

CHAPTER 3

Implications for Practice

PURPOSE

This chapter focuses on issues at the direct service level and provides information on

- the *Guideposts for Success for Youth with Mental Health Needs*,
- youth entering a workforce development program,
- the determination of whether a youth has a mental health need,
- the signs of potential mental health needs in adolescents,
- mental health screenings,
- culturally and linguistically competent practices,
- transition strategies and accommodations for youth with MHN,
- supported education and supported employment, and
- promising and effective practices for serving youth with MHN.

As noted in the previous chapter, uncoordinated service tunnels and the transition cliff between youth and adult services pose significant challenges to

transitioning youth; however, these are not insurmountable obstacles, as John’s story on the next page illustrates.

Eliminating the tunnels and cliffs that characterize transition services for youth, including those with MHN, will take a major systems change effort. Meanwhile, youth service practitioners must assist youth in preparing for the adult world without getting lost in a tunnel or falling off a cliff. This will require a concerted effort in getting to know what other systems may provide, making contacts within those systems, and coordinating services. Knowing what youth need in order to succeed in the transition process is critical, especially for youth with mental health needs.

THE GUIDEPOSTS FOR SUCCESS

Built on 30 years of research and experience, NCWD/Youth in collaboration with the ODEP created the *Guideposts for Success*, a comprehensive framework that identifies what all youth, including youth with disabilities, need to succeed during the critical transition years.

An extensive literature review of research, demonstration projects, and effective practices covering a wide range of programs and services – including lessons

John's Story

John was in his mid-20s with a diagnosis of paranoid schizophrenia and drug and alcohol abuse. He had not been able to maintain employment, had lost the support of his family, and was living at the YMCA after a period of homelessness. He had numerous hospitalizations and arrests, including several periods of incarceration, brought about by drug and alcohol use and failure to comply with his treatment. John was a Supplemental Security Income (SSI) recipient and was considered to have a severe disability. He was a high school graduate but had few marketable skills.

John was referred by his Community Treatment Team (CTT) case manager to a two-week pilot project on employment and opportunity operated by Vocational Rehabilitation (VR). (A Community Treatment Team is made up of experts in the areas in which a person with MHN might need help, such as housing, transportation, substance abuse treatment, employment, or family counseling.) Although he initially appeared bored and uninterested, John became more engaged, completed the program, and expressed an interest in employment assistance. A comprehensive rehabilitation plan was developed, including 24 weeks of training in data and word processing and in job seeking skills, counseling and guidance from the VR counselor, treatment and medication through the community treatment program, Alcoholics and Narcotics Anonymous counseling, transportation assistance, and job placement.

John was placed at a local copying company in a part-time position making \$8.00 an hour. With support from his VR counselor and members of the pilot project group, he began working full-time at \$8.75 an hour. At the end of 90 days, he had moved up to a quasi-managerial position earning \$12.00 an hour plus health benefits. As problems arose, John discussed them with his VR counselor and CTT case manager. One of the problems he encountered was that his SSI representative encouraged him to quit the program and then the job so he would not lose his benefits rather than providing the encouragement and support he needed.

Three years later, John has had one in-patient hospitalization but is now a manager with the same company. He also has an apartment, a car, a significant other, and a positive outlook for his future.

As this story illustrates, life throws many challenges in the paths of youth with mental health needs, but when individuals and their families can't go it alone, effective cross-agency programming and supports can lead to positive outcomes.

(Excerpted from Dew, D. W., & Alan, G. M. (Eds.). (2005). Case Study II. Institute on Rehabilitation Issues Monograph No. 30. Washington, DC: The George Washington University, Center for Rehabilitation Counseling Research and Education.)

from youth development, quality education, workforce development, and the child welfare system — has identified core commonalities across disciplines, programs, and institutional settings. The review points out that all youth, particularly at-risk youth such as youth with mental health needs and other youth with disabilities, achieve better outcomes when they have access to

- high quality standards-based education, whether they are in or out of school;
- information about career options and exposure to the world of work, including structured internships;
- opportunities to develop social, civic, and leadership skills;
- strong connections to caring adults;
- access to safe places to interact with their peers; and
- support services and specific accommodations to allow them to become independent adults.

The *Guideposts* provide the foundation for this guide and are built on the following basic values:

- high expectations for all youth, including youth with disabilities;
- equality of opportunity for everyone, including nondiscrimination, individualization, inclusion, and integration;
- full participation through self-determination, informed choice, and participation in decision-making;
- independent living, including skill development and long-term supports and services, where necessary;
- competitive employment and economic self-sufficiency, with or without supports; and
- individualized transition planning that is person-driven and culturally and linguistically appropriate.

Table 3.1, *The Guideposts for Success for Youth with Mental Health Needs* incorporates all the elements of the original *Guideposts* for all youth and youth with disabilities as well as the additional specific needs of youth with MHN regardless of whether they have been identified and/or are receiving mental health services.

TABLE 3.1: GUIDEPOSTS FOR SUCCESS FOR YOUTH WITH MENTAL HEALTH NEEDS

GENERAL NEEDS	SPECIFIC NEEDS
<p style="text-align: center; font-size: 48pt; font-weight: bold;">1</p> <p style="text-align: center; font-weight: bold;">School-Based Preparatory Experiences</p>	<p>In order to perform at optimal levels in all education settings, all youth need to participate in educational programs grounded in standards, clear performance expectations and graduation exit options based upon meaningful, accurate, and relevant indicators of student learning and skills. These should include</p> <ul style="list-style-type: none"> • academic programs that are based on clear state standards; • career and technical education programs that are based on professional and industry standards; • curricular and program options based on universal design of school, work and community-based learning experiences; • learning environments that are small and safe, including extra supports such as tutoring, as necessary; • supports from and by highly qualified staff; • access to an assessment system that includes multiple measures; and • graduation standards that include options. <p>In addition, youth with disabilities need to</p> <ul style="list-style-type: none"> • use their individual transition plans to drive their personal instruction, and strategies to continue the transition process post-schooling; • access specific and individual learning accommodations while they are in school; • develop knowledge of reasonable accommodations that they can request and control in educational settings, including assessment accommodations; and • be supported by highly qualified transitional support staff that may or may not be school staff. <p><i>Because of the episodic nature of mental health disabilities, youth with mental health needs require educational environments that are flexible and stable and that provide opportunities to learn responsibilities and become engaged and empowered. These youth may need additional educational supports and services such as</i></p> <ul style="list-style-type: none"> • comprehensive transition plans (including school-based behavior plans) linked across systems, without stigmatizing language, that identify goals, objectives, strategies, supports, and outcomes that address individual mental health needs in the context of education; • appropriate, culturally sensitive, behavioral and medical health interventions and supports; • academically challenging educational programs and general education supports that engage and re-engage youth in learning; • opportunities to develop self-awareness of behavioral triggers and reasonable accommodations for use in educational and workplace settings; and • coordinated support to address social-emotional transition needs from a highly qualified, cross-agency support team (e.g., “wraparound” team), which includes health, mental health, child welfare, parole/probation professionals, relevant case managers, and natural supports from family, friends, mentors, and others.

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<p style="text-align: center; font-size: 2em; font-weight: bold;">2</p> <p style="text-align: center; font-weight: bold;">Career Preparation & Work-Based Learning Experiences</p>	<p>Career preparation and work-based learning experiences are essential in order for youth to form and develop aspirations and to make informed choices about careers. These experiences can be provided during the school day or through after-school programs and will require collaboration with other organizations. All youth need information on career options, including</p> <ul style="list-style-type: none"> • career assessments to help identify students’ school and post-school preferences and interests; • structured exposure to postsecondary education and other life-long learning opportunities; • exposure to career opportunities that ultimately lead to a living wage, including information about educational requirements, entry requirements, income and benefits potential, and asset accumulation; and • training designed to improve job-seeking skills and work-place basic skills (sometimes called soft skills). <p>In order to identify and attain career goals, youth need to be exposed to a range of experiences, including</p> <ul style="list-style-type: none"> • opportunities to engage in a range of work-based exploration activities such as site visits and job shadowing; • multiple on-the-job training experiences, including community service (paid or unpaid), that is specifically linked to the content of a program of study and school credit; • opportunities to learn and practice their work skills (“soft skills”); and • opportunities to learn first-hand about specific occupational skills related to a career pathway. <p>In addition, youth with disabilities need to</p> <ul style="list-style-type: none"> • understand the relationships between benefits planning and career choices; • learn to communicate their disability-related work support and accommodation needs; and • learn to find, formally request, and secure appropriate supports and reasonable accommodations in education, training, and employment settings. <p><i>Because some youth with mental health needs may feel their employment choices are limited or may not understand the value of work in recovery, they need connections to a full range of youth employment programs and services such as</i></p> <ul style="list-style-type: none"> • graduated (preparatory, emerging awareness, proficient) opportunities to gain and practice their work skills (“soft skills”) in workplace settings; • positive behavioral supports in work settings; • connections to successfully employed peers and role models with mental health needs; • knowledge of effective methods of stress management to cope with the pressures of the workplace; • knowledge of and access to a full range of workplace supports and accommodations such as supported employment, customized employment, job carving, and job coaches; and • connections as early as possible to programs and services (e.g., One-Stop Career Centers, Vocational Rehabilitation, Community Rehabilitation Programs) for career exploration provided in a non-stigmatizing environment.

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<p style="text-align: center;">3</p> <p style="text-align: center;">Youth Development & Leadership</p>	<p>Youth development is a process that prepares young people to meet the challenges of adolescence and adulthood through a coordinated, progressive series of activities and experiences which help them gain skills and competencies. Youth leadership is part of that process. In order to control and direct their own lives based on informed decisions, all youth need the following:</p> <ul style="list-style-type: none"> • mentoring activities designed to establish strong relationships with adults through formal and informal settings; • peer-to-peer mentoring opportunities; • exposure to role models in a variety of contexts; • training in skills such as self-advocacy and conflict resolution; • exposure to personal leadership and youth development activities, including community service; and • opportunities that allow youth to exercise leadership and build self-esteem. <p>Youth with disabilities also need</p> <ul style="list-style-type: none"> • mentors and role models including persons with and without disabilities; and • an understanding of disability history, culture, and disability public policy issues as well as their rights and responsibilities. <p><i>Some youth with mental health needs may be susceptible to peer pressure, experiment with antisocial behaviors or illegal substances, and/or attempt suicide as a manifestation of their disability and/or expression of independence. To facilitate positive youth development and leadership, these youth need</i></p> <ul style="list-style-type: none"> • meaningful opportunities to develop, monitor, and self-direct their own treatment, recovery plans, and services; • opportunities to learn healthy behaviors regarding substance use and avoidance, suicide prevention, and safe sexual practices; • exposure to factors of positive youth development such as nutrition, exercise, recreation and spirituality; • an understanding of how disability disclosure can be used pro-actively; • an understanding of the dimensions of mental health treatment including medication maintenance, outpatient and community-based services and supports; • an understanding of how mental health stigma can compromise individual health maintenance and appropriate engagement in treatment and recovery; • continuity of access to and an understanding of the requirements and procedures involved in obtaining mental health services and supports as an independent young adult; • strategies for addressing the negative stigma and discrimination associated with mental health needs including cultural, racial, social, and gender factors; • opportunities to develop meaningful relationships with peers, mentors, and role models with similar mental health needs; • exposure to peer networks and adult consumers of mental health services with positive treatment and recovery outcomes; • social skills training and exposure to programs that will help them learn to manage their disability/ies; and • opportunities to give back and improve the lives of others, such as community service and civic engagement.

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<p style="text-align: center;"> 4 Connecting Activities </p>	<p>Young people need to be connected to programs, services, activities, and supports that help them gain access to chosen post-school options. All youth may need one or more of the following</p> <ul style="list-style-type: none"> • mental and physical health services; • transportation; • tutoring; • financial planning and management; • post-program supports thorough structured arrangements in postsecondary institutions and adult service agencies; and • connection to other services and opportunities (e.g., recreation, sports, faith-based organizations). <p>In addition, youth with disabilities may need</p> <ul style="list-style-type: none"> • acquisition of appropriate assistive technologies; • community orientation and mobility training (e.g., accessible transportation, bus routes, housing, health clinics); • exposure to post-program supports such as independent living centers and other consumer-driven community-based support service agencies; • personal assistance services, including attendants, readers, interpreters, or other such services; and • benefits-planning counseling including information regarding the myriad of benefits available and their interrelationships so that they may maximize those benefits in transitioning from public assistance to self-sufficiency. <p><i>Some youth with mental health needs may require a safety net accepting of the boundary pushing that is part of identity development and may include additional and more intense connections to information, programs, services, and activities that are critical to a successful transition. These youth may need</i></p> <ul style="list-style-type: none"> • an understanding of how to locate and maintain appropriate mental health care services, including counseling and medications; • an understanding of how to create and maintain informal personal support networks; • access to safe, affordable, permanent housing, including options such as transitional and supported housing; • access to flexible financial aid options for postsecondary education not tied to full-time enrollment; • policies and service practices that provide a safety net for fluctuations in a youth’s mental health status; • case managers (e.g., health care, juvenile justice, child welfare) who connect and collaborate across systems; and • service providers who are well-trained, empathetic, and take a holistic approach to service delivery.

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<p style="text-align: center;">5</p> <p style="text-align: center;">Family Involvement & Supports</p>	<p>Participation and involvement of parents, family members, and/or other caring adults promote the social, emotional, physical, academic, and occupational growth of youth, leading to better post-school outcomes. All youth need parents, families, and other caring adults who have</p> <ul style="list-style-type: none"> • high expectations that build upon the young person’s strengths, interests, and needs and fosters their ability to achieve independence and self-sufficiency; • been involved in their lives and assisting them toward adulthood; • access to information about employment, further education and community resources; • taken an active role in transition planning with schools and community partners; and • access to medical, professional, and peer support networks. <p>In addition, youth with disabilities need parents, families, and other caring adults who have</p> <ul style="list-style-type: none"> • an understanding of their youth’s disability and how it affects his or her education, employment, and/or daily living options; • knowledge of rights and responsibilities under various disability-related legislation; • knowledge of and access to programs, services, supports, and accommodations available for young people with disabilities; and • an understanding of how individualized planning tools can assist youth in achieving transition goals and objectives. <p><i>Youth with mental health needs also need parents, families, and/or other caring adults who</i></p> <ul style="list-style-type: none"> • understand the cyclical and episodic nature of mental illness; • offer emotional support; • know how to recognize and address key warning signs of suicide, the co-occurring relationship between substance abuse and mental health needs, and other risky behaviors; • monitor youth behavior and anticipate crises without becoming intrusive; • understand how the individualized plans across systems can support the achievement of educational and employment goals; • access supports and professionals to help navigate the interwoven systems such as mental health, juvenile justice, and child welfare; • access supports and resources for youth with mental health needs, including emergency contacts and options for insurance coverage; • extend guardianship past the age of majority when appropriate; and • have access to respite care.

The *Guideposts for Success* are particularly helpful for youth service practitioners serving youth with mental health needs. As noted in Chapter 1, youth with mental health needs may not be properly diagnosed, if they are diagnosed at all, especially during the teenage years when it is sometimes difficult to distinguish between (1) a mental health issue; (2) typical anxiety experienced by youth, particularly if those feelings are

not behaviorally expressed; and (3) substance abuse, which may be a secondary issue that many youth with mental health needs may experience. Youth with MHN may not have a stable base of support, or any support, which hampers their successful transition from adolescence to adulthood, especially given the stigma associated with mental illness.