



**Getting to Work: Promoting Employment of People with Mental Illness**—<http://www.bazelon.org/Where-We-Stand/Employment.aspx>

**Supported Employment Evidence-Based Practices (EBP) KIT**—<http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>

Issue 36

*focus*

### What is the Focus?

The *Focus* newsletter highlights important issues in mental health, providing timely information on a range of topics, including work-force development, supported education, organizational development and sustainability, peer-to-peer services, youth transition and system transformation. Have a suggestion for a topic? Let us know!



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## New Evidence Shows Supported Employment Works

The CAFÉ TA Center has devoted considerable attention to [Supported Education](#), which involves providing customized supports and services designed to help people with behavioral health challenges to succeed in higher education settings. With this *Focus*, we'll examine the next step. Once a person gets their degree, it's time to move into the working world and find the kind of gainful employment that results in both steady income, and a sense of purpose. For people with behavioral health challenges, Supported Employment can be an extremely helpful tool to attain workplace success.



### What is Supported Employment?

As the name implies, Supported Employment is all about providing the help an individual needs to find and keep a good job. According to SAMHSA's definition (<http://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-KIT/SMA08-4365>), there are several key components to any quality Supported Employment program.

- **Eligibility is based on consumer choice** – Programs should be open to anyone that wants to work, regardless of diagnosis or history.
- **Supported Employment services are integrated with comprehensive mental health treatment** – The provision of Supported Employment services is coordinated with everyone that works with a given consumer, as part of a wrap-around approach to fostering wellness and recovery.
- **Competitive employment is the goal** – Supported Employment isn't about sheltered workshops or other segregated work environments; it's about people with behavioral health conditions working in well-paying jobs in integrated community settings.
- **Personalized benefits counseling is important** – Employment is managed to fit within benefits provided by Medicaid, Social Security or other benefit programs.
- **Job search starts soon after consumers express interest in working** – There doesn't need to be an extended period of assessment or training.
- **Follow-along supports are continuous** – Once a consumer begins working, the supports continue, to help them remain successfully and stably employed.
- **Consumer preferences are important** – It's about consumer choice; the person receiving supports drives the agenda, and decides what opportunities suit them best.

It's also important to note the important relationship between work and maintaining benefits. Many people with behavioral health needs that are not currently working receive benefits through Medicaid or Social Security. They may want to work, but fear earning too much income to remain eligible for assistance. Both Medicaid and Social Security have programs in place to help people work without endangering their benefits, including Medicaid waiver programs and Ticket to Work. Options and details regarding these and similar programs should be part of any Supported Employment plan.

### **New Evidence Shows It Works**

According to a new report from The American Journal of Psychiatry (<http://ajp.psychiatryonline.org/Article.aspx?ArticleID=1897780>), the benefits of Supported Employment are clear. This study followed people with behavioral health needs in Supported Employment over a period of five years, with interviews of participants conducted in year two and year five. Findings show that the positive benefits realized after two years remained at the five year mark. Participants were twice as likely to “obtain competitive work” as those participating in traditional vocational rehabilitation, working more hours, earning higher wages and staying in their jobs

longer.

There were also benefits beyond those related directly to employment. Participants were much less likely to be hospitalized, and those that were spent fewer days in the hospital. Supported Employment was also shown to be an economic winner from the public policy perspective. When viewed in terms of larger social benefit, “The social return on investment was higher for supported employment participants, whether calculated as the ratio of work earnings to vocational program costs or of work earnings to total vocational program and mental health treatment costs.”

A second [report, from the Judge David L. Bazelon Center for Mental Health Law](#), makes a similar case for the efficacy of Supported Employment programs. It notes that those with “serious mental illness” are employed at a rate of one in ten, despite their desire and ability to work. The reason for this disconnect is the reluctance of policy makers to invest in Supported Employment programs that have been shown to be effective. It notes that only 1.7% of people in the public health system received Supported Employment services in 2012, and points to long-standing assumptions about the inability of people with behavioral health challenges to work as the reason for the wide gap between the desire and ability to work on one hand, and the unmet need to support those people to work on the other. The report concludes by saying “Despite the tremendous successes of supported employment, its importance to recovery, and its cost-saving potential, it has been largely unavailable in public mental health systems. It is time for that to change. . . . Expanding supported employment is not just a good idea—it is a necessity.”

### The Way Forward

As the entire behavioral health system moves from a caretaker model, based on the assumption that those with behavioral health conditions are permanently disabled and incapable of participating in society, to a recovery model, that assumes instead that those same people can live independently, contribute to their communities, and flourish, the impact will be felt in many arenas. On campus, mental health will become a topic of open conversation, universities will better accommodate students, and students will gain access to the education they need to succeed. In the workplace, people with behavioral health needs will be integrated into the workforce, and enjoy the economic, social and personal benefits of employment. It’s up to those that live in recovery to continue to advocate for effective programs and supports like Supported Employment, and to demand the opportunity to achieve great things.



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