

Making the Case for IPS Supported Employment

Gary R. Bond · Robert E. Drake

Published online: 17 November 2012
© Springer Science+Business Media New York 2012

Abstract Individual Placement and Support (IPS) is an evidence-based practice for helping people with severe mental illness (SMI) gain competitive employment, yet those who could benefit often find it difficult to obtain IPS services. We summarize the evidence supporting the effectiveness of IPS and the benefits of working, discuss the barriers to implementing IPS in the U.S., and suggest policy changes that could expand its access.

Here are The Facts

Most People with SMI Want to Work

Approximately 65 % of people with SMI in the U.S. public mental health system endorse employment as a goal (Bedell et al. 1998; Frounfelker et al. 2011; McQuilken et al. 2003; Mueser et al. 2001; Ramsay et al. 2011; Rogers et al. 1991; Watkins et al. 2011; Woltmann 2009). Meanwhile, only about 15 % are employed (Lindamer et al. 2003; Pandiani and Leno 2012; Perkins and Rinaldi 2002; Rosenheck et al. 2006; Salkever et al. 2007). The 65 versus 15 % gap represents an enormous unmet need.

G. R. Bond · R. E. Drake
Dartmouth Psychiatric Research Center, Geisel School
of Medicine at Dartmouth, Lebanon, NH, USA

G. R. Bond (✉)
Dartmouth Psychiatric Research Center, Rivermill Commercial
Center, Suite B4-1, 85 Mechanic Street, Lebanon, NH 03766,
USA
e-mail: gary.bond@dartmouth.edu

We Know How to Help People With SMI Work Competitively

IPS is a highly effective approach to vocational rehabilitation for this population (Becker et al. 2011a). IPS incorporates eight principles: eligibility based on consumer choice, focus on competitive employment (i.e., jobs in integrated work settings in the competitive job market at prevailing wages with supervision provided by personnel employed by the business), integration of mental health and employment services, attention to client preferences, work incentives planning, rapid job search, systematic job development, and individualized job supports (Drake et al. 2012a). Several systematic reviews conclude that IPS enhances vocational outcomes (Bond 2004; Bond et al. 2008a; Burns et al. 2007; Crowther et al. 2001; Dixon et al. 2010; Twamley et al. 2003). About two-thirds of IPS participants succeed in competitive employment, typically working 20 h or more per week (Bond et al. 2012a) and sustaining employment for years (Becker et al. 2007b; Salyers et al. 2004). IPS helps people with different diagnoses, educational levels, ethno-racial backgrounds, and prior work histories (Campbell et al. 2011); long-term Social Security beneficiaries (Frey et al. 2011); young adults (Bond et al. 2012b; Rinaldi et al. 2010); older adults (Twamley et al. 2012); veterans with post-traumatic stress disorder (Davis et al. 2012); and people with co-occurring mental illness and substance use disorders (Mueser et al. 2011).

Work Improves Well-being

People who obtain competitive employment through IPS enhance their income, self-esteem, quality of life, social inclusion, and control of symptoms (Bond et al. 2001;

Burns et al. 2009; Kukla et al. 2012; Mueser et al. 1997; Turner et al. 2012). These enhancements to well-being persist at 10-year follow-ups (Becker et al. 2007b; Salyers et al. 2004). People with SMI often report that IPS is good treatment and central to their recovery (Bailey 1998; Becker et al. 2007b; Strickler et al. 2009).

IPS is Cost-effective

SMI is a leading contributor to the global burden of disease (Drake et al. 2012b; World Health Organization 2001), and in the U.S. people with SMI constitute the largest and fastest-growing group of Social Security disability beneficiaries (Danziger et al. 2009; McAlpine and Warner 2000). Including lost productivity, the total social cost of SMI is enormous (Drake et al. 2009; Hu 2006; Kessler et al. 2006; Knapp et al. 2004; Lim et al. 2001; Livermore et al. 2011; Salize et al. 2009; Wu et al. 2005).

By contrast, the annual cost of IPS averages only \$5500 per client in 2012 dollars (USD) (Latimer et al. 2004; Salkever 2011). Further, employment leads to decreased mental health costs (Bond et al. 1995; Burns et al. 2009; Clark 1998; Henry et al. 2004; Latimer 2001; Perkins et al. 2005; Rogers et al. 1995; Schneider et al. 2009). Long-term cost reductions appear to be even greater (Bush et al. 2009). Thus, we have a cost-effective solution.

Here is the Problem

Working-age Adults with SMI Rarely Have Access to IPS

Despite the clear benefits of IPS, access is limited or unavailable in the great majority of communities. Only 2.1 % of clients with SMI in the U.S. public mental health system received supported employment in 2009 (SAMHSA 2009), and less than 1 % of Medicaid patients with schizophrenia had an identifiable claim for supported employment in 2007 (Brown et al. 2012). The 65 % expressed need versus 1–2 % access represents an egregious unmet need.

The Primary Problem is Misaligned Funding

Federal and state funders pay for a variety of non-evidence-based rehabilitation practices, such as day treatment, day hospitals, and sheltered workshops, that are completely ineffective and even harmful because they promote dependency and demoralization (Nazarov et al. 2012). Meanwhile, IPS funding is fragmented, unpredictable, bureaucratically complicated, and inadequate. Because no single source funds IPS, agencies must patch together

funding from Medicaid, vocational rehabilitation, state funds, and other sources. Even in progressive states committed to implementing IPS, providers report chronic budget shortfalls (Health Management Consultants 2006; Herinckx 2011). Thus, IPS programs are constantly threatened by financial insecurity (Karakus et al. 2011), and most providers opt to offer non-evidence-based services.

A Second Problem is Social Security Regulations

Federal health insurance programs, Medicaid and Medicare, are linked to Social Security Income and Social Security Disability Insurance, respectively. People risk losing health insurance by working. Social Security regulations regarding amount of work and discontinuation are complex and often overly punitive, resulting in fears of trying work (MacDonald-Wilson et al. 2003; McQuilken et al. 2003; O'Day and Killeen 2002). If one loses a job, returning to Social Security disability programs can be difficult (Stapleton et al. 2006). Thus, people become “trapped” in the disability system.

Here is What Must be Done

First, Develop a Clear and Simple System for Financing IPS Services

In Maryland the state vocational rehabilitation and mental health agencies have developed an electronic integrated system for enrolling clients into IPS services (Becker et al. 2007a). The managed care entity is responsible for determining which funding source has funding responsibilities for specific interventions. These changes are major improvements in the efficient delivery of services, but a better solution would be to fund treatment and rehabilitation as an integrated and bundled package through Medicaid. This solution recognizes that IPS is good treatment, helps people to recover their lives outside of dependence on the mental health system, and reduces costs over the long run (Drake et al. 2009; Karakus et al. 2011; Latimer 2001; Salkever 2011).

Second, Reform Health Insurance

Health insurance needs to be unlinked from disability. The current system creates perverse incentives to become or remain disabled (Michalopoulos et al. 2012). Anyone with a severe mental illness should have guaranteed health insurance. The Accountable Care Act moves in this direction. But reforms need to extend to all people with a potentially disabling illness and to cover IPS.

Reform is particularly critical for early intervention programs, which are not fully covered by current Medicaid rules. Early intervention helps young adults experiencing first episodes of psychosis to gain employment, which forestalls their entry into the disability system (Álvarez-Jiménez et al. 2012; Cougnard et al. 2007; Drake et al. submitted; Krupa et al. 2012; Mental Health Commission of Canada 2012; Norman et al. 2007). The savings to the Social Security trust fund could be substantial (Drake et al. 2009).

Third, Reform the Social Security Disability System

Begin by mitigating the disincentives to working. The current system consigns Social Security beneficiaries to a lifetime of poverty (Burns et al. 2007; Estroff et al. 1997). The sudden termination of benefits built into Social Security Disability Insurance regulations inhibits beneficiaries from working to the extent of their abilities. The goal should be to align incentives to encourage beneficiaries to work. Possible reforms include altering the work regulations to a model of gradual income reduction. The rules should also permit people to return to beneficiary status easily if they lose employment (Drake et al. 2009).

Fourth, Provide Infrastructure to Support Implementation and Maintenance of IPS

IPS programs have high rates of successful implementation and sustainment (Becker et al. 2011b; Bond et al. 2008b; Frey et al. 2011). But as with any evidence-based practice, implementation and maintenance require resources. States need systematic and adequately funded mechanisms for ensuring IPS training, technical assistance, and fidelity and outcome monitoring (Bond et al. submitted; Finnerty et al. 2009; Rapp et al. 2010).

Conclusion

This proposal would reverse the accumulating numbers of people on federal disability programs, the long-term costs of mental health system dependency, and most important the suffering, lack of opportunity, and discrimination against people with mental disorders.

References

Álvarez-Jiménez, M., Gleeson, J. F., Henry, L. P., Harrigan, S. M., Harris, M. G., Killackey, E., et al. (2012). Road to full recovery: Longitudinal relationship between symptomatic remission and

- psychosocial recovery in first episode psychosis over 7.5 years. *Psychological Medicine*, 42, 595–606.
- Bailey, J. (1998). I'm just an ordinary person. *Psychiatric Rehabilitation Journal*, 22(1), 8–10.
- Becker, D. R., Baker, S. R., Carlson, L., Flint, L., Howell, R., Lindsay, S., et al. (2007a). Critical strategies for implementing supported employment. *Journal of Vocational Rehabilitation*, 27, 13–20.
- Becker, D. R., Drake, R. E., & Bond, G. R. (2011a). Benchmark outcomes in supported employment. *American Journal of Psychiatric Rehabilitation*, 14, 230–236.
- Becker, D. R., Drake, R. E., Bond, G. R., Nawaz, S., Haslett, W. R., & Martinez, R. A. (2011b). A mental health learning collaborative on supported employment. *Psychiatric Services*, 62, 704–706.
- Becker, D. R., Whitley, R., Bailey, E. L., & Drake, R. E. (2007b). Long-term employment outcomes of supported employment for people with severe mental illness. *Psychiatric Services*, 58, 922–928.
- Bedell, J. R., Draving, D., Parrish, A., Gervery, R., & Guastadisegni, P. (1998). A description and comparison of experiences of people with mental disorders in supported employment and paid prevocational training. *Psychiatric Rehabilitation Journal*, 21(3), 279–283.
- Bond, G. R. (2004). Supported employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 27, 345–359.
- Bond, G. R., Campbell, K., & Drake, R. E. (2012a). Standardizing measures in four domains of employment outcome for Individual Placement and Support. *Psychiatric Services*, 63, 751–757.
- Bond, G. R., Dietzen, L. L., Vogler, K. M., Katuin, C. H., McGrew, J. H., & Miller, L. D. (1995). Toward a framework for evaluating costs and benefits of psychiatric rehabilitation: Three case examples. *Journal of Vocational Rehabilitation*, 5, 75–88.
- Bond, G. R., Drake, R. E., & Becker, D. R. (2008a). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31, 280–290.
- Bond, G. R., Drake, R. E., & Campbell, K. (2012b). The effectiveness of the Individual Placement and Support model of supported employment for young adults: Results from four randomized controlled trials. *Early Intervention in Psychiatry*, 6(Suppl. 1), 30.
- Bond, G. R., McHugo, G. J., Becker, D. R., Rapp, C. A., & Whitley, R. (2008b). Fidelity of supported employment: lessons learned from the National Evidence-Based Practices Project. *Psychiatric Rehabilitation Journal*, 31, 300–305.
- Bond, G. R., Peterson, A. E., Drake, R. E., McHugo, G. J., Jones, A. M., & Williams, J. (submitted). Long-term sustainability of evidence-based practices in community mental health agencies.
- Bond, G. R., Resnick, S. G., Drake, R. E., Xie, H., McHugo, G. J., & Bebout, R. R. (2001). Does competitive employment improve nonvocational outcomes for people with severe mental illness? *Journal of Consulting and Clinical Psychology*, 69, 489–501.
- Brown, J. D., Barrett, A., Ireys, H., Caffery, E., & Hourihan, K. (2012). *Evidence-based practices for Medicaid beneficiaries with schizophrenia and bipolar disorder*. Washington, DC: Office of Disability, Aging and Long-Term Care Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
- Burns, T., Catty, J., Becker, T., Drake, R. E., Fioritti, A., Knapp, M., et al. (2007). The effectiveness of supported employment for people with severe mental illness: A randomised controlled trial. *Lancet*, 370, 1146–1152.
- Burns, T., Catty, J., White, S., Becker, T., Koletsis, M., Fioritti, A., et al. (2009). The impact of supported employment and working on clinical and social functioning: results of an international

- study of Individual Placement and Support. *Schizophrenia Bulletin*, 35, 949–958.
- Bush, P. W., Drake, R. E., Xie, H., McHugo, G. J., & Haslett, W. R. (2009). The long-term impact of employment on mental health service use and costs. *Psychiatric Services*, 60, 1024–1031.
- Campbell, K., Bond, G. R., & Drake, R. E. (2011). Who benefits from supported employment: A meta-analytic study. *Schizophrenia Bulletin*, 37, 370–380.
- Clark, R. E. (1998). Supported employment and managed care: can they coexist? *Psychiatric Rehabilitation Journal*, 22(1), 62–68.
- Cougnaud, A., Goumilloux, R., Monello, F., & Verdoux, H. (2007). Time between schizophrenia onset and first request for disability status in France and associated patient characteristics. *Psychiatric Services*, 58, 1427–1432.
- Crowther, R. E., Marshall, M., Bond, G. R., & Huxley, P. (2001). Helping people with severe mental illness to obtain work: Systematic review. *British Medical Journal*, 322, 204–208.
- Danziger, S., Frank, R. G., & Meara, E. (2009). Mental illness, work, and income support programs. *American Journal of Psychiatry*, 166, 398–404.
- Davis, L. L., Leon, A. C., Toscano, R., Drebing, C. E., Ward, L. C., Parker, P. E., et al. (2012). A randomized controlled trial of supported employment among veterans with posttraumatic stress disorder. *Psychiatric Services*, 63, 464–470.
- Dixon, L. B., Dickerson, F. B., Bellack, A. S., Bennett, M., Dickinson, D., Goldberg, R. W., et al. (2010). The 2009 Schizophrenia PORT psychosocial treatment recommendations and summary statements. *Schizophrenia Bulletin*, 36, 48–70.
- Drake, R. E., Bond, G. R., & Becker, D. R. (2012a). *IPS supported employment: An evidence-based approach to supported employment*. New York: Oxford University Press.
- Drake, R. E., Bond, G. R., Thornicroft, G., Knapp, M., & Goldman, H. H. (2012b). Mental health disability: an international perspective. *Journal of Disability Policy Studies*, 23, 110–120.
- Drake, R. E., Caton, C. L., McHugo, G. J., Xie, H., & Bond, G. R. (submitted). Early psychosis and employment.
- Drake, R. E., Skinner, J. S., Bond, G. R., & Goldman, H. H. (2009). Social Security and mental illness: Reducing disability with supported employment. *Health Affairs*, 28, 761–770.
- Estroff, S. E., Patrick, D. L., Zimmer, C. R., & Lachicotte, W. S. (1997). Pathways to disability income among persons with severe, persistent psychiatric disorders. *Milbank Quarterly*, 75, 495–532.
- Finnerty, M. T., Rapp, C. A., Bond, G. R., Lynde, D. W., Ganju, V. J., & Goldman, H. H. (2009). The State Health Authority Yardstick (SHAY). *Community Mental Health Journal*, 45, 228–236.
- Frey, W. D., Drake, R. E., Bond, G. R., Miller, A. L., Goldman, H. H., Salkever, D. S., et al. (2011). *Mental Health Treatment Study: Final report to social security administration*. Rockville: Westat. (<http://socialsecurity.gov/disabilityresearch/mentalhealth.htm>).
- Frounfelker, R. L., Wilkniss, S. M., Bond, G. R., Devitt, T. S., & Drake, R. E. (2011). Enrollment in supported employment services for clients with a co-occurring disorder. *Psychiatric Services*, 62, 545–547.
- Health Management Consultants. (2006). *Evaluation of the adequacy of the rates for evidence based best practice supported employment services in the public mental health system*. Columbia: State of Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration and Medicaid Administrations.
- Henry, A. D., Lucca, A. M., Banks, S., Simon, L., & Page, S. (2004). Inpatient hospitalizations and emergency service visits among participants in an Individual Placement and Support (IPS) model program. *Mental Health Services Research*, 6, 227–237.
- Herinckx, H. (2011). *Oregon supported employment center for excellence final evaluation report*. Portland: Regional Research Institute for Human Services, Portland State University.
- Hu, T. W. (2006). An international review of the national cost estimates of mental illness, 1990–2003. *Journal of Mental Health Policy and Economics*, 9, 3–13.
- Karakus, M., Frey, W., Goldman, H., Fields, S., & Drake, R. (2011). *Federal financing of supported employment and customized employment for people with mental illnesses: Final report* (Prepared for Office of Disability, Aging and Long-Term Care Policy Office of the Assistant Secretary for Planning and Evaluation U.S. Department of Health and Human Services Contract #HHSP23320095655WC). Rockville: Westat.
- Kessler, R. C., Akiskal, H. S., Ames, M., Birnbaum, H., Greenberg, P., Hirschfeld, R., et al. (2006). Prevalence and effects of mood disorders on work performance in a nationally representative sample of U.S. workers. *American Journal of Psychiatry*, 163, 1561–1568.
- Knapp, M., Mangalore, R., & Simon, J. (2004). The global costs of schizophrenia. *Schizophrenia Bulletin*, 30, 279–293.
- Krupa, T., Oyewumi, K., Archie, S., Lawson, J. S., Nandlal, J., & Conrad, G. (2012). Early intervention services for psychosis and time until application for disability income support: a survival analysis. *Community Mental Health Journal*, 48, 535–546.
- Kukla, M., Bond, G. R., & Xie, H. (2012). A prospective investigation of work and nonvocational outcomes in adults with severe mental illness. *Journal of Nervous and Mental Disease*, 200, 214–222.
- Latimer, E. (2001). Economic impacts of supported employment for the severely mentally ill. *Canadian Journal of Psychiatry*, 46, 496–505.
- Latimer, E., Bush, P., Becker, D. R., Drake, R. E., & Bond, G. R. (2004). How much does supported employment for the severely mentally ill cost? An exploratory survey of high-fidelity programs. *Psychiatric Services*, 55, 401–406.
- Lim, D., Sanderson, K., & Andrew, G. (2001). Lost productivity among full-time workers with mental disorders. *Journal of Mental Health Policy and Economics*, 4, 139–146.
- Lindamer, L. A., Bailey, A., Hawthorne, W., Folsom, D. P., Gilmer, T. P., Garcia, P., et al. (2003). Gender differences in characteristics and service use of public mental health patients with schizophrenia. *Psychiatric Services*, 54, 1407–1409.
- Livermore, G., Stapleton, D. C., & O'Toole, M. (2011). Health care costs are a key driver of growth in federal and state assistance to working-age people with disabilities. *Health Affairs*, 30, 1664–1672.
- MacDonald-Wilson, K. L., Rogers, E. S., Ellison, M. L., & Lyass, A. (2003). A study of the Social Security work incentives and their relation to perceived barriers to work among persons with psychiatric disability. *Rehabilitation Psychology*, 48, 301–309.
- McAlpine, D. D., & Warner, L. (2000). *Barriers to employment among persons with mental illness: A review of the literature*. New Brunswick: Center for Research on the Organization and Financing of Care for the Severely Mentally Ill Institute for Health, Health Care Policy and Aging Research Rutgers, The State University.
- McQuilken, M., Zahniser, J. H., Novak, J., Starks, R. D., Olmos, A., & Bond, G. R. (2003). The work project survey: Consumer perspectives on work. *Journal of Vocational Rehabilitation*, 18, 59–68.
- Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Alberta: Mental Health Commission of Canada.
- Michalopoulos, C., Wittenburg, D., Israel, D. A., & Warren, A. (2012). The effects of health care benefits on health care use and

- health: A randomized trial for disability insurance beneficiaries. *Medical Care*, 50, 764–771.
- Mueser, K. T., Becker, D. R., Torrey, W. C., Xie, H., Bond, G. R., Drake, R. E., et al. (1997). Work and nonvocational domains of functioning in persons with severe mental illness: a longitudinal analysis. *Journal of Nervous and Mental Disease*, 185, 419–426.
- Mueser, K. T., Campbell, K., & Drake, R. E. (2011). The effectiveness of supported employment in people with dual disorders. *Journal of Dual Disorders*, 7, 90–102.
- Mueser, K. T., Salyers, M. P., & Mueser, P. R. (2001). A prospective analysis of work in schizophrenia. *Schizophrenia Bulletin*, 27, 281–296.
- Nazarov, Z., Golden, T., & von Schrader, S. (2012). Prevocational services and supported employment wages. *Journal of Vocational Rehabilitation*, 37, 119–129.
- Norman, R. M., Mallal, A. K., Manchanda, R., Windell, D., Harricharan, R., Takhar, J., et al. (2007). Does treatment delay predict occupational functioning in first-episode psychosis? *Schizophrenia Research*, 91, 259–262.
- O'Day, B. L., & Killeen, M. (2002). Does U.S. federal disability policy support employment and recovery for people with psychiatric disabilities? *Behavioral Sciences and the Law*, 20, 559–583.
- Pandiani, J., & Leno, S. (2012). *Employment of CRT clients: Third quarters (Jan–Mar) of FY2000–FY2012*. Waterbury: Vermont Agency of Human Services.
- Perkins, D. V., Born, D. L., Raines, J. A., & Galka, S. W. (2005). Program evaluation from an ecological perspective: Supported employment services for persons with serious psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 28, 217–224.
- Perkins, R., & Rinaldi, M. (2002). Unemployment rates among patients with long-term mental health problems: a decade of rising unemployment. *Psychiatric Bulletin*, 26, 295–298.
- Ramsay, C. E., Broussard, B., Goulding, S. M., Cristofaro, S., Hall, D., Kaslow, N. J., et al. (2011). Life and treatment goals of individuals hospitalized for first-episode nonaffective psychosis. *Psychiatry Research*, 189, 344–348.
- Rapp, C. A., Goscha, R. J., & Carlson, L. S. (2010). Evidence-based practice implementation in Kansas. *Community Mental Health Journal*, 46, 461–465.
- Rinaldi, M., Killackey, E., Smith, J., Shepherd, G., Singh, S., & Craig, T. (2010). First episode psychosis and employment: a review. *International Review of Psychiatry*, 22, 148–162.
- Rogers, E. S., Sciarappa, K., MacDonald-Wilson, K., & Danley, K. (1995). A benefit-cost analysis of a supported employment model for persons with psychiatric disabilities. *Evaluation and Program Planning*, 18, 105–115.
- Rogers, E. S., Walsh, D., Masotta, L., & Danley, K. (1991). *Massachusetts survey of client preferences for community support services: final report*. Boston: Center for Psychiatric Rehabilitation.
- Rosenheck, R. A., Leslie, D., Keefe, R., McEvoy, J., Swartz, M., Perkins, D., et al. (2006). Barriers to employment for people with schizophrenia. *American Journal of Psychiatry*, 163, 411–417.
- Salize, H. J., McCabe, R., Bullenkamp, J., Hansson, L., Lauber, C., Martinez-Leal, R., et al. (2009). Cost of treatment of schizophrenia in six European countries. *Schizophrenia Research*, 111, 70–77.
- Salkever, D. S. (2011). *Toward a social cost-effectiveness analysis of programs to expand supported employment services: an interpretive review of the literature*. Rockville: Westat.
- Salkever, D. S., Karakus, M. C., Slade, E. P., Harding, C. M., Hough, R. L., Rosenheck, R. A., et al. (2007). Measures and predictors of community-based employment and earnings of persons with schizophrenia in a multisite study. *Psychiatric Services*, 58, 315–324.
- Salyers, M. P., Becker, D. R., Drake, R. E., Torrey, W. C., & Wyzik, P. F. (2004). Ten-year follow-up of clients in a supported employment program. *Psychiatric Services*, 55, 302–308.
- SAMHSA. (2009). <http://www.samhsa.gov/dataoutcomes/urs/urs2009.aspx>. Accessed 17 January 2011.
- Schneider, J., Boyce, M., Johnson, R., Secker, J., Slade, J., Grove, B., et al. (2009). Impact of supported employment on service costs and income of people with mental health needs. *Journal of Mental Health*, 18, 533–542.
- Stapleton, D., O'Day, B., Livermore, G., & Imparato, A. (2006). Dismantling the poverty trap: disability policy for the 21st century. *Milbank Quarterly*, 84, 701–732.
- Strickler, D. C., Whitley, R., Becker, D. R., & Drake, R. E. (2009). First person accounts of long-term employment activity among people with dual diagnosis. *Psychiatric Rehabilitation Journal*, 32, 261–268.
- Turner, N., O'Mahony, P., Hill, M., Clarke, M., Larkin, C., Waddington, J., et al. (2012). *Employment outcome over 12 years in a first episode psychosis cohort*. Paper presented at the International Early Psychosis Association, San Francisco.
- Twamley, E. W., Jeste, D. V., & Lehman, A. F. (2003). Vocational rehabilitation in schizophrenia and other psychotic disorders: a literature review and meta-analysis of randomized controlled trials. *Journal of Nervous and Mental Disease*, 191, 515–523.
- Twamley, E. W., Vella, L., Burton, C. Z., Becker, D. R., Bell, M. D., & Jeste, D. V. (2012). The efficacy of supported employment for middle-aged and older people with schizophrenia. *Schizophrenia Research*, 135, 100–104.
- Watkins, K. E., Pincus, H. A., Paddock, S., Smith, B., Woodroffe, A., Farmer, C., et al. (2011). Care for veterans with mental and substance use disorders: good performance, but room to improve on many measures. *Health Affairs*, 30, 2194–2203.
- Woltmann, E. (2009). *Development and evaluation of a consumer-directed decision support system to support shared decision making in community mental health*. Dartmouth: Unpublished dissertation.
- World Health Organization. (2001). *World Health Report*. (2001). *Mental health: New understanding, new hope*. Geneva: World Health Organization.
- Wu, E. Q., Birnbaum, H. G., Shi, L., Ball, D. E., Kessler, R. C., Moulis, M., et al. (2005). The economic burden of schizophrenia in the United States in 2002. *Journal of Clinical Psychiatry*, 66, 1122–1129.