely, and Candis Willamson, Student Research Assistants.

ACHIEVE MY PLAN studies the efficacy of an intervention to increase young people's participation and engagement in their mental health treatment planning teams, and to build organizational capacity to support youth engagement.

Janet S. Walker and Laurie Powers, Co-Principal Investigators; Celeste Moser, Project Coordinator; Ryan Bender, Graduate Research Assistant; Celina Ataras and Jared Best, Research Assistants; Joan Ayala and Heather Rowlett, AMP Coaches; Precious Bodel, Mary Mehan, and Dayna Sanders, Research Interns.

TRANSITION POLICY CONSORTIUM will develop an inventory that assesses the level of community support for transition services with a specific emphasis on measuring collaboration and continuity of care between the child and adult mental health systems.

Nancy Koroloff and Janet Walker: Co-Principal Investigators; Nick Winges-Yanez, Graduate Research Assistant.

FINDING OUR WAY furthers the development of a culturally specific self-assessment tool for American Indian/Alaskan Native young people. Developed for youth ages 13-19, the tool will be modified to include issues relevant to transition.

Barbara Friesen and Terry Cross, Co-Principal Investigators; L. Kris Gowen and Pauline Jivanjee, Researchers; Abby Bandurraga, Graduate Research Assistant.

eHEALTH LITERACY is a developmental project that will contribute to a knowledge base about the ways youth and young adults use the internet to find information about mental health care, conditions, symptoms, or medications. The information will be used to develop and test an eHealth literacy curriculum.

L. Kris Gowen, Principal Investigator.

RECOVERY OUTCOMES is a secondary analysis of large national data sets. This project will analyze data from the System of Care National Evaluation related to young people's recovery outcomes.

Eileen Brennan, Principal Investigator.

MEDIATORS OF STIGMATIZATION will analyze data from nationally representative samples of youth and young adults, and use this information to identify potentially effective anti-stigmatization strategies.

Janet Walker, Principal Investigator.

TRANSITION TRAINING COLLABORATIVE will develop graduate and undergraduate course modules appropriate for individuals who plan to work with transition-aged youth, as well as modules for in-service delivery.

Eileen Brennan and Pauline Jivanjee, Co-Principal Investigators; Claudia Sellmaier, Graduate Research Assistant.

that the supervisor relationship must be a priority. This requires buy-in from the leadership level that includes extra resources to ensure that enough time is allotted to strengthen the employee/supervisor relationship (which we are very fortunate to have here at the RTC). We have learned that, at a minimum, weekly or bi-weekly one-on-one meetings are essential, and sometimes these meetings need to take place even more frequently.

In general, when supervising young professionals it is not uncommon for supervisors to also take on a mentoring role. In our opinion, the mentoring relationship offers us the opportunity to talk to the young adults about immediate as well as future goals in their professional development. This gives us the opportunity, if sought after, to offer guidance and support in not only their immediate interests but in development of their future goals. Yearly, we prepare evaluations that include professional development goals and we offer two follow up meetings held throughout the year so the opportunity is there to foster professional development on a continuous basis. Occasionally, we need to be sure we are not overstepping our boundaries as supervisor. Although we will offer support and guidance in times of crisis, we are not trained mental health clinicians so we sometimes have to redirect the young adults to their professional clinical service providers for assistance.

#4: CONSULTING WITH THE EXPERTS

One final strategy worth mentioning is that it has been very valuable for us to have access to a few consultants who have experience working with young adults with SMHC and are willing and able to share their knowledge and expertise with us. There have been times when situations have arisen that have been outside our expertise or

When supervising young adults with serious mental health conditions, we've learned that the supervisor relationship must be a priority.

comfort level as managers, and we've been lucky enough to have consultants on hand who can help us problem-solve the situation (in a confidential manner). These individuals might be employment specialists from nearby clubhouses, adults with lived experience, or researchers who have done PAR with young adults before. Their experience or expertise can sometimes help us see things differently or encourage us to try new approaches that we previously would not have attempted. This consultation has been very valuable, and we encourage other supervisors to identify community members who might assist them in this process.

CONCLUSION

We are learning every day how to work most effectively with young adults with serious mental health conditions. The above strategies have helped us in many ways, and we can honestly say that we are doing a much better job at this than we were three years ago (we think!). But we still have a lot to learn, and with each new employee will likely come new challenges. However, by maintaining an open and ongoing dialogue with the young adults as much as possible, and working with them as not only a supervisor but often as a mentor, we aim to help them become the best employees they can be and to achieve success in not only this job, but also in future endeavors.

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Learning to Make it Work: The Young Adult Perspective

We are four young women in our 20s, trying to find our place in both the social and employment worlds. Yet, we are somewhat different from the rest; we all have lived experience with various mental health conditions, and we are all in recovery from those conditions. We comprise a small group of young adult Project Assistants who share the same office with the adult staff of the Transitions Research and Training Center (RTC), and have slightly different tasks. One can only imagine the joint fun and frustrations that can happen in such an environment. Nevertheless, we have been trained to work in the professional setting that is the Center for Mental Health Services Research located at the University of Massachusetts Medical School.

Some employers would say that people with mental health conditions are not able to work in a professional environment or even be in recovery. However, that is not what is evident here at the Transitions RTC. Here, the tables are turned because of the Participatory Action Research model in place. No longer are older adults running the young adult mental health world. Here, the young adult voice rings through with the truth of what is needed to “make it work” as employees and employers.

The first truth is that young adults with mental health conditions can work successfully. In fact, working here helps us come to terms with our diagnoses in the “real world.” On a bad day, emotions and symptoms may escalate to overwhelming stress by four o’clock. Some of us socialize here, which helps us cope. Also, coworkers with similar types of struggles help us feel that stigma is not present amongst us and we can focus more on work, not on symptoms; stigma does not act as a barrier to our motivation and work ethic. As one Project Assistant says, “I come to work and my mood is automatically lifted. I am helping others, while at the same time helping myself.” Another Project Assistant describes her job as something very important, constructive, and positive that gives structure to her day. In addition, working in an open setting helps us figure out what works and does not work for us while on the job. Some of us have known about our diagnoses for more than ten years and others have known for less than five years. However, all of us learn about ourselves and change as we

emerge into adulthood with confidence.

Such confidence and growth is evident in our abilities to complete many tasks. There are articles and announcements to turn in, websites and tip sheets to edit and publish, service providers to advise, conferences to attend, slide shows to present, and the list goes on. This workload shows us that the RTC leadership is giving us the opportunity to demonstrate our capabilities. However, there are times when our internalized fear of stigma may intervene in negative ways. There are some of us who think that our task list has been lessened because our abilities may be seen as limited, whereas some of us see the workload as more than enough and “feel like sometimes they forget that we have mental health conditions.” Therefore, we feel like we have to advocate for our needs and abilities, but there are still times when something is left unsaid because of the fear of not being understood, being seen as unreasonable, or seeming unfit for the job. No one person or thing can really change this mindset; but time usually heals these thoughts as new problems arise or better times take over. The longer the RTC stands, the easier it becomes for us to learn about ourselves and for the supervisors to learn about working with young adults with mental health conditions.

The biggest struggles for the young adults here are usually related to a lack of self-advocacy or a problem with requesting accommodations. If one of us has waited too long to speak up about something that bothers us or if we do not know how to express what can decrease our obstacles, problems may arise. Even recently, both leadership and project assistants have realized that we all need a little more education on accommodations. We even created a worksheet for ourselves to help us ask for anything that can make our progress here better. As young adults with lived experience, we understand that we have the right to receive accommodations. Nevertheless, some having no experience using accommodations, the process of knowing exactly what works for us can become complicated. This complication intensifies when mixed with issues of self-confidence, feeling intimidated when talking to authority figures, or feeling like we may be “crossing the line” when talking to our supervisors. These issues then become our main focus as the entire team begins to come together to try and mend any obstacles quickly and effectively. The

supervisors and leadership have been great at discussing such issues and, although their solutions may not seem the best fit for all of us at first, they persistently work on better strategies, especially as they continue to ask for our input.

Nonetheless, the supervisors here are always ready to give accommodations for us at any time. There have been moments when “they say no to an accommodation and all of a sudden they do ‘a 180’ and we get confused,” but we also recognize that the fact that they do a “180” means they are learning. So, at least they are getting educated.” These actions of the leadership constantly show that they care for the professionalism of our team, but they also do not compromise their care for us as human beings. Their willingness and flexibility has become mentorship at times, taking us away from the idea of the “mainstream” professional environment. We have witnessed the supervisors taking coworkers to the hospital for physical issues and some of us have also walked into their office and entrusted them with overwhelming personal issues. Call it “crossing the line,” as it may be anywhere else, but what we see are staff that exceeds expectations when it comes to helping us with our personal and professional growth. Like one Project Assistant says, “they are always looking for ways to help us achieve our goals.”

With this human-to-human interest, we open up to potential progress in our professional lives at the RTC. However, there have been instances when caring about

stress or liability turns into overprotection, whether due to our mental health conditions or our age. Supervisors, and even we young adults, are unaware when we are enabling one another to function in a way that is below our current potential. Yet, our personal goals are always to be better at what we do, superseding our former selves. The supervisors always try to gauge our stress levels, without prying too much, but our ambitions keep us careful about how we respond. We can see in their faces that they are genuinely supportive, but we know that, in order to grow, we may have to try our best to push ourselves without external support. Unfortunately, nothing is ever perfect in our world, especially when things may not be the same in future employment. We simply must try to take advantage of this wonderful opportunity and reap the benefits so that our adulthood can be one where our mere presence shows society what Young Adult Mental Health Recovery is really like.

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DATA TRENDS

IS SUPPORTED EMPLOYMENT EFFECTIVE FOR YOUTH AND YOUNG ADULTS?

SOURCE

Burke-Miller, J., Razzano, L. A., Grey, D. D., Blyler, C. R., & Cook, J. A. (2012). Supported employment outcomes for transition age youth and young adults. *Psychiatric Rehabilitation Journal, 35*, 171-179.

Supported Employment (SE) is an evidence-based practice to assist people with disabilities in finding and maintaining employment. The types of services provided by SE include job coaching and training, resume development, and transportation. More recently, proof of the effectiveness of this approach for those with mental health challenges has been documented.¹ The purpose of this research was to determine whether SE proved to be effective among persons with mental health challenges across different age groups.

METHODS

Data from the Employment Intervention Demonstration Program (EIDP) were used for this age-comparison analysis. The EIDP was a randomized-control trial that investigated the effectiveness of SE over five years; data for this particular analysis were collected over a 24-month period during the study. Inclusion criteria for participation consisted of being at least 18 years old and unemployed at the start of the study; being willing and able to provide informed consent for study participation; and having an Axis I DSM-IV mental health diagnosis.

Enrolled participants were randomly assigned to SE or a comparison condition. The three age groups used in this analysis to compare the effectiveness of SE by age were youth (ages 18-24), young adults (ages 25-30), and older adults (30 and over). Sample sizes for these three age groups were 81, 168, and 1,023, respectively. Approximately one-third of participants were African-American, and almost half had a schizophrenia spectrum or bipolar disorder diagnosis.

There were two primary outcome measures. The first outcome, paid employment, evaluated whether individuals were employed at any time during the study. All paid employment, including transitional and sheltered employment (i.e., employment provided in settings that are designed for persons who are considered incapable of holding more traditional jobs), was considered for this outcome measure. The second outcome, competitive employment, needed to meet the following four criteria: compensation was of at least minimum wage; location of employment was in an integrated setting; employment was not set aside for persons with mental health challenges; and the employment was not granted by the SE program itself.

The high levels of employment of young adults with serious mental health conditions – especially those who receive SE – are especially encouraging, given that it has been found that having a job can lower mental health symptoms in those who are challenged by them.

RESULTS

Regardless of study condition (SE or control), older adults were least likely to be employed (58.3%) when compared to youth (69.1%) and young adults (73.2%). Similarly, only 42.4% of older adults were competitively employed as compared to 50.6% of youth and 56.0% of young adults. After controlling for factors such as education level and prior work experience, youth were no different from older adults in achieving employment or competitive employment. However, young adults were approximately three times more likely than older adults to have been employed (odds ratio = 3.13, $p < .01$) and competitively employed (odds ratio = 2.94, $p < .01$). There were no age group differences when measuring total dollars earned during employment.

Supported employment showed different levels of effectiveness when compared across age groups. Both young adults and older adults in the SE condition were more likely to be employed than their counterparts in the control condition. However, the opposite was true for youth; within that age group, those in SE were less likely to be employed when compared to those in the control condition. However, in a two-way analysis of variance, this interaction of age group and study condition did not reach statistical significance.

Similar results were found when examining who was most likely to achieve competitive employment. Both young adults and older adults who were in SE were more likely to obtain competitive employment when compared to their counterparts in the control condition. Study condition, however, was not statistically significant in predicting competitive employment in youth; overall rates demonstrated that a lower percentage of youth in SE were competitively employed.

CONCLUSION

This study found that SE can be effective for young adults (ages 25-30), but not for youth (ages 18-24). One possible explanation for this finding is that SE programs may encourage younger people to pursue educational,

rather than employment, goals. Another possibility is that the prioritization of employment retention within SE programs may be developmentally inappropriate for youth, as youth tend to change jobs frequently as they establish their identity.² People in this age group may benefit more from having a program support the process of employment exploration via learning job skills and applying for jobs, not the outcome of obtaining employment.³ Or, it may be the case that young adults are more motivated to find and keep a job; such motivation can come from internal drive or social supports.⁴ Finally, young adults may be more career-oriented and therefore may benefit more from the structure and goals of SE.

The high levels of employment of young adults with serious mental health conditions – especially those who receive SE – are especially encouraging, given that it has been found that having a job can lower mental health symptoms in those who are challenged by them.⁵ More research is needed to determine what aspects of SE are effective in securing employment for young adults; there is some evidence that young adults with serious mental health conditions who are consistently employed are better able to exhibit appropriate job norms (cultural capital) such as controlling emotions, acting professionally, navigating the workplace, and adopting a different “role” conducive to job success.⁴ Additionally, more research is needed to determine how, if possible, to tailor SE to better meet the needs of youth.

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Serving Youth with Psychiatric Disabilities in Public Vocational Rehabilitation



Youth with mental health problems have the same vocational needs of youth without mental health issues but are additionally challenged by the symptoms of their illness and the associated stigma and potential discrimination. Establishing one's vocational identity and the basic skills to be successful in a work setting is a developmental process that begins early. Youth need opportunities to build good work habits, identify interests and strengths in real world settings, and explore career options. They also need the opportunity to secure the education needed to pursue their vocational and career interests.

Youth with mental health challenges need access to individualized supports to maximize their participation in this developmental process. Additional needs include access to a curriculum that promotes self-advocacy as well as knowledge of, and skills to, seek needed accommodations. They also need access to peer supports, including role models and flexibility in service delivery systems that respond to their developmental needs. Finally, youth need services provided in a recovery context by individuals who see work as an expected outcome and bring a pragmatic optimism to the work they do.

YOUTH AND VOCATIONAL REHABILITATION SYSTEM OPERATIONS

Established in 1918 for returning veterans and subsequently extended for civilians with physical disabilities in 1920, the vocational rehabilitation (VR) system is a state-federal system administered through each of the 50 states plus U.S. territories that has as its overarching goal assisting people with disabilities into successful employment. Current funding, which is primarily federal, is authorized under

Title IV of the Workforce Investment Act.

One of the key elements of VR structure to consider when examining how it might better assist any particular target group (e.g., youth/ young adults with psychiatric disabilities), is that eligibility for VR services is based on barriers to securing and maintaining employment secondary to a documented medical condition. Individuals are always presumed by statute to be able to benefit from VR services, except when "clear and convincing evidence" is available to the contrary. It is only since 1943 that the eligibility criteria for disability included serving people with psychiatric impairments and, since 1965, serving people with other behavior disorders. Once a youth is determined eligible, a plethora of services potentially could be provided to address barriers to the young person's desired vocational goal. The goal and associated services are determined through mutual decision making between a VR counselor and the client and described in an Individualized Plan for Employment (IPE).

Several elements of VR's structure contrast it with other services that a youth with a psychiatric disability might require. One is that since VR is an *eligibility* based system; it is dissimilar to *entitlement* systems, which provide for a prescribed level of financial support based on disability status and income. Both systems have eligibility requirements; however, an entitlement program provides the same benefit to all eligible clients whereas an eligibility program such as VR makes specific services contingent on other factors (e.g., a specific job goal's requirements) rather than all

receiving the same benefit. VR is also often described as a “time limited system” which is not technically, but is practically speaking, the case. It is more precise to describe the VR system as one with concrete goals (requiring a minimum of 90 days successful employment before the VR system can claim a “successful closure”) that, once achieved, leads to that person exiting the process. This is quite different than mental health (MH) services provided through the public MH system, which have no necessarily defined endpoint.

VR has no specific minimum age requirement but the overwhelming majority of its clients are adults. In the Institute for Community Inclusion’s own analysis of the Rehabilitation Services Administration’s public access database of VR service outcome data (RSA 911 data), approximately 1/3 of all the eligible clients whose cases were closed in 2011 were ages 14-24, and next to youth within the broad category of learning disabilities, youth with psychiatric disabilities was by far the largest group within the youth category (16% of the total closures). The success rate for youth with MH problems (45%) was significantly lower than almost any other disability or age group. All these data indicate that VR, to be successful, must respond well to what may be perceived as unique, or at least prevailing, needs of youth with psychiatric disabilities. Furthermore, key competencies have been identified in the rehabilitation literature for VR staff to possess as they engage youth in the transition process that intersects with public vocation rehabilitation. These competencies are: Providing Career Planning and Counseling, Providing Career Preparation Experiences, Facilitating, Allocation of Resources, Promoting Access and Opportunity for Student Success, Conducting Program Improvement Activities, Building and Maintaining Collaborative Partnerships, and Promoting Nonprofessional Supports and Relationships.¹

It is clear what sorts of significant vocational issues confront youth/young adults with mental health needs. Some of these include:

- Poor educational completion rates
- Poor academic and social performance while in school
- Limited access to Special Education (SpEd) services, except for those youth labeled as having “behavioral” problems
- Problems accessing or maintaining employment both due to skill/academic deficits and “soft” job skills (e.g., quitting by letting the boss know rather than just not showing up for work).
- Need to explore many short term jobs before deciding on a career path, which may be seen by some as “job hopping”
- Preference for jobs many think of as “lower status” (e.g., working in restaurants) because more active jobs fit well with their mental health challenges
- Higher probability of involvement with the juvenile or adult criminal justice system
- Societal/employment discrimination

The above have all been well documented in literature

and research over the years.^{2,3,4,5,6} Less commonly understood factors can also affect the ability of youth with MH conditions to be successful in VR. Many VR counselors’ training is limited in terms of youth developmental issues because the core system was designed originally for adults. Also, much of the VR process is predicated on client motivation and self-selection partially due to the philosophy of rehabilitation and partially due to the exigencies of large caseloads. As a result, youth whose behaviors and ability to take responsibility are compromised by age and disability may often be left to drop out, or be seen as unmotivated or “not ready” to maintain a job. Finally, many (but not all) youth with mental health challenges may lack a strong adult support system as they may have strained or non-existent relations with parents due to their psychiatric impairment, or lack connections due to the youth’s involvement with juvenile justice or foster care. Thus, the essentially powerful rehabilitation philosophy of client-informed choice may impede a process whereby many of these youth might benefit from more directive, yet responsive, input from the VR counselor.

VR SERVICE INNOVATIONS WITH YOUTH WITH MH PROBLEMS

VR agencies utilize several strategies to support youth and young adults with MH challenges. It should be noted that some focus on specialized services for people with mental illness while others relate to VR and transition services. Very few, if any, specifically target youth/young adults with psychiatric disabilities. However, we believe that these more generic efforts meet many of the needs of this more specific population. Some examples of various state efforts that are specific to, or especially useful for, transition-age youth include efforts in states such as Oregon, Vermont, Oklahoma, Minnesota, Rhode Island, and Maryland. While the specifics of each of these efforts differ, what they share is strong partnership between VR, mental health agencies, and other services (e.g, education) that increase communication and consistency across services. In other cases, evidence-based programs such as supported employment are utilized to increase the chance of success.

In addition to these state-level initiatives, some national efforts are in place to support youth with mental health challenges within the VR system. Many VRs have specialized counselors who function as consistent liaison staff with high schools (though not necessarily with concomitant focus on youth with mental health conditions), most often linking with the SpEd staff. Some VR agencies have third party financial agreements with state Education Departments or Local Education Authorities (LEAs) that provide the state matching funds required to draw down additional VR federal dollars that would not otherwise be available. While federal regulations preclude the use of such funds solely for any one type of client based on disability, age, or geography, this increased funding is accompanied by expectations that the VR office then would have enough resources to provide appropriate services to transition-age students within the state and the LEA.

ISSUES IN POLICY, PRACTICES, KNOWLEDGE, AND/OR RESEARCH

While we present some ideas as to how to serve youth with mental health challenges through VR services, many areas of inquiry and policy/practice enhancements that might lead to improved employment outcomes for youth in VR still need to be pursued. These include:

1. Improving developmentally appropriate strategies for VR counseling and service delivery
2. Modifying the traditional approach to IPE development to incorporate a “work and career development” phase that allows for developmentally appropriate career exploration
3. Understanding and developing vocational supports unique to youth that may build on but do not replicate the heavily researched adult evidence-based practice of Individual Placement and Support
4. Developing VR service interventions for youth that use a greater variety of employment models, especially those based on experiential, work-based learning
5. Creating models of vocational peer support appropriate for youth
6. Developing system interactive pathways focusing on speed and rapid engagement that swiftly include youth in concrete experiential services rather than long periods of assessment or verbal discussions about planning
7. Enhancing transition services that support attachment to adult services where needed or possibly divert youth from them provided appropriate transition-age interventions enhance adult life success
8. Fostering increased use of social media to engage youth in a variety of work options and in vocational rehabilitation services

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