

**Employment & Recovery
for People with Mental Disabilities
Integrating Evidence-based Vocational Services &
Supports into Private Practice**

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**Understanding Employment Issues for People
with Psychiatric and/or Developmental Disabilities**

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Janice E. Cohen, M.D.

Psychiatrist in private practice since 2004

Founded non-profit Pacific Institute for Health Innovation in 2005

Consultant to individuals, non-profits and government agencies

Extensive experience in public health policy, mental health services research, quality management and advocacy

Former Chair, Mental Health Section, American Public Health Association

Former Psychiatric Attending, Mental Health Rehabilitation Facility, SFGH/DPH, San Francisco, California

Former NIMH Researcher

Former member, San Francisco Mental Health Board

Former guardian of a family member with Schizophrenia

National Consensus Statement on Mental Health Recovery

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

The 10 Fundamental Components of Recovery

- Self-Directed
- Individualized and Person-Centered
- Empowering
- Holistic
- Non-linear
- Strengths-based
- Peer Support
- Respect
- Responsibility
- Hope

Research supports consumer-directed care as the fundamental evidence-based practice

The Ohio Longitudinal Consumer Outcomes (LCO) Study showed that the only predictor of positive consumer outcomes was clients' perception that their needs were being met.

The practice application is that in order to improve consumer outcomes, providers must attend to individual consumers' perceptions of what services are needed and the extent to which consumers think that their needs are being met.

The top unmet need consistently cited by consumers in the Ohio LCO study were vocational services. This is consistent with many other studies on consumers' preferences regarding services.

Supported Employment for People with Severe Mental Illness

An evidence-based practice supported by 9 controlled trials and several quasi-experimental studies

A well-defined approach to helping people with disabilities participate in the competitive labor market and find meaningful jobs

First introduced in the psychiatric rehabilitation field in the 1980s

Has well-defined components and a fidelity scale differentiating it from other types of vocational services and programs

Implemented nationally in a variety of service contexts

Core Principles of Supported Employment

- Eligibility is based on consumer choice
- Supported employment is integrated with treatment
- Competitive employment is the goal
- Job search starts soon after a consumer expresses interest in working
- Follow-along supports are continuous
- Consumer preferences are important

Components of Supportive Employment Program Services

- Engagement
- Assessment
- Job Finding
- Job Supports

Populations of Clients Requiring Vocational Supports

1) People who become mentally disabled while working at a job. They may subsequently request special accommodations or go on medical leave and short-term disability.

These are people who may want to remain at or return to an existing job, or they may want to find an entirely different one.

2) People who have been recently hospitalized and/or have not worked for a long time due to a mental disability.

These are people who typically have not worked for an extended period and want to find a new job.

3) I work on employment issues with people from 18-68 years old. Typically with younger people, the disability issues that need to be addressed are with their academic institutions not employers.

Special Considerations

- People who present in my private practice with an existing mental disability generally do not meet ADA disability criteria. A few receive SSI/SSDI, MediCal or Medicare benefits. The majority have some sort of private insurance, but many have no insurance whatsoever.
- If they have been employed for one year with an employer, they will typically be covered for up to 6 months of short-term disability benefits.
- Some employers also provide supplemental short-term or long-term disability policies. Some people carry individual disability insurance that may cover them if they are unable to work at all or in some cases if they are unable to perform their particular job.

Work Place Stressors and Disability

- Some clients come from very stressful work environments that may have contributed to the development of their disability.
- Filing a Worker's Compensation Claim for a psychiatric disability
 - Almost impossible to win
 - Creates enormous additional stressors
 - Interferes with a focus on the person's treatment and recovery.
- Evaluate the client's feelings about their current job, workplace stressors and strengths and their desire to return to the particular position and employer.
- Evaluate the likelihood they will be able to return within 3 months, allowing them to return to the same position that they left under the Family Medical Leave Act.

Work Can Reduce Stress and Promote Recovery

Practitioners may inaccurately perceive that work is unduly stressful for consumers or that certain consumers will be unable to work because of cognitive impairments, symptoms or medication side effects. This is not typically the case.

It is important to reinforce and educate consumers, providers, family members, employers and the public as a whole about

- The positive values and benefits of work

- The fact that consumers can work despite persistent symptoms and/or cognitive impairments, and

- The fact that most consumers do not find that work increases stress (and some report that it decreases it).

Assessment with People Currently Employed

- 1) Evaluate the person's safety, the type and nature of their disability and the level and scope of care that they need.
- 2) Review the implications of going out on medical leave, with or without a hospitalization, and the alternatives.
- 3) Review the benefits that they will receive and whether these will be enough to support them. Explore and enlist additional family and community supports that might be available.
- 4) Evaluate the clinical and rehabilitative care that will be necessary to get them back to work.
- 5) Explore ways that they might continue to function at work and effectively address their issues with reasonable accommodations.
- 6) Review the risks and benefits of disclosure in their particular situation.*
- 7) Develop a short-term care plan

Additional Assessment Issues with People not Currently Employed

Assessment

Evaluate skills, strengths, preferences and supports

Develop a Plan with Timeline and Goals

Referrals

Employment Agencies

Community College Programs

Supported Education Programs

Supported Employment Programs

Special clinical programs (e.g. UCSF PART Program)

Special Non-profit or Government Programs

Combining Clinical and Vocational Services

Supportive and Cognitive Behavioral Therapy

Identify and address negative triggers, symptoms and behaviors that interfere with work

Identify and develop coping and self-management skills & strategies

Help with problem-solving and skills that help people deal with difficult situations and relationships

Role-playing, practice and planning

Medication and symptom management

Client and family psychoeducation

Dual Diagnosis approach – treating mental and substance use disorders in an integrated fashion

Medical management of existing co-morbid medical problems in collaboration with primary care and other providers.

Combining Clinical and Vocational Services (cont.)

Identifying and Implementing Positive Lifestyle Supports -
healthy diet; exercise; restorative sleep; expressive, recreational
and spiritual activities; maintaining/restoring social relationships

Resume Development and Job Search

Interfacing with employers regarding reasonable accommodations,
obtaining benefits information and clarifying expectations

Helping clients obtain legal aid, public benefits and other supports
through their employer or outside sources

Working with the client's family and primary support system

Ongoing reassessment and modification of the care plan and goals

Movement towards intermediate and longer term goals as short-term
goals are met

Why I Provide Vocational Services That Most Psychiatrists Do Not

- 1) Because clients want to address employment as part of their care plan
- 2) Because employment is integral to the recovery process
- 3) Because my practice is based on a mental health recovery model
- 4) Because evidence shows that to be effective vocational services need to be integrated with clinical care
- 5) Because they are difficult to find in the community

Summary

Whether people are receiving clinical services in the private or public sector, it is very important that vocational services be provided and that they be effectively integrated with clinical care and treatment.