Psychiatric Versus Physical Disabilities: A Comparison of Barriers and Facilitators to Employment

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**Objective:** Guided by the social model of disability (Nagi, 1965), this study aims to better identify barriers to and facilitators of employment for individuals with psychiatric disabilities and how these factors may differ for individuals with physical disabilities. **Method:** Our analysis uses data from the Survey of Disability and Employment on 2,148 individuals with psychiatric disabilities, physical disabilities, or both who in 2014 applied for services from 1 of 3 state vocational rehabilitation (VR) agencies. We identify type of disability based on respondents’ open-ended descriptions of their impairments. We use univariate statistics and multivariate regression estimates to compare employment history, and potential barriers to and facilitators of employment between individuals with psychiatric and physical disabilities. **Results:** VR applicants with psychiatric disabilities have had longer periods of nonemployment than individuals with physical disabilities alone. They are significantly more likely than individuals with physical disabilities alone to report nonhealth reasons, such as getting fired and lacking skills, as barriers to employment. We found that a number of accommodations, including flexible schedules and modified work duties, are significantly associated with continued employment. **Conclusions and Implications for Practice:** VR counselors should be aware that although most applicants with psychiatric disabilities place a great deal of importance on being employed, they face additional barriers to employment.

**Keywords:** employment, vocational rehabilitation

Individuals with psychiatric disabilities represent a significant share of the potential workforce. Estimates from national surveys suggest that 4.4% (2013 American Community Survey) to 6% (2010 Survey of Income and Program Participation) of the nonelderly adult population has a mental or cognitive impairment, representing 42% of the population with disabilities (Houtenville, Brucker, & Lauer, 2014). Among Social Security Disability insurance beneficiaries, the share with mental impairments has risen from 10.3% in 1981 to 18% in 2012 (Social Security Administration). Among Social Security Disability insurance beneficiaries, the share with mental impairments has risen from 10.3% in 1981 to 18% in 2012 (Social Security Administration, 2013, Table 40), reinforcing the importance of studying employment challenges of this population.

Although many people with psychiatric disabilities are able and willing to participate in employment, they often face unique challenges in the labor market (National Mental Health Commission, 2012). Nationally, individuals with psychiatric disabilities have low employment rates and earnings, relative to both the population without disabilities and other disability populations. Surveys show that employment rates among individuals with mental impairments range from 23% to 34%, depending on survey and year, compared with employment rates of 75% to 80% among the population without disabilities (Houtenville et al., 2014). Monthly earnings are also lower among workers with psychiatric disabilities: $1,500 compared with earnings of $1,960 among the broader group of workers with disabilities and $2,700 among workers without disabilities (Houtenville et al., 2014). Among vocational rehabilitation (VR) customers whose cases were closed in 2014, 27% of those whose primary impairment was psychosocial and other mental were employed at closure, compared with 32% of those whose primary disability was physical and 52% of those whose primary impairment was sensory. Among Social Security disability beneficiaries, individuals with psychiatric primary impairments have lower employment rates and lower earnings, even when controlling for demographic characteristics (Mann, Mamun, & Hemmeter, 2015; Mamun, O'Leary, Wittenburg, & Gregory, 2011). However, among rejected disability insurance applicants, those with

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1 Authors’ tabulations of Fiscal Year 2014 RSA-911 Case Service Report available from the Rehabilitation Services Administration, U.S. Department of Education (see [https://rsa.ed.gov/download-db.cfm?mode=get-criteria&tbl=vw_911_by_dataset](https://rsa.ed.gov/download-db.cfm?mode=get-criteria&tbl=vw_911_by_dataset)).
mental health conditions are among those most likely to work (Von Wachter, Song, & Manchester, 2011).

Evidence from longitudinal studies suggests the onset of serious mental illness is followed by a decrease in earnings averaging $16,000 per year. This loss of income is larger for men ($25,000) than women ($9,000); about one quarter of the decline is due to loss of employment, while three-quarters is due to lower earnings among those that are working. In addition to the material hardship faced when earnings decline, the lack of employment can lead to additional stigma. In fact, many individuals with mental illness identify employment as a critical component of their recovery (Provencher, Gregg, Mead, & Mueser, 2002).

The aggregate impact of lost earnings due to mental illness is substantial. Two studies estimate the aggregate impact of serious mental illness is $193 billion per year in lost earnings (Kessler et al., 2008; Insel, 2008). Another study estimates that by 2020, depression will be the second largest economically burdensome illness in developed countries (Furlan et al., 2011), further emphasizing the need to better address the employment challenges of this population. To advance the development of policies and practices to improve well-being, however, research is needed to better understand the barriers and facilitators to employment of individuals with psychiatric disabilities. In this article, we use a new data set of recent applicants to state VR agencies to examine how these barriers and facilitators differ between individuals with psychiatric and other disabilities.

**Background**

The social model of disability (Nagi, 1965; Verbrugge & Jette, 1994) posits that barriers and facilitators in the physical and social environments interact with health conditions and that this interaction determines whether the condition becomes disabling and limits employment and other forms of social engagement.

Several studies have examined employment barriers specific to individuals with psychiatric disabilities. In one study, 50% of employers said they would never or would rarely employ an individual with a psychiatric disorder (Manning & White, 1995), suggesting that stigma and discrimination may be a significant barrier, despite protections from the Americans with Disabilities Act. Evidence also suggests that workplace socialization and stress may also pose barriers. A study of individuals with mental illness in Australia identified barriers including fractured interpersonal relationships, difficulty navigating the workplace, and exacerbated anxiety (Netto, Yeung, Cocks, & McNamara, 2016). Research has found that jobs held by individuals with serious mental illness usually end before the worker has found a new job and are typically due to voluntary separation in which a worker willingly quits the job, or is fired (Becker et al., 1998; Cook, 1992). In addition, a number of studies have documented high rates of voluntary separations, ranging from 59% (Cook et al., 2015) to 73% of all job endings (Lanctôt, Bergeron-Brossard, Sanquirigo, & Corbière, 2013). Common reasons for these separations included job dissatisfaction and problems related to psychiatric disability (Cook et al., 2015).

Studies have also tried to identify facilitators to employment. Several studies have found that individuals who received reasonable workplace accommodations had better employment outcomes (Chow, 2012; Cook et al., 2015). This finding was consistent for both men and women and the subset of individuals with schizophrenia (Chow, 2012). Evidence also shows that receipt of accommodations is associated with longer job duration (Chow, 2012), although recipients of these accommodations had lower wages (Chow, 2012; Cook et al., 2015). One study found that accommodations were associated with greater number of hours (Chow, 2012), while another found that they were associated with fewer hours and lower pay (Cook et al., 2015). Evidence-based supported employment (SE) services have also been found to increase employment and duration of employment (Bond, 2004; Cook et al., 2005; Waghorn, Lloyd, & Tsang, 2010). Even with SE, however, job turnover is high, and maintaining employment for more than 6 months without ongoing support can be a challenge (Leff et al., 2005).

In this article, we use a new survey on disability and employment to examine the barriers and facilitators to employment experienced by individuals with psychiatric disabilities. We base our analysis on a sample of individuals who have demonstrated interest in employment by applying for services at state VR agencies. Because our sample includes individuals with different types of disabilities, we are able to examine differences in employment barriers and facilitators between individuals with psychiatric disabilities and individuals with physical disabilities.

Our article adds to a literature which lacks direct comparison of specific employment barriers and facilitators by these two broad categories of disability. Given findings in existing literature, we hypothesize that individuals with psychiatric disabilities have weaker employment histories than individuals with physical disabilities. We also expect that the types of barriers and facilitators faced by the two groups differ, with individuals with psychiatric disabilities more often experiencing nonhealth-related barriers.

**Data**

We use data from the Survey of Disability and Employment (SDE), a study of 2,804 individuals with disabilities in Mississippi, New Jersey, and Ohio. The SDE was designed to provide new information on the barriers and facilitators to employment experienced by individuals with disabilities. Although not nationally representative, the sample provides geographic diversity by sampling in three states in different regions.

The sample includes individuals ages 25 to 60 who in 2014 applied for services from the state VR agencies in these three states. Because VR agencies provide services to help individuals with disabilities realize their employment goals, the survey provides a sizable sample of individuals with a range of disabilities who are likely to have useful information to share from recent experiences with the labor market. The survey was administered via computer-assisted telephone interview between November 2014 and May 2015 and had an overall response rate of 60%. The data includes sample weights that correct for differential nonresponse by a number of characteristics, including age, gender, race, and type of disability.

**Method**

Our analysis is largely descriptive. To examine our first hypothesis—that employment histories vary by type of disability—we
look at a number of employment variables by type of disability. These factors include employment status at the time of the survey, years since employed, hours worked at most recent job, and the extent to which the respondent thinks it is important that he or she works. Our analysis is not meant to provide causal estimates on the extent to which type of disability results in these differences. Rather, our analysis is meant to describe the diverse needs and challenges of these populations as they approach VR agencies for assistance.

To test our second hypothesis, we compare responses to several questions about barriers and facilitators to employment. For barriers, we explore the reasons nonworking respondents cited for leaving their last job. These reasons were coded based on verbatim responses to an open-ended question, and respondents were not limited in how many reasons they could cite. We also examine responses to specific questions about why the respondent is not currently working. We compare responses by type of disability and run simple regressions, controlling for basic demographic characteristics, including age, gender, race, and education, to identify statistically significant differences in reporting by type of disability that are above and beyond differences that may exist by demographic characteristics.

To examine facilitators, we similarly compare responses to questions about receipt of specific workplace accommodations at a respondent’s most recent job. We compare receipt by type of disability and examine whether any differences are significant once controlling for demographic characteristics. We then explore the extent to which an accommodation facilitates employment by comparing receipt of the accommodation among employed and nonemployed respondents with psychiatric disabilities. We again run regressions to control for differences in demographics to determine whether employed individuals were more likely to have received a particular accommodation.

To focus the article on individuals with psychiatric disabilities, we limit the analysis to those with psychiatric disabilities, physical disabilities, or both, and we present results for individuals with physical disabilities for comparison. We classify respondents into three groups: (1) psychiatric disabilities only, (2) physical disabilities only, or (3) both physical and psychiatric disabilities. The SDE includes individuals with other disabilities, including sensory, intellectual, and memory impairments, but we do not include them in the analysis sample. To identify type of disability, we use a series of variables flagging impairments and disabilities that were coded from responses to an open-ended question asking the respondent to describe his or her health condition or limitation.

**Results**

**Summary Statistics**

Table 1 provides weighted summary statistics on demographic characteristics of the sample by the three subgroups we examine in this article: individuals whose disabilities are physical only (n = 1,309), psychiatric only (n = 440), and both physical and psychiatric (n = 399). The sample is split roughly evenly by gender, with slightly more men in the group with psychiatric disabilities alone and slightly more women in the two groups with physical disabilities. Just over one third of the sample reports their race as Black, and about 5% report Hispanic ethnicity. Groups differ slightly in educational attainment, but roughly one quarter of each group has some college degree. Although 22% of individuals with physical disabilities alone are married, only 10% of individuals with psychiatric disabilities alone, and 15% of individuals with both types of disabilities are married. The mean age of VR applicants with psychiatric disabilities alone is 39 years, about 5 years younger than the mean age for the two groups with physical disabilities. Lastly, family income is lowest among the group with both physical and psychiatric disabilities.

These demographic statistics are consistent with national statistics documenting disproportionate prevalence of disability by income, race, educational attainment, and marital status (Houtenville, Sevak, O’Neill, & Cardoso, 2013). The differences in sample characteristics by type of disability could reflect differences in prevalence across demographic groups. It could also reflect differences in awareness or attitudes about VR. These differences should be kept in mind as potential confounders as we examine statistics on barriers and facilitators across the three groups.

**Employment History**

The bottom half of Table 1 provides statistics to examine our first hypothesis: that individuals with psychiatric disabilities come to VR with weaker employment histories. We look at a number of characteristics of current or prior employment. The share of applicants employed at application varies from 32% among individuals with physical disabilities only to 29% among individuals with psychiatric disabilities only to 25% among individuals with both kinds of disabilities. Although about one quarter of each group has been employed within the prior year, a greater share of individuals with psychiatric disabilities has not been employed at all in the prior 5 years. This rate is about 35% of individuals with psychiatric disabilities or both physical and psychiatric disabilities and 27% of individuals with physical disabilities alone.

We next compare the distribution of hours worked at the applicant’s current or most recent job to identify differences in the intensity of employment across groups. Overall, most VR applicants have worked at substantial levels. Across all three groups, the 25th percentile of hours worked is 20 hr, which means that at least 75% of applicants were working 20 hr or more per week at their most recent job. The 75th percentile of hours worked is 40 hr across all three groups, which means that at least one quarter of each group worked full time. Median hours are lower for individuals with psychiatric disabilities alone (30 hr) and both psychiatric and physical disabilities (28 hr) compared with median hours for individuals with physical disabilities alone (35 hr).

Some VR applicants have not been employed since the onset of their disability; other applicants have always had their disability while employed. Most of all three disability groups have been employed both prior to the onset of their disability and since the onset of their disability, with some slight differences. A slightly higher share of those with physical disabilities (78%) worked prior to onset compared with those with psychiatric disabilities alone (71%) and those with both physical and psychiatric disabilities (76%). In contrast, a higher share of individuals with psychiatric disabilities alone (78%) and both psy-
chiatric and physical disabilities (74%) has worked since the onset of their condition, relative to individuals with physical disabilities alone (68%). This finding could partly reflect differences in years since disability onset. Figure 1, which plots the distribution of years since onset by type of disability, confirms this possibility. Although the distribution has a wide range, it is more concentrated in short duration for individuals with physical disabilities, because years since onset overall is higher among individuals with psychiatric disabilities.

Despite these differences, individuals with physical disabilities and those with psychiatric disabilities alone responded similarly when asked how important it is that they work. The bottom part of Table 1 reports that roughly half of both groups said it was extremely important that they work, and only 2% said it was not important at all. In contrast, 39% of individuals who have both physical and psychiatric disabilities reported that it was extremely important that they work.

**Barriers and Facilitators**

Tables 2 and 3 provide evidence for our second hypothesis that barriers and facilitators to employment differ between individuals with psychiatric versus physical disabilities. In Table 2, we first examine barriers to employment reported by individuals not employed at the time of the survey. We report the percentage of respondents that mentioned a particular reason for having left their last job.
We report both the percentage by type of disability, and the regression-adjusted difference in the percentage between respondents with psychiatric disabilities and those with physical disabilities alone when we control for differences in age, race, gender, and education. The regression-adjusted differences indicate whether there are statistically significant differences in reported reasons by type of disability, once controlling for differences that may be driven by demographics.

Figure 1. Years since onset of disability, by type of disability. See the online article for the color version of this figure.
On average across the sample, the most common reason is health, cited by 45% of individuals with physical disabilities, 29% of individuals with psychiatric disabilities only, and 36% of individuals with both. However, among individuals with only psychiatric disabilities, the reason most frequently cited was that they were fired (39%). Controlling for demographics, we find that relative to individuals with physical disabilities alone, individuals with psychiatric disabilities only are 13.5 percentage points less likely to report health as a barrier, 10.3 percentage points more likely to report getting fired, and 3.4 percentage points more likely to report not liking or needing to work. Individuals with both types of disabilities are 7.8 percentage points less likely to cite their health as a reason for unemployment and 5.2

### Table 2

<table>
<thead>
<tr>
<th>Reason left last job</th>
<th>Physical (%)</th>
<th>Psychiatric (%)</th>
<th>Regression-adjusted difference</th>
<th>Both physical and psychiatric (%)</th>
<th>Regression-adjusted difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>45.0</td>
<td>29.2</td>
<td>-13.5*</td>
<td>36.4</td>
<td>-7.8*</td>
</tr>
<tr>
<td>Fired</td>
<td>29.8</td>
<td>39.0</td>
<td>10.3*</td>
<td>31.4</td>
<td>1.7</td>
</tr>
<tr>
<td>Childcare or personal issue</td>
<td>7.9</td>
<td>6.2</td>
<td>-1.7</td>
<td>8.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Transportation issues</td>
<td>6.3</td>
<td>7.7</td>
<td>1.1</td>
<td>6.9</td>
<td>0.6</td>
</tr>
<tr>
<td>Didn’t like or need to work</td>
<td>5.0</td>
<td>9.0</td>
<td>3.4*</td>
<td>9.8</td>
<td>5.2*</td>
</tr>
</tbody>
</table>

### Reasons not currently working

<table>
<thead>
<tr>
<th>Item</th>
<th>Physical (%)</th>
<th>Psychiatric (%)</th>
<th>Regression-adjusted difference</th>
<th>Both physical and psychiatric (%)</th>
<th>Regression-adjusted difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>71.0</td>
<td>67.6</td>
<td>-2.1</td>
<td>79.4</td>
<td>8.2*</td>
</tr>
<tr>
<td>Cannot find job</td>
<td>52.9</td>
<td>65.5</td>
<td>13.0*</td>
<td>60.0</td>
<td>7.0*</td>
</tr>
<tr>
<td>Discouraged from previous attempt</td>
<td>42.5</td>
<td>57.9</td>
<td>18.1*</td>
<td>61.1</td>
<td>19.7*</td>
</tr>
<tr>
<td>Employers won’t give them a chance</td>
<td>38.5</td>
<td>47.0</td>
<td>9.4*</td>
<td>52.0</td>
<td>13.7*</td>
</tr>
<tr>
<td>Lack of skills</td>
<td>37.0</td>
<td>53.3</td>
<td>18.2*</td>
<td>53.1</td>
<td>17.6*</td>
</tr>
<tr>
<td>Lack of reliable transportation</td>
<td>29.2</td>
<td>31.0</td>
<td>0.3</td>
<td>34.7</td>
<td>6.1*</td>
</tr>
<tr>
<td>In school/training</td>
<td>24.4</td>
<td>29.7</td>
<td>5.6</td>
<td>23.6</td>
<td>-0.3</td>
</tr>
<tr>
<td>Did not want to lose SSDI/Medicaid</td>
<td>22.5</td>
<td>26.2</td>
<td>3.5</td>
<td>22.9</td>
<td>0.3</td>
</tr>
<tr>
<td>Caregiving</td>
<td>13.2</td>
<td>14.1</td>
<td>-0.2</td>
<td>12.1</td>
<td>-1.1</td>
</tr>
<tr>
<td>Workplace not accessible</td>
<td>36.0</td>
<td>26.4</td>
<td>-8.4*</td>
<td>28.5</td>
<td>-7.0*</td>
</tr>
</tbody>
</table>

Note. Statistics are weighted estimates. Regression-adjusted differences are estimated between individuals with psychiatric and physical disabilities while controlling for age, race, gender, and education. SSDI = Social Security disability insurance.

* Statistical significance at the 5% level.

On average across the sample, the most common reason is health, cited by 45% of individuals with physical disabilities, 29% of individuals with psychiatric disabilities only, and 36% of individuals with both. However, among individuals with only psychiatric disabilities, the reason most frequently cited was that they were fired (39%). Controlling for demographics, we find that relative to individuals with physical disabilities alone, individuals with psychiatric disabilities only are 13.5 percentage points less likely to report health as a barrier, 10.3 percentage points more likely to report getting fired, and 3.4 percentage points more likely to report not liking or needing to work. Individuals with both types of disabilities are 7.8 percentage points less likely to cite their health as a reason for unemployment and 5.2

### Table 3

<table>
<thead>
<tr>
<th>Facilitators to Employment for Individuals With Psychiatric Disabilities, by Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received at most recent job</td>
</tr>
<tr>
<td>Facilitators</td>
</tr>
<tr>
<td>Job coach/training                             39.8                                          42.8 0.6 42.8 2.9</td>
</tr>
<tr>
<td>Personal care/assistant                       9.9                                           10.1 0.4 7.8 2.0</td>
</tr>
<tr>
<td>Counseling on work benefit                    14.7                                          15.8 1.6 14.7 0.6</td>
</tr>
<tr>
<td>Help with transportation                      18.6                                          22.9 2.5 20.5 1.8</td>
</tr>
<tr>
<td>Help with child/family care                   4.1                                           4.4 0.6 7.3 3.0</td>
</tr>
<tr>
<td>Counseling/therapy                            11.0                                          18.5 8.8* 21.3 10.6*</td>
</tr>
<tr>
<td>Flexible schedule                             47.4                                          53.5 4.7 51.6 3.6</td>
</tr>
<tr>
<td>Modified job duties                           30.8                                          24.5 -6.9* 27.6 -3.1</td>
</tr>
<tr>
<td>Modified work space                           17.5                                          13.3 -4.1 18.0 0.9</td>
</tr>
<tr>
<td>Arranged assistance from coworkers             32.4                                          34.5 1.3 31.4 -1.0</td>
</tr>
</tbody>
</table>

Note. Statistics are weighted estimates. Regression-adjusted differences are estimated between employed and nonemployed respondents, while controlling for age, race, gender, and education.

* Statistical significance at the 5% level.
PSYCHIATRIC VS. PHYSICAL DISABILITIES

percentage points more likely to report not liking or needing to work. These regression-adjusted differences are statistically significant at the 5% level.

The second part of Table 2 reports the percentage of not employed respondents that responded affirmatively to each of 10 questions regarding reasons for not working at the time of the survey. Here, the highest percentage of respondents in each of the three disability groups—roughly 70% of individuals with only physical or only psychiatric disabilities—agreed that health was a reason they were not currently working. A significantly higher share, 79% of respondents with both types of disabilities, agreed that health was a reason they were not currently working.

At least half of the sample of not employed individuals with psychiatric disabilities affirmed a number of other reasons, such as not being able to find a job, being discouraged from previous employment experiences, employers who will not give them a chance, and lack of skills. A significantly higher share of individuals with psychiatric disabilities mentioned these four reasons than individuals with physical disabilities alone. Individuals with both psychiatric and physical disabilities were most likely to report being discouraged and that employers would not give them a chance, relative to the other two groups. Individuals with psychiatric disabilities alone and in combination with physical disabilities were significantly less likely than individuals with physical disabilities alone to agree that lack of workplace accessibility was a reason for not working.

In the bottom part of Table 2, we explore facilitators to employment by examining receipt of 10 workplace accommodations or services at respondents’ most recent job. Rates of receipt of many of the accommodations were similar across the three disability groups. Roughly 50% reported having had a flexible schedule, which was the accommodation with the highest rate of receipt. Roughly 40% received a job coach or training, 30%–34% received assistance from coworkers, and 20% received transportation assistance. Receipt of counseling or therapy was reported by a significantly higher share of individuals with psychiatric disabilities: 18.5% of individuals with psychiatric disabilities alone and 21.3% of individuals with both psychiatric and physical disabilities, compared with 11% of individuals with physical disabilities alone. Job duties were modified for a significantly lower share of individuals with psychiatric disabilities alone (25%) than individuals with physical disabilities (31%).

To explore the extent to which receipt of any of these accommodations is associated with continued employment, in Table 3 we compare the receipt of each accommodation between employed and nonemployed respondents with psychiatric disabilities. We include both individuals with psychiatric disabilities alone with those with both psychiatric and physical disabilities. We focus on the regression-adjusted difference in receipt between employed and nonemployed individuals. A number of accommodations were received by a significantly higher share of currently employed respondents. There was roughly a 15-percentage-point difference in receipt of transportation assistance, flexible schedules, and modified work duties between currently and formerly employed individuals. Of these accommodations, a flexible schedule had the highest rate of receipt among employed individuals, 62%. Employed individuals were also significantly more likely to have had a personal care assistant and modified work space than nonemployed individuals.

Discussion

Our findings from the SDE suggest a number of differences that VR counselors should be aware of in the employment challenges faced by individuals with psychiatric and physical disabilities. Although most individuals with either or both kinds of disabilities place a great deal of importance on being employed, a number of findings suggest that VR applicants with psychiatric disabilities may face additional barriers to employment.

With respect to our first hypothesis—that individuals with psychiatric disabilities come to VR with weaker employment histories—we find that the data generally support this theory. Although only slightly fewer individuals with psychiatric disabilities are employed when they apply for VR, significantly more have been without employment for more than 5 years. On the other hand, we find that more individuals with psychiatric disabilities have had employment experiences since the onset of their disability. These factors, together with the fact that VR applicants with psychiatric disabilities have had a longer duration of disability, raises the question of whether individuals with psychiatric disabilities wait longer after onset to apply for VR services. It could be that the disability did not initially pose employment challenges or that individuals with psychiatric disabilities are less aware of VR. However, it could also be related to societal stigma surrounding mental illness; just as those with mental illness are more likely to delay treatment as a result of mental health stigma, those with psychiatric disabilities may be initially avoidant of VR services due to stigma surrounding their illness (Clement et al., 2015). Given that reemployment generally is more difficult as the time since job separation increases, our findings suggest that VR agencies may be better able to serve individuals with psychiatric disabilities by engaging in more focused outreach to them.

We find mixed evidence of our second hypothesis that the barriers and facilitators to employment differ between individuals with psychiatric and physical disabilities. For example, individuals with psychiatric disabilities are significantly less likely to have left their last job due to health reasons and significantly more likely to have been fired. However, a similar share of those with only physical or only psychiatric disabilities say that their health limits current employment. Those who have both psychiatric and physical disabilities are significantly more likely to attribute their lack of current employment to their health.

We also find that statistically and substantially more individuals with psychiatric disabilities agree that a reason they are not currently working is that they are not able to find a job. Perceived reasons for this inability include their lack of skills and employers who will not give them a chance. These findings are consistent with other research showing that most individuals with psychiatric disabilities cite factors for job loss which they consider to be out of their control or external (Lanctôt et al., 2013).

With respect to receipt of facilitators such as workplace accommodations, we find only a few differences between disability
groups. Those with psychiatric disabilities are more likely to participate in counseling or therapy and less likely to get modified job duties. We also find receipt of several accommodations—including personal care assistance, transportation assistance, flexible schedules, modified job duties, and modified work spaces—is associated with current employment. Future research should attempt to establish causal impacts of these and other potentially promising accommodations.

There are key limitations to this analysis. First, there are likely unique barriers of and facilitators to employment within each disability group by specific condition. For example, those diagnosed with depression likely face employment barriers and challenges that differ from those faced by a job seeker with a diagnosis of schizophrenia, and severity and type of physical impairment could similarly impact employment among those with physical disabilities. However, the sample of less than 3,000 participants was not large enough to support finer identification by specific type of impairment. Second, the survey did not provide data on several potentially confounding factors such as the duties and characteristics of the applicant’s prior job, or number of times a VR applicant had sought out or received VR services in the past, which may have impacted the observed relationships between disability type and employment.

Overall, although our analysis has focused on differences by type of disability, some findings are striking across all disability groups. First, there are many reasons for job loss and continued lack of employment. Although most individuals cite health challenges, they point to other reasons, as well. Other researchers have dubbed some of these factors “external,” suggesting that individuals may feel they have little control over them. This evidence is consistent with our finding that most individuals say it is extremely important that they work, but only a minority are currently working. Our findings should inform VR counselors and employment specialists who are motivated to tailor services improve employment outcomes for individuals with psychiatric disabilities.

References


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