Career Services for Young Adults with Serious Mental Health Conditions: Innovations in the Field

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Abstract

This study examined careers services provided to young adults with serious mental health conditions. Based on an internet survey and key informant telephone interview of 31 programs nominated for delivering innovative practices for young adults, the state of the field for career services was described. Most programs offered supported education and supported employment along with mental health services. Detailed and written planning was a key feature. Programs emphasized working closely with families, inter-agency collaboration, and use of normative community resources. Programs provided direct skills training for school and work and other life skills. Largely, existing models are being applied. However, providers described unique adaptations including greater flexibility in service delivery, attending to the turbulence and developmental changes characteristic of this age group, use of social media, and a heightened willingness to meet young people where "they are at" both literally and figuratively.

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Introduction

Most young adults (ages 18–30) will be challenged to explore and build a foundation for launching a career as they mature. However, for young adults with serious mental health conditions, there are additional challenges at every step in this process. These young adults are found to have poor secondary school performance, low rates of postsecondary education or training, and low rates of employment.[1, 2] In fact, young adults with psychiatric disabilities stay on social security disability rolls longer than any other disability group.[2] This failure to launch careers during young adulthood can lead to the low rates of employment observed among adults with psychiatric disabilities,[3, 4] resulting in lifetimes of disability benefits receipt and resulting poverty.[5] Thus, intervening during this developmental stage is a critical challenge for today's service providers.

Young adults are developmentally unique from older adults. They are often simultaneously pursuing education and employment during young adulthood and have less employment experience than older adults. The fact that young adults are still developing cognitively, socially, and morally while pursuing education and employment further necessitates that career services for young adults should be age-tailored and developmentally adapted.[6]

Effective career supports during young adulthood can prevent both poor launches and dismal employment outcomes. Despite the need however, there are few to no career services that are specifically tailored for young adults with psychiatric disabilities and that have adequate evidence.[7] Individualized Placement and Support (IPS),[8, 9] the most widely researched and strongest evidence-based vocational support for adults with mental health conditions, was designed and tested with mostly older adults. Recently, IPS has produced better competitive employment outcomes in young adults with early episode psychosis compared to usual services.[10–12] However, *modifying* IPS to better address the needs of the young adult population produced more markedly positive results[13, 14] suggesting that adapting or modifying existing employment services for adults with psychiatric disabilities for young adults is warranted.[12, 15]

Supported education is a psychiatric rehabilitation intervention that aims to improve competencies for and outcomes in higher education for people with mental illness. The model however has had few randomized trials to determine efficacy and has not been specifically adapted to service young adults.[7, 16] The same is true for the Recovery After an Initial Schizophrenia Episode (RAISE) program which developed and tested new models to address first-episode psychosis. RAISE delivered coordinated care to principally young adults. The care team typically included employment and education supports and[17, 18] while there is evidence of improvement in these outcomes, the model itself has not been especially adapted for young adults either.

There are other models of services that are developed specifically for young adults with serious mental health conditions though their specification of employment and education supports is limited. For example, the Transition to Independence (TIP) Model "prepares youth and young adults with EBD for their movement into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate and appealing supports and services."[19,24] TIP, however, will include education and employment supports in its model, but there is limited specification for how this is to be done.

Taken together, there is a narrow base of published well-specified practices to guide career services for young adults. Nonetheless, young adults continuously appear in the caseloads of service providers, spurring the need for innovation. Identifying and describing innovative practices can lead to purposive manualization, adoption, system design, and later evaluation and testing for evidence. Accordingly, the purpose of this study was to identify state-of-the-art practices and services in career development for young adults with serious mental health conditions. This study sought to systematically capture and describe these practices through a survey of providers currently innovating to meet the needs of this population.

Methods

The research design for this study was a key informant internet survey and follow-up telephone interview of administrative representatives of programs reputed for delivering career services designed for young adults. The survey collected basic information on the program's characteristics (e.g., size, focus, demographics served). Follow-up semi-structured telephone interviews were conducted with selected respondents to the internet survey to provide more descriptive data on practices. This study was one component of a larger effort to develop and test a career development manual—Helping Youth on the Path to Employment (HYPE).[20]

Survey and interview sampling and recruitment

Inclusion criteria for the internet survey were agencies or programs that (1) serve a large number or percentage of young adults with psychiatric disabilities; (2) provide career services, including either or both educational and employment supports; (3) have services that are tailored to the young adult age group; and (4) were nominated for having innovative practices. Nominations were sought from members of a panel of national experts on employment, education, and career supports for youth and young adults with mental health conditions convened for the HYPE project. Among them were researchers, state administrators of behavioral health services, innovators and developers of models of career services for these young adults, and representatives of other related national and advocacy organizations. Programs were also nominated through a snowball sampling process wherein each program and individual surveyed was asked, in turn, to nominate others. Key informants within each program were identified through web searches and nominations. An email request was sent inviting their participation in the online survey. After completion of the survey, study staff reviewed survey data to confirm their inclusion criteria. Programs that met the criteria were invited to participate in the telephone interview. Programs were compensated $50 for telephone interview completion.

Measures

The internet survey gathered demographic information about the program's population, including ages served, length of stay of program participants, percent of participants successfully completing program objectives, racial composition, and gender composition. The survey also provided us with information on the types of programs and the services being offered.

The semi-structured qualitative telephone interviews queried the program's education and employment services for young adults ages 18 to 30. Questions were asked about how the program works differently with the target population than with either older or younger populations, especially when it came to engagement and retention. Each interview was audio recorded and later transcribed in full.

Analysis

Open coding for interview transcripts   Simple descriptive statistics and frequencies were run on the internet survey questions using the survey software. For the analysis of the telephone interview transcripts, an "open coding" procedure was used. A three-person team including one young adult coded the entirety of five transcripts. Each passage was reviewed and a code was selected by

consensus to represent the overall meaning of the passage for innovative service provision. Each code was then explicated with definitions and nuances. Three additional transcripts were then coded using the initial codes to determine if any new codes were needed. Codes and their definitions were iteratively refined through this process. "Saturation of meaning" and the enumeration of no more open codes were obtained when all passages of transcripts were able to be assigned to existing codes per grounded theory.[21] Open coding resulted in 175 codes through this process. Questions about how to assign codes were resolved by consensus in three-person team meetings. Subsequent to inter-rater reliability testing, the remainder of the 31 transcripts was coded into the final set of open codes by two of the three coders.

Inter-rater reliability   Having saturated meaning among 8 transcripts, an inter-rater reliability test was conducted with two of the coders to determine the degree of agreement between the individual coders. Three passages from random transcripts were chosen by the third coder. The other two coders selected a primary and then a secondary code to represent the passage. Using a simple percent of agreement formula, the two coders had 97% agreement on the primary code. Given these results, the two coders independently coded the remainder of the transcripts with any discrepancies in coding resolved through discussion and consensus building.

Collapsing codes into broader categories and elements using the Kohler Taxonomy for Transition Programming   To collapse the 175 open codes into broader categories, the team chose the Kohler Transition Taxonomy as a rubric.[22] The taxonomy was developed to guide secondary public special education educators engaged in post-secondary "transition" planning for Individual Education Plans. The taxonomy consists of five domains of consideration for special educators developing transition plans: Family Involvement, Student-Focused Planning, Student Development, Inter-agency Collaboration, and Program Structure. Within each domain, Kohler defined several sub-topics or elements. Upon review of the taxonomy, authors found that the five domains aligned well with the overall strategies reported in the survey as well with many of the key elements for each domain. However, Kohler's domains needed to be amended to better fit the nature of the population served by the agencies, that is, clients of agencies rather than students of schools. Thus, Kohler's category "Student-Focused Planning" became "Young Adult-Focused Planning and Involvement," "Student Development" became "Young Adult Skill Development," and "Program Structure" became "Program Structure and Services." A sixth category was added, "Barriers," which was frequently mentioned by respondents but is absent from the Kohler categories. Subsequently, authors assigned each open code to one of the six domains. Next they began a process of collapsing open codes into elements within each domain. Consensus was reached between the three coders on the naming and defining of the key elements within each domain. New elements within the domains were defined when needed. In this way, each open code was assigned to both an overall domain of transition efforts and to a key element. See Figure 1 for the final naming of the five categories and elements within categories used for synthesizing the open codes.

Results

Program characteristics and services offered

Of the 31 programs surveyed, eight (26%) characterized themselves as community-based mental health centers. Six (19%) were located in colleges, four in state agencies of vocational rehabilitation, four in early psychosis treatment programs, and the remaining in a variety of other settings. Although the survey asked for evaluation reports on the outcomes of the services, few

Figure 1
Adapted Kohler's taxonomy

Program Structure and Services
-Focus
-Models/Approaches
-Supports & Services
-Doing Whatever It Takes
-Features Specific to Young Adults

Young Adult Focused Planning and Involvement
-Client-Centered Planning
-Participation & Communication
-Engagement & Retention
-Meeting Them Where They're At

Family Involvement
-Psycho-education
-Empowerment

Young Adult Development
-Life Skills
-Employment Skills
-Education/Training
-Psycho-education
-Social Aspects

Interagency Collaboration
-Collaborative Service Delivery

programs reported collecting this in any systematic way. The majority of programs surveyed were located in the Northeast (55%, $n = 17$), there was also 17% ($n = 5$) from the Midwest and West, with fewer from the Southwest and Southeast. In terms of size, the majority (68%, $n = 21$) served over 300 clients a year, the remainder serving a smaller clientele. Fifty-six percent ($n = 17$) of programs exclusively served transition age youth, and the others served individuals of all ages. In over half of programs (52%, $n = 16$), participants were in services for 1 to 3 years. Most programs (71%, $n = 22$) reported having equal numbers of male and female participants, followed by 19% ($n = 6$) composed of majority male, and 10% ($n = 3$) majority female participants. Lastly, while 62% ($n = 19$) of programs had a majority white participant population, 29% ($n = 9$) identified serving a diverse mix of clients without a racial majority.

Table 1 displays types of therapeutic services provided by the programs. Most (79%, $n = 23$) provided mental health services. Other frequently endorsed services were vocational rehabilitation,

Table 1
Services provided

Mental health		Employment		Education		Other	
Service	% (N)	Service	% (N)	Service	% (N)	Service	% (N)
Mental health	79 (23)	Career Counseling and Development	76 (22)	Educational support services	65 (19)	Independent living	55 (16)
Peer support and services	65 (19)	Supported employment	72 (21)	Supported education	52 (15)	Housing	41 (12)
Advocacy	65 (19)	Vocational rehabilitation	69 (20)	GED testing and support	45 (13)	Recreation	41 (12)
		Job placement	58 (17)				
Substance abuse counseling	55 (16)	Job shadowing	3 (1)	Education and special education	34 (10)	Physical healthcare	24 (7)
Psycho-education	7 (2)	Job coaching	3 (1)	Remedial education and tutoring	31 (9)	Delinquency rehabilitation	10 (3)
Family therapy	7 (2)	Internship opportunities	3 (1)	Disability services	7 (2)	Child welfare and protection	10 (3)
Crisis management	7 (2)			Application assistance	3 (1)	Public safety	7 (2)
Referral and other support services	7 (2)			College consultation	3 (1)	Complementary and alternative medicine	7 (2)
Occupational therapy	3 (1)			Academic support	3 (1)	Social activities	3 (1)
Case Management	3 (1)						
Outreach	3 (1)						

Table 2

Program structure and unique practices for young adults

Focus	Models and approaches	Supports	Features specific to young adults	Doing whatever it takes
• Educational and vocational supports • High school completion, post-secondary training, post-secondary retention • Early intervention and prevention for early signs of psychosis • Social goals • Related independent living supports (transportation, food/nutrition, laundry) • Recovery and community integration	• Transition to Independence Process (TIP) • Individual Placement and Support (IPS) • College Student Support Network • Supported Education • Environmental/Social Approach to Disability • A unique population/transition tasks	• Accommodations • Motivational enhancement • Therapy • Peer support/peer mentors • Substance abuse counseling • Crises planning • Housing • Daily living needs (child care, transportation)	• Age-specific programming • Responsive to changing goals • Tolerating turbulence • Promoting resilience • Preserving a "non-illness" identity	• Complete service flexibility • Providing direct assistance/hands on support • Time-unlimited services • Individualization • Client-centered approach • Service provision in the community, (mall, home, school)

advocacy, and peer support. Regarding specific employment services, Table 1 indicates that 76% ($n = 22$) offered career counseling and development, followed closely by supported employment services (72%, $n = 21$) and job placement (58%, $n = 17$). Few programs offered job shadowing, coaching, or internships. Regarding educational services, most (65%, $n = 19$) provided educational support, and over half (52%, $n = 15$) offered specific supported education programming. Other related educational services were offered less often (e.g., GED testing, special education, and remedial education or tutoring). Table 1 displays the other types of social support services offered. More than half (55%, $n = 16$) provided independent living. Other common services were housing and recreational programming.

Program structure and services

Responses to queries about the program focus and model used, and practices that are specific to young adults are displayed in Table 2. Several well-known models were identified including the Transition to Independence Process (TIP) Model,[23, 24] Individual Placement and Support (IPS) model of supported employment,[8, 9] Supported Education models,[25] and First Episode Psychosis services.[26] Programs not utilizing specific models generally treated the population as a unique group and focusing on transition tasks. In keeping with our inclusion criteria, the focus of most programs was providing educational and vocational supports to the young adult population. Many participating programs focused on education including high school completion and post-secondary training. Another main focus of some programs was early intervention and prevention for psychosis. Some programs also focused on helping youth find independent living supports (housing, transportation, laundry), with an overall focus on recovery and community integration.

Virtually all the programs were engaged with helping young adults access, utilize, and maintain accommodations, both in work and school. Therapy was also offered at many programs, using a variety of therapeutic approaches (e.g., dialectical behavior therapy, cognitive behavior therapy, occupational therapy, and cognitive enhancement therapy). In addition, many programs offered peer support, using same-age peers with lived experience to help engage other youth and act as role models. Several programs hired young adults with lived experience to provide direct support and services.

Finally, a strategy for providing supports was characterized as "doing whatever it takes." Interviewees described offering service flexibility from "soup to nuts" to achieve goals. Doing whatever it takes included things such as community-based meetings, helping students with all aspects of applying for and enrolling in college, providing transportation for tours of schools or to get to appointments, regular review of assignments, linking to natural supports, communicating with school officials and professors, and texting students for reminders such as turning in assignments on time, appointments, and even to make sure they have gotten up and gone to work or class.

Program Features Unique to Transition-Aged Youth and Young Adults

Programs discussed ways in which they adapted their services to better meet the needs that are unique to this age group. One was age-specific programming—groups or services that had age limits, recognizing that youth and young adults may feel little in common with people much older or younger than them. These programs also observed great flexibility to meet the typically changing and evolving needs of this age group. For example, programs would be able to accommodate the client if they changed from an employment to an education goal or to assist with both goals at the same time. Understanding that problems with planning and impulsive behavior can be characteristic of this age group, and programs tolerated missed appointments and gaps in service engagement. They also provided continuous support, bridging over stops and starts of other services or activities. Generally, the programs were responsive to and tolerated the common turbulence in this developmental period that can include high-risk behaviors, such as changes in

housing, family relationships, social relationships, exploration of sexual self, and substance use. Programs helped young people promote resilience and to experience adversity as learning opportunities. Finally, the programs were sensitive to the keen need of this age group to preserve their "non-illness" identity assisting the young person in preserving their valued social roles and averting a trajectory of dependence on the mental health system.

Young adult focused planning and involvement

Elements of young adult focused planning and involvement are listed in Table 3. Detailed and written planning was a feature of most programs interviewed. Several programs described using "person-centered" or "client-centered" planning strategies which are "ongoing problem-solving processes used to help people with disabilities plan for their future… (and to) identify opportunities for the focus person to develop personal relationships, participate in their community, increase control over their own lives, and develop the skills and abilities needed to achieve these goals."[27] Programs reported using a functional orientation to planning by focusing on the normative social roles of transition age youth such as student, worker, and family member rather than focusing on their diagnosis, symptoms, or therapies.

Accessibility to programs is often a barrier for young adults. This can be due to a lack of transportation (particularly in rural areas) and limited availability of public transit. Programs reported efforts to make services accessible by providing flexible meeting times and location. Flexible communication methods are needed as well. Programs reported communicating effectively with youth through text messaging and social media. Checking in via text, reminders about upcoming appointments, and being responsive during hours other than "typical" work hours were all seen as effective strategies to maintain connection with this age group.

To get youth into services, as well as to keep them consistently engaged, programs worked hard to build relationships with their participants and often used an assertive outreach method—being gentle but proactive, reaching out into the community to locate youth, and having flexibility around attendance. Programs often chose to hire younger staff that had strong connections and could relate to youth culture as well as a willingness and ability to use social media and texting to keep in contact.

Table 3
Young adult focused planning and engagement

Client-centered planning	Engagement and retention	Participation and communication	Meeting them where they are at

• Plan development
• Functional orientation
• Person beyond diagnosis
• Client-centered
• Individualization
• Participant goal-driven
• Strengths-based
	• Build relationships (trusting, genuine, understanding)
	• Assertive outreach—in the community; gentle but proactive
	• Service flexibility for no-shows or gaps
	• Goal focus
	• Non-treatment environment
	• Younger staff, connection with youth culture, willingness to engage with social media, ability to text
		• Youth voice/empowerment
		• Participant administrative involvement
		• Participant communication
		  Texting capabilities
		  Social media
		  Flexibility in communication methods
			• Responding to their felt needs and goals at that time
			• Varying intensities of services according to need

Finally, many programs reported engaging youth and young adults by "meeting them where they're at." Programs worked to literally meet people where they were, whether in their home, their school, or out in the community at the mall or local coffee shop. Figuratively, they tried to respond to the needs of individuals in the moment and their immediate goals, in addition to working on long-term goals. As one stated: "We've had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet, and we did a series of home visits and we have communicated with people using sticky notes… we're about as flexible as we can be."

Young adult skill development

An important aspect of most programs was preparing young adults to succeed in school and work by teaching them related skills. The following items were articulated as being integral elements of young adult skill development, although we note that most skills training were not manualized or highly specified. These are displayed in Table 4.

Life skills Programs described helping young adults develop coping skills, financial skills, executive functioning skills, time management, and calendaring. There was also a focus on helping youth enhance their self-advocacy skills and their level of comfort when it came to disclosure of their mental health condition.

Employment skills Work and employment skills included providing young people with interview experience including how to dress for an interview and how to build a resume. Programs also identified connecting and developing structured work experiences, including internships, supported employment, and job coaching.

Table 4
Young adult skill development

Life skills	Employment skills	Education and training	Psycho-education	Socialization

• Skill building: coping skills, financial skills, executive functioning, time management and calendaring, self-advocacy
• Disclosure
	• Interview experience
	• Work behavior and skills
	• Structured work experience
	  Internships
	  Supported employment
	  Job coaching
		• Education skills
		  Accessing available resources
		  Applying for school and financial aid
		  Transition to college stress
		• Financial aid planning
		• Special education
		• Vocational schools and vocational training
			• Help youth understand their diagnosis
			• Managing symptoms
			• Treatment options (medications)
			• Dealing with providers
				• Youth groups and networks
				• Social/recreation activities
				• Inter-personal skills

Education and training As for education, programs helped their clients' access available resources, apply for school and financial aid, and taught them how to better manage the stress that comes with transitioning to adulthood. Additional training opportunities included vocational training and finding vocational schools and programs.

Psycho-education Programs worked to help youth understand their diagnosis, manage their symptoms, assess their treatment options (including medications), and partner with providers effectively.

Socialization Many programs spoke about developing youth groups and providing their young adults with social and recreational activities in order to help them develop interpersonal skills.

Family involvement

Family involvement is one of the five domains of the Kohler's taxonomy. Family is often a primary reason that young people seek services, and a facilitator to identify and access benefits. The inclusion of family is considered by many to be a best practice when serving young adults with mental health concerns. This was mirrored in many responses where programs actively sought the participation of families in planning, benefits counseling, and overall service provision. Many programs offered specific psycho-education to help families understand and support their young person, including learning healthy coping skills and communication.

Interagency collaboration

Programs spoke extensively about creating community connections and developing partnerships with other agencies and organizations to create a more integrative approach. These included social service agencies, chambers of commerce, police, and housing. Networking with potential employers also created job development opportunities and internships. Developing these community relationships also help create multiple avenues for referrals. Vocational rehabilitation programs and mental health programs provided cross-training and new possibilities for specialization.

Barriers

Throughout the interviews, barriers to employment and education for this age group were described. Financial barriers were most often associated with school financial aid and issues with loans. Structural barriers put in place by various systems were also noted, such as the "catch-22" in the system of a person being very sick but not sick enough to access services and being told to try again when their level of functioning has further decreased. Other barriers were intrapersonal in nature and related to having a mental health condition, such as denial, distrust, lack of self-confidence, stigma and discrimination, and substance use. Additionally, barriers related to transportation and accessibility emerged during the interview process.

Implications for Behavioral Health

In some ways, this survey of innovative practices did not identify any true innovations. The previously conceptualized Taxonomy for Transition Programming[22] for special education students provided an adequate rubric for classifying practices. Further, many of the models, services, and

approaches taken by the programs are well known (e.g., Transition to Independence) and have been specified for other age and disability groups (e.g., IPS, person-centered planning, motivational interviewing). Rather than uncovering new practices, an amalgamation of existing models and services is being applied by providers.

Nonetheless, several characteristics emerge across the data that indicate styles or adaptations of practices are needed to adequately service this age and disability group. The theme of flexibility in service provision is one. To meet the needs of this age group, service providers reported "bending over backwards" to accommodate the ever changing and perhaps erratic nature of young adult development. While we can understand that all social services are more effective when they meet the client where they are (both literally and figuratively), this appears to be even more necessary to effectively engage youth and young adults. While much of mental health services are moving towards a recovery model, the effort to see beyond the diagnosis of young people, to avoid stigma, and to focus on rehabilitation and fulfilling meaningful social roles is especially salient for this age group. Whereas many adults with mental health conditions may have prior work experience and are familiar with the demands and expectancies of job hunting or school enrollment, these are new experiences for the young adult requiring service providers to address skill development. The emphasis placed on skill development by these programs is noteworthy. As the young adult is often still emerging from a family support system, where they are integrally connected, the importance of the role of the family (whether of origin or of choice) is unique to youth and young adults. Also notable is that this stage of life is turbulent in every domain, i.e., housing, jobs and finances, schooling, social life, independent living. Thus, programs had to be "whole health" oriented and multifaceted in order to truly meet the very complex needs of this age group.

Lastly, the description of services was fairly broad; interviewees had difficulty specifying or providing great detail of how services were delivered in practice. When front-line staff were interviewed, they were unable to provide a conceptual frame for their services, despite the fact that many administrators did describe models such as "Transition to Independence." This suggests that more organizational development is warranted so that service delivery is mission driven. On the converse, most directors of services were unable to state exactly how services were practiced on the front-line. This suggests a broad-based need to articulate and specify career services for this age group.

Future Research

A limitation of this research is that the sample is small and was developed through purposive, expert nominations, rather than being systematic or representative. Future research could employ a more rigorous sampling strategy method that would result in both are larger and more representative sample. Alternatively, more in-depth qualitative methods such as case studies or participant observation may yield greater detail on the practices employed, perhaps revealing the specificity of approaches used that the survey and interview methods did not reveal. While this exploratory research is valuable for future innovation and practice development, next research steps would involve examination of the efficacy of the practices on career outcomes and perhaps determining which of the many practices, or what combination of practices, are the most efficacious and at what level of intensity.

Disclaimer

The contents of this booklet do not necessarily represent the policy of NIDILRR, ACL, HHS, and you should not assume endorsement by the Federal Government.

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