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ABSTRACT

A 1992 conference on strategies to secure and maintain employment for person with long-term mental illness brought together providers, consumers, family members, researches, and others to develop as complete an overview as possible of the current state of knowledge in the field. This booklet summarizes findings from the conference. There were many factors identified as contributing to unemployment among people with long-term mental illness, including the impact of psychiatric symptoms and the unpredictability of the illness itself, employer discrimination, and the disincentives to work created by professional skepticism and financial support systems. Nonetheless, there is every indication that people can overcome these barriers when effective programs offer rapid placement on real work sites, and where on-the-job supports are provided. The statement focuses on three areas of special concern to rehabilitation programming: (1) a systematic approach to increasing consumer empowerment, including providing mental health consumers with real choices in pursuing careers that interest them; (2) the need to address the financial disincentives inherent in the system of social support offered by various Federal and state agencies; and (3) the continuing challenge to explore and improve the attitudes of employers with regard to hiring people with mental illness. (Author/CR)

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Strategies to Secure and Maintain Employment for People with Long-Term Mental Illness

CONSENSUS STATEMENT

National Institute on Disability and Rehabilitation Research
September 21-23, 1992

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Rehabilitation Research
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The National Institute on Disability and Rehabilitation Research (NIDRR) Consensus Validation Conferences are convened to evaluate and synthesize available scientific information and improve the dissemination of findings from rehabilitation research. It is anticipated that practices discussed in this statement will be adopted by practitioners and consumers.

NIDRR Consensus Statements are prepared by a non-federal, 10-member panel, based on (1) resource papers prepared by experts; (2) testimony presented by researchers, clinicians, and consumers during a one-day public hearing; and (3) a day of closed deliberations by the panel during which the consensus statements are prepared. This statement is an independent report of the panel and is not a policy statement of NIDRR or the Federal Government.

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Abstract

In the Fall of 1992, the National Institute on Disability and Rehabilitation Research (NIDRR) sponsored a Consensus Validation Conference on "Strategies to Secure and Maintain Employment for Persons with Long-Term Mental Illness," as part of NIDRR's ongoing commitment to synthesize available scientific information that can improve the services offered to persons with disabilities. The Conference's expert panel commissioned a series of papers summarizing research in the field and listened to a full day of testimony from providers, consumers, family members, researchers and others in order to develop as complete a sense as possible of the current knowledge in the field.

Rates of unemployment and under-employment among persons with long-term mental illness are unacceptably high, particularly given the strong desire on the part of many persons with long-term mental illness to work. There was a broad consensus that much more can and should be done to expand employment options for this group, if: (1) there was a greater priority attached to realizing the employment potential of those with psychiatric disabilities, (2) there was more widespread dissemination of information about the types of rehabilitation programs that effectively support their work ambitions, and (3) current knowledge about effective strategies were supported by a new generation of research studies.

There are many factors that contribute to unemployment among people with long-term mental illness: the impact of psychiatric symptoms and the unpredictability of the illness itself, the barriers to employment created by employer discrimination, and the disincentives to work created by professional skepticism and financial support systems. Nonetheless, there is every indication that people can overcome these barriers when effective programs offer rapid placement to real work sites, and where on-the-job supports are provided as intensively as needed. Equally important is the provision of ongoing supports, enabling the individual with long-term mental illness who is working to sustain a "long-term attachment to the labor market" despite the kinds of changes that affect all workers — health crises, supervisory changes, business failures, promotions, and career changes.

Three areas of special concern should be the focus of rehabilitation programming. The first is the importance of a systematic approach

to increasing consumer empowerment, including an assurance that programs provide mental health consumers with real choices in pursuing careers that interest them. The second is the need to address the financial disincentives inherent in the system of social supports offered by various Federal and state agencies, disincentives that insure that many people remain either unemployed or significantly underemployed, despite their abilities. The third is the continuing challenge to explore and improve the attitudes of employers with regard to hiring people with mental illness: both public employers (in human service and other settings) and private employers (in responding to both altruistic and bottom-line motivations) need support.

Although a wide array of rehabilitation programs have demonstrated their ability to assist people with long-term mental illness to secure and maintain employment, there remains a substantial number of research questions that await answers, and much more research must be undertaken if the field is to move more quickly and effectively to meet the employment needs of those with mental illness who want to work.

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Introduction

There is a broad national consensus that the rates of unemployment and under-employment among people with psychiatric disabilities are unacceptably high. Despite their strong desire to work, their functional competencies, and their educational qualifications, many of those who suffer from severe and persistent emotional problems have no long-term attachment to the labor market. The impact of this chronic unemployment and under-employment is severe, leaving individuals adrift and the nation deprived of their productivity. Much more can and should be done to improve and expand employment opportunities for people with psychiatric disabilities.

- First, there must be a greater priority attached to realizing the employment potential of those with psychiatric disabilities: out-dated programs and policies must be replaced by services and service systems that value the importance of work to those with psychiatric disabilities.

- Second, there must be widespread dissemination of information about programs that work: current research and personal experience identify a wide range of rehabilitation interventions, system changes, and policy directions that substantially improve employment opportunities.

- Third, there must be recognition that our current knowledge is still of a general nature: far more research is needed if we are to help support consumers to choose — and rehabilitation practitioners to provide — effective and efficient programs and practices that assist people to secure and maintain employment.

At the heart of the problem is an old belief that the severe impacts of mental illness or the unavailability of effective rehabilitation models limit the employment prospects of people with psychiatric disabilities. There is a growing consensus that this is not so, and that employment can become a reality in the lives of those too long without work.

The September 1992 Consensus Validation Conference on "Strategies to Secure and Maintain Employment for People with Long-Term Mental Illness," sponsored by The National Institute on Disability and Rehabilitation Research (NIDRR) provided a valuable and

needed opportunity to review, synthesize, and disseminate current knowledge about critical issues.

The scope of the issue demands priority attention. Estimates of unemployment among those with serious psychiatric disabilities suggest a staggering rate of 85% for a predominantly working-age population. Only two decades ago, employment was not considered an option for people diagnosed with long-term mental illness: they were frequently informed by treatment professionals that they would never work again. It was generally believed — by people with psychiatric disabilities, mental health and rehabilitation services providers, and society in general — that psychiatric symptomology was incompatible with employment.

A dramatic shift has taken place in the past twenty years. Contributing factors include: public and professional awareness that prolonged stays in state and psychiatric hospitals can be disabling; advances in pharmacology; and a shift in focus from pathology to strengths and abilities. More important, a variety of service models have been developed and widely implemented over the past decade that are successful in helping people with mental illness to secure and maintain employment.

At the same time, there is a growing research agenda. Each of the issues reviewed in this statement — about barriers to employment, effective processes and programs that lead to employment, the need for long-term support to sustain developing careers, strategies that engage and support employers, and the positive impact of consumer empowerment in the vocational rehabilitation arena — require much additional study.

This Statement systematically summarizes what is currently known about each of these important topics. Several aspects of the Consensus Statement should be highlighted. First, the Consensus Panel examined contemporary research and listened to the personal experiences of practitioners, service consumers, and family members before drawing its conclusions. Second, the Statement addresses the employment programs provided not only by the state/Federal vocational rehabilitation system, but also the myriad of public mental health, private agency, and consumer- or family-operated services that also open employment opportunities to people with psychiatric disabilities. Third, readers will find that this Statement uses a variety of terms — consumers, persons with long-term mental

illness, mental health service recipients, etc. — to refer to those with serious psychiatric disability. This reflects the fact that no consensus currently exists about which single term would be best, although the authors have made every attempt to avoid designations that are either misleading or demeaning.

Readers will also note that some issues recur throughout the Statement: the emphases on the individuality of consumers and the critical importance of consumer choice; the impact of financial disincentives to employment facing many people with disabilities; and the importance of continuity of services and ongoing linkages to non-vocational service elements. The fact that they are mentioned frequently is a measure of their critical importance.

What are the Characteristics of People with Long Term Mental Illness That Serve as Barriers to Employment and Predict Employment Success?

This question is best addressed by examining a series of underlying concerns on which there is a general consensus in the field. These include: characteristics of clients that may represent barriers to successful service; aspects of the service system that may represent barriers; factors in the larger socio-cultural context that may impede or augment employment success; and characteristics of those with psychiatric disabilities that may predict successful employment outcomes.

The characteristics of long-term mental illness that may serve as barriers to employment.

While this is a heterogeneous population, research suggests that these individuals face some common barriers and obstacles in securing and maintaining employment. Multiple impairments often characterize psychiatric disability and complicate the interventions necessary for successful vocational rehabilitation outcomes. These include cognitive, perceptual, affective, and interpersonal difficulties. These limitations can directly impact areas of social and vocational functioning, resulting in poor work habits, distorted vocational aspirations, poor job-finding and job retention skills, and an overall poor work history.

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People with psychiatric disabilities may lack many normal life experiences that are the foundations of vocational identity. This results in limitations of self knowledge, skills, interests, work values, and a reduced ability to test oneself against the demands of working. In addition, psychiatric disability often occurs in association with other potentially disabling disorders such as physical illness and substance abuse. These impairments may render the appearance of workers with psychiatric disabilities sufficiently different from others that they may seem vocationally inappropriate, regardless of their ability to work.

The complexity of psychiatric disability may in itself represent a barrier. People whose florid symptoms respond to treatment may still suffer from a negative or deficiency syndrome typical of schizophrenia. The symptoms of social withdrawal, lack of affect, and lack of overt ambition are often confused with lack of motivation or cooperation by the vocational rehabilitation system. Thus, individuals are abandoned rather than effectively served.

The episodic nature of psychiatric disability, with its multiple remissions and relapses, makes standard vocational rehabilitation approaches — suitable for some other disabilities — inapplicable or relatively ineffective for this population. Vocational rehabilitation counselors and clients often become disheartened and pessimistic about rehabilitation efforts, and the episodic course of the illness may frighten potential employers who are concerned about worker reliability and productivity. Disheartened and pessimistic attitudes on the parts of people with psychiatric disabilities, vocational rehabilitation workers, and employers often add to the negative effects of stigma.

The characteristics of people with long-term mental illness that qualify them for vocational rehabilitation services.

People with psychiatric disabilities are selected for the state/Federal vocational rehabilitation programs based on criteria that have been shown or are perceived to be related to vocational outcome. Vocational rehabilitation eligibility requires not only a diagnosed disability that represents a significant handicap to vocational success, but also a reasonable expectation that vocational rehabilitation services will lead to employment. Recent evidence indicates that vocational rehabilitation counselors feel that lessened symptomology, functional skills, social functioning, employment

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history, and self image are the most important considerations in determining reasonable expectations for this population. However, eligibility criteria related to reasonable expectations may not be as important to vocational outcomes as the types of services and opportunities provided, once the clients enter the service system. Proposed language in the current reauthorization of the Rehabilitation Act of 1973 reinforces this approach with its emphasis on severe disability as the sole determinant of eligibility. Many rehabilitation programs other than state/Federal vocational rehabilitation permit entry and provide services on this open model, which is considered state of the art.

The characteristics of the service delivery systems that act as barriers to employment for people with long-term mental illness.

There are a number of system barriers that present significant obstacles to employment for people with psychiatric disabilities. First, divergent definitions and classifications, existing among the major human-service delivery systems involved with this population, represent one significant barrier. While there is a consensus that the needs of this population are greater than any one system can deliver, the task of developing effective working relationships and service commitments among health, vocational rehabilitation, and welfare agencies has been a difficult, long-standing problem. However, when there has been integration of mental health, vocational rehabilitation, and other supportive aspects of care (e.g., housing, health insurance) at the local level these have been effective in coordinating service delivery.

Strong disincentives to work are created by Social Security Administration regulations governing financial support and medical insurance. Helping clients return to the labor market is made significantly more difficult by an understandable disinclination on the clients' part to risk reducing or losing either the financial supports or medical benefits assured under Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) programs, which they regard as essential. This systems-related barrier represents a serious disincentive to return to competitive employment for many people with psychiatric disabilities.

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The factors in the larger socio-cultural context that bear on the success of vocational rehabilitation efforts.

Stigmatization of psychiatric disabilities is clearly the major factor in our culture that affects the relative success of vocational efforts. Clients often come to view themselves as good only when they are passive and unassertive, and have low expectations of themselves in accord with society's views of people with psychiatric disabilities as violent or helplessly uncontrolled. Mental health and vocational rehabilitation workers may reinforce this image by expecting clients to conform to dictated treatment, rehabilitation, and worker roles which do not fully utilize the clients' abilities or respond to their ambitions. Inappropriate use of unskilled jobs and the under utilization of supported education are examples of institutionalized low expectancy and stigma. The growing effort to hire mentally ill people into appropriate provider roles within the mental health system is a positive step to counteract stigma within the field.

The handicapping effects of stigma may increase in those settings where a greater value is placed on financial entitlement than on the culture of work: some subcultural groups of people with psychiatric disabilities may find filling the role of entitled "patient" more comforting than facing the potential failures, stigma, and fiscal/ health insurance disincentives inherent in the current world of rehabilitation and work.

The characteristics of people with long-term mental illness that predict employment success.

This area of inquiry has attracted a great deal of attention in an attempt to investigate the relationship between clinical and demographic variables and eventual employment outcomes. Several demographic variables have been found to positively correlate with future vocational functioning. Of these, employment history has been identified as most predictive of vocational outcome. Other variables found to correlate with vocational outcomes include fewer prior hospitalizations, shortened periods of the length of last hospitalization, a current marriage, and prior occupational level. There appears to be agreement that many of the variables associated with positive vocational outcomes for people with psychiatric disabilities are similar to those which relate to participation in the labor force by the general public. From these research efforts we have learned what does not appear to relate to vocational outcome:

neither particular patterns of symptomology, diagnosis, nor functioning in other life domains correlates strongly with positive employment outcomes.

In contrast to studies which show no relationship between static clinical and demographic factors and outcomes, are those which report positive correlations between measures of work adjustment skills — including interpersonal skills and a desire for work — and eventual employment outcome. Four dimensions of work adjustment — work readiness, work attitudes, interpersonal relations, and work quality — have been significantly and positively related to employment outcomes.

Using a different conceptual and methodological approach, a recent study provides another look at characteristics related to employment outcome. Rather than using general populations of hospitalized patients, all subjects of the recent study were receiving vocational rehabilitation services designed to achieve vocational goals, and all subjects were residing within the community. Results indicate that married clients, with less severe symptoms and no criminal justice involvement, were more likely to be employed at any time during the follow-up period. At first glance, these results appear to contradict previous research findings which identified other variables (e.g., employment history, hospitalizations) as correlated with employment success. However, this sample of vocationally ready clients may not be a representative group: previous predictors (e.g., employment history) appear to lose some predictiveness when applied to goal-oriented clients already involved in a vocational rehabilitation intervention. This current review of the literature reinforces the use of an accepting, open-door policy for vocational services rather than the use of single variable models for exclusion.

What elements of a vocational rehabilitation process most effectively help people with long-term mental illness obtain employment?

Vocational rehabilitation is a complex set of activities designed to provide opportunity, instruction, and support so that individuals can acquire the experience they need to attain and maintain chosen employment options. The key elements described here are: the practitioner; the process; the programs; and the principles.

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The Practitioner

Central to the vocational rehabilitation process are the practitioners who make it work. However, there is evidence that some practitioners are neither informed about nor sensitive to the needs of people with psychiatric disabilities and many consumers believe they are viewed by practitioners as incapable and incompetent. In contrast, there is evidence that the most effective vocational rehabilitation practitioners believe in the value of work, the possibility of vocational success, and the right to employment. They demonstrate respect for the personal and vocational experiences of their clients. They develop partnerships that allow clients to lead when possible, but provide leadership and direction when their complementary experience base can facilitate client progress. Effective practitioners possess general knowledge about psychiatric illnesses and their treatments, but respect the individual's experiences of illness and its impact on his or her life. They understand and can adapt standard services to meet individual's unique needs. They are knowledgeable about the larger service system that supports the individual and are skillful in accessing these services.

The Process

The vocational rehabilitation process is often equated with the series of programs in which individuals participate for the purpose of gaining or regaining vocational capacity. While programs are a critical resource for providing vocational assistance, the vocational rehabilitation process is independent of programming. Through it, individuals acquire and use the vocational knowledge and skills needed to specify their vocational goals and identify their strengths and needs, in order to attain and retain employment that is satisfying and successful. This process, while often described as linear and sequential, is actually organic and dynamic. Some individuals can direct this process themselves, while others require vocational services and supports. These services can be provided as parts of a comprehensive program or accessed as single service components. They include: vocational counseling; assessment; job development; placement; training; service coordination; and follow-along.

Vocational Counseling — Many individuals have had limited or negative work experiences and risk losing much by returning to work. Decisions regarding employment not only require

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considerations of "Where do I want to work?" and "What do I want to do?", but also, "Do I want to and can I work at all?" Depending upon the timing, intensity, and duration of illness, the time required to explore these questions may be protracted. The individuals' experience base may be severely limited, requiring new exposures to work settings and occupational activities before the goal is clear. Vocational counseling must be provided within a context of clinical understanding, although diagnostic and other clinical variables are not useful as tools for screening people for service eligibility. Also, discussions concerning financial risks and benefits are essential in the decision-making and planning process.

Assessment — No assessment procedure has demonstrated high predictive validity with this population. Again, there is consensus that the best employment predictor is the desire of the person to change vocational status and obtain employment. Situational assessments in volunteer jobs or time-limited employment offer the best options for providing relevant, timely information for and about clients, with assessments obtained about the individual's level of interpersonal and social competency.

Job Development — A pivotal component in the vocational rehabilitation process is job development, which creates a range and variety of employment opportunities. While some providers define this as a separate staff function, others include it as a job responsibility for all staff. Effective job developers create opportunities that reflect a comprehensive understanding of both the individuals being served and local employer needs.

Placement — Placement requires program and practitioner flexibility. Individuals vary in their experience and capacity for presenting themselves to employers . Effective placement strategies range from proactive, direct contact with employers to covert, behind-the-scenes support. Regardless of the methodology used, the issue of disclosure of disability remains central: most programs that approach employers on behalf of individuals have found it advantageous to be "up front" about the disability. A description of functional characteristics and relevant recommendations for accommodation have been found to be most helpful to employers.

Training — One of the best predictors of rehabilitation outcome is the individual's skill functioning both in basic work competencies related to all work settings and in skills required to perform specific

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jobs. In many instances, these skills can be learned experientially by the individual's being involved with competent staff and peers in purposeful, daily program activities and/or by direct experience on the job — with or without assistance from program staff. However, skills required for many skilled, technical, and professional occupations are not obtainable through on-the-job-training. These skills require admission to and successful completion of formal instructional programs. Consumers engaged in such training generally require support, and individuals receiving such support have demonstrated high levels of achievement. Also, interpersonal skills have been cited by consumers, program staff, and employers as the most critical to continuing job success and satisfaction. Finally, compensatory cognitive strategies, originally designed for people with head trauma and learning disabilities, may be useful in helping people with psychiatric disabilities overcome a wide range of cognitive problems (such as retention and concentration) which result either from medications or from the disabling effects of mental illness.

Follow-along — Follow-along services, short and long range, are crucial to the employment success of individuals with psychiatric disabilities. Services on and off site are very helpful when available and readily accessible to individuals and employers. For some, on-site supports for coaching are essential; for others, there is a greater reliance upon off-site support during non-work time, which may be offered off site. Employer education and support can also be a critical ingredient in effective follow-along services. For employers who are aware of individuals' disabilities, access to information and validation of observations are essential to employment success.

The Programs

For many people, the vocational rehabilitation process described above takes place within specific programs that assist them to secure and maintain employment. Some manage their own rehabilitation process by working — formally or informally — with private counselors or supportive colleagues, and many others — often in rural communities where specific programs are not available — pursue the process as part of their one-to-one relationship with a local vocational rehabilitation counselor. For many others, however, the kinds of special programs described below offer substantial and sometimes comprehensive assistance in reaching their vocational goals.

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A variety of program approaches exist today, many emphasizing "real work for real pay" in community settings. There is strong research documenting the effectiveness of such approaches not only in reducing hospitalization but also in increasing job acquisition, total earnings, and initial job retention. Among the most prevalent approaches today are:

Transitional Employment (TE). TE programs typically obtain entry-level positions from community employers, divide them into two half-time jobs, and fill them on a short-term (typically 6-month) basis with consumers who express interest in the job. Consumers — who become involved in TE programs early and continuously — may experience a variety of TE placements that position them for broader choices in the independent employment market.

Individual Placement. The individual placement model of Supported Employment, which utilizes a place/train approach, carefully matches clients with available jobs, and then places clients on jobs in the community as quickly as possible. On-the-job training and off-the-job support are provided by job coaches as intensively and for as long as needed.

Enclaves in Industry. Enclaves typically are established in larger commercial businesses, and assume responsibility for an entire unit of work (e.g., the mailroom, a loading dock, the parts assembly room). The unit is staffed with appropriate clients and supervision is provided by the agency.

Work Crews. Many rehabilitation agencies have established mobile janitorial, landscaping, or clean-up "crews" staffed by rehabilitation clients with program staff supervision. Services are offered on a paid basis to commercial businesses and public agencies in the broader community.

Small Businesses. A growing number of nonprofit facilities have established small businesses: restaurants, bulk mailing houses, cookie factories, duplication franchises. Such businesses may provide either transitional or permanent employment opportunities for their employees, who may fill positions at all levels of the organization.

Fairweather Lodges. Developed nearly thirty years ago, Fairweather Lodges offer both residential and vocational

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opportunities. Typically, a group of clients will live together and jointly operate a small business venture in order to better maintain themselves in community settings.

Assertive Community Treatment (ACT). ACT programs offer comprehensive community adjustment services to consumers through an intensive and coordinated team approach. The client is assisted by the entire team, which may include an employment specialist, to develop work skills, find a job, and sustain employment.

Consumer-Run Program. A still small number of consumer-run employment programs have developed in recent years, offering vocational counseling, educational and training programs, placement services, and ongoing peer support, with minimal or no support from mental health professionals.

Psychiatric Vocational Rehabilitation. Derived from the Psychiatric Rehabilitation approach, this is a highly individualized and consumer-driven approach. Once a vocational goal is mutually defined through experiential and reflective activities, help is provided through coaching and support activities to ensure that people succeed in the work and educational experiences they choose.

Several points should quickly be made about such rehabilitation approaches. The list is not all-inclusive: other models do exist. For instance, volunteer work, in which consumers develop both job habits and useful skills, continues to offer an important option for structured work in integrated community settings. Job clubs — in which client groups meet regularly to help one another develop resumes, interview skills, and job seeking approaches — have proven very effective in job acquisition. Further, there is a good deal of permeability among these approaches: enclaves and transitional employment fall under the supported employment regulations, work crews are often small business, etc.

Within each category there are also wide variations in practice: many TE programs utilize year-long placements, some Fairweather Lodges place residents in a variety of community businesses, individual SE placements may turn out to be quite short-term rather than permanent, etc. The roles of staff members in these agencies may vary considerably, depending upon the nature of the milieu, the

size of the program, and the agency's "generalist" vs. "specialist" orientation.

Most important, individual agencies may use a variety of approaches: a volunteer job may precede a work crew assignment, leading to a supported employment placement; and many transitional employment programs employ job clubs for the consumer prepared to move on to independent employment, etc.

Although there is not yet a comprehensive literature that fully assesses the impact of these approaches, we do know:

- **Such programs are serving a wide array of consumers.** Most programs do not limit their services to clients with either a particular set of demographic variables or specific diagnoses, in part because there is no evidence, yet, of the appropriateness of specific programs for specific client groups;

- **Many job placements are in unskilled settings.** Studies consistently show that 75% of jobs are in unskilled janitorial, food service, and related areas. While it should be stressed that any job a client chooses has its own dignity, it is nonetheless unclear: first, what the impact will be on consumers who undertake initial job placements in traditionally high-turnover unskilled positions; second, how many clients could benefit from — and be more satisfied with — more demanding or skilled work in an initial placement; or third, how many consumers move to more fulfilling jobs following successful completion of a short-term placement in unskilled positions; and

- **Many clients are under-employed in part-time jobs.** Although some clients prefer part-time employment as a response to problems with stamina and stress, others purposely limit their earnings in order to retain their eligibility under SSI and SSDI, with its related medical benefits.

The Principles

It is also true that such program approaches express a common set of values that make them effective. Such approaches emphasize:

- **Consumer Choice.** Successful programs both value and act on consumer empowerment perspectives, providing consumers both control over the timing, pace and intensity of their engagement in the rehabilitation process and as wide a range of choices as possible with regard to program models, work settings, and the nature of the work they seek.

- **Integrated Settings.** Real work opportunities should be in as integrated an environment as possible, in which consumers — whether in the training or placement phases of their rehabilitation process — have maximal opportunities to interact with nondisabled co-workers, supervisors, and the general public.

- **Psychosocial Service Linkages.** Psychosocial rehabilitation agencies promote employment outcomes by providing both work-oriented programs and a range of non-vocational supportive services — housing, financial management, social, etc. — that the consumer may need in order to function effectively on the job.

- **Natural Supports.** Many programs have sought to draw upon "natural supports" in the consumer's life — family members, co-workers, mentors, company Employee Assistance Programs, etc. — to provide working consumers with the supports they need to remain employed.

- **Rapid Placement.** Effective programs move consumers on to real jobs in the community quickly, minimizing preplacement preparation by careful matches and the provision of both on-the-job training and off-the-job support, as intensively as needed and desired by consumers.

- **Job Accommodations.** Effective support stresses the need for job accommodations, which may be provided either by the employer or by the rehabilitation program. Such accommodations are both highly individualized and frequently inexpensive — but crucial.

- **Continuity of Services.** "Seamless" services — ongoing programs that do not force shifts of counselors, agency affiliations, or relationships as the consumer moves within the process — are best for consumers.

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- **Pro-active Services.** Effective programs work pro-actively, encouraging clients early and continuously with regard to their employment prospects.

The above listing of program elements considered critical to effective rehabilitation programming suggests that the rehabilitation process for people with long-term mental illness is neither a short-term nor linear process. People with poor work histories enter the rehabilitation process at the beginning of their working careers, and their progress toward developing a "long-term attachment to the labor market" will be both episodic and gradual. The disability — and particularly its episodic and disruptive quality — suggests that expecting the rehabilitation process to proceed in a "straight-line" fashion is self-defeating for consumers and professionals alike. More constructive is a long-term rehabilitation process directed toward gradually shortening periods of unemployment and gradually lengthening periods of productive work.

What combination of long-term interventions must be available to help people with long term mental illness maintain themselves in the labor market?

Although there is now a consensus that effective program methodologies do exist to help people with psychiatric disabilities enter the labor market, there is also documentation that an array of long-term interventions are needed to help people remain involved in the labor market over time. As for any worker, the attainment of paid employment is only the beginning of work life: those who experience ongoing symptoms and functional limitations, however, may continue to need employment supports over time. Stability in all life contexts (i.e., family, housing, education, physical health, etc.) enhances employment stability.

There are a variety of circumstances in which a working client may need additional support in order to maintain or regain the role of worker. Among these are:

- Changes in the workplace that require new skills or adjustments by the consumer;

- Consumer dissatisfaction with his/her current employment leading to a desire for alternative work;

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- A psychiatric crisis in the consumer's life, leading to either dismissal or resignation;
- The consumer's desire to seek additional education to improve his/her employment;
- Layoffs from employment, closure or relocation of a company;
- Opportunities for advancement within the worksite, with new responsibilities; or
- The natural turn-over experienced in many unskilled but high pressure positions.

In many instances, consumers need assistance in order to avoid job loss or accomplish positive job changes. The vulnerabilities of many consumers — months or even years after their initial stabilization on a specific job — make it difficult for them to sustain their confidence and commitment to employment. In the past, such circumstances led either to the abandonment of the labor market entirely, or the unnecessary return to the beginning of the vocational rehabilitation process.

When service systems fail to provide long-term interventions, they increase the risk that people with psychiatric disabilities will spend extended periods of time outside the workforce or drop out altogether. The human consequences in poverty and segregation are severe.

Effective long-term supports assist consumers in normalizing their experiences with job mobility, and in defining both short-term and long-term job tenures as successful experiences before moving forward. At the same time, by assisting clients at points of crisis, long-term supports protect the investment already made by the counselor, the program, and most importantly, by the client.

Essential Elements Of Effective Long-Term Interventions:

The following resources are provided by programs that assist people with psychiatric disabilities maintain employment over time:

- Opportunities to gain feedback on and develop skills in assessing their own performance, responding to supervisory feedback and direction, scheduling time, managing work tasks, and developing interpersonal skills;

- Support in accessing the adult education system to complete interrupted education, obtain education credentials, gain marketable skills, or pursue career goals;

- Opportunities to gain information about and test out a variety of jobs;

- Support in personal financial management (e.g., household budgeting) and utilizing Social Security Administration work incentives;

- Competent and affordable pharmacological and psychiatric services, including attention to the interplay of medication and employment;

- Access to primary health care for acute and chronic health problems, and the availability of substance abuse treatment and rehabilitation for co-occurring disabilities;

- Availability of loans and/or grants during periods of personal financial crisis;

- Help in overcoming barriers to employment caused by lack of transportation; and

- Education of the general public by mental health consumers to reduce the myths and stigma associated with mental illness.

Principles Of Effective Long-Term Interventions:

The above components of long-term interventions are based on a series of interrelated principles. Effective employment support:

- Equip people who have psychiatric disabilities to continue to compete in the competitive marketplace, rather than relying on employer altruism.

- Help consumers to set and pursue career goals, not just immediate job placement goals.

- Employ mental health consumers at all levels within the mental health and vocational rehabilitation professions, for which they are qualified. Such hiring programs take proactive steps to make the workplace hospitable to them as employees: mental health consumers represent an underused and much needed human resource in these systems.

- Also utilize mental health consumers as peer supports and mentors for other consumers, in order to instill hope and encourage the recovery process.

- Help consumers understand that disclosure of one's psychiatric disability to the employer can bring many benefits. Disclosure alleviates the fear of being found dishonest, allows more realistic interaction with co-workers, and permits the worker to negotiate a reasonable accommodation. On a societal level, disclosure reduces stigma and misconceptions about mental illness. However, self-disclosure must remain a personal decision, and help must be available to weigh the associated costs and benefits.

- Recognize that many people with psychiatric disabilities tend to experience periodic exacerbations of symptoms: at these times, they need quick access to the full range of interventions that have helped them in the past.

- Highlight the benefits that can be gained from the Americans with Disabilities Act if employers, workers, and service providers are fully informed of their rights and responsibilities.

- Identify and develop stable sources of funding for long-term employment supports other than Medicaid or the state-Federal vocational rehabilitation program.

- Acknowledge that people with psychiatric disabilities may have co-occurring disabilities or health problems that must be addressed.

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How can vocational rehabilitation programs effectively encourage employers to offer, maintain, and support employment opportunities for people with long-term mental illness?

Until recently, the major focus of rehabilitation programming has been on the individual with the disability: through career counseling, interpersonal skill development, vocational skill training, and other approaches, consumers were equipped with capacities that were expected to lead to employment success. Today, it is clear that these strategies alone are not sufficient for achieving desired employment outcomes, for even people with psychiatric disabilities who have received exemplary employment services frequently do not fare well in the labor market. Recent evaluation of transitional and supported employment programs has offered the field both valuable insight into employer resistance to hiring persons with long-term mental illness and encouraging information about improved ways to encourage employers to provide job opportunities for people with psychiatric disabilities.

The Need for Employer Development

Several factors account for why improved levels of success remain elusive. Traditional services have relied heavily on models which locate employment problems within the individual, and fail to see the interplay between the person and society. A broader view of the problem suggests other solutions and opportunities while some approaches view work activity as a means for achieving health and work itself becomes a part of the process, from an employer's point of view, work is not therapy, but the successful outcome of a recruitment and hiring process. Because this process requires a substantial investment on the employer's part, employers expect to gain a return on this investment as soon as possible. Although most progressive employers agree that work should be a healthful experience, they do not welcome the responsibility for transforming people from states of ill health to good health. By viewing work as a therapeutic modality, the rehabilitation community has often limited its contacts with employers to those who need workers at any cost.

There are other employers who value hiring people with disabilities for reasons other than profit. Many employers have altruistic reasons, including personal experiences with friends or loved ones,

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which motivate them to provide opportunities to people with psychiatric disabilities. Still other employers cultivate community goodwill by hiring people with psychiatric disabilities in exchange for positive public relations. Either of these motivations provide consumers with an opportunity to prove their economic value to the employer.

Key Ingredients to Forming Employer/Rehabilitation Partnerships

Effective vocational rehabilitation programs acknowledge that solutions to vocational success recognize the needs both of people with psychiatric disabilities and of their potential employers. A prerequisite to progress, however, is to address the stigma faced by people with psychiatric disabilities in the labor market, so that employers can accurately assess a potential employee's productive potential without considering irrelevant issues about psychiatric disabilities.

The first requirement is to convince employers that hiring people with psychiatric disabilities will result in desired productivity. The experiences of transitional and supported employment programs, in particular, show that aggressive outreach campaigns to employers that emphasize worker productivity result in job opportunities for people with psychiatric disabilities. Increasing numbers of Transitional Employment (TE) and Supported Employment (SE) employers are showing their willingness to participate in training and support programs, but unless their efforts continue to result in securing profitable employees, these involvements will diminish. When employers see that their values are shared by service providers and consumers striving to make work outcomes successful in the employer's terms, they continue to participate in TE/SE programs, and are more willing to accept the occasional setbacks that may occur. This also means that partnership efforts must be long term, rather than limited to one-time transactions. Finally, success with a few employers has led to increased job development opportunities with other employers: as the word is spread about the value of partnerships in securing productive employees from programs serving people with psychiatric disabilities, opportunities expand.

Rehabilitation staff frequently offer businesses much more than other employee recruiting resources. Having to struggle with rising health and work-related disability expenses has made businesses

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aware of the need to manage these costs. Rehabilitation programs, in creating strategies that promote the success of consumers, also create work environments that result in satisfied and productive workers without disabilities. Rehabilitation professionals who share their knowledge with employers and show them the links among disability management, work productivity, and employment for people with psychiatric disabilities have been successful in maintaining partnerships that lead to job opportunities. Many successful partnerships make use of the natural supports in work environments that enhance job maintenance among other workers. Natural supports include access to such general resources as Employee Assistance Programs and other health-related benefits, mentors, car pooling and recreation/social opportunities.

Labor market shortages make employers more inclined to use rehabilitation programs as sources of new recruits, particularly if ongoing support and career development services are offered. No other recruiting resource provides this long-term assistance to business. This is a marketing edge that effective rehabilitation programs have taken advantage of. Follow-up, once promised, must be delivered, since partnerships fail without commitment. Follow-up provided on a regular, consistent basis serves to prevent crises and minimize the recurring problems often experienced by workers with psychiatric disabilities. Successful follow-up support to employers may not only save the job of one consumer, it may create opportunities for others. Studies have shown that many employers' negative attitudes about the capability of people with psychiatric disabilities to be productive, stable workers dissipate after they gain personal experience with such workers.

Job Development and Placement Services

Job development and placement have been parts of service delivery for many years, but utilized on a limited basis. Although it is a costly labor intensive activity, greater efforts to develop systematic and sustained employer development programs for workers with psychiatric disabilities often results in increased placements. A variety of techniques have been tried to cultivate employers: personal contacts between employers and service providers are most effective, and encouraging experienced employers to reach out to colleagues also works well. Potential employers to contact are: those known to have hired people with psychiatric disabilities in the past; employers who are relatives and friends of consumers; and

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other employers known to program staff. Without personal contacts, job development is possible by undertaking mail and telephone campaigns. Vocational rehabilitation organizations often work best when utilizing employment professionals with specialized training in job development, placement, and employment maintenance for individuals with psychiatric disabilities. These specialists develop and maintain relationships with employers and help identify, secure, and maintain suitable employment opportunities.

Interagency Linkages

Vocational rehabilitation programs can continue to improve linkages to local mental health agencies, community mental health programs, and other community support organizations to more effectively serve people with psychiatric disabilities. Surveys of employers indicate that they prefer local agencies to work jointly to minimize duplication of services, competition among agencies, and wasting of time by repeated contacts from multiple programs. Linkages are guided by interagency agreements and plans that spell out the roles of each program and how they work with employers in their service areas. Local clearinghouses and job banks work well to coordinate interactions of staff from many programs with local employers.

Employer Councils

Business advisory councils have demonstrated reasonable success around the country in forging partnerships between employers and the rehabilitation community. Organized on the local level, these councils provide systematic vehicles for ongoing communication and opportunities for interchange about the labor market, expectations of employers, services provided by vocational rehabilitation, and related issues. These councils can be organized in every community at the service delivery level.

The Americans with Disabilities Act (ADA)

The ADA and other legislative initiatives provide tools that rehabilitation programs can use. Businesses must comply with its provisions, and rehabilitation programs can use their staff expertise to help businesses comply and gain the benefits available to them through such incentives as the Small Business Tax Credit and the Targeted Jobs Tax Credit. This gains leverage for programs in their

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efforts to create training and job opportunities. Employers have many misconceptions of their responsibilities under the ADA and fear that government regulations will be costly. Rehabilitation programs have opportunities to dispel these fears by providing ADA-related education and technical assistance to employers. Education activities can be augmented by technical assistance to employers in developing reasonable accommodations. For example, problems with memory or organization can be eased through the use of electronic calendars. When these opportunities occur, consumers, providers, and employers can work together to create optimal job conditions. These activities can further strengthen the partnership between rehabilitation programs and employers.

What are the most effective roles for people with long-term mental illness to play in the process of securing and maintaining employment?

People with psychiatric disabilities can play a variety of self-empowering roles in the rehabilitation and mental health systems. These include:

- **Recipient of services.** In the rehabilitation systems, recipients receive a wide range of services — e.g., club houses, supported employment, supported education, vocational counseling, etc. — that acknowledge, to one degree or another, the importance of consumer empowerment as a central aspect of the rehabilitation process.

- **Alumni.** An increasing number of individuals play an alumnus role to organization(s) which aided in their recovery: these alumni contribute time, money, marketing, and advocacy.

- **Member of Policy and Planning Boards.** Federal legislation mandates the participation of consumers on state policy and planning boards, and people with psychiatric disabilities are often represented on mental health boards, although somewhat less well represented on vocational rehabilitation boards.

- **Provider of advocacy.** Consumers can work as peer advocates in the mental health system, in vocational rehabilita-

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tion client assistance projects, in state protection and advocacy offices, and in consumer-run drop-in centers.

- **Researchers.** People with psychiatric disabilities are playing active roles in researching consumer-run demonstration projects, in conducting consumer satisfaction surveys, and in advising NIMH on research plans.

- **Service provider.** Consumers are also working in significant numbers as providers of mental health services in all capacities (e.g., as case managers, job coaches, counselors, and residential staff) and some are working in the rehabilitation field in a variety of capacities.

- **Manager.** Consumers are working as managers in mental health agencies, often at high levels, although many are reluctant to disclose their past or current disabilities.

Mental health consumers have expressed strong interest in the roles described but still have experienced many barriers to empowerment within these roles. There is a broad consensus that stigma is the primary barrier. People with psychiatric disabilities are viewed by society as less than full people, and are relegated to an impaired role which carries with it a loss of full human status. These attitudes have led to an inappropriate perspective that providers alone know what is best for consumers. However, people with psychiatric disabilities who present themselves as individuals in the process of recovery, and who have recovered sufficiently to pursue an occupational goal, can regain their dignity. Employment is an important part of this process, and empowerment is a crucial element in attaining employment.

Principles of Empowerment

Empowerment, vital to recovery encompasses the following six elements:

1. Empowerment implies the ability to control one's life and the conditions that affect one's life, with at least as much power as most people have. Empowerment characterizes relationships as well as individuals and occurs on four levels in employment services: a) freedom of choice regarding individual services, b) a significant role in the

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operation and decision-making of programs that provide services, c) participation in planning, evaluation, and decision-making, and d) participation in civic decisions at community, city, county, state, and Federal levels. When people have opportunities to make choices, based on their needs, abilities and disabilities they have the best chance of reaching their goals. When consumers have meaningful roles in development and implementation of services, the perspective they bring enhances service relevance.

2. "We speak for ourselves...no one else can speak for us." This point underlines the need for people, individually and collectively, to play major roles in treatment decisions, research, and policy-setting — all of which affect their lives.

3. Mutual support provides the opportunity for non-threatening reality-testing in a non-hierarchical group of equals, peer group modeling with mutual feedback and problem solving, and unconditional social acceptance with empathetic understanding.

4. Barriers of discrimination and stigma which diminish self-esteem, perpetuate learned helplessness, and imply that people with psychiatric disabilities are incapable of self-determination can be overcome.

5. The values of equality, participation, and legality — which we regard as the values of a constitutional democracy — are fully applicable to people with disabilities.

6. Hope is engendered: recovery from mental illness is seen as possible for everyone. Consumers emphasize that recovery consists of disabled individuals with the right to full personhood participating fully in the life of the community.

Implementing Empowerment

At the present time, the field is learning a great deal about: a) the roles consumers can play as recipients of employment services; and b) the actions practitioners can take to enhance consumer

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empowerment; and c) the issues consumers face when they become employees of rehabilitation programs.

a) **Empowering Consumers as Service Recipients:** when receiving services consumers can:

Control the pace of work, and influence decisions to end work.
Provide feedback about program effectiveness and appropriateness.
Ensure that it is their needs which drive the program.
Insist that decisions be made by consumers, while choices are presented by providers.
Set goals, offer information, help identify employers, and develop jobs.
Genuinely desire to work.
Believe they can make a difference.
Express their choices and involve themselves in decisions.
Promote the perspective that problems exist as much in the environment as in the individual.
Insist that their preferences be treated as important indicators of job adaptations.
Focus on their abilities, not disabilities.
Be aware of having an equal opportunity to be hired.
Join peer support groups.
Enter into partnerships with rehabilitation counselors who honor consumer choices.
Work in service provider positions when they feel able.
Seek and develop career ladder and training opportunities.
Take charge of their destinies and define their own goals.
Seek information about the ADA and SSI and other entitlements.
Provide technical assistance to others.
Become role models for other consumers.

b) **Practitioner Support for Consumer Empowerment Initiatives:** practitioners assist best when they:

Enter service relationships as equal partners.
Engender positive expectations and inspire hope.
Respect the consumer's wishes regarding disclosure.
Help them avoid involuntary treatment by promoting alternatives such as consumer-run services.

Offer a menu of choices.
Hire consumers in the areas of service, policy, and research without discrimination.
Help consumers overcome beliefs that they can't succeed.
Provide a wide range of employment opportunities.
Individualize goal setting which provides flexibility.
Avoid assessments and judgments which are disempowering.

c) **Empowering Consumers Who are also Service Providers:** a number of people with psychiatric disabilities who work as staff in rehabilitation agencies face many challenging issues, among them:

- **Networking/Peer Support.** Being part of a peer support group and network can be helpful in alleviating retraumatizations which the mental health system sometimes inflicts on consumers working in the field. Individuals can feel isolated, discounted, and pressured to conform by their nonconsumer coworkers. Peer support can provide a place of safety, trust, understanding, and connection, but to maintain this atmosphere, it is essential that there be absolute confidentiality. Participation in such groups may be a choice consumer-providers could make in designing their work accommodations under the ADA.

- **Boundaries and Multiple Roles.** Because there is a marked difference in power between provider and consumers, consumers are often reluctant to shift to provider positions because they must then give up many peer supports that they had with other consumers; in addition, they find it difficult to be open with non-consumer staff, especially if they were previously consumers in the same system. Another boundary issue is that of therapeutic distance. Many people with psychiatric disabilities have felt most helped by workers who allowed their humanity to shine through the haze of training. Traditional provider training recommends against sharing personal information with clients; however, lessons consumers have learned in their own recoveries are often excellent resources for clients, as long as they are shared for clients' benefit and not to meet the providers' needs. These boundary issues are factors in consumer-run organizations as well, where rules limiting self-disclosure and personal involvement also threaten mutuality.

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- **Stigma and Disclosure.** These topics are discussed together, since discrimination towards the consumer/provider often occurs only after disclosure. Whether to disclose depends on the perceived acceptance of the program. The decision of when, to whom, and how much to disclose has become increasingly important with the passage of the ADA: for workers to receive the protection of the ADA, they must self-disclose to at least one staff member. Some consumer/providers believe that timely, relevant disclosure to clients reduces potential abuses of power, because helpers and helpees see each other more as people. These benefits must be weighed against the risks of stigma and "mentalism" — for which the ADA is not effective ('mentalism' refers to small, daily acts of discrimination, e.g., condescending tones) — which erode personal dignity.

- **Need for a New Vision of Healing and the Need to Communicate that Vision to Staff and Clients.** Consumer/providers need to use their experiences to generate a new vision of healing which can inform their daily practice and improve the practice of all providers.

- **Supervision.** Supportive supervision is carried out on a peer basis. Ideally, consumer/providers are supervised by another consumer/provider. In the absence of such an arrangement, the supervisor should share the core values of empowerment, and have at least the same level of training as the supervisee. The supervision process should be monitored by a consumer/provider working elsewhere in the organization; organizations should always try to hire a minimum of two consumer/providers.

- **Co-optation and Relationship of Consumer/Providers to the Consumer/Survivor Movement.** Consumer/providers, especially in an organization, can be co-opted in a variety of ways — such as identifying with the oppressive practices of the providers. Co-optation can occur in consumer-run organizations as well. Without consciousness raising, such groups often incorporate an illness paradigm which stigmatizes and discredits providers with psychiatric disabilities.

What are the future research directions that will provide new knowledge in relation to securing and maintaining employment for people with psychiatric disabilities?

In preparing this Consensus statement, current research findings on the outcomes of services, client characteristics, systems issues, and related questions were reviewed and, where appropriate, incorporated. Through this review of the testimony given, a number of research questions requiring further exploration were identified which may offer data with significant implications for successful vocational outcomes for people with psychiatric disabilities. These questions are listed as follows.

Process and Outcome Studies

- What are the effects of specific rehabilitation strategies on client preference, satisfaction, desire for work, self efficacy, and self awareness, and how are these variables related to employment outcomes?

- What are the effects of rehabilitation services on clients with different ages, diagnoses, disability status, and treatment histories receiving different treatment interventions?

- What are the characteristics of unemployed people in the general population compared with unemployed people with psychiatric disabilities?

- What are the long-term effects of involuntary commitment and treatment on employment outcomes?

- What factors, interventions, and supports collected from anecdotal reports and personal histories enable mental health consumers to achieve and maintain employment?

- What is the longitudinal cost-benefit of providing long-term employment supports, from individual and societal perspectives?

- What is the effectiveness of vocational programming for clients suffering from both mental illness and substance abuse?

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- Does training about mental illness increase the effectiveness of Federal officials charged with enforcing the ADA?
- What is the effect of reducing of SSI and SSDI work disincentives on work experiences and long term employment outcomes among people with psychiatric disabilities?
- What are the costs and benefits of allowing people with psychiatric disabilities to retain SSI or SSDI eligibility while working?
- What are the effects of guaranteed maintenance of health insurance independent of work/disability status on rehabilitation outcomes?
- What is the interaction between vocational preferences of people with psychiatric disabilities and available labor market opportunities, and how does this influence employment outcomes?
- What is the effect of psychosocial linkages upon attaining and maintaining work?
- What is the effect of presumptive eligibility for vocational rehabilitation services on employment outcomes?
- What differential effects do various funding strategies have on outcomes of rehabilitation services?

Interaction of Rehabilitation with Biological Variables and Treatment

- What relationships hold between newly identified biological (e.g., brain imaging) variables and vocational outcomes following specified interventions?
- What is the relationship of neuropsychological findings with vocational rehabilitation outcomes using specified interventions?
- What are the effects of new pharmacological strategies on vocational rehabilitation outcomes?

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- What are the effects of diet and fitness on rehabilitation outcomes?

- How can compensatory strategies (in language, memory, and cognitive functioning) developed to assist people with learning disabilities and neurological impairment, be applied to assist people with psychiatric disabilities to work?

Accommodation and Job Development Issues

- What are the best approaches to use with employers which may lead to increased job and career opportunities?

- How can people with psychiatric disabilities take advantage of existing career advancement opportunities found in business and industry?

- How can assistive technology be applied to reasonable accommodations for consumers with psychiatric disabilities?

- What are effective strategies for equipping service consumers with self-advocacy skills (e.g., applying their rights under ADA) which enable them to obtain essential job accommodations?

- What techniques can assist rehabilitation professionals in advocating with employers on behalf of consumers of services?

- How can rehabilitation professionals assist employers in using natural work site supports to empower workers with psychiatric disabilities?

- What strategies can be used to involve business advisory councils in opening more job opportunities for the population of workers?

- What are the benefits and risks of self-disclosure concerning prior history of mental illness?

- What is the full range of reasonable accommodations which can facilitate employment for people with psychiatric

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disabilities, including flextime, part-time hours, flex place, etc.?

- How can business/rehabilitation partnerships be used to identify entrepreneurial opportunities for consumers of services?

Stigma

- What are the impacts of various definitions of mental illness (e.g., brain disease v. emotional disturbance) on the perception of people with psychiatric disabilities and the general public?

- What methods allow workers with psychiatric disabilities to most efficiently respond to and diffuse discrimination in the workplace?

Consumers as Providers

- What are the work experiences of the individuals with psychiatric disabilities who work as rehabilitation providers? What helped them get the jobs? How have they handled disclosure?

- What is the effectiveness of consumer-run organizations in facilitating the rehabilitation of their paid staff?

This list does not exhaust useful and valid research questions, but offers these principles to guide future research:

It is important to promote the active participation of people with psychiatric disabilities at all levels of research development, implementation, and evaluation, and

As a result of the long term nature of the disability, particular attention should be given to the development of longitudinal studies which examine vocational outcomes, the effectiveness of differential rehabilitation interventions, and the impact of work on the quality of life.

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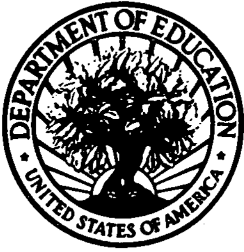

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