

Pathways to Vocational Services: Factors Affecting Entry by Veterans Enrolled in Veterans Health Administration Mental Health Services

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RESEARCH HIGHLIGHTS:

- The majority of veterans with vocational needs do not participate in Veterans Healthcare Administration (VHA) vocational services. In this study, researchers explored the vocational needs and participation in vocational programs among veterans with mental health concerns.
- While veterans were more likely to recognize their need for assistance than their family and friends, on average they still took about 1.9 years to acknowledge this need. Veterans with major depression and/or bipolar disorder took the longest to ask for assistance, while alcohol and drug abuse also created barriers to seeking assistance. Many veterans also identified a lack of awareness of service options as a problem.
- Veterans with financial issues were most likely to ask for help. Supports such as encouragement from professionals and involvement in treatment programs for substance abuse, mental health or medical issues made it easier for veterans to seek assistance.

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ABSTRACT:

“The current study provides naturalistic data documenting the pathways-to-care to vocational services for 155 veterans who were receiving some form of mental health care from the Veterans Health Administration and had a vocational need but were not currently enrolled in vocational services. Of the participants, 94.2% had recognized their vocational need, 80.6% reported that they or someone else had sought help to alleviate the need, and 77.4% had previously received some form of vocational services. The median length of the participants’ vocational need was more than 4.2 years. Delays associated with recognition, help-seeking, and treatment entry all contributed to the overall delay in entering appropriate care. Filtering factors associated with quicker recognition, seeking help, and receiving services included diagnosis, level of disability, type of vocational need, and support from primary providers, family, and friends. The results provide information for designing interventions to improve service entry by adults with mental health problems and vocational needs.”

Implications

FOR PRACTICE

It is important for veterans with mental health issues and/or substance abuse issues to seek assistance as early as possible. On average, participants in this study indicated that it took 1.9 years to recognize their need for vocational services. In most cases, study participants recognized their needs before others. Work supervisors and clinical providers were the next most likely to recognize the need for vocational services, followed by friends and family members. Depression, bipolar disorder and addiction make it difficult for veterans to seek services and are associated with problems of denied employment. Eventually, financial problems often exert pressure on individuals to recognize the need for vocational services. Unfortunately, this study indicates that it took participants an average of 3 years to move from recognizing their needs to seeking assistance. By the time study participants reached out for help, many of them reported that their expectations of successful employment had greatly decreased. Encouragement and support from family and friends, practical support from clinicians and the integration of vocational services with other treatments all serve as significant supports for veterans seeking vocational assistance. Veterans should consider what type of work interests them best and then choose vocational services which incorporate the individual placement and support (IPS) model of supported employment. Greater awareness of one's needs and options for support, coupled with encouragement from family and friends, can expedite treatment for mental health and/or substance abuse issues.

FOR POLICY

VHA clinicians and medical providers have the opportunity to identify patients in need of vocational services. Policy makers can work to establish integrated models of vocational service by working with physicians to establish guidelines for treatment needs that include both mental health and substance abuse protocols. VHA vocational service administrators may also need to move away from vocational rehabilitation practices like sheltered workshops or simple job placements and develop more evidence-based models of IPS. IPS focuses on the specific interests and work preferences of the veteran and builds on the intrinsic sense of pride in work and self-esteem to identify optimal employment and supports. Policies establishing regular evaluation and updates to improve the effectiveness of vocational rehabilitation protocols could be especially beneficial.

FOR FUTURE RESEARCH

The key limitation of this study is that participants self-identified as individuals who needed vocational services. The majority of participants also indicated that they had been through repeated rounds of treatment. These issues might make it more difficult to understand the needs of veterans with mental health issues who have never sought treatment. In future studies, researchers should utilize objective measures to determine the need for vocational services. Future research may also seek to identify specific strategies for helping individuals, their families or friends in recognizing vocational or mental health needs and for taking steps toward integrated treatment. Future studies should also further examine the role of financial strain, which this study highlights as a key factor motivating veterans with mental issues to recognize their need and seek vocational services. Researchers should explore how financial supports like disability pensions, VHA benefits and Social Security disability benefits contribute to delays in seeking assistance, as well as research effective ways of encouraging veterans to seek assistance before these benefits run out.

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