



# Serving Job Seekers with Intellectual Disabilities and Co-Occurring Mental Health Conditions: A Primer to Increase Competitive Integrated Employment

The approximate prevalence rate of co-occurring mental health conditions among people with intellectual disabilities (ID) is about 33% (Mazza et al., 2018; Cooper et al., 2007). Mental health conditions can be defined as a “*clinical significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning*” (American Psychiatric Association, 2013, p. 20). Examples may include schizophrenia, bipolar and related disorders, depressive disorders, anxiety disorders, obsessive-compulsive and related disorders, trauma- and stressor-related disorders, and personality disorders.

Individuals with ID are more likely than people without disabilities to experience life events and circumstances (e.g., stigma, unemployment) associated with increased mental health problems which may translate to more difficulties at work or put limits on the person’s ability to obtain adequate health care (American Public Health Association, 2024, June; Vereenoghe et al., 2018; Witwer, 2021, May). According to the National Core Indicators Data Brief (Bradley et al., 2019, October), a primary challenge to effectively serving individuals with ID and co-occurring mental health conditions is separate mental health and developmental disability service systems. Further, diagnostic overshadowing or *under-diagnosis* of a co-occurring mental health condition for a person with an ID can occur when psychiatric symptoms are attributed to their intellectual disability (Lopez, 1989; Reiss et al., 1982). These are only a few of the challenges to consider when assisting a Subminimum Wage Transition to Competitive Integrated Employment (SWTCIE Illinois) project participant with ID and co-occurring mental health conditions with transitioning to competitive integrated employment (CIE).

Speaking of CIE for working age youth (ages 14-24) and adults (ages 25 and older) with ID and co-occurring mental health conditions, *what do we know about state vocational rehabilitation (VR) services and CIE outcomes for this population?*

## Competitive Integrated Employment

People with ID have an estimated CIE rate of about 18% (Siperstein et al., 2013; as cited in Austin et al., 2019) and if job seekers with ID also have a co-occurring mental health condition, this CIE rate is likely even lower (Austin et al., 2019). However, Taylor et al. (2023) completed a systematic review of the research and found that workers with intellectual and developmental disabilities who engaged in CIE compared to segregated vocational services (e.g., subminimum wage employment) were found to have better outcomes such as *higher wages, better cost-efficiency (more cost effective based on worker earnings), higher levels of control (self-determination, autonomy, and choice), and improved self-esteem*. With the recent passing of the Dignity in Pay Act in Illinois and national initiative by the Biden Administration to phase out 14(c) subminimum wage (SMW) certificates and SMW employment (Kaye, 2024, December), the time is now to utilize our research-based CIE interventions (i.e., supported/customized employment; Taylor et al., 2023) and resource funding to help working age youth and adults with ID with transitioning from SMW to CIE, including individuals with co-occurring mental health conditions.

### State Vocational Rehabilitation Services and CIE Outcomes for Clients with Primary Intellectual Disability and Secondary Mental Health Conditions

Despite the limited VR research and challenges to effectively serving this underrepresented and underserved dual diagnosis (ID and co-occurring mental health conditions) population, here’s what we know based on national published studies using the Rehabilitation Services Administration (RSA)-911 VR client data in federal fiscal years 2009 and 2014. In a national study by Austin and his colleagues (2019) and Austin and Lee (2014) of state VR clients with a primary disability of ID and co-occurring secondary mental health conditions who received VR services, *depressive or other mood disorder* were the most prevalent co-occurring mental health condition followed by *anxiety disorders*, mental illness not listed elsewhere, personality disorders, and schizophrenia and other psychotic disorders.

## Main Findings

Job-Related (Job Readiness Training, Job Search Assistance, Job Placement, On-the-Job Supports) and Personal-Related (Diagnosis and Treatment, Transportation, Maintenance, Miscellaneous Training) VR Services were statistically significant in both studies at increasing the likelihood of VR clients with ID and co-occurring mental health conditions to achieving CIE. Importantly, Austin et al. (2019) results also indicated that VR clients with ID and co-occurring mental health conditions who were racial/ethnic minorities, transition-aged youth, and/or who received Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) were significantly less likely to achieve CIE.

Implications for VR Counseling Practice to Improve CIE Outcomes for VR Clients with ID and Co-Occurring Mental Health Conditions

- Apply *stigma-reducing strategies* such as
  - community integration (be responsible for helping people achieve their life goal),
  - personal empowerment (understand the control of one's life belongs to that person) (Corrigan et al., 2008), and
  - stigma-reducing resources (Ditchman et al., 2013)
    - » National Association of the Dually Diagnosed. [thenadd.org](https://thenadd.org)
    - » Special Olympics. Inclusive Health. [specialolympics.org/our-work/inclusive-health](https://specialolympics.org/our-work/inclusive-health).
- Provide or offer work incentive *benefits counseling* at the beginning of and during the VR process.
- Consider adding appropriate job- and personal-related VR services to a VR client's Individualized Plan for Employment (IPE).
- Actively engage in *debiasing techniques* to address potential for racial bias (Austin et al., 2023; Rosenthal & Kosciulek, 1996).
- Apply *transition services* that are available for youth (i.e., paid work experiences, summer internships, etc.).

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