

The work project survey: Consumer perspectives on work

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Abstract. *Objective:* Mental health consumers at an urban mental health center were surveyed about their motivations for working and perceived barriers to employment.

Design: A survey was developed and administered by a consumer-led research team to 389 persons receiving case management and outpatient services.

Results: Most consumers were either working (16%; $n = 59$) or reported a desire to work (46%; $n = 170$). The latter group constituted 55% of the 310 respondents who were not working at the time of the study. The most common perceived barrier was the fear of losing Social Security benefits. Consumers also reported concerns about receiving low pay and being ashamed of their job histories. Among the 38% of the total sample who expressed a reluctance or unwillingness to work, two-thirds ($n = 58$) indicated that, if they did not have to worry about losing their Social Security benefits while working, they would try to obtain employment. A total of 179 (49%) respondents expressed a preference for receiving vocational services at their clinical sites, versus at a clubhouse location.

Conclusions: Most consumers in this study were working or wanted to work. Consumers' motivations for work can be increased, especially if key barriers to work are described as removable. Preferences for types and locations of vocational services need to be considered in planning services.

Keywords: Consumers, work, barriers to employment, survey, work motivation

1. Introduction

People with severe mental illness (SMI) are significantly underrepresented in the American workforce. Early reviews of the rehabilitation literature consistently reported a competitive employment rate of 15% or lower for this population [2,3,14]. More recently, studies of supported employment have suggested that

the employment rates for people with SMI can be increased substantially above those rates [6,7,12,15].

However, the overall competitive employment rate at the population level remains extremely low [19,21,26,31]. The National Institute on Disability and Rehabilitation Research [29] estimated that the unemployment rate for working-age individuals with severe mental illness approaches 85%. This statistic is especially alarming in light of national figures which indicate that approximately three out of ten working-age Americans across disability categories are employed full or part-time and that eight out of ten Americans without disabilities are employed full or part-time [18,24].

Research also suggests that employment outcomes

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of people with severe mental illness are often poorer than outcomes in other areas of life such as educational achievement, living independence, and social activities. Mallik et al. [22] found that people with psychiatric disabilities rate lack of employment resources as one of the greatest barriers to successful community integration. Brown et al. [9] found similar results in their study of barriers that interfere with life satisfaction for individuals with severe mental illness. Zahniser et al. [39] found that consumers reported less favorable outcomes in the employment domain than in other life domains. In addition, consumers reported that they were not receiving as much assistance to achieve work outcomes as they were receiving to achieve outcomes in other life domains. Further, results of a 1998 national poll conducted by Lou Harris and Associates [18] revealed that employment is the life area with the widest gap between Americans with and without disabilities.

Work has been heralded as a key to recovery [32] and an important aspect of quality of life for people with mental illness [36], but many questions remain about why the unemployment and underemployment of people with severe mental illness is so high. The first question to be addressed is whether people with severe mental illness want to work. Many mental health professionals have assumed that a consumer's decision not to work or failure to hold a job is often due to a lack of motivation [5,38]. However, most studies suggest that a majority of people with severe mental illness want to work. Rogers et al., for example [31], interviewed 314 individuals with severe mental illness receiving case management services. They found that 71% of respondents who were not employed indicated that they wanted to become employed. Mueser et al. [26] followed 313 individuals with schizophrenia-spectrum disorders for two years after a symptom relapse. Across the study years, 53 to 61% of patients who were not working reported an interest in working. Other studies have found similar results [10,11,16,21].

If the majority of people with severe mental illness want to work, why are so few actually working? Previous research suggests that the high unemployment rate is likely attributable to a multitude of societal, system, program, and consumer factors. Examples include: stigma and employment discrimination [18,37], financial disincentives within income assistance programs such as Supplemental Security Income (SSI) and Social Security Disability Insurance [4,23,27], low expectations of program staff [30,37], symptoms of mental illness and medication side effects [5,17,33], and insufficient education and skills to get desired jobs that pay well [27].

Barriers to work have received some research attention. However, most studies have investigated barriers to employment from the perspective of mental health professionals instead of the perspective of the most relevant group of informants—people diagnosed with severe mental illness. Brown et al. [9] found that perceptions of barriers differ between mental health professionals and consumers with SMI. The mental health professionals in Brown et al.'s study cited significantly more person-level barriers and significantly fewer environmental barriers than did consumers. Although not purporting to know which barriers were more accurate, the authors point out that such discrepancies may impede progress toward desired outcomes. The emerging trend toward consumer direction and control of research, programs and services suggests there is much to be gained from understanding consumers' perspectives on work [28].

In this study, we explored peoples' perspectives on work by surveying persons receiving services from the Mental Health Corporation of Denver (MHCD), the largest publicly funded, community-based system of care for adults diagnosed with SMI in Denver, Colorado. It has over 30 treatment and rehabilitation sites throughout Denver, including a clubhouse ("Wishing Well") and a supported employment program [34].

A primary goal of the present study was to assess the desire to work among people with severe mental illness. We were also interested in obtaining a better understanding of work incentives and disincentives by soliciting information directly from mental health consumers about their perceptions and experiences. To obtain this information, 389 MHCD consumers were surveyed regarding (1) their desire to work, (2) perceived barriers to securing and maintaining employment, (3) experience of, and motivation for, employment; and (4) experiences with, and ideas for, enhancing MHCD's vocational programs.¹ In addition, the study focused on differences and similarities in those areas for four respondents groups a) those who were not working and indicated they did not want to work; b) those who were not working, wanted to work, but were not looking for employment; c) those who were not working, but were actively seeking employment; and d) those who were currently working. Our research questions focused on determining the percentage of consumers who want

¹The Work Project Survey interview schedule, as well as results that could not be reported here due to space limitations, can be obtained from: Michael McQuilken, Mental Health Corporation of Denver, Denver, CO 80222, USA.

to work; The percentage of consumers who want to work when key barriers to employment are removed; What consumers perceive to be the primary barriers to working; and finally, what program changes consumers would recommend to help increase their interest in employment.

2. Method

2.1. Participants

A large, targeted sample was recruited for this study. Our aim was to represent the range of individuals served by MHCD. The consumer team explained to staff at each program site that they would like the staff's assistance in identifying a diversity of the people they served to be interviewed or surveyed for the study. Diversity was described both in terms of demographics (race, ethnicity, gender, age), as well as in terms of current involvement in, and orientation toward, employment. Respondents were identified at 13 different MHCD treatment sites. Staff allowed the consumer team to visit their sites and to approach consumers, asking them to complete the survey/interview process. All consumers were offered \$5 in restaurant coupons for completing the survey and all completed informed consent forms. In some instances, where the respondent samples were not matching the known demographics of the sites, site staff were asked to assist the consumer team in identifying additional consumers. In some cases, staff introduced potential consumer respondents to the interviewer, who then reviewed the informed consent form with the referred consumers. Once consumers agreed to participate in the interviews, the interviews were completed in private setting at the program site. However, occasionally consumer interviewers scheduled the interviews at respondents' places of residence, when the respondent preferred to be interviewed there. Although no strict records of refusal rates were kept, the consumer team estimated that there were no more than seven or eight such refusals.

A total of 389 consumers were interviewed or completed the survey privately. Of that number, 179 respondents were sampled from eight different Assertive Community Treatment teams, 91 were sampled from three different Community Treatment case management teams, and 119 respondents were sampled from three different outpatient treatment teams. Twenty interviews from consumers were not included because responses were incomplete or because the surveys had

suspect response patterns. All respondents gave informed consent to participate in the study.

All respondents were diagnosed with severe mental illness. Primary diagnostic information was taken from the most recent diagnosis made by agency psychiatrists that was entered into the agency's management information system by the clinical team. The four major primary diagnoses were schizophrenia (35%; $n = 129$), schizoaffective disorder (25%; $n = 94$), bipolar disorder (20%; $n = 75$) and major depression (12%; $n = 46$). Overall, 55% ($n = 204$) of the respondents were male and 45% (165) were female. The racial/ethnic subpopulations included in the study were as follows: 58.1% White, 20.5% Hispanic, 18.7% African American, 2.1% American Indian, and 0.5% Asian American. The mean age for all the respondents was 40.7 (males: 40.1, females: 41.5).

2.2. Measures

A team of eight consumer-evaluators was created to develop the research instrument and to conduct interviews with people receiving services from the Mental Health Corporation of Denver. The team, which was balanced by gender and included Caucasian, African-American, and Latino persons, was supervised by the lead author. He and one other experienced-consumer evaluator worked with MHCD's supported employment program to hire the consumer-evaluators into temporary, work experience positions [34].

Four sources of information were used by the team of consumer evaluators in developing the research instrument: focus groups with consumers and staff; current research literature; consumer team members' own experience; and a review of current issues related to Social Security benefits and work.

The consumer evaluation team organized focus group members' responses into conceptually meaningful themes, which were later used to develop interview items for the study. Themes from the focus groups included the following: 1) fear of losing benefits as a reason for not working; 2) the desire of consumers to have a meaningful job, which would allow them to have greater financial means and to integrate better into society; 3) the desirability of receiving vocational rehabilitation at the treatment site; 4) the desirability of job opportunities, which might allow consumers to try work, without the risk of losing benefits; 5) the frustration over losing work when one's illness recurred; 6) the facilitating effect of working with staff who could

encourage consumers to believe in themselves and take risks in trying to obtain employment.

Second, we used information from an analysis of current policies related to Social Security benefits and healthcare coverage to develop survey items that would explore respondents' perceptions of the relationships between benefits and employment. Third, an analysis of the extant research helped the team identify the Work Motivation Scale, which was being used by the SAMHSA funded Employment Intervention Demonstration Program (EIDP). Items that were relevant to the focus group themes, were deemed useful in testing consumers' perceptions of the relationship between Social Security benefits and employment, and were being used in the EIDP evaluation, were compiled and reviewed by the team. Following the development of several iterations of the instrument, which involved extensive review for clarity and relevance, it was piloted at one of the Mental Health Corporation of Denver's community treatment team sites. The pilot, which was conducted with 25 consumers diagnosed with serious mental illness, led to refinements in the instrument.

2.3. Procedures

The preference of the consumer survey team was to administer the survey instrument in an interview format. This preference was based on consumers' past experiences that interviewing methods yielded more accurate, complete, and valid data. However, respondents were given the option of completing the survey privately. Although formal records were not kept on the number and percentage of consumers who completed the survey privately versus participating in an interview, it was estimated that a very small percentage elected to complete the survey privately (less than 3%).

All members of the consumer evaluation team were extensively trained in interviewing methods by the first author before being permitted to conduct interviews for the study. The interviewer was required to memorize interview instructions and the decision tree elements of the survey instrument, and demonstrate interviewing competence by conducting practice interviews on other members of the team.

3. Results

A total of 140 people (38%) responded that they did not want to work, 96 (26%) wanted to work, but were not looking, 74 (20%) were actively looking for work

at the time of the interview, and 59 (16%) were working for pay. Of the respondents who were not working for pay at the time of the study, 55% ($n = 170$) indicated a desire to work. Among those working for pay, 54% ($n = 32$) worked 20 or fewer hours per week. The average wage per hour for those working over 20 hours per week was \$6.61. Forty-seven percent ($n = 28$) had held their jobs for under one year, 30.5% ($n = 18$) for over 1 year and under 5, and 22% ($n = 13$) had been working the same job for over 5 years.

3.1. Barriers to employment

Table 1 presents, for all respondents but those in the "currently working" group, their views concerning possible barriers to employment.

The statement that received the most agreement from respondents was, "I am on benefits and cannot risk losing them right now." Over half of the "do not want to work" and "want work but not looking" respondent groups endorsed this statement. There was a statistically significant association between respondent group.² and responses to that statement ($\chi^2 = 23.5$, $df = 2$, $p < 0.001$): "looking for work" respondents were less likely to agree (29%; $n = 21$) with the statement than were the other two groups (63%, $n = 88$ for the "do not want to work" group and 55%, $n = 53$ for the "want work but not looking" group).

The statement, "If I work, I do not think I will be paid well enough" was also endorsed by many respondents. Between one-third and one-half of people in all three respondent groups agreed with that statement. The chi-square analysis did not indicate that there were statistically significant differences between the three non-working respondent groups in their responses to this item ($\chi^2 = 1.41$, $df = 2$, p , n.s.). The statement that was least often endorsed was, "I am too ashamed of my job history to face an employer." However, nearly one-third of the "do not want to work" and "want work but not looking" respondent groups agreed with that statement. The chi-square analysis did not indicate a statistically significant difference between the respondent groups on this item at the 0.05 level of significance ($\chi^2 = 4.79$, $df = 2$, $p < 0.09$).

²Respondent groups were identified on the first item of the survey and include the following: 1) currently working; 2) currently looking for work; 3) interested in work, but not looking, and 4) not interested in work.

Table 1
Barriers to employment perceived by different groups of non-working respondents

	Do not want to work (% Agree/N)	Want work but not looking (% Agree/N)	Looking for work (% Agree/N)	All groups (% Agree/N)
I am on benefits and cannot risk losing them by getting a job right now.	63% (88)	55% (53)	28% (21)	52% (162)
If I work, I do not think I will be paid well enough.	43% (60)	37% (36%)	35% (26)	39% (122)
I am too ashamed of my job history to face an employer.	30% (42)	31% (30)	18% (13)	27% (85)

3.2. Social security benefits and work

Table 2 presents more detail on respondents' views about receipt of Social Security benefits as a potential barrier to working. Only those persons receiving Social Security benefits at the time of the study completed this part of the survey/interview ($N = 317$).

Analysis of responses to the statement, "I can make more money just collecting my benefit check(s) than I can if I went to work while on benefits," indicated a statistically significant difference in levels of agreement across the four respondent groups ($\chi^2 = 12.4$, $df = 3$, $p < 0.006$). As can be seen in Table 2, respondents in the "do not want to work" group were most likely to agree with the statement (42%), followed by the "want work but not looking" group (38%). Only 18% ($n = 10$) of the "looking for work" respondents and 20% of the "working for pay" respondents ($n = 6$) agreed with the statement.

A statistically significant chi-square statistic also was observed when comparing the four respondent groups' levels of agreement with the statement, "If I go to work, get off of benefits and get ill again, I'll have a hard time getting back on benefits," ($\chi^2 = 8.4$, $df = 3$, $p < 0.039$). Again, the "don't want to work" group and the "want to work but not looking" groups were most likely to agree with the statement (82% and 88%, respectively). Overall, 79% ($n = 189$) of respondents agreed with this statement. See Table 2 for more details.

Finally, with regard to the statement, "If I knew that I would not lose all my benefits, I would try to get a job or a better job," a statistically significant chi-square statistic was also observed ($\chi^2 = 9.2$, $df = 3$, $p < 0.027$). The "do not want to work" and "working for pay" groups were less likely to agree with this statement than were the other two groups. However, it is noteworthy that two-thirds (67%; $n = 58$) of the respondents from the "do not want to work" group agreed with this statement. Also striking was the fact that 87% ($n = 59$) of respondents from the "want work but not looking" group agreed with the statement.

It should be noted that, because of the potentially speculative nature of the three survey items in this section, twelve to thirteen percent of respondents answered "do not know" to these three survey items (see Table 2). We did not include those answering "do not know" in the analyses reported above.

3.3. Positive motivations for working

As shown in Table 3, most respondents agreed with the statement, "I have more dignity and self-respect when I am working," with endorsement of this item significantly associated with work status ($\chi^2 = 17.96$, $df = 3$, $p < 0.001$). The "do not want to work" group agreed less often (69%, $n = 97$) than the "working for pay" group (94%, $n = 55$).

Similarly, with regard to the ability to forget their "emotional illness" as a consequence of holding a job, a significant difference was found between those same two respondent groups ($\chi^2 = 8.2$, $df = 3$, $p < 0.05$). The percentage of "do not want to work" respondents who agreed with that statement was lower (54%, $n = 76$) than the percentage of "working for pay" respondents who agreed (71%, $n = 42$). A majority of people in all respondent groups agreed that holding a job helped them forget about their "emotional illness." Finally, Table 3 indicates that nearly half of the people in all respondent groups agreed with the statement, "I am disappointed with the kinds of jobs I get." There were no significant differences among respondent groups in the percentages who agreed with that statement.

3.4. Preferences for receiving vocational services

Work status groups did not differ in their preference for receiving vocational services at a clubhouse or at a clinical site. Overall, 179 (just under 49%) respondents endorsed this item. For the question: "Do you like the idea of a day-temp job service (getting jobs by the day without much commitment or trouble)?" respondents generally found the idea appealing. Specifically, 59%

Table 2
Views regarding social security benefits among consumers receiving SSI and/or SSDI*

	Do not want to work (% agree/N)	Want work but not looking (% agree/N)	Looking for work (% agree/N)	Working for pay (% agree/N)	All respondents (% agree/N)
I can make more money just collecting my benefit check(s) than I can if I went to work while on benefits.	42% (40)	38% (24)	18% (10)	20% (6)	33% (80)
If I go to work, get off of benefits and get ill again, I'll have a hard time getting back on benefits.	82% (77)	88% (58)	71% (36)	67% (18)	79% (189)
If I knew that I would not lose all my benefits, I would try to get a job or get a better job.	67% (58)	87% (59)	75% (43)	64% (18)	74% (178)

*Respondents were those receiving Social Security benefits at the time of the study ($N = 317$). Percentages are based on the number of respondents who agreed versus disagreed; for the first 2 questions 38 respondents (12% of the total sample) answered "do not know" while 42 (13%) answered "do not know" for the third question.

Table 3
Respondents' experiences with and motivation for work, by respondent type

	Do not want to work (% Agree(N))	Want work but not looking (% Agree(N))	Looking for work (% Agree(N))	Working for pay (% Agree)
I have more dignity and self-respect when I am working	69% ($n = 97$)	80% ($n = 77$)	86% ($n = 64$)	94% ($n = 55$)
Having a job helps me forget for a while that I have an emotional illness	54% ($n = 76$)	66% ($n = 63$)	70% ($n = 52$)	71% ($n = 42$)
I am disappointed with the kinds of jobs I get	49% ($n = 69$)	42% ($n = 40$)	45% ($n = 33$)	46% ($n = 27$)

($n = 83$) of "do not want to work" respondents, 82% ($n = 80$) of "want work but not looking" respondents, 84% ($n = 61$) of "looking for work" respondents, and 78% ($n = 46$) of "working for pay" respondents answered yes to the question.

3.5. Vocational training and education

A majority of persons in all respondent groups indicated a need for more training and education. Over two-thirds of all respondents agreed they needed more training, except for respondents in the "do not want work" group; 63% of those respondents agreed they needed more education and/or training. The vast majority of all respondents reported they were not currently receiving vocational training and an even more dominant majority reported they were not presently receiving a higher education. The percentage of "do not want to work" respondents who reported receiving vocational training was lower (8%, $n = 11$) than the percentage of "looking for work" respondents (27%, $n = 20$; $\chi^2 = 17.32$, $df = 3$, $p < 0.005$).

4. Discussion

This study is notable in at least three ways. First, it was conducted in a partnership between consumers and

a provider organization (the Mental Health Corporation of Denver–MHCD). Consumers developed a comprehensive survey/interview instrument that was carefully crafted, based on focus group work, a search of the literature, and a review of extant Social Security policy. In addition, consumers administered the instrument, primarily through interviews, to a large sample of fellow consumers who were receiving services. Once they had analyzed the results, consumers urged administrators to make enhancements to vocational services, based on the results. Our belief is that, because the study was consumer-driven, it asked ecologically valid questions, and obtained more valid data, that were helpful in effectuating significant changes in vocational services.

Second, the study identified the importance of examining differences in perspectives between consumers who have different levels of involvement and orientation toward work. Throughout the study, we found numerous differences in the responses of the four respondent groups—"working for pay," "looking for work," "want work but not looking," and "do not want to work." Third, the study showed that consumers who initially identify themselves as "not wanting to work" indicated an interest in working, under certain conditions.

The remainder of our discussion is organized by the four areas of inquiry related to consumers and work:

(1) consumers' desire to work, (2) perceived barriers to securing and maintaining employment, (3) experience of, and motivation for, employment; and 4) experiences with, and ideas for, enhancing MHCD's vocational programs.

4.1. Consumers' involvement in and desire to work

The results of this study are consistent with other studies in that a majority of unemployed consumers (55%) reported a desire to work, although the percentage is lower than the rate of 71% reported in the Rogers et al. [30] survey. Only 38% said they were not interested in working. (As noted below, many of these 38% indicated an interest in working, under certain conditions.) The percentage of people who reported working for pay (16%) was also consistent with other studies.

4.2. Barriers to work

Concern about losing benefits was the most significant barrier to working, especially for people who were in the "do not want to work" and "want work but not looking" respondent groups. Well over half of people in those two groups agreed that they could not risk losing their benefits by getting a job. At the same time, significant percentages of people who were receiving SSI and/or SSDI, agreed with the statement, "If I knew that I would not lose all my benefits, I would try to get a job or a get a better job." This implies that many consumers who say they are not interested in work or who are not looking for work would be interested in looking for work if they were better educated about the ways to work and make extra income, without losing all of their benefits. However, another potential barrier that was not examined in this study is consumers' concern over losing healthcare coverage, due to working. Consumers' perceptions related to this, as well as programmatic efforts that can assist consumers, should be pursued in future investigations.

The other potential barriers that were explored through the survey/interview were generally not perceived to be barriers by a majority of respondents. However, for each of these survey statements indicating a barrier, there were sizable minorities of respondents who agreed with them. For example, over one-third of consumers in all three non-working respondent groups identified low pay as a barrier. To address this barrier, vocational programs need to work systematically to help consumers develop the skills that will enable them to obtain well-paying work. What this suggests

is that, in addition to tracking and helping consumers negotiate Social Security legislation issues (e.g., Ticket to Work), there are numerous perceived barriers that need to be addressed through vocational programs and that each consumer's unique perceptions of the barriers to employment, along with their vocational strengths may need to be addressed individually.

An important barrier to people in the "do not want to work" group is a lack of interest. Nearly a third of respondents in that group endorsed the statement, "I am not interested in working," compared to less than 10% of people in the "want work but not looking" and "looking for work" categories. We have two, somewhat opposite comments on this finding. First, lack of interest is clearly not a significant barrier to any group, except the "do not want to work" group. But even with this group interviewers found it quite striking that, after responding to several interview questions, over one-third of respondents, who at the outset of the survey indicated they did not want to work, did not agree with the statement, "I am not interested in working." This suggests the value of merely engaging consumers in conversation about working and exploring their experiences and perceptions about issues related to work. Our own experience validates this suggestion. For example, the lead author of this article was encouraged to explore the possibility of working again, after nearly 10 years of not working, by a psychiatrist who engaged him in conversation about work. This ultimately led to the full-time, paid position at the mental health center described earlier.

Nearly one-third of consumers in the "do not want to work" and "want work but not looking" categories indicated they were too ashamed of their job histories to face an employer. For some consumers it will be particularly important to help them develop strategies for dealing with this concern.

Cunningham, Wolbert, and Brockmeier [13], in a qualitative study with consumers who were successful in obtaining employment and consumers who were not employed, found that consumers who had successfully obtained and maintained employment did not seem to "feel more positively about work" than consumers who were not employed. However, there was a difference in perspective between the two groups: the latter group tended to emphasize much more heavily the barriers to employment, whereas the former group "tended to see work as a necessary activity which could increase their own self-regard and even offer some control" (p. 489). Although it may be important and useful to understand the perceived barriers to employment, it may be equally

important to help instill in consumers a realization of the benefits of work for increasing self-regard and control over one's own life [8].

Not surprisingly, an overwhelming number of respondents indicated that they have more dignity and self-respect when working. In addition, a solid majority of consumers indicated that having a job helped them "forget for a while that I have an emotional illness." Even within the "do not want to work group," a majority indicated agreement in these two areas having an emotional illness). What this suggests, again, is the value of asking people about their past experiences with work. Motivation for working may increase through recalling and exploring the psychological and other personal benefits of working.

4.3. Preferred locations for receiving services

Significant percentages of respondents in all four groups reported a desire to have vocational services offered at their clinical sites in addition to the clubhouse location. While all groups felt it would be helpful to have services available at their clinical sites, they also reported that the clubhouse/supported employment site was an important resource in looking for work. Our experience has been that it is important to provide sites that offer specialized rehabilitation services separate from clinical sites for a variety of reasons, including the fact that there are often greater opportunities for consumers to have a sense of ownership of the service at a vocational rehabilitation specialty site. Staff then are able to go out from this site to offer service at clinical teams while maintaining the professional support and resources of the rehabilitation program.

4.4. Study limitations

There are limitations of the study that should be considered. First, although the sample size for this study was large, it was conducted in one Western city, Denver, Colorado, that has fairly significant resources for vocational services. It is possible that, in locations where resources are more scarce, a similar survey would yield somewhat different results. In locations where supported employment and other vocational services are not available or are more scarce, consumers may be even more likely to see the possibility of losing one's Social Security benefits as a barrier to employment.

Second, this survey did not involve a random sample of respondents, but, rather, involved a targeted sampling of consumers at numerous outpatient/case management

locations in the city of Denver. We used this strategy because we thought it would yield a higher response rate and a larger number of consumers in the respondent sample than a random sampling technique. Yet, even though the sample was large, represented consumers from several different types of treatment teams and locations, was somewhat balanced for gender, contained significant proportions of persons from ethnic minority or co-cultural groups, and represented a fairly typical cross-section of primary psychiatric diagnoses for people with psychiatric disabilities, the lack of random sampling is a potential limitation to the study's generalizability. One group that may have been particularly under-represented was persons currently homeless.

A third limitation of the study was that we did not investigate consumers' concerns about losing healthcare benefits when working for pay. A recent study by MacDonald-Wilson et al. [23], found that, among consumers in psychosocial rehabilitation programs, workers in those programs, and family members, rated the loss of health insurance as their greatest concern related to returning to work. In the light of that finding, it is surprising that this theme was not mentioned in the focus groups that we conducted prior to conducting the survey/interview. Studies of consumers' perceptions regarding barriers to employment should build on the MacDonald-Wilson et al. study in addressing concerns regarding healthcare benefits.

We believe this study adds significantly to our understanding of the issues related to consumers obtaining employment. However, there are at least two areas besides concerns about healthcare benefits that have been shown recently to be important and which, in the future, need to be combined with the types of variables included in our study and incorporated into a comprehensive framework for understanding the factors that facilitate meaningful employment for consumers. One recent finding is that the climate of the work place and the person-environment fit between the climate and the individual values of the person are important to maintaining employment [20]. Vocational specialists have long realized this, but further specification of the critical variables involved continues to be important.

Second, Cunningham et al. [13], in a qualitative investigation, recently reported that people with psychiatric disabilities who were successful in obtaining employment talked about their disability as merely one aspect of themselves that could be managed, whereas people unsuccessful in obtaining employment seemed either to deny they had any problems (a minority of those interviewed) or saw their "illness" as completely

overwhelming their ability to contribute to a workplace (the more common finding). Again, these findings suggest the importance of working with consumers to develop healthy and accurate views of psychiatric disability that can motivate and inspire them to seek and successfully obtain and maintain employment.

5. Conclusions

We have reported survey results that shed further light on the perceived barriers related to employment for people with psychiatric disabilities. Results indicated that consumers were concerned primarily with the effects that employment might have on Social Security benefits. However, consumers for whom this was a barrier to employment indicated a desire to work if losing their benefits was not a threat. For smaller subgroups of consumers, additional barriers were perceived, including worries about one's job history and concerns about not being paid enough. Many consumers indicated that the provision of services at their clinical sites would be beneficial. Our findings suggest that systematic efforts to educate consumers about strategies for preserving and protecting income while working and for individually assessing consumers' concerns regarding work would be beneficial in promoting fuller engagement in the workforce among persons with psychiatric disabilities.

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