



NAVIGATING SCHOOL AND WORK WITH A SERIOUS MENTAL HEALTH CONDITION: IT CAN BE A BUMPY RIDE

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Acknowledgements

The Learning & Working Center at Transitions RTC is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center. Visit us at:

<http://www.umassmed.edu/TransitionsRTC>

The Transitions RTC incorporates Participatory Action Research with young adults with lived experience in the design, conduct and interpretation of research and knowledge translation activities.

The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (ACL GRANT # 90RT5031, The Learning and Working Transitions RRTC). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Additional funding provided by UMass Medical School's Commonwealth Medicine division. The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, SAMHSA, and you should not assume endorsement by the Federal Government.



Background: Young adulthood

- Young adulthood is a critical time for establishing a foundation for adult working life and exploring career interests.
- Young adults with serious mental health conditions (SMHC) often struggle with school and work:
 - Lower rates of high school graduation and enrollment in post-secondary education
 - Lower rates of employment, and when employed, often in “secondary labor market”
 - Additional challenges can impact school and work (e.g. justice system involvement, co-occurring disorders, homelessness, parenting at an early age)

(e.g. Davis and Vander Stoep, 1997; Newman, et al., 2011; Waghorn, et al., 2009; Vander Stoep, et al., 2000)



Objectives: Why this research?

- Little is known about *how* individuals with SMHC navigate employment, education, and training activities during young adulthood
- More knowledge is needed to inform the development of future interventions to improve employment and education outcomes. Early intervention is critical!

Our goal today:

Describe the education, training and work experiences of YA with SMHC, including their challenges and how they overcame them



Methods: Eligibility Criteria

- 25-30 years old (22-30 if a young parent)
- **Have been diagnosed with at least one of the following:**
 - Major Depression
 - Anxiety Disorder
 - Post-Traumatic Stress Disorder
 - Schizophrenia or Schizoaffective Disorder
 - Bipolar Disorder
 - Eating Disorder
 - Borderline Personality Disorder
- **Reported significant treatment or disruption due to SMHC**
 - Inpatient hospitalization
 - Partial hospitalization
 - Client of MA DMH
 - Received Special Education Services
 - Formal Leave of Absence
- **Some school and work history**



Methods: Data Collection

- One-time, 90 minute semi-structured qualitative interviews
- Participants were asked:
 - To describe their education, training, and employment experiences
 - How decisions were made regarding education, training, and employment activities
 - The influence of their SMHC, other contextual life circumstances and events (e.g. hospitalizations) on these activities
- Recruitment Sources from Central Massachusetts:
 - Clubhouses, outpatient mental health providers, drop-in resource centers, and referrals from contacts within the MA Department of Mental Health
- Participatory Action Research: Young adult input and participation in design, recruitment, and interviewing



Methods: Coding and Analysis

- Most interviews recorded, all transcribed
- Dedoose coding software
- Inductive, grounded theory approach
- Codebook developed through group process
- 3 coders, inter-rater reliability of at least 80%
- 50 transcripts thoroughly coded to date



RESULTS

The Collecting Histories of Education and Employment
during Recovery (CHEER) Study



Demographics (N=61)

- Mostly white (77%) and non-Hispanic (88%)
- Average age of 27; 62% Female
- 31% (n=19) were young parents
- Had received multiple formal diagnoses (3 on average)

Age of 1st Diagnosis

Under age 16	67%
Between 16-21	30%
Between 22-30	3%

Most Common Diagnoses

Major Depression	74%
Anxiety Disorder	62%
PTSD	43%
Bipolar Disorder	41%

Almost 1/3 had co-occurring learning disabilities and/or Autism Spectrum Disorders



Demographics

- **82% (n=50)** report at least 1 hospitalization (i.e. overnight hospital stay) due to mental health issues

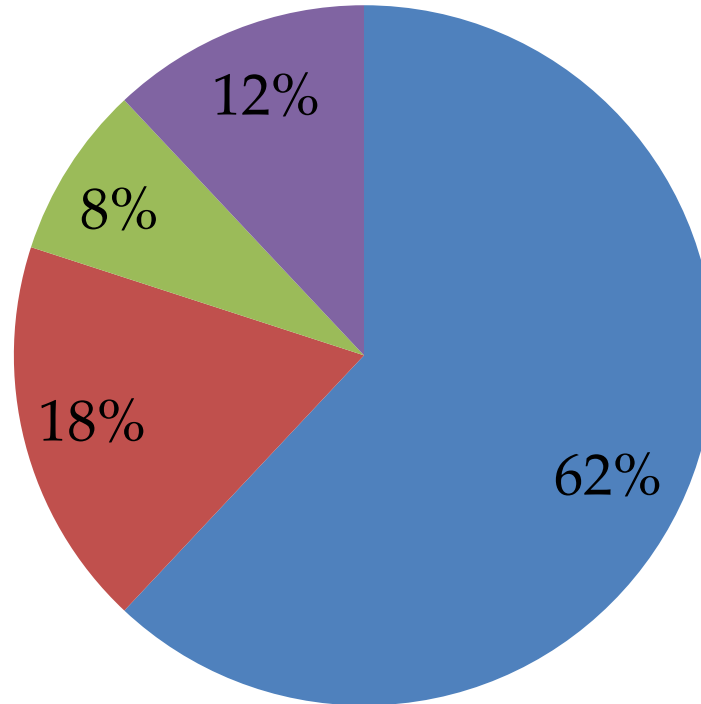
of Hospitalizations Reported (n=50)

1-2	26%
3-4	30%
5-10	24%
10+	20%

Demographics (N=61)

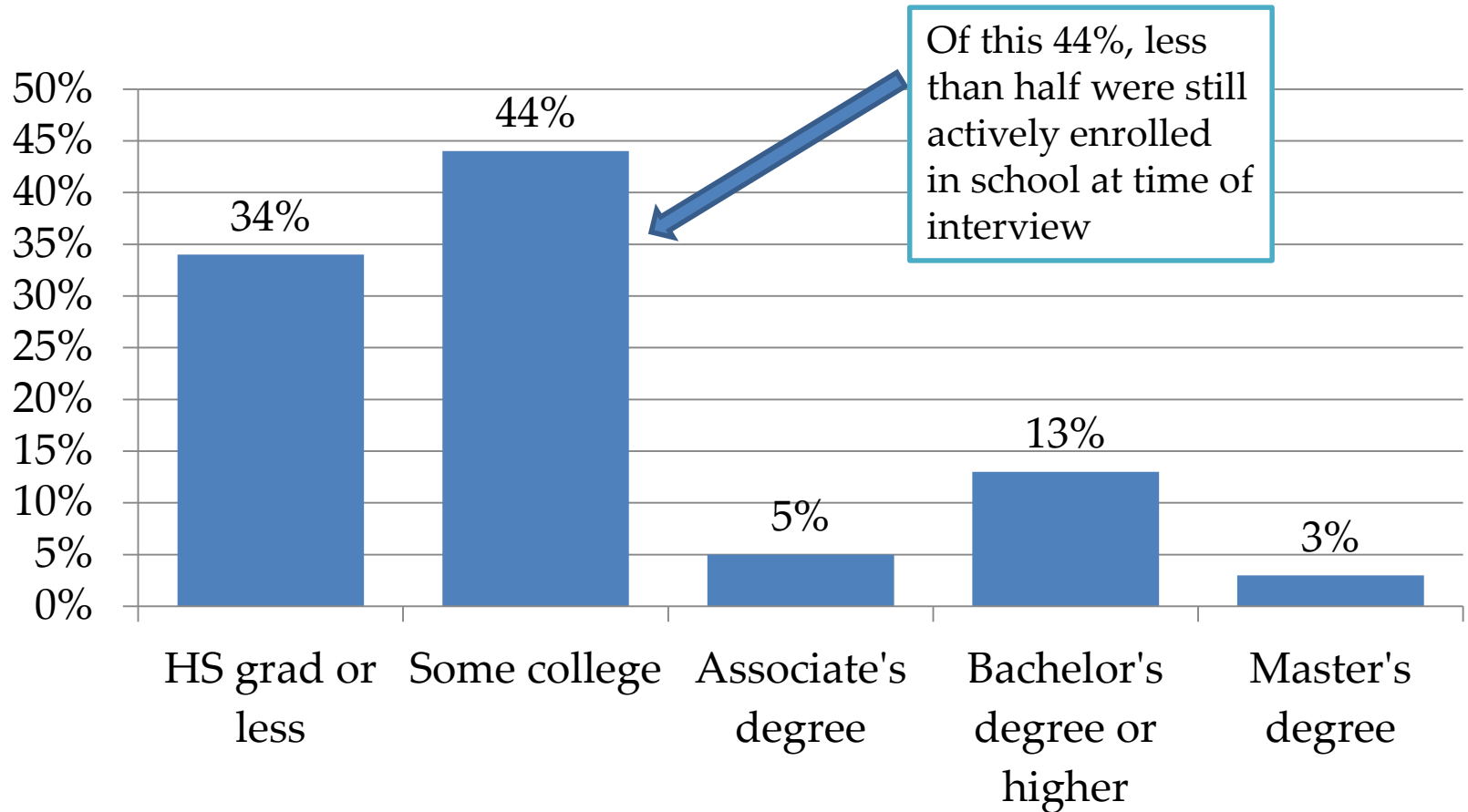
Annual Income At Time of Interview

■ <\$10,000 ■ \$10K-\$20K ■ \$20-\$30K ■ >\$30K



Demographics (N=61)

Highest Education Level Completed





Post-Secondary Education and Training

- Community colleges very common
- High drop-out rates at college (over 25%)
- Better success rate in post-secondary vocational training or certification programs (e.g. cosmetology, Peer Mentors)
- Starts and stops in enrollment, interspersed with periods of work
- Frequent transferring of schools





Work Experiences

- 32 participants employed at time of interview
- Part-time, secondary labor market (e.g. fast food, grocery stores, retail)
- Short-lived jobs, job hopping
- Stagnant career trajectories, limited growth over time
- Handful of participants with very scarce work history
- Peer workforce (approx. 1/5 of participants)

How jobs were often found:

- Supported employment & clubhouse programs
- Parents, family, friends – one's social circle



Positive Impact of Work & School

- Economic (short and long-term benefits)
- Social interaction and overcoming social isolation
- Learning and being intellectually stimulated
- Keeping busy/occupied
- The healing powers of helping other people
 - Many jobs involved caretaking or helping others (e.g. Peer Mentors, social work, caring for the elderly)
 - A desire to help others is a motivation because they didn't receive the help they needed when they were young or because it makes them feel good and meaningful
- Sense of pride and self-worth



Challenges

- **Intersectionality of Mental Health and School/Work**
 - Anxiety/stress/panic attacks in relation to certain jobs or tasks
 - Social anxiety, pace of jobs or required course load
 - Impact of co-occurring physical or learning disabilities
 - Going through a difficult time, i.e., "not in a good place"
 - Hospitalizations, stressful life event or circumstances
- **Unfair or Difficult Treatment**
 - Being fired or let go for unfair reasons, discrimination
 - Being overworked (e.g. taking on more shifts/hours, not getting equal pay)
 - Difficult/demanding and unsupportive supervisors or professors

Challenges Specific to School

- Mismatch of courses and personal interest/goals
 - Going to college because everyone is supposed to
 - Prerequisites
- Attendance expectations
- Managing schedules and juggling demands





Additional Challenges

- Major impact of many challenges: poor attendance at school and work → unsuccessful completion of school/work
 - Passive quitting (i.e. just stop showing up)
 - Active quitting (give two weeks notice, sometimes quit on the spot)
 - Get fired
 - Fail courses
- Financial aid gets taken away when a student does not attend class or takes a reduced course load
 - Accumulated student debt is the greatest barrier from pursuing/continuing post-secondary education/training
 - Many owe money-for classes and programs they never finished

What about Disclosure?

- Many do not disclose initially, only if something happens (e.g. inpatient stay, increase in mental health symptoms) and usually informal
- Decision to disclose is complicated
 - Supportive supervisor plays an important role
- Fear of discrimination or judgment
 - Self-stigma or internalized judgment
 - Fear of being treated differently





What about Accommodations?

- High School and College
 - More common in high school, less common in college
 - Helpful accommodations = small group or one-on-one support, resource rooms, ability to take breaks/leave class, extended due dates
 - Lack of awareness or knowledge of accommodations or Offices of Disability Services
 - Challenges approaching Offices of Disability Services or Professors
 - Taking a formal leave of absence involves paperwork and self-advocacy that can be difficult without strong familial support
- Very few advocate for their needs or disclose at work
 - Job “requirements” are perceived as less flexible (“it is what it is”)
 - Close tie to disclosure/fear of stigma



Aspects of school & work that are helpful

- Flexibility
 - Pace, ability to take frequent breaks
 - Schedule/attendance
 - Online classes as a helpful alternative for social anxiety
- Supports
 - Formal school/work supports (e.g. clubhouses, VR) sometimes helpful
 - Supportive supervisors and professors who encourage flexibility and a positive working environment
 - Other strong social supports (familial, social) and formal wraparound type supports (e.g. DMH, clubhouses)



CONCLUSIONS: Pulling it all together

The Collecting Histories of Education and Employment
during Recovery (CHEER) Study

Young Adulthood: It's not supposed to be easy

- Young adulthood is a time for exploration and trial and error.
- Having a mental health condition adds another element to all the moving parts of this life phase.





Our Takeaways: Individualized Approaches are Key!

- **College is not the only option!** Vocational trainings and certifications brought success to many participants
- **Jobs that have flexibility** to match the needs, strengths, and interests of young people are preferred
- **There is no road map to young adulthood**, with or without a mental health condition. Supports and environments that are flexible are imperative, a level of trial and error is to be expected.



Our Takeaways:

More Effective & Accessible On Campus Supports are needed for College Students

- **Raised awareness of services:** students with SMHC should be aware of and strongly encouraged to utilize support services/accommodations
- **Attendance supports:** follow-up system for chronically absent students, linking them to supports on campus to prevent drop-outs/failures would be helpful
- **Stigma reduction:** increased mental health awareness and efforts against discrimination on campus would likely make students with mental health conditions more likely to seek help



Our Takeaways:

Positive social supports can make a big difference

- Participants were often lacking consistency in support and had challenging upbringings. Having dependable and supportive people available in one's personal and professional life can have a huge impact.
- Reinforce your belief in a young person's abilities and the promise you see in them (too often the focus is on disabilities, use a strengths-based approach)



Our Takeaways:



Resiliency!

*“You know **recovery is not linear**. It’s you know you don’t get recovered and stay that way with most mental health concerns. **You know you’re going to get a little better and maybe a little worse**. Then you’re going to get feeling like you’re totally better and you’re going to crash again, and it’s a lifelong process. **You know it’s something that’s always going to change and shift.**”*



THANK YOU!!!

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Please visit www.umassmed.edu/TransitionsRTC for tip sheets and resources!

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