

# Learning to Make it Work: Employing Young Adults with Serious Mental Health Conditions



**T**he Transitions Research and Training Center (RTC) at UMass Medical School is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions (SMHC) who are trying to successfully complete their schooling and training and move into rewarding work lives. In alignment with this goal, since 2010, the Transitions RTC has employed young adult (YA) project assistants with lived experience of a serious mental health condition who partner with leadership and staff on a multitude of research and knowledge translation projects.

## ENGAGING IN “PARTICIPATORY ACTION RESEARCH” WITH YOUNG ADULTS

The Transitions RTC infuses a participatory action research (PAR) process in which collaboration with community members offers them the opportunity to be actively involved in all phases of the research including: defining the problem, designing the research methodology, collecting data, and analyzing and disseminating results.<sup>1</sup> PAR at the RTC encompasses direct involvement of the YA project assistants in conducting research and knowledge translation activities. PAR not only strengthens the work that the Transitions RTC does, but has also given us valuable first-hand learning experience with effectively employing and supervising young adults with SMHC. Supervising these young adults has been one of the most rewarding, yet most challenging aspects of our jobs and we are continually learning how to make it work.

Young adults with serious mental health conditions often face many psychosocial developmental delays and challenges as they pursue their schooling and training during the transition to adulthood. It is estimated that 6-12%

of transition-age youth and young adults struggle with a serious mental health condition (2.4-5 million individuals).<sup>2</sup> The unemployment rate among individuals with a mental health disability is 85-92%.<sup>3</sup> Previous studies have also noted that the employment rates for young adults with mental health conditions are significantly lower than for young adults without mental health conditions.<sup>2,4</sup>

It is hoped that the identification of potential strategies that contribute to success in the workplace for this population can benefit many young adults. We do recognize that the situation here at the Transitions RTC is unique in that disclosure is encouraged and required. We realize that in many other settings, employers are not always privy to their employees' struggles with mental health, but what we have learned can be applied to employers who employ young adults with SMHC either purposely or by chance. Furthermore, every young adult is different, and we are fully aware that while we have been able to make this work with some young adults, we have not been able to make it work with others. This is all still very much a learning experience for us; however, we hope that in sharing our experiences thus far some of what we have learned can be applied to other settings where young adults with lived experience are employed.

## CHALLENGES WE ARE FACING & OVERCOMING AS EMPLOYERS

According to Vorhies et al., what appears to contribute to successful employment among transition-age youth and young adults is both 1) their insight into mental health conditions and ability to manage mental health and 2) their insight into work culture and ability to function successfully at work.<sup>5</sup> In line with this, the biggest overall challenge we have faced in employing young adults with SMHC is that



etiquette such as communicating appropriately, managing responsibilities, obliging by dress code policies, respecting office work space guidelines, and abiding by workplace policies.

So, how have we tried to overcome our challenges? Honestly, with a lot of growing pains we've identified a few strategies that are helpful in creating success in the workplace, but these strategies can also present their own challenges.

## #1 SUPERVISOR UNDERSTANDING OF THE SERIOUS MENTAL HEALTH CONDITION

As supervisors, the more we understand an individual's SMHC, the more we can work with that individual to promote success in the workplace and help her pursue her own personal goals. Here again, the fact that at the RTC disclosure is encouraged and required makes our situation unique, and we've found it helpful to discuss the individual's SMHC upfront as part of the interview and application process. We find it is helpful to understand how a person views her recovery and how she has learned to manage her condition and this understanding can come even if disclosure comes after a certain period of employment. We can't force someone to share everything with us, but with gentle encouragement we try to understand as much of her story as possible. This contributes to the start of a trusting relationship, and helps us to understand an individual's triggers or warning signs of crisis as well as her support system so that we may be able to better help her in times of crisis.

However, understanding someone's SMHC is easier said than done. As we pointed out earlier, young adults are often still learning what their mental health condition means for them and how it impacts their professional lives, so if they are struggling with it, how can they effectively communicate it? Additionally, this conversation needs to be continuous. As young adults face new challenges, either personally or professionally, they are learning about themselves, and in turn, we need them to be able to communicate back to us when they are facing new challenges. We often will encourage them to work with a third party (friend, co-worker, support person) to help them communicate with us, and we've also encouraged them to write out notes before coming to us so they feel more confident they are communicating effectively.

## #2 REASONABLE ACCOMMODATIONS

According to the Job Accommodations Network (JAN) website, a reasonable accommodation is "a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity."<sup>6</sup> When offered and implemented, reasonable accommodations in the workplace can contribute to increased tenure for individuals with psychiatric disabilities.<sup>7</sup> Accommodations should be handled on an individual basis; what accommodations work best for one person may not fit the

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these individuals are often simultaneously learning to live with their mental health condition while also navigating a professional work environment for the first time. This parallel learning trajectory can be difficult for the young adults to navigate. Even if a young adult was diagnosed with his SMHC during childhood, he is often learning and re-learning what it means to have this mental health condition – and how it may, or may not, affect his adult life. Additionally, we have seen that young adults unfortunately experience a lack of empowerment or ownership in terms of their SMHC. Just as they are transitioning to more independence in early adulthood, they are also learning to "own" their diagnosis and perhaps navigate support services independently for the first time. Moreover, in our experience most of the YAs have never worked in a professional environment before, so they are simultaneously learning aspects of professional

needs of another.

We have been providing a multitude of informal accommodations that can give a YA project assistant with a SMHC a chance for success without having to disclose formally. We have tailored some of the policies of our larger institution and recommendations from online websites to fulfill our needs. Many of these accommodations are very cost effective and simple to implement and include:

- Flexibility in work schedules to accommodate doctor appointments, time off due to illness, transportation/travel needs, weather conditions
- Providing office products that best help with employees' individual productivity and organization
- Working from home occasionally
- Headphones to block out office noise
- Listening to music during particular tasks
- Quiet workspace or access to one
- Frequent breaks

Again, in providing accommodations, one of the biggest challenges we face is getting an accommodation request clearly communicated to us. As indicated earlier, if a YA is still learning what his mental health condition means for him, then it is often difficult for him to even identify what kinds of accommodations might help him, let alone advocate for them. Here again, we encourage young adults to work with a third party to try and identify possible accommodations. We may also refer them to resources within our organization (i.e. disability office or employee assistance program) or to online resources (ASK JAN, ODEP, and BU Center for Psychiatric Rehabilitation) for additional help. The young adults at the RTC have also recently created a worksheet that helps them organize their requests in advance of a one-on-one meeting with us.

### #3 INDIVIDUALIZED APPROACH TO SUPERVISION

Every employee/supervisor relationship is unique, but we have found that when supervising young adults with SMHC it is even more imperative that we are flexible and willing to develop individualized approaches to making the relationship work.

The challenge to this strategy is that it is time-consuming and resource intensive. Supervisory tasks can easily fall in priority to other day-to-day tasks, but when supervising young adults with SMHC, we've learned

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### PROJECTS AND STAFF:

*CAREER VISIONS* tests an approach to career planning and employment for young adults, ages 21-25, who are receiving SSE or extended special education services.

Jo-Ann Sowers, Principal Investigator; Jared Tormohlen, Project Manager.

*BETTER FUTURES* tests a comprehensive intervention to assist young people in foster care with serious mental health conditions to prepare to participate in post-secondary education.

Sarah Geenan and Laurie Powers, Co-Principal Investigators; Pauline Jivanjee, Project Advisor; Lee Ann Phillips, Project Manager; Adrienne Croskey, Graduate Research Assistant; Catie Hankins, Isha McNeely, and Candis Willamson, Student Research Assistants.

*ACHIEVE MY PLAN* studies the efficacy of an intervention to increase young people's participation and engagement in their mental health treatment planning teams, and to build organizational capacity to support youth engagement.

Janet S. Walker and Laurie Powers, Co-Principal Investigators; Celeste Moser, Project Coordinator; Ryan Bender, Graduate Research Assistant; Celina Ataras and Jared Best, Research Assistants; Joan Ayala and Heather Rowlett, AMP Coaches; Precious Bodel, Mary Mehan, and Dayna Sanders, Research Interns.

*TRANSITION POLICY CONSORTIUM* will develop an inventory that assesses the level of community support for transition services with a specific emphasis on measuring collaboration and continuity of care between the child and adult mental health systems.

Nancy Koroloff and Janet Walker: Co-Principal Investigators; Nick Winges-Yanez, Graduate Research Assistant.

*FINDING OUR WAY* furthers the development of a culturally specific self-assessment tool for American Indian/Alaskan Native young people. Developed for youth ages 13-19, the tool will be modified to include issues relevant to transition.

Barbara Friesen and Terry Cross, Co-Principal Investigators; L. Kris Gowen and Pauline Jivanjee, Researchers; Abby Bandurraga, Graduate Research Assistant.

*eHEALTH LITERACY* is a developmental project that will contribute to a knowledge base about the ways youth and young adults use the internet to find information about mental health care, conditions, symptoms, or medications. The information will be used to develop and test an eHealth literacy curriculum.

L. Kris Gowen, Principal Investigator.

*RECOVERY OUTCOMES* is a secondary analysis of large national data sets. This project will analyze data from the System of Care National Evaluation related to young people's recovery outcomes.

Eileen Brennan, Principal Investigator.

*MEDIATORS OF STIGMATIZATION* will analyze data from nationally representative samples of youth and young adults, and use this information to identify potentially effective anti-stigmatization strategies.

Janet Walker, Principal Investigator.

*TRANSITION TRAINING COLLABORATIVE* will develop graduate and undergraduate course modules appropriate for individuals who plan to work with transition-aged youth, as well as modules for in-service delivery.

Eileen Brennan and Pauline Jivanjee, Co-Principal Investigators; Claudia Sellmaier, Graduate Research Assistant.



that the supervisor relationship must be a priority. This requires buy-in from the leadership level that includes extra resources to ensure that enough time is allotted to strengthen the employee/supervisor relationship (which we are very fortunate to have here at the RTC). We have learned that, at a minimum, weekly or bi-weekly one-on-one meetings are essential, and sometimes these meetings need to take place even more frequently.

In general, when supervising young professionals it is not uncommon for supervisors to also take on a mentoring role. In our opinion, the mentoring relationship offers us the opportunity to talk to the young adults about immediate as well as future goals in their professional development. This gives us the opportunity, if sought after, to offer guidance and support in not only their immediate interests but in development of their future goals. Yearly, we prepare evaluations that include professional development goals and we offer two follow up meetings held throughout the year so the opportunity is there to foster professional development on a continuous basis. Occasionally, we need to be sure we are not overstepping our boundaries as supervisor. Although we will offer support and guidance in times of crisis, we are not trained mental health clinicians so we sometimes have to redirect the young adults to their professional clinical service providers for assistance.

#### #4: CONSULTING WITH THE EXPERTS

One final strategy worth mentioning is that it has been very valuable for us to have access to a few consultants who have experience working with young adults with SMHC and are willing and able to share their knowledge and expertise with us. There have been times when situations have arisen that have been outside our expertise or

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comfort level as managers, and we've been lucky enough to have consultants on hand who can help us problem-solve the situation (in a confidential manner). These individuals might be employment specialists from nearby clubhouses, adults with lived experience, or researchers who have done PAR with young adults before. Their experience or expertise can sometimes help us see things differently or encourage us to try new approaches that we previously would not have attempted. This consultation has been very valuable, and we encourage other supervisors to identify community members who might assist them in this process.

## CONCLUSION

We are learning every day how to work most effectively with young adults with serious mental health conditions. The above strategies have helped us in many ways, and we can honestly say that we are doing a much better job at this than we were three years ago (we think!). But we still have a lot to learn, and with each new employee will likely come new challenges. However, by maintaining an open and ongoing dialogue with the young adults as much as possible, and working with them as not only a supervisor but often as a mentor, we aim to help them become the best employees they can be and to achieve success in not only this job, but also in future endeavors.

## REFERENCES

1. Delman, J. (2012). Participatory action research and young adults with psychiatric disabilities. *Psychiatric Rehabilitation Journal, 35*(3), 231-234.
2. Davis, M., & Vander Stoep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental transition and young adult outcomes. *Journal of Mental Health Administration, 24*(4), 400-426.
3. Rosenthal, D. A., Dalton, J. & Gervey, R. (2007). Analyzing eligibility rates and vocational outcomes of individuals with psychiatric disabilities: A data mining approach. *The International Journal of Social Psychiatry, 53*(4), 357-368.
4. Newman, L., Wagner, M., Cameto, R., & Knokey, A.-M. (2009). *The post-high outcomes of youth with disabilities up to 4 years after high school. A report from the National Longitudinal Transition Study-2 (NLTS2)* (NCSE 2009-3017). Menlo Park, CA: SRI International.
5. Vorhies, V., Davis, K. E., Frounfelker, R. L., & Kaiser, S. M. (2012). Applying social and cultural capital frameworks: Understanding employment perspectives of transition age youth with serious mental health conditions. *Journal of Behavioral Health Services and Research, 39*(3), 257-270.
6. Job Accommodations Network (JAN). *Employers' Practical Guide to Reasonable Accommodation Under the Americans with Disabilities Act (ADA)*. Retrieved from: <https://askjan.org/Erguide/One.htm#D>
7. Fabian, E. S., Waterworth, A., & Ripke, B. (1993). Reasonable accommodations for workers with serious mental illness: Type, frequency, and associated outcomes. *Psychosocial Rehabilitation Journal, 17*(2), 163-172.

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