

# Employment, Careers, & Recovery for Young Adults

**T**he growing emphasis on recovery for people with serious mental health conditions (SMHC) has led many to rethink the types of mental health services that are appropriate to the needs and goals of mental health consumers. The community mental health movement developed employment services designed to assist people returning from long-term hospitalization to find employment (e.g., supported employment, clubhouse transitional employment). In spite of the successes that these services have achieved with the adult population, we want to suggest that recovery for young adults with mental health conditions requires a different approach to employment services.

Young adults with mental health conditions struggle with problems in many areas of their lives, including homelessness, early pregnancy, arrests, school disruption, and co-occurring substance use disorders. Many people who experience such problems leave them behind in their youth, recover, and go on to fulfilling lives. However, one's future life course is strongly affected by the successes and/or failures in one's life tasks during young adulthood.<sup>1</sup>

One of the most important steps in the transition to mature adulthood is the development of a history of stable employment. Stable employment is an important source of self-esteem and status, and allows for fiscal autonomy. Young adults with SMHC, like many others their age, are interested in careers, not just in having a job.<sup>2</sup> However, youth with SMHC generally do not perform well in their employment roles, and have been shown to have lower employment rates than young adults with other disabilities.<sup>3,4</sup>

## THE IMPORTANCE OF EMPLOYMENT

It is easy to underestimate the importance of employment in recovery. Mental health professionals tend to look primarily at patients' symptoms of mental illness and responses to medication and therapy. Although these are important in recovery, one's sense of membership in the community is critical to self-esteem, and this cannot be achieved through the use of medication and psychotherapy alone. Because experiences of young people with SMHC with employment are often negative, and because employment is so central to a "respectable" place in modern society, this is a serious problem for the recovery of these young adults. Although mental health issues and educational difficulties are a significant part of the problem, the employment supports provided for this group do not seem to be effective. If we are to change this difficult pattern, it is possible that we need to rethink the problem entirely.



## THE EMPLOYMENT MARKET

In thinking about the careers of young adults, it is useful to begin by thinking about the job market for young adults with SMHC. Of course a young person with SMHC can simply go apply for a job like anyone else. Many do. However, mental health professionals often encourage them to enter what can be considered a "specialized" market.

One can conceive of this specialized job market as arrayed along a dimension from completely sheltered job opportunities to those that are completely independent. The extremes are, at one end, completely protected jobs such as the work given to state hospital patients whose psychiatric condition is seen as compatible only with work within the hospital. At the other extreme is full-time work for a private organization that the individual obtained without the help of any mental health organization. In between are more or less "protected" markets where employment is arranged by mental health service agencies in cooperation with public-spirited employers (e.g., clubhouse transitional employment) and more "restricted employment" in which

the individual works alongside people without mental illness but whose work routine is structured so that the individual will continue to receive disability payments and remain eligible for Medicaid.

### JOB SUPPORT SYSTEMS

In recent years there has become a general consensus within the mental health field that supported employment (SE) using the Individual Placement and Support (IPS) model is the preferred approach to helping people with mental illness rejoin the labor market,<sup>6,7</sup> although there have been notable dissents.<sup>8,9</sup> Individual Placement and Support (IPS), which has been developed from SE, places emphasis on competitive employment in which individuals with SMHC are placed directly into a work situation of their choice without prior training or screening, but receive ongoing support to help them retain their job. Although IPS can claim good success rates in placing people in jobs,<sup>10</sup> job tenure does not seem to be a strong point and many people so placed work only part time and remain on disability.<sup>9</sup>

Specifically, although many people with SMHC gain employment through IPS, it is restricted employment: overwhelmingly part-time and typically with a limited set of employers and a with a very limited career trajectory. But a career model<sup>2</sup> implies either starting in a competitive job or ultimately leaving the restricted job market and

The jobs that young people with SMHC obtain are affected by three major sources of influence: the behaviors of employers; the behaviors of mental health and vocational rehabilitation professionals who link individuals with SMHC to employment and support them once they have jobs; and the attributes and behaviors of the young people themselves. Employers may prevent young people with SMHC from developing careers due to the stereotypical belief that persons with SMHC cannot handle the demands of many job settings. Vocational rehabilitation professionals affect the career paths of young people with SMHC by the types of jobs and educational programs that they support. Finally, the young people with SMHC may self-stigmatize and accept employment limits that society assumes.

There are important ways in which young people with SMHC have better opportunities in career development than do older persons with mental illness. At least initially, their resumes are in some ways “blank slates” and do not show the prolonged history of unemployment and job difficulties that mark the careers of many older people with a SMHC. Also, many employers understand that young employees may take some time adjusting to the working world and thus it is possible that young people might be given more leeway. On the other hand, in some ways employment is likely to be more stressful for young people with SMHC than for older people precisely because they do not have experience with the working world.

### IF RECOVERY IS THE GOAL

If the goal of employment services for youth is simply to find some sort of work for as many young people with SMHC as possible, then the current system is doing reasonably well. However if we view employment as a critical part of recovery then we need to think about how we develop a system that supports the career goals and ambitions of young people.<sup>1</sup> Careers are not created overnight. They require training.

Because SE, codified as a standardized, evidence-based service in IPS,<sup>11</sup> is officially recognized as an “evidence-based practice,” great emphasis has been placed on implementing IPS with young people with SMHC. Competitive employment is the rehabilitation goal.<sup>8</sup> IPS emphasizes the avoidance of “lengthy” pre-employment preparation or training and does not screen people for work “readiness” or “employability.”

However, any rapid placement model of employment services will not support career development goals. Of course, many young people with SMHC will be satisfied with any job and some will not be able to sustain the motivation to develop a career, but employment programs for young people with SMHC should not settle for a lowest common denominator. Career-focused education should be an option for everyone.<sup>12</sup> Supported Education (SEd) is one model that responds to this need. It recommends services and supports to assist a person to successfully access and complete programs and courses of higher education. SEd is driven by the preferences of the consumer and works to enhance students’ academic strengths and build academic skills by maximizing the use of academic resources and educating schools on effective student supports, as well as through peer support.<sup>13,14</sup>



successfully moving into the completely independent labor market. This can be thought of as the employment aspect of complete recovery and has important consequences for self-esteem and mental health in general. We need to understand whether mental health system employment supports are structured to help young adults with SMHC attain their goals of full careers. Unfortunately, young people with SMHC overwhelmingly fail to develop careers that they desire. Thus, regarding employment, recovery is partial.

“...it’s [employment] kind of a sense of importance. I’ve always heard negative statements about people with mental illness not being able to do things and they chose to not be able to do those things because they were lazy and the fact that I do have a job and I follow through with it, makes me feel like somehow I’m proving all the people who are kind of prejudice[d], it makes me feel that I’m doing one piece to prove them wrong.”

— A young adult with a mental health condition

## CONCLUSION

Whether or not SEd is the appropriate answer, the mental health community needs to adapt its services to young adults who expect to recover and have a full life that includes a meaningful career. It is true that not all of them will achieve their goals but it is better for some to fail than for none to have the opportunity to try. Employment services for young people with SMHC need to recognize that many of these young people have great potential and they must not be shuttled off into dead end jobs.

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