



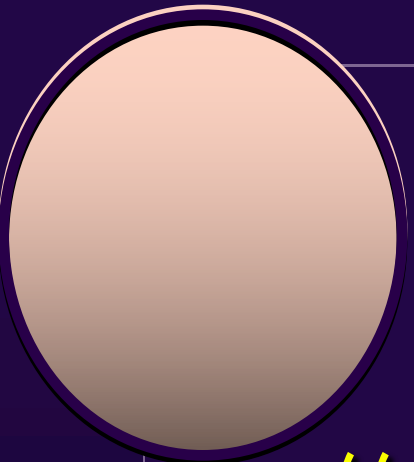
**IF EVERYONE'S
ALREADY DOING
IT,**

**HOW COME IT
[STILL] NEVER
GETS DONE ???**



**IF YOU THINK
WORK IS BAD FOR
PEOPLE WITH MENTAL ILLNESS,**

**THEN WHAT ABOUT
POVERTY,
UNEMPLOYMENT,
AND
SOCIAL ISOLATION?**



**“I feel so miserable
without you,
it's almost like
having you here.”**

Stephen Bishop



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***“ ALL CHANGE IS DIFFICULT –
NO MATTER HOW LONG YOU
PUT IT OFF. “***

----- JOE MARRONE

MH SYSTEMS /EMPLOYMENT FIGURES 2014 (SAMHSA)

US ADULT MH

OVERALL = 18%

IN LABOR FORCE
(LOOKING FOR
WORK OR
EMPLOYED) = 39%

ACCESS TO EBP SE =
2%

NYS ADULT MH

OVERALL = 15.5%

IN LABOR FORCE
(LOOKING FOR
WORK OR
EMPLOYED) = 49.7%

ACCESS TO EBP SE =
.4%



5 SIGNS TO RECOGNIZE SYSTEM CHANGE:

Grieff, D., Proscio, T., & Wilkins, C. (2003). Laying a new foundation: Changing the systems that create and sustain supportive housing. Oakland, CA: Corporation for Supportive Housing



5 SIGNS TO RECOGNIZE SYSTEM CHANGE:

- **CHANGE IN POWER**
- **CHANGE IN MONEY**
- **CHANGE IN SKILLS**
- **CHANGE IN IDEAS/
VALUES**
- **CHANGE IN HABITS**



John P. Kotter (1998).

**Leading change: why
transformation efforts fail.**

**In: Harvard Business Review
on Change. Cambridge:
Harvard Business School
Press.**

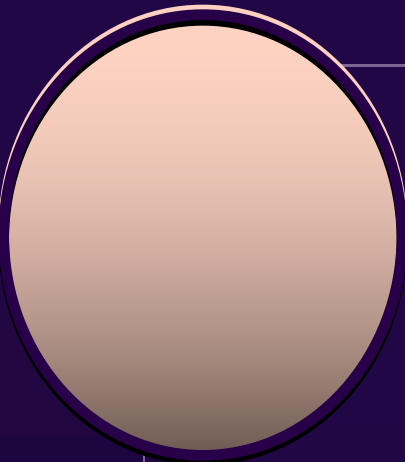
1. **Not establishing a great enough sense of urgency**
2. **Not creating a powerful enough guiding coalition**
3. **Lacking a vision**
4. **Undercommunicating vision by a factor of ten**
5. **Not removing obstacles to new vision**
6. **Not systematically planning for and creating short-term wins**
7. **Declaring victory too soon**
8. **Not anchoring changes in the organization's culture**

"The single biggest problem in communication is the illusion that it has taken place."
"The single biggest problem in communication is the illusion that it has taken place."
George Bernard Shaw
George Bernard Shaw

DIFFUSION OF INNOVATIONS

- **RELATIVE ADVANTAGE: BETTER?**
- **COMPATIBILITY: CONSISTENT W. VALUES?**
- **OBSERVABILITY: VISIBLE TO OTHERS?**
- **TRIALABILITY: TRY IT OUT FIRST?**
- **COMPLEXITY: TOO DIFFICULT TO UNDERSTAND?**

EVERETT ROGERS
DIFFUSION OF INNOVATIONS (2003):
5TH EDITION – FREE PRESS



**“ I CAN’T UNDERSTAND
WHY PEOPLE
ARE FRIGHTENED OF
NEW IDEAS;
I’M FRIGHTENED OF THE
OLD ONES.”**

JOHN CAGE, COMPOSER



VISION OF RECOVERY
JOE MARRONE

***RECOVERY MAY BE A
JOURNEY;
BUT IF YOU NEVER GET
ANYWHERE,
IT CAN EASILY BECOME
A TREADMILL.***



VISION OF RECOVERY

JOE MARRONE

**IS WORK THE MOST IMPORTANT
PART OF LIFE FOR EVERYONE?**

**NO. BUT IT IS THE MOST
IMPORTANT PART OF LIFE THAT
WE IN HUMAN SERVICES ARE
LEAST SUCCESSFUL AT HELPING
OUR CONSTITUENCY ACHIEVE.**



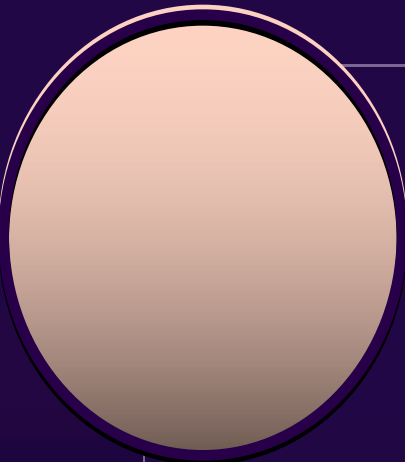
VISION OF RECOVERY

SHOULD WORK,

NOT JUST

**“MEANINGFUL” OR
“PRODUCTIVE” ACTIVITY**

**BE AN ESSENTIAL PART OF
RECOVERY VISION?**



**“LIFE LIVED WITHIN THE
CONFINES OF THE HUMAN
SERVICE & REHABILITATION
LANDSCAPE IS A LIFE IN
WHICH THE FREEDOM TO
BECOME & MAKE YOUR OWN
FUTURE IS DIMINISHED”**

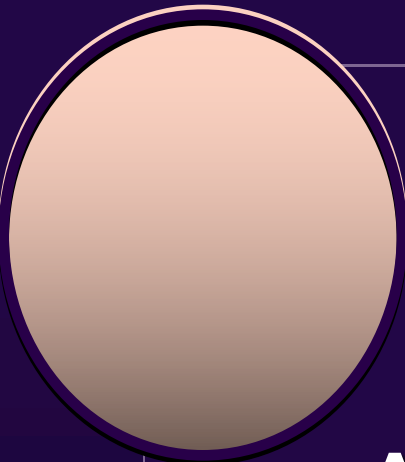
PATRICIA DEEGAN

**20th World Congress Rehab International: Oslo, Norway
– JUNE 2004**



I WORRY ABOUT:

- **DISCRIMINATION NOT STIGMA**
- **BEHAVIOR NOT ATTITUDE**
- **CITIZENSHIP/CIVIL RIGHTS NOT CONSUMERISM**
- **POWER/CONTROL NOT CONSUMERISM**
- **COMPETENCY NOT COURTESY**
- **LOVE/RELATIONSHIPS/SEX NOT INTERVENTION/ SERVICES**
- **ECONOMIC ENAGAGEMENT/
JOBS/ CAREERS NOT
VOCATIONAL PROGRAMMING**



**STIGMA REDUCTION:
ABILITY TO CHANGE BEHAVIOR
THROUGH EDUCATION IN THIS AREA
IS NEGLIGIBLE**

**Corrigan, P. W., L. P. River, et al. (2001).
"Three Strategies for Changing Attributions
about Severe Mental Illness."
Schizophrenia Bulletin 27(2): 187-195.**



RECOVERY VALUES IN **WORKING WITH PEOPLE W. MI**

- **CULTURE OF CLIENT BENEFIT –
LIVING, WORKING, RELATIONSHIPS**
- **PEOPLE HAVE RIGHT TO CONTROL THEIR LIVES, THEIR
TX, & KINDS OF HELP THEY RECEIVE. STAFF SHOULD
INFLUENCE.**
- **ALL PEOPLE NEED HOPE & SUPPORT**
- **PEOPLE W. MI DO GET BETTER --- > 60%**
- **SYMPTOMS NOT PREDICTIVE IN OTHER AREAS**
- **PEOPLE CAN WORK, SO THEY SHOULD WORK**
- **PEOPLE W. MI BEST SERVED IN COMMUNITY**
- **COMMUNITY/ PEER/ FAMILY SUPPORTS + PROS**

ROLE/ LIMITS OF TRAINING?

“You can teach a turkey to climb a tree, but it’s easier to hire a squirrel.”

FROM

**Spencer M. Lyle Jr., McClelland C. David,
Spencer M. Signe (1994) Competency
Assessment Methods. History and state of the
art. Paper first presented at the American
Psychological Association Annual Conference,
Boston, MA P. 8**



PETER DRUCKER

**“ THE MOST IMPORTANT
THING IN
COMMUNICATION IS
TO HEAR WHAT IS NOT
BEING SAID ”**

TERRY PRATCHETT

"I'll be more enthusiastic about encouraging thinking outside the box when there's evidence of any thinking going on inside it. "



IF PEOPLE

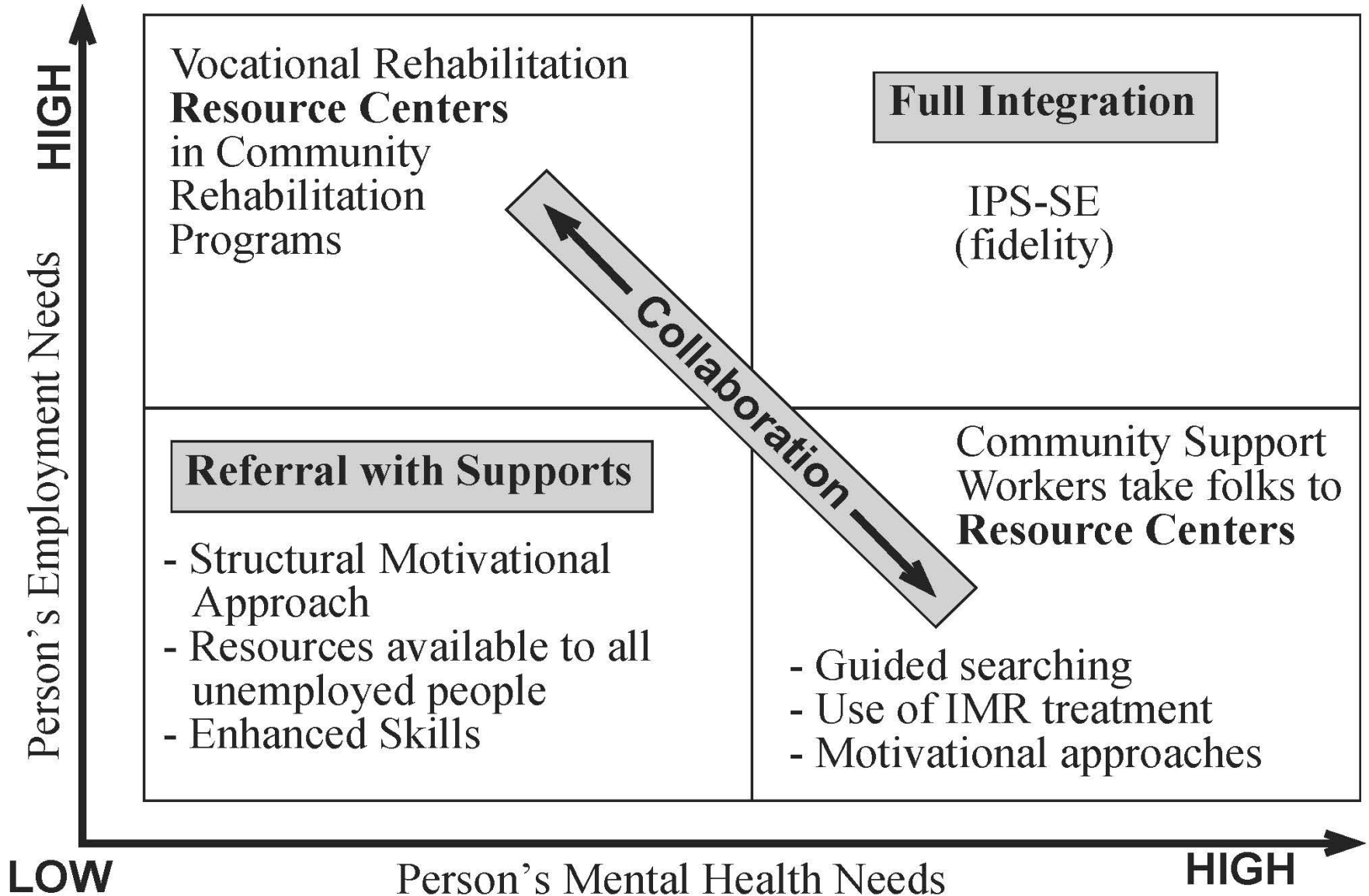
***CAN* WORK**



PEOPLE

***SHOULD* WORK**

EMPLOYMENT STRATEGY QUADRANTS



1] Hi Employ, Low MH Support: VR, One Stop/Workforce Ctrs / CRPs

ASSESSMENT

- **Work History with gaps and poor job tenure (for type of employer)**
- **Unclear vocational goals**
- **Poor interview skills**
- **Stated interest in job finding**
- **May/may not need specific job skill training**
- **Low Self Assessment employment readiness**
- **MH issue stable- Not affected employ recently**
- **Not engaged/interested in clinical assistance**

1] Hi Employ, Low MH Support:
VR, One Stop/Workforce Ctrs/ CRPs

POSSIBLE INTERVENTION/ ASSISTANCE

- **Benefits Discussion**
- **Employer intermediary**
- **Job search skills group (short term)**
- **MH medication mgmt, counseling, probably not intensive case mgmt (latter not precluded)**
- **Short term work experience**
- **Job Skill Training**
- **Vocational Counseling or testing**
- **Peer Support**
- **Coordination with VR or others**

2] HI Employ, Hi MH Support: IPS

ASSESSMENT

- **Work History with gaps and poor job tenure (for type of employer)**
- **Unclear vocational goals**
- **Poor interview skills**
- **Even “lukewarm” interest in job finding**
- **Low Self Assessment employment readiness**
- **MH issue may or may not be stable and has affected employment negatively consistently**
- **Possible co-occurring issues (MH-SA)**

2] HI Employ, Hi MH Support: IPS

POSSIBLE INTERVENTION/ ASSISTANCE

- **Fidelity Components of IPS**
- **Continuing support from clinical team as well as IPS staff**
- **Intensified clinical/med support sometimes**
- **Motivational interventions**
- **Co-occurring EBP re MH/SA**

3] Low Employ, Hi MH Support: One Stop/ Workforce Ctrs/CRPs

ASSESSMENT

- **Good Work History with few gaps and good job tenure (for type of employer)**
- **Clear vocational goal**
- **May or may not need specific job skill training**
- **Good job interviewing skills**
- **High interest in job finding**
- **Self Assessment of readiness for employment is high**
- **MH issue may not be stable but has not affected employment negatively consistently**
- **Possible co-occurring issues (MH-SA)**

3] Low Employ, Hi MH Support: One Stop/ Workforce Ctrs/CRPs

POSSIBLE INTERVENTION/ ASSISTANCE

- **Intensified clinical/med support sometimes**
- **IMR**
- **Peer Support**
- **Medication management that does not interfere with job issues**
- **Co-occurring EBP- MH/SA**

4] Low Employ, Low MH Support: General Employment Services/ One Stop/Workforce Ctrs / Agencies

ASSESSMENT

- **Good Work History with few gaps and good job tenure (for type of employer)**
- **Clear vocational goal**
- **May or may not need specific job skill training**
- **Good job interviewing skills**
- **High interest in job finding**
- **Self Assessment of readiness for employment is high**
- **MH issue may not be stable but has not affected employment negatively consistently**
- **Not engaged or interested in clinical assistance now**

4] Low Employ, Low MH Support:
General Employment Services/
One Stop/Workforce Ctrs / Agencies

POSSIBLE INTERVENTION/ ASSISTANCE

- **Job Skill Training**
- **Coordination with non MH agencies (per client approval)**
- **Peer support (perhaps with other workers)**



MARRONE EASY QUESTION

**IS IT BETTER TO WORK 2-3 HOURS A WEEK
AT SOMETHING A PERSON LIKES THAN
15-20 HOURS WEEK (OR MORE)
JUST TO MAKE A LIVING?**

SIMPLE ANSWER: NO

**HOW DO YOU ANSWER THIS QUESTION FOR
YOURSELF OR YOUR LOVED ONES?**



**A ship in harbor is safe --
but that is not what ships
are built for.**

John A. Shedd
Salt from My Attic, 1928



**REMAINING UNEMPLOYED IS
WORSE FOR YOU THAN BEING
EMPLOYED IS GOOD FOR YOU.**

**AVOIDING LONG TERM
UNEMPLOYMENT IS A BETTER
OPTION THAN WAITING FOR AN
IDEAL OR PERFECT JOB MATCH.**



**UNEMPLOYMENT
IS
BAD FOR YOU !!!**

THE PSYCHOLOGICAL EFFECTS OF UNEMPLOYMENT.

Eisenberg, P., & Lazarsfeld, P. F. (1938).

Psychological Bulletin, 35, 358–390.

**“Unemployment tends to make
people more emotionally unstable
than they were previous to
unemployment.”**

SIDE EFFECTS OF UNEMPLOYMENT IN THE GENERAL POPULATION

- Increased substance abuse
- Increased physical problems
- Increased psychiatric disorders
- Reduced self-esteem
- Loss of social contacts
- Alienation and apathy

Warr, P.B. (1987), *Work, Unemployment and Mental Health*, Clarendon Press, Oxford

**Arthur Goldsmith,
Washington & Lee University study at APA**

**Even in resilient people, six months'
unemployment has psychological
impact.**

**Americans who were jobless for longer
than 25 weeks in the past year were three
times more likely than those who were
continuously employed to suffer mental
health issues for the first time.**

Hergenrather, K. C., R. J. Zeglin, et al. (2015). "Employment as a Social Determinant of Health: A Systematic Review of Longitudinal Studies Exploring the Relationship Between Employment Status and Physical Health." Rehabilitation Research, Policy & Education 29(1): 2-26.

- Unemployment and job loss were associated with poorer physical health. Employment and reemployment were associated with better physical health.

Janlert, U., Winefield, A., et al. (2015). "Length of unemployment and health-related outcomes: a life-course analysis." The European Journal of Public Health 25(4): 662-667.

- Cumulative length of unemployment correlated with deteriorated health and health behaviour. Long-term unemployment, even as result of cumulated shorter employment spells over number of years should be an urgent target for policy makers.

**Curnock, E., A. H. Leyland, et al. (2016).
"The impact on health of employment
and welfare transitions for those receiving
out-of-work disability benefits in the UK."
Social Science & Medicine 162: 1-10.**

It remains rare for disability benefit recipients to return to the labour market, but our results indicate that for those that do, such transitions may improve health, particularly mental health.

**Milner, LaMontagne, Aitken,
Bentley, Kavanagh**

"Employment status and mental health among persons with and without a disability: evidence from an Australian cohort study." Journal of Epidemiology and Community Health. *On line*:

<http://jech.bmj.com/content/early/2014/07/22/jech-2014-204147.short?rss=1>

"Greater reduction in mental health for those persons with disabilities who were unemployed or economically inactive than those who were employed"

Some evidence steady employment associated w. reduced use of MH services.

Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., & Haslett, W. R. (2009). The long-term impact of employment on mental health service use and costs. *Psychiatric Services, 60*, 1024-1031.

Highly significant reductions in service use were associated with steady employment.

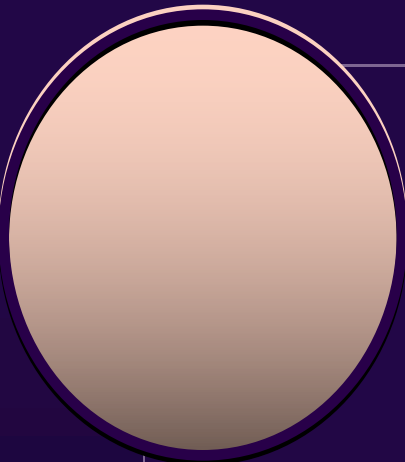
\$166,000 LOWER COSTS OF MH SERVICES FOR WORKING GROUP OVER 10 YEARS

Stam, K., I. Sieben, et al. (2016). "Employment status and subjective well-being: the role of the social norm to work." Work, Employment & Society 30(2): 309-333.

Loss of, or drop in, *pecuniary* benefits (income) during unemployment is detrimental to well-being because it restricts unemployed individuals in looking forward and planning their future. Also leads to relative poverty - psychologically corrosive

Lack of *non-pecuniary* benefits during unemployment leads to lower well-being. 5 non-pecuniary benefits: time structure; shared experiences and contacts outside the nuclear family; shared goals; personal status and identity; and enforced activity

“Unpleasant ties to reality, such as too rigid time structures or low status, are preferable to none at all “



**“IT IS NEARLY IMPOSSIBLE
TO MAKE YOUR OWN
FUTURE
WHEN YOU ARE NOT PART OF
THE
ECONOMIC FABRIC
OF THE CULTURE
YOU LIVE IN”**

PATRICIA DEEGAN

**20th World Congress Rehab International: Oslo, Norway
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***WORK IS A CITIZENSHIP
RESPONSIBILITY NOT JUST AN
“OPPORTUNITY”***

**SOCIAL POLICY OUTCOMES
HAVE TO INCLUDE MORE THAN
CLIENT SELF DEFINED
QUALITY OF LIFE INDICATORS**

**EXAMPLE: DROP OUT
PREVENTION EFFORTS**



VISION OF RECOVERY

“Increasing employment for people with mental illness is one of the most urgent priorities in today’s mental health system” **Mike Hogan**

(excerpted from the Ohio Employment Leadership Alliance brochure).

“ WHAT DRIVES ME UP THE WALL IS THE INTENTIONAL TEACHING OF FEAR OF HAVING ANY KIND OF MEANINGFUL LIFE BECAUSE ‘YOU WILL DECOMPENSATE’ OR ‘ YOU ARE STRESS SENSITIVE’. THE MOST STRESSFUL THING IN THE WORLD IS BEING A COUCH POTATO WITH NOTHING TO DO, NO WHERE TO GO, AND NO ONE TO TALK TO. “

ED KNIGHT, PH.D.

A man with schizophrenia once told him he could cope with the voices in his head.

"But it was the poverty, the unemployment, the homelessness," Kevin Martone of TAC (former Dir of MH in NJ) recalled, "and the fact that he was going to die 25 years sooner than the general population. Those were the big issues for him."



W. EDWARDS DEMING

**“ BEWARE THE
CONTINUOUS
IMPROVEMENT OF
THINGS NOT WORTH
IMPROVING “**



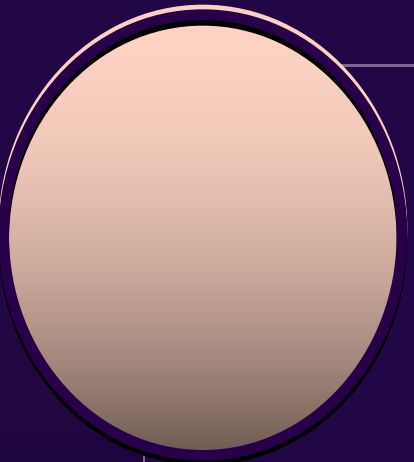
Thom Hartman
“ADD, An Alternate View”

**“I am not
inattentive,
you are just
boring.”**

***WHAT TYPES OF EMPLOYMENT
OPTIONS SHOULD WE
ENCOURAGE?***

ANY? SOME? ALL?

***KEYS ARE REAL ECONOMIC
ENGAGEMENT, RESOURCES,
AND CITIZENSHIP NOT JUST
SERVICE INTERVENTIONS***



**So why have
Recovery/ Employment
not moved
more fully into
community
practice?**

ANY DEAD HORSES IN YOUR ORGANIZATION?

(TAKEN FROM MATERIAL FROM ARTHUR EVANS, PH.D., FORMER DEPUTY COMMR, CT DMHAS), NOW MH DIRECTOR, PHILA MH



Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in human services, we often try other strategies with dead horses, including the following:

*** Saying things like “This is the way we have always ridden this horse.”**

or from a Native American Tribal Saying:

"If we don't turn around now, we just may get where we're going."

*** Appointing a committee to study the horse.**

*** Harnessing several dead horses together for greater performance**

*** Providing additional funding to increase the horse's performance**

*** Arranging to visit other sites to see how they ride dead horses**

- * Increasing the standards to ride dead horses**
- * Creating a training session to increase our riding ability**
- * Changing the requirements; declaring “this horse is not dead.”**
- * Declaring the horse is “better, faster and cheaper” dead**
- * Promoting the dead horse to a supervisory position**



**Finding a consultant
knowledgeable about dead horses.**



SO WHAT SHOULD SYSTEM/ PROGRAM ADMINISTRATORS DO ???:

➤ EMPLOYMENT FOCUS AN ADMINISTRATIVE NOT CLINICAL PEROGATIVE

➤ Simply focusing on quantitative results without qualitative measures is unethical; producing high-quality outcomes without affecting significant numbers of people is self-indulgence. Enduring system change involves both quality and quantity.

SO WHAT SHOULD SYSTEM/ PROGRAM ADMINISTRATORS DO ???:

- **LINK WITH EMPLOYMENT AT TIME OF ENTRY INTO MH SERVICES (PART OF INTAKE AND INITIAL APPT)**
- **DELINK CLINICAL APPROVAL FROM EMPLOYMENT**
- **ACTIVELY ENCOURAGE EMPLOYMENT AT MGMT/ CLINICAL LEVELS IN TERMS OF HOW ADMINISTRATORS INTEGRATE IT INTO TOTAL SYSTEM OF CARE**
- **CONSUMERS ACTIVELY SOUGHT FOR JOBS AT ALL LEVELS NOT JUST PEER ROLES (MODELING FOR BUSINESS)**
- **EMPLOYMENT ON ALL SERVICE PLANS IF PERSON UNEMPLOYED AT LEAST 3 MONTHS**
- **ALL STAFF RECEIVE ORIENTATION AND SOME TRAINING NOT JUST ON RECOVERY/ EMPLOYMENT BUT ALSO DANGERS OF UNEMPLOYMENT**
- **FOCUS ON EMPLOYMENT NOT JOB RETENTION**

SO WHAT SHOULD SYSTEM/ PROGRAM ADMINISTRATORS DO ???:

- **EMPLOYMENT OUTCOMES IDENTIFIED FOR SYSTEM OF CARE NOT JUST FOR EMPLOYMENT PROGRAMS**
- **OUTCOMES TRACKED AND DISSEMINATED TO BOTH THE MH PROGRAM AND COMMUNITY AT LARGE**
- **RESULTS GET COMPARED TO PEOPLE WITHOUT DISABILITIES IN TERMS OF WAGES, UNEMPLOYMENT RATE, POVERTY**
- **TRACK WAGES IN TERMS OF WEEKLY WAGES NOT HOURS X HOURLY WAGE**
- **OUTCOME BASED FUNDING/ MILESTONES**
- **SYSTEM CREATES INCENTIVES FOR EMPLOYMENT AND DISINCENTIVES FOR NOT ADDRESSING UNEMPLOYMENT**
- **PEOPLE SHOULD BE ENCOURAGED TO THINK OF GETTING OFF SSA OR TANF AS A SUCCESS, NOT A DISINCENTIVE**
- **BE CLEAR THAT MOTIVATION IS STAFF'S JOB**

SPECIFIC ISSUES FOR YOUTH (16-25)

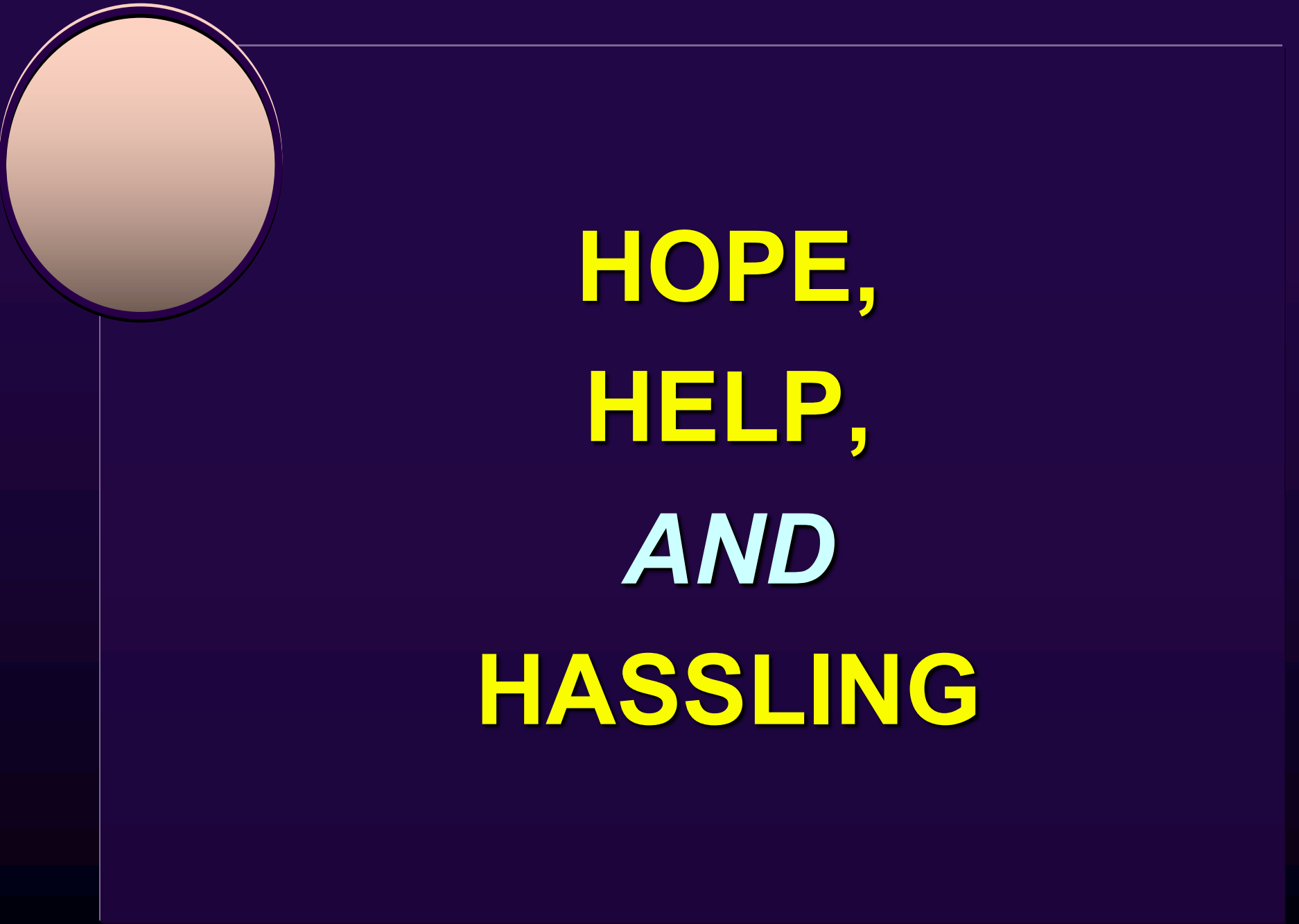
- **BETTER LINKAGE WITH TRANSITION TYPE SERVICES**
- **BETTER INTEGRATION OF YOUTH AND ADULT MH SERVICES IN TERMS OF PHILSOPHY OF RECOVERY AND TRANSITION TO WORK**
- **YOUTH NEED MORE DIRECTION**
- **PLANNING LESS IMPORTANT THAN ACTION- IMMEDIACY**
- **JOBS THAT WE SHY AWAY FROM FOR ADULTS MORE AND MORE (FOOD, FILTH, FLOWERS ETC ETC) ARE MORE ATTRACTIVE & APPROPRIATE FOR YOUTH**
- **DON'T TRY TO GET YOUTH TO ACT LIKE ADULTS IN TERMS OF JOB/ EMPLOYMENT STABILITY**



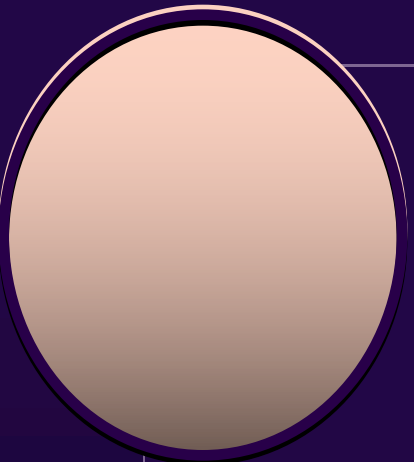
AMBROSE BIERCE

BORE, n. --

**“ A PERSON WHO TALKS
WHEN YOU WISH HIM TO
LISTEN. “**



**HOPE,
HELP,
AND
HASSLING**



**“ YOU NEED A LITTLE LOVE IN
YOUR LIFE & FOOD IN YOUR
STOMACH BEFORE YOU CAN
HOLD STILL FOR SOME DAMN
FOOL’S LECTURE ABOUT
HOW TO BEHAVE.”**

BILLIE HOLIDAY



***HELPER'S RESPONSIBILITY
TO ENGAGE & MOTIVATE***

HOPE VS. OPTIMISM? ---

PAT ON BACK VS.

**COMMUNICATING THAT:
YOU CARE**

YOU UNDERSTAND

YOU WILL BE THERE

**YOU HAVE IDEAS &
HELP TO OFFER**



GREEK PROVERB

***“ BEFORE PRACTICING
VIRTUE, FIRST
SECURE AN
INDEPENDENT
INCOME. ”***



**“ ANY TIME YOU THINK
YOU HAVE INFLUENCE,
TRY ORDERING AROUND
SOMEONE ELSE’S DOG”**



ANTON CHEKHOV

**“ PEOPLE ARE FAR MORE
SINCERE AND GOOD-
HUMORED AT SPEEDING
THEIR PARTING GUESTS
THAN
ON MEETING THEM. ”**



OLD YIDDISH PROVERB

**If 1 person calls you a jackass,
ignore him;**

**If a second person calls you a
jackass, think about it;**

**If a third person calls you a
jackass- get a saddle.**



LILY TOMLIN

**“No matter how cynical
you become,
it's never enough
to keep up.”**

**" There is nothing you can say in
answer to a compliment. I have
been
complimented myself a great
many times, and they always
embarrass me**

**-- I always feel they have not
said enough. "**

Mark Twain

Buddha

**"Let us rise up and be thankful,
for if we didn't learn a lot today,
at least we learned a little, and
if we didn't learn a little,
at least we didn't get sick, and
if we got sick,
at least we didn't die;
so, let us all be thankful."**