

Employment and Education Services for Young Adults with Mental Health Conditions¹

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August 2023

Executive Summary

During the transitional stage of development from childhood to adulthood, roughly ages 14 to 24, young adults are at high risk for developing mental health conditions, leading to difficulties completing education and achieving competitive integrated employment. In response, the Workforce Innovation and Opportunity Act of 2014 (WIOA) prioritized vocational rehabilitation services for this age group. Given this priority, state and local leaders need effective service models to improve employment and education outcomes for this vulnerable group. Individual Placement and Support (IPS), an evidence-based practice originally developed for working-age adults with long-term serious mental illness, is increasingly offered to young adults with a broad range of mental health conditions. This issue brief summarizes findings from a systematic review of seven randomized controlled trials showing substantially better employment outcomes for young adults with mental health conditions receiving IPS compared to those receiving standard employment services. The brief then suggests several specific strategies for IPS teams working with this population. Finally, it describes a fidelity scale for assessing the quality of IPS implementation for this age group. In doing so, this brief:

- Provides an overview of the needs of the young adult population and the scope and complexity of the issues they face.
- Provides information to help state and local leaders identify the most appropriate employment services for young adults and advocate for these services.

¹ This issue brief has been prepared by Westat under DOL Contract Number 1605DC-18-A-0034/1605C3-20-F-00017.

- Identifies strategies IPS specialists and program leaders can use when working with this population.
- Offers a tool for IPS trainers to diagnose IPS implementation challenges.

Introduction

This issue brief discusses employment and education of young adults with mental health conditions and evidence-based supported employment and education services for this age group. It is written for state leaders responsible for implementing employment services for this target group, provider agency leaders, employment program leaders and practitioners, and other stakeholders.

The term used to define the target age group varies widely in the literature, as does the age range. Various sources refer to “young adults,” “youth,” and “transition-age youth.” For the purpose of defining eligibility for youth services, the WIOA of 2014 defines the age range to be 14 to 24 (14-21 for youth attending school and 16-24 for youth out of school).¹ Also, the federal Fair Labor Standards Act and various state labor laws set restrictions on employment for individuals under 18. The age range for the young adult group varies in the studies cited in this issue brief.

Service Needs of Young Adults with Mental Health Conditions

In conjunction with psychological, physical, neurological, cognitive, and social development, critical transitions from childhood to adult roles occur during young adulthood. Normative expectations include completing high school, separating from family of origin, living independently, finding gainful employment, developing a social network, and becoming a productive citizen.² During transition, young adults are at high risk for developing mental health conditions. Young adults who develop mental health conditions often fail to develop adult employment trajectories. Experiences during this period have long-lasting effects on employment, career, economic security, and physical, psychological, and emotional well-being.³ Thus, young adults are a distinct population for policy, planning, programming, and research. Because employment is a critical social determinant of health, help with employment should be

available in mental health settings, included as a preventive health intervention, and based on evidence-based practices.

Young adults with mental health conditions have high unemployment rates,⁴⁻⁶ despite their strong desire to work.⁷⁻⁹ Moreover, young adulthood is a developmental stage during which behavioral health problems are common, including the typical onset of psychotic disorders and peak levels of substance use. Based on the 2020 National Survey on Drug Use and Health, an estimated 10.2 million young adults in the U.S. aged 18 to 25 had a mental health condition, of which 3.3 million were classified as serious mental illness (30.6% and 9.7%, respectively, of the young adult population), with the prevalence increasing annually over the preceding decade.¹⁰

Young adults with mental health conditions experience barriers to receiving employment and education support. Family members may worry that seeking employment is too stressful. Mental health agencies may not focus on recovery through work and education, instead focusing on medication management, symptom reduction, and stability.¹¹ Young adults with mental health conditions themselves may not feel empowered to pursue these goals and drop out of services.¹² Young adults encounter many challenges in transitioning between the child and adult mental health systems, including eligibility requirements that prevent them from receiving vocational services and practitioner unfamiliarity with this younger age group.¹³

Barriers to education parallel those to employment. Mental health professionals sometimes view postsecondary education as too stressful for young adults with mental health conditions (especially after a psychiatric crisis that interrupts their coursework) and may discourage them from furthering their education.¹⁴ Additional barriers to education include psychiatric symptoms, inadequate financial resources,¹⁵ and perceived stigma and discrimination by faculty and students.¹⁶ Nevertheless, educational attainment is associated with higher lifetime earnings and other positive employment outcomes for people with mental health conditions.¹⁷

Major Subgroups Within the Young Adult Population

The young adult population comprises numerous vulnerable subgroups, many of which rarely seek help from community mental health agencies. These subgroups include young

adults in schools, in the foster care and justice systems, and those living in temporary housing or homeless shelters, or living with family but not involved in school, training, or employment. In all these settings, young adults from historically underserved populations, such as Black, Hispanic, American Indian and Alaska Native, and LGBTQ+ individuals, are at higher risk for mental health conditions.¹⁸ Understanding the specific needs of young adults in these groups may facilitate development of helpful modifications to employment services for specific populations.¹⁹

Research on the Effectiveness of IPS for Young Adults

No vocational program has been established as an evidence-based model for young adults with mental health conditions. However, IPS, an employment model for adults with serious mental illness,²⁰ has been increasingly adopted and found effective for a range of other medical conditions and disabilities.²¹ Developed during the 1990s, IPS is based on eight principles:

- Focus on the goal of competitive integrated employment (competitive integrated employment includes regular jobs in community settings paying at least minimum wage and not set aside for people with disabilities.)
- Zero exclusion (every client who wants to work is eligible for services regardless of “readiness.”)
- Attention to client preferences (services align with clients’ choices, rather than practitioners’ judgments.)
- Rapid job search (IPS specialists help clients look for jobs soon after they express interest, rather than providing lengthy pre-employment preparation.)
- Targeted job development (Based on clients’ interests, IPS specialists build relationships with employers through repeated contact.)
- Integration of employment services with mental health treatment (IPS programs closely integrate with mental health treatment teams.)
- Personalized benefits counseling (IPS specialists help clients obtain clear and accurate information about how working may impact their disability insurance.)

- Individualized long-term support (Follow-along supports, tailored for the individual, continue for as long as the client wants and needs support.)

A systematic literature review and meta-analysis identified seven randomized controlled trials (RCTs) of IPS for young adults, including four RCTs of young adults with early psychosis and three secondary analyses of IPS RCTs with subgroups of young adults with mental health conditions.²² At follow-up, the IPS group had a significantly higher competitive integrated employment rate than the control group in all seven RCTs. Combining data for the seven RCTs, 58 percent of 357 IPS participants compared to 32 percent of 340 control participants were employed in competitive integrated employment at follow-up. Each RCT also reported at least one measure of employment duration, with six reporting significantly greater duration for the IPS group than the control group. The overall education outcomes were also significant. In total across the four RCTs, 52 percent of 216 IPS participants and 37 percent of 171 control participants were enrolled in an education program during follow-up.

Most IPS research for young adults has focused on early psychosis programs. Researchers have also conducted a few small observational studies of IPS in other young adult subgroups, including high school students,²³ young adults transitioning from foster care,²⁴ homeless youth,^{25,26} and transition-age youth attending headspace centers that provide mental health services in Australia.²⁷ These observational studies have reported positive outcomes, but more rigorous studies are needed.

Augmentations to IPS for Young Adults with Mental Health Conditions

When working with young adults, IPS specialists face many unique challenges unlike those for older adults. A resource manual provides suggestions for addressing common issues that IPS programs encounter.²⁸ Below are key strategies for addressing common challenges:

Referrals. Most referrals to IPS programs are from mental health treatment providers in community mental health centers. However, these centers serve only a small fraction of young adults with mental health conditions. Thus, IPS programs serving such subgroups must expand their referral sources. For example, those serving high school students must develop relationships with high school counselors, teachers, and administrators and find forums for regular contact, such as Parent Teacher Association meetings.²⁹

Engagement. Some young adults with mental health conditions are fearful about trying a new job or going to school. For many reasons, including a lack of confidence, young adults may either never enroll in IPS services, or drop out after a single appointment. To improve engagement, IPS specialists build rapport by focusing on client preferences and goals. IPS specialists begin by assessing the young adult's interest level in employment and/or education. They ask them questions about how often they want to meet, where they want to meet, and what they want to focus on when meeting. Like their same-age peers without mental health conditions, young adults with mental health conditions want to feel empowered to make decisions about their lives. While IPS specialists focus on work and/or school, they can also engage young adults with mental health conditions by discussing what is important to them now, such as how they spend their time and what they enjoy, while always returning the focus to employment and education.

Also, young adults typically respond more quickly with texts, instant messaging, and (less frequently) emails rather than by phone. The IPS team leader is responsible for informing IPS specialists about their agency's policies regarding use of cell phones and coaching specialists to ensure appropriate boundaries.

Family involvement. IPS specialists should encourage clients, especially younger clients, to invite family members to meetings. Young adults may live with and be supported by family members who are concerned about their recovery through work and education. When discussing family, IPS specialists help young adults to broadly define family to include good friends or other supporters. For example, an IPS specialist might ask a young adult, "Who would you tell if you were hired for your dream job, or if you received the highest grade in your class?" IPS specialists should honor client choice and not pressure them. Some young people, including those seeking to establish their independence, may not want family involvement.

In most cases, family members have knowledge about a person's strengths, coping strategies, skills, interests, and past experiences that may help in identifying a good job match or career direction. IPS specialists can help families be more effective in supporting young adults by providing information about various options. For example, with good information, a family member may understand why it is better for a young adult to gain employment with IPS

rather than apply for Social Security disability benefits. Families may have helpful resources, such as transportation, employer contacts to assist in job searching, the ability to help with wage reporting, knowledge of warning signs of illness exacerbation, and problem-solving strategies.

Many family members want to be involved and benefit from guidance by the IPS specialist. They may have high expectations for their family member and want them to achieve success faster than is realistic. At the same time, IPS specialists learn about the family's culture in terms of attitudes about mental illness, socio-economic status and work, and educational attainment. IPS specialists educate families that young adults often try several jobs before settling into one long term. The IPS specialists also suggest that it may be helpful for young people to start with one or two courses in school and then increase their loads, once they build their confidence, study skills, and school routines. IPS specialists also explain that young adults often change their minds about their career plans. During these periods of uncertainty, IPS specialists continue to engage clients and help them explore options for meaningful work and academic pursuits and encourage family members to be supportive.

Job instability. Young adults – regardless of their mental health status – change jobs more often than older adults. While there are many reasons for changing jobs, one common factor among young workers is a lack of work experience. Consequently, young adults may try multiple jobs before finding a match that suits them. Trying out different jobs is not only common among this age group, but also provides valuable experience in identifying and developing a viable career path. IPS specialists coach young adults who have decided to quit their current jobs on how to appropriately end employment, to learn from each experience, and to start new jobs and/or enroll in school to acquire more or different knowledge and skills for preferred jobs.

Young adults with changing goals. Many young adults change their minds about whether they want to work or further their education, and some choose to do both. IPS specialists remain flexible with changing plans and help young adults with the path that is currently important to them.

IPS programs differ in the assignment of responsibility for employment and education services. Some programs follow a generalist approach in which all IPS specialists are responsible for helping clients with either or both goals, whereas other programs have specialized roles in which one or more IPS specialists provide either supported employment or supported education services, but not both. The generalist approach is more sensible for teams with small caseloads. Moreover, based on clinical experience, young adults find it less disruptive for a single IPS specialist to provide all services rather than separating education and employment between two specialists. On the other hand, when IPS teams have different specialists for each, specialists can focus their attention, which allows more time to learn about community resources in the respective domains.

IPS specialist expertise in supported education. To be a resource for young adults, IPS specialists need to learn about local educational institutions and online courses, including short-term certificate programs, often located in community colleges. Certificate programs provide training in a range of occupations such as home health care, graphic design, and culinary arts, among many others.

Financing supported education services. Funding supported education services is a challenge in most states. Possible funding sources parallel those for employment services and include the state vocational rehabilitation (VR) agency and Medicaid. In the case of VR funding, the policy in some states is that a client can receive funding for both education and employment, but not at the same time. Each state's Medicaid plan will determine which supported education interventions IPS specialists can bill to Medicaid. In most states, the state Medicaid plan does not explicitly list supported education as a billable service, though some aspects of these services (e.g., counseling for anxiety related to schoolwork) may qualify.

IPS-Y: A New IPS Fidelity Scale for Young Adults

A hallmark of IPS services is the emphasis on fidelity monitoring. The standard IPS fidelity scale, called the IPS-25, is used routinely in hundreds of IPS programs worldwide. High ratings on the IPS-25 correlate with good employment outcomes.³⁰ The IPS-Youth (IPS-Y) is a new 35-item fidelity scale adapted from the IPS-25 for monitoring IPS programs serving young adults. Reflecting the goals of this age group, the IPS-Y has two components: IPS-Employment

and IPS-Education. The IPS-Y follows the same design and data collection procedures as the IPS-25. The IPS-Employment component comprises the same 25 items as the IPS-25, with mostly minor modifications in scoring. The IPS-Education component comprises 10 items not measured on the IPS-25. Eight of these items refer specifically to education interventions, and the other two items measure family involvement in IPS services and career exploration. The IPS-Y is in the public domain and can be [downloaded here](#). The same website provides several useful resources for IPS teams and fidelity reviewers, including a checklist with dropdown menus to facilitate tracking education interventions, a fidelity report template, and other tools to facilitate effective monitoring.

Conclusions

A systematic review of existing research indicates that IPS services for young adults with mental health conditions result in substantially better employment outcomes than standard employment services. It appears clear that this population would benefit from expanded access to IPS services. However, several adaptations may be necessary, including:

- Ensuring appropriate referrals,
- Engaging clients using methods that incorporate how young people communicate,
- Involving families,
- Managing expected changes in jobs and career goals, and
- Providing guidance on supported education options.

A new fidelity scale has been developed to incorporate these adaptations.

Over the last decade, national trends show alarming increases in mental health problems among young adults. The current system of mental health care in the U.S. is failing to assist young adults transitioning to normal adult roles. By helping young adults with mental health conditions attain competitive integrated employment, which in itself can be a recovery strategy, IPS addresses this urgent need.

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