

GETTING TO WORK FACT SHEET 1:

Supported Employment Works!

People with Serious Mental Illnesses Can and Want to Work¹

Yet only 22% of people with serious mental illnesses are employed, and only about 12% work full-time.² By comparison, the labor participation rate for the general U.S. population was 63.7% in 2012.³

- The disparity is not because people with serious mental illnesses are incapable of working. This false preconception has been repeatedly debunked.⁴

Supported Employment Services Help People Work

- Supported employment, an evidenced-based way to help people with mental illnesses secure and keep employment, begins with the idea that “every person with a serious mental illness is capable of working competitively in the community.”⁵ Among other services, supported employment provides job identification, job search, job coaching, and benefits counseling.⁶
- Individual Placement and Support (IPS) is a supported employment model tailored to serving individuals with serious mental illness. The outcomes of IPS have been studied extensively, with 11 randomized controlled trials of IPS programs serving individuals with serious mental illness.⁷
- IPS consistently results in good vocational outcomes. Approximately 60 percent of IPS participants at any given time secure employment, compared to 23 percent who receive traditional services.⁸ Better vocational outcomes are also consistent across subpopulations, including individuals with substance abuse issues and individuals who are homeless.⁹

Work Plays a Critical Role in Improving Quality of Life and Mental Health Outcomes¹⁰

- IPS supported employment is not only highly successful in getting people with serious mental illness into work, but also results in better clinical and social outcomes.
- Work helps people with serious mental illnesses become part of the community and helps build an individual’s sense of purpose, self-esteem, and self-worth.¹¹ Given the importance of work, it is not surprising that IPS has been shown to reduce symptoms of a person’s mental illness,¹² and reduce the need for other services.¹³
- A study of individuals experiencing homelessness who received IPS supported employment services found that 71% of all individuals served achieved employment and that obtaining employment assisted participants in reintegration into society, helped prevent relapses, and promoted economic self-sufficiency.¹⁴

Despite Their Effectiveness, Supported Employment Services Are Not Widely Available

- In 2012, only 1.7 percent of individuals served by state mental health authorities received supported employment services.¹⁵
- Expanding the availability of these services would help change the current employment rate for people with serious mental illnesses and offer them better lives and better health.

¹ Robert E. Drake et al., *Social Security And Mental Illness: Reducing Disability With Supported Employment*, 28 *Health Affairs* 761, 767 (May/ June 2009); Written Testimony of Dr. Gary Bond, Professor of Psychiatry, Dartmouth Psychiatric Research Center, for U.S. Equal Employment Opportunity Commission public meeting on Employment of People with Mental Disabilities (May 15, 2011) (hereinafter Bond Testimony),

<http://www.eeoc.gov/eeoc/meetings/3-15-11/bond.cfm>. See also Michael McQuilken et al., *The Work Project Survey: Consumer Perspectives on Work*, 18 *Journal of Voc. Rehab.* 59, 60 (2003) (“most studies suggest that a majority of people with severe mental illness want to work. . . . [citing one survey finding that 71 percent of respondents, individuals with serious mental illnesses receiving case management services, who were not employed indicated that they wanted to become employed, and one study finding that 53 to 61 percent of participants, individuals with schizophrenia spectrum disorders following a symptom relapse, who were not working reported an interest in working] . . . Other studies have found similar results.”). This includes people who are homeless or have been absent from the workforce for years. Bond Testimony.

² U.S. DEP’T OF HEALTH AND HUMAN SERVICES, ASSISTANT SECRETARY FOR PLANNING AND EVALUATION, OFFICE OF DISABILITY, AGING AND LONG-TERM CARE POLICY, *TOWARD A SOCIAL COST-EFFECTIVENESS ANALYSIS OF PROGRAMS TO EXPAND SUPPORTED EMPLOYMENT SERVICES: AN INTERPRETIVE REVIEW OF THE LITERATURE* vii (2010), available at <http://aspe.hhs.gov/daltcp/reports/2011/supempFR.pdf>. ASPE’s estimates are derived from historical data. The SAMHSA data used later on in this fact sheet reflects the actual rates of supported employment services provided to people with serious mental illness by state mental health agencies in 2012.

³ U.S. DEP’T OF LABOR, BUREAU OF LABOR STATISTICS, *EMPLOYMENT PROJECTIONS — 2012-2022*, Table 2 (Dec. 19, 2013) available at <http://www.bls.gov/news.release/pdf/ecopro.pdf>.

⁴ Alexis D. Henry et al., *Inpatient Hospitalizations and Emergency Service Visits Among Participants in an Individual Placement and Support (IPS) Model Program*, 6 *Mental Health Services Research* 227, 234 (Dec. 2004) and Patrick W. Corrigan and Stanley G. McCracken, *Place First, Then Train: An Alternative to the Medical Model of Psychiatric Rehabilitation*, 50 *Social Work* 31, 33 (2005). See also Kelly A. Allot et al., *Relationship Between Vocational Status and Perceived Stress and Daily Hassles in First-Episode Psychosis: An Exploratory Study*, 48 *Social Psychiatry and Psychiatric Epidemiology* 1045 (Jul. 2013)

⁵ U.S. DEP’T OF HEALTH AND HUMAN SERVICES, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, CENTER FOR MENTAL HEALTH SERVICES, *SUPPORTED EMPLOYMENT: BUILDING YOUR PROGRAM 3* (2009) (hereinafter SAMHSA TOOLKIT), <http://store.samhsa.gov/shin/content/SMA08-4365/BuildingYourProgram-SE.pdf>.

⁶ See SAMHSA TOOLKIT, *supra* note 5; Interview by Bazelon Center Staff with Staff at Cornerstone Montgomery, an IPS supported employment provider (May 22, 2014) (hereinafter Cornerstone Interview).

⁷ Robert E. Drake et al., *Assisting Social Security Disability Insurance beneficiaries with schizophrenia, bipolar disorder, or major depression in returning to work*. 170 *American Journal of Psychiatry* 1433 (Dec. 2013).

⁸ Gary R. Bond et al., *An Update on Randomized Controlled Trials of Evidence-Based Supported Employment*, 31 *Psychiatric Rehabilitation Journal* 280, 284 (2008) (hereinafter Bond 2008).

⁹ Kikuko Campbell, et. al, *Who Benefits From Supported Employment: A Meta-analytic Study*, 37 *Schizophrenia Bulletin* 2, 370–380, 373-75 (2011).

¹⁰ Sandra Moll et al., *Supported Employment: Evidence for a Best Practice Model in Psychosocial Rehabilitation*, 70 *Canadian Journal of Occupational Therapy* 298, 298 (Dec. 2003).

¹¹ Campbell, *supra* note 9, at 373-75.

¹² *Id.* See also Morris D. Bell et al., *Clinical Benefits of Paid Work in Schizophrenia*, 22 *Schizophrenia Bulletin* 57 (1996) and Laura Blankertz and Susan Robinson, *Adding a Vocational Focus to Mental Health Rehabilitation*, 47 *Psychiatric Services* 1216 (1996).

¹³ Corrigan and McCracken, *supra* note 4, at 36; Deborah Becker et. al, *Long-Term Employment Trajectories Among Participants With Severe Mental Illness in Supported Employment*, 58 *Psychiatric Services* 922, 927 (Jul. 2007); Philip W. Bush et al., *The Long-Term Impact of Employment on Mental Health Service Use and Costs for Persons With Severe Mental Illness*, 60 *Psychiatric Services* 1024, 955-56 (Aug. 2009).

¹⁴ Heidi Herinckx, Central City Concern, *Employment Outcomes 2007-2009* (March 2010).

¹⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Service, Administration, Center for Mental Health Services, 2012 CMHS Uniform Reporting System Output, Tables 1.