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Employ Your Hidden Voice: Increasing Advocacy to Improve Employment Outcomes for Individuals with Mental Health Disabilities

Cohort Q – Group 3

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Executive Summary

Vocational Rehabilitation (VR) programs have the potential to significantly increase successful outcomes for individuals with mental health disabilities. VR provides a broad spectrum of services to people with all disabilities. Despite this, people with mental health disabilities continue to face considerable barriers to employment, including stigma, lack of awareness and empathy, insufficient accommodations, and unrealistic outcome expectations. This position paper proposes a strategic approach to optimize VR services for this population. By leveraging funding, partnership opportunities, expanding access to mental health-specific support services, scaling up innovative evidence-based employment models, providing staff training and development, enhancing employer engagement, and reducing stigma for this underserved population through outreach efforts, VR programs can be better positioned to support individuals with mental health disabilities in achieving successful VR outcomes, including competitive integrated employment (CIE). Implementing these changes will contribute to a more inclusive labor market, reduce workforce shortages, create opportunities, and improve the overall well-being of people with mental health disabilities.

Impact

Improving VR services for individuals with mental health disabilities can have substantial positive effects on both the individuals and society as a whole. Employment is associated with improved quality of life and overall well-being (Joyce et al., 2016). It provides not only financial independence, but also social inclusion, better

quality-of-life, higher self-esteem, and management of mental health symptoms (Luciano, Bond, Drake, 2014). For society, increasing employment rates among individuals with mental health disabilities can reduce the economic burden associated with unemployment, reduce applications for and receipt of Social Security disability benefits, and increase productivity. Moreover, integrating more individuals with mental health disabilities into the workforce can help to reduce stigma and promote a more inclusive and diverse work environment.

Background

VR is established under the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act (WIOA). The Federal law approves grants to states to provide VR services, including supported employment, independent living, vocational counseling, training, job placement assistance, and support for necessary accommodations in the workplace. Although VR programs serve individuals with a wide range of disabilities, people with mental health disabilities are an underserved population and often face unique challenges requiring specialized support. Employment is a key societal determinant of health and well-being for working-age adults, including people with mental health disabilities. Mental health disabilities, including depression, anxiety disorders, bipolar disorder, and schizophrenia, are among the most common yet under-supported disabilities in the labor market. Though many with mental health disabilities can and want to work (Luciano, Bond, Drake, 2014), many are unemployed, and those with the most serious conditions remain jobless over their lifetimes (Hakulinen, Elovainio, Arffman, et al., 2020). Being unemployed can lead to negative life outcomes, like social isolation, depression, inactivity, and early mortality (Korpi, 2001).

Additionally, VR programs often struggle to address the specific needs of individuals with mental health disabilities due to limited resources, lack of specialized training, complexity of symptoms, challenges integrating with Mental Health Services, funding constraints, service limitations, and limited job placement opportunities due to stigma and bias.

National and State VR-Specific Data for Individuals with Mental Health Disabilities

The national and state data snapshots provide compelling insights into the significant barriers individuals with mental health disabilities face in securing employment. In 2022, the National Institute of Mental Health (NAMI) estimated 59.3 million adults aged 18 or older in the United States had a mental health disability which represented about 23.1% of the adult population. This included individuals with mild, moderate, and serious mental health disabilities. More than 11 million adults in the United States have a serious mental health disability, such as schizophrenia, anxiety, major depression, and bipolar disorder – and up to 90% are unemployed with about three million individuals dependent on public assistance, including Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) (Verbanas, 2020). The prevalence and impact of mental health disabilities create barriers for individuals to achieve meaningful employment at a family-sustaining wage and their ability to work, live, and play in their communities of choice.

Annually, on average, State VR agencies nationwide serve over one million individuals with disabilities and a significant proportion of VR program participants have psychological or psychiatric disabilities. Percentages range from approximately one-fourth to one-third or more of those served depending on the year and state-specific data.

For Program Year 2023, the Rehabilitation Services Administration (RSA) reports 872,460 individuals with disabilities participated in VR services across the country with 25.9% of these participants reporting a primary psychosocial disability. The employment rate for individuals with a primary psychosocial disability during the program year was 36.2%.

These findings underscore the pervasive nature of mental health disabilities and the considerable barriers they create for individuals in achieving meaningful, family-sustaining employment. These barriers also limit their ability to fully participate in their communities – living, working and engaging in the activities they choose. Unemployment among individuals with mental health disabilities extends far beyond person struggles; it has broad, far-reaching effects on society and communities. Beyond the immediate hardships these individuals face, unemployment contributes to increased economic strain, social isolation, weakened community cohesion, and a strained public health system.

Exhibit A provides a data snapshot of employment success rates for all VR participants versus employment success rates for individuals with mental health disabilities receiving VR services in California, Massachusetts, Pennsylvania, and Washington states.

Models and Activities to Improve Outcomes

Proven employment and funding models, innovative practices, and supported employment programs are already in place, which effectively engage individuals with mental health disabilities in meaningful employment and related services. These approaches, detailed below, enhance access to mental health-specific support services while also working to reduce stigma through targeted outreach efforts for this underserved population.

Innovative Evidence-Based Employment Models

Technical assistance for Advancing State Policy Integration for Recovery and Employment (ASPIRE) exists to support and expand CIE for people with mental health disabilities. These services can include blending, braiding, and sequencing of funding to increase access to CIE in programs and systems that serve populations with mental health conditions.

State agency collaborative partnerships are an effective way to leverage funds within organizations in order to increase opportunities for customers. In Pennsylvania, the Office of Vocational Rehabilitation (OVR) and Office of Mental Health and Substance Abuse Services (OMHSAS) signed into a Memorandum of Understanding (MOU) to promote employment and independence for individuals with mental health disabilities. In this model, individuals with mental health disabilities are trained as Certified Peer Specialists using SAMHSA’s national model standards (Substance Abuse and Mental Health Services Administration, 2023). Certified peer specialists are trained to mentor and provide service coordination to individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with stressors and barriers encountered when recovering from their disabilities. By having direct lived experiences, certified peer specialists inspire hope in recovery, promote empowerment, self-determination, understanding, coping skills and resilience. This pilot model has been used in Pennsylvania since 2017, with wider national adoption in 2022, and it continues to be an effective training option leading to successful employment opportunities for customers. Customers with mental health disabilities not only obtain gainful employment but are contributing to society’s mental health crisis by helping peers in their recovery.

Individual Placement and Support Services (IPS) is a service model of supported employment and supported housing services authorized by Medicaid for individuals with serious mental illness. Services are paid through Managed Care Organizations (MCOs), which are programs coordinating and managing services through contracts with the state and who are given authority to administer Medicaid benefits like IPS.

There are eight core principles of IPS: (1) Competitive employment is the goal; (2) IPS supported employment is integrated with treatment; (3) Zero Exclusion: Eligibility is based on client choice; (4) Attention to client

preferences; (5) Benefits counseling is important; (6) Rapid job search; (7) Systematic job development; and (8) Time-unlimited supports.

California Integrating Employment in Recovery: In 2022, California’s budget allocated \$26 million in one-time funding to expand the Substance Use Disability workforce, with a focus on opioid treatment. Four million dollars went to California Department of Rehabilitation to pilot a program training providers in evidence-based recovery practices that integrate employment services into treatment. This initiative addressed employment challenges, including stigma, which can hinder job opportunities and complicate recovery. Employment services were provided at four treatment centers serving diverse communities, offering skill development, job placement, and long-term support through partnerships with behavioral health and community organizations. This approach enhanced recovery outcomes, independence, and overall well-being. Employment was seen as a critical health intervention and a meaningful outcome for people with substance use disabilities.

Reducing Stigma Through Outreach Efforts and Anti-Stigma Campaigns

While significant progress has been made in addressing the stigma surrounding mental health in recent decades, it remains a critical issue, perpetuated by negative associations, personal experiences, and harmful language. Reducing this stigma requires sustained efforts through outreach, anti-stigma campaigns, and increased education and awareness. These efforts can build upon the valuable work already underway.

One such initiative, **Stand Together**, was launched by the Allegheny County, Pennsylvania Department of Human Services in 2013 in response to research on stigma related to mental health and substance use disorders. While short-term interventions are insufficient to change stigmatizing attitudes and behaviors, meeting individuals who are in recovery or treatment has proven to be a powerful tool in encouraging open dialogue, particularly among young people. Stand Together trainers—who have personal experience with mental health or substance use challenges—work with students and school advisors throughout the entire academic year, providing support and fostering long-term change.

In addition, the **Employ Your Hidden Voice** campaign, created through collaboration among six State VR leaders, raises awareness for individuals with hidden disabilities, including mental health disabilities. This campaign aims to create employment and training opportunities by promoting understanding, reducing misconceptions, and encouraging inclusive practices. It serves as a call to action for Federal and state partners to tailor services, increase opportunities, and continue efforts to reduce stigma for this often-overlooked population.

Leveraging Funding Partnership Opportunities

State VR programs can maximize outcomes for individuals with mental health disabilities by leveraging existing or combining multiple funding streams. By combining funding from different sources or partnering with multiple agencies, these strategies promote efficient use of government funds and align resources for programs serving this population. Potential approaches, outlined below, may assist with balancing financial accountability with administrative flexibility to achieve impactful outcomes.

The **Disability Innovation Fund (DIF)** is a program funded by RSA supporting innovative activities aimed at increasing CIE for individuals with disabilities. Possible DIF grant ideas to support individuals with mental health disabilities could include providing staff training and development, enhancing employer engagement, and expanding access to mental health-specific support services and accommodations. VR counselors and workforce partners should be trained to recognize and address the intersection of mental health and employment, ensuring that clients receive the appropriate accommodations and support. Further, funds could be used to enhance employer partnerships and education by establishing stronger partnerships with

employers, which is essential for improving employment outcomes for individuals with mental health disabilities. VR programs should work more closely with employers to educate them about mental health conditions, the importance of workplace accommodations, and the benefits of hiring individuals with mental health disabilities.

Leveraging relationships with federal partners like SAMHSA, Office of Disability Employment Policy (ODEP), and Administration for Community Living (ACL) would create opportunities for collaboration with providing cross-program mutually beneficial training, funding partnerships, and demonstrating the value of services for individuals with mental health disabilities.

Other potential sources of funding could be combined or leveraged, including Federal block grants, like the Community Mental Health Services Block Grant, which can be used for various programs, like IPS. Local Units of Governments could provide funding through county mill taxes. State general funds might also be used, as well as county funding, which may be available in states with strong county systems.

Evaluation

To better understand and address the needs of individuals with mental health disabilities, VR programs must enhance their data collection and evaluation processes. It is important for Federal and state partners, along with stakeholders to remember that collaboration, cooperation, and communication is necessary to understand their collective roles in taking action to improve outcomes and reduce stigma for those with mental health disabilities. To reinforce this priority, where appropriate, Congress should mandate that VR programs collect specific and salient data on the outcomes of individuals with mental health disabilities, including employment rates, job retention, and client satisfaction. This data should be used to continuously improve VR services and ensure that they are effectively meeting the needs of this population.

Impact

The proposed changes have the potential to significantly increase the employment rates of individuals with mental health disabilities. It is a bipartisan issue with momentum that can drive change within our communities, including our agency operations, customer service delivery models, and employer engagement. By providing more targeted and comprehensive services, VR programs can better equip individuals with the skills, confidence, and support needed to succeed in the workforce. Enhancing employer partnerships and education will create more inclusive workplaces, leading to greater opportunities for individuals with mental health disabilities. Furthermore, improved data collection and program evaluation will allow for more informed decision-making and resource allocation, ensuring that VR programs are as effective and efficient as possible. The overall impact will be a reduction in unemployment and underemployment among individuals with mental health disabilities, which addresses workforce shortages and leads to improved economic outcomes and quality of life for this population.

Conclusion

VR programs are a critical resource for individuals with mental health disabilities seeking employment. However, to fully realize their potential, these programs must be strengthened and bolstered by Federal and employer partnerships, increased awareness and outreach, and capitalization of innovative models already in existence. Through these opportunities, State VR programs can provide services tailored to meet the specific needs of this population. Through prioritizing individuals with mental health disabilities and emphasizing advocacy and increased adoption of proven strategies, Congress can help to ensure that VR programs are more effective in supporting this population in achieving meaningful and sustainable employment, as well as

other successful life outcomes. These changes will not only benefit the individuals served by VR programs but also create a more inclusive and productive society.

Exhibit A: Data Snapshot

VR Agencies Employment Success Rates Overall and for Individuals with Mental Health as Primary Disability

VR State Agency	Total Served	Percentage of Total Served Who Are Individuals with Psychosocial (Mental Health) Disability	Employment Success Rate; Overall	Employment Success Rate; Individuals with Mental Health Disability
California Department of Rehabilitation	67,546	38%	32%	27%
MassAbility	16,367	52.6%	40%	52%
Bureau of Vocational Rehabilitation Services, Pennsylvania Office of Vocational Rehabilitation	33,475	33.2%	50%	41.8%
Washington Division of Vocational Rehabilitation	7,666	28.6%	50%	22.3%

Source: RSA Dashboard (PY 2023 – 3) for total served, percent of individuals served with mental health disabilities, and overall employment success rate.

State Dashboards for employment success rate for individuals with mental health as primary disability.

References

Modini M, Joyce S, Mykletun A, et al. The mental health benefits of employment: Results of a systematic meta-review. *Australasian Psychiatry* 2016;24:331-336.doi:10.1177/1039856215618523

Luciano AE, Bond GR, Drake RE. Does employment alter the course and outcome of schizophrenia and other severe mental illnesses? A systematic review of longitudinal research. *Schizophrenia Research*. 2014;159:312–321. doi:10.1016/j.schres.2014.09.010

Westat: Funding Crosswalks: Coordinating and Leveraging Resources to Increase Competitive Integrated Employment. Washington, DC: Department of Labor. Office of Disability Employment Policy, 2024.

Hakulinen C, Elovainio M, Arffman M, et al. Employment status and personal income before and after onset of severe mental disorder: A case-control study. *Psychiatric Services*. 2020; 71: 250-255.

<https://soi.org/10.1176/appi.ps.201900239>

Korpi T. Accumulating disadvantage. Longitudinal analyses of unemployment and physical health in representative samples of the Swedish population. *European Sociological Review*. 2001; 17:255-273.

<https://doi.org/10.1093/esr/17.3.255>

Verbanas, P. (2020, March 11). *Poor physical health a barrier for job seekers with serious mental illness*. Rutgers University. <https://www.rutgers.edu/news/poor-physical-health-barrier-job-seekers-serious-mental-illness#:~:text=About%2011.4%20million%20U.S.%20adults,to%2090%20percent%20are%20unemployed.>

Substance Abuse and Mental Health Services Administration, National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.