

An abstract graphic on the left side of the slide, consisting of a grid of small white dots connected by thin white lines, set against a background of soft, glowing blue and purple light gradients.

Barriers to Employment for People with Mental Illness

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The Issue

- In recent years, an increasing number of individuals qualify for Social Security Disability Insurance (SSDI) due to mental illness
- In 2008, nearly 30% of the 7.4 million disabled workers on SSDI became eligible due to a “mental disorder”

(Social Security Administration, 2009)



The Issue

- Many SSDI beneficiaries with mental illness desire to work but face many barriers and challenges such as
 - **Limited access** to effective treatments and supports
 - **Fear** of losing benefits
 - Other **perceived and actual barriers** at multiple levels



Mental Health Treatment Study (MHTS)

- Sponsored by the Social Security Administration (SSA)
- SSDI beneficiaries with a primary disability of schizophrenia or an affective disorder
- 3 ½ year randomized trial demonstration study with participants in treatment and control groups



Mental Health Treatment Study (MHTS)

Study Goals:

- Address research questions related to how **intervention** leads to intended **positive employment and health outcomes**
- Understand **reasons** why some beneficiaries
 - Did not want to pursue returning back to work and declined participation
 - Have less successful outcomes than others participating in the study



Mental Health Treatment Study (MHTS)

Provides:

- Supported employment services according to the Individual Placement and Support (IPS) Model
- Access to evidence-based behavioral health treatments
- Systematic Medication Management
- Support from a Nurse Care Coordinator



Mental Health Treatment Study (MHTS)

Intended Outcomes:

- Improved clinical recovery
- Improved functioning
- Increased use of evidenced based treatments
- Positive employment outcomes



MHTS Study Partners



22
Demonstration
Sites



Community Resources

Resources are available to residents of Montgomery County in the following 10 areas:

1. **Self help and consumer support groups:**
 - Drop-in centers
 - AA, NA
 - Family to family
 - Family pscho-ed



Community Resources

2. Supported Employment and employment support:

- DORS
- One-stop-shops
- Supported employment programs such as St. Luke's

3. Mental Health Care (some are free, others are at a reduced-fee):

- Crisis center
- ACT teams
- ACCESS team
- Other clinic services (Threshold, St. Luke's etc)



Community Resources

4. Free or reduced fee medical care:

- Dental Care
- Medical care
- Community clinic
- Mercy clinic

5. Medications at reduced or no cost:

- MedBank
- Bethesda Cares
- Pharmaceutical company medication assistance programs
- NAMI



Community Resources

6. Housing:

- HOC
- HUI
- Rental Assistance
- CSA
- Montgomery Housing Partnership
- Shelters

7. Legal:

- Maryland Disability Law Center
- Legal-Aid
- Pro Bono Center of Maryland



Community Resources

8. Alcohol or substance abuse treatment:

- Avery Road
- Addiction Services
- Outpatient Addiction Services
- Progress Place

9. Benefits Counseling:

- Case Management program
- CSA
- MA program
- Access team
- Benefits Infosource



Community Resources

10. Insurance and Benefits:

- Medicare
- Medicaid
- SSDI
- SSI
- TEMHA
- PAC



Reluctance to Return to Work

Research has identified the following recurring themes as reasons **why** individuals with mental illness are **reluctant** to return to the work force:

- Fears
- Misconceptions
- Discouragement
- Lack of confidence
- Discrimination and abuse in the workplace





Barriers to MHTS Recruitment

- Physical Health (17%)
- General Disinterest (42%)
- Work Related (18%)
- Life Issues / Obligations (7%)
- Symptom Related (6%)
- Other (10%)



Employment Barriers

Research findings identified **four** types of **barriers** to employment for persons with severe mental illness:

1. Lack of engagement

(Alverson, Carpenter, & Drake, 2006; Larson, Barr, Kuwabara, Boyle, & Glenn, 2007; Muesser, Salyers, & Mueser, 2001; Roberts & Pratt, 2007)

2. Cognitive impairment

(Bell & Bryson, 2004; Gold, Goldberg, McNary, Dixon, & Lehman, 2002; Green, 1996; McGurk & Mueser, 2004)



Employment Barriers

3. Deficits in interpersonal functioning

(Becker et al., 1998; Tsang, Lam, Ng, & Leung, 2000; Wallace & Tauber, 2004; Bond, Drake, & Becker, 1998; Muser et al., 2001; Strauss & Carpenter, 1974, 1977)

4. Psychiatric symptoms

(Cook & Razzano, 2000; McGurk & Mueser, 2004; Racenstein et al., 2002; Lerner et al., 2003)



Employment Barriers in the MHTS

- Symptoms of Mental Illness (not controlled) (51%)
- Failure to Engage in SE (37%)
- Physical Health Problems (not controlled) (34%)
- Disengagement in SE (25%)
- Substance Abuse/Dependence (not controlled) (24%)
- Family Problems (23%)
- Behavior Problems (13%)
- Cognitive Problems (7%)



Employment Barriers in the MHTS

- Lack of Needed Services (i.e. case management) (7%)
- Lack of Social Skills (7%)
- Criminal Justice System Problems (6%)
- Lack of Work Skills (4%)
- Transportation (3%)
- Housing Problems (4%)



A Few Strategies for Success

- **Help clients make choices about committing to specific goals**
 - Ask about their choices
 - Discuss
 - Which ones are realistic, important?
 - Weigh alternatives, consequences
- **Help the client with ranking and prioritizing goals**
 - Negotiate needs vs. desire
 - Explain progression
 - For example – to get to D you need to achieve A, B and C



Open Discussion

- Success Stories
- Implications for:
 - Mental Health Providers
 - Employers
 - Researchers
 - Family Members
 - Federal Policy





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