

THE VOCATIONAL NEEDS AND PREFERENCES OF BLACK YOUNG ADULTS WITH MENTAL ILLNESSES: FINDINGS AND IMPLICATIONS

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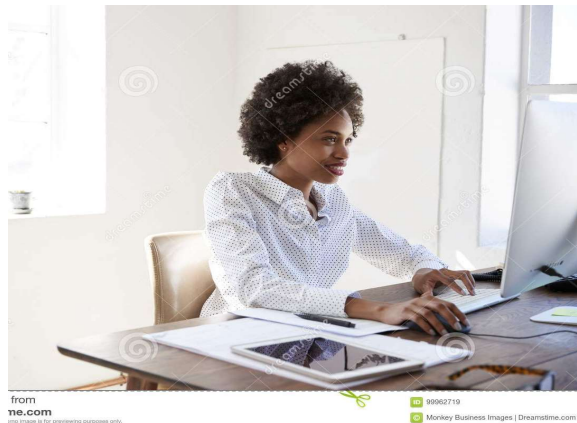
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Research questions:

- What are the *barriers to and facilitators* of positive vocational development for Black young adults with serious mental illnesses (SMI)?
- What are the vocational *needs and preferences* of Black young adults with SMI?



Why conduct this study?

- **Work** is good, can be therapeutic, and ultimately improves quality of lives.
- **Vocational services promote work [in general]**
 - Stand alone
 - Integrated into clinical services
- **Research on vocational racial disparities**
 - Black people, with disabilities are less likely to be screened in for vocational services, and if screened in less likely to receive job training or achieve gainful employment.
 - More likely to find mental health and vocational “services” unappealing.
 - Greater difficulty finding and holding jobs and completing school.
- **No systemic studies** on barriers and facilitators to vocational growth for this Black people with mental illnesses, nor on their specific cultural needs.

Methodology

- Qualitative study
- Participants
 - Black young adults
 - Aged 18–30
 - SMI
 - Vocational Services (public)
- Data Collection
 - Interview guide
 - Purposive approach assure sub-group representation (e.g., Social Security status)
 - Offered a \$25 gift card
- Conceptual Frameworks
 - Socioecological
 - Critical Race Theory

Socioecological Theory



Public Health Critical Race Framework (Chandra Ford)

[Am J Public Health](#). 2010 April; 100(Suppl 1): S30–S35. PMID: [PMC2837428](#)
doi: [10.2105/AJPH.2009.171058](#) PMID: [20147679](#)

Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis

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The public health critical race methodology: Praxis for antiracism research[☆]

Chandra L. Ford^{a,*}, Collins O. Airhihenbuwa^b

1. Race Consciousness: explicit acknowledgment of race and racism in the lived experience, such as systemic discrimination, including higher rates of criminal justice involvement, poor public school systems, etc.

2. Contemporary orientation: describing racialized phenomena in the present day's context, rather than relying only on historical underpinnings

3. Centering the margins: highlighting the perspectives of a socially marginalized group, rather than dominant race or culture, stories,

4. Theory-informed action or praxis

DEMOGRAPHICS

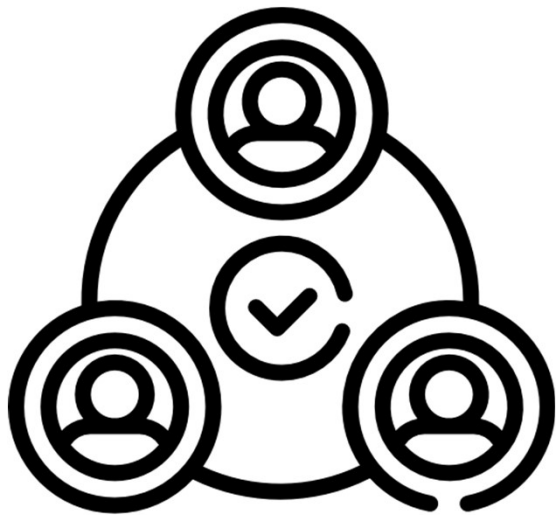
Interviews completed	28
Male	18 (64%)
Mental health diagnosis (primary)	
Schizophrenia/Schizoaffective	16 (57%)
Bipolar/Depression	12 (43%)
In mental health treatment:	21 (75%)
First episode program, young adult focus	8 (29%)
Other health clinic that includes psychiatric care	13 (46%)
Recipient of Social Security benefits (SSI/SSDI) in last 12 mos.	18 (64%)

Currently working with a vocational counselor	18 (64%)
As part of treatment team	7 (25%)
Independent of a treatment team *o	11 (39%)
Has worked with a vocational counselor as an adult (age 18 and over)	25 (89%)
Educational status (highest)	
Some high school	6 (21%)
High School graduate	12 (43%)
Associate's degree	4 (14%)
Job training program or certification	2 (7%)
4-year college graduate	4 (14%)
Current vocational status	
Employed	11 (39%)
Full-time	2 (7%)
Part-time	9 (32%)
School (post-secondary or professional/trade)	7 (25%)
Unemployed and not in school	10 (36%)

Themes

1. Vocational counselors who are open minded, provide service options, and understand the culture of Black young adults with SMI are the most qualified to engage with and support their vocational growth
2. At the workplace, an attentive and allied supervisor can facilitate job success for Black young adults with SMI
3. The presence of Blacks in positions of authority and as peers in school and at the workplace can establish a racial/ethnic climate that significantly improves the vocational growth of Black young adults with SMI
4. Common and regular experiences of discrimination can greatly diminish the vocational confidence and hopes of Black young adults with SMI

Theme 1. Vocational Counselors Who Are Open-Minded, Relatable, and Provide Service Options in Accordance With Client Preferences



- *The counselor is White. He's low key. Doesn't push. Doesn't tell me what to do. He asks me about my life. After a few months of just talking, we began to start talking about whether I should work." (A4)*

Theme 2. Workplace Supervisors Who Are Attentive and Allied



"She told me that when she started here, in my position, it was tough for her too." (A27)

Theme 3. The Presence of Black People in Positions of Authority and as Peers in Postsecondary School and at the Workplace



- *"I went to class but didn't get to know many [White] students there. I said "hello," but I just wasn't comfortable talking about myself. I have spent time in jail and psychiatric facilities." (A15)*

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Theme 4. Common and Regular Experiences of Discrimination



"I walk out of here and there are cops in CVS and Walgreens. Wherever I go there might be cops. Do you know what it's like? You can't know what it's like." (A6)

Table 3*Types of Discrimination Faced by Black Young Adult With Mental Illnesses*

Life domain	Type of discrimination	Examples
Everyday life	Microaggressions Systemic barriers	<ul style="list-style-type: none">• Racial profiling• Criminal record• Socioeconomic status• Quality of high school
Using vocational rehabilitation services	Microaggressions Systemic barriers	Without evidence specific to the client, the counselor: <ul style="list-style-type: none">• Assumes that a Black person is not making an effort in looking for a job.• Steers Black clients away from a computer coding course toward a food and cleaning training.• Counselor not exploring Black person's needs and preferences, and insisting on looking for "competitive employment" per the vocational model being used.
Going to school or working	Microaggressions Systemic barriers	<ul style="list-style-type: none">• White students and teachers avoiding Black students.• Supervisor not promoting Black employee who has performed as well as other candidates.• Experience of low levels of social support because other Black people are not visible at school or workplace.• Workplace will not employ anyone with misdemeanor convictions, even though not all such crimes are relevant to the job requirements.

Moderating Factors

Facilitators

- Family Support
- Attentive/supportive mental health clinicians

Barriers

- Criminal Justice Involvement

Future Directions:

Alternatives and priorities

- Counselor-client racial matching .
- Cultural competency/humility skill building
 - Learning to “broach”.
- Cultural tailoring of best practices for vocational counseling to better suit the needs of Black patients with SMI.
- Dismantling racial disadvantage within field of psychiatric rehabilitation.
 - Critical Race Theory as conceptual framework;
 - Community driven research and development. (Participatory Action Research)