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Authors	Sabella, Kathryn
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Factors that Influence the Continuous Pursuit of Education, Training, and Employment among Young Adults with Serious Mental Health Conditions

Kathryn Sabella, PhD

Research Brief

Transitions to Adulthood Center for Research

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Young adults (ages 18–30) with serious mental health conditions (SMHC) often face challenges in their education, training, and employment pursuits. They have lower rates of college enrollment and higher rates of college drop-out than their peers without and/or with other disabilities.^{1,2} Young adults with SMHC are less likely to be employed than older adults with SMHC and their peers without SMHC.^{1,3} Unfortunately, research on the changeable factors that contribute to poor education and employment outcomes among young adults with SMHC in the United States is scant. The present study describes young adult patterns of education, training, and employment activities for individuals with SMHC in the United States and identifies modifiable factors that hinder or facilitate their ability to consistently pursue these activities. Based on first-person narratives from young adults (ages 25–30) with SMHC, these findings should inform psychiatric rehabilitation efforts that support the school, training, and work activities of young adults with SMHC to improve their long-term career trajectories.



Method

This study applied principles of Community Based Participatory Research (CBPR).^{4,5} Young adults with mental health conditions were employed as research coordinators and contributed to study design, recruitment and conducted most of the interviews. Research Coordinators also helped analyze and interpret the data and disseminate findings.

The Youth and Young Adult Advisory Board (YAB) within the Transitions to Adulthood Center for Research at UMass Chan Medical School provided input throughout the lifecycle of the project. The board consists of 8–10 young adults with experience of a mental health condition from across the U.S.

Participants

Young adults aged 25–30 from Central Massachusetts and the Greater Boston area were recruited from social media, mental health services and advocacy groups. To be eligible, young adults had to report having a DSM-V diagnosis, e.g., psychotic disorders, schizophrenia spectrum, bipolar or similar disorders, anxiety, depressive

disorder and trauma and stressor disorders. Participants also needed a history of inpatient hospitalization, intensive outpatient program, Massachusetts Department of Mental Health services or special education programs (Individualized Education Program IEP) for their mental health conditions.

The sample majority was female, white, non-Hispanic, with no biological children, lived alone or with biological parents, had some college but with no degree obtained, and previous year's reported income was \$10,000 or less. The most frequent mental health condition observed was major depression (66%) and anxiety disorders (54%). The average age of diagnosis was 14.69 years (SD=4.4; range 4-25). 84% of the sample received multiple diagnosis and 80% experienced psychiatric hospitalization. Half of the sample reported being hospitalized more than five times.

Data Collection & Analysis

In-person interviews were conducted in community settings of the participants' choice.

The life story interview script⁶ asked participants to describe important life events, experiences, and feelings, including their experience managing a SMHC, throughout the course of young adulthood. Participants were also asked to describe their school, training, and employment activities chronologically.

We employed an inductive approach to coding the transcribed interviews using several components of grounded theory methodology. To quantify patterns in school, work, and other life experiences, the team extracted and developed time-ordered matrices of each participant’s school, training, and work activities.

Results

Table 1: Employment and Education Status at Time of Interview

Employment or education status	N	%
Not engaged in education, employment, or training	23	41.8
Temporary or sheltered employment (e.g. Liberty Tax “mascot,” scorekeeper for community sport teams)	4	7.3
School or training primarily (sometimes with PT work)	7	12.7
Employed as a Peer Worker/Mentor for Massachusetts Department of Mental Health (full or part time)	9	16.4
Employed Full Time (in non-peer jobs; e.g., service industry, chef, marketing)	12	21.8

Young adults’ paths through post-secondary education and employment were non-linear.

- Of the 37 participants that went to college, only 12 (33%) obtained a college degree and about half (49%) had yet to obtain a college degree and were not pursuing one.
- Most participants reported alternating between school/training and work with gaps between activities.
- Meanwhile, 25% of participants obtained post-secondary vocational training such as cosmetology or EMT.
- Compared to post-secondary education, young adults who pursued vocational training had more success completing those trainings.
- Many young adults had inconsistent and unsteady employment patterns.
- Common places of employment included super-stores or fast-food places.
- Most participants reported working multiple part-time jobs for short periods of time (i.e., less than 6 months).
- Seventeen participants reported not holding a job for more than a year, while half never worked a job for 30 or more hours a weekly. A third of participants reported being fired from at least one job and 80% stated they quit at least one job.
- Seventeen young adults (31%) had very little school, training, and work histories, meaning they worked five or fewer jobs with less than 6 months tenure and did not pursue post-secondary education or training at any point during young adulthood.

What factors act as barriers to continuous pursuit of school, training, or work?

STRESSOR #1 STRESSED-INDUCED ANXIETY AND PANIC

The most cited reasons for quitting school, training, or work were stress-induced feelings of anxiety and panic in relation to task responsibilities. Among those pursuing school, anxiety was the biggest barrier.

“ My anxiety has definitely gotten in the way of any educational career that I did have, that I could have in the future, to the point where if I get so overwhelmed, I will just quit on the spot. So, if I get super, super anxious, there’s no—I don’t wait. I could wait and talk it through with my therapist, but I’m so anxious in the moment that I’m like ‘Nope, I’m just going to quit now’. And then I quit and then it’s too late.”

Many also shared that they had difficulty navigating stressful or busy work environments. For many the stress of school, work, and training activities often resulted in young adults leaving those ventures unannounced.

STRESSOR #2

IMPACT OF MENTAL HEALTH SYMPTOMS

In some instances, young adults did describe their symptoms of their SMHC as the culprit for not being able to pursue school, training or work. Some young people described having periods of time where they were “too sick” or “not in a good place” to pursue or continue these endeavors. Frequent psychiatric inpatient hospitalizations were a disruption to school, training, or work unless they were short (1-2 days) or leaves of absence were arranged. Young adults then found it hard to reintegrate into school, training, or work activities after an extended absence.

“ That’s when I started to get more of the panic attacks and stuff. I would just be like, I’m not doing this work no more, easier to not even talk about it and just forget about it. But I mean you just can’t walk out of your jobs like that.”

STRESSOR #3

CONFLICTS AND UNFAIR TREATMENT

One third of the participants stated that conflicts with teachers, peers/ colleagues or supervisors were obstacles to continuous pursuit of school, training, or work. Some young adults reported being blamed for things they didn’t do like causing accidents or stealing. Additionally, they reported being unfairly treated by their bosses, bullied, or unfairly compensated.

What factors facilitate the continuous pursuit of school, training, or work?

FLEXIBLE AND SUPPORTIVE ENVIRONMENTS

Young adults reported more success and enjoyment in settings that were “easy-going,” allowed independence, or had flexible attendance policies. For example, one young adult enjoyed her job as a home health aide because travel time allowed space in her schedule for decompression and preparation:

“ You’re not stuck behind the counter. You’re not stuck behind the desk. You’re not confined to one space. You go from house to house. So, you get like that breathing time that I like to be able to have like, a 15- or 20-minute ride to the next house. You have a break, time to recuperate, time to mentally prepare yourself for the next job.”

Young adults often cited stringent attendance policies within traditional college settings as inflexible and prohibitive to success. In turn, some benefitted from online college courses where their work was laid out ahead of time and they could flexibly complete assignments.

“ I could talk very openly with her about the work but also my mental health. And she supported all of our mental health, and there were like young people on the team too, so we kind of formed a community. I felt very valued by the team.”

Young adults also emphasized the importance of supportive supervisors or instructors. Young adults reported appreciating supervisors who afforded opportunities for paid leave, but more importantly was having supervisors who had high levels of mental health literacy and comfort with discussing mental health concerns.

Discussion, Conclusions, and Implications

This study fills a critical gap in our current understanding about the education, training, and employment activities of young adults with SMHC that can inform the design of psychiatric rehabilitation.

Conclusion #1:

Many young adults in this sample lacked a post-secondary degree by age 25.

Implication:

Employment prospects are shrinking for young adults without a post-secondary degree (IOM & NRC, 2015).

Conclusion #2:

These findings also illustrate that many young adults with SMHC navigate non-linear patterns of school, training, and work, often by pursuing multiple domains (e.g., work, school) concurrently, or changing which domain they devote most of their time to.

Implication:

While non-linear career trajectories are somewhat age appropriate in young adulthood, the fact that few young adults had acquired sufficient human capital by age 25 indicates that this population may need more targeted supports and guidance during their early career exploration to ensure they are moving towards a goal or career pathways.

Conclusion #3:

Flexible environments and supportive supervisors helped young adults in this study successfully navigate school, training, and work. On the other hand, stress-induced panic and anxiety, increased mental health symptoms, and interpersonal challenges often caused young adults to prematurely abandon their school, training, or work pursuits.

Implication:

These findings should inform the development and delivery of psychiatric rehabilitation services, including Individual Placement and Support (IPS), to young adults with SMHC to help them minimize and avoid disruptions in these areas.

1. Practitioners should teach coping mechanisms and advocacy strategies to help young adults better handle stress inducing situations, juggle tasks, and navigate difficult interpersonal situations.
2. Practitioners should help young adults identify school, training, and work settings that offer a certain degree of flexibility and teach them how to advocate for reasonable accommodations and support.
3. Services should include integrated supported education and employment services to support young adults who are continually moving between education and employment and endorse vocational training as a potentially viable career option.

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