

Series: Supported Employment in CT

Roundtable Two: Recovery and Employment

Date: December 16, 2020 @ 2:00 p.m. | Roundtable



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Presenters:

Mark Costa, MD, MPH, Associate Research Scientist Yale Program for Recovery and Community Health (PRCH) Department of Psychiatry Yale University School of Medicine

Kendall Atterbury, PhD, Yale Program for Recovery and Community Health (PRCH) Department of Psychiatry Yale University School of Medicine

Facilitator:

Oscar Perez, PhD, Yale Program for Recovery and Community Health (PRCH) Department of Psychiatry Yale University School of Medicine

yale
program
for
recovery
and
community
health

Housekeeping Information



Participant microphones will be muted at entry. Please use the chat box if you have questions or technical difficulties.



If you have questions about the topic during the webinar, please use the chat box.



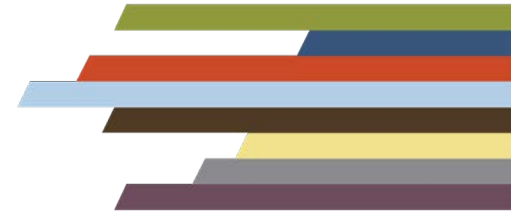
This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



Information about CEUs will be sent in a follow-up e-mail



If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.






OUR TEAM

Yale Program for Recovery
and Community Health

in partnership with

C4 Innovations,
Harvard University
Department of Psychiatry,
and
Center for Educational
Improvement

The background of the slide features a scenic coastal view. On the left, a lighthouse with a red and white striped tower and a red lantern room stands on a grassy hill. To its right is a large, two-story white house with a red roof and several windows. The ocean is visible in the distance under a clear blue sky.



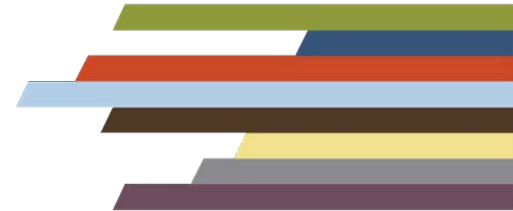
New England MHTTC

Mission

To use evidence-based means to disseminate evidence-based practices across the New England region.

Area of Focus

Recovery-Oriented Practices, including Recovery Support Services, within the Context of Recovery-Oriented Systems of Care.





Ensuring Inclusion

To ensure the responsiveness of our work, we will actively develop and maintain a network of government officials, policy makers, system leaders, administrators, community stakeholders, providers, researchers, youth and adults, and family members from each of the six states to guide the New England MHTTC's activities.

Resilience & Recovery

Resilience and recovery are based on respect.

Resilience and recovery emerge from hope.

Resilience and recovery are family- and person-driven.

Resilience and recovery occur via many pathways.

Resilience and recovery are community- based and promoted through collaboration.

Resilience and recovery are holistic.

Resilience and recovery are supported by peers and allies.

Resilience and recovery are supported through relationships and social networks.

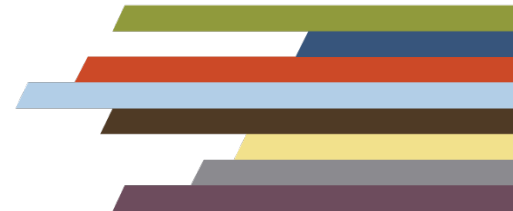
Resilience and recovery are culturally-based and influenced.

Resilience and recovery are supported by addressing trauma.

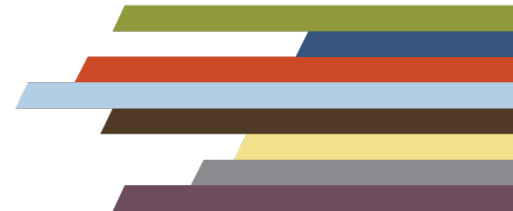
Resilience and recovery involve individual, family, and community strengths and responsibility.



Mark Costa, MD, MPH, is a psychiatrist and an Associate Research Scientist at the Yale Program for Recovery and Community Health, Department of Psychiatry, Yale School of Medicine. He is the project director of the Yale Post-Doctoral Research Training Program to Advance Competitive Integrated Employment for people with Psychiatric Disabilities.

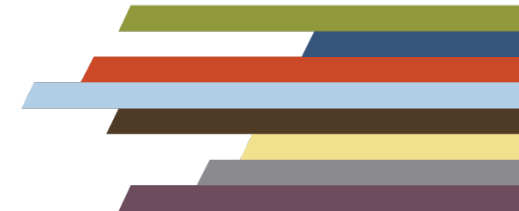


Kendall Atterbury is a person with lived experience of psychiatric disability and a postdoctoral associate at the Yale University Program for Recovery and Community Health (PRCH) where she her research focuses on the meaning of work among persons with psychiatric disabilities. Kendall is an LMSW in New York and a New York State Certified Peer Specialist.

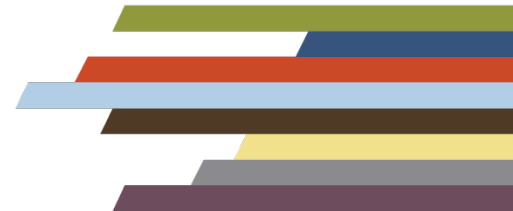


What is Recovery?

- In 2014, Substance Abuse and Mental Health Services Administration (SAMHSA) developed a working definition and set of principles for recovery. *Recovery is defined as: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.*
- “The goal of recovery is not to become normal. The goal is to embrace the human vocation of becoming more deeply, more fully human.” (Pat Deegan)
- "Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life...Recovery involves the development of new meaning and purpose in one's life..." (Bill Anthony, 1993)

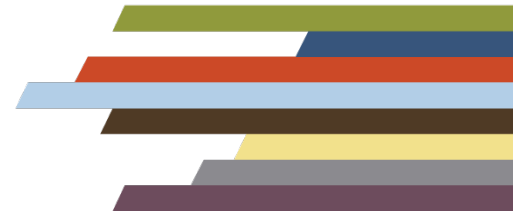


An important reminder



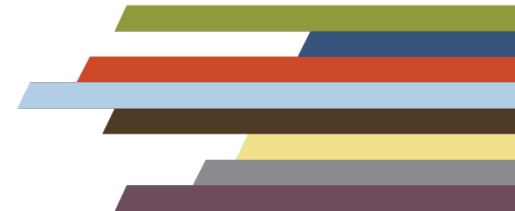


Recovery looks a lot more like this



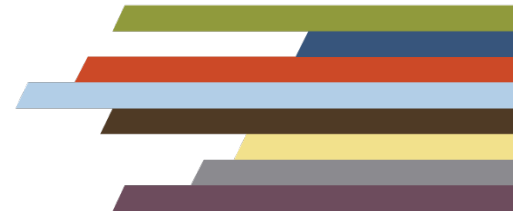


Or this



Recovery: there is no single story

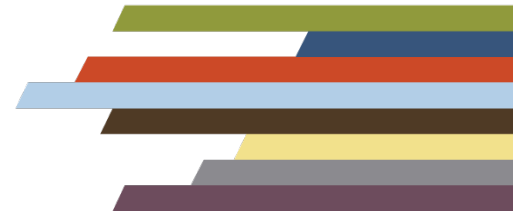
- Recovery has become a language “given” to both service providers and service users.
- “Recovery” is an ambiguous term that doesn’t fit neatly into universal, manualized, or operationalized categories of the “clinical”, “personal”, or “social” .
- “Recovery” loses its meaning when it pre-defined.
- Person-centered means attending to the unique, singularity of the person in front of us.
- As service providers, the spirit of recovery returns us to the person first, not a set of pre-determined outcomes.





Why should we talk about employment for people with SMI?

Nothing changes, what can we do?



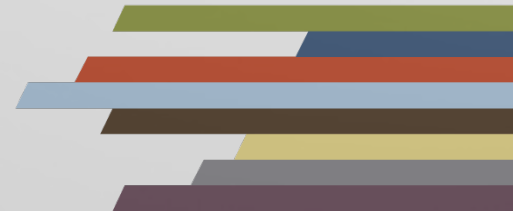
Despite years of efforts to promote vocational rehabilitation for people with serious mental illness

- Employment among this population remains around 20%
- While 60% + express a desire to work



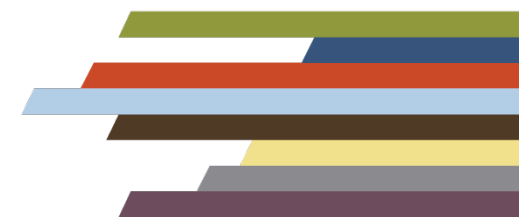
There are a range of concerted efforts that need to be made to address this disparity, including

Changing provider, family, and service user attitudes



Providers, family, and consumer's survey about employment

Developed as a tool to help assess understanding, attitude, and bias regarding employment for DMHAS clients

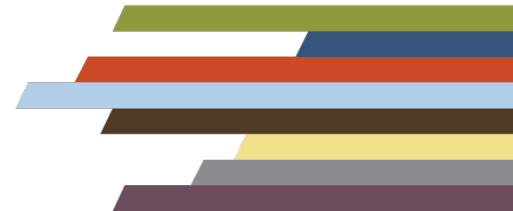


DMHAS Supported Employment Program

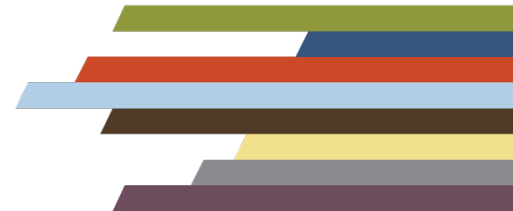
- For the past 18 years DMHAS has provided Supported Employment Services
- Based on the Individual Placement and Support Model (IPS)

33 agencies

- Provide services to around 4000 people/year – 8% of DMHAS clients
- At any given moment, around 45% of those receiving services are employed



What we've learned from the Providers and Family Survey

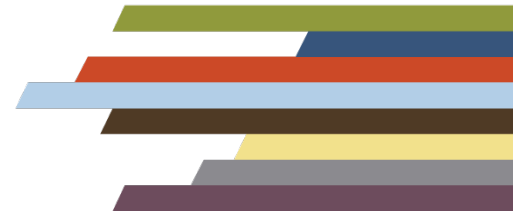


Providers and Family Survey

- Having a sense of hope, purpose, meaning in life, and believing in oneself as a capable person are very important for Recovery employment is viewed as offering the person a valued social role or as an important source of a positive sense of identity
- Encouragement is very important for people to find employment
- Employment is not viewed as a source of stress nor as increasing a person's risk of relapse

But,

- Being employed in a competitive job and being financially independent are not viewed as important for people's recovery



The Consumers' Survey



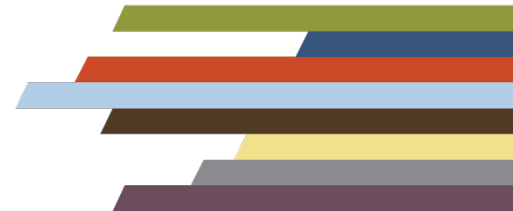
The Survey

Total of 90 statements for participants to rate using a 5 point scale (from not at all important to very important)

Built using participatory methodology

Validated at the Supported Employment Coordinated Committee (SECC)

Statements addressed 4 main topics



4 main questions addressed

What is important in helping people get and keep a paid job

What are the barriers to getting a job

What is helpful in your recovery

Most important services received



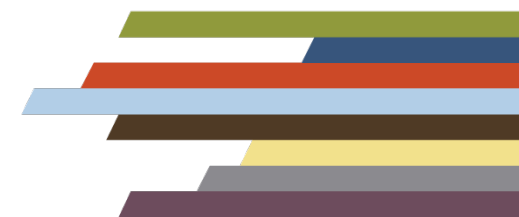
Who participated

596 consumers from 48 different agencies/services in CT

52% male, 45% female, 3% other (i.e. transgender, gender variant)

15% Hispanic/Latin

25% African American, 63% white

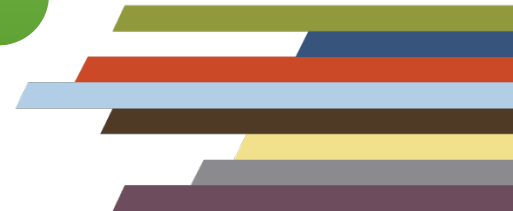


Who participated

23% - currently employed

45% - would like to be employed

30% - would not like to be employed



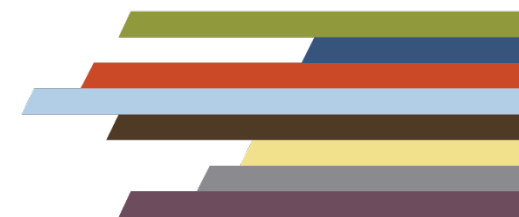
Who participated

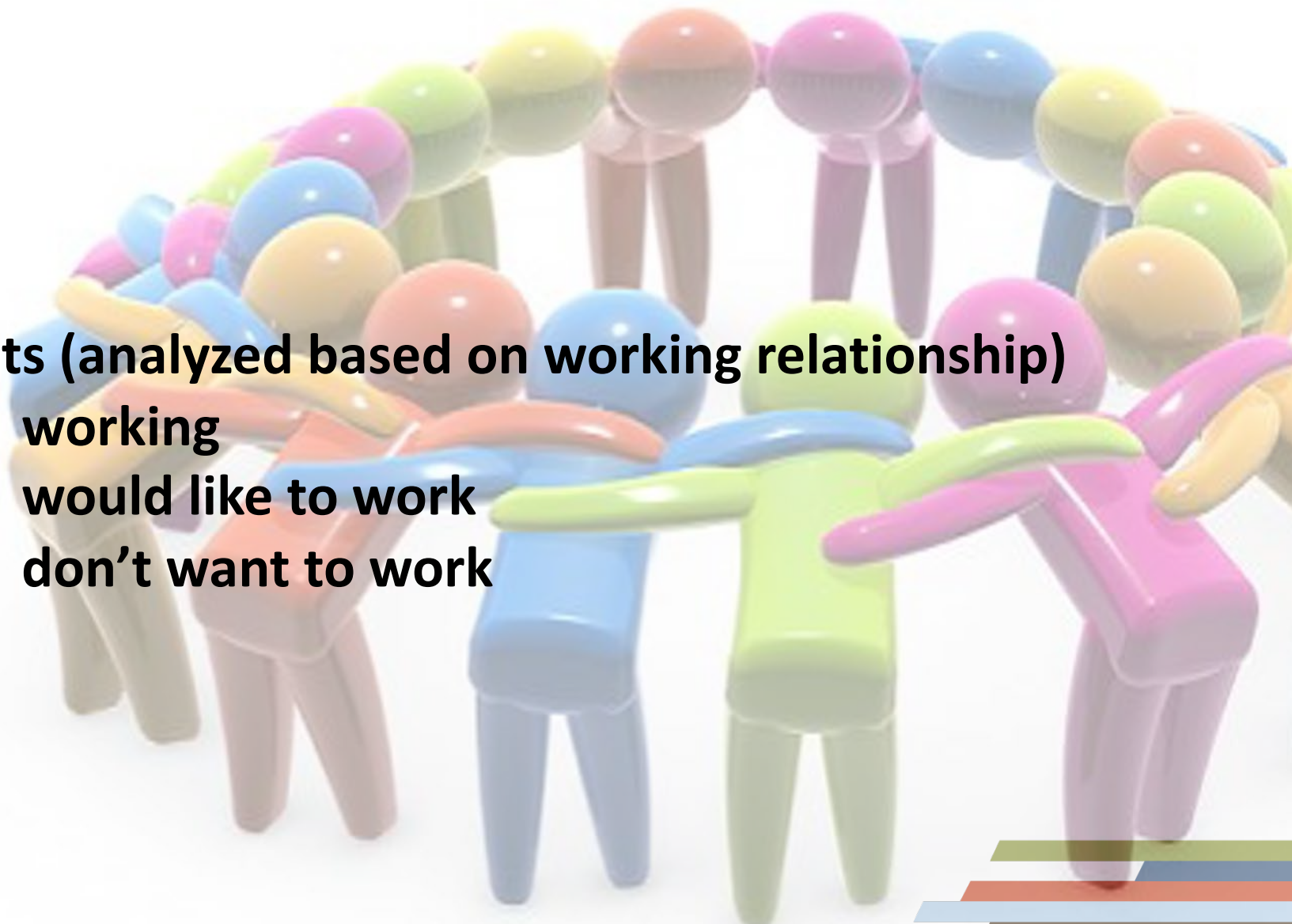
5% have been receiving services for less than 1 year

9% have been receiving services for 1 to 2 years


15% have been receiving services for 3 to 5 years

71% have been receiving services for more than 5 years





Results (analyzed based on working relationship)
working
would like to work
don't want to work



The background features a light blue and white color scheme with various business-related icons. There are several puzzle pieces scattered across the page, some containing symbols like a dollar sign (\$) or a person silhouette. Dotted lines with arrows suggest a process or flow. In the upper right, a large hand silhouette is shown holding a document with a left-pointing arrow. In the lower right, there are several horizontal bars in different colors (green, blue, red, brown, yellow, purple) that appear to be part of a chart or data visualization. The overall theme is professional and focused on career development.

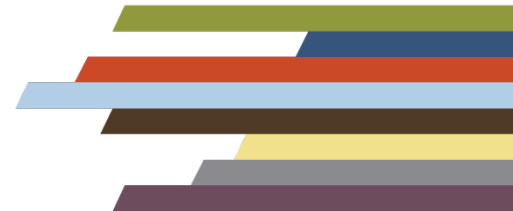
Degree to which each statement has been or might be important in helping you to get and keep a paid job

What is helpful for you to get and keep a paid job

Highest rated statements

Working

- Having an employment specialist (ES) to explore a job as soon as possible
- Setting a goal of obtaining a competitive job
- Having an ES pay attention to my own preferences
- Participating in a supported employment program that takes into account my needs and hopes
- Having providers understand that working would offer me a valuable role and/or would be an important source of a positive self-esteem for me
- Having an ES who could work with me for as long as I need

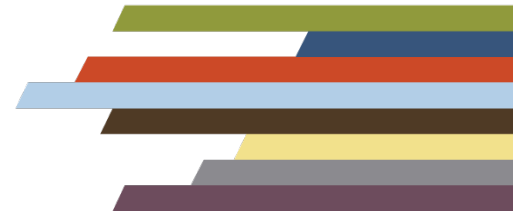


What is helpful for you to get and keep a paid job

Highest rated statements

Would like to work

- Having an ES who could work with me for as long as I need
- Having an ES pay attention to my own preferences
- Finding a job could get me out of poverty
- Having an employment specialist (ES) to explore a job as soon as possible
- Setting a goal of obtaining a competitive job
- Participating in a supported employment program that takes into account my needs and hopes

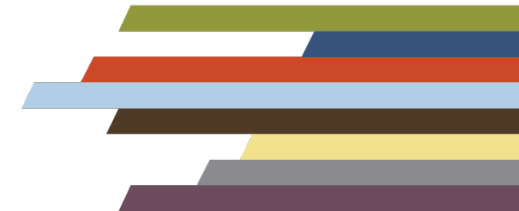


What is helpful for you to get and keep a paid job

Highest rated statements

Don't want to work

- Having providers understand that my getting a job needs to wait until I have achieved more stability in my life
- Receiving personalized counseling about how work might impact my benefits
- Having providers understand that working would offer me a valuable role and/or would be an important source of a positive self-esteem for me
- Having an ES who could work with me for as long as I need
- Finding a job could get me out of poverty
- Having providers understand that getting a job would be too stressful for me

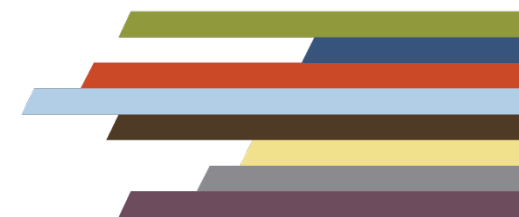


What is helpful for you to get and keep a paid job

Lowest rated statements

Working

- Having providers understand that getting a job would be too stressful
- Having my providers understand that working could increase my risk of relapse
- Involving my family members in supporting my efforts to get or keep a job
- Having peers involved in supporting my efforts to get or keep a job
- Having providers understand that my getting a job needs to wait until I have achieved more stability in my life
- Talking with a clinician/employment specialist about stigma or discrimination I experience on the job

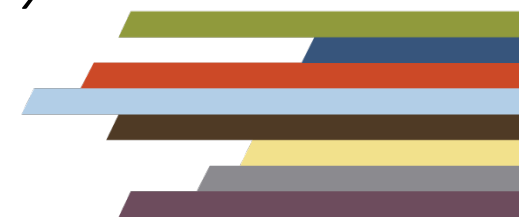


What is helpful for you to get and keep a paid job

Lowest rated statements

Would like to work

- Having providers understand that getting a job would be too stressful for me
- Having my providers understand that working could increase my risk of relapse
- Involving my family members in supporting my efforts to get or keep a job
- Having peers involved in supporting my efforts to get or keep a job
- Having providers understand that my getting a job needs to wait until I have achieved more stability in my life
- *Having an employment specialist who works closely with my clinician*

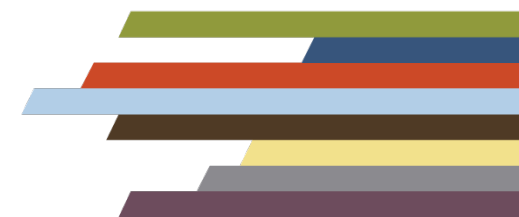


What is helpful for you to get and keep a paid job

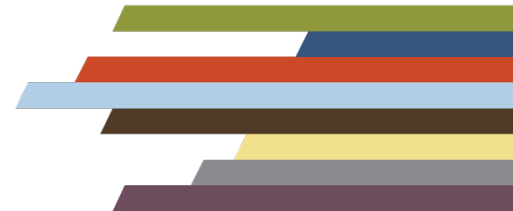
Lowest rated statements

Don't want to work

- Involving my family members in supporting my efforts to get or keep a job
- Having peers involved in supporting my efforts to get or keep a job
- Setting a goal of obtaining a competitive job
- Being encouraged by my clinician/employment specialist to look for a job
- Having an employment specialist who works closely with my clinician
- Having providers understand that getting a job would be an important step in my recovery



Rate statements in importance in terms of how much you think they act as a barrier to getting a job

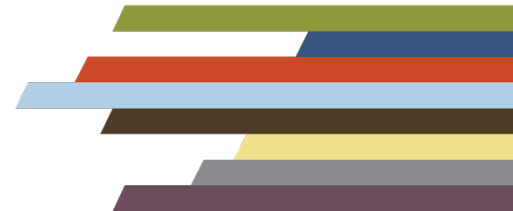


Barriers to getting a job

Highest rated statements

Working

- Being afraid of losing benefits or health insurance
- Persons with mental illness being discriminated against in the workplace
- Participating in a supported employment program
- Not wanting to disclose a history of mental illness to a possible employer
- Not having a sense of belonging or being valued in the workplace
- Working being too stressful

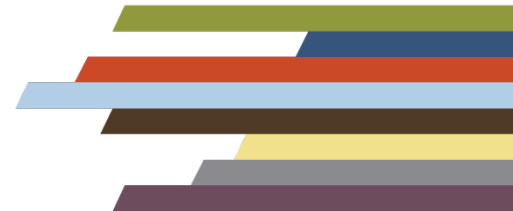


Barriers to getting a job

Highest rated statements

Would like to work

- Being afraid of losing benefits or health insurance
- Participating in a supported employment program
- Persons with mental illness being discriminated against in the workplace
- Not having a sense of belonging or being valued in the workplace
- Not wanting to disclose a history of mental illness to a possible employer
- Being too ill or disabled to work

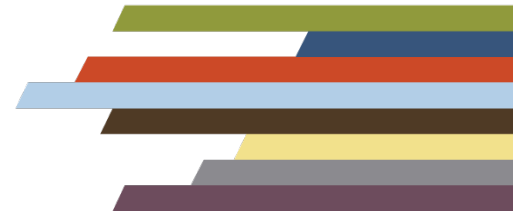


Barriers to getting a job

Highest rated statements

Don't want to work

- Being too ill or disabled to work
- Being afraid of losing benefits or health insurance
- Working being too stressful
- Persons with mental illness being discriminated against in the workplace
- Not wanting to disclose a history of mental illness to a possible employer
- Having a history of trauma that would make working extremely difficult

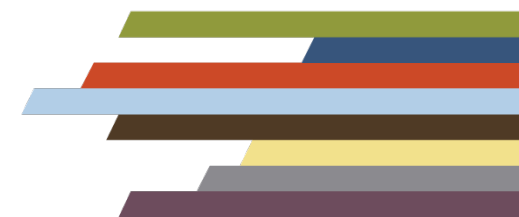


Barriers to getting a job

Lowest rated statements

Working

- There being too much paperwork for my clinician to refer me to a supported employment program
- Having a substance use problem and using the income on alcohol or other drugs
- Feeling too unreliable to work
- Not being interested in working
- Not being accepted into employment services in the past
- Working bringing about a relapse

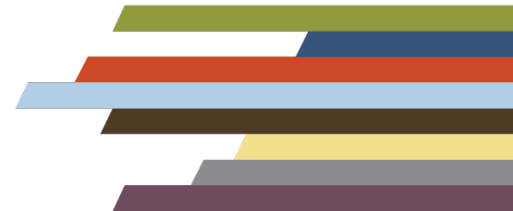


Barriers to getting a job

Lowest rated statements

Would like to work

- Having a substance use problem and using the income on alcohol or other drugs
- Not being interested in working
- There being too much paperwork for my clinician to refer me to a supported employment program
- Not being accepted into employment services in the past
- Feeling too unreliable to work
- Working bringing about a relapse

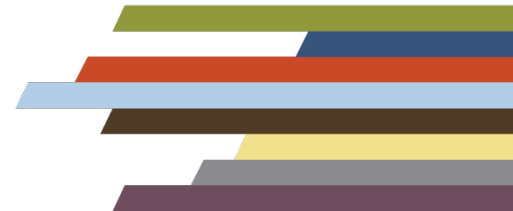


Barriers to getting a job

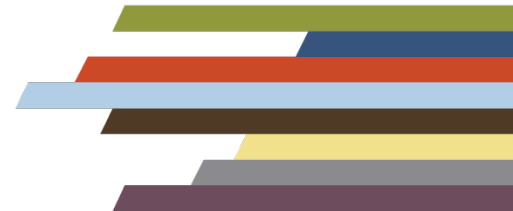
Lowest rated statements

Don't want to work

- Having a substance use problem and using the income on alcohol or other drugs
- Not being accepted into employment services in the past
- There being too much paperwork for my clinician to refer me to a supported employment program
- Not having family support
- Receiving supported employment services in the past but not getting or keeping a job
- Having no previous work experience



Degree to which you think each statement is an important factor in your recovery

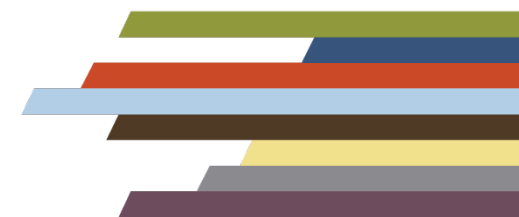


Important factors in your recovery

Highest rated statements

Working

- Having good quality medical care
- Having a sense of home
- Having stable housing
- Being financially independent
- Taking control of my own life
- Showing up for appointments with my clinicians, doctors, or nurses

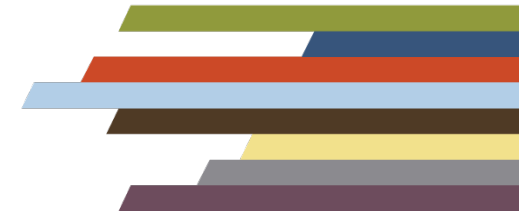


Important factors in your recovery

Highest rated statements

Would like to work

- Having good quality medical care
- Having a sense of purpose and meaning in my life
- Taking control of my own life
- Believing in myself as a capable person
- Being financially independent
- Showing up for appointments with my clinicians, doctors, or nurses

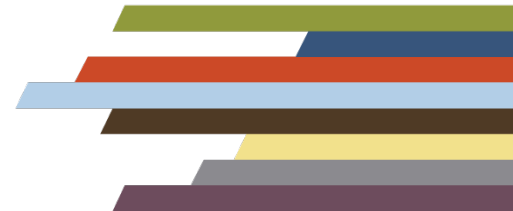


Important factors in your recovery

Highest rated statements

Don't want to work

- Having a sense of home
- Having good quality medical care
- Having stable housing
- Showing up for appointments with my clinicians, doctors, or nurses
- Believing in myself as a capable person
- Having a sense of purpose and meaning in my life

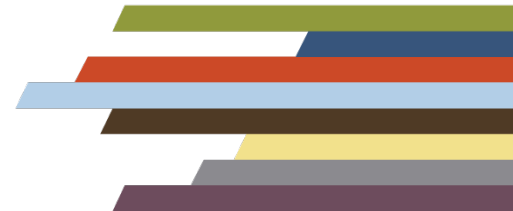


Important factors in your recovery

Lowest rated statements

Working

- *Being involved in a romantic, intimate relationship*
- **Being off of drugs and alcohol**
- *Having the support of my family*
- *Being connected to something larger than myself (like a sense of spirituality)*
- **Eliminating all symptoms of mental illness**
- **Being employed in a competitive job**

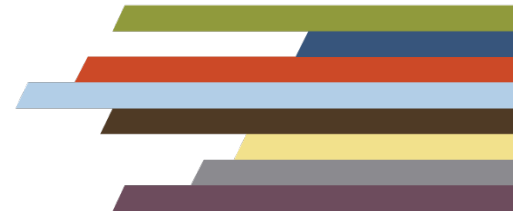


Important factors in your recovery

Lowest rated statements

Would like to work

- *Being involved in a romantic, intimate relationship*
- *Being connected to something larger than myself (like a sense of spirituality)*
- *Having the support of my family*
- Being off of drugs and alcohol
- **Being employed in a competitive job**
- Eliminating all symptoms of mental illness

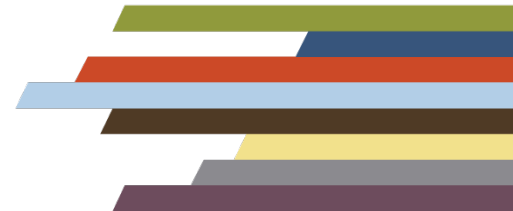


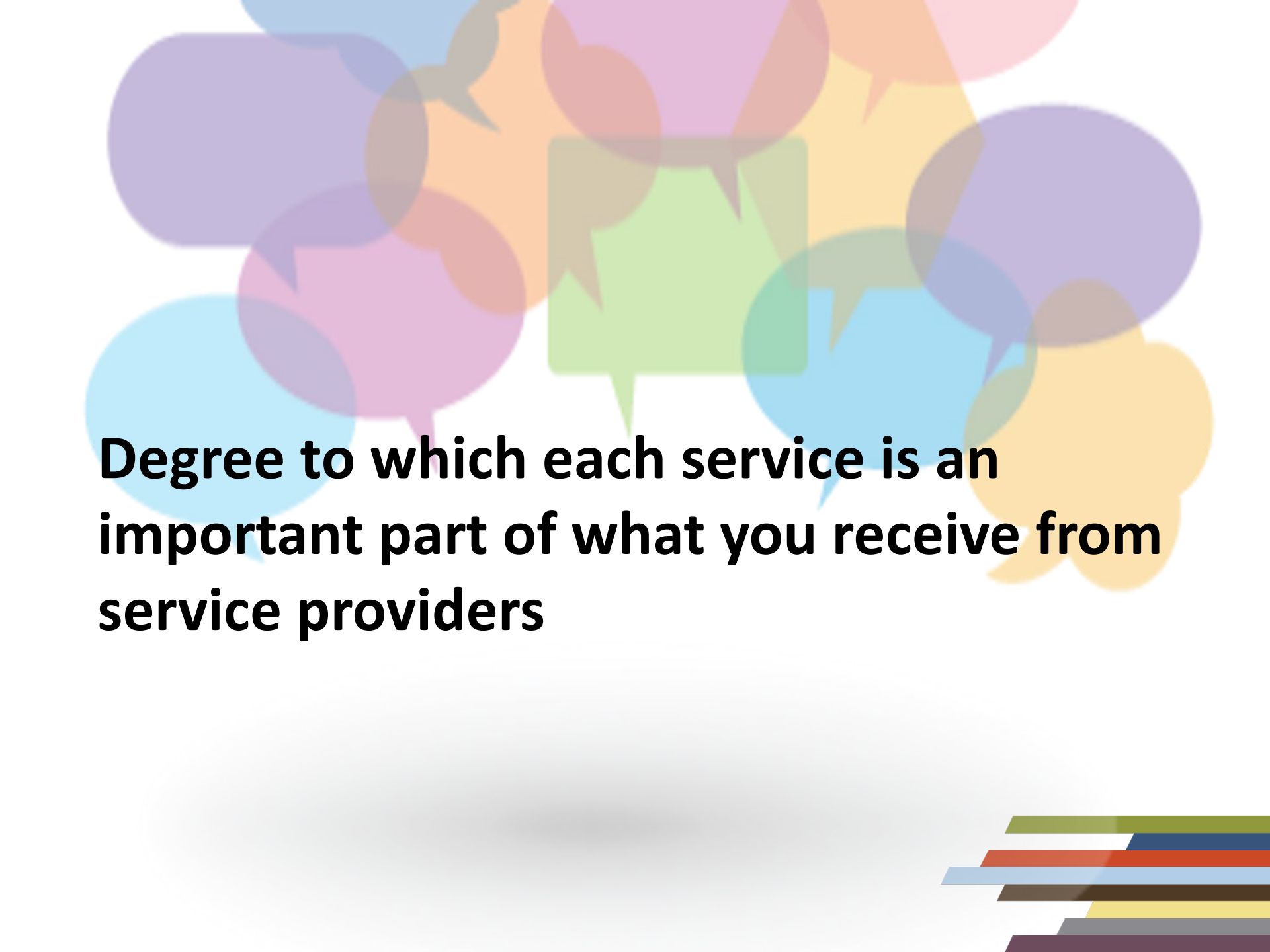
Important factors in your recovery

Lowest rated statements

Don't want to work

- **Being employed in a competitive job**
- *Being involved in a romantic, intimate relationship*
- **Being off of drugs and alcohol**
- *Being connected to something larger than myself (like a sense of spirituality)*
- *Having the support of my family*
- **Eliminating all symptoms of mental illness**



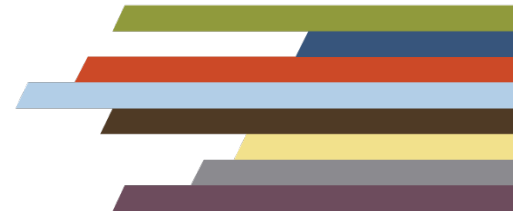


Degree to which each service is an important part of what you receive from service providers

Important part of what you receive from service providers
Highest rated statements

Working

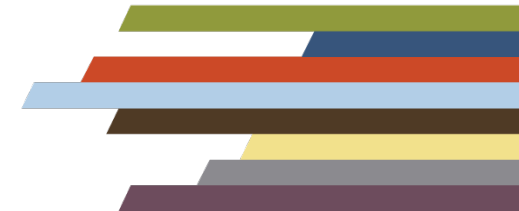
- Encourage my self-care and wellness
- Help me get or keep a job
- Refer me for help to get or keep a job
- Help me get or keep housing
- Refer me for help to get or keep housing
- Refer me for medical care



Important part of what you receive from service providers
Highest rated statements

Would like to work

- Help me get or keep a job
- Provide case management services
- Refer me for help to get or keep a job
- Encourage my self-care and wellness
- Help me get or keep housing
- Help me with advocacy, legal issues, or problems with my benefits/entitlements

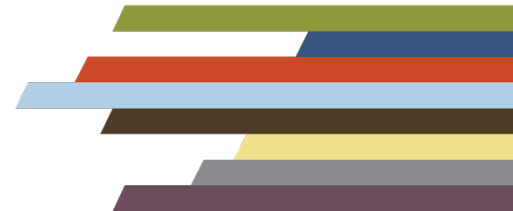


Important part of what you receive from service providers

Highest rated statements

Don't want to work

- Provide case management services
- Provide counseling, psychotherapy, or other psychological interventions
- Encourage my self-care and wellness
- Decide what mental health conditions (for example, what diagnoses) I have
- Help me get or keep housing
- Refer me for help with advocacy, legal issues, or problems with my benefits/entitlements

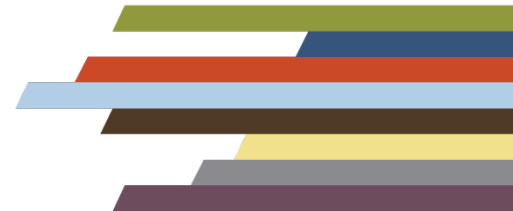


Important part of what you receive from service providers

Lowest rated statements

Working

- *Refer me for alcohol or substance use treatment*
- *Provide me with alcohol and/or substance use treatment*
- Ask extensive information about my personal and family history
- Involve my family members in supporting me
- Help me to make friends or have fun with other people
- Discuss with me any experiences of domestic violence, abuse, and/or other trauma that I am currently experiencing or have experienced in the past

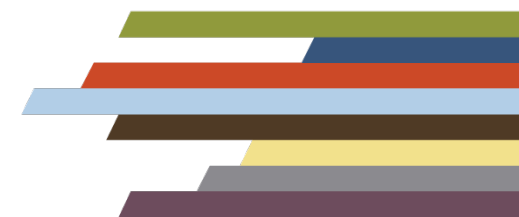


Important part of what you receive from service providers

Lowest rated statements

Would like to work

- *Refer me for alcohol or substance use treatment*
- *Provide me with alcohol and/or substance use treatment*
- Involve my family members in supporting me
- Discuss with me any experiences of domestic violence, abuse, and/or other trauma that I am currently experiencing or have experienced in the past
- Refer me for help to make friends or have fun with other people
- Ask extensive information about my personal and family history

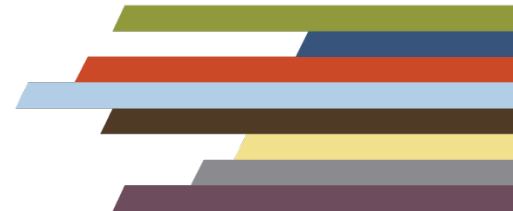


Important part of what you receive from service providers

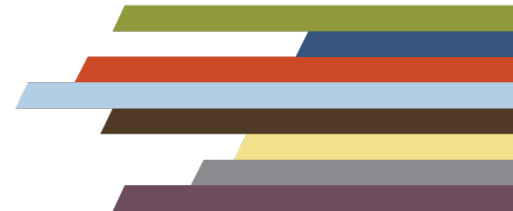
Lowest rated statements

Don't want to work

- *Refer me for alcohol or substance use treatment*
- *Provide me with alcohol and/or substance use treatment*
- Help me get or keep a job
- Refer me for help to get or keep a job
- Involve my family members in supporting me
- Ask extensive information about my personal and family history

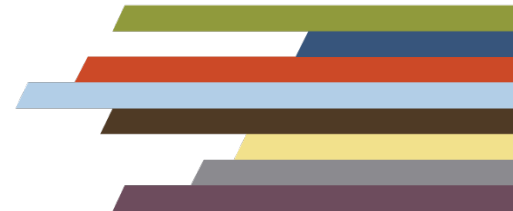


Takeaway message?

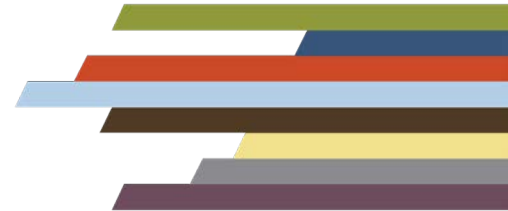


Takeaway message

- There is no single story, and people may change
- The relationship between recovery and employment is particular to each person.
- Service users do not link “recovery” with employment
- For some, financial security is an important motivation to finding a job.
 - Fear of losing benefits is a substantial barrier when considering employment
- For some, employment is associated with “having a place in the world” (agency, control, meaning).
- For some, employment is not an immediate interest.
- Family and peers are not as important as direct employment services in finding/keeping a job
- Disclosure and discrimination at the workplace are perceived as important barriers



Questions and Discussion



Outreach, Outreach, Outreach



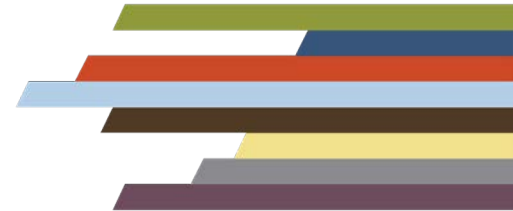
Newsletter

Twitter: Follow us and retweet our posts (@NE_MHTTC)

Facebook: Like and share our posts
([Facebook.com/NewEnglandMHTTC](https://www.facebook.com/NewEnglandMHTTC))

Products, Curriculum, Materials

Share MHTTC information with your networks by distributing flyers, sharing on your website, including announcements in newsletters, talking about MHTTC at staff meetings, etc.





New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

For more information:

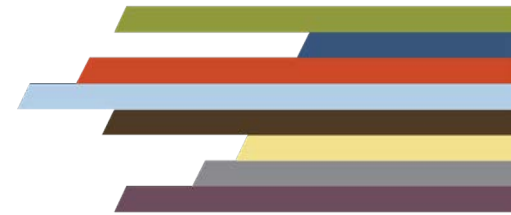
Visit: <http://www.mhttcnetwork.org/newengland>

E-mail: newengland@mhttcnetwork.org

Maria Restrepo-Toro: maria.restrepo-toro@yale.edu

Graziela Reis: graziela.reis@yale.edu

Mark Costa: mark.costa@yale.edu



thank you