

NCCSD Research Brief

Career Development for College Students with Mental Health Disabilities

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Abstract

This research brief will examine research-based practices and current promising practices in providing support and training for college students with mental health disabilities to seek and gain employment and careers. It examines both peer-reviewed research literature and program and best practices found in “grey literature” to outline the scope of the challenge and current attempts to improve employment outcomes for college students with mental health disabilities. While the percentage of college students with mental health disabilities attending and graduating from college has increased, securing and retaining employment continue to be a significant challenge. Promising practices to support employment implemented by some colleges include providing support through professional development and career services and counseling, helping individuals identify the right work environment for their needs, developing plans to help students as they transition away from the support of the college, and helping students understand and prepare for whether and how they should disclose their disability to their employer. This brief concludes with a set of research recommendations to study (1) student perceptions of their careers and the barriers they perceive to those careers, (2) how career services and disability services offices can position themselves as departments that understand, recognize, and support the unique needs of students with psychiatric disabilities preparing for careers, and (3) research and evaluation on programs designed to support students with mental health disabilities as they prepare to transition from college to employment. (Contains 2 figures and 1 table)

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Introduction

This research brief will examine research-based practices and current promising practices in providing support and training for college students with mental health disabilities to seek and gain employment and careers. There is research looking at students with disabilities broadly, but much less research has focused on the needs of this particular population of students. Some have categorized our knowledge of the supports needed for students with mental health disabilities as “pre-scientific” (Ellison, Rogers, & Costa, 2013) indicating the need to rely on program and policy writings because of the dearth of peer-reviewed literature. Consequently, we examine both peer-reviewed research literature and program and best practices found in “grey literature¹.” The paper is divided into sections on the scope of the challenge and current attempts to improve employment outcomes for college students with mental health disabilities. Given the dearth of peer-reviewed literature, this summary also aims to generate an agenda for future research and program support.

Scope of the Challenge

More students with mental health disabilities are attending college, setting a foundation for an independent, productive life. Although the supports for these students are often not enough (National Council on Disability, 2017), more students are graduating and attempting to join the workforce.

The percentage of students seeking support for mental health disabilities, including those of a severe degree (Reetz, Bershad, LeViness, & Whitlock, 2016), while attending institutions of higher education has increased even within the last three years (Gallagher, 2014.). For example, in a 2017 survey of students by the American College Health Association, 51.7 percent of students surveyed reported feeling that things were hopeless, and 39.3 percent reported feeling so depressed that it was difficult to function during the past 12 months (American College Health Association, 2017).

For individuals with mental health disabilities, securing and retaining employment continue to be a significant challenge (Henry & Lucca, 2004). Although the majority of individuals with mental health disabilities desire to work, research has noted a number of “internal, external, and systemic barriers” that may interfere with successful employment outcomes (Lloyd & Waghorn, 2007, p. 51). Persons with disabilities have lower employment rates than persons without disabilities (Frank, 1991; Neel, 1988; Newman et al., 2011; U.S. Department of Labor, 2018; Vander Stoep et al., 2000; Waghorn, Chant, & Harris, 2009). According to the U.S. Department of Labor (2018), persons 16 years or older with disabilities have lower employment rates (18.7 percent) than persons without disabilities (65.7 percent). The gap in employment percentages between those with and without disabilities (Table 1) was 48 percentage points for those with a bachelor's or higher degree, for those between the ages of 25-64.

Further, for people with disabilities that do work, they earn \$.63 for every dollar their nondisabled colleagues earn (Yin, Shaewita, & Megra, 2014).

While employment rates are lower for people with disabilities, adults with mental illness want to work (McQuilken et al., 2003) and approximately six out of 10 can succeed with appropriate supports (Marshall, et al., 2014). Work has

¹ Though not scholarly, grey literature is produced by researchers and practitioners. It is often produced more quickly, has greater flexibility, and provides more detailed explanations of programs and their implementation.

Table 1: Employment percentage of 25- to 64-year-olds with and without disabilities, by educational attainment.
(Description of Table 1 available in Appendix A.)

	People with Disabilities (Percent Employed)	People without Disabilities (Percent Employed)	Difference in Percent
Total, 25 years and over	19.8	71.0	51.2
Less than a high school diploma	9.9	57.0	47.1
High school graduates, no college	16.7	65.9	49.2
Some college or associate's degree	24.3	72.3	48.0
Bachelor's degree or higher	29.4	77.3	47.9

positive benefits for both individuals and society as a whole. People with mental illness are the largest and fastest growing group of Supplemental Security Income (SSI)² and Social Security Disability Income (SSDI)³ beneficiaries (NAMI, 2014). The research clearly shows that work helps people with mental health disabilities recover. Work provides structure, a sense of meaning and purpose, and social interaction. Work gives people a chance to stretch in a way that increases confidence, decreases generalized anxiety, and brings a sense of fulfillment to life. According to the World Health Organization (2000), "Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social recognition, most mental health professionals agree that the workplace environment can have a significant impact on an individual's mental well-being" (p. 5). The National Alliance on Mental Illness (as cited in World Health Organization, 2000) writes that "Work is at the very core of contemporary life for most people, providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life" (p.5).

Barriers to employment and careers

Although the majority of students with mental health disabilities would like to work, research notes a number of barriers that obstruct their employment opportunities.

The absence of a coordinated system of service delivery presents significant challenges for youth and young adults with mental health needs as they age out of youth services (U.S. Department of Labor, 2009). This includes the complexity of the current work incentive system in which there may be financial penalties for working as youth may lose disability benefits (Cook, 2006; National Council on Disability, 2017; World Health Organization, 2000) as well as

² Supplemental Security Income (SSI) is a means tested income assistance program. To qualify, non-elderly adults must have little or no income or work history and be deemed unable to engage in substantial gainful activity because of a physical or mental impairment. SSI recipients are eligible for Medicaid to finance health and mental health care.

³ Social Security Disability Income (SSDI) provides a social insurance cash benefit to disabled adults who have worked 10 quarters or more in which they have contributed Social Security earnings deductions. SSDI beneficiaries who receive benefits for at least two years qualify for health benefits through Medicare.

potential loss of health benefits as health care access is linked to disability beneficiary status (Cook, 2006; World Health Organization, 2000). Government programs often have strict requirements to receive benefits, and students with mental health disabilities may have a financial disincentive to work because they would lose those benefits.

Beyond these systemic issues, students with mental health disabilities also must deal with inadequate work opportunities (Cook, 2006; World Health Organization, 2000), stigma and discrimination (Cook, 2006; World Health Organization, 2000), and concerns related to disability disclosure to employers. Stigma is an attitude that marginalizes and ostracizes someone and can be actualized in the workforce by (potential) employers who may believe that employees with mental health disabilities tend to be second-rate workers, cannot tolerate job stress, and/or are unpredictable, violent, and dangerous. This impacts an individual's ability to gain employment—even job experiences like internships—and decreases an individual's decision to disclose a disability to an employer.

Current Programs and Promising Practices

College is a unique developmental and educational context for students. It is the one time when work, leisure, social networks and professional supports are located within one inter-connected context (National Council on Disability, 2017). For many students, and particularly for students who suffer from mental illness, “the transition from college to adult life is the most drastic one they have ever experienced. They often have to figure out how to exist outside of the communities that education has provided for them since kindergarten (Kitchener, 2017).” The development of serious mental illnesses presents one of the major challenges for youth transitioning into adulthood, especially as they try to access systems of adult health care and social services. How might colleges be able to support students to successfully navigate this transition, even as they struggle with the resources to meet students' mental health needs?

“College . . . is the one time when work, leisure, social networks, and professional supports are located within one inter-connected context.”

Unfortunately, there is limited research and literature on practice which attempts to address the services and supports that show evidence of supporting career development for young people with mental health conditions. Current literature does focus on providing students with work experiences while in college, providing support through professional development and career services and counseling, helping individuals identify the right work environment for their needs, developing plans to help students as they transition away from the support of the college, and helping students understand and prepare for whether and how they should disclose their disability to their employer.

General work preparation

Work based learning and career-based preparation are key processes for all students, but particularly for students with mental health disabilities. Significant numbers of college students with disabilities have little or no meaningful work experience. In addition to putting them at a disadvantage, having no work experience also impacts their ability to recognize the influence of their disability on the career decision-making process (Luzzo, Hitchings, & Howland, 1995, cited in Briel & Getzel, 2001). While students may understand the accommodations they need to be successful in school, they may not understand how their disabilities could affect them on the job. Youth with disabilities need to

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 (National Collaborative on Workforce and Disability for Youth, 2016).

Work preparation activities include internships, cooperative work experiences, field-based placements, externships, job shadowing, on-campus employment opportunities (including work study), and other campus-based



experiences designed to prepare students for work. These opportunities offer people with mental health disabilities an equal chance to (1) gain work experience and skills in line with their career goals, (2) connect with others in the field (NAMI, 2014), (3) increase their confidence to select appropriate careers (Enright, 1996), (4) display their skills in a work environment (Briel & Getzel, 2001), and (5) identify the possible services and supports that will maximize their opportunities for employment success (Getzel & Kregel, 1996). Further, some youth with mental health needs may feel their employment choices are limited, and job preparation opportunities can also provide them with connections to successfully employed peers and role models with mental health needs and knowledge of effective methods of stress management to cope with the pressures of the workplace (National Collaborative on Workforce and Disability for Youth, 2016).

Professional development and disability courses

One example of a promising approach to supporting the transition from college to careers is the Bridging the Gap from College to Careers course. Paul Hippolitus, director of UC Berkeley's Disabled Students Program, came up with the idea for the class after observing that many high achieving disabled students became nervous at the idea of entering the workplace. This course offers both personal and professional development in combination with ongoing peer support and employer buy-in is resulting in promising employment results. The goal of the course is to raise expectations and confront the lack of knowledge about what it takes to succeed in the world of work and help students navigate potential stigma and discrimination from employers.

The course focuses on helping students break through a lack of self-confidence; the class provides them the career and professional development skills they need to find and secure employment. The course is not catered to students with any specific disability, instead it focuses on the idea that disability is an asset—that people with disabilities have different life experiences that often require them to develop skills at a higher order or to deal with situations that others do not have to deal with. It helps students recognize how their disability has helped them develop skills such as time management and problem solving, or even supervision, if they have hired people to help support them. It also includes internships, peer and career mentoring, and placement assistance.

An evaluation of the course was based on 154 students who took one of the four course offerings by three universities. Student perspectives changed significantly. For example, only 32 percent of students agreed or strongly agreed that “My disability can be an asset in my career” before the course; 91 percent agreed or strongly agreed after the course (Pineda, nd). Among other changes, students also reported that the course helped them to develop a career plan (11 percent before to 52 percent after), understand workplace values, cultures and practices (35 to 76 percent), feel more comfortable during job interviews (20 to 86 percent), have a better understanding of what an employer is really looking for in a potential job candidate (33 to 94 percent), and understand an employer’s fears about hiring a person with a disability and be prepared to respond effectively (66 to 95 percent) (Pineda, nd). Initial student outcomes reflect increased confidence, expanded work experiences (i.e., internships, apprenticeships), and meaningful employment. Sixty-seven percent of the 54 students who graduated and looked for employment found it (Bridging the Gap from College to Career, nd).

Career services and counseling

College students with disabilities, like all college students, need advice for preparing for careers. However, students with disabilities may face unique issues arising from their disability. Enright, Conyers, and Szymanski (1996) argue that no one career development theory is completely applicable, but that career counselors need to provide guidance that helps students help themselves to manage their own career development. Further, counselors need to understand that no two individuals react in the same way because each individual has unique circumstances.

In addition, career indecision and mental health issues are often entangled (Hinkelman & Luzzo, 2007; Lenz, Peterson, Reardon, & Saunders, 2010; Zunker, 2008), yet little has been written about the combined effect of mental health and career development of college students. These studies do not propose a causal relationship, as depression or anxiety may lead to career indecision, or career indecision could lead to mental health issues of depression and anxiety. At present, career counselors are advised to treat students’ career and mental health issues holistically (Zunker, 2008). Walker and Peterson (2012) argue that it is important for career counselors to assess possible mental health issues that might interfere with career preparation. They compared student scores on career indecision and depression questionnaires and found that measures of career thoughts and career indecision were correlated with measures of depression.

Fit with the work environment

Another line of research into promising practices seeks to identify job characteristics and workplace policies conducive to the job success for individuals with specific mental health disabilities and to examine the interactions between employers and employees regarding requested workplace accommodations in order to identify those workplace accommodations that improve the productivity and well-being of individuals with mental health disabilities. The Person Environment Occupation Model, described by Law et al. (1996), suggests a way of determining the fit between the person, the environment, and the occupation. In this model, disability is associated with a minimum or poor “person-environment fit” rather than a singular focus on the impairment of the person.

For example, Tremblay (2011) reports survey results from people with bipolar disorder, who were asked what aspects of their workplaces made them successful. The workers identified the following factors: the ability to take frequent breaks; being able to drink water and other substances at their work stations; having soundproofing, distance or

earplugs to screen out noise; schedule flexibility, including freedom to telecommute; control over their appointment scheduling and workflow; occasional leaves of absence; and being allowed to take notes at meetings and training sessions.

Internships

Students with mental health disabilities who engage in internships gain work experience, develop an employment history, connect with others in the field, and gain a low-risk opportunity to explore the fit between their aspirations and workplace expectations. The Emerging Leaders Internship Program for College Students with Disabilities, coordinated by the National Business & Disability Council (NBDC, nd), places college students with disabilities in internships that also provide them with meaningful leadership development and networking opportunities. Students in internship programs need to be supported to ensure that they are successful in the internship, such as through a professional development course.

Post-graduation support plans

Students often experience loss of health care as they transition from college to employment. For students with mental health disabilities this can take the form of needing to find new mental health therapists and having the insurance to be able to afford them.

Caroline Kitchener (2017) wrote an article for *Atlantic Monthly* titled “The Post-College Therapy Void” in which she discusses challenges that students face post-graduation as well as describing some programs addressing those barriers. She notes that “school counselors could work with graduating seniors to find therapists in their new cities, develop plans for how to pay for treatment, and advise them on managing the stress that comes with leaving college.” Many colleges already help students transition from one mental-health-care provider to another. Typically, colleges only provide a limited number of counseling sessions for current students, but many work with the student to help identify and connect with community-based providers and also how to pay for that care. Colleges can extend this service to working with graduating seniors (Kitchener, 2017). Colleges can also offer workshops on the post-graduation transition.

“ Before he arrived at Wichita State University, Steve Paniagua had never seen a therapist. He’d struggled with depression and suicidal tendencies for years, but his family could never afford treatment. As soon as he got to the Kansas school, Paniagua called the school’s counseling center. He learned that he could meet with a licensed therapist as often as he needed to, free of charge.

“For two years, I would go maybe once a week to the counseling center,” Paniagua said.

“It was that extra support that I needed. If something bad happened, I always knew I could go there and be a little bit safer than I was before.”

Paniagua graduated last month. He has no job and no health insurance . . .

When I asked Paniagua where he’d go if he needed mental-health care after graduation, he said he’d most likely return to WSU’s counseling center.

“If I really needed help, I think I’d enroll in one of the half-semester classes at Wichita State,” he said. “I feel like that would cost as much as a couple sessions of counseling.”

(Kitchener, 2017, np)

Finally, Kitchener notes that a few universities have begun to offer students insurance plans that extend a few months beyond graduation, which can support the transition to new health providers.

Disclosure

When and if a student should disclose information about mental health is seen as a key barrier to employment for young adults with mental health disabilities (World Health Organization, 2000). The U.S. Department of Labor emphasizes that both the decision to disclose and the appropriate timing of disclosure are up to the candidate (National Collaborative on Workforce and Disability for Youth 2009; U.S. Department of Labor, nd). Yet, little research has been conducted on when, if, or how disclosing information impacts employment.

“ . . . only one fourth of employees with an anxiety disorder disclosed it to their employer.”

Although not specifically focused on early graduates, the Anxiety Disorders Association of America (ADAA) 2006 Stress & Anxiety Disorders Survey found that only one fourth of employees with an anxiety disorder disclosed it to their employer. Survey respondents' reasons could be traced back to the stigma around mental health disorders: 38 percent said they were worried their bosses would think it was an excuse to get out of work, while 34 percent said they thought it would negatively influence promotion opportunities. Employees did not disclose a disability even though it negatively affected their work: about half of the respondents diagnosed with an anxiety disorder said it interfered with their relationships with coworkers, whether it caused them to avoid social situations or stay quiet in meetings.

McGahey, Waghorn, Lloyd, Morrissey, & Williams (2016) posit that high levels of unemployment may result from poor choices in disclosing personal information, such as a mental illness diagnosis, in the workplace. Although not directly examining current college students, they followed 40 unemployed mental health service users (mean age 23.9 years) in Australia, who were also attending employment services, who planned to or did not plan to disclose personal information. Those who planned to disclose personal information were provided assistance in how to do so. Six weeks later, those who completed a plan to manage their personal information had 4.9 times greater odds of employment than those who preferred not to disclose any personal information.

Supported Programs

There has been much more research conducted on specific programs preparing people with severe and persistent mental illness (SPMI) for employment (Burke-Miller, Razzano, Grey, Byler, & Cook, 2012), likely because it has been easier for researchers to access these programs. Integrating supported postsecondary education and supported employment for individuals with mental illness is promising. Research on integrating supported employment with supported postsecondary education has demonstrated that students who completed the program were able to successfully maintain their job within one year with an earning mean wage above minimal wage (Nandlal et al., 2009; Rudnick & Gover, 2009; Rudnick et al., 2013). This section briefly touches upon those programs.

Individual Placement and Support (IPS)

According to NAMI (2014), “Individual Placement and Support (IPS) is a supported employment model designed to help individuals with mental illness find jobs in the competitive marketplace. IPS tailors employment services to match the person’s needs, talents and preferences. IPS programs prioritize rapid job search and placement, yet are available as long as program participants need support. The model calls for employment services to be integrated into the individual’s overall mental health treatment plan with an employment specialist working as a member of the treatment team” (p. 7).

Marshall et al., (2014) found that IPS improves work outcomes for individuals with mental illness, finding that competitive employment rates for individuals participating in IPS programs were higher for those in the program (almost 60 percent compared to 24 percent) and remained employed in the competitive marketplace longer. Bond, Drake, & Becker (2008) reviewed multiple randomized trial studies of IPS for clients with severe mental illness found that clients had significantly higher employment than those receiving vocational services.

Schindler and Sauerwald (2013) examined the Bridge Program, a postsecondary occupational therapy-based program that combines supported education and supported employment. The program includes mentoring, career and

Figure 1. Practice Principles of IPS Supported Employment

1. **Focus on Competitive Employment:** Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
2. **Eligibility Based on Client Choice:** People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. **Integration of Rehabilitation and Mental Health Services:** IPS programs are closely integrated with mental health treatment teams.
4. **Attention to Worker Preferences:** Services are based on each person’s preferences and choices, rather than providers’ judgments.
5. **Personalized Benefits Counseling:** Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
6. **Rapid Job Search:** IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.
7. **Systematic Job Development:** Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
8. **Time-Unlimited and Individualized Support:** Job supports are individualized and continue for as long as each worker wants and needs the support.

From the Individual Placement and Support (IPS) Supported Employment Toolkit (2017) available at [https://iebh.eku.edu/sites/iebh.eku.edu/files/files/IPS%20Toolkit%20\(002\).pdf](https://iebh.eku.edu/sites/iebh.eku.edu/files/files/IPS%20Toolkit%20(002).pdf)

educational goal setting, weekly presentations on academic and vocational topics, and support to mentors and for students from a university based occupational therapy program. They found that the number of participants employed at the end of the program increased significantly.

Figure 2. Principles of Assertive Community Treatment (ACT)

ACT is provided outside of a hospital or rehabilitation center, using multidisciplinary care in the person's home or community, with support available 24/7. The goal for ACT is to eliminate or reduce symptoms of mental illness while enhancing quality of life by teaching life skills and the mental illness at the same time.

- **Multidisciplinary professionals as the primary providers of care.** ACT is provided by specialists who are highly trained and well-versed in all areas of treatment including substance abuse, mental health, and vocational skills.
- **Out-of-office treatment.** Treatment occurs in the individual's home or a local community setting.
- **Individualized treatment.** Each person is unique in their illness and/or addiction. ACT tailors treatment to each individual.
- **Long-term services.** A person seeking treatment can do so anytime, and staff members will be available and understand that recovery is a lifelong commitment.
- **Vocational expectations.** Staff who are qualified in teaching vocational and life skills help with job placement and employment opportunities.
- **Psychoeducational services.** Individuals are taught about their illness and work with providers on ways to cope with the difficulties of severe mental disorders.
- **Family support.** Providers educate families about the individual's illness and offer support services as needed.
- **Community integration.** Because many people with significant mental illnesses are socially isolated or have trouble communicating, professionals work with individuals to help them feel more comfortable in the community.

Adapted from "What is Assertive Community Treatment?" at <https://www.dualdiagnosis.org/co-occurring-disorders-treatment/assertive-community-treatment/>

Assertive Community Treatment (ACT)

NAMI (2014) describes Assertive Community Treatment (ACT) programs that include supported employment as part of their services as a key partnership. ACT, an evidence-based program designed for people living with serious mental illness, provides comprehensive mental health services. ACT incorporates employment services directly into the treatment team and planning rather than referring individuals to outside organizations. SAMSHA (2008) presents a review of studies of ACT programs that, collectively, indicate comprehensive community based psychiatric care for persons with severe mental illness is effective in reducing hospitalization and increasing employment.

Recommendations for Research

This review of existing research and best practices suggests a number of areas for further exploration. Future research is needed on student perceptions of their careers and the barriers they perceive to help inform service workers to

understand the specific needs of these students. Research to highlight the importance of career paths for young people with mental health disabilities could address questions such as:

- What is the **impact of mental health disability on individual's career aspirations and perceptions?**

Further, it is necessary to understand how career services and disability services offices can position themselves as departments that understand, recognize, and support the unique needs of students with psychiatric disabilities preparing for careers. This research can include research and evaluation of specific transition service programs for secondary students with mental health disabilities, and address research questions such as:

- How might colleges **connect students to supports in the community** following graduation?
- How might colleges **support students in understanding disclosure?** Are there differences in employment opportunities for students who have been trained to understand how to disclose their information?
- Do students who undertake **job preparation activities** such as internships feel more prepared for the workforce? Are these students more successful when compared to similar students without that experience? What are the key elements of such programs?
- **Are certain job preparation programs or activities (internships, etc.) more useful than others?**
- Can colleges add **additional support to job development opportunities** that include working with students to **understand workplace accommodations?** To what extent are these students more likely to receive proper accommodations in the workforce? Are these students more successful?
- **What advice and support do graduates believe would have been most helpful?**
- **Are professional development courses effective?** What are the key elements of such courses?

Finally, research and evaluation are needed for any programs designed to support students with mental health disabilities as they prepare to transition from college to employment. This should also include dissemination as there is an additional need to publicize efforts and best practices within this area.

- To what extent does the development of **post-graduation support plans** support recent graduates? What are the specific elements that are needed, and what are the best ways to support their development?



Conclusions

The academic and personal concerns of college students with mental health disabilities often develop into concerns relating to career development and employment after graduation. Considering the increase of college students with psychiatric disabilities entering higher education will continue and, given the general lack of research in this field, it is even more important for career services and disability services professionals to have information about the career aspirations, career development, and employment preparation needs of students within this population.

It is worth noting that the lack of research is tied to a lack of programs that are explicitly addressing this issue. Colleges and universities are struggling to provide adequate services to support students' move toward graduation (National Council on Disability, 2017). Often attempts to provide employment support for graduating students are informal. This is certainly an area where government (e.g., Department of Rehabilitation, Department of Labor, Department of Education) and philanthropy can fill deep gaps.

Based upon this review of research, a number of gaps in services and supports stand out. Students with mental health disabilities need:

- **Work experience to increase their knowledge, confidence, and ability to excel in work environments;**
- **Concurrent support from disability and/or career counseling staff around issues of fit, disclosure, and identification of the possible services and supports that will maximize their opportunities for employment success; and**
- **Post-graduation plans to support their transition, including identifying and connecting with community-based providers and how to pay for that care.**

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Appendix A: Description of Table 1 (Page 5)

Title of the table is “Employment percentage of 25- to 64-year olds with and without disabilities, by educational attainment.” The table has three data columns: People with Disabilities (Percent Employed); “People without Disabilities” (Percent Employed); and “Difference in Percent.” The last column indicates the difference in the percent of people with and without disabilities who are employed.

Each row is for a different level of educational attainment, and there are five rows total. The percentages for each row are:

- Total, 25 and over: 19.8% of people with disabilities, 71.0% of people without disabilities, and a 51.2% difference.
- Less than a high school diploma: 9.9% of people with disabilities, 57.0% of people without disabilities, and a 47.1% difference.
- High school graduates, no college: 16.7% of people with disabilities, 65.9% of people without disabilities, and a 49.2% difference.
- Some college or associate’s degree: 24.3% of people with disabilities, 72.3% of people without disabilities, and a 48.0% difference.
- Bachelor’s degree of higher: 29.4% of people with disabilities, 77.3% of people without disabilities, and a 47.9% difference.