

# PREVENTING DISABILITY AMONG YOUNG ADULTS WITH MENTAL HEALTH CONDITIONS: IS IT THE CONDITION OR SYSTEM EFFECTS?

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May 31, 2018



*The Transitions to Adulthood Center for Research*

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# Acknowledgements



The mission of the Transitions to Adulthood Center for Research is to promote the full participation in socially valued roles of transition-age youth and young adults (ages 14-30) with serious mental health conditions. We use the tools of research and knowledge translation in partnership with this at risk population to achieve this mission.

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*The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, United States Department of Health and Human Services (NIDILRR grant number A-90DP0063). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, or SAMHSA and you should not assume endorsement by the Federal Government.*



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# Agenda



## *Preventing the Experience of Disability*

- Language
- Identity Formation
- Redefining Treatment & Services
- Importance of Education
- Facilitating Entrance into the Primary Labor Market



# Language



- We primarily express our beliefs and thoughts through language...please be mindful when working with people—especially young people.
- The beliefs of *hope* and *change is possible* are articulated and solidified through what we say and the language we use.
- We do not want to bathe people in services and language that create and promote permanent, long-lasting identities of illness and disability.

***Young people are creating themselves, be active partners in the development of resilient, strength-based, wellness-focused identities.***



# Language: Destructive or Constructive



Some of our system's "favorites":

- Inappropriate
- Low/High Functioning
- "You're not ready..."
- "... is too stressful."
- Noncompliant

What messages are we sending when we use this language?

***Language should be label-free, constructive, and instructive young adults to understand and modify their behavior to achieve their goals.***





# An Interview with A Young Adult

*[talking about her experience with a state VR counselor]*

*“...Like they’re just like **“Get a job.” “Oh, congratulations, you’re working at Shoprite.”** That’s not a job. I mean it is, but not really. **It’s not a self-sustaining job.** You can’t live off that. And I don’t think they know how to help because **they don’t have a lot of clients that are high functioning, but still struggling, they’re big time struggling.”***

Interviewee:

26yo woman with a bachelor’s degree in Fine Arts





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# THE CONDITION OR SYSTEM EFFECTS??

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# Consider Traditional Mental Health Services



- What happens after a person's first significant episode of a mental health condition?
- What are the initial set of recommendations of the mental health "system"?
  - As a system, what do we "do"?
- What are the messages we send the people and family members who seek our services?
- Consider the following when answering these question:
  - What type of language do we use?
  - On what do we suggest they focus?
  - What resources do we suggest they get connected?
  - What times are we available?



# System Effects



- “System effects” are the unintended consequences of receiving services.
- Typically the result of uniformed/poorly planned mental health services and/or underdeveloped practitioner knowledge, skill, and attitudes.
  - Inadequate resources to provide community-based services
  - Encourage leaving valued and developmentally-relevant roles to focus on “illness”
  - Encourage SSA application
  - SSA triggers MH system dependency largely due to poverty (e.g. HUD application)
- System effects then erroneously become “symptoms”, “evidence” of poor prognosis, or re-classified as a person’s character trait.<sup>11</sup>



# Thought Question:

- What if you only had \$750 a month to live?
- What would your life look like?
- Would you be able to:
  - make your rent/mortgage? utilities?
  - buy your groceries? clothes?
  - go out with your friends? travel?
- Would you feel secure and cared-for? Or stressed or trapped?



# Unintended Messages Associated with SSA Application



You are “too sick” to participate in the typical roles of your age group.

You will always be “too sick” to work.

You are ***permanently disabled***.

SSI is difficult to receive, so protect it.

If you think you can work, don't work *too* much because you lose your SSI.



Young people are **not necessarily** interested in talking about:

- Symptoms and diagnoses
- Medication adherence/compliance
- Therapy
- Appointments
- “Treatment”



*We **train** them to focus on these topics...we should **change** our focus to what's important to them.*



# DEVELOPING INTENTIONAL SERVICES: EVALUATING MENTAL HEALTH SERVICES

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# Differing Service Foci for Young Adults vs Mature Adults



## Young Adults

- Prevent long-term disability
- Maintain developmentally normative pathways
- Teach resiliency and self-regulation/management skills
- **Prevent** the enrollment on SSA
- Maintain & create linkages to the community

## PREVENTION MODEL

## Mature Adults

- Undue system effects
- Develop positive beliefs about the future
- Create opportunities for success
- Assist in transitioning from SSA to earned income
- Recreate linkages to the community <sup>1</sup>

## RECOVERY MODEL





# Employment & Education: The Key to Avoiding Disability



- Developmentally-relevant to young people
- Part of normative vocational development is often to be pursued in tandem
- Critical to vocational maturity
- Involvement, often with specialized supports, enhances:
  - Resiliency, knowledge of self (and others), **identity**
- Absence in either domain has long-term, negative implications on:
  - vocational opportunities, social networks, **identity** <sup>11</sup>



# Ryan's Story



<https://vimeopro.com/user23094934/consumer-and-family-portal/video/85739637>



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# Would you have supported Ryan?



Think about how Ryan looked in his student ID:

- Would you have supported Ryan?
- Would you have told him he was not yet “ready” for school?
- Would you have suggested to him that he needed to focus on his symptoms?

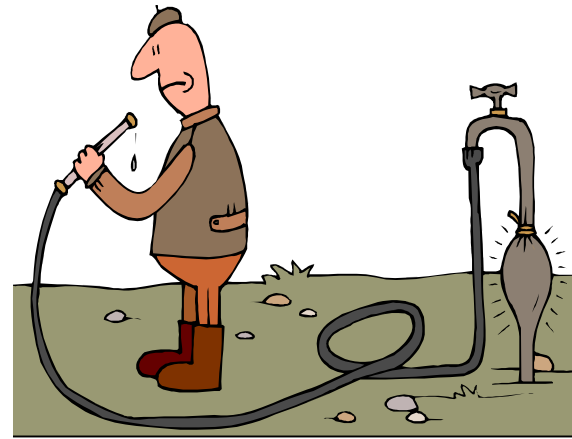
**OR**

- Would you have explored his interests related to school?
- Would you have helped to coordinate his care to support his enrollment in school?
- Would you have helped him figure out his plan for wellness?
- Would you have helped him think through accommodations?



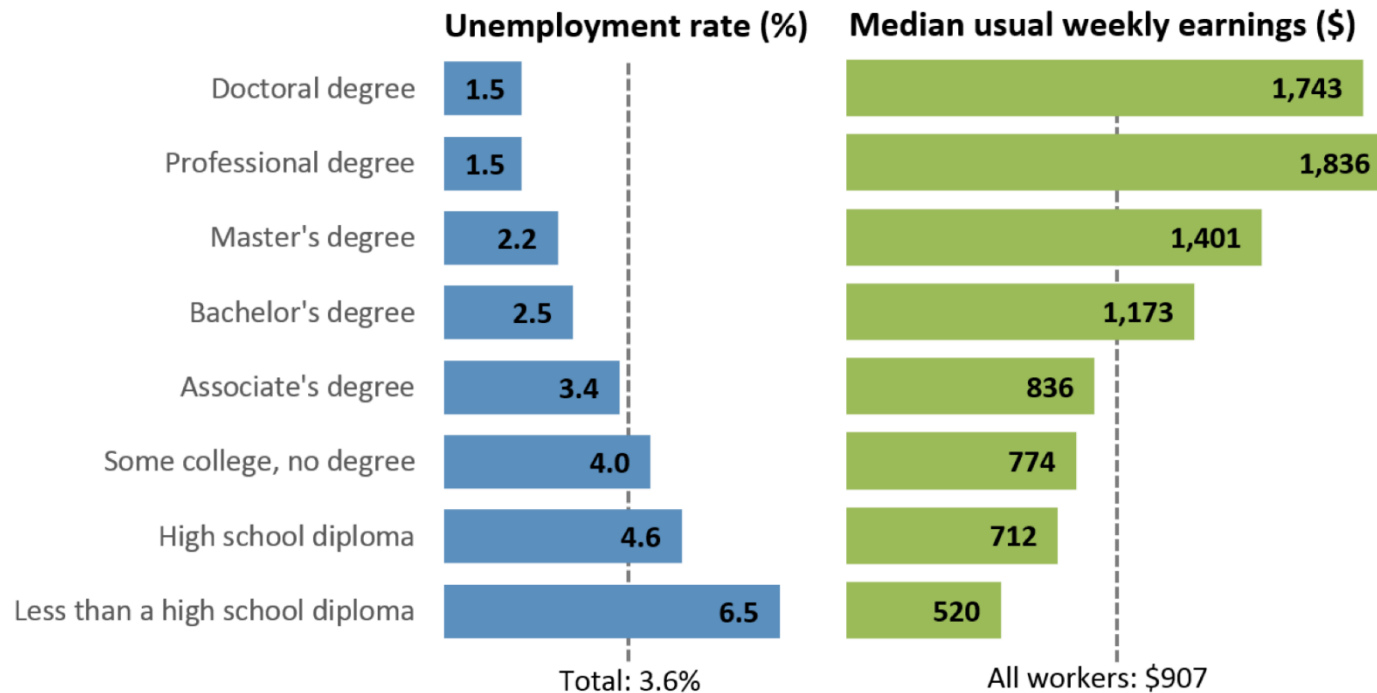
# Preventing Disability: Importance of Higher Education

- Competitive in seeking employment
- Increased options in the workforce
- Better employment
- Higher wages & greater earnings over time
- Benefits
- Career mobility
- Socialization & networking
- Prestigious (and normalizing) role
- **Course loads can be adjusted by semester; as compared to work**



# Education Pays

## Unemployment rates and earnings by educational attainment, 2017

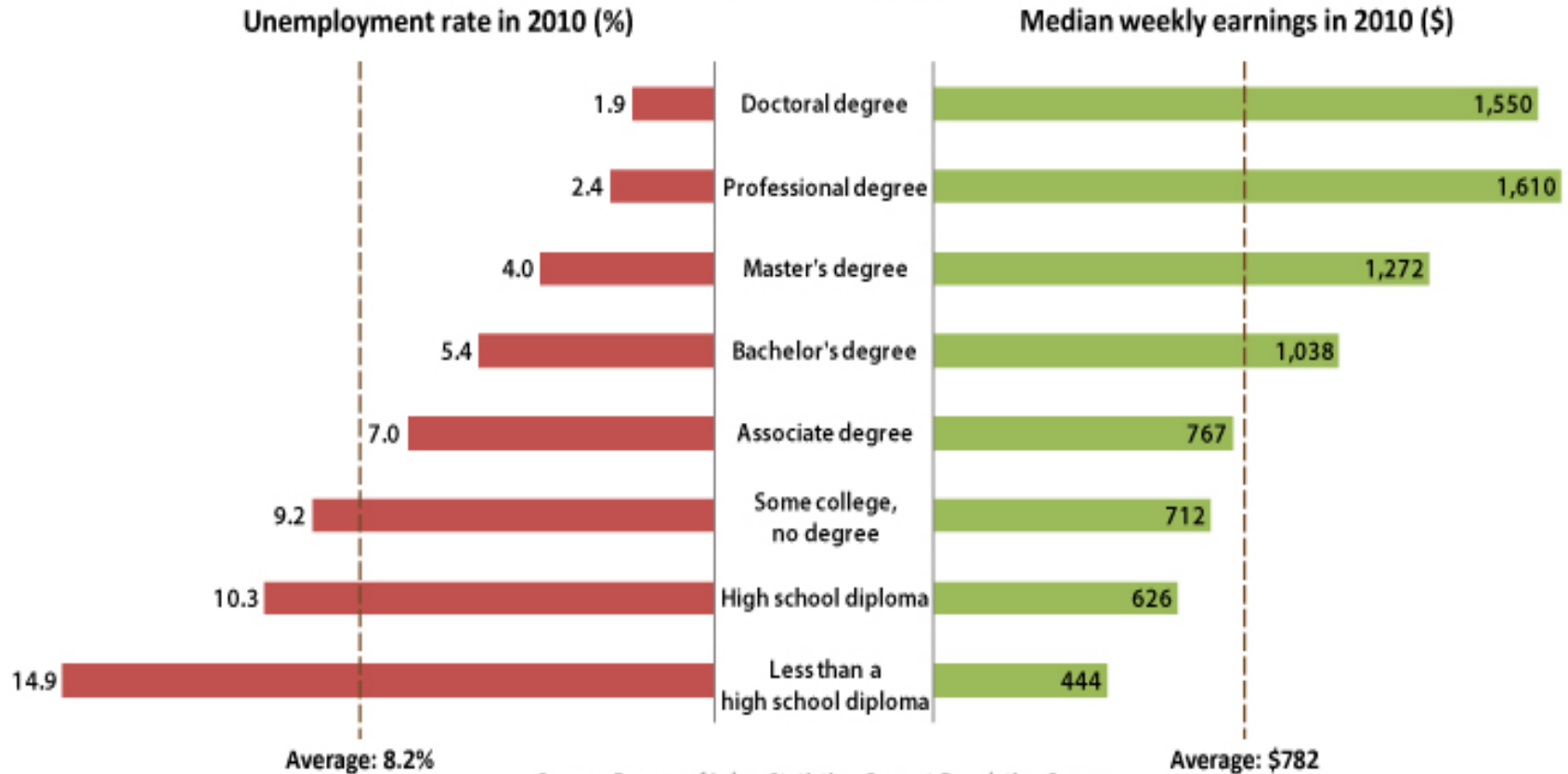


Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.

Source: U.S. Bureau of Labor Statistics, Current Population Survey.

# Compare it to 2010

## Education pays:



Source: Bureau of Labor Statistics, Current Population Survey

# Summary & Implications



- Work history is predictive of future work history <sup>4,5</sup>
- Educational achievement is predictive of both being employed and
- income. <sup>5,6,7</sup>
- Age earnings profile suggests diminishing returns of completing education as one becomes older, thus offering educational support to returning students may limit its impact.
- **Early** educational and employment interventions are critical to youth and young adults in order to have a longer time span to build human capital and avoid a life-time of poverty.
- Unemployment makes everyone sick...so why do we think the people we serve would get better under conditions that makes everyone else sick



# Why Concentrate on Career Development?



- Workforce Liabilities
  - Age when returning to workforce
  - Gender
  - Race
  - Poor social networks
  - Lack of higher education
  - Lack of consistent work history
- Eliminate the provision of employment supports within the context of SSA cash benefits.
- Primary Labor Market vs. Secondary Labor Market <sup>8</sup>
- Limitations of Supported Employment
  - Often provided within the context of SSI/SSDI





# Labor Markets



- **Secondary Labor Market**

- Entry level jobs
- Short job tenure
- Low pay
- No benefits
- No vacation time
- Typically little flexibility

- **Primary Labor Market**

- Higher pay
- Benefits
- Flexibility
- Vacation time
- Sick time
- Career Mobility
  - Lateral and vertical <sup>8</sup>

• **Tertiary labor markets** or “gig” economy offer flexibility, but lack the benefits of the primary market (aka \*\*self-employment)



# Primary Labor Market: Leveraging Benefits to Sustain Long-term Employment



- Naturally accommodates for cyclical conditions
- Benefits can be leveraged for periods of self-care
- Combination of personal and sick time for short-periods of absence
  - Personal time: Long weekend needed to recharge
  - Sick time: One week for self-care
- FMLA eligible after 12 months of employment
  - Positions are held up to 12 weeks



# Summary & Implications



- Postsecondary education provides more than just education.
- People with psychiatric conditions typically face a unique clustering of known workforce liabilities- **we want to prevent as many as possible for young adults.**
- Without postsecondary education, people are relegated to the secondary labor market, which naturally has very short job tenure.
- The primary labor market **naturally accommodates** to the episodic/cyclical nature of most psychiatric conditions.
- **Greater emphasis** should be provided to assist young people to enroll & maintain individuals in postsecondary education.



# The Need to Redefine Treatment



The people you serve are/were interested in being “just like every one else”.

- Integrate services and supports into the **life** of a person;
- Facilitate developmentally-relevant goal identification, development, & acquisition;
- School and work are the targeted outcomes of *all* services;
- Career Development should be seen as “treatment”
- Seek to understand what is getting in their way of their goals.

***Change our perspective of “treatment”  
and we will also change the outcomes of services.***



# Helping Youth on the Path to Employment (HYPE): Preventing Disability



- Developed to answer the aforementioned issues
- Blended employment & education approach
  - Prioritization of education to achieve long-term employment
- Emphasis on early education/ advanced training completion
- Intentionally designed services to prevent interruptions by developing:
  - Skills related to self-regulation and executive functions
  - Resources
  - Accommodations & Assistive Technology
- Aimed to prevent SSA application & enrollment



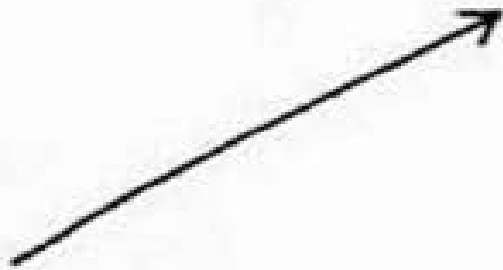
# HYPE: Modernizing How Mental Health Thinks About Employment



- Manualized intervention to supports SE providers to support education goals
- Prioritizes *education*
- **Develops & reinforces alternate identities:**
  - *Student, artist, athlete, hiker, writer, engineer...*
- *Intentional* services that targets barriers related to goal acquisition
  - Personal, environmental, & other external barriers
  - Identification of interests, preferences, strengths & needs
  - Development of executive functioning skills
- Focus on prevention of drop-out of both school & work



Figuring out the the early phases of career development can be messy, but by being flexible and responsive to young adults' needs, you are *preventing disability...*



what people think



what it really





# QUESTIONS, COMMENTS, THOUGHTS??

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# For more info on HYPE:

[HYPECareerDevelopment.weebly.com](http://HYPECareerDevelopment.weebly.com)

HYPE@umassmed.edu



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# Thank You!



Please contact me: [Michelle.Mullen@umassmed.edu](mailto:Michelle.Mullen@umassmed.edu)

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