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Creating Opportunities for Youth with Mental Illness:
A Focus on Transition and Employment

Webinar- Zoom

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CAPTIONING PROVIDED BY

Melissa Hines

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Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment

Wednesday, June 23, 2021

>> DONALD: Hello everyone. Welcome everyone to today's webinar. Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment. We will begin in two minutes on the hour and in the meantime enjoy the music.

[...Music...]

>> DONALD: Hello everyone. Welcome to the "Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment" seminar. It is now 3 o'clock Eastern so we will begin.

My name is Donald Taylor and I'm the technical producer for today's event. Before we begin I'm going to call your attention to a couple of accessibility features available in today's webinar. All of these features are available from the Zoom menu at the bottom or the top of the Zoom window and the only-- those menus only become visible when you roll your mouse over the Zoom menu, the menu will slide up from the bottom and this also a little button that appears at the topic. First of all we have a request for our speakers, you will see first of all we have in American Sign Language interpreter spotlighted for all of the attendees. So that the other person showing is the presenter, we ask that when you are not speaking turn off your microphone and camera. So that just the important people will show.

Since we have ASL and captioning, we ask that you slow down in your speaking which I'm going to do now a little bit so that you can help them keep up with their complicated work. Since we have some visually and hearing impaired attendees, we ask that you begin your part by identifying yourself and make a brief description of yourself, and if there are any key illustrations in your slides, we ask that you describe them as well.

So I am Donald Taylor and I am a white man with dark hair and I'm wearing a dark shirt with a collar and behind me is a window, kind of washing out my background but there's a big green leafy plant to my side.

There is an American Sign Language Interpreter and they are pinned and they should show up on your screen. If for some reason you're not seeing the ASL interpretation please switch to the Gallery View. Again roll your mouse over the Zoom window in the upper right-hand corner and there's a small button labeled VIEW. We also have captioning available in today's webinar and to access the captioning, if you roll your mouse over the Zoom window from that menu at the bottom, slightly to the right is a button that says CC for closed captioning and if you click on that you should start seeing captioning in the Zoom window. You can control your individual volume settings from the Zoom menu as well. All the way to the left is a button that looks like an old style tabletop

microphone; next to that microphone is a small up arrow and if you click on that you can adjust your individual volume settings. We will have a Q&A session at the end of today's presentation.

You can post your questions in the Q&A box available from the Zoom menu at the bottom of the center of the window. Please note that we have both a Q&A box and a chat box. Please put questions in the Q&A box. The chat can go a little fast. It's a little fast-paced so if you put your question in the chat box, just know that sometimes gets lost. I'll be monitoring the chat if you have any difficulty with any of the features of today's Zoom, post them there and I'll see if I can help. Additionally, we are recording today's session and the recording and the transcript will be available as soon we can get them posted.

We will send an email to all of the attendees with the link on the YES Center website where you can find all of those recordings and now I'm going to turn it over to Michael Brogioli who will introduce the TASH center.

>> MICHAEL: Thank you, Donald. Good afternoon, everyone. I am the Executive Director of Tash and I'm a white man with gray hair and I'm wearing a gray pullover and I'm sitting in front of a banner with the TASH logo behind me. We partner with the TransCen Center to provide technical assistance. This is the fifth and final year of the center and this is the second to last of our national community of practice webinars. So now going to turn it over to Sean Roy who is the chief training and innovation officer at TransCen where he co-manages- pardon me, and Sean will introduce the webinar and the panelists. So take it away, Sean.

>> SEAN: Perfect. Thank you, Michael and Donald. My name is Sean Roy and I'm a white male, I'm wearing a white kind of checkered shirt in front of a very boring tan background. I apologize for that and I want to say how thrilled we are for everybody to join us today on this important topic. We know that people are starting to get zoomed out and so anytime we can see such strong interest in our training, we know that we are probably hitting on something that people are very interested in. And so we are excited to have you with us and excited to address this topic, Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment.

As Michael, said the function of the YES center or the Youth Employment Solution center is to help states with systems change activities related to improving employment outcomes for students with significant disabilities. And I think when we think of significant disabilities I think most of the times we automatically default to students with intellectual or development disabilities or maybe very complicated health conditions but as we know it's estimated that half of the adults in the United States will experience him type of mental illness and we also know that there's a strong correlation between low employment rates and significant mental illness and so the YES center team thought it was important in our last webinars to shed light on this particular topic and so we can really make that linkage to youth with mental health concerns and some of the efforts that we see across the country, such as employment first, such as securing school-based work experiences.

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We want to make sure that youths with mental health concerns are part of the conversation. I am absolutely thrilled and thankful to be joined by three wonderful guests today.

The first person we're going to be hearing from is Miss Kathryn Sabella PhD, who is the Director of Research At The Transitions To Adulthood Center For Research Or The Transitions ACR Within The Department Of Psychiatry-- The systems and psychosocial advances in the Research Center-sorry for the ASL interpreter on that one- At the University of Massachusetts Medical School. In this role, she facilitates all aspects of research training and dissemination activities in close partnership with the transitions. Her research interests include psychosocial development during the transition to adulthood education disparities and mental health policy and systems changes.

She is joined today by Larry Abramson, I want to make a special note and thanks to Larry as he interrupted his vacation hiking in the Appalachian Trail to find an Airbnb, so he could join us today, specifically.

So thank you Larry for your commitment to the cause. Larry is a national leader in the provision of transition services to students with mental health challenges. He is a technical assistant specialist on the Way2Work, Maryland project. Prior to this role, Larry served as Director of Vocational Services at St Luke's House where he established the career transition program and was a site Director for the Social Security Administration's Funded Youth Transition Demonstration Program.

He has helped design programs that bridge the gap between school, mental health and vocational rehabilitation systems, Larry has designed employment programs that meet the career goals of students as well as meet the needs of the business community. We are also joined today by Alexis Umeh, who is a first generation college student currently at Boston University and she is seeking her Masters in school counseling and she's going to share her experiences more toward the end of our session. I want to encourage folks as Donald, said during the course of the session if you have any questions or comments-- I think lately what's been neat is I've been on webinars and people will act real-time with comments in the chat box which is kind of neat, right? Which gives us a sense that there are people out there so feel free to do that. There's going to be questions at the end but I also want to point out that on Friday so June 25 from 12 o'clock to 1:30 Eastern, Kathy and Larry is going to be participating in what we call Office Hours; it's an opportunity for anyone who is attending today to get some kind of more close time with Larry and Kathryn and have a conversation with other people and ask questions who are interested, kind of a fun open ended conversation on this topic. So if you're interested in that kind of interaction, we would love to have you on the office hours as well on Friday. So with that, I am going to hand it over to Kathryn to get the ball rolling.

>> KATHRYN: Thank you, Sean. Hi everybody. Thank you for coming. So I'm going to spend about 10 or 15 minutes just setting the stage for this topic and this population. As somebody alluded to just now, sometimes employment services for young adults are really tailored toward young adults with developmental disabilities or physical disabilities but there are a heck of a lot of young adults with mental health conditions who could benefit from and often qualify for employment services, especially even in high school. So if we can go to the next slide, I'm sorry. I forgot... I'm

Kathryn Sabella. I'm from the Transition to Adulthood Center for Research at Umass Medical School. I am a Caucasian female with brown hair and glasses and I'm sitting in front of a kind of teal colored wall. I just had this room painted and I love the color.

So I do have some figures that I would try to narrate as well. On the screen right now is kind of four-part diagram of the pieces that I'm going to cover right now. I've been working in the young adult mental health research arm for over 10 years and when we start talking about young adults with mental health conditions we often need to talk about general adolescents and young adulthood as its own developmental period and then we need to consider the impact of mental illness across the lifespan. And then there's almost that intersection where young adulthood and mental illness meets for many, many young adults. And then today we really want to talk a little bit about the employment and education experiences of young adults with mental illness. Next slide please.

On the next slide I have a little bit of a cartoon and it's kind of dated but it just shows a girl who looks like a teenager talking to somebody who looks like her mother. And it's a black-and-white drawing, the caption says "Don't call me a teenager. From now on, I want to be referred to as a pre-adult." Although this is dated, the point I'm making here is that adolescence and young adulthood is sometimes referred to in different ways. Terms like: "Emerging adults, transitioning aged youth, just young or young adults." And in my line of work at our Research Center, broadly young adulthood can be anything from age 14-30. Most often mental health services refer to young adulthood as 16-25. Larry is going to be talking a lot about high school experiences in a little bit. But either way I want to make the case that emerging adulthood is kind of this newfound land, somewhat of a new phenomenon, in the last couple of decades understanding it as distinct periods of our life course. That is between being a child and between being an adult and it's characterized by a change in exploration of life in directions and in many areas.

In the next slide it says, development on every front and there's an image of some puzzle pieces and the point I'm making is that development is rapidly occurring in young adulthood on every front and together, these various developments underlie one's ability to function as an adult, i.e. meet the adult expectations in any given society. So in the US, I mean [...audio break...] young adults go through a lot of cognitive development. The frontal lobe and the amygdala and all of the-- I'm not a neuroscientist, but there is a rapid period of brain development, second to only that of development in infancy. Young adults are developing their own morals and ethical standards. They are developing social beings and developing social sexual social relationships and this is a key point of identity exploration. The question of "Who am I?" Is being asked among adults and many people are asking young adults, "Who are you? And who do you want to be when you grow up "-- air quotes. Next slide please.

So here, I'm just wanting to talk about social considerations. If you could just press the button again, young adulthood used to be almost nonexistent. I used to make a joke about my mom. She met my dad when she was 20 and she got married and she got her Associate's degree, when she was 21 she moved out of the house and into that marital home, probably had babies and that was within a two or three years span. Nowadays, young adulthood is kind of that elongated social development period, and the rates of marriage among young people are decreasing. Rates of independent living or owning a home are decreasing. The age of marriage therefore is increasing, if people decide to get married at all, many are cohabitating for longer periods of time and many young people are delaying childbirth.

And one more click please. And again in the US and all developing countries, or many developing countries a high school degree or equivalent is no longer enough to get ahead, and to essentially live independently.

We have data from the Bureau of Labor Statistics that show there is an increased rate of return on additional years of education. So for every year of education one completes, I think they experience a 9% increase in income. So these are social considerations for all young adults in the US, not just young adults with mental illness. Next slide please.

The last thing I'll say about youth and young adults generally speaking is they have their own subculture. So it's a lengthened period of development, and many of us, or many people on this call who have teenagers or ever had can agree that youths often have their own subculture. On the screen are several images taken from pop culture including pictures of Kim Kardashian, and Kanye West and a wording that says "you just don't get it" there's a Black Lives Matter image, there is a TikTok and Snapchat logo and pictures of people, young people taking selfies and being on the phone with each other. Young adults have their own language, I have been around the bend and 40, and I find myself not even able to really catch up with some of the young adults that I work with. In terms of what's the newest social media platforms and trends. So these are some of the important notes about young adults in general.

Let's get to the second part, considering mental illness across the lifespan. We know the majority or two thirds of mental illness, or mental health conditions occur prior to the age of 25. The peak age of mental illness and disorder globally of mental illness onset is 14 1/2. And the majority of first episode of psychoses occur between the ages of 15-30.

There's a chart on this slide that takes data from the national survey of Drug Use and Health. And shows in 2019 any mental illness by age group in the United States... And this shows that 29% of 18-25-year-olds had some form of mental illness compared to only 25% ages 26-49 and compared to 14% of 50+. So this is illustrating that young adults, it is the time where many health conditions are developing or have already developed. Next slide please.

What we know about adults with mental illness. Sometimes we, my center has to defend that all adults with mental illness have to struggle. And they are right, generally speaking, they have high rates of co-occurring substance use compared to adults without mental illness experience a low rate of employment, low incomes, if they're working, they're often working in service-oriented jobs or jobs that tend to be secondary in the labor market. With few benefits and low pay and things like that. There are often multiple systems meaning they might be getting different social services with different sources and there are a high rate of dependence on Social Security benefits among adults with mental illness. So any one over 18 struggles. But again the question begets what differs about the younger adults? We can go to the next slide. You can click through this. About three clicks. Perfect. So the first statistics I want to share is that young adults 18-25, again according to the national survey on drug use and health, has the highest rates of serious mental illness compared to other ages. So 18-25-year-olds is about 9% compared to only about 4 1/2% of 45-64-year-olds, but their service use is lower. So young adult 18-25 only 56% of them are using mental health services compared to 75% of those between the ages of 45-64.

I just want to point out that a mental health crisis was brewing pre-pandemic and has only-- the pandemic has only added fuel to the fire. Rates of serious mental illness, again according to the national survey on drug use and health, between 2008 and 2019 rates of serious mental illness

among 18-25-year-olds almost doubled. So in 10 years, 11 years, the rates of serious mental health went from 3.8%- 8.6- [Referring to slide] And next slide please. And so we see a similar pattern or similar increase for serious thoughts of suicide among this population and it's kind of terrifying to think about what the data from 2021 will look like compared to 2008. Next slide please.

So I laid the groundwork for the challenges of adults with mental illness and the challenges then the fact that we know that young adults seem to have higher rates of mental illness compared to older adults and being a young adult add certain complications not just because being a young adult has specific subcultures and not just because young adults are expected to do more than in previous years past but young people with mental health conditions are often similarly compared to their peers, experiencing higher rates of co-occurrence substance use. High rates of justice system involvement. High rates of foster care involvement and never mind the changes and complicated family dynamics that I spent an hour talking about. And this is important especially for young adult's transition into adulthood with a mental health condition or with experience in multiple systems. There is a system issue here.

And sometimes this is referred to as the "Cliff", if you will. Where a child or individual could be involved in child mental health services in their state but sometimes between the age of 17 having 23, it's going to vary they could no longer be served, quote unquote by the Child Service Department of mental health and now they need to be eligible for adult mental health services and they may not be eligible, so they may lose services and if they are eligible now they need to change practitioners because now they are on the adult side of things and that's why we refer to this as the Cliff. So now they are turning 18 and maybe they don't want to stay involved and so then we never see them again. The point here is that many young adults with mental health conditions have a lot of challenges, not all of them but many of them have just higher rates of challenges compared to their peers without mental health conditions and there are systemic and policy system barriers that contribute to complex navigation of services. And unfortunately, this is part of the reason we see that lower engagement among young adults. They now have a choice whether they want to stay engaged or not.

So this brings me to my final point which is thinking about, on the next slide, employment and educational experiences of young adults with mental illness. There's an image here of I think to young people kind of studying or looking at some work together. Young people with mental illness compared to their peers without mental illness have lower rates of high school graduation.

If they are employed after high school, they often are in short-lived jobs in short-lived tenures, often experiencing jobs that are more just retail, service-based industries, they're not getting really many benefits. If they are pursuing post secondary training or education, i.e. college, they have usually lower rates of enrollment compared to their peers without mental health conditions and some of this data is also compared to peers with other types of disabilities.

But often they have low graduation rates. They experience lots of academic disruptions and the associated crippling student debt that comes with that. For example, I interviewed about 55 young adults a few years ago and I asked about their school/work experiences and these were young adults who were slightly older, 25-30 and many of them had very nonlinear paths of school and work exploration.

And many of them-- these young people are smart, you know, having a mental health condition doesn't mean you're not smart and they were capable and often times getting very good GPAs but often times where just having trouble managing life and therefore often dropping classes and then required to pay for credits that they never earn. I think this is my last slide. And here I just highlight what we've learned from our work and from the study I just mentioned what are some of the key barriers to success and the facilitators to success based on my conversations with many young adults.

The same factors that contributed to short-term stents in school/work or training- they often describe stress-induced anxiety or panic often in the workplace when it came to performing in school. Sometimes they just described needing to quit their school or work experiences because their symptoms increased or medication changes forced them to really not be able to function enough to get to work and then they would get fired.

Or they would miss two weeks of college and their professors were not willing to really help them make up that time, and oftentimes they were experiences interpersonal conflicts that they had trouble managing in school or work settings. They didn't know how to manage conflict or they had traumatic backgrounds that made them really fear conflicts. But facilitators to success included when school, work or training environments were flexible, and supportive when professors were able to say, "It sounds like you've been going through a really hard time, why don't you get that assignment to me next week?" Supervisors who would say, "Do what you need to do to take care of yourself, I'll see you next week." The ability to take a break on a job or the ability to may be remote in to school or online learning.

So this last slide here shows that although they face challenges with the proper supports young adults can thrive, if we better understand their experiences and their challenges and their successes.

And I will say that young adulthood is the pivotal and age normative time for career exploration, right? This is the time no matter when you were a young adult, how long ago, you are learning, you are working, you were learning about yourself, even if you were scooping ice cream or waiting tables, you were learning about yourself as a worker and young people with mental health conditions, if they are unable to experience those early career exploration activities, their long-term career trajectories can really be impacted in terms of long-term income and ability to live independently.

I have a dear friend that considers young adulthood- she calls it a crisis-tunity. There is a lot of crisis when you are a young adult with mental health conditions but there's so much opportunity in young adulthood that if we can just remind them that and tap into that opportunity to live successful lives. That is my last slide, I will turn it over to Larry, and he will get going and I'm seeing some chats come in but maybe we can come back to those questions unless you want me to address them now.

>> DONALD: Kathy, I think let's have Larry go through his section 1st and catalog the questions at same time at the end.

>> KATHRYN: Okay, sounds good. Thank you.

>> LARRY: All right, can you see me?

>> DONALD: Yes.

>> LARRY: Okay, That's good. I can't see myself, but that's probably fine. I am a white male with a black University of Maryland polo shirt on, and I'm in the basement of an Airbnb in Hopewell Junction, New York. Thank you for having me here. I just want to start my presentation by saying that I believe anybody with a disability is capable of working. I believe certainly that youth and young adults with mental illness are capable of working and I think a critical marker in people's career and educational progress is having a page prior to exiting high school, it gives folks some confidence that they can make it in that big bad world post high school. Next slide.

So Kathryn talked about some of the challenging data on youth and young adults in here somewhere data. That high schools with emotional behavior disorders are vulnerable populations, often unrecognized and underserved by existing school-based services and they are more likely to drop out of vice, than any other group of students. They are less likely to participate in post secondary education than many other students with disabilities. They're more likely to have low wages, low employment rates and poor health, and they are identified by teachers as the population they feel least equipped to serve.

So it's not very promising information. Next slide.

[New Slide]

So in the world of mental health and employment, that we've had some fantastic services being developed specifically the IPS, the individual placement and support program that's probably the most researched vocational service that there is. And they do a fabulous job of supporting people with serious mental illness attain employment and be supported by collaborative group of folks within a mental health center. One of the issues though is those services-- it's challenging to access those services when you're in high school. So they've written a new Manuel and there's a specific support transition age youth support employment Manual. Here's some strategies that practitioners whether they be educators or vocal rehab professionals or agencies can use to engage students. First, to meet the student at school or in the community and the second is to listen without judgment. Third is use a strength-based approach. Really focus on what the student can do well and what they're interested in. Career assessments, based on student assessments. Create opportunities for the student or young adult to see how other students and young adults have benefited from service. Also really create opportunities for the students to meet employers and ask questions. Create opportunities for the participants to learn about the pros and cons from their career interest from someone who is working in that Field. I remember having a young adult that was really interested in auto mechanics. And he got to spend a day at my garage in White Oak, Maryland, talking and watching and helping all of the mechanics that were working on cars, and he learned so much from that day about their experiences of loving cars as a young adult and now working in the Field and some of the challenges of being a mechanic full-time.

So whether you are interested in being an engineer or a mechanic or a salesperson or Doctor, to have the opportunity in high school to talk to someone in that Field and learn more about it is invaluable.

When you talk to students, everybody has to start at the bottom. You know, we have 197 participants in whatever Field you're in, you started in the bottom, probably internship or entry-level position and you worked your way up and I think it's import for all students to understand what a

career ladder is and what education is required to do it, not to be a dream squasher, but just to let them know what the steps are in order to be successful. Next slide.

So I'm going to do a little background on Wioa (?) about seven years ago the federal government change their policies and said that Voc rehab had to use 15% of all of its money on youth prioritize school and in that they created something called pre-employment training services. One of those pre-employment training services was work-based learning experiences, and that has offered a large swath of high school students an opportunity to learn on the job and experience a particular career that they might be interested in. It is funded by state Voc rehab, and I'm doing this little slide to compare work-based learning experiences with the typical paid job.

So work-based learning experiences is a temporary position that lasts 6-8 weeks, whereas a paid job can be permanent, temporary or seasonal and many times a typical high school student is going to work at that for some time, for pay.

A work-based learning experience is really a learning tool and there's an agreement signed by the student, the employer, parents and provider with specific learning goals. Whereas, regular employment, if someone applied for a job at a landscape company and they were 16 or 17 years old, they would just fill out the paperwork and be an employee of that particular organization,

whereas a work-based learning experience is really an outgrowth of the educational system with a learning opportunity within the business, and that has been fascinating, to be honest, because as a-- now I'm going to use this term and I hope I don't offend anybody but I am a born-again supported employment guy. I spent my whole career with supportive employment, specifically paid jobs and in greater environments and I heard about work-based learning experiences I was up in the air about whether I saw the benefits of it and I'm sold. I was surprised that employers would sign these agreements. I was surprised that especially students with health issues would agree to this thing, this piece of paper of learning goals and all of that but it's worked out beautifully. The other thing is that work-based learning expenses can come with a stipend so the student can get paid to learn about a particular career that they might be interested in and you can be very innovative about how you give students those opportunities. And in a regular paid job, of course employers pay regular wages, also job tasks and work-based learning experiences are customized to meet the students learning goals and interest and support those needs. The paid job can provide reasonable accommodations and can be provided to support the employee. So it's a different mindset. On the job supports are available and regular contact with the employer is required. We're talking about the support staff and in paid jobs youths may choose not to disclose their disability and receive support before and after work.

Students may access multiple work-based learning experiences to learn about multiple careers. We all know that, I guess the average person now changes careers every five years, but we have many students that came to us where they were interested in being a policeman and a nurse and a mechanic, all three. They weren't sure what they wanted to do, and we were able to help them get this short-term work-based experiences in these three separate environments that really gave them a better feel about what it's like to work in those careers. For students that go directly into paid work you know, you can make those changes and change from job to job to job but that-- sometimes that doesn't look as good on a resume. Typically teenagers change jobs a lot, it's not that big of a deal but the access to these multiple opportunities is so positive through these work-based learning experiences. Next slide.

So for the past 3 1/2 years I've been working on a way to work project which is Way2Work Maryland where we help students with disabilities, juniors and seniors in high school to get these work-based learning experiences. And I have a whole section about this Way2Work program and right here is the individual placement and support. IPS for transitioned aged youth. Which is a system I worked on which is fabulous, the people there do a great job. It's integrated with mental health teams, and that's also a great way to work with youth.

My experience is that students in high school feel a little more comfortable in accessing their support through school than through some other place, whether a It be mental health center, housing program or other mental health Services. I've got a little chart here with the parallels. In Way2Work we believe that all students can work and paid jobs with supports and in IPS there is the belief that the client can work in paid jobs with supports. Same thing. Both services use a strength-based approach. Meeting with the students or young adults are good at and building on that and helping them find a career or a position that they will be good at and like. And they can be successful in that. In the Way2Work using work-based learning experiences, the eligibility is wide. In order to be eligible for work based learning experience through Voc rehab you need to either have a documented disability a 504 plan or an IEP. That's a large group of people for IPS. Historically for use with mental health concerns to be eligible each day it varies as to what exactly that means. I know in Maryland they allow for some more adolescent diagnoses with some additional barriers attached to it, like involvement with juvenile justice, homelessness, serious behavioral issues and that allows them to get in as well but through work-based learning experiences it allowed them to have a large swath of eligibility and I know in many states like in Maryland, they've been inundated with applications for work based learning experiences because it has been very successful and the Field is learning more and more about it as it becomes more popular.

Social Worker based learning experiences prepares students for careers and their further education certainly an IPS, competitive integrated employment is the goal but students can choose internships and training and education toward that goal. Work-based learning experiences are based on student's interests. IPS services are based on common interests. Work-based learning experiences are customized based on student learning goals. And here employers can offer reasonable accommodations so that their employees can meet the essential functions of the jobs. So there is difference between a real paying job and a work-based learning experience. You have to meet those essential functions of the job. In the way to work, High Schools were the hub of services and an IPS typically mental health centers, housing programs, first psychosis programs can be the hub of the services. Can you raise that chart a little bit? There is one more section.

All right next slide.

Employer benefits of work-based learning experiences.

They prepared the future workforce to meet industry and business needs that expands career and industry awareness for students and employers.

It grooms the future workforce on employer expectations you know, and a lot of the soft skills as well. They receive supports by transition professionals to help the students meet employer expectations, and their short-term commitment is typically 6-8 weeks. So as we market work-based learning experiences to the business community and we talked about, this is the government and schools preparing students for the workforce and learning more about your industry, employers

really bought into that and we had a fabulous response from the employers that we work with. Next slide.

So student benefits of work-based learning experiences. By definition work-based learning opportunities are an educational approach that puts the use in the workplace and offers opportunities to learn about careers for preferences and work behaviors and specific jobs and occupational skills. These opportunities allow the youth to connect school experiences to real-life work activities which in turn contribute to their career success. Opportunities for more than one experience allows the students to clarify their interests, preferences and skills in real-world environments.

 These experiences build soft skills, strengthen resumes, creates employment references and networks, builds interviewing skills and helps clarify post secondary education decisions. For the VR counselors that are out there, when you have a young adult that just comes out of high school and comes into office with no work experiences, and no references got that is a challenge. You have a student coming in with these work-based learning experiences, references from their supervisor makes a big difference.

Also, students use these work-based learning experiences to help make their post secondary decisions about what school, what they're gonna study, in which direction they think at this point their life might take. Next slide. So here's some quotes from the Way2Work program from parents. First we love the focus on career interest. We did some focus groups with parents and that was across the board..." My kid got to really say what they're interested in." And the employment specialist that worked with them, worked hard to find a work-based learning experience that met their interest. We have another student, Chris got this was where his mom said "before he started his work experience, my son was failing at school, not communicating with us, sleeping in class, after this work experience he has a career focus and he has plans for college and he believes in himself."

Another mom said, "I think Alex has really benefited a lot from these experiences. As he said, it gave him the opportunity to learn what he was interested in and really hone in on that." Even left the work-based learning experience and, this gentleman, and he went to Costco because he got paid more money. But he had a bad experience. But even though he was paid well he realized that he didn't want to pursue it now that he's moved on to college as he said it gave him a focus on the things that I need to do and want to do in my future. Next slide.

That's it. I imagine there's going to be a lot of questions and I think even John wants to ask a couple of questions.

>> SEAN: Thank you to both Kathryn and Larry. We've gotten questions in the question box too. I do have a couple of things I want to follow up on the. We will do questions at the end for a lot of the questions we've gotten, but this is great information and certainly two sides of this topic. I want to start with Kathryn and this idea that you know, you talked about given the fact that youth with mental health disabilities have low rates of engagement in mental health services, what strategies can the people listening use to be able to engage youth in those types of services?

>> KATHYRYN: Thank you, Sean. Great question and Larry thanks for your content as well. Larry had a slide which I will build off of with engagement strategies for employment. And I think my answer to this question is usually thinking about the cultural, social, developmental, uniqueness of young adulthood. Which is why present on those topics and what I mean is, two things come to mind. One, be helpful. Young adults, if they are looking for help, be helpful in trying to meet that

need as quickly as possible. Two, meet the young adult where they are at. And maybe I would say that the third thing is being a good listener. So those of the three of the basic things. And I think specifically I'm sure everyone would agree no matter what your age, you'd want those things. But for young people, you know, they get a bad rap for wanting instant gratification but who can blame them? They've grown up with cell phones and things at their fingertips, this is not necessarily their fault, it's just where they've grown up, and how they've been groomed. And we need to understand that. Certain practices in mental health services need to be kind of bent a little bit and I'm hopeful that some things from COVID might carry over, so the ability to meet on Zoom and at flexible times and the ability to communicate in the ways that young people are communicating. There's an access center here at Massachusetts where one of the peer workers have been conversing with many young adults with something called Discord, and this is where I felt really old because I had never heard of Discord. It has chat features and it has groups and that's how I communicate with the young people he says. And so it's not just texting but it's using Snapchat and Instagram and other things to communicate with them.

And I will say that there are policies about no-shows and although no-shows are important, this group has a tendency to no-show. And if they've lost that trust often is like, "all right we have to start over from the beginning." So there are some policies there but I guess the other important thing I always think about is integrating services and so the employee services are important in one benefit of IPS as Larry said is often employment services are embedded in mental health services. Here in Massachusetts we've had a lot of success with young adult access centers where they are not therapist in the building but its most like a hub where young people can get connected to their mental health services or help with a resume or help with housing. One-stop shopping is really important. So I'll leave it at that.

>> SEAN: You know Kathryn, I've got two teenagers myself and I often find myself completely lost so I appreciated that information. And you know, Larry, I really enjoyed the information on work-based learning because that is the basis of a lot of the work that I do on a day-to-day- on my day-to-day. I was struck by something you said about teachers may be feeling kind of less equipped to be able to deal with this population. I'm also wondering too if that doesn't carry over to employment specialists in vocational rehabilitation staff as well, being able to feel like they have the capacity to really provide adequate supports to young people with mental illness. Can you speak to that a little bit as to why do you think that apprehension exists?

>> LARRY: Well, I mean, first off, whether it be at an agency or in a state Voc rehab program I really believe in specialized caseloads. And so having a specialized transition caseload or with the proper numbers, a specialized mental health transition caseload that I think will be very effective. In terms of the teachers that-- I mean I think that you know, students with mental health issues can be successful in academics, in fact the structured nature of academics can really help a student with mental health issues because it's exceptionally clear about what's required. When you go out into the world of work, the social aspects of the environment, the work norms aren't quite as clear and there's more challenges. Then for teachers, they look at the variability of people's mental health issues that go up and down so targeting some specific strategies is very hard on an IEP and it might be much easier to not deal with it, essentially, and focus on the other disability that the student has because they can really write the IEP correctly. And I know Kathryn you do some work on IEP support as well, don't you?

>> KATHRYN: A little bit, my colleagues do more than I, but yes.

>> LARRY: Gotcha. As Kathryn said in her presentation that the focus of special education has been on people with disabilities and well mental disabilities and so the education that is received in the graduate schools and the training that's received within special education focuses on that, so I believe we need more training and more specialization for transition teachers.

>> SEAN: Thank you. I just want to say, Alexis, I'm going to throw it to you here in just a minute but I wanted to prep you and let you know that is coming. We've had some great responses in the chat box. I just wanted to go over a few of these. Somebody asked for in Q&A please address where this is the age where sexual orientation can be challenged, posing other stressors impacting mental health, so maybe we will be able to address that in our Q&A. Someone else said that schools need safe zones for teachers that self identify with mental health, or LGBTQ to take away the stigma of being different. Somebody else said great presentation about work-based learning and the benefits and the opportunities of young adults. We are having some good experience with work-based learning here in Arizona. Trauma informed practices are also important with this group of folks asking "what happened to you?" Instead of "why did you...:" Someone else said that employers don't usually know how to deal with mental health issues with their employees. So we've got a lot of engagement on this topic which is really great and we're going to get to these questions a little bit later but I want to introduce Alexis Umeh, are you here?

>> ALEXIS: I'm here.

>> SEAN: As I mentioned, Alexis is a young lady from the Boston area and she is currently seeking her Masters Degree in The School of Counseling At Boston University and she's a first generation college student. She is going to talk to us about some personal experiences and I think it's so important and I think you Alexis for being here. It's so important that we hear directly from people to really make this experience real and she is going to talk to us about navigating depression and trauma all while trying to be successful in high school and college and so without any further ado, Alexis, why don't you go ahead and tell us your story.

>> ALEXIS: Yeah, thank you so much Sean and everyone for having me! My name is Alexis. I'm 24 years old. I am a Black woman wearing a blue T-shirt right now and a green bandanna. I'm having quite a bad hair day today ☺ and I'm in my makeshift office at my parents' home right now. So yeah, I definitely want to continue on the note of my experiences in high school and having depression. So I struggled with oppression, I want to say around sophomore, junior year of high school I was formally diagnosed with it, I believe in my sophomore year. And it was quite a lot to take in personally. I'm the oldest of four siblings, I'm Nigerian American my father immigrated here for college and met my mom and so yeah, there's a lot that goes with that and unpacking that. Does a lot of stigma about mental health and my family and I'm sure in the greater community too and that's something I had to cope with and deal with at that time. But I want to say for the most part, I had a great school counselor that I talk to a lot about with that. So I definitely talk to her first inform us about academics and just school and I am a top student, I obviously took school and education very seriously. Stemming from the fact that I am the first of my family to go to college. And I guess that coupled with being diagnosed and thinking about what that meant in my family and I struggled a lot with how to be productive and how to juggle the expectations that I had. So again all of this fell on the shoulders of my school counselor in terms of unpacking and reflect because I really felt like I couldn't dig as deeply as I wanted to with this with my family so I definitely did rely on her for the support. And just thinking about her just warms my heart because I really truly think that's the

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reason why I'm pursuing school counseling so a very full circle moment and we sure that over and over again. I have so much gratitude for her.

But yes it would be little things, like coming into my classroom and just taking a moment to ask me how things are going, how was I doing, how was finals, exams and the ups and downs of the week and how my family was like. She was always just checking in on me and that definitely helped me out through my experiences and then the transition from high school to college. I struggled the most in high school my senior year just struggling with what it meant to be independent, to be an adult, what it meant to be a first generation college student and the first of my family and having that pressure again on my shoulders, so that came a lot with just calling out of work, little things, it looks different with everyone and for me it looked like calling out of work, asking for extensions on papers and just really procrastinating, which is something I normally do or don't consider myself doing as a student. I think I pride myself on being proactive, ahead of the game and organize, but I think during my senior year of high school, going into freshman year I struggled a lot with doing everything I wanted to be a student and have a job but it felt like I was drowning sometimes.

But yeah getting into that too I went to UMass Amherst for college. It's roughly 35,000 undergrads that go to UMass Amherst. And it was kind of like a tunnel or a pipeline from my high school and then actually went to Milton High. So many students from my High School quite actually went to College so it was almost a high school experience in a continuation, part two. So I was trying to find help again to deal with college and my own mental health issues and having that go-to-person. For me personally, I prefer one-on-one support, I'd rather have that than maybe have three or five people to check in with or offices I have to go to a people have to get in touch with and things of that nature but being able to have someone I can pick up the phone or someone I email and know that they will respond back to me was something I depended on it High School. And I was hoping to get in college. And it took some digging and it took a lot of advocacy on my own part to do that but I really think as institutions, if we can be thinking about how we can make the accessibility of students a little bit easier, it might break that barrier. So yeah, my experience in college, now thinking about freshman year and onward, I failed a couple of classes my freshman year. I went in wanting to be a psychology premed major. Psychology was my interest and premed was my dad's. He wanted me to go to medical school and I failed every single one of my premed courses. I took three premed classes and two psychology classes. I was really proud of myself. I'm really interested in psychology but I struggled with biology, chemistry and stats. So I felt down and I felt like I wasn't doing well in school so I went to my professors a lot because naturally I was like how can I do better in this class? And it wasn't so much about deep conversations with my counselor about my mental health but it was more like that window of how I my doing in this class? Gradually and it opened up. How are you doing living on campus and things of that nature? I think that's another thing for sure that help me through college, just being able to have professors who cared about me outside of being a student, who actually care to ask how I was doing, and it's interesting to say but just like thinking again, UMass is a very big school, there obviously not going to check on every single student but I think it's good to check on students before you get to that "okay you're failing, what else can we do?" It's more like being proactive, "I just want to check on you. Even though you're doing well in class, how are you doing?" I think that goes along way. So I had a lot of professor that would check in with them and they would say "I'm struggling. I'm not sure what I'm doing right now. My head is not in it, what can I do?"

And they would talk about extra credit or alternative assignments. If I felt like I was too overwhelmed and I could write a paper I would be allowed to do an oral presentation, so just being able to be more flexible when a long way as well. But again, I definitely latched on having that go to advisor, that one person. So I want to say roughly around my sophomore year I got assigned an academic advisor and actually had to seek out one through the multicultural student center. It was like a Black student union thing. But they matched me with someone. She was actually really amazing, she was herself a first-generation student, a woman of color and there was so many things that we had in common so I think even having someone like her to go to, also became a great support system for me.

I hope I'm not running overtime. I can't tell. But just thinking overall about my experience and what kind of helped me get through my challenges was always people who cared and checked in with me I think for sure.

I'm wondering if there's any specific questions. I'm sorry.

>> SEAN: No this is great. We appreciate you sharing. Now specific to employment, do you have any experiences... For example when you were in high school and getting through college, were you able to maintain a job outside of your schooling and if so, what was-- did you experience kind of the same anxiety or depression while searching for a job and feeling like you had to achieve there or maybe when you are finished with your schooling or employment, what kind of accommodations, if any you're going to need to be successful as a school counselor?

>> ALEXIS: That's interesting, one question takes me back to High School and one for right now. I think going back to school and working, for one like I said, being the oldest I felt like I had a lot of expectations so I was working at a very young age. I started working at I think at age 15 so I was very comfortable being able to multitask and do a bunch of things, and I think a lot of the times I was in denial about how I was feeling, so I think I just really push through at times and just went to work and zoned out and just got through what I had to do, but wasn't mentally there. But I also think there was also tough days too, where I was calling at work and I wasn't really sick and I just didn't know what words to use to describe how I felt but I would just say that I wasn't feeling good. And I'm not going to lie, back in high school, I knew I wasn't as reliable as I am now so I'm glad that the self-awareness is back but I think definitely I would quit job sometimes if I felt like I couldn't handle having that conversation with my boss about like I need time... I think those small things that could just fixed situations I got so scared and overwhelmed and anxious that I would avoid them altogether and it was not a positive situation for me so I think having my counselor to help me and giving me the skills in the language even say, "if you need help this is what you do" it helped me to cope with and manage my stress.

>> SEAN: If you could go back then what would be your advice to young people that may find themselves in that same situation? What exactly-- maybe young people that are really stressed out with their job and experiencing what you did, instead of quitting what advice would you give to them to maybe make the situation work for them?

>> ALEXIS: Great question. Even now I think that's a question that I'm hoping to get a more wider and more clear answer on too because I'm trying to be a mental health professional and caretaker myself but I think for sure, #1, to advocate for yourself and #2, if it's hard to do, find someone that can advocate on your behalf. I think a lot of times as students, that power dynamic of being a student and having to go to a professor or a teacher or someone of a higher power figure than you,

that can be a little intimidating and scary to ask for help and say that I'm struggling. So I think sometimes it might be helpful if us-- I'm speaking as a student and educator, but I think as educators might be held to reach out. So that the student won't have to make the first step all of the time but I think obviously it's good for them to do so in advocate for themselves but I think it's important to have someone, anyone to go to. At least, that's what's worked for me in my experience.

>> SEAN: Alexis we had a great question come through the chat box. And I just lost it. There's a lot of people chatting and it's great. But it basically was: what would your advice be to people who are supporting young people? You had said that you had trouble articulating, right? You had trouble putting a name to it or putting thoughts to it. But there's a lot of people out there who are working with young people that might be in similar situations. Any thoughts or advice to those professionals to help those young people articulate it better? What would have helped you, so you could have lent a voice to it?

>> ALEXIS: That's a great question! That's like the core of what we do so that's why it's very hard for me to really... Like it's really hard to call out warning signs, but hindsight is 20/20 so I am really struggling but I think just building that rapport with the student will go a long way.

Like I just think the relationship at times might reveal more and sometimes the student doesn't have to say these things for you to translate it might be just like okay you interpret based off of their body language a certain day, so sometimes I think it just matters on those small moments that we kind of overlook.

>> SEAN: And that almost speaks to the need to train people, right? To be able to translate the things that they are observing into may be used supportive language to help people, right? So it's not may be an immediate thing but more of a relationship building process that you get to that point where you can have these conversations. What I want to do is I want to bring Larry and Kathryn back in along with Alexis, Alexis, you stay put, and I want to do some questions. We have 15 minutes left and we've got a lot of great questions and the people in the chat are having fun too. So this is just been wonderful! Thank you everybody, who's playing along.

>> KATHRYN: Can I interject something, Sean?

>> SEAN: Of course.

>> KATHRYN: First of all, Alexis, fantastic job! Thank you for being here and sharing your experiences and I think that last question that Sean lobbed to you was a tough one. Just about articulation of what you're feeling and someone asked a question, it was something about youth subculture how do they refer to mental illness and what language they use? And I think this is the million-dollar question. I mean we hear this term "mental health literacy" a lot. Is like young adults don't know in general mental health, they have to get on board with our service policy definition of mental health this, right? And I think the opposite is true. I think to engage young people with mental health needs, services need to speak their language and their language is not always "hi. I have depression or high I have anxiety." They often are expressing feeling anxious to or feeling stressed or feeling tired. They are expressing things in feelings which is kind of what we teach them as children. I have young children, right? I'm always like "What are you feeling? Label the emotion." And then all of a sudden we expect them to translate feelings into diagnosis.

And I think oftentimes, many youths, not just because of stigma, though I think stigma prevents them too, many of them don't use the same language as mental health services or employment

services. Even like on college campuses, post accommodations are given through some kind of office that says "Disability services" And most young people I talked to with mental health conditions say F no, I do not have a disability I struggle with mental health. So the idea of walking and to their own volition the disability services and just say, "Hi. I belong here. Can you help me? It's just not gonna work. I just got all fired up and I appreciated Alexis you saying that I don't know how to articulate what I was feeling. I can relate to that on a personal level. I remember going through struggles as a young adult being like I don't know what this is, what I definitely wasn't saying that I have a depressive disorder. So I think that's really important talking about what their feeling and then pulling them in there. I'll get off my soapbox. :)

Sean, I think you're muted.

>> SEAN: I was just wondering if Alexis wanted to react to that. That was really the first question I was going to ask. For young people, what is the way they refer to it when they are on Discord, whatever that happens to be. I don't know if you've got any insight into that Alexis or not.

>> ALEXIS: Uhhh, I wonder. And I don't consider myself a young adults I need to ask my younger Sister but no, I definitely think mental health is a little bit more of a popular discussion which I appreciate but I think at times, young adults, myself too will downplay a lot of things. That's the thing, mental health has become more popular to discuss and I think people are going to normalize certain things like depression or anxiety and then that becomes a normal thing. Okay everybody's depressed so whatever. You know what I mean? So I think there are times where counselors can be more intuitive, more investigative, if a student says "Yeah I'm feeling depressed today." If they said as no big deal but you as a professional can say, "Let's unpack that a little bit more." I think even for me when I got a diagnosis I didn't tell my parents. Because I was like whatever, I'm depressed. She's probably right, what can my parents do? But to bring it up to my counselor she was like, "Wait." She made me feel like it's something worth exploring so that made me think, let's see where this goes. And before I knew it everything started to make sense and I started to find people that I could depend on and ask for support with and I think it just really made me feel like I understood myself a little bit more. So yeah. Great point Kathryn.

>> SEAN: And one of the things because Alexis is in post secondary education and we certainly know that young people with mental health challenges they don't either access as you said Kathryn, post secondary education or they don't complete post secondary education so what are some of the supports... You alluded to some of the things with the disability services office but what are other ideas that you would say to not only support a person in post secondary education but maybe help a person build the skills so they know what they are getting into and support themselves, right? So it's kind of like how we prepare young people for success and then what are some of the supports may be available on the other side if they we need to be there?

>> KATHRYN: Yeah that's great. Go ahead, Alexis.

>> SEAN: Either way. Alexia, Kathy or Larry you can jump in.

>> KATHRYN: One thing I would say Alexis, appreciated hearing more of your story because you illustrated what I've heard from young adults in my research. It was just like I was a good student, I'm smart. But everything came crashing down on me. And I think that's a very common experience in college.

I'm working with a colleague- I'll put a link in the chat on this initiative called Hype, it's basically a blended supportive education initiative that's built off of some of the IPS values but we're delivering it in a college setting at Binghamton University in New York and its innovative and this isn't available on any campus or other campuses but were trying to build it up like this one on one support in the big component of it is executive functioning so in terms of like learning how to manage multiple classes and learning how to manage your time, learning how to manage your task and how to break it up into smaller pieces because those skills help manage the stress, which will then help you manage your underlying symptoms of depression or anxiety. I think all young adults can benefit from this and I don't think they teach this anymore in high school but for young adults with mental health conditions, who are more prone to stress or like oh my God I can't even get out of bed--They need tools. And I think the same could be said for the workplace. Managing the stress, communicate and what's happening in these kinds of things. That's what I would say. And I think more colleges are paying attention to mental health more colleges are talking about it but I do think there's still a lack of services.

>> SEAN: Here's a big one and Larry I want you to jump in on this one too. This is from our old friend, Jessica Queener, and I think this is a great point and I would be remiss if I didn't get this question in. She says that mental health services do not always meet students where they are at, whether it's physical, place or financially in several trained specialized psychology groups often do not take health insurance.

You often have to pay out-of-pocket for services, which leads to students not getting help until they are at a crisis point the question is: Are there any efforts by the national policy level to provide systemic change to our mental health system? So this is kind of your opportunities to let us know what you know about what is happening in the pipeline. What are some of the conversations about changing some of these barriers? And I would-- Larry if you want to jump in first on that? I know that's a big one but I knew...

>> LARRY: Well having worked in the Field for a long time. We're at such a better place today than we were 30 years ago that the opportunity for Pre-ETS, that VR has a specific service for a wide swath of people that everybody is eligible to apply for Pre-ETS services, it's a separate entity from standard VR. Your parents don't have to fill out financial information and if you have private insurance, it doesn't impact it so as part of a stepping stone to access to adult services, you know, I highly recommend applying to Pre-ETS and seeking work based learning experiences and getting attached to an agency. You know the other thing is that the affordable care act has made a gigantic difference because students, young adults have access to Medicaid which gets them access to services, so that makes a big difference.

I don't know if that there is a specific national trend that's happening today that's going to-- that doesn't build on those two things. Kathryn, you may be aware of that.

>> KATHRYN: Well, on the mental health services more generally, that's a great overview Larry on the employment side of things and I think we are all here because we are in the Field or have loved ones who have needs and I think we can all agree that there's a crisis in terms of lack of enough of mental health services.

And that crisis Existed pre-pandemic and now during and post pandemic you can't well there are some areas or regions where you can't find psychiatrist whose taking any new clients. And you can't find a therapist. I agree and I get very frustrated by this but again the conversations about mental

health are becoming more normative, I remain optimistic that at the federal level with the newer administration that some of the conversation about mental health services on a national level may change, but there's many other priorities right now, and I'm not going to get too political but mental health Was not a priority of the prior administration it just wasn't. SAMHSA- the Substance Abuse and Mental Health Services Administration, there was a really important champion with that group, especially in regards to young adult mental health they are really trying to push through some great initiatives and system-level change does take a while to see change.

I am similarly buoyed by the improvements that I've seen in the last 10 years and hope over time we will get-- it really boils down to resources, and those resources being available, but I don't have the solution. I think advocating for any of us who can advocate at any point, sometimes change at the state level starts with one champion. You need one department of mental health state administrator to understand that change needs to happen and who can put themselves on the line to make that change. So we can all do our little bit.

>> SEAN: I'll give you, Larry, the last word we've got about 30 seconds.

>> LARRY: I just think if you have any mental health agencies out there VR directors to establish an initiative specifically on the transition side, with mental health issues and make it one of your agency priorities to improve the quality and quantity of services and access, it is known as a challenging group to work with, and we have to prioritize it. And I look at it as primary care for kids with mental health issues.

>> SEAN: I want to thank Kathryn, I want to thank Larry, I want to thank Alexis, all three of you, this has been great. The hallmark of a great webinar is when time flies. Thank you everybody who's joined us with the great questions and I think the final point is the best point. "Speak truth to power, you are advocates for all students with disabilities and you guys out there are the ones making the change." I'm going to hand it to Donald for our final words.

>> DONALD: Thank you everyone for joining, "Creating Opportunities for Youth with Mental Illness: A Focus on Transition and Employment." Just a few brief reminders. Please take our survey to let us-- give us feedback on the webinar we do read those results and we do use those to help decide what information to provide next and what speakers look for.

Additionally, there will be in office hour on Friday, rather than the webinar format, it will be a Zoom meeting where all participants could have their video and microphone on so it will be much more conversational and in the office hour participants can go deeper on more specific questions.

And the information for that is posted in the chat but you'll also receive an email with the reminder on how to join that office hour on Friday.

And again, this session will be available as recording and the transcript and as soon as we get it posted you will receive an email on where you can find it on The Center's website. Thank you all for participating, and we hope to see you again on Friday.

[End of webinar]