

## **Effective Employment of Individuals with Mental Health Conditions: Harnessing National, State, and Local Efforts to Improve Outcomes in New York City**

Camille Santistevan

*According to the National Alliance on Mental Illness (NAMI), 60% to 90% of individuals with mental health conditions are unemployed. Employer stigma toward hiring people with mental illness, a lack of local-level professional coordination, and ineffective legal mandates have all contributed to underwhelming employment for many qualified individuals. Employment outcomes of people with mental health conditions may be improved with a two-part, local-level employer awareness and stigma reduction campaign coordinated by social workers and other professionals. This article explores prior and ongoing efforts at the national, state, and local levels, and argues that New York City is a prime location to pilot an employer awareness campaign. Recommendations include details for launching such a campaign by building organizational partnerships to harness existing resources.*

Over the past three decades, people with disabilities and their advocates have lobbied for increased access to services and legal protections in the workplace. Despite the wide range of programmatic responses and the passage of the American with Disabilities Act (ADA) in 1990, 60% to 90% of individuals with mental health conditions are unemployed, increasingly with the severity of their conditions (ADA, 1990; NAMI, 2010, p. 1). The ADA guarantees equal employment opportunity for individuals with physical or mental disabilities and requires that employers use nondiscriminatory hiring practices and make workplace accommodations for qualified workers. The lack of coordination between social workers and other professionals—such as vocational counselors, mental health practitioners, policy makers, and disability advocates—has contributed to high rates of unemployment and may explain why overriding stigma among employers remains a significant barrier to employment for individuals with

mental health conditions. This is no small matter; approximately 25% of the working age population experiences a mental health condition over the course of a year, causing an indirect cost of 79 billion dollars of lost productivity (U.S. Department of Health and Human Services, 1999).

This article is a comprehensive analysis that can serve as the foundation for a future mental health awareness and stigma reduction campaign targeted at local employers in New York City. I will begin by defining “mental health condition” and describing the importance of work for individuals with mental health conditions. Next, I will describe the strengths and shortcomings of the national response to the issue of unemployment of people with mental health conditions by reviewing the implementation and outcomes of the ADA and employee assistance programs (EAPs). I will then review programmatic responses in New York City by defining and describing the history of the Supported Employment (SE) movement and highlighting examples of two local direct-service SE program models: Personalized Recovery Oriented Services (PROS) and Young Adults Work Opportunities for Rewarding Careers (YA WORC). Lastly, I will argue that New York City can maximize the success of SE services by launching a targeted awareness and anti-stigma campaign directed at local employers by using resources from the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) state-level anti-stigma initiative. To achieve better employment outcomes, all stakeholders must engage in coordinated campaigns to educate local employers about the prevalence of mental illness and their obligation to accommodate current employees and qualified candidates.

### **Defining Mental Health Condition in the Context of Work**

For the purposes of this article, an individual with a mental health condition is a person with a psychiatric impairment that disables his or her everyday functioning and may prevent him or her from completing essential work tasks (MacDonald-Wilson et al., 2011). This definition will encompass the broad spectrum of mental health conditions from minor disorders to severe and per-

sistent mental illness. Recent legal actions have constricted ADA protections to only include severe mental illnesses that are not controlled by medication. However, most vocational rehabilitative services are offered to individuals who may or may not be symptomatic or may not be on medication for mental illness.

### **The Importance of Work**

Decades of research have shown that with proper support services, employment can be an effective component of treatment for people with mental health conditions (Akabas, Gates, & Oran-Sabia, 2006; Bond, Resnick, Drake, Xie, McHugo, & Bebout, 2001). Work allows a person with a mental health condition to become financially independent and can improve the nonvocational realms of an individual's life. The individual may learn to manage personal finances; live independently; and create meaningful, lasting relationships (Akabas et al., 2006). The type of employment also matters—in one study, people with severe mental illness placed in integrated, competitive employment as part of a vocational rehabilitation program showed higher rates of self-esteem, symptom improvement, and quality of life compared with groups receiving sheltered work, minimal work, or no work (Bond et al., 2001). Integrated, competitive employment refers to jobs in settings with other nondisabled employees that pay at least minimum wage and may be more beneficial than sheltered employment. The primary components of competitive employment include: socialization, routine and structure, and change in role status from unemployed to competitively employed. These components may all work together to explain better employment outcomes.

Additionally, surveys have consistently shown that people with mental health conditions strongly desire employment and believe that they can work in competitive settings (Cook, 2006; NAMI, 2010). A recent study of 20 high-functioning individuals with schizoaffective disorder and schizophrenia found that work was a crucial factor in supporting symptom management (Saks, 2013). One subject in a focus group explained, “Work has been an important part of who I am...[w]hen you become useful to an

organization and feel respected in that organization, there's a certain value in belonging there" (Saks, 2013, para. 10). The subject also reported working overtime because her job distracts her from her symptoms (Saks, 2013).

## **The National Response**

### **The American with Disabilities Act (ADA)**

At the national level, legislators have acknowledged the benefits of work for individuals with physical or mental health conditions by passing the ADA. The protections of the ADA were intended to safeguard the civil rights of people with physical or mental disabilities and to improve the poor employment rate of this group. Surprisingly, the ADA actually led to negative employment outcomes for many. For example, the employment rates of men with disabilities fell more than 7% within the first 5 years after the passage of the ADA. Employment rates declined because of the perceived costs that employers incur when they hire a person with a disability (DeLeire, 2000). However, a report by the Job Accommodation Network showed that the median cost to accommodate an employee with a disability was only \$500, and 51% of accommodations actually had no cost (DeLeire, 2000). As a result, the perceived costs of employing people with disabilities may prevent employers from hiring, even though the actual cost is minimal or zero.

Furthermore, protection under the ADA requires disclosure, but people with mental health conditions may be apprehensive to discuss their condition with an employer. Their conditions are invisible, making disclosure potentially more complicated than revealing a physical condition (MacDonald-Wilson et al., 2011). These concerns are not unwarranted; numerous studies have shown that employers consistently rate individuals with psychiatric disabilities lower than people with physical disabilities when all else is equal (Dalgin & Bellini, 2008; Cook, 2006). In a national survey, 32% of people with mental health conditions who disclosed their condition to employers reported negative employment outcomes, including hiring discrimination, firing, lower

pay, and fewer opportunities for advancement (Cook, 2006). Individuals with mental health conditions are often unaware or confused about their rights in the workplace. They may not understand the various ways in which they can strategically time their disclosure, limit disclosure to certain individuals, or limit the amount of information shared (MacDonald-Wilson et al., 2011). Recent legal actions may also undermine the ADA protections for people with mental health conditions. The United States Supreme Court recently ruled that ADA protections do not apply to workers with conditions that “are not central to most people’s daily lives” (Cook, 2006, p. 1396) or that can be “controlled by medications” (Cook, 2006, p. 1396). Additionally, claims filed with the Equal Opportunity Commission—the entity that oversees ADA compliance—are usually considered low-priority if the claimant has a mental health condition (Paetzold, 2005). These low-priority cases made up one fifth of the cases that went to trial in 2004, and 76% were ruled in favor of the employer (Cook, 2006). Employers’ misperceptions of the ADA and subsequent stigma demonstrate how ignorance continues to prevent positive employment outcomes for people with mental health conditions, despite legal supports and the economic benefits for businesses and society.

### **Employee Assistance Programs (EAPs)**

Another national response has taken place via large organizations that have developed EAPs to mitigate the costs of their employees’ untreated health and mental health conditions. These organizations recognize that they can save money and proactively support their employees by providing flexible scheduling, time-limited therapy, substance abuse counseling, and paid personal days off from work. The costs seem well worth it—a 2010 Harvard Business Review article found that EAPs lead to lower healthcare insurance costs, greater productivity, and higher morale among workers (Berry, Mirabito, & Baun, 2010). Most EAPs, however, are only available in large organizations, because small business owners believe they cannot afford such programs. Small business owners are also exempt from the ADA—

businesses with less than 15 employees do not have to comply with ADA provisions. (NAMI-NYC Metro, n.d).

## **Local Programmatic Responses in New York City**

### **Supported Employment (SE)**

New York City is a prime example of a targeted, local effort to improve employment outcomes of people with mental health conditions. The SE movement began in New York City at the Fountain House, a community-based mental health organization that used a work-ordered day to help formerly institutionalized patients adjust to community living (Bond & Jones, 2005). Several decades later, seven main SE principles now serve as a foundation for many of today's direct-service employment programs: (1) services should be integrated, (2) work is an individual choice, (3) ultimate goal is competitive employment, (4) job-search and placement begins immediately, (5) job choices are determined by clients' preferences, (6) on-going support is available, and (7) clients are provided benefits counseling (Bond & Jones, 2005, p. 375). The success of the SE model of service has been demonstrated in several studies, and outcomes are markedly better than alternative programs (Bond & Jones, 2005; NAMI, 2010). The city's Department of Health and Mental Hygiene (DOHMH) and the New York State Office of Mental Health (OMH) have funded vocational programs for adults and adolescents that are based on SE principles.

### **Personalized Recovery Oriented Services (PROS)**

The New York State OMH's PROS program is one example of a direct-service, integrated rehabilitation program founded on SE principles that combines clinical treatment with vocational rehabilitation. PROS centers use comprehensive, ongoing assessment to adapt the program to any client's needs through peer support, skill development, and intensive, goal-oriented rehabilitation (Office of Mental Health, 2009). The overarching goal of PROS is to "improve functioning, reduce inpatient utilization, reduce

emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing” (Office of Mental Health, n.d., para. 27).

## **Young Adults Work Opportunities for Rewarding Careers**

Young Adults Work Opportunities for Rewarding Careers (YA WORC) is another example of a local level SE program model in New York City that seeks to ameliorate the disheartening employment statistics for young people with mental health conditions. This model is currently being implemented at several nonprofit agencies that operate DOHMH’s Adolescent Skills Centers—community-based mental health centers that serve people between 16 and 23 years of age. The YA WORC program consists of three components that are derived from SE principles: (1) comprehensive initial assessment to determine vocational and nonvocational barriers to employment, gaps in functional capacity, and possible workplace accommodations; (2) Career Club, a peer support group with a structured curriculum that provides ongoing support throughout the job process; and (3) the development of a labor market strategy, which requires the agencies to consider employers as equal and primary clients (Akabas, et al., 2006). The YA WORC model acknowledges that partnerships between agencies and potential employers must be made before the job placement process begins so that the agency knows how to best prepare clients for these particular workplaces.

## **Recommendations for New York City**

While PROS and YA WORC are strong examples of SE programs and are effective at preparing their clients for employment, a major shortcoming of both models is their failure to aggressively address existing employer stigma in the hiring process and within the workplace. The YA WORC model minimally addresses discrimination by requiring providers to establish relationships with employers, but it ultimately underestimates the power of stigma during the employment process. Both models

assume that people with mental health conditions are willing to disclose their conditions and that employers are willing to hire a person who discloses.

Earlier attempts to mitigate stigma have been launched primarily at the state level. In 2003, SAMHSA piloted a broad anti-stigma effort in eight states, called the Elimination of Barriers Initiative. SAMHSA produced two publications during this initiative: (1) a toolkit entitled, *Developing a Stigma Reduction Initiative* (SAMHSA, 2006); and (2) a booklet for employers called, *Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments* (SAMHSA, n.d). The success of the initiative in reducing stigma is unknown, because the final evaluation of outcomes is not available. However, research on public service announcements about mental health conditions suggests that social marketing campaigns are more effective when focused on local groups (Corrigan, 2012). Thus, these publications can be better used in local-level campaigns designed to increase awareness about mental health conditions, reduce employer stigma, and improve outcomes of workers with mental health conditions.

In New York City, DOHMH can use SAMHSA's materials to address employers' knowledge, beliefs, and behaviors regarding mental health conditions and increase awareness of existing vocational programs, such as PROS and YA WORC, which are available to employers to support workers. DOHMH can also use the *Community Health Survey* database, EpiQuery, to prioritize the neighborhoods that are most in need of anti-stigma employer interventions. For example, an EpiQuery analysis showed that an estimated 34% of people in the Bronx who are not in the labor force reported a history of depression in 2010 (DOHMH, 2012). DOHMH can conduct organizational needs assessments using surveys, focus groups, interviews, and observations at each PROS and YA WORC center to verify the data found using EpiQuery and gather additional qualitative details about employer stigma and other barriers to employment in each agency's catchment area.

After identifying the areas of highest need, DOHMH can establish coalitions consisting of representatives from the follow-



ing organizations, as relevant to the particular locations: (1) PROS centers, (2) YA WORC centers, (3) community-based mental health centers, (4) hospitals with mental health inpatient and outpatient services, (5) professional associations of clinicians, and (6) local-level chapters of advocacy organizations such as NAMI-New York City Metro. Next, the coalition can develop a unique, culturally competent marketing plan, targeted at local employers near PROS or YA WORC centers, that include messaging strategies, communication approaches, outreach materials, an implementation strategy, and an evaluation plan (Kotler & Lee, 2008). During this stage, it is essential that the materials are contextually appropriate—a marketing plan created to reach a large corporate employer in lower Manhattan will likely not have the same impact on a small business owner in Queens. If the pilots are successful, different coalitions can be organized by borough or county to develop anti-stigma campaigns targeted at employers in their neighborhoods, using the boundaries of their catchment areas to create lists of employers to target.

## **Conclusion**

The consequences of failing to address unemployment of people with mental health conditions are critical. New York City is strikingly close to increasing the employment outcomes of its residents living with mental health conditions; however, federal legal protections, existing workplace supports such as EAPs, state-level public awareness campaigns, and the city's strong history of SE programming can only go so far. Social workers and other professionals that serve this population must work together to create targeted, local anti-stigma campaigns to change the beliefs and behaviors of employers toward individuals with mental health conditions. This article contributes to the effort by compiling existing resources and recommending new and more effective local campaigns in New York City. Professionals working in the mental health field in New York City must unite to eliminate the stigma faced by people with mental health conditions in the workplace.

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