

Position Statement 31: Employment Development of Services for Adults in Recovery for Mental Illness

Policy Position

To have and hold a job at the highest level is a crucial source of dignity and purpose for many people. For individuals with mental and substance use conditions it is also a key supporting factor in their recovery. Stemming from support for the Americans with Disabilities Act of 1990 [1](#) and its mandate to eliminate unfair treatment of and discrimination against qualified workers with disabilities, Mental Health America asserts that individuals with mental and substance use conditions who have an aspiration and a need to work should have access to employment resources that provide needed supports in order to seek, obtain, and maintain employment in their community.

Background

Most people want to work and identify themselves by their work. People who have mental and substance use conditions also want the opportunity to work. The ability to work and contribute to society is an integral part of recovery for people with mental illnesses. Employment services help people to achieve recovery. Individuals with mental illnesses have a long history of exclusion from employment opportunities and employment preparation that never concluded with a real job. For decades, individuals were discouraged from working, fearing that deadlines and other stresses may overwhelm them. Most people who work show improvement in their mental health and greater satisfaction with their lives. [2](#)

Yet all too often persons with psychiatric disabilities are unable to access employment services and gain employment. The national unemployment rate for persons with serious mental illnesses hovers at 90 percent and less than 25 percent of people with schizophrenia receive any form of vocational assistance [3](#). For many individuals with serious mental illness, obstacles to gaining and keeping a job include the fear of losing healthcare insurance by losing eligibility for the SSI or SSDI programs, stigma and discrimination at the job site, lack of housing and diminished self-confidence. Traditional vocational rehabilitation services do not provide the appropriate level of support that individuals with a mental illness need in order to overcome these barriers to employment.

Principals for Employment Services

Consumer Choice

- Psychosocial rehabilitative services must be built upon a consumer's strengths and abilities while de-emphasizing illnesses and disabilities.

- Developing confidence and competency toward employment must be an integral part of recovery programs for individuals with mental and substance use conditions.
- Programs should center on a consumer's individual preferences on securing the competitive jobs they want, with job development tailored to their own career interests and capabilities.
- Employment programs should focus on moving consumers out of the category of the "working poor" and into economic self-sufficiency. [4](#)

Evidence-Based, Best and Promising Practices

- Programs should follow the ten Research-Based Principles of Successful Vocational Rehabilitation Strategies outlined by the Employment Intervention Demonstration Program (EIDP), Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. [5](#)
- Core components of employment services must include continuing vocational assessment, job develop and job placement, and ongoing job support [6](#) that encompass opportunity for career growth, and includes job placement that provides an opportunity for advancement and not solely on skills training that isolate individuals from the rest of society.
- Supportive employment services need to be more than traditional vocational services and offer the flexibility for individuals to be placed into competitive employment or transitional employment.
- Programs should be rigorously tested to evaluate how different approaches work, for whom they work, and under what conditions [7](#).
- Employment services should be integrated with provider service models [8](#).
- Employment training and placement should be culturally competent.

Action Steps

Federal Action

- The Centers for Medicare and Medicaid Services (CMS) should revise Medicaid regulations to broaden the Medicaid Rehabilitation Option to cover vocational and employment support services. Currently, only psychosocial services (not vocational) are covered.
- Supported-employment services should be available to veterans who suffer from mental illnesses and are under Veterans Administration care. The Veterans Administration should be granted the authority to provide these veterans the employment-supports they need to enter the workforce. This is state-of-the-art-care that veterans deserve but do not now receive.

State Action

- In accordance with the recommendations of the President's New Freedom Commission⁹ states should take advantage of the full range of federal resources available for employment programs and initiatives. This should include opportunities for state Medicaid agencies to broaden their scope and become more involved in employment issues¹⁰.
- States should take full advantage of options available through the federally funded Protection and Advocacy for Beneficiaries of Social Security (PABSS) program designed to serve SSA beneficiaries who want to work despite their continuing disabilities¹¹.
- State regulations should be evaluated and changed as needed to ensure that employment services are provided in the most appropriate way for individuals with mental illnesses.
- State agencies responsible for employment services should receive training to improve their skills in building and sustaining rapport with people with mental health conditions so that consumers can successfully choose, get, and keep employment opportunities.
- Interagency partnerships should be created in order to provide a seamless service process where the consumer can move easily between providers as needed to successfully obtain, retain, and advance in employment.

Effective Period

This policy was approved by the Mental Health America Board of Directors on June 10, 2007. It is reviewed as required by the Mental Health America Public Policy Committee.

Expiration: December 31, 2012

1. Americans with Disabilities Act of 1990 <http://www.usdoj.gov/crt/ada/pubs/ada.txt>
2. Supported Employment for People with Co-occurring Disorders. Deborah R Becker; Robert E Drake; William J Naughton Jr. *Psychiatric Rehabilitation Journal*; Spring 2005; 28, 4; Health Module. pg. 332
3. Lehman et al., 1998; Hollingsworth et al., 1997; Leff et al., 1995 as cited in Bond et al., 2001
4. See Mental Health America Position Statement 12, Evidence Based Healthcare: <http://www.mentalhealthamerica.net/go/position-statements/p-60>
5. Research--Based Principles of Successful Vocational Rehabilitation Strategies www.psych.uic.edu/eidp/EIDP-Principles.pdf
6. Core Components of Employment Services, National Supported Employment Consortium
7. CMHS Employment Intervention Demonstration Program (EIDP) www.psych.uic.edu/eidp
8. Massachusetts Medicaid Infrastructure and Comprehensive Employment Opportunities (MI-CEO) <http://www.mi-ceo.org/>
9. "In exchange for this accountability, states will have the flexibility to combine Federal, State, and local resources in creative, innovative, and more efficient ways, overcoming the bureaucratic boundaries between health care, employment supports, housing, and the criminal justice systems" <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm>
10. Medicaid Involvement in Employment-Related Programs, Findings from the National Survey of State Systems and Employment for People with Disabilities. Jennifer Sullivan Sulewski, Dana Scott Gilmore, & Susan Foley. 2003
11. <http://www.ssa.gov/work/ServiceProviders/pafactsheet.html>