Characteristics of Enrollees in the Supported Employment Demonstration

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Objective: The Supported Employment Demonstration (SED), a multiyear (2016–2022), randomized controlled trial funded by the Social Security Administration, recruited a nontraditional sample of benefits applicants with self-reported or documented mental health conditions who were denied disability benefits and who expressed a desire for employment. This study describes the characteristics of the SED sample at baseline.

Methods: The authors analyzed baseline data from the 2,960 eligible enrollees, including responses to the Composite International Diagnostic Interview, the 12-item Short-Form Health Survey (SF-12), and the Work Disability Functional Assessment Battery (WD-FAB).

Results: A majority of SED enrollees self-identified as female (57%), White (56%), and non-Hispanic (87%). Many were 35 years or older (58%), reported at least a high school education (81%), lived with relatives (69%), had never married (55%), were unemployed (81%), and were poor. Median monthly household income was $1,200. Anxiety disorders (71%), personality disorders (65%), and mood disorders (61%) were prevalent. Enrollees reported a mean±SD of 2.5±1.3 mental health conditions and 3.5±2.1 general medical conditions. Health-related quality of life was low, relative to national norms: mean scores for the sample were 32.6±12.5 on the SF-12 mental component summary and 38.3±13.0 on the physical component summary. Mean scores on the WD-FAB subdomains were more than a SD below norms.

Conclusions: At baseline, the SED sample had multiple mental health and general medical conditions, low quality of life, and low functional ability. Despite these challenges, the ongoing SED intervention seeks to build on enrollees' expressed desire for employment.

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The Social Security Administration (SSA) funds two disability benefits programs. Social Security Disability Insurance (SSDI) is an insurance program for disabled workers who accumulated a sufficient number of work credits. Supplemental Security Income (SSI) is a means-tested program for disabled, low-income individuals who have never worked or have not accumulated enough work credits to qualify for SSDI. In December 2018, almost 12.5 million adults between the ages of 18 and 64 received SSDI, SSI, or both. Nearly 30% of those in the SSDI program and about 28% of those in the SSI program were awarded benefits based on a mental impairment (1, 2). Self-report data from the 2015 National Beneficiary Survey agreed with administrative records: large proportions of beneficiaries in both programs reported mental health impairments (3). Although 65% of initial disability applicants are denied (4), many denied applicants alleging mental impairment, particularly those of lower socioeconomic status, subsequently reapply and receive approval for benefits (5).

SSA has funded several demonstration programs with the goal of increasing employment among beneficiaries and enabling some beneficiaries to leave the disability rolls. To date, these demonstrations have often increased employment without resulting in participants' leaving disability programs (6–9). Noting that these previous interventions relied heavily on populations already receiving disability benefits, SSA posited that earlier intervention in the

HIGHLIGHTS

- At baseline, the typical Supported Employment Demonstration (SED) enrollee lived in a low-income household and reported multiple mental health and general medical conditions that notably diminished health-related quality of life.

- SED enrollees reported a high prevalence of anxiety disorders (71%), personality disorders (65%), and mood disorders (61%) at enrollment.

- Work-related functioning, as assessed by the Work Disability Functional Assessment Battery subscales, was notably low, relative to population norms, in the areas assessing control of mood and emotions, upper-body functioning, and ability to drive a car.

disability process might achieve greater success. In 2016, SSA contracted with Westat to conduct the Supported Employment Demonstration (SED) and examine whether offering employment, health care, and other supports to disability applicants who had been initially denied could enhance employment and reduce future dependency on benefits.

The SED is a randomized controlled trial in which participants in the experimental group receive a multicomponent intervention aimed at increasing employment. The study provides supported employment services integrated with medical treatment and other supports, including help obtaining health insurance, reimbursement for out-of-pocket health care, and payments for other expenses, to enrollees over a 3-year period of individual participation. The primary question that SSA seeks to answer with the SED is whether offering individual placement and support (IPS) employment services (10) that are fully integrated with clinical and other services will foster employment and, consequently, lead to clinical improvement and reduced demand for disability benefits.

The goal of this analysis was to describe the characteristics of SED enrollees (N=2,960), including their demographic characteristics, work history, diagnoses, health status, medical conditions, health behaviors, and mental and physical functional impairments. Analyses included comparisons of functional assessments by employment status at enrollment.

METHODS

We analyzed data from the SED baseline survey data and employed descriptive statistics to characterize the SED sample.

Design

Riley et al. (4) provided a summary of the overall study and evaluation design. In brief, the SED evaluation uses a randomized controlled trial design to compare the outcomes of two treatment groups against a control group. Both treatment groups receive employment services following the evidence-based IPS model, as well as behavioral health services and employment-related support. In addition, one treatment group also receives medication management services and liaison with medical providers from a nurse care coordinator. The control group receives a comprehensive resource manual providing resource information for people with mental illness, and individuals in this group may seek services on their own (4).

Setting

The interventions take place at 30 demonstration sites in 20 states across the United States. Twenty-three of the demonstration sites are community mental health centers, five sites are social service agencies that provide services to low-income populations, and two sites are employment agencies (linked with mental health clinics) primarily delivering services to people with disabilities.

The three primary factors in site selection included a state office recommendation that the local site had a good track record of offering IPS services, the necessary infrastructure to continue providing services and a sufficient pool of study-eligible individuals within the geographic area served by the site. Secondary factors included racial-ethnic and geographic diversity among populations served. Each site selected had an extensive history of serving people with mental illness and low-income individuals.

For 29 of the 30 demonstration sites, the Westat Institutional Review Board (IRB) served as the IRB of record and approved the study on June 12, 2017. For the remaining site, the Los Angeles County Department of Mental Health Human Subjects Research Committee approved the study on October 31, 2017. All participants gave written informed consent, and the study followed principles of the Declaration of Helsinki.

Participants

The Westat team used SSA administrative data to identify potential study participants in geographical catchment areas served by sites. Applicants denied disability benefits were eligible for the study if they were not currently receiving disability benefits, had a self-reported or documented mental health impairment, indicated that they wanted to work (or wanted a better job), were not living in a nursing home or other custodial institution, and were able to provide informed consent. Recruitment ended after 15 months with 2,960 eligible enrollees, after 40 enrollees were determined ineligible postenrollment because they were already receiving benefits.

Data Collection

Westat recruiters collected baseline survey data during in-person interviews with all SED enrollees between December 2017 and March 2019. To reduce survey burden on enrollees, Westat staff administered the World Health Organization Composite International Diagnostic Interview (CIDI) in person or by telephone to a subset of enrollees (N=1,842) in a separate interview shortly after the baseline interview, which was administered to all enrollees (N=2,960).

Measures

The baseline data contained several validated measures to assess enrollees' mental and physical health and the influence of health conditions on their functioning. CIDI versions 19 and 21.1.3 (11) assessed the presence of selected mental disorders, including anxiety disorders, personality disorders, mood disorders, indicators (not diagnoses) of psychosis, and eating disorders. The CIDI is a structured, modular interview used by lay interviewers to assess mental health conditions according to definitions and criteria of the *ICD-10* and *DSM-IV* (11). Most of the 1,842 enrollees assessed with the CIDI were administered the CIDI over the telephone; however, some received in-person administration. In this study, we took a conservative approach to determining the likely

TABLE 1. Baseline characteristics of enrollees (N=2,960) in the Supported Employment Demonstration[a]

Characteristic	N	%
Age		
18–34	1,258	43
≥35	1,702	58
Race		
White	1,580	56
African American	885	31
Asian	23	1
Two or more	275	10
Other	60	2
Ethnicity		
Hispanic	370	13
Non-Hispanic	2,558	87
Gender		
Male	1,286	43
Female	1,674	57
Education		
Less than high school	554	19
High school diploma or GED	892	30
Some college or technical school	1,015	34
Associate's degree	207	7
Bachelor's degree or higher	292	10
Marital status		
Never married	1,615	55
Married or living as married	569	19
Separated, divorced, or widowed	767	26
Housing in past 30 days		
Living at one address	2,565	87
Living at more than one address	235	8
Homeless or in a homeless shelter, hotel, motel, or correctional facility	156	5
Living situation in past 30 days		
Alone	373	13
With relatives	2,043	69
With nonrelatives	256	9
Unknown	288	10
Employment history		
Worked in past 2 years	1,884	64
Not worked in past 2 years	981	33
Never worked or don't know	95	3
Employment status		
Currently employed	563	19
Not currently employed	2,397	81
Total household income in past month ($)		
0–1,000	1,229	45
1,001–2,000	734	27
2,001–3,000	353	13
>3,000	408	15

[a] Enrollees' responses to some items were missing; Ns may not sum to 2,960. Percentages exclude the missing, responses and percentages within categories may not sum to 100% because of rounding.

presence of personality disorder by including positive scores for probable personality disorder and excluding positive scores for possible personality disorder.

The 14-item Colorado Symptom Index (CSI) assessed psychiatric symptoms on the basis of self-report. The CSI measures the frequency of selected psychiatric symptoms by using a 5-point Likert scale—1, not at all; 2, once during the month; 3, several times during the month; 4, several times a week; and 5, at least every day. Aggregate scores range from 14 to 70, with higher scores indicating more frequent symptoms (12). Previous research associated a score of 30 with clinically relevant symptoms in a Medicaid population (12). Interviewers administered the CSI in person to all 2,960 enrollees.

Mental composite summary (MCS) scale scores and physical composite summary (PCS) scale scores from the 12-item Short-Form Health Survey (SF-12) assessed mental health– and physical health–related quality of life (13, 14). Higher scale scores indicate better health-related quality of life. For the U.S. adult population, 50 is the normed mean score for both the MCS and the PCS; one standard deviation for each is 10 points. Interviewers administered the SF-12 in person.

Scale scores from the Work Disability Functional Assessment Battery (WD-FAB) assessed work-related functioning (15–19). The WD-FAB, which incorporates the International Classification of Functioning, Disability, and Health conceptual framework, assessed work-related functional limitations in eight subdomains: communication and cognition, resilience and sociability, self-regulation, mood and emotions, basic mobility, upper-body function, upper-extremity fine-motor function, and community mobility (including both driving and riding) (20, 21). Responses to survey items with 5-point scales determine WD-FAB scores. Higher subdomain scores indicate better work-related functioning in the area assessed. The WD-FAB uses computerized adaptive testing methodology, where an item is initially presented from the midrange of a defined list of items and subsequent items are selected at an appropriate level on the basis of the respondent's previous answers. Responses are standardized on a national normative sample. The normed mean scale score for the working-age population in each subdomain is 50; one standard deviation is 10 points.

Analysis

We used descriptive statistics, including proportions, means, and medians, to describe the SED sample. To compare subsamples, we used two-tailed t tests. We set statistical significance at $p<0.05$ and used Bonferroni correction for multiple tests within single instruments.

RESULTS

As shown in Table 1, most SED enrollees self-identified as female (57%), White (56%), and non-Hispanic (87%). Over half (58%) were 35 years or older when they enrolled in the study. Half of enrollees (51%) reported some education beyond high school, although few were college graduates (17%, including those with associates degrees). More than two-thirds (69%) of enrollees lived with relatives, and more than half (55%) had never married. At the time of the baseline interview, slightly less than two-thirds (64%) had been employed in the past 2 years, and nearly one-fifth (19%) were currently employed.

SED enrollees typically lived in low-income households. Nearly three-quarters (72%) reported total household income of $2,000 or less in the 30 days prior to the baseline interview. Median total household income for the 30 days

TABLE 2. Supports reported by enrollees (N=2,960) in the Supported Employment Demonstration[a]

Support	N	%
Health care coverage		
Yes	2,358	80
No	583	20
Supplemental Nutrition Assistance Program benefits		
Currently receiving	1,642	55
Received in past 12 months	2,030	69
Temporary Assistance for Needy Families		
Currently receiving	204	7
Received in past 12 months	309	11
Ever arrested and booked for breaking the law (not counting minor traffic violations)		
Yes	1,577	54
No	1,368	46
N of times in past 12 months arrested and booked for breaking the law (not counting minor traffic violations)		
0	2,546	87
1	286	10
>1	104	4
Convicted in the past 12 months		
For misdemeanors only	157	5
For felonies only	42	1
For both misdemeanors and felonies	20	1

[a] Enrollees' responses to some items were missing; Ns may not sum to 2,960. Percentages exclude the missing, and percentages within categories may not sum to 100% because of rounding.

TABLE 3. Probable mental health conditions in a subset of enrollees (N=1,842) in the Supported Employment Demonstration and Colorado Symptom Index (CSI) scores[a]

Condition	N	%[b]	CSI score[c] M	SD
Anxiety disorder	1,311	71	40.6	10.6
Posttraumatic stress disorder	772	47	41.3	10.4
Obsessive-compulsive disorder	560	31	42.4	10.8
Generalized anxiety disorder	429	30	42.0	10.6
Social phobia	337	18	39.4	9.7
Panic disorder	80	5	40.7	11.1
Agoraphobia	8	<1	34.9	10.0
Agoraphobia with panic attacks	<5	<1	35.3	11.3
Personality disorder[d]	1,191	65	41.7	10.5
Antisocial	832	46	41.6	10.7
Borderline	756	41	43.7	10.2
Cluster A	574	32	44.3	10.0
Cluster C	170	9	44.6	10.1
Mood disorder	1,132	61	41.5	10.4
Major depressive episode	670	36	42.2	10.3
Dysthymia	372	20	40.6	10.6
Manic episode	201	11	40.5	10.4
Minor depressive disorder	<5	<1	37.0	5.7
Brief recurrent depression	0	—	—	
Indicator of psychosis	691	38	43.2	10.4
Hearing voices	447	24	44.0	10.5
Seeing visions	440	24	43.9	10.5
Sensing a plot to harm	311	17	45.5	10.5
Forces trying to communicate with me	180	10	43.7	11.7
Thought inserted by mysterious forces	169	9	43.6	11.0
Mind taken over by mysterious forces	141	8	44.9	11.3
Eating disorder	168	9	43.3	11.1
Bulimia	142	8	44.1	11.1
Anorexia	48	3	41.0	10.8
Binge eating	5	<1	43.6	7.7
Impulse control disorder[e]	58	3	40.7	11.0

[a] Data do not represent diagnosed conditions but rather enrollees who met criteria indicating the possible presence of the condition on the basis of responses to select portions of the World Health Organization Composite International Diagnostic Interview (CIDI).
[b] Enrollees' responses to some items were missing. Percentages exclude the missing responses.
[c] CSI scores are for enrollees who scored positive on the CIDI for the indicated condition. CSI scores range from 14 to 70, with higher scores indicating more frequent psychiatric symptoms. Mean scores are based on those who completed CSI.
[d] Includes respondents who scored positive for probable personality disorder and excludes those who scored positive for possible personality disorder.
[e] Includes intermittent explosive disorder.

prior to the baseline interview was $1,200; mean±SD total household income for the same period was $1,837±$2,753. Among those employed in the past 2 years and who reported wages and hours worked, the mean of estimated hourly wages for the most recent job held was $12.84±$8.30 (N=1,795). The mean number of hours worked per week for the most recent job among those employed in the past 2 years was 33.4±15.5 (N=1,777). Among the subset employed at the baseline interview and who reported wages and hours worked, estimated average hourly wages for the current job were $12.99±$7.60 (N=532), and the average number of hours worked per week was 28.5±14.5 (N=525).

Examination of supports revealed that most enrollees (80%) had health care coverage (Table 2). More than half (55%) indicated that they (or someone in their household) were receiving Supplemental Nutrition Assistance Program benefits at the time of enrollment, and over two-thirds (69%) indicated that they (or someone in their household) had received such benefits in the past 12 months. About 7% of enrollees indicated that they (or someone in their household) were receiving Temporary Assistance for Needy Families at the time of enrollment. Over half of enrollees (54%) indicated that they had been arrested at some time in their life. About 14% of enrollees indicated that they had been arrested (and booked) at least once by law enforcement in the past 12 months.

Table 3 presents a summary of results from scored CIDI responses (N=1,842). Most enrollees scored positive for anxiety disorders (71%), personality disorders (65%), and mood disorders (61%). More than a third (38%) reported at least one symptom of psychosis. Nearly all (91%, N=1,677) of those who completed the CIDI scored positive on at least one CIDI diagnostic module administered. Nine percent of enrollees (N=165) did not score positive on any of the CIDI diagnostic modules administered. There are several reasons why enrollees may not have scored positive for any mental health condition assessed, including respondent denial of symptoms, selected diagnostic modules fielded, and the conservative approach to assessing the likely presence of personality disorder. On average, enrollees who took the CIDI scored positive for 2.5±1.3 mental health conditions.

TABLE 4. Major health conditions reported by enrollees (N=2,960) in the Supported Employment Demonstration

Condition or illness	N	%[a]	% of U.S. population[b]
Back pain	1,872	63	14.2[c]
Obesity (body mass index ≥30)	1,383	47	39.8
Asthma, emphysema, chronic bronchitis, or a lung disease	981	33	19.2[d]
Hypertension[e]	969	33	25.5
Blood disorder	735	25	na
Osteoarthritis or degenerative arthritis	596	20	12.9
Ulcer or stomach disease	585	20	na
Diabetes	466	16	11.0
Thyroid problem	413	14	12.1
Liver disease	270	9	4.1
Rheumatoid arthritis	244	8	3.9
Kidney disease	188	6	2.6[f]
Cancer	170	6	11.1
Stroke	152	5	2.7
Chronic obstructive pulmonary disease	133	4	3.1
Congestive heart failure	87	3	2.5
Coronary heart disease	57	2	3.5
HIV	39	1	na

[a] Enrollees' responses to some items were missing. Percentages exclude the missing.
[b] Data are from 2015–2016 National Health and Nutrition Examination Survey (NHANES) unless otherwise noted. Percentages are of U.S. adults ages 20 and older (na, not available).
[c] NHANES data represent adults who indicated that their back or neck problems cause them to have difficulty or need help with activities. The SED item asks whether the respondent has seen a doctor or health professional because of back pain.
[d] NHANES data do not include "lung disease."
[e] Respondent indicated being told on two or more occasions that he or she had high blood pressure or hypertension.
[f] From the 2013–2014 NHANES data.

Table 3 also includes mean CSI scores for enrollees who scored positive for the condition or symptom assessed. In general, mean scores were at least 40, although the range was from 34.9 for the few cases who scored positive for agoraphobia to 45.5 for those who indicated that they felt that others were plotting to harm them.

In addition to mental illnesses, many enrollees reported multiple severe general medical conditions. The baseline survey probed 18 specific conditions, including obesity (Table 4). Enrollees reported an average of 3.5±2.1 of these conditions (median 3.0). Back pain was the most frequently reported condition (63%), and nearly half (47%) reported heights and weights indicating obesity. Participants also frequently reported lung conditions (33%). Six percent reported cancer. The great majority (91%, N=2,701) reported at least one of the 18 comorbid conditions. The list did not include "other" unspecified conditions that enrollees reported.

Among those who completed the CIDI (N=1,842), nearly all (99%, N=1,824) scored positive for at least one of the mental health conditions assessed, or they reported at least one of the 18 general medical conditions probed. The great majority (84%, N=1,556) scored positive for at least one mental health condition assessed and at least one of the 18 general medical conditions, not including unspecified "other" conditions that

enrollees reported and reflect our conservative approach to assessing the likely presence of a personality disorder.

Mean SF-12 MCS scores (32.6) and PCS scores (38.3) indicated that enrollees' health-related quality of life was low, compared with the general U.S. population (Table 5). Work-related functioning, as assessed by the WD-FAB, was lower than population norms in the areas assessing control of mood and emotions, upper-body functioning, and ability to drive a car.

Assessments of work-related functionality differed significantly by baseline work status (employed at baseline versus unemployed at baseline but worked in the past 2 years) (Table 5). In the behavioral health domain, magnitudes of mean differences in scores were less than 2 points in each subdomain. Two-tailed t tests with Bonferroni correction indicated that the mean difference in the mood and emotions subdomain was statistically significant. In the physical health domain, absolute mean differences were also small. Two-tailed t tests with Bonferroni correction indicated that the mean differences in subdomains of basic mobility and upper-body function were statistically significant. Significantly different SF-12 MCS and PCS scores for the two groups echoed differences in functionality.

DISCUSSION

Most SED enrollees self-identified as female, White, and non-Hispanic. Many were 35 years or older, reported more than a high school education, lived with relatives, had never married, were unemployed, and were poor. Anxiety disorders, personality disorders, and mood disorders were prevalent, and mean CSI scores indicated that self-reported symptoms were clinically relevant. Enrollees reported multiple mental health and general medical conditions, and health-related quality of life, as assessed by the SF-12, was low, compared with national norms. Scores on the WD-FAB subscales were more than a standard deviation below norms in the areas assessing control of mood and emotions, upper-body functioning, and the ability to drive a car.

Compared with the U.S. civilian labor force ages 16 years and older, SED enrollees are somewhat more likely to be female (57% versus 51%), more likely to be African American (31% versus 14%), somewhat less likely to identify as White only (56% versus 60%), and less likely to be Hispanic (13% versus 19%) (22). They were much more likely to report never having married, compared with adults in the general population (55% versus 29%) (23). Enrollees are also much more likely to be poor: in 2018 dollars, the typical household of those in the civilian labor force reported more than four times the median monthly income as that reported by SED enrollees ($5,024 versus $1,200) (22).

In addition to self-reported or documented mental health conditions, many in the sample reported serious physical conditions. Compared with U.S. adults ages 20 and older, SED enrollees were much more likely to report back pain, obesity, lung conditions, and cancer (24). As evidenced by SF-12 and WD-FAB scale scores, the

TABLE 5. Scores on the mental component summary (MCS) and physical component summary (PCS) of the 12-item Short-Form Health Survey and on domains of the Work Disability Functional Assessment Battery (WD-FAB)

Scale	Sample (N=2,960)		Employed at baseline (N=563)		Unemployed at baseline but worked in past 2 years (N=1,320)		Never worked (N=83)	
	M	SD	M	SD	M	SD	M	SD
SF-12 MCS[a]	32.6	12.5	33.8*	12.8	32.0*	12.7	35.6	13.1
SF-12 PCS[a]	38.3	13.0	41.0*	13.1	38.8*	13.1	44.9	13.2
WD-FAB behavioral health function[b]								
Communication and cognition	41.8	6.6	42.8	6.2	42.1	6.5	41.0	6.7
Resilience and sociability	47.6	9.6	48.8	9.2	48.3	9.6	47.8	8.5
Self-regulation	44.4	8.8	45.6	7.7	44.7	9.2	42.8	7.3
Mood and emotions	38.6	12.0	40.1*	11.9	38.4*	12.3	42.0	10.4
WD-FAB physical function[b]								
Basic mobility	40.2	6.0	41.5*	5.8	40.5*	6.1	43.2	7.1
Upper-body function	39.4	5.8	41.0*	5.4	39.8*	5.9	41.7	5.8
Upper-extremity fine motor	43.0	5.6	43.9	5.3	43.5	5.5	43.5	6.3
Community mobility, drive	34.2	1.3	34.3	1.0	34.2	1.3	33.5	3.6
Community mobility, ride	44.4	5.0	45.5	4.8	44.7	4.8	42.9	7.0

[a] MCS and PCS scores range from 0 to 100, with higher scores indicating better mental health– or physical health–related quality of life.

[b] WD-FAB subdomain scale scores range from 0 to 100, with higher scores indicating better work-related functioning in the domain assessed.

* Means that share an asterisk on the same row are significantly different from one another (p<.05). WD-FAB subscale comparisons used Bonferroni adjustment for multiple tests. Means for the "Never worked" group were not tested statistically.

contribution of comorbid general medical conditions to the overall picture of diminished health is nontrivial, although a validated instrument that provides a single measure of overall diminishment from multiple impairments, as opposed to a single severe impairment, has not been established.

The SED will determine whether enrollees are good candidates for employment. We will also explore the relationship between WD-FAB scores, including subdomain scores, and employment, as well as associations between changes in subdomain scores and employment outcomes.

Findings from the CIDI distinguish the SED sample from those previously studied in IPS supported employment research. CIDI scores suggest that this sample of denied applicants is not uniformly a population of individuals with severe mental illness (25). Most enrollees reported symptoms of anxiety, a personality disorder, or major depression or dysthymia, rather than symptoms of mental illnesses typically described as severe mental illness, for example, schizophrenia, bipolar I disorder, and recurrent major depression. With the exception of posttraumatic stress disorder (26), research on IPS supported employment has typically involved a majority of individuals with schizophrenia spectrum disorders (27–31). The most striking clinical difference between SED enrollees and the typical mental health center population of individuals with severe mental illness is the high rate of probable antisocial personality disorder. People with antisocial personality disorder have difficulty fulfilling adult role responsibilities, such as sustaining work behavior. Consequently, this subgroup of enrollees may well prove to be one of the most challenging subgroups of individuals served in this study.

We acknowledge several limitations. SED enrollees may differ from the entire population of individuals with an observed or alleged mental health impairment who have been denied disability benefits, particularly because eligible enrollees expressed an interest in employment. In addition, study sites are located in a selected number of states, and few sites are in rural areas.

CONCLUSIONS

By examining the characteristics of individuals who enrolled in the SED, this study sought to fill the gap in knowledge regarding characteristics of the population of applicants who are denied disability benefits and who have a self-reported or observed mental health impairment and an expressed interest in employment. Baseline data for SED enrollees indicate that this is a low-income population with multiple mental health and general medical conditions that substantially diminish both health-related quality of life and aspects of work-related functioning. SED enrollees do not uniformly exhibit severe mental illness but rather have a high prevalence of anxiety and personality disorders, combined with serious general medical disorders. Nonetheless, study eligibility criteria included an expressed desire to work, and the intervention arms of the SED offer IPS services intended to facilitate competitive employment.

AUTHOR AND ARTICLE INFORMATION

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