

NAMI Ask the Expert:
How Employment Supports Mental Health Recovery
April 18, 2024

*Featuring: Peggy Swarbrick, Ph.D., FOATA
George H. Brice Jr., MSW
Robert Drake, MD, Ph.D.
Kenny Sherwood*

Katie Harris ([00:00:00](#)):

And I will hand it over to NAMI's Chief Medical Officer, Dr. Ken. Duckworth.

Ken Duckworth, M.D. ([00:00:04](#)):

Thank you Katie, and thank you for all you do to pull these together. So we're going to talk today about employment and recovery. This is a topic that is underappreciated in the mental health field, but thankfully we have an all-star team for you, of people who're going to share both their lived experience, their leadership, and their research expertise around a specific model of employment that has shown to be quite effective and help a lot of people. We'll also be talking about how to find it and I'll be taking your questions at the end of the presentation. So we have four presenters who will be sharing what they've learned through living with mental health conditions and getting work through research devoted to this topic. And we're going to lead off with Peggy Swarbrick, who is a professor at Rutgers University and has devoted her life to the question of recovery.

So let's go to the next slide, please.

NAMI is a great community and we have this idea that you are not alone. If you want to chat with somebody, this is not a crisis line, but if you're looking for help or for guidance, you want to talk with a peer or a person with lived experience, 1-800-950-NAMI. That's open 10:00 A.M. to 10:00 P.M. Monday through Friday. That is not the National Crisis Suicide Prevention Lifeline, which of course is 988. Let's go to the next slide, please.

So here's our all-star team, and I just want to say how grateful I am to Peggy for pulling this group together. Peggy participated in a webinar in the past and we were very interested in letting people know about supported employment and how to get it because the job offers so much to people. So without further ado, I want to thank you for joining. We have well over 300 people on this webinar. And Peggy, I'm going to ask you to lead this off and introduce your colleagues. Thank you, Peggy, and thank you everyone for joining.

Peggy Swarbrick, Ph.D., FOATA ([00:02:26](#)):

Yeah, thank you Ken and thank you Katie, and thank you everybody for being here today to talk about a topic that's near and dear to my heart. So I'm joined by my colleagues here. Each of them are going to introduce themselves as they present. We're going to go through, we're a team here, and so we come together today to talk to you, really to bring the idea of sharing about what is employment, why is it important for our recovery and how does it help our wellness? And then really learn about how from the lived experiences of myself, Kenny George, how it's really helped us. And then Dr. Bob Drake is going to really talk about a model of an evidence-based practice that's available to really support people. So we'll be going through that now and I'm going to kind of get us started really, and hopefully we'll hear your questions.

Peggy Swarbrick, Ph.D., FOATA ([00:03:19](#)):

So when we think about the topic, I like terms, I'm a big person on terms. I work with collaborative support programs in New Jersey. I've been there, it's a peer-run organization. I'm also a professor at Rutgers University. And employment is something that's been very important to me. Having a job, getting paid, working for some place, doing tasks that really help and you get compensated. There's a lot to this definition of employment that's important to understand what's a job, what's an employment and why does it really help in terms of our wellness? So this is just a definition to understand what are we talking about in terms of employment or work? We might use the terms interchangeably.

([00:04:03](#)):

But what I've come to learn in my own experience of living with mental health challenges early on in my life, the idea of employment, occupational wellness, it's been a critical component of my long-term recovery, but especially my early recovery, really helping me in a way when I was really struggling and challenged with signs and symptoms and all the mess of trying to deal with this and trying to live my life, I found that wellness, getting a job early on, that occupational wellness really helped the emotional wellness of myself.

([00:04:48](#)):

It didn't cure it, but it helped. It helped to balance it a little bit for me, getting a job, keeping a job, finding new jobs as I've gone on my career has helped me physically, spiritually, socially, intellectually, occupationally, environmentally. All of these different dimensions of wellness, and I'm just one person speaking of this, someone in long-term recovery, dealing with things from starting on a very young age, but I have many colleagues who have helped me to form this notion of work, helping all of these dimensions of our wellness. And we're really here to say that it can really be, I'm going to even say a powerful medicine for myself, powerful medicine, what can it do, getting a job? It can help us financially. That was a big one for me. I did not want to be financially dependent on others, and I felt a lot of stresses with that.

([00:05:47](#)):

So finding jobs that financially, socially, again, it helps those social networks. A lot of us isolate, a lot of us maybe even feel lonely, but work provides that or employment finds that natural way of helping us with social connection. Spiritually. Now, this one has been ups and downs with me spiritually, my sense of hope and purpose and direction. But the job provides that for me and had provided that for me in many times that have been challenging in my life. Intellectually, it can help us. We can really use the gifts and talents and skills we have, as well as we can realize our full potential in so many different ways emotionally, just having that job can affect our self-esteem and our confidence and again, our outlook on life. So there's many of these positive and there's many more dimensions of wellness. You're going to hear from Kenny's story and George's story, more of them.

([00:06:41](#)):

The physical benefits, that physical activity, it really helps you. Again, it can help people with so much, getting movement, getting involved. Career advancement can come about in our employment. Some people stay in a job for a long time where people, career advancement. I've been very fortunate. It took me a long time to get, I had many, many, many early jobs, especially when I was struggling. Work became one of the things. And eventually when I was able to slowly and slowly and slowly and steadily and steadily many, many years go back to school to advance myself, was able to really grow and have a wonderful career.

Peggy Swarbrick, Ph.D., FOATA ([00:07:19](#)):

It provides that environment and structured environment, a place to go, a place to be around. It really can help us because sometimes we need these things to help us with the many mental health challenges we have, as well as it helps us with some of our creativity because we all have a creative side, and it really helps us with that growth. So I'm really here to say it provides that purpose. And I love this image here. It's a Japanese symbol that shows that the purpose that it finds, and what I find about worker employment, it's something the world needs. Usually anything that we do, the world does need it. You get paid for it. Not only financial dimension, but it really spiritual and emotional benefits that you're payment comes, which is even more powerful often than the financial payment.

([00:08:10](#)):

You're good at it or you're developing yourself and you like it. And that's really what I find work does for me. It's done for me in my own personal long-term recovery. There are the negative effects. People do say stress and burnout can be from people, and this is the thing that people often don't go or they say, "Oh, don't work because you're going to be stressed or you're going to be burned out." But that's where we need to find a job. That's the right match for us. You're going to hear about that in a program that can help you find that. Sometimes, "Oh, am I going to keep this job?" Now, I grew up in an era where jobs... That's why one of the things people say, "Why do you work so much, Peggy?" Well, I grew up in the era where the employment wasn't so good and people did have multiple jobs because of the financial strains that were happening in 70s, 80s and such.

([00:09:02](#)):

So security can be a thing: am I going to get a job? Keep the job. But my feeling strongly is even though I've had those struggles over the years, people eventually will find something. And especially if you have support, like you're going to learn about the IPS model, having that support. And there are the physical negative effects. So there's so many positive things of work. And what I find with wellness, it really has helped become a habit for me, and it provided that structure and purpose, and especially at ups and downs, it really gave me that purpose and meaning. And one of the things I would say is showing up was half the battle. That was what I would say in myself; "Just get there. And if you have to leave, you leave." But you really can find that you show up. I would be able to get through shifts, get through my work, and it had a positive benefit for me.

([00:09:56](#)):

And again, as I mentioned is the financial benefit of it, for me was something very important. I also just want to say it's good medicine and that's why people say to me, "You work a lot, you worked too much, you work too much." But I love my work. There's always something you don't always like in a job. There's a stress, but you balance it out and it's good medicine and it's really good for mental health. So I just wanted to start us off to look at employment, understand the benefits of it for recovery, how it can enhance our wellness, and we're going to have George now talk a little bit more about the value of work for him, George.

George H. Brice, Jr., MSW ([00:10:37](#)):

Oh, thank you, Peggy, and hello, everyone. I work for Collaborative Support Programs in New Jersey, CSPNJ, and I'm glad to be here to talk about why employment is important to me and how it has helped my wellness and recovery. I'd like to start with a very special job I had for a community-based agency. I had served as a supported employment and education specialist on a clinical team. That program was based on individual placement and support, or IPS principles.

George H. Brice, Jr., MSW ([00:11:16](#)):

Dr. Robert Drake will discuss IPS today in more detail. Within this program, we served 15 to 35 year olds having their first episode psychosis. I helped adolescents and young adults to seek employment and education despite their mental health challenges. Their situations, I was very familiar with. My first-hand experience overcoming barriers and challenges while pursuing employment and education became the knowledge and skills I used to help these young people.

([00:11:53](#)):

As a young adult, I too experienced disruptions in my life. When I was an 18-year-old freshman in college, I experienced my first episode psychosis. That dramatically devastated my education and employment goals. I was psychiatrically hospitalized on campus and left school after my first semester. At the age of 24, I chose to work rather than keep a psychiatrist appointment made months ago for me. I then ended up being off medication for approximately three weeks, resulting in hallucinations, causing problems leading to hospitalization and a long period of unemployment. I felt so stigmatized and depressed that I didn't attempt to go back to that particular job. It took a while before I got the courage to seek employment. I had to learn how to cope with so many insecure feelings when out of the workforce being underemployed and insecurities from getting on social security.

([00:13:03](#)):

When I was 26 years old, the behavioral health program directed me to get on social security, rather than timely helping me to get back to work. I was on social security for about 14 years. Little did I know how much my life would greatly change at the age of 40. In 2002, I decided to work full-time. However, the Division of Vocational Services, DVRS didn't want me to get a full-time job because of my mental illness and work history gaps, even though I had a master's degree. During this meeting with DVRS and a potential job coach, I walked out of the meeting and reluctantly came back. DVRS then supported me to have a job coach. I was able to find my own full-time employment after submitting about 17 resumes, and I had about six interviews. I took the only job offered to me providing integrated case management services.

([00:14:14](#)):

For the next year or so, from time to time, I thought about DVRS discouraging me from full-time work. Despite the pressure of failing in the eyes of DVRS, I was motivated to stay employed. I've been social security free for 22 years. I managed my self-care over the years and surprisingly built a good career. Work helped me feel good in my skin. Getting up for work gives me meaning and purpose. Work has also lessened my depression. I didn't have the feelings of shame, hopelessness, or suicide ideation. I became more comfortable around people. It was now fun to see family, friends and to go out to places.

([00:15:05](#)):

It felt great attending 1980 high school reunions. As I begin to wrap up, I want to reinforce that work has been the foundation of my successes, and put me in a good frame of mind to meet daily challenges and barriers. I currently work part-time so I can take care of my sister living with an intellectual disability and mental illness. She lives in our home, just the two of us, so caregiving is a full-time experience for me. Employment has and continues to be an important part of my wellness. I do wish that a program based on individual placement support principles, IPS, I wish they existed back then in the 1980s, when I was seeking employment to help me keep working. I am glad it is available today. I hope my story helps to inspire. And next is Dr. Robert Drake to talk about the IPS model.

Robert Drake, MD, Ph.D. ([00:16:17](#)):

Thank you, George. Hello everyone. My name's Bob Drake. I go by Bob and I'm a psychiatrist and researcher for the last about 50 years, and I'm delighted to be here to talk with you about supported employment. The IPS model is supported employment that's specifically tailored for people who have mental health challenges. It's been around in the US for about 30 years now, and it's gradually spread to almost every state and in many, many of the mental health centers around the country. And just to give you a brief idea of how it works, somebody comes into our mental health center and one of the first questions we ask them is; what kind of work would you like to do? Most people have a preference right from the beginning about the type of work they'd like to do. And then we would as a team go out and try to find opportunities to do the kind of work they're interested in.

([00:17:32](#)):

We might talk to the employer or we might just help the participant to practice interviewing skills, prepare a resume and get ready to apply for a job. And then as soon as they obtain the job, we work with them to provide whatever kinds of supports they need in order to maintain employment. IPS is based on eight principles here, which I'll tell you about briefly. The first is that anyone who wants to work should have the opportunity to work. We don't believe that professionals should be deciding when people are ready for work, the person himself or herself knows when they're ready to go to work. Second, we focus on competitive employment because that's what most people want. And we know that people in competitive employment gain all of the things that Peggy Swarbrick talked about at the beginning. Third is that we help people search for a job starting quickly, usually within a month of joining the program.

([00:18:48](#)):

We don't believe based on evidence, that going through lots of job preparation training and skills development and practice jobs and workshops and all that really helps people. It's more important to go ahead and get a job and then learn the skills on the job. That seems to work better. We help to find a good job for somebody through what we call targeted job development. So a young man comes in and he says, well, he'd like to work with animals. And so we will look around for jobs in pet stores and farms and veterinary shops and so on. Things that would match his interests and skills. That's what targeted job development means. And in finding a job and in trying to figure out how many hours of work and what time of day is best to work and what kind of support someone wants on the job, we always pay attention to the client's preferences.

([00:19:59](#)):

So what they think would be best is what we try to pursue. Once somebody gets a job, the long-term supports are individualized. That means we provide the kinds of supports to the person and to the employer that they're interested in and that they think will help them do well on the job. So we work with the employer for example, to make sure that if the person needs accommodations, like to work in a quieter spot or work next to somebody else, or work outdoors or whatever, that we can try to make sure the job is tailored to their needs. Another principle is that employment is always integrated with healthcare. And that's because too often in the past, people would get mixed messages. The family would tell them, "No, I don't think you're ready to work." The doctor would say, "Let's make sure you're stable for six months before you try working."

Robert Drake, MD, Ph.D. ([00:21:11](#)):

The employment specialist might say, "Well, you're ready to work." And it's confusing for the individual. And so we try to get everybody together on one team to make sure that we agree on the same message, and that's called integrating treatment with vocational services. And finally, before someone goes to work, we want to make sure that they get accurate benefits counseling. Many people with the mental health challenge get some kind of disability or some kind of special unemployment insurance or other payments, and they want to know specifically how is going to work going to impact their benefits? And of course, it varies a lot from one state to the next. And so, we try to make sure that people before they start a job, have expert benefits counseling that will let them know how much they can work before they might lose some of their benefits and how that process works. If we could go to the next slide.

([00:22:27](#)):

I'm a researcher and there's very strong research now for this IPS approach to employment. The gold standard for research is what are called randomized controlled trials for all medical and social science research. And there are more than 30 of these randomized controlled trials showing that IPS is effective for people who are experiencing a serious mental illness. All employment outcomes improve for people who are in IPS programs, and about 60% of people are able to find a competitive job and be successful in that job within the first nine months. Other outcomes generally are related to employment. So once somebody's employed as George and Peggy and have talked about, and Kenny will explore more for us, once people are employed, they improve their income of course, but it also seems to help self-esteem, quality of life being integrated in the community so that they have friends outside of the mental health system and people who are employed have fewer crises, go to the emergency room less and experience fewer hospitalizations.

([00:23:54](#)):

So employment is really one of the best, if not the best treatments that we have for people who have mental health challenges. If we could go to the next slide. We've spent lots of time looking for what predicts who's going to be successful in employment. And the reality is that not much predicts because every different group seems to do better in IPS programs and have a better chance of successful employment. So younger people, older people, men and women, people from different racial and ethnic backgrounds, people with different diagnoses, people with symptoms, people with co-occurring substance use disorder, people who've been homeless, people who are on disability, people in rural areas and people who are in many other countries seem to do well with IPS. The only predictor that we see is that people who have had previous work experiences tend to get a job faster and to be more successful. But even people who have never been employed benefit from IPS. Next slide, please.

([00:25:15](#)):

Now, IPS or individual placement and support was developed for people who had serious mental illness, but over time, because it has such a strong research base and helps people so much with their recovery, it's been used for people who have many other challenges in life. People with PTSD anxiety and depression, substance abuse, people who've been in the justice system, people who are recent immigrants, people with autism, and on and on. You see a list here of some of the many different conditions. So far as we can tell, with some adaptations of the model, people with any of these conditions can benefit from IPS-supported employment. Next slide.

Robert Drake, MD, Ph.D. ([00:26:07](#)):

So people want to know why is IPS so much more effective than other approaches to vocational services? Well, it starts with consumer interest. When this model was being developed, it was entirely based on what consumers or people with mental health challenges said about what they're interested in. The majority of people with any kind of disability want to work. If you help them find a job that fits with their choices and preferences at every step in the process, most people will do well. It helps that we have a large research base because states and government want to spend their money on employment services that are actually effective. We've had lots of support from private foundations and government over the years to help develop and refine the IPS model.

([00:27:14](#)):

And I feel especially happy about the many families who've contributed to these efforts because they found that their relatives really did so much better when they started working. This has evolved into first a national and then an international learning community of programs providing IPS, and I'll say a few words about that. Next slide. So we started out in about 2000 with three pilot sites in the US. There are now IPS programs in at least 43 states and the District of Columbia throughout the veterans system and in more than 30 other countries now, so that we know of at least 2000 programs that are available around the world. In the US, nearly every state has got a number of programs. So whatever state you're in, if you contact your Department of Mental Health or your Department of Labor, they should be able to point you to the closest IPS program in your service area. Next slide.

([00:28:37](#)):

And there is this large IPS learning community that includes consumers or people with lived experience, includes family members, includes people who are providing services and administrators. The IPS Center that coordinates these activities around the US and in other country provides education training, fidelity assessment, meaning that we help programs to implement the model correctly and we will visit programs and provide technical assistance. The IPS Center has lots of tools to help people implement the program, and we're constantly doing new research on new populations and in new settings. IPS is now involved in settings other than mental health centers, many housing programs, federally qualified health centers, substance use disorder programs and so on, provide IPS. And the center arranges for face-to-face and virtual meetings of these different partners. So they're meetings for people with lived experience for family members and so on. And the learning community also is constantly offering opportunities for new research to pursue things that people think will be more effective. Next slide, please.

([00:30:26](#)):

So we have these stakeholder committees of all the different groups, and the IPS Center will arrange calls, so different groups of people can talk with each other. Most of the states will have an annual IPS meeting that you can attend. And we have an international meeting once a year that hundreds of people from all around the world attend to talk about new developments in IPS-supported employment. Next slide.

Robert Drake, MD, Ph.D. ([00:31:04](#)):

We're constantly trying to develop new things, new forms of information technology, new manuals, new scales and tools that people can use. We offer a whole range of online courses for again, people with lived experience, family members, people providing services, and we certify people who have been through these programs. You can access all of these. Everything that we do, we put in the public domain, and you can access any of these tools and information and research articles if you go to our website, www.IPSworks.org. And I think I have one more slide.

([00:32:02](#)):

So this is how you can find the website and find these materials, but you can also contact Sarah Swanson, who's the head of the IPS Center now, and Lourice Khoury, who coordinates all of the meetings and conferences that we've put on. And they'd be happy to answer your questions and help you find the resources that you're interested in.

([00:32:29](#)):

So thanks very much for letting me present this and I am honored to turn it over next to Kenny Sherwood, who's going to talk about his experiences.

Kenny Sherwood ([00:32:45](#)):

Hi, everyone. My name's Kenny Sherwood. My story and my experiences with work was basically a lot of work insecurity, always thinking in the back of my mind when I'd get a job that I was going to lose it some way or another or mess up somehow. And I think for me, work was important to make me feel a sense of norm. I wanted to do what everybody else was doing, and I thought if I was doing what everybody else was doing, it made me feel closer to being normal.

([00:33:38](#)):

I'd like to touch on a little bit of my past to help bring you up to speed on my work and my struggles with work. I started out at a young age, working various odd jobs and construction jobs and stuff like that. And the job would end or I would quit or get fired. That led to my insecurities with work. So in 2009, I came to meet my counselor, Vicki Redden, with the IPS program in Florence, South Carolina. I had a lot of trouble working and failed a lot. And actually, I had trouble.

([00:34:56](#)):

So Ms. Vicki in 2009, she heard of a job interview with a network that helped with people with disabilities suffering from bipolar depression. This was one of the things that was important. I had the interview, which I was introduced to the members of the Human Resources department. They asked a few questions about myself and shortly after, it got to the part of criminal history. And one of the challenges is if you have a background, can you still seek employment or is it still optimal to seek employment? One of the challenges getting back to work was I wanted to work as much as I could because the more I worked, the more I felt a sense of norm.

([00:36:37](#)):

So anyhow... I'm sorry, I'm drawing a blank.

Peggy Swarbrick, Ph.D., FOATA ([00:36:53](#)):

Kenny, just maybe you want to let the know about how the support on Vicki and her team helped you in the kind of-

Kenny Sherwood ([00:37:01](#)):

Yeah. When I came to Florence in 2009, that's where I met Vicki with the IPS program and she informed me about a job interview or a job fair at Goodwill, who helped people with disabilities. And so I had to take baby steps. I actually showed up at her office wearing no more than an old dirty pair of jeans. I failed so many times that I thought, "Hey, they're not going to hire me anyway, so why try?" But Vicki gave me the support and encouraged me and told me and said, "Well, why don't you put something nicer on and follow through with the interview?" And I interviewed, I spoke with Human Resources with Goodwill, and they asked me a few questions.

([00:37:56](#)):

They got to the criminal background and I said, "I got to be completely honest. I've had a few misdemeanors, nothing major, but I felt like I needed to be honest." And since she said, "You think by having a criminal background, we wouldn't hire you." I didn't know what to say, but I guess she respected my honesty. She told me at the orientation April of 2004 that I had the job. And I was really excited. This meant this opened a whole new can of worms for me.

([00:38:34](#)):

So the IPS program, she continued to offer support. She would secretly send, either she would herself or a job coach out to Goodwill to check on me to see if there was anything that I needed provided support. And so, then working more and more, I realized that I could do more. And so then I worked part-time with Advanced Auto Parts, and I worked about five years. And then they basically told me that I was gainfully employed and that I wouldn't be receiving social security.

([00:39:36](#)):

And I could have looked at that as a bad thing, but it was actually a good thing because it took the training wheels off and I was basically able to support myself solely on what I was making. And to me, it was more a pride thing. It allowed for me to meet people and network. And so that's my story and I'll turn it over to Dr. Duckworth.

Ken Duckworth, M.D. ([00:40:19](#)):

Thank you, Kenny. Thank you, Peggy. Thank you, Bob. Thank you, George. So I'm going to do my best. We have well over 400 people. I'm just interested in gathering some of the questions. Some of the most common questions involve the idea that a person had a job when they had a mental health crisis or vulnerability, they were not able to work, so they have a gap in their resume. I wanted to ask you a little bit about your experience with that, or the research on that or both. Thank you.

Peggy Swarbrick, Ph.D., FOATA ([00:40:58](#)):

Yeah, I think the gap is a [inaudible 00:41:01]. Many people have that, but I think one of the things to do about that is to be able to... I guess for the individual, depending on where you're at, it's just to figure out a way to explain it if it comes up on an interview and things like that. And it doesn't always have to be about, oh, I was in the hospital or something. People always feel like they have to go and spill their life out to everyone. But that's one of the things that is really great about the IPS program. We can teach people how to... Because most people are not talking about their mental health treatment in their workplace. It does happen in some places. So you learn how to not have to share all those things and be able to understand that life happens for people, so there's going to be different gaps.

Peggy Swarbrick, Ph.D., FOATA ([00:41:49](#)):

And I think a lot of employers are understanding of it those days. So just encouraging the person to think about it and if there really is the goal, like Bob said, the goal is work. If you think you want to work, let's start thinking about that. That's the greatest thing about IPS. You want to work, let's start focusing on that. So I'll let Bob or George or Kenny answer that, but just kind of explore it for yourself. And if the goal is to work, just think about how you might bring it up on an interview. But there's a good answer for it and not too many people are going to probe you too much about it, I don't think.

Robert Drake, MD, Ph.D. ([00:42:29](#)):

I agree with what Peggy says, and I'll add just a couple of things. One is that the IPS employment specialists always helps people practice a little bit, so that they anticipate these kinds of questions and they have an answer. And it often, as Peggy says, involves not giving any details about your health history, but just saying that you had a crisis or you were ill for a while or something like that. The other thing I'd add is... And I've worked as a job specialist finding jobs for people. Mental illness is so common that almost every employer has somebody in their family, or has a good friend who's had mental illness. Most of the employers I talked to and they knew I was from a mental health agency, were really eager to offer an opportunity to somebody who had had a problem.

Ken Duckworth, M.D. ([00:43:40](#)):

George or Kenny, would you like to comment on this question of gaps in your resume in time away?

George H. Brice, Jr., MSW ([00:43:49](#)):

Yes. Thank you, Ken. As Peggy and Bob have articulated in terms of resume gaps, I've worked with job coaches and they've been able to help me with those gaps. And something in particular, I believe Peggy had mentioned, when I got a bit of pushback, as I mentioned in my own narrative with the Division of Vocational Rehabilitation, that I had my master's degree. And yes, I had a job gaps, but I was determined to work. And that's what I did. And I also just want to add as a side, I enjoyed working with Bob on some IPS research type projects. And it's great that DVRS, Division of Vocational Rehabilitation is at the table and they were also championing IPS.

Ken Duckworth, M.D. ([00:44:55](#)):

So George, forgive me, that's New Jersey-based, the acronym you just use. Vocational arm of the human services in New Jersey is, forgive me-

George H. Brice, Jr., MSW ([00:45:08](#)):

Yes. DVRS Division of Vocational Rehabilitation Services, that's what we call it in New Jersey.

Ken Duckworth, M.D. ([00:45:16](#)):

So every state is organized differently. Many of the questions relate to, can I get IPS where I am located? Is the best answer to go to your local community mental health center or state mental health authority and say, "Where can I get IPS?" Is that the best way to find this?

Peggy Swarbrick, Ph.D., FOATA ([00:45:37](#)):

Yes. State or local. You'll find out if your community mental health center that you may be connected to or you may not be contact to see if they offer it. If you don't, you can check another or you can check your state, because most states are funding some type of... Most, Bob can answer the numbers. I think he had it on the slide, the number of states that have pretty robust programs, right?

Robert Drake, MD, Ph.D. ([00:46:05](#)):

Yeah. 43 states have lots of IPS programs. And the state mental health authority or the state vocational rehabilitation authority ought to be able to tell you exactly where they are.

Ken Duckworth, M.D. ([00:46:20](#)):

A question here comes up about kind of vocational services in different states. Not all of them think of IPS first. So how do you think about the menu of employment as it relates to vocational services? That's a question for each of you that wants to take it up.

Peggy Swarbrick, Ph.D., FOATA ([00:46:46](#)):

I think you could work with the vocational... Each state's... That entity functions differently in different places, and sometimes it's the right time and the right place, the right worker, there's all those kind of variables. So definitely work on researching that locally to find that resource for yourself, if that's one, but it's only one of many things. One of the things I do want to highlight though, we're here to talk about IPS and I think it's a valuable, both George and I both gave you the example that it wasn't here when we were... and we were able to accomplish that. So if you don't necessarily have it, it would be great if you can. But I think also finding a good... If you're using the principles of IPS, there's really good principles working with the treatment team, so making sure whatever treatment team you're working with, that they're supportive of the employment.

([00:47:42](#)):

That's one of the principles in IPS. But if you're not working with an IPS program per se, that's an ingredient I believe, and Bob can not... That's I think been very important that the person gets the support of the team. So that would be one thing you can do if you don't have that service right now, getting your doc, getting your counselor, getting your therapist, whoever part of your team to be supportive of it as well as other supporters in your life to be supportive of it can help.

([00:48:16](#)):

George pointed that out a little bit in his story, having other support people to support you in that. I always laugh. My brother had some serious issues and every time he came out of some kind of a thing, my mother had the classified ad circling things and he was going to go back to work, and it really helped his recovery in so many ways. So we laughed. We called her his job coach at the time, but it really got him on track each time. And so families can be supporters as well if there's not the IPS team.

Ken Duckworth, M.D. ([00:48:52](#)):

So a job coach, resume help, that all comes with IPS. So because [inaudible 00:49:00] said, "Where can I find a job coach? Where can I get help with my resume?" That's my understanding that that's part of the model. Is that accurate?

Robert Drake, MD, Ph.D. ([00:49:10](#)):

Yes. For sure.

Ken Duckworth, M.D. ([00:49:11](#)):

That's what I thought. So that person should contact their local, state, county, or community mental health center and say, do you have individual placement and support?

Robert Drake, MD, Ph.D. ([00:49:23](#)):

Right.

Ken Duckworth, M.D. ([00:49:24](#)):

Question comes up about Social security and their Ticket to Work program. And the statement is made; Ticket to Work does not use IPS. What is your take on Ticket to Work and at what point do people lose their social security benefits? I know Kenny kind of accepted it as a challenge and that worked out well for him, if I remember it correctly. But let's just talk about Social Security income limits and Ticket to Work. And I'll let anybody answer this question.

Peggy Swarbrick, Ph.D., FOATA ([00:50:01](#)):

I don't think Ticket to Work... I think some IPS programs will work with the Ticket to work. I think there's been some efforts on that in some of the learning collaboratives. I remembered I've been involved in the IPS Learning Collaborative over the year, so they don't follow up per se. It's just, but yeah, I don't know. I guess whatever, if the person's feeling that the Ticket to Work people are not following some of that, maybe that's a conversation. Because even working with some of these principles, you can support someone in their pursuit of work. But I think the Ticket to Work is very much conducive to helping people be employed and stay employed. And I think maybe the problem that they don't have is the follow-along supports, which I think is one of the other critical ingredients in IPS, that Ticket to Work may not provide people. So I'm not sure that specific example, but that's my sense of what Ticket to Work might not have.

Ken Duckworth, M.D. ([00:51:04](#)):

Got it. Kenny and George, you want to talk a little bit about social security benefits and work and what your experience has been, and where people might go to sort that problem for themselves?

George H. Brice, Jr., MSW ([00:51:20](#)):

Kenny, you're on mute. You're muted, Kenny.

Kenny Sherwood ([00:51:26](#)):

I'm sorry. Well, you could go to your local social security office and there's a percentage of... It varies from state to state as far as how much you can make, but they'll allow a certain amount in some states in order to work. Almost like training wheels. They slowly throttle you back a little bit each time and you report your earnings to Social security and then they make deductions based on what you're making.

Ken Duckworth, M.D. ([00:52:09](#)):

So your local social security office is a way to find out kind of the corridors where you can keep your benefit and still have an income.

Kenny Sherwood ([00:52:18](#)):

Yeah. And some mental health centers have a... If I remember correctly, there was a lady at Mental Health that I spoke with that was a resource. I'm not sure exactly if she was employed by the mental health center or social security and she was contracted in, but she was able to give a lot of input as far as social security. So sometimes the local mental health centers will have an advocate from somebody from Social Security there that works there with them.

Ken Duckworth, M.D. ([00:52:54](#)):

So a lot of the roads lead to the local community mental health center. George, you want to add anything about Social Security or are you good?

George H. Brice, Jr., MSW ([00:53:05](#)):

Well, I'm good, Ken. I think Kenny really covered it there.

Ken Duckworth, M.D. ([00:53:10](#)):

Couple of questions relate to the family's role in terms of encouraging people to get a job. Will it backfire? How can I be involved to support person who has a job in my life? Does IPS encourage family involvement? So let me just ask you to talk a little bit about how families can best support people who are working in the IPS model.

Robert Drake, MD, Ph.D. ([00:53:42](#)):

I could say a few words about that. The first thing that we do in IPS is try to figure out what people's strengths are. The model's built completely on strengths, rather than worrying about problems. If somebody's got strong interests and has some experience in an area, that's what kind of job we want to look for. And the family often knows a lot about that. And so we include the family as part of the team whenever we can, figuring out what kind of job somebody could have, figuring out what the transportation issues are, figuring out what the support issues are. It makes all the difference to have the family on board.

([00:54:35](#)):

People with mental illness often have the mistaken belief that you can't go to work if you're on disability, if you're on social security. And that's just wrong. Almost everybody can work quite a bit and maintain their social security payment, but also add to it by the halftime, or the 35 hours a week or whatever it is that they work. And that's why benefits counseling is so important, because people really want to know ahead of time what's going to happen when they go to work. And they're usually surprised how much they can work without losing any of their social security payment.

Ken Duckworth, M.D. ([00:55:31](#)):

Anybody else want to add to that question?

Kenny Sherwood ([00:55:36](#)):

I think with work and social security, you'll know the time whether you want to work more hours or less hours internally, you'll know when that time is. And as far as, like I said again, little or how little much you want to work, you'll know when that time is.

Ken Duckworth, M.D. ([00:56:09](#)):

Thank you, Kenny. So a lot of specific questions about individual stories. I think the play for that is to actually talk to somebody in the IPS world, who can answer more specific. I try to go big picture here about resume gaps involving family social security, benefits. I try to stick with major themes, but when people ask very specific questions about someone they love, or for themselves. I think the best play is to go to your employment specialist at the Community mental health center and see if there's an IPS resource. And Bob, could you share again where people find IPS resources closest to them? Do they go to the community mental health center, or should they go to that website that you mentioned?

Robert Drake, MD, Ph.D. ([00:57:02](#)):

No, go to your local community mental health center. And they should have an IPS team. If they don't, you can advocate for it. But most community mental health centers will have a team at this point, and they should be able to get you involved in those services as fast as possible. If you're in a very rural area, you might have to go to the nearest town or city where there's a community mental health center in order to access IPS.

Ken Duckworth, M.D. ([00:57:35](#)):

I guess a related question is can you do some IPS work through telehealth?

Robert Drake, MD, Ph.D. ([00:57:40](#)):

Yeah. During the COVID crisis, everything switched to telehealth or remote services for a little while, but it turns out people really liked having face-to-face contact, of course. And they want to know that the employment specialist is going to listen to what their story is and listen to what their interests are and listen to what kind of supports they want and listen to how they want the employer involved and all that. So most of the IPS teams have gotten back to doing a lot of their work face-to-face, even if some of it continues to be remote.

Ken Duckworth, M.D. ([00:58:31](#)):

All right, so I'm going to ask each of you if there's anything else you'd like to say about this model, how people can get it and how it can make a difference in their lives. Bob, you happen to be on the screen, so let's start with you. Is there anything else you want to say about this kind of remarkable intervention, which has shown a lot of benefit to a lot of people?

Robert Drake, MD, Ph.D. ([00:58:57](#)):

Yeah, those of us who are involved in this field and care about people with mental health problems, I'm a lifetime NAMI member myself, because so many people in my family are been affected by this, and I just have felt incredibly to work on something that actually helps people so consistently. And we learn more all the time. We're still learning about how to work with employers and how to arrange accommodations appropriately. And we're learning more about working with families and we're learning more about finding jobs that are what's called recovery-oriented. There's now this recovery friendly workplace movement, which is really an important development across the country, more in some states than in others.

([01:00:02](#)):

But that movement is actually recruiting businesses and employers who say, "We really believe in recovery and we want to be hiring people who've got disabilities and we want to be helping them to be successful." So that's a great thing. It's amazing to me in my 50 years how much all of this has changed. When I started, people were all in hospitals and then when they came out of hospitals, they were all in group homes and day centers. And that's not what they wanted. They wanted to have a real life.

Ken Duckworth, M.D. ([01:00:41](#)):

And a job and something to do on a Saturday night, right?

Robert Drake, MD, Ph.D. ([01:00:44](#)):

Yeah. Right.

Ken Duckworth, M.D. ([01:00:47](#)):

All right, well thank you Bob. Thanks for all your career of working to study this model. George, is there anything else you'd like to say?

George H. Brice, Jr., MSW ([01:00:58](#)):

Well, as I mentioned in terms of my own recovery and with work, IPS certainly would've gotten me more timely back into the workforce. So I'm just very excited to hear about how IPS continues to spread. And two, in terms of work, and it is also about wellness, work certainly has helped me a lot. I had to also work on a plan in terms of getting off of social security, which I was able to do successfully, and I haven't looked back. And knowing that everyone's an individual, it's about taking those small steps. It's about knowing the different policies with social security and the benefit, how much it can work and all that. And it's important, those things, but also, it's important not to forget about the health benefits of actually working. Very important.

Ken Duckworth, M.D. ([01:02:14](#)):

Thank you, George. Kenny, do you have any closing thoughts?

Kenny Sherwood ([01:02:19](#)):

Well, I agree with George that working is an integral part for everyone. I think it's important, and I think I heard somebody speak one time and say, "Getting off social security was the best thing I'd ever done," and I absolutely agree. So with that, I want to close.

Ken Duckworth, M.D. ([01:02:55](#)):

Thank you, Kenny. And Peggy, you started us off. Let's have you finish us up. What are your last thoughts you want to mention about this work? Peggy? You're on Mute.

Robert Drake, MD, Ph.D. ([01:03:15](#)):

You're muted, Peggy.

Peggy Swarbrick, Ph.D., FOATA ([01:03:16](#)):

I said this is what I say: work is good medicine. Bring us back to the slide, it's good medicine for physical, spiritual, social, and all the benefits of wellness. So that's my closing word. And I saw some people saying, "I'm too old to go back." No, you're never too old. My dad worked in his 80s and my goal is to do the same, but I will slow down. It's just a good health thing. So I would encourage people, if you're thinking about it, continue to think through and find the different ways because it can really help you become a person, you realize a lot of your dreams. So thanks everybody for hearing us today and I'm happy to follow up with-

Ken Duckworth, M.D. ([01:03:57](#)):

Thank you, Peggy, Bob, George and Kenny. Terrific-

Kenny Sherwood ([01:04:01](#)):

Thank you, everyone.

Ken Duckworth, M.D. ([01:04:02](#)):

... panel. I know we don't get to every question-

George H. Brice, Jr., MSW ([01:04:04](#)):

Thank you.

Ken Duckworth, M.D. ([01:04:05](#)):

I want you to look at those resources, contact your local community mental health center, ask about IPS. The more specific your question, the more likely you are to get an answer from somebody who assesses your individual story. Ask the Expert covers the whole waterfront of what's important in mental health. I want to thank you for this conversation on employment. We're going to talk about some of the problematic side effects of antipsychotic medications with an expert Dr. Craig Chepke in May. And on Thursday, June 20th, we're going to be talking about 988, NAMI's helpline, and other warm line services that are a resource to people. So those are two to look forward to. We also have a special surprise for you in July. To be continued. All right, next slide please.

([01:04:57](#)):

This is NAMI's first book involving people with lived experience and research experts, Bob Drake contributed a terrific short essay on. Is Work a Mental Health Intervention? And the goal of this book is to get the expertise of real people and the expertise of researchers all in one place. And we've sold 50,000 copies, more than actually, and so the book has been a success. All the royalties go to NAMI, and so it's our community project. Next slide, please.

Ken Duckworth, M.D. ([01:05:29](#)):

Another book is coming, thankfully not written by me. This is the Associate Medical Director of NAMI, Christine Crawford, did a version of the same model, a book for parents and caregivers. So it talks about children, childhood, and some of the vulnerabilities that children come upon and what other parents and researchers have learned that might be of help. That's coming out on September 10th. We have sponsors for Ask the Expert. These are three of them, Delta, Neurocrin, and Teva. And we appreciate their support.

([01:06:06](#)):

They have no influence on the content, by the way. So You Are Not Alone is a NAMI slogan. If you'd like to donate, we appreciate it. But this is a free program and we'll be available within a week or so, thanks to Katie Harris' hard work and devotion. So if you missed a point or you wanted to follow something, it'll be up. Next slide, please.

([01:06:31](#)):

I want to thank you. That's my email, ken@nami.org. asktheexpert@nami.org. I don't let them hire anybody named Ken. I'm the only guy named Ken who works at NAMI. I want to thank Becca, Jessica, Katie, Leah, and our entire team behind the scenes, who helped put this production together. And I want to thank you all. Have a great evening, and I encourage you to continue to look at the resources and to reach out to get local information. Thank you all and have a great evening.