

A Missing Piece to Recovery

Module 1

1.1 Title Slide




Notes:

Supported Employment – A Missing Piece to Recovery
Northeast and Caribbean MHTTC at Rutgers University
2022

1.2 About

About These Modules

Supported Employment

These modules consist of five one hour sessions with interactive exercises and assessments.

1

A Missing Piece to Recovery

2

Principles of Supported Employment

3

Selecting an Occupation:
Values, Interests, & Skills


4


Job Development

5

Accommodations & Disclosure

Use headset for best
audio experience





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Notes:

Welcome to the first course in a series of five on Supported Employment. I am glad you could join us as we talk about this important topic.


There are five modules in this series, each taking approximately one hour to complete. Each module contains content focusing on different areas to consider, along with resources, multimedia, reflective opportunities, and assessments.

Progressing through the modules is straightforward. There are links at the top of your screen for resources and a transcript. You can pause the audio at any time.

1.3 Objectives

Module Objectives

At the completion of this module you will be able to:



Notes:

Click on the tiles to view the objectives for this self-paced module.

At the completion of this module, you will be able to:

Explain the side effects of unemployment for people with mental health conditions (MHC)

Identify the benefits of employment for people with mental health conditions


Describe the barriers to employment for people with mental health conditions

Reflect on ways to incorporate employment services into your practice or service modality

01 Objective (Slide Layer)

Module Objectives

At the completion of this module you will be able to:



01 Explain the side effects of unemployment for people with mental health conditions

02


03

04

03 Objective (Slide Layer)

Module Objectives

At the completion of this module you will be able to:



01

02


03 Describe the barriers to employment for people with mental health conditions

04

04 Objective (Slide Layer)

Module Objectives

At the completion of this module you will be able to:



01

02

03


04

Reflect on ways to incorporate employment services into your practice or service modality

02 Objective (Slide Layer)

Module Objectives

At the completion of this module you will be able to:



01

02


03

04

Identify the benefits of employment for people with mental health conditions

1.4 Your Guide


Your Guide



Amy Banko, MS, CPRP
Lecturer
Rutgers - School of Health Professions
Department of Psychiatric Rehabilitation and
Counseling Professions

*Passionate about supporting career
parity for people with mental health
conditions.*

- Provides Supported Education and Supported Employment instruction
- Lead trainer and consultant at the Integrated Employment Institute of Rutgers University
- Coauthor of a best practices manual for providing career services to transition age youth
- Co-Principal Investigator and Co-Investigator on two qualitative studies
- Utilizes knowledge and competencies from lived experience of a mental health condition to inform practices and instruction



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Notes:

Your Guide for this module is Amy Banko. Ms. Banko is a Lecturer in the Department of Psychiatric Rehabilitation and Counseling Professions at Rutgers University since 2017. In addition to providing Supported Education and Supported Employment course instruction, Ms. Banko serves as a lead trainer and consultant at the Integrated Employment Institute of Rutgers.

Within this role, Ms. Banko facilitates Supported Employment and Supported Education training and technical assistance to enhance practitioner competencies and program outcomes throughout New York and New Jersey. Previously, Ms. Banko was a clinical contributor to three federally funded Supported Education and Supported Employment research studies. Additionally, she is coauthor of a best practices manual for providing career services to transition age youth.

Currently, Ms. Banko serves as Co-Principal Investigator and Co-Investigator, respectively, on two qualitative studies exploring postsecondary academic success for students with mental health conditions and barriers to job tenure for individuals with mental health conditions.

Ms. Banko obtained her bachelor's degree in Psychiatric Rehabilitation and

her master's degree in Rehabilitation Counseling from Rutgers University. She is currently pursuing her doctorate in Education Counseling and Supervision at Kean University with a focus on the treatment of trauma.

Ms. Banko also utilizes her knowledge and competencies from her lived experience of a mental health condition to inform her practices and instruction.

1.5 Words Have Power

Throughout this course module we will be using the term “**mental health condition**” in lieu of “severe or serious mental illness”.

This change in language aims to reduce stigma and the development of illness identity.

**WORDS
HAVE
POWER**

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Notes:

Throughout this course module we will be using the term **mental health condition** in lieu of “severe or serious mental illness”. This change in language aims to reduce stigma and the development of illness identity. We encourage you to consider adapting your language in ways that reduce the development of illness identity among the people participating in your services.

1.6 Work is Part of Recovery

"Work is a critical part of recovery. As a nation, we still have a long way to go in recognizing that linkage."

Mary Giliberti, Executive Director of NAMI



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Notes:

Recovery from a mental health condition is a deeply personal, multifaceted, and highly individualized process. A person's recovery journey can be significantly influenced, either positively or negatively, by the practitioner as well as the services the practitioner offers.

Historically, public mental health services have been provided separately from vocational services. Supported Employment, an evidence-based practice that focuses on the attainment and maintenance of vocational goals, has been shown to enhance recovery outcomes but has largely been provided by referral to an outside agency. As a result of this, and limited funding to support these services, a very small percentage of people who are part of the public mental health system also receive supported employment services. In fact, only about 1.7% of people in the public mental health system are enrolled in supported employment.

1.7 The value of employment



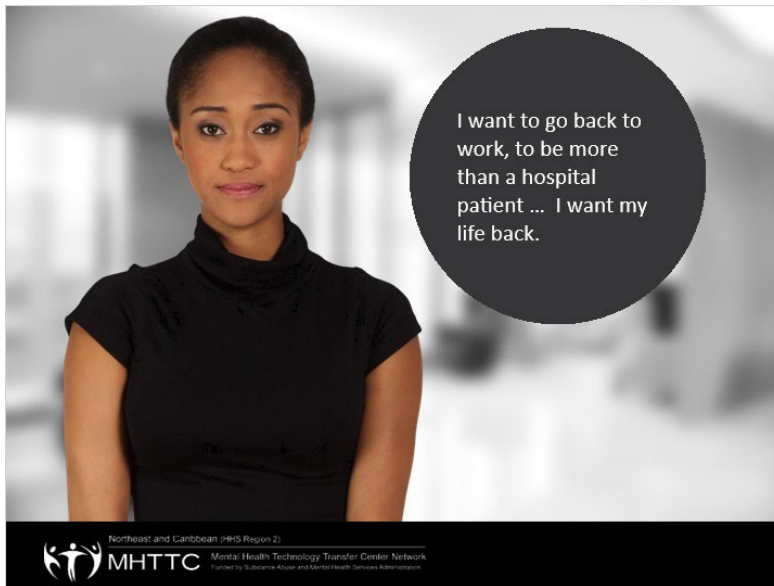
Notes:

The clinical value of employment has been supported by studies of the evidence-based supported employment model of Individual Placement and Supports (IPS). The value of employment has been recognized as evidenced by its incorporation into other mental health service modalities. In fact, newer public mental health programs incorporate multidisciplinary team approaches that integrate vocational services into their program models.

This Supported Employment module will provide you with the foundational knowledge of why offering integrated clinical and employment services is advantageous for people with mental health conditions and their recovery. It is our aim that you may utilize this content to support the recovery of people with mental health conditions through the valued role and identity of worker or employee.

Let's begin our module by taking a closer look at the current experiences of people with mental health conditions and employment.

1.8 Nia



Notes:

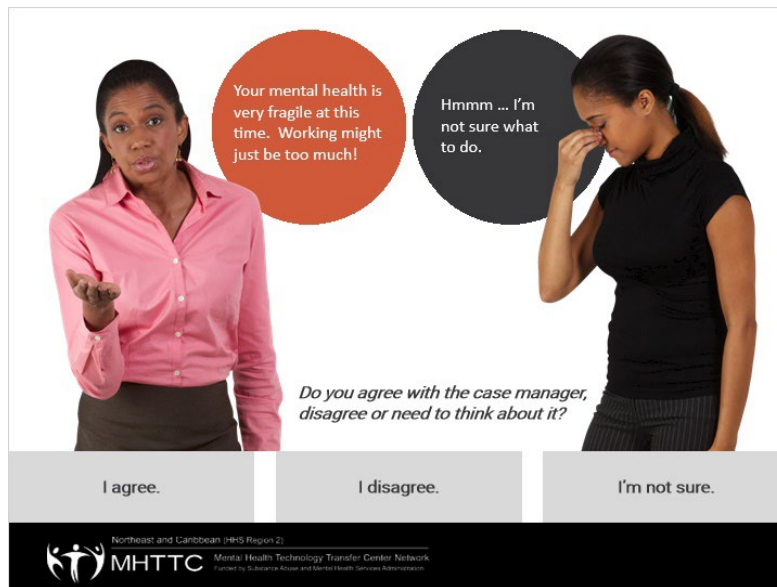
Nia is a 44-year-old veteran who was honorably discharged ten years ago due to the onset of schizophrenia. Her initial symptoms included auditory hallucinations, thoughts of persecution, lack of happiness and motivation. She received her diagnosis and began treatment while on active duty. Since her discharge from the army, Nia has been hospitalized in state psychiatric facilities on five different occasions. These hospital stays ranged from 3-10 months each. She has remained unemployed and living off of social security since she was awarded disability benefits eight years ago.

Nia is now residing in a group home and attending an outpatient partial hospitalization program. Recently she was provided information on the local supported employment program.

Nia speaks with her case manager about her interest in returning to work and shares that since her discharge from the army she has felt lost. Nia explained, "I knew who I was then. I was a soldier. I helped to keep my country safe. Now who am I? I want to go back to work, I want to be more

than a hospital patient! I also want to move out of the group home. I want to have my own place, so I can be free to come and go whenever I want or even have my friends from basic training come over. I just want my life back.”

1.9 Nia and Case Manager



Notes:

Nia’s case manager, Anna, encourages Nia to consider her health and wellness needs, especially her “fragile” mental health before taking on big goals like employment.

Anna explains, “Returning to work will just stress you out, make you sicker and land you back in the hospital. Plus, you can’t even manage to attend program five days a week. What makes you think you can go to a job? Let’s focus on your illness and getting better first before we look at going back to work. If you can show that your symptoms are better in the next 6 months and you attend the partial hospitalization program regularly, then I will fill out the referral form for supported employment.”

You are Anna’s colleague and overheard this exchange between Nia and Anna. What are your thoughts? Do you agree with the case manager, disagree or need to think about it?

I agree:

I can see why you may think that. Historically, it was believed that people needed to meet certain "milestones" to demonstrate that they were "ready" to work. Until those milestones were met, employment pursuits were put on hold. This module will present the benefits of prioritizing work goals and how they support a recovery model of service.

I disagree:

You are correct in doubting Anna's approach of prohibiting Nia's work recovery goals. In this module you are going to learn more about why work goals should be prioritized in mental health services.

I'm not sure:

It's okay if you are uncertain about Anna's approach. This module should help to clarify what is the evidenced based approach to addressing Nia's interest in returning to work.

What would you share with Anna about the benefits of employment, the side effects of unemployment and the negative impacts of poverty that could help Anna think about this differently and encourage her to modify her practice and help support Nia's goal of returning to work?

Explanation:

It is important that we identify and respond to opportunities to advocate for systems change and adherence to best practices for integrating clinical and vocational services. In your observation of your colleague Anna and a consumer, Nia, you heard that Anna was reluctant to provide support and or linkage to employment services and was actively prohibiting Nia from engaging in vocational goals despite having a desire to return to work. To address this concern, you can share with Anna the following information:

The benefits of employment

The side effects of unemployment

The side effects of living in poverty

And you can emphasize that people with mental health conditions are successful with obtaining and maintaining employment when they have the proper supports in place to identify and remove barriers.

I can see why you may think that. Historically, it was believed that people needed to meet certain "milestones" to demonstrate that they were "ready" to work. Until those milestones were met, employment pursuits were put on hold. This module will present the benefits of prioritizing work goals and how they support a recovery model of service.


I agree. I disagree. I'm not sure.

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I disagree (Slide Layer)

You are correct in doubting Anna's approach of prohibiting Nia's work recovery goals. In this module you are going to learn more about why work goals should be prioritized in mental health services.

I agree. I disagree. I'm not sure.

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I'm not sure (Slide Layer)

It's okay if you are uncertain about Anna's approach. This module should help to clarify what is the evidenced based approach to addressing Nia's interest in returning to work.

I agree.

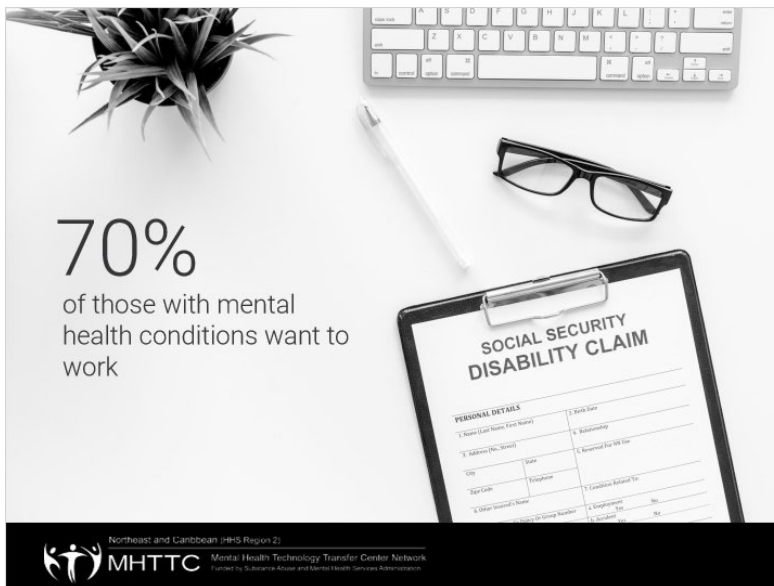
I disagree.

I'm not sure.

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1.10 70%



Notes:

When surveyed, approximately 70% of people with a mental health condition who are unemployed reported wanting to work. Like others, people with mental health conditions also want to reap the rich and rewarding benefits that employment can offer.

Despite this desire to engage in vocational goals, unemployment among people with mental health conditions remains pervasive at approximately 80% within the United States. In fact, people with mental health conditions represent the largest growing group of people receiving social security disability benefits (SSDI) with 25% of the 8 million SSDI recipients qualifying for eligibility based on the presence of a mental health condition.

The high prevalence of unemployment and the heavy reliance on entitlements among people with mental health conditions can be detrimental to their recovery and quality of life. Let's take a closer look at the impact of unemployment on people with mental health conditions.

1.11 Side Effects of Unemployment

This is an interaction. The user is supposed to drag the 6 items on the bottom to one of the 3 target area boxes. If the item belongs in that box, it stays in the box. If the item does not belong in the drop area, it will snap back to its location previously.

Side Effects or Symptoms or Both?

Consider each item listed below. Sort each item listed as a side effect of unemployment, a symptom of a mental health condition or both.

Unemployment	Mental Health Conditions	Both
Drop Target 01	Drop Target 02	Drop Target 03
Increase in Anxiety	Poor Self-Identity	Increase Social Isolation
Increase in Depression	Decrease in Coping Skills	Decreased General Health

Drag Item	Drop Target
Increase in Anxiety	Drop Target 03
Increase in Depression	Drop Target 03
Poor Self-Identity	Drop Target 03
Decrease in Coping Skills	Drop Target 03
Increase Social Isolation	Drop Target 03
Decreased General Health	Drop Target 03

Notes:

Consider each item listed below. Sort each item listed as a side effect of unemployment, a symptom of a mental health condition or both by clicking and dragging the items in the black boxes to the correct column. Note that items will only stick when they are sorted into the correct category.

Correct:

Surprising, right? The side effects of unemployment and some symptoms of mental health conditions can share considerable overlap.

Incorrect:

You did not select the correct response.

Correct (Slide Layer)

The screenshot shows a web-based sorting exercise. The main heading is "Side Effects or Symptoms". Below it, a paragraph reads: "Consider each item listed below. Sort each item as a side effect of unemployment, a symptom of a mental health condition, or both." The interface features two columns: "Unemployment" (grey header) and "Mental Health" (blue header). Below these are two dashed boxes labeled "Drop Target 01" and "Drop Target 02". At the bottom, there are four items to be sorted: "Increase in Anxiety", "Poor Sleep", "Increase in Depression", and "Decrease in Depression". A black feedback overlay is positioned on the right side of the screen. It contains a white checkmark icon, the word "Correct", and the text: "Surprising, right? The side effects of unemployment and some symptoms of mental health conditions can share considerable overlap." At the bottom of the overlay is a "Continue" button.

Incorrect (Slide Layer)

Side Effects or Symptoms

Consider each item listed below. Sort each item into the correct category: Unemployment, a symptom of a mental health condition, or a side effect of unemployment.

Unemployment

Mental Health Condition

Drop Target 01

Drop Target 02

Increase in Anxiety

Poor Self-identity

Increase in Depression

Decrease in Sleep

✕

Incorrect

You did not select the correct response.

Continue

1.12 Answer - Side Effects



Side Effects of Unemployment or Symptom/Impact of a Mental Health Condition

Increase In: <ul style="list-style-type: none">• Anxiety• Social isolation• Housing instability• Cardiovascular disease• Suicide• Depression• Substance use	Decrease In: <ul style="list-style-type: none">• Self-identity• Socialization• Coping skills• General health• Financial stability• Sleep
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Notes:

Review the lists presented here. All of these experiences have been correlated with being unemployed. As you can see the side effects of unemployment can mimic what we would consider the symptoms or experiences associated with mental health conditions.

These side effects of unemployment have been extensively explored and studied for decades. Researchers have found that the impact of unemployment on all individuals, even those without a DSM diagnosis, has been shown to be profound and pervasive.

Unemployment, especially long-term unemployment, can undermine one's health, quality of life, and access to basic needs. Studies have found that those who experience prolonged unemployment report increased use of and dependence on public health services, increased levels of stress about financial resources, lack of access to needed health care, higher occurrence of sleep loss or disturbance, greater risk of cardiovascular diseases, loss of a sense of belonging and positive self-identity, and increased levels of isolation, anxiety, substance use, and depression.

At this point, you may be thinking about the people who you are currently working with and their symptoms, you may be even wondering if the symptoms they're experiencing are related to their mental health diagnosis or if the symptoms are actually a side effect of unemployment.

Well, the answer is complicated!

1.13 Benefits of Working



Notes:

There is so much overlap between the impact of mental health conditions and the side effects of unemployment that it is almost impossible to parse out what is causative or what is exacerbating what.

The challenge here is that if we take the approach, as many mental health practitioners do, that a person can't pursue getting a job until their "symptoms" dissipate, but their symptoms are either actually the side effects of unemployment and/or exacerbated by unemployment, then the symptoms are likely not going to go away without working and the person is in a catch 22 situation. They can't work because their "symptoms" have been deemed too significant, but their symptoms are unlikely to resolve because of the negative impacts of unemployment. Failing to provide employment services in these situations may keep us from adequately supporting an individual's recovery.

1.14 SSDI and SSI



25% of Social Security Disability Insurance (SSDI) recipients are deemed eligible due to a mental health diagnosis.

SSDI recipients collect benefit of \$1172/month on average.

Social Security Insurance (SSI) recipients collect a lower monthly maximum benefit of \$783.

[Click here to explore the difference between SSI and SSDI.](#)

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Notes:

Individuals with significant mental health conditions who are unemployed are often dependent on entitlement programs to meet their financial needs. Social security benefits can be a lifeline for people experiencing mental health conditions. The health insurance and prescription coverage, monthly cash benefit and additional social services a person may be eligible for due to their social security status can support a person through challenging periods of their mental health condition.

However, it can be difficult for people to reduce their benefit usage and the security it can provide once they have qualified for it. Too often people find themselves dependent on their monthly entitlements. This dependence on social security benefits further compounds the side effects of unemployment and the symptoms of mental health conditions as the level of income generally associated with these benefits resigns a person to living at or below the poverty level.

Living in poverty is associated with a whole host of its own side effects including: risk for mental illness, chronic disease, higher mortality, and lower life expectancy. Furthermore, people with disabilities are more vulnerable to the effects of poverty than other groups.

A person experiencing a mental health condition, unemployment and poverty can result in a reinforcing loop in which symptoms and side effects blur together, significantly impacting mental and physical health outcomes. There is a way mental health practitioners can interrupt this cycle by offering clinical services that integrate vocational interventions and supports. Employment can offer many benefits and opportunities to insulate people from this vicious cycle.

SSDI: To be eligible for SSDI a person has to have a disability and a work history (i.e., worked long enough and recently enough) to have paid into the system through their federal taxes.

SSI: SSI is reserved for people with a disability who have NOT worked long enough/recently enough or have NOT paid enough into the system to be eligible for SSDI.

1.15 Reflection - Benefits from Working

Consider the role employment has played in your life.
Please describe the benefits you experience from working.

Type your reflection here

Please note your thoughts are confidential and will not be saved.

Notes:

As you begin to consider the positive impact that employment may have on people with mental health conditions, consider the role employment has

played in your life. Please describe the benefits you experience from working.

Please note that your reflection is confidential and will not be saved once you advance to the following slide.

1.16 Employment Can Provide



Benefits of Employment

Decreases In:	Increases In:
<ul style="list-style-type: none">• Symptoms• Number of hospitalizations• Length of hospitalizations• Substance use• Early mortality	<ul style="list-style-type: none">• Self-esteem• Community integration• General functioning• Housing stability• Quality of life

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Notes:

Excellent job exploring the benefits of employment!

Work can provide a person with a wide array of benefits such as additional financial resources, increased health and wellness, a positive self-identity, and more opportunities for social connection.

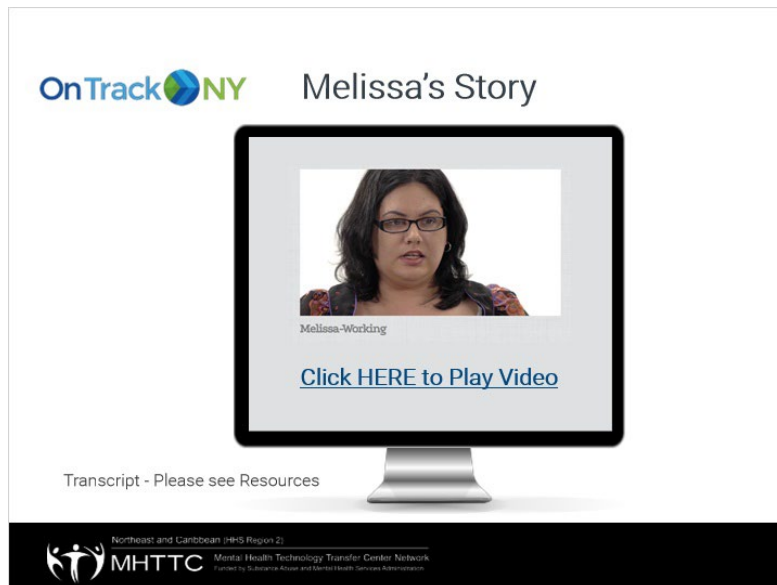
You have noted many of the personal rewards and gains you experience through your role as worker or employee.

The people you provide services to also benefit from entering the world of work. They may share many of the benefits you have listed or their benefits may be directly related to a reduction in symptoms, the side effects of unemployment or the side effects of poverty.

These benefits are supported by extensive research of the evidence-based practice of Supported Employment. These benefits of employment support the recovery goals of people with mental health conditions as well as the clinical outcomes many mental health programs strive to achieve.

Integrated services that fuse clinical supports with vocational services, are holistic and represent best practices, as they not only address the impact of the mental health condition but also the impact of the social determinants of health, unemployment, or poverty that we have discussed.

1.17 Melissa's Story



Notes:

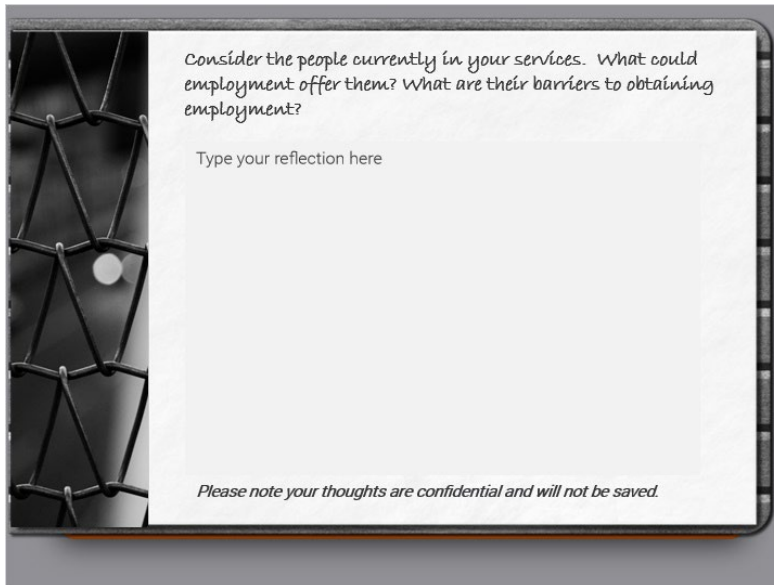
Let's take a moment and listen to Melissa's experience with a mental health condition. Pay special attention to some of the concerns she shares about returning to work as well as the benefits she experienced from engaging in employment.

To play the video click on the link which will transport you to OnTrack NY who produced the video. After watching the video, return to the module by

closing out the appropriate browser window. For a transcript of the video please see the Resource section of this module.

<https://vimeopro.com/user23094934/voices-of-recovery/video/85828609>

1.18 Reflection - Your Clients



Consider the people currently in your services. What could employment offer them? What are their barriers to obtaining employment?

Type your reflection here

Please note your thoughts are confidential and will not be saved.

Notes:

As we continue with Module 1, we invite you to consider the people currently in your services. Are they employed? What could employment offer them? And more importantly, what are their barriers to obtaining employment?

1.19 Barriers to Employment



Notes:

As we previously discussed, employment rates for people within the public mental health system is on average 20% or lower nationwide.

We have reviewed that both research and our own anecdotal experiences highlight the rich benefits of engaging in employment goals. Now, we need to start identifying what concerns or barriers people with mental health conditions face that prevent them from engaging in the world of work. Once we have determined an individual's specific barriers, we can begin to customize supports and services to systematically reduce or remove these obstacles.

High fidelity supported employment programs are efficient at removing barriers for people with mental health conditions seeking employment. These services can result in an employment rate of over 60% for people within the public mental health system which is a significant increase from the average national rate of employment.

1.20 Reflection - Barriers

List barriers to employment that all job seekers might experience.

Type your thoughts here.

ROAD
CLOSED

Please note your thoughts are confidential and will not be saved.

Notes:

List barriers to employment that all job seekers might experience.

Please note that your reflection will not be saved once you advance to the following slide.

1.21 Barriers to Employment

Barriers to Employment



- 1 Transportation Needs
- 2 Childcare or Caregiver Resources
- 3 Lack of Job Search Skills
- 4 Lack of Qualifications and Credentials
- 5 Gaps in Employment
- 6 Lack of Vocational Maturity

Notes:

Your list of barriers may have included some of the barriers listed here. Many people experience barriers to obtaining employment, these barriers can be resource related or/or skill and competency based.

As you review this list try to determine if the barrier listed is a barrier to employment that anyone could experience or if it is a barrier that is specific to people with mental health conditions.

Thinking about barriers in this regard is helpful as people with mental health conditions who are attempting to return to work will likely report barriers from many, if not all of these categories.

Transportation

Transportation, whether private or public, is a costly resource but one that is essential for many jobs. Lack of transportation or the financial means to obtain transportation can prohibit people from accessing employment opportunities.

Childcare

Lack of childcare or care giver resources can be an extremely distressing

concern when attempting to obtain employment. It is imperative that our roles of parent, guardian, or care giver are not compromised when we assume the role of worker. Finding affordable, quality care for a loved one can be a major impediment to engaging in the world of work.

Lack of Job Search Skills

The process of finding employment requires an individual to use a whole host of skills, from filling out job applications and writing a resume to navigating a job interview, a job seeker must have a certain set of skills to traverse the job search process. Lack of these skills can impair the success rate for a job seeker.

Lack of Qualifications and Credentials

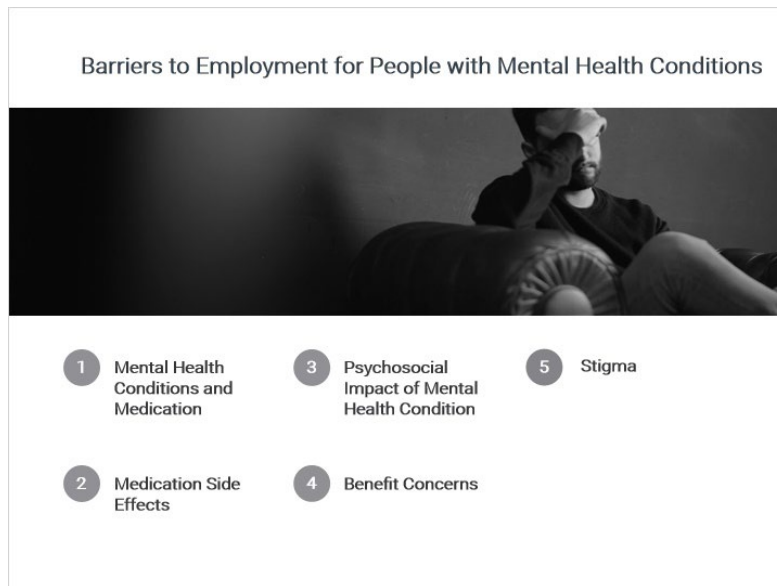
Lack of qualifications can refer to lack of education, missing needed certifications, licenses, or degrees, or lack of work experience.

Gaps in Employment and Lack of Vocational Maturity

The last four barriers listed here, while experienced by all people, occur at a much higher prevalence for individuals with mental health conditions due to the impact of the condition. Let's explore this further. The onset of a mental health condition typically occurs in the late teens or early twenties. This time frame coincides with the normative developmental process of obtaining first jobs, graduation from secondary schooling, and possible continuation into post-secondary educational. These processes can be disrupted due to the onset of a mental health condition. Therefore, we may observe that people with mental health conditions have incomplete or interrupted post-secondary education, limited work history, and reduced vocational soft skills that build vocational maturity.

Let's continue our review of additional barriers to employment that are unique to individuals with mental health conditions on the next slide.

1.22 Barriers Mental Health



Notes:

While many barriers may be experienced broadly there are also some barriers that are unique to people with mental health conditions or others with disabilities.

Mental Health Conditions and Medication - The mental health condition itself may prove to be a barrier to engaging in employment goals. From the cyclical nature of symptoms to executive functioning disturbance, and even medication side effects can interfere with work related tasks. Practitioners need to be mindful of how a person's mental health condition impacts them and their ability to function in the context of work, so that solutions such as accommodations and resource and skill development may be fostered.

Medication Side Effects – Psychotropic medications for mental health conditions can positively contribute to a person's wellness and recovery. Unfortunately, these medications have unintentional systemic side effects that can impact a person in their daily functioning and major life roles. Such side effects noted with mental health medications include increased drowsiness or fatigue, decreased concentration and focused, and diminished motivation.

Psychosocial Impact of the Mental Health Condition – Mental health conditions can impact the ways in which people learn, live, and grow within their community and various life roles. Individuals with mental health conditions are at a higher risk of dropping out of school, becoming unemployed, and experiencing housing instability. The average onset of a mental health condition, late teens to early twenties, can disrupt the normative developmental processes that contribute to the advancement of critical skills that bolster independence and autonomy in these various life roles. Therefore, individuals within the public mental health system need support services, and resources to remove these barriers.

Benefits Concerns- It is a common concern for people receiving Social Security benefits to have anxiety or fear about how returning to work will impact their monetary and health care and prescription benefits. People will often remain unemployed, under-employed or find opportunities to work off the books to mitigate how earned income can impact their benefits. Careful benefits planning and enrollment in work incentive programs are common ways to reduce this barrier.

Stigma- refers to the prejudicial beliefs and opinions that employers may have towards people with mental health conditions. Stigma can also speak to the discriminatory actions that employers may engage in such as not hiring people due to perceived disability or fear of those with a mental health condition. Practitioners can support a person with a mental health condition in the decision of if and how much they chose to disclose about their mental health condition by supporting individual disclosure preferences through role play and skills feedback.

Addressing barriers to employment through your practice first begins with integrating employment services into your program modality. Let's explore integration of clinical and vocational services further.

1.23 Key



Notes:

Integrating clinical and vocational services is now considered best practice and a way to enhance an individual's engagement in developing and maintaining employment goals.

It is also the key to begin exploring the barriers each person may experience that are preventing them from returning to the world of work. When you provide integrated clinical and vocational services, your goal plans and interventions can be intentionally developed to reduce and remove the barriers identified as an impediment to returning to work. Thus, improving the chances of a person attaining employment and achieving their recovery goals.

Consider what small changes you could make to begin incorporating employment services into your practice to support recovery.

1.24 Reflection - Integration



How can you integrate employment services into your practice?

Type your thoughts here.

Please note your thoughts are confidential and will not be saved.

Notes:






How can you integrate employment services into your practice? Compare your answers to those on the next slide.

Please note that your reflection is confidential and will not be saved once you advance to the following slide.

1.25 Small Changes

Small Changes for Effective Results!

Ways you can begin to incorporate employment services into your practice NOW!

	Early and ongoing discussions of careers/jobs
	Educate colleagues and the consumers on the social determinants of health (side effects of unemployment and poverty)
	Career goals are equal to clinical goals.
	Promoting wellness strategies to support work and school
	Identifying community based and natural supports

Notes:

Start with small changes you can make to begin to incorporate employment services into your practice to support recovery. These include:


- Early and frequent discussions about employment. This can help keep hope alive by demonstrating an expectation of employment with the implied message that you believe in the person's ability to achieve their recovery goals.
- Connecting employment goals to clinical goals and addressing the social determinants of health is critical in resolving all of the factors that influence a person's health and wellness.
- Discussing career goals and the role of work in recovery is a great start, giving these discussions equal importance to clinical conversations is even better.
- Identifying the rationale for developing wellness strategies to include a means to support work goals and continue to reinforce this connection throughout clinical services.
- Knowing and providing community-based and natural supports will build a person's social capital and encourage relationships that support employment goals.

1.26 Question 1

(Multiple Choice, 0 points, 2 attempts permitted)

Test Your Knowledge

Nia



What information would you provide your colleague, Anna, that you now know on how best to support individuals with mental health conditions in developing employment goals.

Obtaining employment has been shown to **reduce ..**

- ☐ Symptoms for people with mental health conditions
- ☐ Hospitalizations for people with mental health conditions
- ☐ Use of Substances
- ☒ All the above

Notes:

Let's return to Nia's situation presented in the beginning of the module. How would you provide your "colleague" Anna with the information you now know on how best to support individuals with mental health conditions in developing employment goals.

Obtaining employment has been shown to reduce ...

Symptoms for people with mental health conditions
Hospitalizations for people with mental health conditions
Use of Substances
All the above (correct answer)

Correct:

Excellent job! Obtaining employment has been linked to all of these rewarding benefits for people with mental health conditions.

Incorrect:

Yes! Obtaining employment has been linked with this benefit but it has also been linked with others. Take a closer look at all the possible responses to see what other benefits apply.

Try Again: Not quite. Try again!

Correct (Slide Layer)

Test Your Knowledge
Nia

What information would you provide your colleague, Anna, that you now know on how best to support individuals with mental health conditions in developing employment goals.

Obtaining employment has been shown to **reduce ..**

with mental

ple with mental

Correct

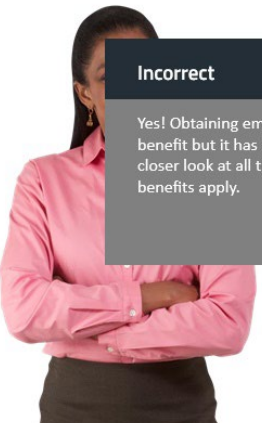
Excellent job! Obtaining employment has been linked to all of these rewarding benefits for people with mental health conditions.

Continue

Incorrect (Slide Layer)

Test Your Knowledge

Nia



What information would you provide your colleague, Anna, that you now know on how best to support individuals with mental health conditions in developing employment goals.

Obtaining employment has been shown to **reduce ..**

with mental

ple with mental

Incorrect

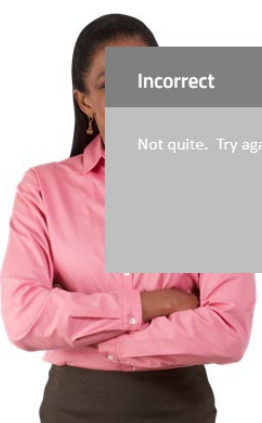
Yes! Obtaining employment has been linked with this benefit but it has also been linked with others. Take a closer look at all the possible responses to see what other benefits apply.

Continue

Try Again (Slide Layer)

Test Your Knowledge

Nia



What information would you provide your colleague, Anna, that you now know on how best to support individuals with mental health conditions in developing employment goals.

Obtaining employment has been shown to **reduce ..**

with mental

ple with mental

Incorrect

Not quite. Try again!

Try Again

1.27 In Closing

SUMMARY


In Closing

Point 1
Recovery is supported through opportunities to engage in meaningful goals and roles.

Point 2
Assistance can be offered through services and interventions.

Point 3
Employment has profound benefits for people with mental health conditions.

SUMMARY




Notes:

Recovery from mental health conditions is supported through opportunities to engage in meaningful goals and roles, especially the role of worker. Employment has profound benefits for people with mental health conditions and you can support these opportunities for recovery by offering services and interventions that help people get back to work.

Now that we have looked at the importance of work in recovery from mental health conditions, let's further explore the evidenced-based model of supported employment, Individual Placement and Support or IPS, and how it can be adapted to fit an integrated service approach to further enhance your clinical practice.

1.28 Exit


Moving On



Thank you for taking **The Missing Piece – Attaining Recovery Through Employment**, Module 1 in the series.

Our next section focuses on how to integrate these principles into your current practice.

Citation list can be found under Resources.



Northeast and Caribbean (NHS Region 2)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Notes:

Thank you for taking part in the first module of *The Missing Piece - Attaining Recovery Through Employment* course. Our next module will present the principles of Supported Employment and we will explore how to integrate these principles into your current practice.

2. light box slides

2.1 SSDI and SSI

SSDI: To be eligible for SSDI a person has to have a disability and a work history (i.e., worked long enough and recently enough) to have paid into the system through their federal taxes.

SSI: SSI is reserved for people with a disability who have NOT worked long enough/recently enough or have NOT paid enough into the system to be eligible for SSDI.