
Meeting the Mental Health Needs of Unemployed Individuals:

Scalable Approaches to Address Mental Health Barriers to Employment-Part 2

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National Institute of Health Notice of Special Interest

- NOT-MH-21-230: Research on Strategies to Enhance Mental Health Interventions and Services within Employment and Job Training Settings
- The purpose of this Notice of Special Interest (NOSI) is to encourage research focused on detection and intervention to prevent or treat mental health concerns, symptoms or disorders including drug-related conditions among unemployed and underemployed people participating in employment programs and job training settings.
- Considering the COVID-19 pandemic, the sharp rise and potentially long duration of unemployment raises concerns about the development and worsening of mental health symptoms and disorders, drug use behaviors, and suicide risk and necessitates further research to confirm the efficacy or demonstrate effectiveness of strategies in this area.
- Issued by:
 - National Institute of Mental Health
 - National Institute on Drug Abuse

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Polling Question 1

Which best describes your professional role? Check all that apply.

- Mental Health Provider
- Mental Health Researcher
- Workforce Development
- Workforce Researcher
- Other

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...The last mile of job creation.

Meeting the Mental Health Needs of Unemployed Individuals

Melanie Anderson
Executive Vice President
NAWB

1155 15th Street NW, Suite 350
Washington, DC, 20005

www.nawb.org www.workforceinvestmentnetworks.com



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About NAWB

NAWB is the national advocate for workforce development boards and American Job Centers

- Represents 550 Workforce Development Boards and their 12,000+ business members

NAWB's mission is to support its members through a comprehensive program of:

- advocacy,
- training and technical assistance,
- communication, and
- the promotion of strategic partnerships for the advancement of our nation's workforce

What Is A Workforce Board?

Placeholder for NAWB Video. Link to download video is:
<https://vimeo.com/518949397/9fca6c07f8>

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What is a Workforce Board?

- This is where employers and employer associations can have the most input
- Have labor market data as a core part of their data tools
- Provides analysis for businesses at free or competitive rates to help target **recruitment and identify "market" wage rates**
- Charged with convening and working with the education system to design career pathways that relate to in-demand occupations and skills aligned with industry
- Work to align skill development with a host of learning providers
- Set priorities for service, how much money is available for training and what schools or other entities are qualified to receive funds for training

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What is the **American Job Center**?

- Local service centers, sometimes storefronts, suburban office parks or government centers
- Some job seekers walk in, others are referred by social services or the state unemployment office
- Range of services offered
 - From access to electronic job listings to advanced technical training
 - Career counseling and skill testing
 - Screening for employer referrals
 - Employer outreach and job matching
 - Placement services
- Overwhelming majority of clients get '**career services**' such as basic job skills, how to write a resume, what to say in an interview

WORKFORCE SYSTEM FAST FACTS

- Nearly 550 local WDBs nationwide
- Nearly 2,500 American Job centers
- System serves some 20 million Americans every year
- 12,000 to 13,000 employers and employer representatives serve on WIBs
- 8 million people in the system – available to hire or train

Who We Touch



Issues Facing Workforce Development Boards

- Growing long term unemployment
- Increased need from wrap around support services

More Info in Workforce Development?



Interviews with public and private sector leaders in workforce development, education, business and economic development on key workforce issues and investment strategies to help America compete globally.

Check us out in iTunes or Google Play & talk to us on twitter @podcastwfc



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Questions?

andersonm@nawb.org

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Mental Health Task Sharing to Reach Unemployed Populations

Lynsay Ayer

April 30, 2021



HEALTH CARE



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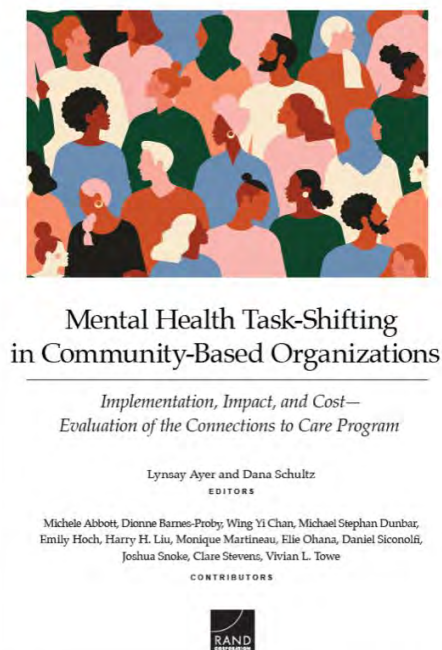
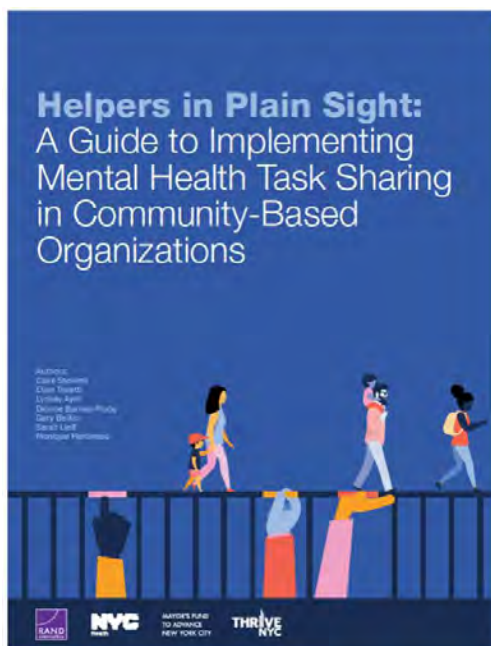
Evaluation Partners and Funders



And
Private
Fundors

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For a shorter version of the findings...

Evaluation Report Brief
Mayor's Fund to Advance New York City: Connections to Care (C2C)

<https://www.nationalservice.gov/impact-our-nation/evidence-exchange/mental-health-task-shifting-community-based-organizations>

NYC
 Mayor's Office for Economic Opportunity

Findings at a Glance
 Highlights from: **Connections to Care**

Connections to Care expands mental health services for vulnerable New Yorkers

<https://www1.nyc.gov/site/opportunity/reports/evaluations.page>

Summary

Monique Martineau, Lynsay Ayer, Dana Schultz, Michael Stephan Dunbar, and Harry H. Liu

Mental health problems affect a substantial portion of the U.S. population: National surveys estimate that every year about 20 percent of Americans deal with mental health problems such as depression or anxiety. Among young adults (age 18–25) that figure is even higher, at just more than 25 percent. Yet the distribution of these problems is uneven across segments of the U.S. population. Mental health problems disproportionately affect low-income individuals, racial and ethnic minorities, and those with low English proficiency in comparison to other populations in the United States. Left unaddressed, mental health problems can profoundly affect people's lives, from their ability to engage in healthy relationships and secure employment, to their ability to care for themselves physically and emotionally. Mental health disorders represent a serious public health problem in the United States with a societal cost approximated at \$200 billion per year in lost earnings.

https://www.rand.org/pubs/research_reports/RR3083.html

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Main Goals

- Describe the task-sharing program
- Highlight key findings
- Recommendations for future research and practice

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Connections to Care (C2C) targets low-income New Yorkers who need mental health care

Expectant mothers and parents with children ages 0 to 4



Out of school, out of work youth ages 16 to 24 ("Opportunity Youth")



Unemployed/underemployed adults over age 18



Credit: Fotolia/whitethetopoi, Yu Zhongxia, Viktoris, and maiuvsika

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C2C brings mental health care to community-based organizations (CBOs)

- Services range from job assistance to domestic violence shelter
- Participants are already CBO clients
- Improving mental health can help CBO effectiveness



Credit: Fotolia/Rob

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C2C uses a global health model called “task sharing” to expand the workforce

- CBOs partner with mental health providers (MHPs)
- MHPs train lay workers to perform
 - Screenings
 - Psychoeducation
 - Motivational interviewing
 - Mental Health First Aid



Credit: Photo used with permission from the New York City Mayoral Office

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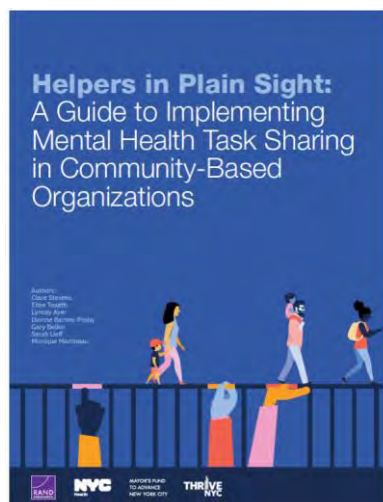
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<https://www.rand.org/pubs/tools/TL317.html>



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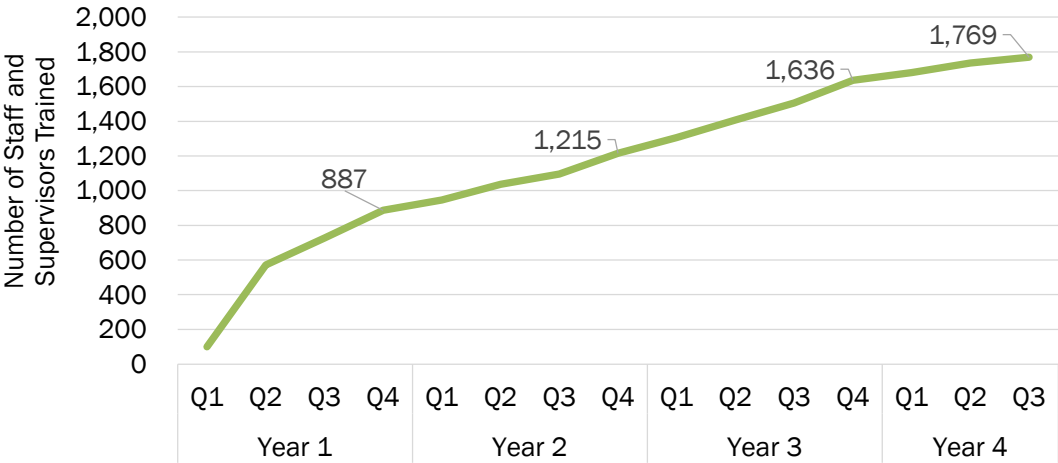
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Evaluation Findings: Just the Highlights



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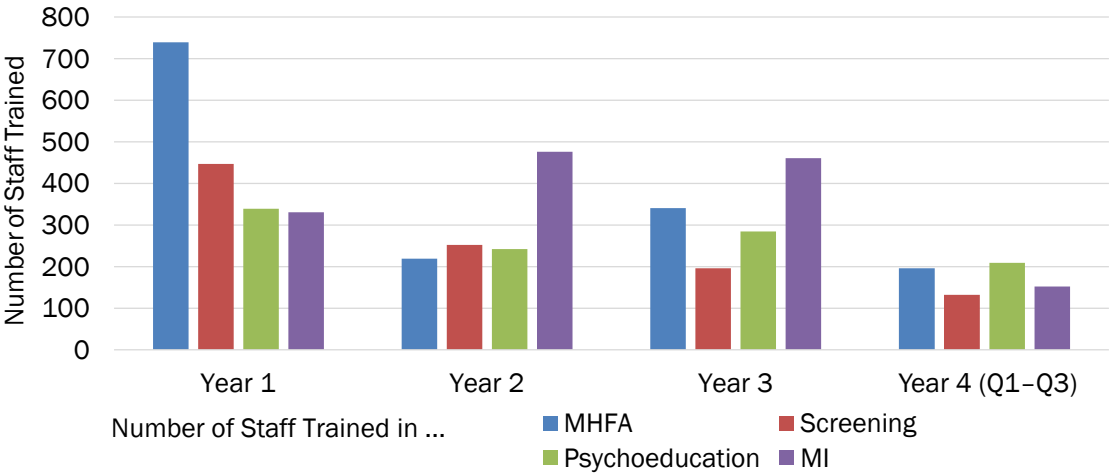
CBO Staff and Supervisors Trained in C2C Components



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CBO Staff Trained by Component

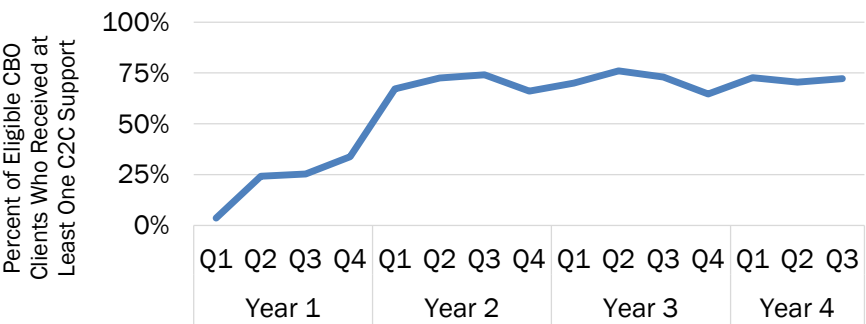


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Provided C2C to Over 41,000 Unique Clients

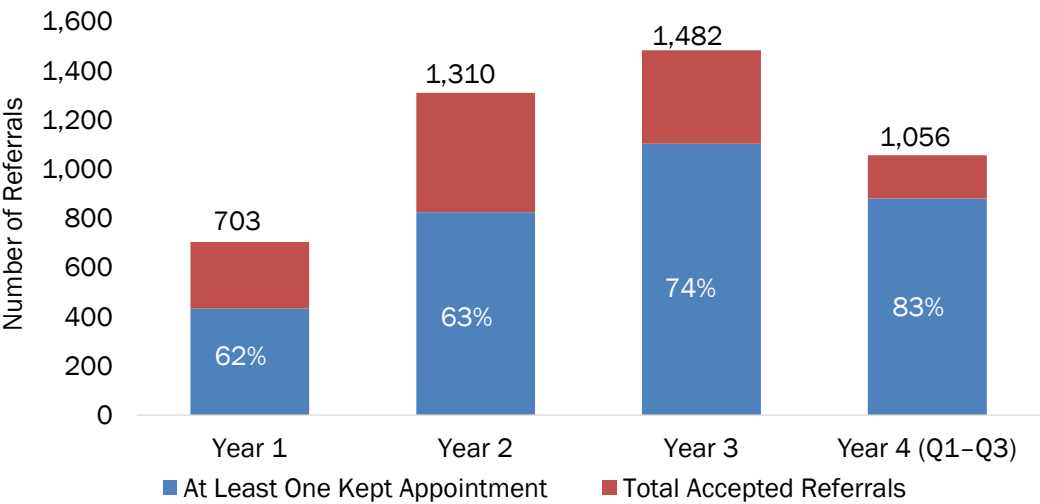
Eligible CBO Clients Who Received at Least One C2C Component



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Percentage of Kept Referrals to MHPs



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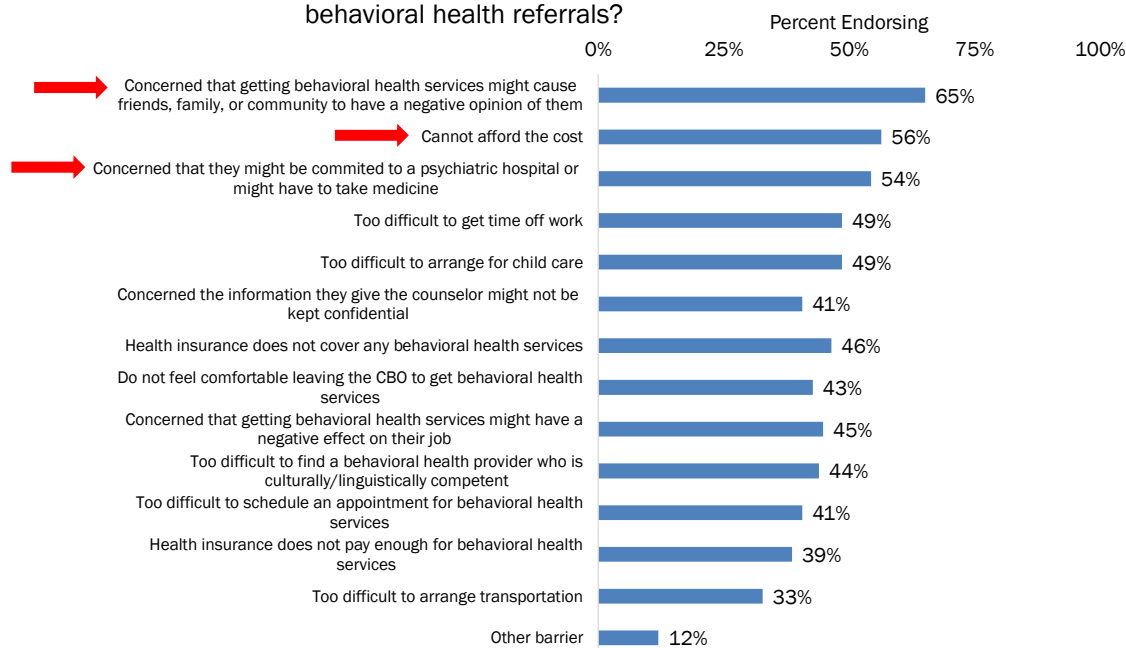
CBO Staff Views on C2C

- Cultural shift toward client mental health at CBOs
- 77% of CBO staff survey respondents felt C2C training helped them address client MH needs
- 64% of CBO staff survey respondents were satisfied with supervision
- Motivational interviewing viewed as most effective C2C tool

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Which of these statements explain why your clients do not accept behavioral health referrals?



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Baseline Characteristics of Overall Client Survey Sample

Characteristics	N= 1,838	
	C2C	Comparison
Female gender	49%	66%
Age (mean)	29.8 years	30.7 years
Black or Hispanic race/ethnicity	90%	90%
High school, GED, or less	69%	72%
Unemployed	66%	48%
Past 12m income <\$5,000	60%	57%
Stably housed	41%	48%

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Baseline Mental Health Need

Mental Health Symptoms	C2C	Comparison
Depression (moderate to severe)	36%	41%
Anxiety (moderate to severe)	38%	40%
PTSD (clinically significant)	47%	48%
Alcohol dependence or hazardous drinking	21%	20%
Substance use (intermediate to severe)	27%	21%
Two or more positive screens	47%	46%

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Promising Impact on Out of School, Unemployed Youth & Adults

Expectant mothers and parents with children ages 0 to 4



Out of school, out of work youth ages 16 to 24 ("Opportunity Youth")



Unemployed/underemployed adults over age 18



Credit: [Folawi](#), [Winnestreet](#), [Yu Zhenqin](#), [Vikaris](#), and [malvesia](#)

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One-Year Impact on Opportunity Youth (16-24)

- C2C group 3 times more likely to use **outpatient MH services** (OR = 3.10; 95% CI: 1.54–6.26)
- C2C group half as likely to use **emergency department** (OR = 0.47, 95% CI: 0.22–0.99)
- C2C group showed greater decreases in:
 - **Depression** ($d = -0.30$)
 - **Psychological distress** ($d = -0.35$)



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One-Year Impact on Under/Unemployed Adults (18+)

- C2C group showed greater decreases in **alcohol use** ($d = -0.17$)
- C2C group showed greater increases in:
 - **Weekly work hours** ($d = 0.37$)
 - **Monthly pay** ($d = 0.20$)



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Key Conclusions and Recommendations



HEALTH CARE

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Task Sharing is a Promising Model for Reaching Unemployed Populations

		
<p>Feasible and promising for unemployed youth and adults</p>	<p>Generally well-received by CBO staff and MH providers</p>	<p>C2C helped some populations and settings more than others</p>

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Future Considerations: Adjustments to the Model

- Design the model with evidence-based content and **alternative delivery modes** (e.g., telehealth) to reduce barriers
- Consider replacing/augmenting the original 4 C2C skills with **other evidence-based strategies**

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THANK YOU!

COMMUNITY-BASED ORGANIZATIONS	MENTAL HEALTH PROVIDER PARTNERS
Arab American Association of New York	NYU Lutheran Family Health Centers
Bedford Stuyvesant Restoration Corporation	Brooklyn Community Services
CAMBA	Jewish Board of Family and Children's Services
Center for Employment Opportunities	Center for Alternative Sentencing and Employment Services (CASES)
The Committee for Hispanic Children and Families	Comunilife
Hetrick-Martin Institute	Mount Sinai Adolescent Health Center
Hudson Guild	Hudson Guild Paula Balser Clinic
Northern Manhattan Improvement Corporation	Dean Hope Center for Educational and Psychological Services, Teachers College, Columbia University
Red Hook Initiative	NYU Lutheran Family Health Centers
Safe Horizon	Safe Horizon Counseling Center
Sheltering Arms Children and Family Services	Safe Space
STRIVE International	Union Settlement Association Hunter College Silberman School of Social Work
The Door—A Center of Alternatives	University Settlement
The HOPE Program	Brookdale Hospital Center
Voces Latinas	Catholic Charities of Brooklyn and Queens

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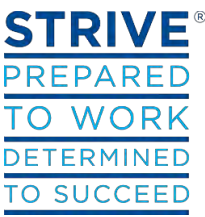
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THANK YOU!

- RAND team
- NYU/McSilver School team
- NYC Opportunity, DOHMH, Mayor's Fund

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Meeting the Mental Health Needs of Unemployed Individuals: Scalable Approaches to Address Mental Health Barriers to Employment



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STRIVE Overview

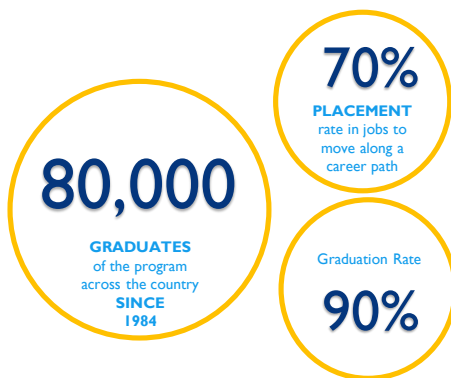
Over our 37-year history,STRIVE has emerged as a national leader in creating pathways to economic opportunity,with operations in 12 U.S. cities.

STRIVE students face some of the highest barriers to employment,including chronic unemployment or underemployment,a history of justice involvement,limited access to higher education,and food and housing insecurity.



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The STRIVE Impact



STRIVE
PREPARED
TO WORK
DETERMINED
TO SUCCEED

“Opportunity without a pathway is a walk to nowhere. With STRIVE, we built a walk to somewhere: a path to economic opportunity and a model for the rest of the country.”

- Mayor Mitch Landrieu, New Orleans



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STRIVE's signature 5-Pillar Model

STRIVE takes a **holistic approach** through our **evidence-based 5-Pillar Model**.

This model drives all of our programs to address the whole person, meeting them where they are to drive toward **career advancement and upward mobility**.

The model is **deeply rooted in strong partnerships**, especially with employers, to inform training and build pipelines to local industry leader

STRIVE
PREPARED
TO WORK
DETERMINED
TO SUCCEED

mdrc
BUILDING KNOWLEDGE
TO IMPROVE SOCIAL POLICY



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The Student Journey



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STRIVE's C2C Journey



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Lessons Learned – Language Matters

- We knew from experience that a portion of our community was dealing with the effects of severe trauma, but had never sought treatment
- Our pre-C2C efforts taught us that some people would completely shut down at the word "therapist"
- We deliberately chose neutral language to begin the conversation
 - ▣ The MSW was referred to as a life coach
 - ▣ People more readily admit to stress than depression



Together We STRIVE

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Lessons Learned – Job Search Is Stressful

- The job search process is filled with stress and anxiety for most people.
- For people dealing with trauma – interview rejection or even the fear of it can send them into a downward spiral of self-doubt and sabotage.
- It's critical that service providers and people themselves be taught to look for signs and taught strategies to help in real time.



Together We STRIVE

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Lessons Learned – MHP Partnership

- Partnership with a Mental Health Provider helps everyone
 - MHP can get a new source of patients who most likely would not have sought treatment on their own
 - Most people do not have the luxury pausing everything in their life while working on mental health
 - Workforce providers get to focus on their strengths rather than putting additional responsibilities on limited staff
 - The person gets wholistic support on their journey and easier access to treatment since we begin intake at our site
 - People who begin therapy are used to "homework" and the concept of working to heal.



Together We STRIVE

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Current Services

Health & Wellness Solutions Program Mission

The Health and Wellness Solutions Program at STRIVE is a multifaceted program designed to assist our Participants and Alumni to overcome cognitive, emotional, and behavioral barriers that stagnate personal and professional growth.

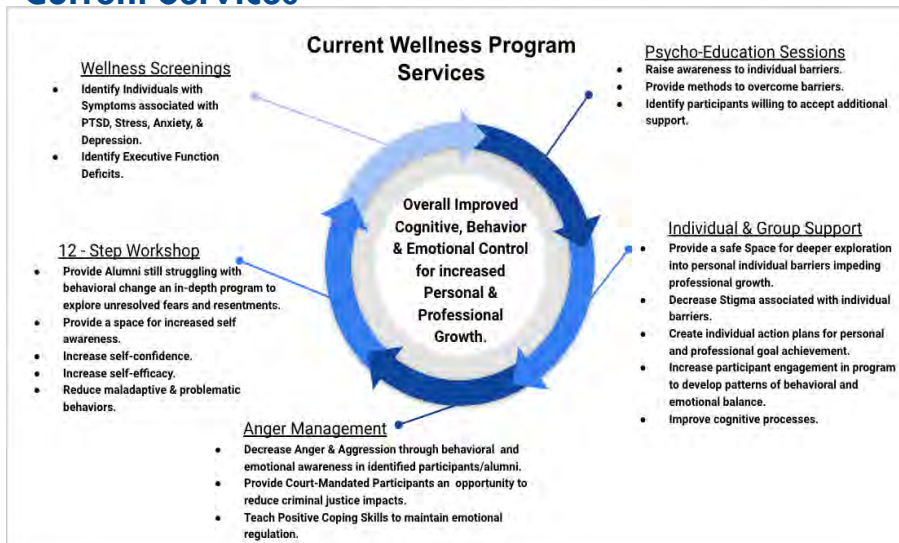
Through assessment, psycho-education modules, targeted workshops and, individual and group support, the Health & Wellness Team aims to provide all STRIVE program Participants and Alumni the opportunity and safe space to address personal challenges.



Together We STRIVE

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Current Services



STRIVE
STRESS
TRUTH
TAKES
TIME

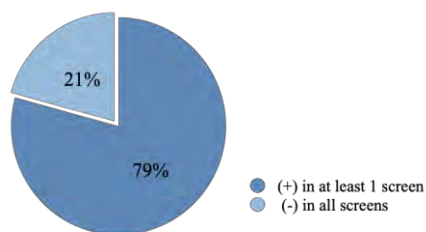
Together We STRIVE

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2021 Q1 Screening Results

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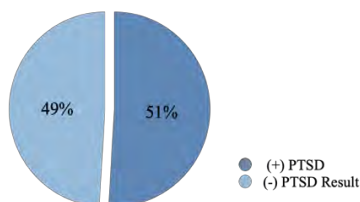
Overall Positive Screening Results Q1 2021



STRIVE Participants screened for PTSD, Anxiety, Stress & Depression in Q1 2021

79% (+) Screen RESULT
21% (-) Screen RESULT

PTSD Screening Results Q1 2021

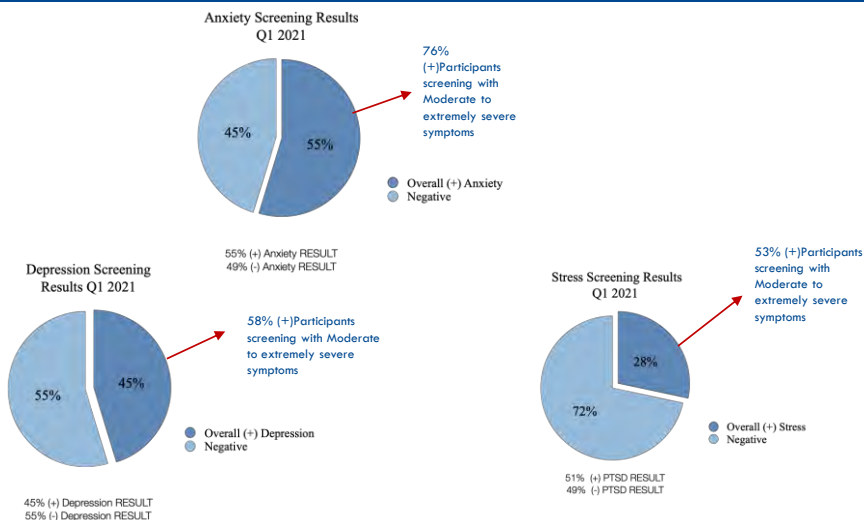


51% (+) PTSD RESULT
49% (-) PTSD RESULT

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DASS-21 Screening Results

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Psycho-Education Sessions

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Psycho-Education sessions given during every phase of the STRIVE journey raises awareness to barriers, provides a safe space for group discussion, and reduces stigma associated with mental health issues.

4 Sessions Given During Job Readiness Training

- Trauma Awareness and Triggers
- Cognitive Distortions
- Defense Mechanisms vs. Coping Mechanisms
- Mental Wellness in the Workplace

Psycho-Education Given During Occupational Skills Training & During Job Search

- Self-Esteem/Gaining Confidence
- Ways to Build a Growth Mindset
- Goal Development and Attainment
- Reducing Anxiety and Stress
- Conflict Resolution/Problem Solving
- Organization/Planning & Prioritization
- Task Initiation/Time Management
- Stress Tolerance

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Individual & Group Support

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- 1 on1 support continues throughout STRIVE Journey with MHP interns under clinical supervision.
- Remote Learning forces change to MH Services.
- Virtual Support Groups increase participant engagement & promote self-awareness & effective self-care.
- Participants are consistently encouraged to attend support groups pre/post program.
- Potential partnership opportunity – Mental health providers offering support groups at nonprofits



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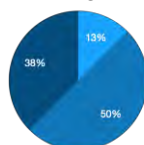
12- Step Workshop Outcomes

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Pre-Program 63% of Participants had little to no Self- Confidence.
Post Program 100% of Participants are Confident in their Personal and Professional abilities.

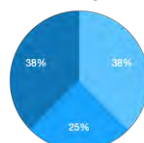


Employment Status Pre-Program



● Employed Full Time
● Employed Part Time
● Unemployed in Active Job Search
● Not Interested in Employment at this Time

Employment Status Post-Program



● Employed Full Time
● Employed Part Time
● Unemployed in Active Job Search
● Not Interested in Employment at this Time

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Comments from Clients

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“The 12-Step Workshop was life changing for me. I am a different person and I now know who I am. I always felt bad about myself. Today I am happy with [myself] and I know who I want to be. Tina and Genna helped me in ways I did not know existed.”

“I never knew I had so many resentments and that they were affecting my attitude. I am changed and determined.”

“I found out stuff about myself that I never thought about before. I learned a lot.”

“It is a ton of work, but I have never been more motivated.”

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Thank You

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Questions



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Polling Question 2

How confident would you be guiding an individual to unemployment services (e.g. Job Centers, Vocational Rehabilitation Services, etc.)?

- Very confident
- Somewhat confident
- Not at all confident

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Polling Question 3

If you are a mental health provider, what intervention strategies do you use to address unemployment issues for your clients? Check all that apply.

- Cognitive behavioral therapy
- Problem solving therapy
- Interpersonal therapy
- Supportive therapy
- Case management (making calls, helping with referrals)
- Other
- Not applicable

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Polling Question 4

If you are a mental health provider, how comfortable would you be in training and supervising non-MH professionals in core mental health strategies proven to be effective when delivered by lay people (e.g., screening, psychoeducation)?

- Very uncomfortable
- Somewhat uncomfortable
- Neither uncomfortable nor comfortable
- Somewhat comfortable
- Very comfortable