

## Employment Programming: Addressing Prevailing Barriers to Competitive Work

*Employment is nature's physician, and is essential to human happiness.*

- *Claudius Galen (Galenus)*

### Introduction

Employment prospects are grim for people with psychiatric disabilities returning to community life from jail or prison. On the one hand, there are very few employment programs, either pre- or post-release, to help this dually disadvantaged group into the competitive labor market. On the other hand, the programs that do offer assistance with finding jobs report only modest outcomes. The unavailability and ineffectiveness of work-oriented programs is particularly discouraging because stable jobs have been demonstrated to increase emotional stability and decrease reliance on criminal activity for income. There is compelling evidence that people who work are less likely either to return to psychiatric institutions or to be reincarcerated.

Building long-term connections to work remains problematic for those with psychiatric histories released from jails or prisons. Neither the mental health system nor the criminal justice system has established employment as a clear priority, funded successful job training programs on a widespread basis, or sponsored the kind of research that can build a more comprehensive understanding of the varied contextual barriers that limit employment opportunities. New programmatic approaches are needed to ensure that people with psychiatric disabilities emerging from jails and prisons can turn to effective programs that help them return to competitive work.

### Mental Illness and Employment

A number of policy and program advances that specifically promote employment for consumers with psychiatric disabilities have occurred over the past few decades:

- There is a broader understanding today that those with mental illnesses would, could, and should work. Many studies confirm that consumers are highly motivated to work (Rogers et al., 1992), that consumers have a substantial capacity to gain and maintain competitive jobs (Drake et al., 1999), and that consumers receive many financial and psychological benefits from work (Rogers et al., 1992).
- The Americans with Disabilities Act (1990) prohibits discrimination in hiring, promoting, and firing of those with psychiatric disabilities, and the President's New Freedom Commission has highlighted the importance of work as a central aspect of recovery-focused systems of care.
- The disincentives to work inherent in the Social Security Administration's past policies have steadily been replaced by a range of financial work incentives and the potential for inexpensive Medicaid buy-in programs for those leaving SSA for work (Golden et al., 2000).
- Supported Employment (SE) program models, which emphasize consumer choice, rapid job placement, ongoing support, and clinical linkages, have been recognized as a 'best practice' in assisting consumers with mental illnesses to return to competitive work (Bond et al., 2004).

### Authors

**Mark Salzer, Ph.D.**, is Director and Principal Investigator of the UPenn Collaborative on Community Integration for People with Psychiatric Disabilities at the University of Pennsylvania and an Associate Professor in the Department of Psychiatry at the University of Pennsylvania School of Medicine. (mark.salzer@UPHS.UPENN.edu)

**Richard Baron, MA**, is the Co-Director of Knowledge Translation at the UPenn Collaborative on Community Integration, as well as Co-Director of the Network Core at the Center for Behavioral Health Services and Criminal Justice Research, at Rutgers. (baronrc@mail.med.upenn.edu)

### About the Policy Brief

The policy brief series is produced monthly and highlights a policy issue under study at the Center. Policy topics include reentry, diversion, sentencing, recidivism, employment, treatment, and recovery. For more information, see the News page on the Center's website.

*The Center is a research unit in the Institute for Health, Health Care Policy, and Aging Research.*

Center for Behavioral Health Services  
& Criminal Justice Research  
176 Ryders Lane  
New Brunswick, NJ 08901  
Tel: 732.932.1225  
Fax: 732.932.1233  
[www.cbhs-cjr.rutgers.edu](http://www.cbhs-cjr.rutgers.edu)

Despite these advances, employment rates for those with psychiatric disabilities have stubbornly remained in the 75% - 85% range (Hogan, 1999). Federal and state mental health budgets have failed to substantively increase funding for employment programming and SE programs are available to no more than 5% of those who could benefit from them.

Further, even SE programs have modest outcomes. SE placements are almost exclusively in entry-level jobs, where physically demanding work, low pay, part-time schedules, and minimal benefits lead to rapid job loss. In a multi-site randomized trial of SE and other program models (Cook et al., 2005), SE programs showed statistically significant but still limited improvements over other programs both in the number of hours consumers worked per month and their monthly earnings (see Figures 1 and 2). Over two years, monthly earnings for the experimental group were approximately \$122, compared with an average of \$99 for those receiving other services. This small difference may not be a meaningful difference for the working consumer. Similar findings have been reported in meta-analyses of SE programming (Bond et al., 2008).

Results like these have suggested the need for continued conceptual development and experimentation. One promising orientation is paying closer attention to 'normative' labor market liabilities that are over-represented among persons with serious mental illnesses (Baron & Salzer, 2002; Draine et al., 2002). Common consumer characteristics, such as lower educational attainment, limited work histories, impoverished communities-of-origin, and the lack of connection to working family members and friends, may be more important indicators of joblessness than psychiatric disability. The field needs a broader understanding of the interaction of these normative labor market liabilities as well as a more robust model to address them if it is to move beyond the important but still unsatisfactory achievements of present programming.

### **Mental Illness/Criminal Justice Involvement and Employment**

People with mental illnesses emerging from jails and prisons have even more significant problems gaining and maintaining employment. Even non-disabled ex-offenders face daunting challenges in finding work, and community reentry programs that offer employment assistance to ex-offenders have been few and far between. The growth of the U.S. prison and jail population has dramatically increased the numbers returning to the community and the demand for reentry programs focusing on work has outpaced supply. In addition, many ex-offenders have only limited and episodic work histories prior to incarceration.

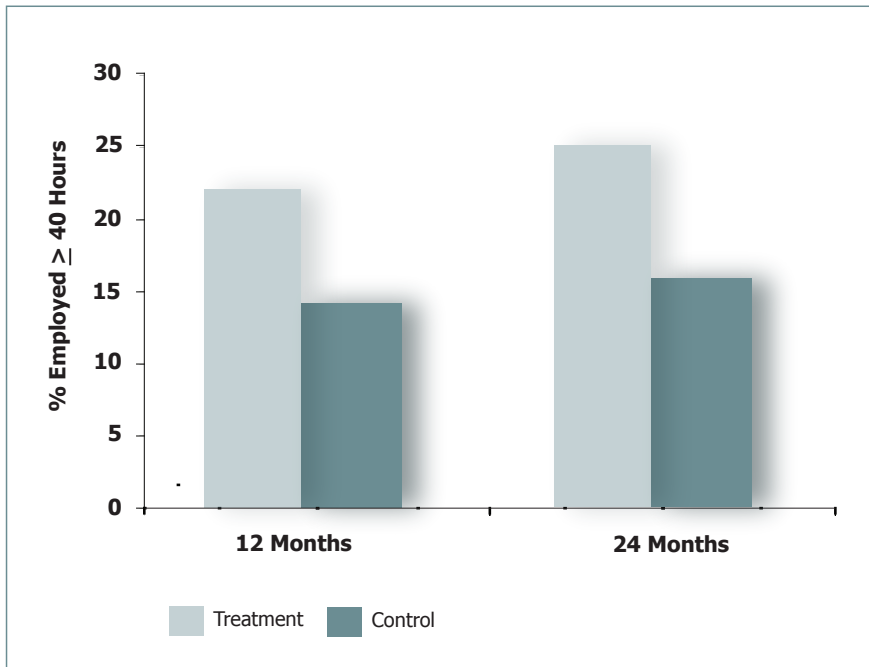
Those emerging from years of imprisonment also often have attenuated ties to former employers as well as to families, friends, and community organizations, which are the source of job leads for most people (Western et al., 2001). At the same time, both employer prejudice and the legal barriers to work in many job categories seriously hamper ex-offenders' ability to find work. Yet, the demand to earn a living is intense, in part because ex-offenders typically do not have access to the financial and medical resources available to those with disabilities. Less than half of ex-offenders find work in the year following their release, and job tenure is often best measured in weeks rather than months.

The limited research assessing vocational program impacts for ex-offenders is not encouraging. Jobs programs provided in prison or jails prior to release or in community-based settings after release (or both) often include traditional pre-vocational elements, such as job counseling, resume preparation, job search and job skills classes, assistance with placement, etc. Outcome studies, which focus almost exclusively on the impact of work on recidivism rates rather than work attainment itself, suggest that such programs do not have a significant impact on re-arrest (Visher et al., 2005).

As in the mental health field, however, ex-offenders are more likely to find jobs in the secondary labor market, picking up and then leaving the same range of entry-level, part-time, poorly-paid, and short-term jobs available to other disadvantaged populations. Few individuals have found these to be viable stepping stones to more robust and stable careers (Visher et al., 2005). It has been suggested that criminal justice programs begin to import the SE model to better serve ex-offenders with mental illnesses, but SE programs and the jobs they have targeted may not, as indicated above, provide opportunities for those seeking better-paying careers.

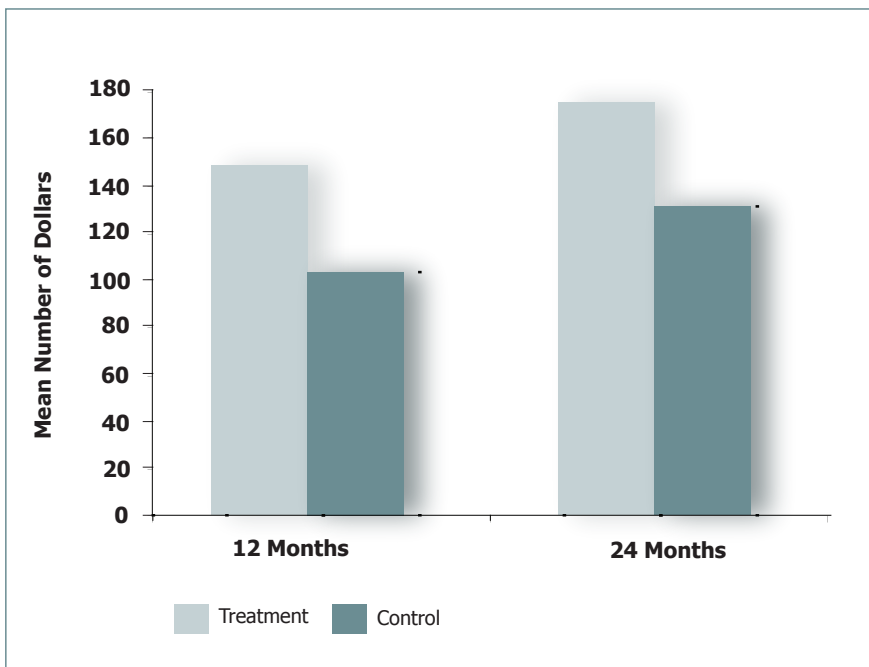
In fact, current research in the criminal justice field tells us very little about the unique context of work for those emerging from jails and prisons. We do not fully understand the career ambitions of ex-offenders and the role they believe further education and training can play in providing them with certificates, licenses, and degrees qualifying them for better jobs. In addition, we do not know how work and career outcomes are mediated by who ex-offenders are (rather than what they have done). It is these factors that, in addition to their mental illnesses or criminal justice histories, may limit their employment and career prospects. Such an understanding will show the way to the next generation of policies, programs, and practices.

**Figure 1: Mean Proportion of Participants Employed 40 Hours or More Per Month at 12 Months and 24 Months of Study Participation by Treatment Group**



*Adapted from Cook et al., 2005*

**Figure 2: Mean Number of Dollars Earned Per Month at 12 Months and 24 Months of Study Participation by Treatment Group**



*Adapted from Cook et al., 2005*

**NEXT STEP – FROM REENTRY TO CAREER: BUILDING A SUSTAINABLE LIFE AFTER JAIL**

CBHS&CJR researchers have begun work on a three-phase study to chart the interactions of work and other salient life variables for those with psychiatric disabilities returning to community life following incarceration. The Center hopes to develop and test more comprehensive and thus more successful interventions. The project brings together Mark Salzer, Ph.D. (lead investigator for this project) with Center directors Jeffrey Draine, Ph.D. and Richard Baron, M.A. This pilot study seeks to conceptualize the role of employment in reentry more broadly, as both a consequence and a predictor of community integration.

The study's first phase begins with a series of life history interviews to gather information on how persons with serious mental illnesses with recent urban jail incarcerations understand work, education, social networks, and other aspects of their lives in the community. A second phase will follow people leaving Philadelphia jails, through one-month and six-month post-release interviews to measure connections to services, frustrations and barriers to employment, and job, income, education, and related outcome variables.

Building on the Center's experience with conceptualizing new intervention research, the project will use an intensive workshop process to develop a framework for subsequent research on a new employment-focused intervention for people with psychiatric disabilities leaving urban jails. The Center researchers plan to develop programs that are responsive to the kind of pragmatic initiatives envisioned in the recently passed Second Chance Act authorizing new funds for employment services for individuals returning to the community after incarceration.

**References**

Americans with Disability Act (ADA), 42, Cong. Rec. (1990).

Baron, R. C., & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral Sciences & the Law*, 20(6), 585-599.

Bond, G. R., et al. (2008). An update on randomized controlled trials on evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31(4), 280-290.

Bond, G. R., et al. (2004). How evidence-based practices contribute to community integration. *Community Mental Health Journal*, 40(6), 569-588.

Cook, J. A., et al. (2005). Results of a multi-site randomized trial of supported employment interventions for individuals with severe mental illness. *Archives of General Psychiatry*, 62(5), 505-512.

Draine, J., et al. (2002). Role of social disadvantage in crime, joblessness, and homelessness among persons with serious mental illness. *Psychiatric Services*, 53, 565-573.

Drake, R. E., et al. (1999). Research on the Individual Placement and Support model of supported employment. *Psychiatric Quarterly*, 70, 289-301.

Rogers, E. S., et al. (1992). *Survey of client preferences for vocational and educational services*. Boston, MA: Boston University, Center for Psychiatric Rehabilitation.

Visher, C., et al. (2005). Ex-offender employment programs and recidivism: A meta-analysis. *Journal of Experimental Criminology*, 1, 295-315.

Western, B., et al. (2001). The labor market consequences of incarceration. *Crime & Delinquency*, 47(3), 410-427.

**More Information on Employment Issues**

See our website [www.cbhs-cjr.rutgers.edu](http://www.cbhs-cjr.rutgers.edu) to find more publications describing findings from our research on barriers to competitive employment for people leaving prison.

**Policy Issue Briefs**

September 2008	Survey Examines Victimization inside Prison by Nancy Wolff, Jing Shi, and Jane Siegel
October 2008	Critical Time Intervention and Reentry by Jeffrey Draine and Beth Angell
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