



Strengthening Career and Income Pathways for Individuals Living with Mental Illness

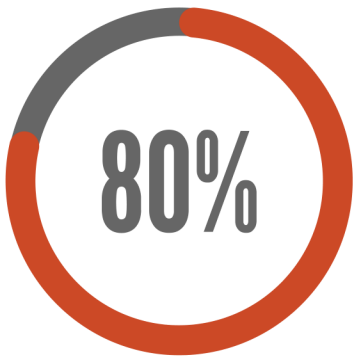
Overview

The COVID-19 pandemic highlighted the importance of addressing social and economic conditions that contribute to one's health outcomes including: poverty, lack of education, housing instability, unemployment, and food insecurity. These factors are referred to as **social determinants of health (SDOH)** and are often inter-related: lack of resources in one area impacts the others.

For individuals living with a mental illness addressing social determinants of health, in particular unemployment, may be difficult due to limited opportunities, minimal support, and discrimination due to psychiatric symptoms and/or past justice system involvement. Much of one's identity revolves around work, money, and status; engaging in society can be difficult for individuals living below the poverty line. **Gaining and maintaining employment can be a crucial part of one's mental health recovery** as it may provide an individual with a sense of purpose, a routine, income and health insurance benefits. This in turn may lead to a positive impact on self-esteem, decrease psychiatric symptoms, and improve quality of life. Therefore, supporting the socio-economic mobility of individuals living with mental illness through a variety of career and income pathways must be a priority.¹



While a majority of individuals seeking mental health treatment express an interest in working, **approximately 80% are unemployed**. Those who are employed are often under-employed (i.e., working less hours than desired) or are employed in positions that do not tap into the unique skills and talents they have to offer.¹ This document reviews evidence-based employment interventions (e.g., Supported Employment), examines the limitations of these models, and discusses ways mental health providers can help **strengthen the career and income pathways** for their clients.



Background

Over the years policies and systems were implemented to guarantee equal opportunity and improve the financial independence of individuals with disabilities, including those with psychiatric disabilities.

- **Financial Assistance:** The [Social Security Disability Insurance \(SSDI\)](#) program, created in 1956, provides financial assistance to individuals who are unable to work due to a physical or mental disability. Administered by the Social Security Administration (SSA) and funded by payroll taxes, the SSDI program provides monthly cash payments to eligible individuals to help them meet basic needs.²
 - The [Supplemental Security Income \(SSI\)](#) program, created in 1972, provides financial assistance to disabled individuals who have limited income and resources. This program is also administered by the SSA but is funded by general tax revenues. Similarly, SSI provides monthly cash payments to eligible individuals to help them meet basic needs.³
- **The Rehabilitation Act of 1973:** Building on the Civil Rights Movement of the 1960s, disability advocates lobbied Congress in the early 1970s to include civil rights language and protections for people with disabilities. The resulting Rehabilitation Act of 1973 specifically provided equal opportunity for employment within the federal government, prohibited discrimination on the basis of a disability, and established equal access to public services and vocational training.⁴
- **Americans with Disabilities Act (1990):** Despite legislation passed nearly two decades earlier, individuals with disabilities continued to face discrimination. The Americans with Disabilities Act (ADA), which passed in 1990, broadened the protections listed in the Rehabilitation Act of 1973 to include state and local services and ensured that individuals with disabilities have the same opportunities as everyone else. It prohibits the discrimination of individuals with disabilities in all areas of public life including employment, education, and transportation.⁵

Despite implementation of these programs, individuals living with a psychiatric disability continued to face barriers in accessing employment opportunities. In addition, other federal and state assistance programs (e.g., housing and health coverage) were linked to SSI/SSDI, meaning a reduction or discontinuation in one benefit led to reductions/discontinuations in another.¹ More targeted models were needed to help individuals navigate the process of securing employment and maintaining financial independence.

Employment Models

Supported Employment (SE) is an evidence-based model which focuses on helping individuals living with mental illness throughout the job placement and job development process. The goal is to assist the individual find and keep a meaningful job within the community. The Supported Employment provider assists the individual seeking employment by:

- Identifying rapid job placement opportunities with minimal pre-employment requirements;
- Providing educating around the ways an individual's finances may be impacted once the individual gains employment; and
- Offering support to both the individual and the employer throughout the employment process.⁶

Individual Placement and Support (IPS) is an evidence-based model of supported employment for people with serious mental illness. It assists them in working at places of employment of their own choosing. IPS is based on the following 8 principles:

- Competitive employment is the goal.
- Eligibility is based on consumer choice.
- Consumer preferences are important.
- Employment is integrated with treatment.
- Personalized benefits counseling is provided.
- Employment staff develop relationships with employers.
- Rapid job search starts shortly after a consumer expresses interest.
- Follow along supports are included.⁷



- Unique barriers to consider: criminal justice involvement, housing instability, severity of symptoms, lack of transportation, impact on SSI/SSDI and/or other benefit assistance once employed

While both IPS and SE help individuals living with mental illness find and maintain employment, the approach used by IPS focuses on efforts to achieve stable, meaningful employment in a competitive position based on the individual's interests, skills, and goals.⁷

Limitations to Career and Income Pathways

While evidence-based placement models, policies, and career support programs for individuals living with mental illness exist, research shows limitations. First,



although these programs can be effective, many are not widely available to those who would otherwise express interest in working. For example, supported employment services are **currently offered to only 2%** of the individuals in the public mental health system. Second, current support services prioritize rapid job placement, which are usually

entry-level, short-term, and low paying jobs. This ultimately keeps some in poverty and dependent on wrap around financial services. Similarly, there is often underfunding and underinvestment in the supported employment workforce (i.e., minimal wages, benefits, and career mobility), making it difficult to hire and retain the individuals responsible for assisting others through the employment process.¹

Role of Public Mental Health Providers

Mental health providers can enhance the socioeconomic mobility for individuals living with psychiatric disabilities.¹

- Shift support focus from rapid career placement to career development to improve long-term job placement with a livable wage and benefits.
- Identify resources and supports for longer-term career planning and development.
- Build awareness of higher education scholarship, fellowship and loan repayment programs to promote college access and/or technical training.
- Capitalize on existing benefits, resources, and policies.
- Educate families on the benefits and risks of SSI/SSDI, along with alternate financial resources that could promote socioeconomic mobility.
- Continue to foster conversations with colleagues, organizations and policy makers about socioeconomic advancement for individuals living with mental illness.
- Collaborate with professional associations to influence national and state level policy.



REMINDER

Recovery needs are similar for everyone: we all need motivation, information, skills, and support. Our approach needs to be personalized and collaborative. Don't forget to involve the individual (i.e., get their input on ideas, preferences and goals) and emphasize the role of natural support, working with family members and others in the community who can help support them.⁶

Additional Resources

There is a landscape of pragmatic and transformative strategies to help people move out of poverty.¹ Notably, a few are from the southeast region.

- **Florida:**

- [Self-Directed Care \(SDC\)](#) is an alternate model to traditional Medicaid service delivery and management. SDC enables individuals to have more decision-making autonomy around healthcare decisions and daily life activities. Specifically, the individual decides how to spend Medicaid funds and can determine who provides their services. SDC allows flexibility to apply funds to related expenses such as to buy or repair a car used for work, complete classes for a degree or certification, or cover expenses for an emotional support animal.
- [Career Edge Funders](#) seeks to expand career-focused services for people with disabilities on track to earning a living wage. This model is a cohort-based program that prioritizes intentional job training and placement at organizations paying a living wage and advancing career mobility over time.

- **Georgia:**

- [Advancing Employment](#) advocates for inclusive employment for individuals with disabilities.

- **North Carolina:**

- [EngageNC](#) provides resources to micro-entrepreneurs and businesses who are intentional about hiring adults with Autism/IDD.

- **South Carolina:**

- [Able South Carolina](#) is a disability-led organization seeking transformational changes in systems, communities, and individuals featuring employment programs and resources.

- **Micro-financing opportunities and collaborative loan programs** are initiatives used to incentivize and support small business development by individuals with disabilities.

- [NY Entrepreneurs with Disabilities](#)
- [Minnesota Emerging Entrepreneur Loan Program](#)

- **Additional Entrepreneurial Resources for Individuals with Disabilities**

- [US Small Business Administration](#)

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