



By Rebecca A. Clay

Very few people with the most serious mental illnesses have jobs, according to Crystal R. Blyler, Ph.D., a social science analyst in the Division of Service and Systems Improvement at SAMHSA's Center for Mental Health Services (CMHS). Yet despite the fact that these individuals want to work, they rarely receive vocational services that could help them find and keep jobs.

A CMHS-funded study called the Employment Intervention Demonstration Program (EIDP) explored ways of helping people with serious mental illnesses fulfill their employment dreams. Launched in 1995, the 5-year, multi-site study sought to answer questions about the kind of services that would be most useful in helping people with serious psychiatric diagnoses obtain and retain jobs ([see SAMHSA News, Vol. 10, No. 1](#)).

Now the answers are in, and they're already informing the field. Several major journal articles have recently emerged from the study, with more on the way.

"SAMHSA's vision is a life in the community for everyone, and that includes jobs for people with serious mental illnesses," said CMHS Director A. Kathryn Power, M.Ed. "This study gives us the information we need to help make that vision a reality."

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An Overview of Findings

With eight sites in Arizona, Connecticut, Maine, Maryland, Massachusetts, Pennsylvania, South Carolina, and Texas, the EIDP examined the impact of innovative employment services for more than 1,600 unemployed people who had schizophrenia, bipolar disorder, major depression, or other serious mental illnesses. The researchers randomly assigned the participants either to services-as-usual programs or to innovative "supported employment" programs combining vocational rehabilitation with clinical services and other supports. Using uniform data collection methods, the researchers then tracked participants for 2 years to see whether they were able to get and keep jobs.

The jobs weren't the kind people typically associate with disabled job-seekers, emphasized Dr. Blyler. Instead of the sheltered workshops and similar programs that were once common, the participants sought what the researchers call "competitive employment"—regular jobs open to anyone. "People with mental illnesses want to work in the mainstream with everybody else and have the same pay and the same career advancement opportunities," she said.

To help participants achieve that goal, the EIDP offered various kinds of supported employment interventions. All of the services were based on the following common principles:

Integrated services. The programs integrate employment services and mental health treatment, with co-location of services at the same agency, a single case record, and face-to-face interaction between psychiatric and vocational staff at least three times a week.

Consumer preference. The programs focus on getting participants the competitive jobs they want, with job development tailored to their own career interests and capabilities. Job hunts begin immediately after participants announce their intention to start working.

Ongoing support. Unlike some vocational services, the support doesn't stop once participants get jobs. Instead, the program provides support for as long as needed.

The EIDP's major finding? According to Judith A. Cook, Ph.D., Principal Investigator of the EIDP Coordinating Center and a professor of psychiatry at the University of Illinois at Chicago (UIC), supported employment works.

In an *American Journal of Psychiatry* article co-authored by Dr. Cook, the researchers reported that participants in supported employment programs did a lot better than those in the services-as-usual comparison group.

After taking into account differences in such factors as work history and clinical status, the researchers found that participants in programs integrating psychiatric and vocational services were more than twice as likely to have competitive employment than those in the comparison group. They were also nearly 1.5 times as likely to work at least 40 hours a month. And the more vocational services they received, the better their employment outcomes.

Participants in supported employment programs also earned significantly more than their counterparts in services-as-usual programs, Dr. Cook and her co-authors reported in an article in the *Archives of General Psychiatry*. Those in supported employment programs made an average of \$122 a month, compared to \$99 a month for those in the comparison group.

And all of these advantages increased during the 2-year study period.

According to Dr. Cook, the EIDP study's value lay in its size. Thanks to its multi-site nature, she explained, the study was big enough to allow the researchers to examine the impact of supported employment on different subpopulations, something that can be difficult to do in smaller, single-site studies. In doing so, she added, the researchers were able to challenge some long-held beliefs in the field.

The idea that individuals with schizophrenia can't work is one example. "There's still a very entrenched belief that people with schizophrenia can't work—that somehow that diagnosis and the impairments that accompany it make it the one diagnosis where supported employment isn't effective," said Dr. Cook. "We found that wasn't the case."

Another myth the study dispelled was the common belief that parents with mental illnesses who have young children shouldn't work. "There's been some talk that work is too stressful for parents who have a mental illness," said Dr. Cook, noting that 22 percent of the study participants had children under 18 living with them. The study found that supported employment does help parents get competitive employment, just like it does every other subpopulation—men and women, members of different racial and ethnic minorities, people with various diagnoses, individuals with a lot of work experience and those without, residents of high-unemployment areas, and those in low-unemployment areas.



"Research shows that supported employment works," said Judith A. Cook, Principal Investigator for the Employment Intervention Demonstration Program's Coordinating Center.

Other Answers

The EIDP study also answered more specific questions:

Demographic factors. A *Community Mental Health Journal* article co-authored by UIC's Jane K. Burke-Miller, M.S., for instance, reports that certain demographic characteristics were associated with employment success.

Having any work history in the previous 5 years roughly tripled study participants' chances of getting a job, for instance. Other demographic characteristics lessened participants' chances of success. With every 10-year increment in participants' age, their chances of getting a job dropped by almost 20 percent. And those with less than a high school education were nearly 40 percent less likely to find jobs. The same characteristics also predicted who did—and didn't—work 40 hours or more a month.

Those findings have important implications for supported employment programs, the authors say. The positive effect of recent work history, for instance, supports the idea that individuals should start looking for jobs as quickly as possible. The other findings suggest the need for interventions tailored to older people and to younger people who need help completing secondary and post-secondary education.

Clinical factors. Clinical factors are another important variable, according to an article in the *Journal of Nervous and Mental Disease* co-authored by Lisa A. Razzano, Ph.D., of UIC.

Recent psychiatric hospitalizations, self-rated poor functioning, and negative psychiatric symptoms like low motivation and the monotonous voice, unvaried facial expression, and apathetic demeanor known as "flat affect" are all associated with failure to get jobs and to work at least 40 hours a month. Co-occurring medical conditions and substance abuse were also barriers to getting jobs.

These findings suggest the need to tailor supported employment programs to better fit the needs of various clinical subpopulations, say the study's authors.

Programs should also focus on helping people re-enter the workforce as soon as possible after hospitalizations. In addition, assistance with choosing appropriate jobs and designing workplace accommodations could help people get and keep jobs despite negative symptoms.

Specific services. Other articles focus not on the participants but on the services offered. A *Psychiatric Services* article co-authored by H. Stephen Leff, Ph.D., of the Human Services Research Institute in Cambridge, MA, examines the effect of two specific supported employment services: job development and job support. The researchers defined job development as contact with potential employers or networking with people who might have job information; they defined job support as counseling, support, and problem-solving.

The study's results were mixed. Study participants who received job development services were nearly five times more likely to get jobs than those who didn't, the researchers found. But while job support was associated with participants keeping their first jobs, the researchers questioned whether such services actually caused the improved retention rate.

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Site Studies

Some EIDP sites have published articles drawing on data from their own geographic locations.

In an article published in *Schizophrenia Bulletin*, for instance, Paul B. Gold, Ph.D., of the Medical University of South Carolina, and other researchers there and at the South Carolina Department of Mental Health, examined the question of whether supported employment works in rural areas where job opportunities are scarce and services are limited, fragmented, and geographically dispersed.

The answer was "yes." The researchers randomly assigned participants in a rural county to receive either integrated mental health and vocational services or traditional vocational and mental health services provided by two different agencies.

They found that outcomes in this rural area were comparable to outcomes in the large urban areas where supported employment has been studied the most. Sixty-four percent of participants receiving integrated services got competitive jobs, compared to just 26 percent of those receiving parallel services. They also earned more.

Although the participants made significant progress, however, they still didn't earn enough to achieve economic independence. The authors call for public policies to reduce barriers to higher education, promote career-oriented jobs for those with serious mental illnesses, and restore benefits eligibility to those who leave Federal insurance programs to work but later suffer setbacks in their recovery.

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Ongoing Data Analysis

Researchers will continue to analyze the EIDP data, said Dr. Cook. They want to study the effect employment has on people's quality of life, for instance. They also want to find ways to help people get higher-paying jobs with health insurance benefits, so it won't matter if they lose their disability benefits and access to Medicaid.

"There are many important questions we still want to address," said Dr. Cook. "After all, we devoted close to 10 years of our lives to the study."

For more information about the EIDP, visit the study's home page at www.psych.uic.edu. For information on mental illnesses, visit the SAMHSA Web site at www.samhsa.gov. 

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Employment Resources

SAMHSA's Center for Mental Health Services (CMHS) offers a supported employment toolkit designed to help state mental health agencies and others provide help for employment. Part of the *Evidence-Based Practice Implementation Resource Kit* series, the toolkit offers downloads of articles about supported employment plus information for consumers, families and friends, practitioners, mental health program leaders, and public mental health authorities. The site also provides information about creating supported employment programs and monitoring their effectiveness, including a workbook for practitioners.

The toolkit is available at www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment.

With funding from CMHS and the National Institute on Disability and Rehabilitation Research, a publication called *Seeking Supported Employment: What You Need to Know* takes the message directly to consumers themselves.

Co-authored by Judith A. Cook, Ph.D., Principal Investigator of the Employment Intervention Demonstration Program's Coordinating Center, the booklet describes the different ways of finding jobs and then offers suggestions for getting started with supported employment. A checklist allows consumers to rate how well a given program adheres to the evidence base on supported employment.

"People sometimes feel that only scientists or state administrators can understand the evidence base," said Dr. Cook, noting that consumers helped develop the resource.

"What we've found is that with a little translation and the creation of an easy-to-use tool, we can really empower people and create more savvy consumers."

The publication is available online at www.psych.uic.edu/eidp/seekingemployment.pdf. For more information on other CMHS programs, visit the SAMHSA Web site at

www.samhsa.gov. 