This article explores the importance of supported education services for the vocational outcomes of emerging adults with serious mental health conditions. Emerging adults are people in their late adolescence and early adulthood. Emerging adults are typically in the process of becoming independent and making important life choices for the first time. In particular, they are making career choices, utilizing high school, college or other life experiences to guide them. Many have worked low-paying jobs as adolescents and want more out of their employment experiences. Most emerging adults rightly believe that some kind of school or training will advance both their mid- and long-term prospects for careers and financial independence. Adult relatives or school administrators have emphasized training and education as a path to life and financial success, and indeed a clear predictor of later income for individuals with mental health conditions is educational attainment.1

Emerging adults with mental health conditions, generally called Transition Age Youth, (TAY), are not substantially different from other young adults in their consideration of employment and careers as critical avenues to future success. Because difficulties stemming from serious mental health problems often begin to occur in late adolescence and early adulthood, these emerging adults frequently face interruptions in their educational, and thus career, trajectory.2 Many TAY have formed career aspirations in high school and early college, and thus can be deeply dejected when derailed from education that supports those aspirations.3

TAY struggle with high rates of unemployment both compared to youth without disabilities or to youth with other disabling conditions.4 For example, unemployment rates for young adults who have experienced a first episode of psychosis are between 57% and 87%.5 Unless ways are found to improve the employment rates among TAY, there is a significant chance that they will experience lifelong poverty and benefits dependence. Fortunately, there is preliminary evidence that having the support of an education/employment specialist, combined with appropriate early intervention mental health services, results in higher rates of competitive employment and education that leads to attainment of a degree, certification and/or employment qualification among TAY.6,7 Thus, the combination of supported employment (SE) and supported education (SED) for TAY vocational success is a promising practice8 that we explore here.

SUPPORTED EMPLOYMENT

To understand how to best support TAY in their quest for employment and careers, it is valuable to consider what services work for older adults. However, one cannot assume that what has worked for older adults will work for younger adults. Vocational supports for older adults are moderately successful. The Individual Placement and Support (IPS) model is an evidence-based SE approach that has been effective in assisting clients to obtain competitive employment. IPS defines “competitive employment” as “permanent jobs paying commensurate wages in integrated community settings (i.e., employing nondisabled workers) and available to anyone (not just individuals with disabilities).” (p.32).9 IPS differentiates itself from non-SE approaches through its emphasis on consumer job preferences. According to its developers, IPS is based on eight principles (p.32):9

1. Eligibility based on client choice,
2. Focus on competitive employment,
3. Integration of mental health and employment services,
4. Attention to client preferences,  
5. Work incentives planning,  
6. Rapid job search,  
7. Systematic job development, and  
8. Individualized job supports.

Historically, IPS has not emphasized educational attainment as a critical ingredient, but instead has required that there be a “rapid job search,” meaning making a job contact within 30 days of client engagement with the employment specialist.6,10,11 However, recent adjustments to the IPS manual make clear that a rapid search for a training/educational program designed to assist a person to attain competitive employment is sufficient to meet the rapid job search requirement.12 This change reflects a basic principle of IPS, which is to respect a client’s preferences, including education as a path to competitive employment.

**EDUCATION SUPPORTS: AN IMPORTANT CAREER PATHWAY FOR TAY**

Although IPS has typically focused on jobs as outcomes, IPS developers and colleagues have come to realize that training and education are often vital and desired pathways for TAY who wish to achieve competitive employment, perhaps in the form of a career. As noted by Nuechterlein, et al:10

“Adaptation of IPS to this early period of schizophrenia and related disorders involved recognition that appropriate vocational goals for some individuals involved return to regular schooling rather than to competitive employment, given their age and educational circumstances at onset of psychosis. Thus, the option of supported education was integrated with supported employment. …Inclusion of supported education within an IPS model involved allowance for initial evaluation of whether schooling or employment was the immediate goal, having the IPS specialist work directly with educational as well as competitive employment settings to aid placement, and follow-along support that included aid in study skills and course planning in addition to contact with teachers and employers. Work with family members was also found to play a larger role than is typical of IPS with chronically ill individuals.” (p. 347)10

Nuechterlein10 incorporated SEd into IPS by recognizing that rapid “job search” should include rapid education/training search (if that’s a step towards achieving competitive work), and by informing consumers that SED is a clear option for clients. In an early report of this study, Nuechterlein demonstrated the feasibility of IPS with TAY experiencing a first episode of psychosis (FEP); of the individuals receiving IPS/SED, “36% selected school alone, 31% selected jobs alone, and 33% returned to both school and jobs. Amongst those who did both during the course of the study, most started with school and then added a part-time job (85% of this subsample)...” (p. 344).12 Killackey et al12 compared treatment as usual to high fidelity IPS for a small group of TAY with FEP, and found that IPS produced much improved vocational outcomes, while fewer people dropped out in the IPS group. (See also Rinaldi et. al. (2010)13; Major et. al. (2010)6.)

**SUPPORTED EDUCATION**

Like vocational outcomes, the educational outcomes of adults with serious mental illness compare unfavorably to those of individuals with no disability, and SEd, like SE, was developed to address this gap. SEds has been defined as supports “to assist people with psychiatric disabilities to take advantage of skill, career, educational and interpersonal development opportunities within post-secondary educational environments” (p. 506).14 The approach facilitates accomplishment of educational goals by assisting a person with a psychiatric disability to attend and succeed in schools. The goals of SEd include: improving educational competencies related to education settings (e.g., literacy, study skills, time management); providing support to navigate the educational environment (e.g., applications, financial assistance); and improving attitude and motivation.14 Very recently the Substance Abuse and Mental Health Services Administration has released a toolkit that describes the approach and its implementation.14

Many studies have demonstrated the success of a SEd practice.15,16 For example, in one randomized study of 397 SEd participants, researchers found significant positive effects for participation in college or vocational services.14 A recent systematic review shows that there is much preliminary evidence for the effectiveness of SEd; however, the reliability of the evidence is hampered by the limited number of randomized studies.17

SEd18 shares many similarities with the IPS approach to supported employment. Among these are: goals are achieved in natural community settings (community colleges, adult education programs); support is time-unlimited and can ebb and flow according to the needs of the person; clinical and vocational services are integrated; and goals are driven by the person’s choice. Consequently, there is great opportunity to combine the two approaches into one (as was done in the studies described above).

Although incorporating SEd with SE can be important for TAY and emerging adults, such an intertwining is not as simple as it may appear. First, performance criteria need to change to include educational placements as well as job placements, which should then be clearly reflected in the fidelity tool that is often a guide for treatment teams and employment specialists. Second, the degree of specialization necessary for competence in the skills of both job development and educational coaching speaks to the challenge faced by employment specialists who are adding SEd to their responsibilities; there would be a need for enhanced training. Third, the criteria for rapid education/training placement would need to change because an education start would almost always be dictated by the academic calendar which would delay enrollment until the start of a semester. Fourth, placing a student in a costly higher education setting is a serious investment. One cannot change educational settings as simply as one may change a job. Therefore SEd services may need to address academic readiness on the part of the student – a substantial departure from typical IPS principles.
CONCLUSION

Education is a natural developmental stage for TAY and emerging adults and important to future employment success. SE is an evidenced-based practice for job acquisition that can be adapted to use with TAY with the incorporation of SEd services. However, such an adaptation could require revision of some of the stated principles and practices of IPS that are not fully consistent with the needs of these young adults. For example, employment specialists may need to become education specialists as well, and the principle of rapid job placement may need to give way to the exigencies of a longer academic calendar.

REFERENCES


AUTHORS

Jonathan Delman is the Associate Director for Participatory Action Research at the Transitions Research and Training Center and a Research Professor of Psychiatry at the University of Massachusetts Medical School, Department of Psychiatry.

Marsha Langer Ellison is an Associate Director of the Transitions RTC at the University of Massachusetts Medical School and a Research Assistant Professor in the Department of Psychiatry.