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## MYTHS & FACTS ABOUT WORK & RECOVERY

People in recovery from mental health and/or substance use disorders report that employment helps them manage their recovery and build self-esteem. Many cite employment as the single most important factor in their recovery. Extensive research has confirmed the positive impact of work on recovery. Some of the positive outcomes include:

- Higher self esteem
- Better control of psychiatric symptoms and substance use
- Reduced symptom severity
- Greater satisfaction with personal finances and leisure activities
- Motivation to stop or reduce substance use
- Lower re-hospitalization rates

Although work may create additional stress, unemployment may be even more stressful and is associated with negative characteristics such as increased substance use/psychiatric symptoms, isolation, alienation, apathy, homelessness and incarceration. A classic article by Marrone and Golowka asks, "If Work Makes People with Mental Illness Sick, What Do Unemployment, Poverty and Social Isolation Cause?"

For decades, mental health systems have made some erroneous assumptions about the role of employment in the treatment continuum. Now, in response to the strong voices of people in recovery, backed by extensive research, DMHAS employment services are positioned to help more people successfully choose, get and keep jobs.

### *Myths and Facts*

**Myth:** People with psychiatric disabilities aren't motivated to work.

**Fact:** 70% report they want to work at real jobs for real pay. Due to limited services and supports, only 10-15% are actually working.

**Myth:** If a person can't "make it" in their day program, they'll never make it at work.

**Fact:** There is no evidence that behavior in a non-work environment predicts on-the-job behavior.

**Myth:** People must be clinically stable before they can work; they'll decompensate or relapse from work stress.

**Fact:** There is no significant relationship between psychiatric symptoms, diagnosis and work performance. Work is actually GOOD for one's mental health, resulting in better control of symptoms, and is a pathway out of poverty and social isolation.

**Myth:** People in recovery can only work in entry-level and unpaid, volunteer positions.

**Fact:** People are twice as likely to stay in a job that is well matched with their skills and interests. With appropriate supports, people in recovery are capable of managing the stressors of work.

**Myth:** People can't go to work because they will lose all of their entitlement benefits.

**Fact:** New Social Security regulations significantly lower financial risks associated with working. People can often keep larger portions of their earnings and, if they need to leave work due to their disability, there is a mechanism that ensures rapid reinstatement into the Social Security Disability program. Also, Medicaid for the Employed Disabled allows individuals to earn up to \$75,000/year and retain their Medicaid coverage.

**Myth:** Employers will never hire people with psychiatric and/or addiction disorders.

**Fact:** Employers can and do hire people in recovery every day. The majority report satisfaction with these employees and often request additional referrals from the DMHAS provider system.

We need to counter these myths when we hear them with hopeful messages. Our role is to encourage all people in recovery to consider work as a key component of community integration and a pathway to full citizenship.

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