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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

REFERENCES

1. Plotner, A. J., Trach, J. S., & Strauser, D. (2012). *Vocational rehabilitation counselors' identified transition competencies*. *Rehabilitation Counseling Bulletin*, 55(3), 135-143.
2. American Psychological Association. *Transition youth with serious mental illness*. Washington, D.C.: APA Public Interest Government Relations Office. Retrieved from <http://www.apa.org/about/gr/issues/cyf/transition-youth.pdf>.
3. Davis, M., Sabella, K., Smith, L. M., & Costa, A. (2011). *Becoming an adult: Challenges for those with mental health conditions* (Brief No. 3). Worcester, MA: UMMS, Dept. of Psychiatry, CMHSR, Transitions RTC.
4. Farahmand, F. K., Duffy, S. N., Taylor, M. A., DuBois, D. L., Lyon, A. L., Grant, K. E., Alison M. Nathanson. (2012). Community-based mental health and behavioral programs for low-income urban youth: A meta-analytic

review. *Clinical Psychology: Science and Practice*, 19(2), 195-215.

5. Farahmand, F. K., Grant, K. E., Polo, A., & Duffy, S. N. (2011). School-based mental health and behavioral programs for low-income, urban youth: A systematic and meta-analytic review. *Clinical Psychology: Science and Practice*, 18(4), 372-390.
6. Walker, J. S., & Gowen, L. K. (2011). *Community-based approaches for supporting positive development in youth and young adults with serious mental health conditions*. Portland, OR: Research and Training Center for Pathways to Positive Futures, Portland State University.

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