

# SUPPORTING THE EDUCATION OF YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS: STATE OF THE SCIENCE & PRACTICE

---

Marsha Langer Ellison, Ph.D. –Transitions RTC, UMASS Medical School

Michelle Mullen, MS, CRC, CPRP – Rutgers University, Psychiatric  
Rehabilitation and Counseling Professions



# Acknowledgements

The Transitions RTC aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions who are trying to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center. Visit us at:

<http://www.umassmed.edu/TransitionsRTC>

The contents of this presentation were developed under a grant with funding from the National Institute on Disability, Independent Living, and Rehabilitation Research, and from the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (ACL GRANT # 90RT5031, The Learning and Working Transitions RRTC). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Additional funding provided by the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services (HHS) (Contract No. HHSP23320095651WC) through contract with RTI International and the University of Massachusetts Medical School. Additional funding provided by UMass Medical School's Commonwealth Medicine division. The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, ASPE, and you should not assume endorsement by the Federal Government.



# Overview to Part One

Michelle  
Mullen



Rationale for Enhancing Vocational Approaches with Educational Supports: The Critical Need to Support the Educational Pursuits of Young Adults with SMHC

- Importance of education
- Introduction to Human Capital

Human Capital of Young Adults with SMHC

Supported Education

- Definition
- Practices

Supported Education State of the Knowledge

Q &A

Wrap-Up

Sign up for Part Two on the [Transitions RTC website](#). Learn about the design features, settings, and specific strategies of supported education.

Marsha  
Ellison



# RUTGERS

School of Health Related  
Professions

## **Rationale for Enhancing Vocational Approaches with Educational Supports: The Critical Need to Support Educational Pursuits**

Michelle G. Mullen

Director of CSPR

Rutgers

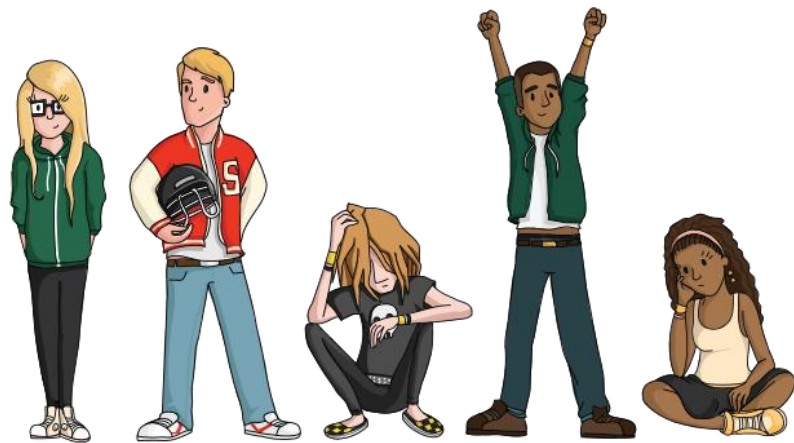
Department of Psychiatric Rehabilitation

# Agenda

We will discuss:

- Prevention of disability
- Importance of intentional services for youth and young adults
- Introduction to human capital

## Remember when you were young...



- Hanging out with friends
- Having fun
- Dating
- School
- Working
- Experimenting
- Becoming independent
- Deciding what you want to be “when you grow up”

Young people are **not necessarily** interested in talking about:

- Symptoms and diagnoses
- Medication adherence/compliance
- Therapy
- Appointments
- “Treatment”

*We **train** them to focus on these topics.*

# Employment & Education: The Key to Avoiding Disability

- Developmentally-relevant to young people\*
- Part of normative vocational development is often to be pursued in tandem
- Critical to vocational maturity
- Involvement, often with specialized supports, enhances:
  - Resiliency, knowledge of self (and others), **identity**
- Absence in either domain has long-term, negative implications
  - vocational opportunities, social networks, **identity**



# Condition ≠ Disability

- The role of the environment
  - Understanding and creating environments that reduce barriers
- The role of experience
  - Gaining enough qualifications and experience to navigate complex and/or nuanced environments

Hanna Barbera will help me illustrate:

Think about if you had paralysis of the lower extremities and how you would fare in these environments.

*Watch the first 2 cartoons intros at:*

<https://www.youtube.com/watch?v=MGk491GEtXo>

# Preventing Disability: Intentional Services

- Ensure staff are well-trained to prevent disruptions & minimize duration of interruptions
  - Symptoms are not the only reason why young people drop out or quit
- Expect and encourage developmentally-relevant roles
  - Utilize and coordinate all supports and services in these efforts
- Messages/services are consistent with youth/young adult goals
  - Social Security & “failed” work attempts
- Language is consistent with expectations of youth/young adults and their goals
  - “He’s too sick to go back to school.”

# Traditional Vocational Perspectives

- Historically, it was believed that people with psychiatric conditions could not work.
- Then we believed that they could only work in part-time, low-level, less “stressful” positions.
- Postsecondary education was also considered too “stressful”.
- Vocational models were predicated on uninformed beliefs.
- Encouraged early/expedited application to Social Security.
- The development of stronger employment supports (e.g. IPS) specializing for those with mental health conditions, employment outcomes started to change...

# Enhancing Vocational Trajectories: Emphasizing Education

## **Economic Principles that guide our philosophy:**

- Human Capital
- Rate of Return
- Age Earnings Profile

## Career Development focuses on Human Capital

- Human Capital is an the unique set of personal abilities and skills.
  - higher education,
  - advanced training, and
  - special skills
- Typically only gained through **employment & education**
- Associated with both increased labor participation and earnings over time. <sup>1</sup>
- A resume is a summary of a person's human capital.

# Focus on Education

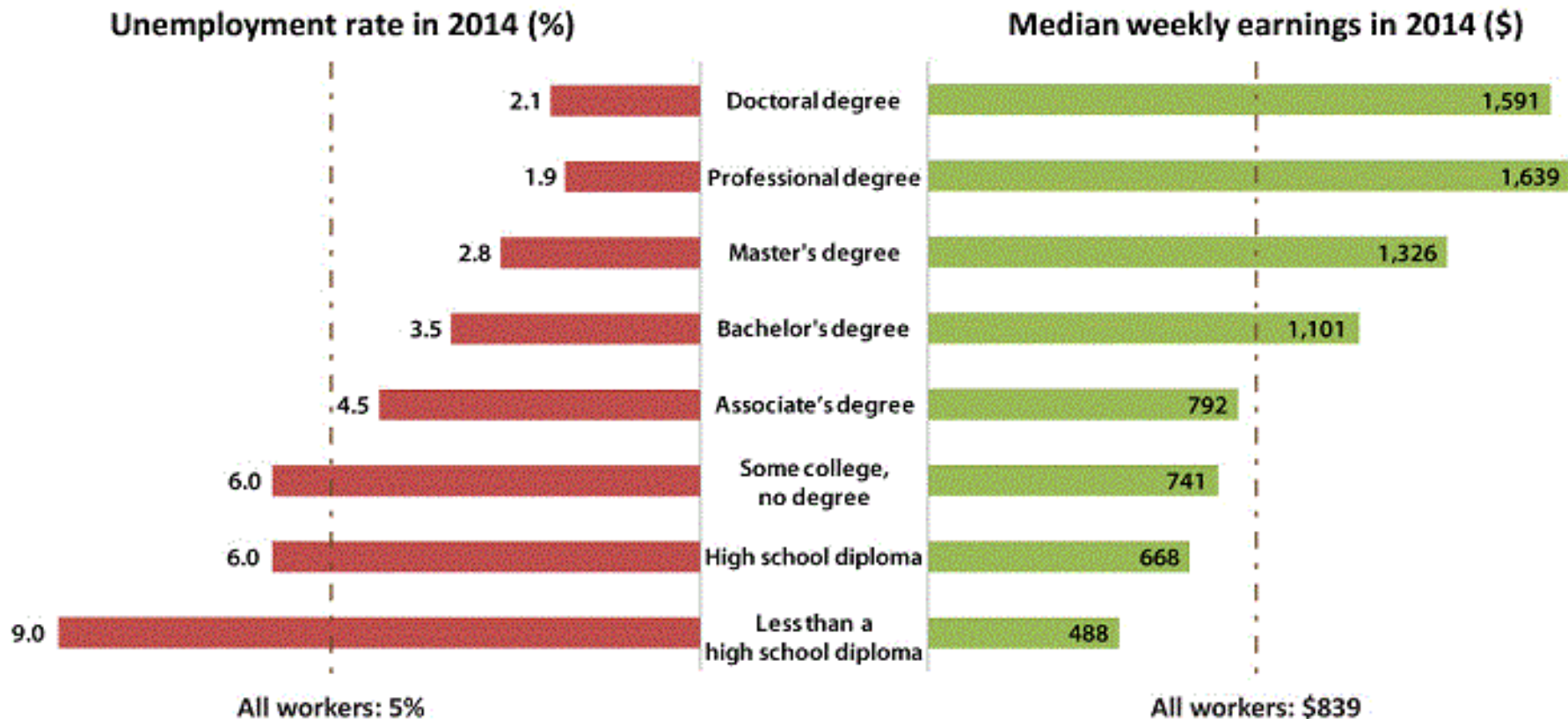
- The “rate of return” to measure the effect of each extra year of education on earnings <sup>2</sup>
- Each additional year of education returned averages of 9% increase in earnings <sup>1</sup>
- After formal education, workers can continue developing their human capital by participating in job training. <sup>3</sup>

# Age Earnings

- The “age earnings profile,” stipulates that earnings increase over time but often at a decreasing rate.<sup>1</sup>
- Thus, workers investing in education at an early age realize greater lifetime earnings.
  - Similar to your 401k or 403b
- Particular relevance to transition age youth and young adults, whose education is interrupted or delayed.

# A Thousand Words....

## Earnings and unemployment rates by educational attainment



Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.  
 Source: Current Population Survey, U.S. Bureau of Labor Statistics, U.S. Department of Labor

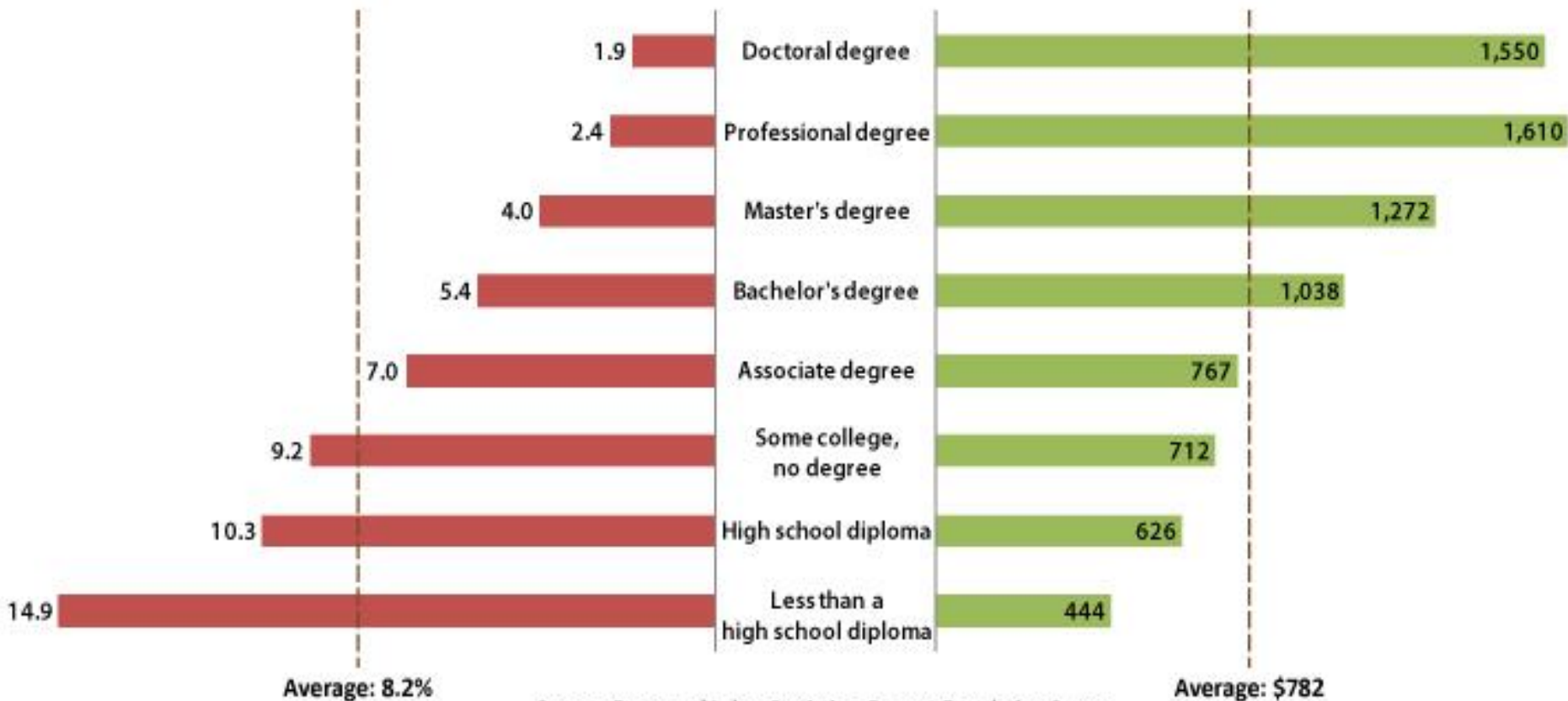


# Compare it to 2010

## Education pays:

Unemployment rate in 2010 (%)

Median weekly earnings in 2010 (\$)



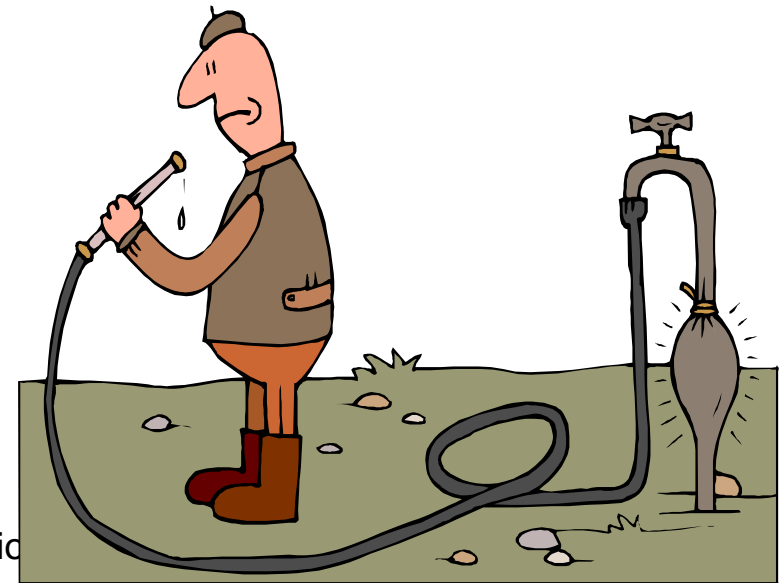
Source: Bureau of Labor Statistics, Current Population Survey

# Summary & Implications

- Work history is predictive of future work history <sup>4,5</sup>
- Educational achievement is predictive of both being employed and income. <sup>5,6,7</sup>
- Age earnings profile suggests diminishing returns of completing education as one becomes older, thus offering educational support to returning students may limit its impact.
- **Early** educational and employment interventions are critical to youth and young adults in order to have a longer time span to build human capital and avoid a life-time of poverty.

# Importance of Higher Education

- Competitive in seeking employment
- Increased options in the workforce
- Better employment
- Higher wages & greater earnings over time
- Benefits
- Career mobility
- Socialization & networking
- Prestigious (and normalizing) role
- Course loads be adjusted by semester; as compared to work



# Why Concentrate on Career Development?

- Workforce Liabilities
  - Age when returning to workforce
  - Gender
  - Race
  - Poor social networks
  - Lack of higher education
  - Lack of consistent work history
- Primary Labor Market vs Secondary Labor Market <sup>8</sup>

## Labor Markets

- Secondary Labor Market
  - Entry level jobs
  - Short job tenure
  - Low pay
  - No benefits
  - No vacation time
  - Typically little flexibility
- Primary Labor Market
  - Higher pay
  - Benefits
  - Flexibility
  - Vacation time
  - Sick time
  - Career Mobility
    - Lateral and vertical \*

# Summary & Implications

- Postsecondary education provides more than just education.
- People with psychiatric conditions face a unique clustering of known workforce liabilities- **we want to prevent as many as possible.**
- Without postsecondary education, this group is relegated to the secondary labor market, which naturally has very short job tenure.
- The primary labor market **naturally accommodates** to the episodic/cyclical nature of most psychiatric conditions.
- **Greater emphasis** should be provided to assist people to enroll & maintain individuals in postsecondary education.

# ARE YOUNG ADULTS WITH SMHC DEVELOPING HUMAN CAPITAL?

---



# Outcomes

- More than 50% of students 14 years and older with a mental disorder drop out of high school<sup>9</sup>, the highest drop-out rate for students of any disability group. <sup>10</sup>
- College attendance rates among student samples with SMHC range from 7% - 26% compared to 40% for the general population. <sup>11, 12</sup>
- Students with mental health conditions who attend college experience longer delays in entering college <sup>13</sup> and have high dropout rates. <sup>14</sup>
- Students with psychiatric conditions have a post-high school employment rate of only 50% (National Longitudinal Transition Study. <sup>11,13</sup>
- Young adults have lower employment rates than same age peers in other disability groups, and relative to the general population. <sup>13</sup>
- One third of SSI beneficiaries are young adults, and 24% of them have psychiatric disabilities. These youth, if enrolled before age 18, remain on disability rolls for 27 years on average. <sup>15</sup>





# HOW CAN WE RESPOND?

---

Supported Education



# Defining Supported Education (SEd)

“Education in integrated settings for people with severe psychiatric disabilities for whom postsecondary education has been interrupted or intermittent as a result of a severe psychiatric disability and who, because of their [impairment], need ongoing support services to be successful in the education environment.”<sup>16</sup>



# What Supported Education Does

- Offers support to individuals with mental illness to take advantage of skill, career, educational and inter-personal development opportunities within postsecondary educational environments.
- Helps individuals with serious mental illness to successfully:
  - (1) set and achieve an educational goal (e.g., training certificate or degree),
  - (2) improve educational competencies (literacy, study skills, time management),
  - (3) navigate the educational environment (e.g., applications, financial assistance), and
  - (4) improve educational attainment.



# Current Principles

- Integration into normalized integrated academic settings
- Individualized services
- Flexible array of services
- Varying intensity of supports according to need
- Community-based mobile services
- Coordination with schools



# Other Current Approaches

- Supported education as part of campus disability services
- Supported education as a stand-alone service in a CMHC
- Supported education integrated with supported employment (resulting in Career Services)
- Supported education for specific populations, e.g., first episode, Veterans, high school drop-outs.



# WHAT'S THE EVIDENCE?

---



# State of the Knowledge <sup>16</sup>

- Two systematic reviews of supported education approaches recently published.
- Several other articles summarize the state of supported education program implementation and research.
- Seven SEd interventions/programs were tested using an experimental or quasi-experimental design:

Controlled studies show support for the promise of SEd interventions for education enrollment. Non-controlled studies suggest that individuals improve their employment and educational attainment.



# State of the Knowledge

- New program enhancements may lead to improved education and employment outcomes.
- There are ongoing randomized trials using supported education interventions.
- There are two fidelity scales available <sup>17,18</sup>

One available at Transitions RTC combines Supported Employment and Supported Education;

<http://www.umassmed.edu/TransitionsRTC/publication/>





# Future Research Needs

- Randomized Controlled Trials with sufficient power
- Standardization of the practice
- Standardization of outcomes for academic achievement
- Long term follow-up with data collection beyond an immediate post-program assessment.
- Longitudinal design to assess impact on later employment and disability benefits use



# References

1. Borjas, G., (2005). *Labor Economics*, 3rd ed., McGraw-Hill, Boston.
2. Becker, G. S. & Chiswick, B. R. (1966). Education and the distribution of earnings, *American Economic Review*, 56, 358–369.
3. Mincer, J. (1974). *Schooling, Experience, and Earnings*, (New York: Columbia University Press for the National Bureau of Economic Research)
4. Burke-Miller, J. K., Cook, J. A., Grey, D. D., Razzano L. A., Blyler, C., R, Leff, H., S, Gold P. B., Goldberg, R. W., Mueser, K. T., Cook, W. L., Hoppe, S. K., Stewart M., Blankertz, L. E., Dudek, K., Taylor, A. L., Carey, M. A. (2006). Demographic characteristics and employment among people with severe mental illness in a multisite study. *Community Mental Health Journal*, 42, 143-159.
5. Tsang, H., Lam, P., Ng, B., & Leung, O. (2000). Predictors of employment outcome for people with psychiatric disabilities: A review of the literature since the mid '80s. *Journal of Rehabilitation*, 66(2), 19-31.
6. Gao, N., Gill, K., Schmidt, L., Pratt, C. (2010). The application of human capital theory in vocational rehabilitation for individuals with mental illness. *Journal of Vocational Rehabilitation*. 32. 25-33. doi:10.3233/JVR-2010-0492
7. Bureau of Labor Statistics, Current Population Survey, 2011. U.S. Department of Labor.
8. Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people who have mental illness. *Behavioral sciences and the law*, 20(6), 585-599.
9. Armstrong, K. H., Dedrick, R. F., & Greenbaum, P. E. (2003). Factors associated with community adjustment of young adults with serious emotional disturbance: a longitudinal analysis. *Journal of Emotional and Behavioral Disorders*, 11(2), 66-+. doi:Doi 10.1177/106342660301100201
10. U.S. Department of Education. (2004). Twenty-sixth annual report to congress on the implementation of the Individuals with Disabilities Education Act. Washington, DC: U.S. Department of Education
11. Wagner, M., Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbances. *Psychiatric Rehabilitation Journal*, 35, (3), 199-208.

# References

12. Davis, M., & Vander Stoep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental transition and young adult outcomes. *The Journal of Behavioral Health Services and Research, 24*, (4), 400-427.
13. Newman, L., Wagner, M., Knokey, A.-M., Marder, C., Nagle, K., Shaver, D., Wei, X., with Cameto, R., Contreras, E., Ferguson, K., Greene, S., and Schwarting, M. (2011). *The Post-High School Outcomes of Young Adults with Disabilities up to 8 Years After High School. A Report From the National Longitudinal Transition Study-2 (NLTS2)* (NCSE 2011-3005). Menlo Park, CA: SRI International. Available at [www.nlts2.org/reports/](http://www.nlts2.org/reports/)
14. Salzer MS, Wick LC, & Rogers JA. (2008) Familiarity with and use of accommodations and supports among postsecondary students with mental illnesses. *Psychiatric Services*; 59(4):370-375.
15. Rupp K, Scott, CG. Trends in the characteristics of DI and SSI disability awardees and duration of program participation. *Social Security Bulletin*. 1996; 59:3.
16. Unger, K. V. (1990). Supported postsecondary education for people with mental illness. *American Rehabilitation, 16*(2), 10-17.
17. Ringeisen, H. Ellison, M.L., Ryder-Burge, A. Biebel, K. (2015). Feasibility Study for Demonstration of Supported education to promote Educational Attainment and Employment among Individuals with Serious Mental Illness. Prepared for the Office of the Assistant Secretary for Planning and Evaluation. Research Triangle Park, NC: Research Triangle Institute.
18. Frounfelker, R.; Bond, G.; Fraser, V.; Fagan, M.; & Clark, H. (2014) Supported employment/Supported Education Fidelity Scale for young adults with mental health challenges. Shrewsbury MA:UMass Medical School, Transitions RTC
19. Manthey, T., Coffman, M., Goscha, R., Bond, G., Mabry, A. Carlson, L., Davis, J., & Rapp, C. (2012). The University of Kansas Supported Education Toolkit 3.0. The Office of Mental Health Research and Training, The University of Kansas School of Social Welfare.

# QUESTIONS?

---



# Wrap-Up

- Part Two on January 26<sup>th</sup>, 12 Noon Eastern
  - Detailed explication of supported education practices and strategies
  - Review of application of SEd in differing settings
- Posting of slides and recordings on the Transitions RTC website

<http://www.umassmed.edu/TransitionsRTC/>

## Contact Us!



[Marsha.Ellison@umassmed.edu](mailto:Marsha.Ellison@umassmed.edu)

[Michelle.Mullen@rutgers.edu](mailto:Michelle.Mullen@rutgers.edu)