

8-1-2024

# **Breaking Barriers: Factors Contributing to Successful Employment Outcomes for Black Males with Mental Health Diagnosis and Undergoing Vocational Rehabilitation**

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BREAKING BARRIERS: FACTORS CONTRIBUTING TO SUCCESSFUL EMPLOYMENT  
OUTCOMES FOR BLACK MALES WITH MENTAL HEALTH DIAGNOSES  
AND UNDERGOING VOCATIONAL REHABILITATION

A Dissertation

by

JOHN CHANCELLOR WILLIAMS

Submitted in Partial Fulfillment of the

Requirements for the Degree of

DOCTOR OF PHILOSOPHY

Major Subject: Rehabilitation Counseling

The University of Texas, Rio Grande Valley

August 2024



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August 2024



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## ABSTRACT

Williams, John C., Breaking Barriers: Factors Contributing to Successful Employment Outcomes for Black Males with Mental Health Diagnoses and Undergoing Vocational Rehabilitation.

Doctor of Philosophy (Ph.D.), August 2024, 85 pp., 4 tables, 134 references.

Black males with mental health diagnoses face substantial barriers to gaining and maintaining employment. Tailored employment support services may help increase employment access, yet utilization remains low among this demographic area. The purpose of this quasi-experimental study was to explore the employment challenges for Black males with mental health diagnoses which includes the territories such as the US Virgin Islands, Guam and American Somoa.

This quantitative study utilized a data mining approach drawing from an ex post facto National Rehabilitation Services dataset. Archival data was extracted from the Rehabilitation Service Administration 911 (RSA-911) database. On descriptive statistics, a complex partitioning technique known as regression analysis modeled in SPSS Modeler 24.0. was used to analyze the extracted sample of vocational rehabilitation clients on demographic variables. Follow-up binary logistic regression would be used to provide individual odds ratios for the prominence of key client, rehabilitation services, and environmental variables in relation to securing employment.

The study established that various types of interventions like occupational/vocational, on the job, job readiness training, and job placement services are crucial in determining the



employment outcomes. The analysis showed that entry-to-work supports are time-limited, and the identification and treatment of disabilities also improve the mental health care and employment prospects. The work also showed that traditional vocational rehabilitation services alone do not meet these clients' needs.

## DEDICATION

For my Algebra II Teacher, Mrs. Brenda Hughes, who saw potential in a quiet student with a learning disability and “fanned the spark into a flame”; To my personal mentor and dear friend, Mrs. Carolyn Russell, who guided me through life with complete adoration and unwavering support; For my High-School Guidance Counselor, Mrs. Lynn Mullinax, who inspired me to become a mental health professional that leads with respect, compassion and empathy; To my Psychology Professor, Dr. Michelle Linster, who taught me the value of critical thinking and the power in having a work-life balance; For my Fifth Grade Teacher, Mrs. Diane Creasman, who saw in me what I failed to see in myself. To my God-Children, you seven have saved me in ways that you cannot imagine. I hope you understand how much your presence in my life is needed. And my biggest thanks to my family for all the support you have shown me through all of the career changes, relocations and moments of uncertainty. Family, we did it. Seth and Elias, this one is especially for you two! Most importantly, to my great-grandmother, Mrs. Johnsie Dunlap-McCorkle, my spiritual guide who now lives in the stars. May this tale reach you and you understand your impact on my education.



## ACKNOWLEDGMENTS

I would like to thank the following people, without whom I would not have been able to complete this research, and without whom I would not have made it through my doctoral degree. The “Chance’s Dissy” team at UTRGV, especially to my chair, Dr. Shawn Saladin, whose insight and knowledge into the subject matter steered me through this research. Dr. Roy Chen, for taking a chance on my research and practicing patience and understanding. And special thanks to Dr. Kim Nguyen-Finn and Dr. Miranda Lopez, whose support, kindness and candor has allowed my studies to go the extra mile.

To my friends that I have made in The Valley and New York City, who took the time to welcome me in and introduce me to a new culture, and made me feel at home, I thank you! My classmates from WSSU, who have supported me through the years and colleagues that have now become friends (Todd Parker and Dr. Amelia Royster), I take a special piece from each of you into my growing professional career.

To my friends that I have maintained a close bond with for 25 plus years, words cannot describe what you mean to me. I am a better person because of our discussions, love and support for one another. Tiffanie Randolph, Ashely McCorkle, Syreeta Norwood, Brandon Shuford, Marquita Ockletree, Brandon Forney, Senneca Ames, Crystal Robinson, Currie Farrow, and the entire “Cat County Boys” group chat, you are amazing!

For my brothers in Kappa Alpha Psi Fraternity, Torrian Wynn, Carl Watts, Micheal Robeson, Sherman Ward and Curtis L. Warren (RIP). You have always stood beside me (literally and figuratively) and have had my back. I owe you all a debt of gratitude.

My supervisor, Nivard Edmond for understanding the challenges that I have faced, yet continuing to encourage me to perform to my best ability (personally and professionally).



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## CHAPTER I

### INTRODUCTION

#### **General Overview**

Employment is a critical component for the mental, financial, and social wellbeing for everyone across the globe. However, Black males with mental health diagnoses face substantial barriers to gaining and maintaining employment (Grooms et al., 2021). Discrimination that is based on both race and mental health status contributes to lower employment rates compared to the general population (U.S. Equal Employment Opportunity Commission, 2016). Tailored employment support services may help increase employment access, yet utilization remains low among this demographic area.

Unemployment rates are disproportionately high among those individuals with mental illnesses, ranging from 75-90% in the United States (Luciano & Meara, 2014). Nevertheless, Black Americans deal with an array of cumulative obstacles with race being the best predictor of post-diagnosis employment (Grooms et al., 2021). Employer stigma and discrimination is a challenge that individuals may encounter because mental illnesses can be perceived by others as unsafe, incompetent, violent or dangerous (Mannarini & Rossi, 2019). At the same time, racial prejudice restricts the opportunities that are available to Black males seeking work. In a negative way, these hidden and overt biases based on competency and skill sets are also impeding recruitment, hiring, wage rates, accommodations, mentoring chances, and the termination of this group by the U.S. Equal Employment Opportunity Commission (2016).

The utilization of tailored employment support services and shared decision-making lead to some success (Laudet, 2012). Psychosocial rehabilitation programs offering vocational counseling, skills training, and employer outreach may improve long-term employment rates (Suijkerbuijk et al., 2017). On the other hand, Black males tend to have low demand for assistance from these resources. Shrinkages, such as medical mistrust, perceived discrimination and cultural stigma around mental conditions may restrict utilization (Ward et al., 2013).

Given the substantial barriers across systemic, employer and individual levels, further research is warranted to guide effective interventions. An analysis can strengthen the understanding of nuanced challenges through a secondary data analysis of a national archival dataset (Rehabilitation Services Administration (RSA)-911 data). Study findings may highlight avenues to address stigmatization among employers, improve cultural competency of support services, increase service engagement, and advocate for policy changes that can prohibit hiring discrimination. This can inform multi pronged approaches to overcome employment barriers for Black males with mental health diagnoses.

### **Statement of the Problem**

Mental health diagnoses are highly prevalent in the United States, affecting over 50 million adults each year (SAMHSA, 2019). Though mental illnesses can significantly impact the functioning across many life domains, several evidence-based treatments exist to reduce symptoms and improve quality of life. However, additional barriers related to race, ethnicity, culture, socioeconomics, and public attitudes can inhibit access to care and recovery outcomes (American Psychological Association, 2017).

The employment disparity for Black males with mental illnesses is abundantly clear when examining multi-year national survey data. Among working-age adults with mental health conditions, only 10.3% of Black males are actively employed--less than half the rate of their white counterparts (23.6%) (Luciano & Meara, 2014). Furthermore, over 75% of Black males with psychiatric disorders report difficulty attaining employment due to perceived discrimination - nearly double the rates reported by white males (41.2%) with similar diagnoses (National Alliance on Mental Illness, 2021). The profound unemployment rate contributes to approximately 37% of Black males with mental illnesses experiencing homelessness each year (SAMHSA, 2019) and over 65% relying on unstable disability payments as their primary income source (Social Security Administration, 2022). Improving employment equity for this demographic category could benefit 8.6 million working-age Black males who are currently diagnosed with a mental health disorder while generating an estimated \$319 billion in new economic activity (Luciano & Meara, 2014; McCrone et al., 2008). However, quantifying and addressing multilevel barriers to equitable hiring and retention remains imperative before the implementation of systemic solutions.

Employment serves as a critical component of recovery, providing financial security, structured routines, social connection, community integration, and overall well being (Luciano & Meara, 2014). Gainful employment has been associated with reduced symptomatology, psychiatric hospitalization rates, substance use, and criminal justice system involvement (Laudet, 2012). However, unemployment rates remain exceedingly high among those with mental health diagnoses, creating long-term dependency on disability benefits (Suijkerbuijk et al., 2017).

Among individuals with mental illnesses, Black Americans face pronounced barriers to gaining and maintaining employment. Black males with a mental health diagnosis have an

unemployment rate of nearly 90%, making them the highest of any demographic group (Grooms et al., 2021). Persistent racial discrimination in hiring practices significantly curtails access to jobs across sectors and levels. Simultaneously, stigma toward mental illness further decreases employer willingness to extend job offers to Black males perceived as unstable, violent, or risky candidates (Equal Employment Opportunity Commission, 2021).

Underutilization of tailored employment counseling and shared decision-making models represents a missed opportunity to increase access for this group. Culturally informed programs helping with skills training, vocational counseling, developing workplace accommodations, and graduated return-to-work protocols show promise in randomized controlled trials (Luciano & Meara, 2014). However, medical mistrust rooted in historical oppression inhibits service engagement among Black communities (Ward et al., 2013). Without addressing systemic- and individual-level barriers, disparities will remain pervasive.

Compounded barriers at the systemic and individual levels contribute to disproportionate unemployment rates for Black males with mental health conditions. However, with tailored approaches, these employment disparities can be mitigated. Solutions require multi-sector involvement across healthcare systems, government agencies, community organizations, employers, and advocacy groups. Research guiding the coordinated efforts may have cascading impacts on access to housing, academic achievement, healthcare utilization, incarceration rates, and intergenerational economic mobility for these Black males. However, without an accurate understanding of the underlying contributors, it remains difficult to implement appropriate support and interventions. This study aims to elucidate specific multilevel factors underlying the pronounced employment gap for Black males with mental illnesses.

Empirical findings show that unemployment and low job retention rates have gradually risen among Black males with mental health diagnoses undergoing Vocational Rehabilitation (VR) services in the U. S. (US BLS Reports, 2021). Despite the federal financial investments in the Rehabilitation Service Administration department to offer VR services to the target communities to ensure equitable distribution of services and job opportunities among individuals with disabilities, Black males enrolled in these programs still have lower job opportunity rates and there exists a very significant disparity in the distribution of resources among this category of people (Black males diagnosed with mental health disorders and undergoing VR programs in the U. S.) (Sprong et al., 2023). This issue is therefore of immense importance to investigate why this menace continues to grow despite the well-laid mechanisms to mitigate it by the RSA and the Federal government, including policy reformations and government funding.

Given the degree of unmet needs, further research is critical to investigate specific factors underlying pronounced employment challenges among Black males with mental illnesses. Mixed-methods community-based participatory research can incorporate diverse stakeholder perspectives to strengthen cultural relevance of findings (De Las Nueces et al., 2012). Building an evidence base for tailored interventions may also help actualize recovery-oriented outcomes of healthcare access, housing stability, community integration, and fulfilling careers - rather than sustained unemployment and reliance on strained social safety nets. Findings will inform policy and practice changes to make equitable employment a realistic possibility, rather than lofty aspiration, for this marginalized group.



### **Statement of the Purpose**

The purpose of this quasi-experimental study is to explore the employment challenges for Black males with mental health diagnoses in the US. The study aims at understanding and overcoming the barriers of employment.

### **Research Questions**

1. To what extent do access to care, age, benefit programs and unhoused (unsheltered) influence access to mental health services?
2. What types of service purchases contributed to successful employment outcomes?

### **Null Hypotheses**

- i. There is no correlation between access to mental health care and employment rates for Black males with mental illnesses.
- ii. No services affect employment rates for Black males with mental illnesses.

### **Significance of the Study**

There are limited studies on the employment outcomes of Black males with M. H. diagnoses undergoing VR services in the U. S (Sprong et al., 2023). As a result, this study could bridge this critical research gap in the body of literature and lead to better societal comprehension of this complex issue. The importance of this research lies in evaluating and mitigating the growing social problem of continual unemployment rates and ever-growing low job retention rates among Black males with mental health diagnoses who have undergone VR programs in the U. S. The problem does not only directly impact the lives of the Black males but also bears broader effects on their respective families and societies at large with the main challenges being financial constraints, limited access to necessary resources, and stringency in

securing the available opportunities. By exploring the underlying subtle drivers of these challenges, the study could inform practical policies and robust program interventions that would help enhance employment outcomes for this population—Black males.

Mental health issues in the U. S. have been in existence for years and the marginalized communities were affected. With this study, the researcher would provide deeper insights into the intrinsic challenges that the Black males (marginalized community) faced during the pandemic regarding their mental health status and the possibility of getting and retaining jobs in the USA. By exploring the factors behind the potential success of VR services on Black males with M. H. diagnoses in the U. S., this research could provide practical models and approaches that could be put in place to enhance employment outcomes for this marginalized population.

## CHAPTER II

### REVIEW OF LITERATURE

#### **Overview**

Employment is a very crucial aspect of societal and individual identity in society as it dictates one's financial stability and societal social integration (Padilla-Rivera et al., 2020). However, for Black males diagnosed with mental health diagnoses and those undergoing vocational rehabilitation (VR) services in the U. S., securing employment opportunities has proven to be a great challenge due to a myriad of ever-growing barriers (Jonathan & Adams, 2022). While mental health challenges are universal and affect all races and ethnic groups across the United States, Black males specifically encounter very stringent and unique struggles exacerbated by endless racism and systemic discrimination. According to a labor force distribution (by race and sex) report presented by the US Bureau of Labor Statistics (BLS) Reports (2021), the employment population ratio for Black males in the US was 58% which is the lowest compared to Hispanics which stood at 71.8%, Asians at 68.3%, and White males at 65.6%. These findings show that Black males in the US are less privileged in securing employment opportunities, an extremely critical challenge that should be mitigated.

Additionally, Black males with mental health diagnoses have limited access to the desirable quality (mental) healthcare services and encounter higher selective hiring processes and social stigmatization surrounding the status quo of mental health diagnosis rates across the Black community in the U. S. (Jonathan & Adams, 2022). Consequently, much of the Black

community utilizing Vocational Rehabilitation services due to their respective mental health diagnoses in the U. S. faces high unemployment rates and results in low job retention rates as well (US BLS Reports, 2021). These issues not only influence the individuals' well-being but also result in a ripple of significant impacts on their families, the US economy, and the community at large. Therefore, it is essential to investigate and underscore the prevailing services that lead to the success of Black males enrolled in vocational rehabilitation (VR) services in the U. S. due to their mental health diagnoses to create a desirably equitable and inclusive society.

### **Theoretical Review**

In the context of vocational rehabilitation and employment outcomes of Black males with mental health diagnoses, Social Cognitive Career Theory (SCCT) is particularly relevant. SCCT was designed by Robert W. Lent, Steven D. Brown, and Gail Hackett in the early 1990s and is based on Albert Bandura's Social Cognitive Theory, and incorporates self-efficacy, outcome expectations, and personal goals (Lent et al., 1994). These elements are basic in career development and the factors that affect vocational decision and attainment.

SCCT has fundamental ideas such as self-efficacy which is defined as an individual's confidence in completing tasks and attaining certain achievements (Lent et al., 1994). In conclusion, the results of this study stress the need for vocational education and employment preparation to increase self-esteem in the identified population of Black males with mental health issues. These programs affect its belief in the self, thus skills and confidence, which in turn leads to a wider job opportunities being exercised.

Another concept in SCCT is outcome expectations, which are expectations of the consequent of performing the behavior. The findings stress the importance of short-term job supports and job placement services as determining positive outcome expectations. Whenever individuals have high expectations about such support in terms of employment, then they are encouraged to participate in job search activities (Bandura, 1986). SCCT assists in explaining how these positive expectations compel individuals to make use of vocational services in a proper way.

Contextual factors are also a major part of SCCT as the support and barriers in a person's environment are also influential. The study also reveals that contextual factors include equal opportunities being a systematic issue and the existence of vocational services for targeted populations. As such, it is possible to mitigate these barriers by implementing interventions that will enhance the employment prospects among the targeted clients (Bandura, 1986). In this respect, SCCT emphasizes the need to consider these external factors in the analysis and enhancing of vocational outcomes.

Personal goals, which guide the action and maintain the desire, are also an important component of SCCT. Generally, in the process of vocational rehabilitation, the crucial element is to assist the clients to establish and achieve realistic vocational objectives (Lent et al., 1994). This is in line with the study as it proves that aspiring to acquire realistic career targets can enhance employment results. SCCT offers the theoretical foundation for explaining how these goals, regulated by self-efficacy and outcome expectations, impact careers and career success (Lent et al., 1994).

In sum, SCCT provides a theoretical paradigm for explaining the employment status of black males with mental health disorders. The theory emphasizes self-efficiency, outcome

expectancies as well as the context; the approach is strong and can enhance the vocational rehabilitation practices. The use of SCCT makes it possible for practitioners to come up with better ways of improving self-efficacy, systematic outcome expectations, and dealing with contextual factors. This comprehensive approach ultimately results in improved employment statuses and increased opportunities for economic and social reintegration of Black males diagnosed with mental health issues.

### **History of Vocational Rehabilitation (VR) Services in the United States**

Definitively, VR is a professional service that enables individuals diagnosed with functional, emotional, mental, or cognitive disabilities, impairments, or challenges to overcome potential barriers to accessing and retaining equitable employment opportunities and/or any other useful occupations in society (Frank, 2016). VR services are often provided by Federal or State government agencies and often encompass various activities including vocational assessment, career planning, guidance of the affected individuals, provision of assistive technology and training, and continual support for the target groups (The New York State Education Department's (NYSED), 2021). As contented by Beyer and Meek (2020), the core objective of the US government in offering VR services is to support and empower the less privileged communities, especially those diagnosed with mental disabilities, in finding and maintain sustainable employment opportunities relevant and suitable to their skills and expertise to ensure individual socioeconomic independence. In so doing, society ends up with an equitable and sustainable economic setting that embraces equality and independence among people living in the affected communities.

VR services may require input from a wide range of professionals including healthcare and non-medical professionals including *assisted* employment advisors and relevant career

counselors. Traditionally, the inherent focus of VR services was to ensure job retention but in the contemporary world, the focus has become more multifaceted and multidimensional in the sense that there is an increased accentuation of more holistic approaches, where an individual's ability to deliver job assigned to them and their overall quality of life are influenced by a plethora of endless factors beyond just the jobs they secure (Pereira & Monteiro, 2019). As propounded by the International Labor Organization (2022), contemporary VR services therefore include in their holistic approaches a range of factors that were traditionally overlooked including financial stability, interpersonal relationships, and the well-being of the individuals diagnosed with mental health disorders.

Historically, after World War II the need for VR services for injured and veterans with disabilities captured more attention than before. This was due in part to the war leaving many people disabled with most of the soldiers facing psychological trauma reinforced with physical disabilities that made it difficult for them to reintegrate into society and become independent (The National Park Service, 2023). Consequently, as suggested by the Indiana State Government (2021), the U. S. government enacted the Vocational Rehabilitation Act of 1943 known as the Barden-Lafollette Act to mitigate the needs of the veterans with disabilities with a core goal of achieving socio economic independence for the affected victims. From the VR Act of 1943, the Federal regulations underwent a lot of evolutions including the VR Act Amendment of 1954, of 1965, and the Rehabilitation Act of 1973 (Indiana State Government, 2021). These Acts have historically allowed the U. S. government to match the skills of disabled individuals with the available jobs and provided an opportunity for the government to continuously provide veterans with mental health treatment equitably.

The Rehabilitation Service Administration (RSA) is tasked by the Federal government to ensure that vocational rehabilitation (VR) services achieve equal distribution of services across all races and communities in the U. S. society irrespective of their gender, social background, and/or economic status (Schimmel Hyde et al., 2018). To achieve such a crucial goal, VR's services are reinforced with various techniques and approaches. Vocational Rehabilitation services ensure the use of non-discriminatory policies and guidelines for individuals with special needs. According to the U. S. Department of Health, Education, and Welfare (2020), any form of service denial because of one's race, ethnicity, and disability status is considered a violation of human rights by the RSA and could lead to litigation processes on the perpetrators. RSA has also put in place individualized planning, where every vocational rehabilitation service to the clients is aligned with the client's needs and goals, ensuring that the core services are delivered to the targeted groups instead of depending on a one-size-fits-all model (NYS Education Department, 2018), which has been ineffective for years.

Similarly, by incorporating robust needs assessment techniques, collaborating with potential employers, and maintaining thorough program monitoring, the RSA's V R services have strived to ensure equal distribution of both job opportunities and services across Black males with mental health diagnoses. These services have diverging costs per participant in the USA. According to the US Dept. of Education (2022), the RSA needed a budget of at least \$3,610,040,000 (about \$11 per person in the US) to accomplish its vocational rehabilitation services to the disabled community. The budget is subject to inflation and is expected to grow even further. However, despite such massive investments by the government and the usage of these robust models and approaches in VR services, Black males with mental health diagnoses in the U. S. still have lower job acquisition possibilities and job retention rates (Jonathan & Adams,



2022), compared with other races and ethnicities, which makes this area of research crucial to be explored in detail—the inherent area of focus in this study.

Vocational rehabilitation (VR) services in the United States have a long history of assisting individuals with disabilities to obtain and maintain employment. The origins of VR date back to the aftermath of World War I, when large numbers of veterans returned home with disabilities and required support transitioning back into the civilian workforce. Over the past century, federal legislation and advocacy efforts have helped expand and improve VR services to serve wider populations with diverse needs.

One of the first efforts to provide VR services came in 1918 with the Smith-Sears Veterans Rehabilitation Act. This act helped establish a federal board for vocational education tasked with providing vocational rehabilitation to veterans disabled during WWI. Services focused on job training, counseling, and assistive technology to help veterans gain skills and find employment (Roessler & Rubin, 2006).

The civilian vocational rehabilitation movement also gained momentum in the 1920s. The first state legislation was passed in 1920 in Wisconsin to provide VR services to civilians with disabilities. Other states soon followed with their own civilian VR programs. Support then grew out of a rehabilitative movement that emphasized using employment as a means of therapy and recovery. Organizations such as the National Rehabilitation Association pursued the need to implement VR services in other states (Roessler & Rubin, 2006).

In addition to providing \$10 million for VR services in 1938, it was through the Vocational Rehabilitation Act Amendments of 1943 that marked the first-time polio patients were provided with rehabilitation services at federal level. These amendments widened the scope

of VR programs, allowing not only former soldiers but also civilians with disabilities to benefit from them. The act provided grants aimed at helping states manage VR agencies to serve the general population. The body responsible for regulating the governmental VR agencies was created in the form of the Rehabilitation Services Administration (RSA) to allocate federal funds to both state and local bodies. This established crucial foundations for federal and state VR programs coordination.

VR services grew, even after World War II, to accommodate returning war veterans left with an inability to function due to disabilities. With the Barden-LaFollette Act of 1943, a system of VR centers was launched nationwide to work with every veteran. This system was further broadened to include Korean veterans, with the aims of the Vocational Rehabilitation Amendments of 1954. The Vocational Rehabilitation Amendments of 1954 saw a substantial rise in the federal VR grant to states for civilians. These modifications also brought in new priority services such as physical rehabilitation, training programs and job placement services. Unfortunately, they only provided services to persons with considerable disabilities, not merely moderate ones (Roessler & Rubin, 2006).

In the 1970s and 1980s, supported employment programs emerged as a new procedure of helping people with major disabilities to achieve competitive jobs. While this form of employment does provide ongoing job coaching and support in contrast to the prevocational training models, such groups are rarely included. Supported employment was also recognized as an appropriate VR service under the Rehabilitation Amendments of 1986. This provided an entry point for the state VR agencies to use supported employment (Wehman et al., 2014). The Developmental Disabilities Assistance and Bill of Rights Act of 1984 set out to make Supported Employment a nationwide endeavor. Even this law offered incentives to states for developing

supported employment programs through Developmental Disability Councils. At the end of 1980's, supported employment was a major paradigm shift toward integrated competitive employment in VR (Rollins et al., 2011).

The disability rights independent living movement grew from the activism in the 1970s by people with disabilities pushing for self-determination and integration. This advocacy for disabled individuals adopted a consumer-like strategy that claimed that people with disabilities are the best experts of their needs. As a counter argument, changes to the Rehabilitation Act in 1978 created the independent living services program that became an independent entity (Wehman et al., 2014). This included grant funding for centers for independent living developed and operated through people with disabilities to promote integration into the community.

Not being part of the VR system, the independent living movement has still been highly influential. In turn, it made further efforts to support a fuller inclusion of people with disability. The previous major legislation of the 1900s came into effect and made VR services available to more people while providing wider opportunities for employment. From 1990, The Americans with Disabilities Act was passed to prohibit any associates and employers from discrimination and requires the provision of reasonable accommodation. This development raised the need for VR job support (Silverstein et al., 2005).

Various reforms were put in place after the Rehabilitation Act Amendments of 1992. These amendments included the provision for VR eligibility to anyone who had a physical or mental impairment that leads to significant difficulty in maintaining a job. They also made supported employment an option for a job outcome together with competitive employment. The other modifications were focused on increasing the amount of choice and controlling the VR (Scaglioni-Solano & Aragón-Vargas, 2014). The VR system was introduced into the workforce

development system under the Workforce Investment Act of 1998. This act mandated VR agencies of the states to team up with other workforce programs that were in One-Stop Career Center to assist job seekers who were disabled. This enabled the different programs of employment issues to synchronize with greater precision (Kulkarni & Kote, 2013).

The Workforce Investment Act was repealed in 2014 through the Workforce Innovation and Opportunity Act (WIOA). WIOA enhanced requirements for aligning VR services with the workforce system by increasing state planning and joint performance measures. This was stressed as the goal of VR programs that competitive integrated employment is what people should be offered (Honeycutt & Stapleton, 2013). To help achieve employment, WIOA expanded VR services that can be provided to youth transitioning from school to work. This move also added customized employment as a service approach focused on individualizing the employment relationship between a job seeker and an employer (Honeycutt & Stapleton, 2013).

Many challenges remain today in ensuring equal access to employment for people with disabilities. Annual data shows people with disabilities continue experiencing lower employment rates and higher poverty rates than the general population (Disability Compendium, 2022). However, the VR system represents a valuable tool for improving economic self-sufficiency. Current priorities for the public VR program include serving youth and students transitioning from school, expanding employment opportunities, and coordinating services to provide comprehensive, individualized support. By building partnerships across programs, evolving best practices, and listening to stakeholders, the VR system can continue working to fulfill its mission to help people with disabilities find meaningful careers. History shows progress is possible when policies support equal opportunity, economic access, and self-determination.

## **Distribution of Services Among Black Males with MH Diagnoses**

Statistics point out that even with vocational rehabilitation, Black males do not get equal services as compared to other races, and there is a clear-cut disparity in gaining access to these services for several reasons (Bleich et al., 2019). First, systematic racism coupled with discrimination existing in mental health care contributes to this, as Black males are prone to face barriers and challenges in receiving or accessing services due to bias or prejudice by service providers like healthcare personnel (Bailey et al., 2019). This prejudice gives rise to inadequate care, lack of proper diagnosis, and poor results for Black males as compared to other races, hence preventing Black males not getting the same level of resources, opportunities, and support compared to other races. Bleich et al. (2019) posit that the socioeconomic situation and status are another factor for this disparity in service provision for Black males with mental health diagnoses where they (Black males) are more likely to face barriers like poverty, limited access to transportation, and even lack of insurance for healthcare and treatment for Black males as compared to other races. Bailey et al. (2019) suggests that there is also a lack of proper representation concerning cultural competency where Black males may readily feel comfortable seeking help from those they feel share their cultural background and understand the experiences they have. However, the challenge is that these professionals are few, resulting in a shortage, thereby making Black males lack the appropriate providers for what they need and hence feel discriminated against and exploited in all aspects and spheres of life from healthcare to, the education sector and in the formal employment sector.

Black males in the United States make up approximately 12% of the population in the U. S., including citizens and non-citizens (Roberts et al., 2018). Vocational rehabilitation in the

U. S. according to analysis, reports, and findings from the Rehabilitation Services Administration in the year 2019, found that the number of Black males serviced by vocational rehabilitation made up about 18.5% of all the clients that were in the rehabilitation program in the United States. The National Institute of Mental Health (2023) posits that this number and percentage represented about 202,734 people from a total of 1,095,510 individual clients who were in the program of rehabilitation. The United States Census Bureau also indicated in the year 2019 that about 15.7% of the number of individuals undergoing Rehabilitation services in the US population were Black males (Keisler-Starkey & Bunch, 2020). As though the percentages differed depending on the reporter of the records, the percentages still represent a sizable number of Black males diagnosed with mental health challenges who experience extreme unemployment rates in the US. According to DeTore et al. (2021), the report indicated that there was a low number of Black males represented in the program, and this could be attributed to several factors including lack of knowledge and awareness concerning these services provided, stigmatization, barriers, and prejudice among the black male race compared to other races coupled with lack of proper access to essential resources. Though the report indicated a lower representation of Black males in the U. S. under vocational rehabilitation programs, it is worth noting that there has been a gradual and steady increase in the number of black males seeking vocational rehabilitation services, hence showing that many Black males are becoming aware of these services and their importance.

The Rehabilitation Services Administration (RSA) data reports indicate that there is a massive disparity in the results for Black males who are registered in vocational rehabilitation services as compared to other races, as Black males are likely to undergo various challenges and barriers like discrimination, exploitation, and poverty or even lack of opportunities that

negatively results in career opportunities and successes (Reistetter et al., 2023). US BLS Reports (2021) suggests that according to the R. S. A. data and reports, Black males have low rates of high school or college enrollment and attainment of a degree or graduation from secondary institutions in comparison with Asians or whites, hence resulting in lesser employment opportunities and future career development and stabilities. This data and analysis report by RSA explains in a vivid manner societal factors that contribute to the enormous gap, disparity, and the reason for the lack of success for Black males in education and eventual entry into the workforce (Clapp et al., 2020). This, therefore, calls for the dire need to resolve the continuous discrimination, exploitation, and acts of racism experienced in the education and employment sector to give rise to equal chances and opportunities for all races in the United States through the legislative process.

According to Taylor (2018), the Americans with Disabilities Act of 1990 refers to a civil rights law that hinders and prohibits any form of exploitation and discrimination against people living with disabilities in all spheres of public operations and life, including employment, infrastructure, telecommunication, and public accommodations. The Americans with Disability Act requires that employers, together with public organizations, should give reasonable forms of accommodation to their respective employees and people with disabilities to make their facilities readily accessible to individuals living with disabilities (Taylor, 2018). The primary goal of this act is to ensure that people living with disabilities receive equal opportunities in society, just like everyone else and their counterparts, without having any feeling of discrimination or exploitation of any kind as a citizen of the United States.

Black males in the United States face disparities across many areas of health and human services, including inequities in access to and utilization of mental health care. Systemic barriers

contribute to the uneven distribution of services for this population. This can help in the understanding of current trends in the engagement patterns for mental health services among Black men, which will inform activities to improve on equity with access. In general, mental health services are underutilized by the African American ethnicity compared to White Americans. Statistics show that Black adults in the United States are significantly behind by about half of White adults who receive mental health treatment (Agency for Healthcare Research and Quality, 2020). The underutilization also speaks for Black men regarding this group's exceptionally low rates of counseling, psychotherapy, and affiliated services. Researchers note the probability of being diagnosed with a mental illness among black men is four times greater, while their inclination to seek treatment is approximately two times lower than white people (Ward et al., 2013).

However, it is possible that incidences of mental illnesses in black men might be much higher than utilization patterns indicate. Based upon population-based studies, it has been found that 7-8% of Black males are diagnosed with mental disorders such as major depression for instance, which is lower than the percentage among White males at 5-6%. Nevertheless, Black men receive treatment rates that are lower than their diagnoses (Clapp et al., 2020). This identifies that there is a need for service provision among Black males with mental health diagnoses.

Multiple factors are interrelated and lead to the utilization of mental health services by Black American men. One major obstacle is lack of health insurance coverage. Around 15% of Black men under age 65 are uninsured, limiting affordability of counseling, therapy, and psychiatry (Keisler-Starkey & Bunch, 2020). Medicaid expansion under the Affordable Care Act



has increased low-income Black men's access to insurance and, in turn, mental health treatment. However, coverage gaps persist in states without full expansion.

Additionally, many Black men report distrust of the healthcare system rooted in histories of mistreatment and discrimination. Distrust, perceived racism, and lack of cultural responsiveness are associated with lower utilization of services (Holden et al., 2014). Stigma surrounding mental illness and masculinity norms discouraging help-seeking also negatively impact Black men's engagement in treatment (Narendorf et al., 2021). Geographic availability of providers represents another barrier. Mental health professionals tend to concentrate in more affluent urban and suburban areas. Rural areas and low-income inner-city neighborhoods where many Black Americans live often suffer from lack of access. Transportation hurdles can compound these geographic disparities (Alegria et al., 2008).

The collective impact of barriers to mental health care for Black men is that services remain unequally distributed along demographic lines. Those who do access treatment are more likely to have higher income, have insurance coverage, and have more formal education (Agency for Healthcare Research and Quality, 2020). While some promising efforts are underway to engage younger Black men in services through schools and communities, working-age adults still encounter substantial system obstacles (Woodward et al., 2011).

Public mental health services for severe mental illness reveal similar disparities. Among users of state and local public mental health agencies, Black clients are underrepresented compared to their share of the overall population with mental illness (Cook et al., 2014). Within the public system, Black Americans tend to have less service expenditures, fewer inpatient admissions, and lower rates of evidence-based practices (Cook et al., 2014). This suggests uneven access even to the public safety net.

At the same time, Black males are overrepresented in jails, prisons, and forensic mental health systems. Around 4.7% of Black men have serious mental illnesses requiring interventions, but they have high rates of incarceration rather than community-based care (Primm et al., 2005). This skewed distribution of services away from therapeutic settings and into the criminal justice system represents a major inequity facing Black men.

Various efforts are underway to reduce barriers and improve distribution of services for Black males with mental health needs. Strategies include increasing Medicaid access, integrating mental health into primary care, enhancing culturally responsive treatments, using community-based participatory research, and developing the mental health workforce diversity (Hankerson et al., 2015). Systems changes are also needed within prisons, schools, housing, and employment to better serve Black men across institutional contexts.

Ultimately, addressing inequities requires tackling systemic racism through policy reforms. As the U.S. confronts deep racial disparities in health and society, promoting equitable access to mental health care represents one dimension of advancing social justice. Any approach must respect Black men's heterogeneity, build on community strengths, and collaborate with Black-led organizations working for change. While barriers persist, growing understanding of inequities provides hope for expanding services and supports to improve Black men's wellbeing.

### **History of Black Males Who Seek Services with Vocational Rehabilitation**

Mental health conditions and effective decisions in seeking rehabilitation are issues that vary from one individual to the other (Bailey et al., 2019). Ideally, it is not easy to provide the exact data and information concerning the number of Black males enrolled in vocational rehabilitation services. According to Wilson (2018), the number of Black males at vocational

rehabilitation facilities in the U. S. is low compared to other races because African Americans because of prejudice and biases together with the preoccupied mentality of constant discrimination against them, are more likely to ignore joining vocational rehabilitation services compared to other races. A study conducted by Wilson (2018) based on a population of 599,444 (about half the population of Hawaii) consumers at a vocational rehabilitation indicated that African Americans were at 13,287 as compared to white Americans at 38,048 of the same number at that facility. The perception and beliefs of an individual concerning mental health and the ability to access resources together with communal support play a crucial role in pushing an individual to seek services at vocational rehabilitation facilities (Wilson, 2018). The challenge of mental stigma caused by discrimination leads to a decrease and a situation of laxity and reluctance in seeking mental treatment, especially among groups of people who are marginalized, like the Black males in the U. S. who are likely not to seek assistance at the vocational rehabilitation facilities because of prejudices and societal barriers.

Also, it is not easy to determine and give a precise number of Black males who have received employment opportunities with vocational training because such information depends entirely on several factors, such as population demographics and locations or individual circumstances. However, a report by the Rehabilitation Service Administration of the year 2020 on rehabilitation indicates that about 54.6% of the black Americans who had applied for employment in various sectors were successful in getting employment. Mwachofi (2018) suggests this number compared to other races is a bit low because Black males seeking rehabilitation, education opportunities, and a suitable job placement are not *readily* accepted and allowed, compared to other races that have undergone vocational rehabilitation services. Therefore, this data, by extension, indicates that a notable percentage of Black males achieved

many benefits because of the vocational rehabilitation services and training that gave them the requisite skills, knowledge, and training crucial for seeking employment in various fields and job placements but could not give the Black males an *edge* compared to other races, regardless.

The exact number of Black Male U. S. citizens reported to have mental health diagnoses is likely to vary due to several factors, some of which may include individuals not being able to report their diagnosis due to a lack of awareness and the prevalent stigmatization that is attributed to their respective conditions. According to a National survey on drug use and health reports conducted in the year 2018, sixteen percent (4.8 million) of Black and African American people were reported to have a mental illness, and 22.4 percent of those (1.1million people) were reported to have had a serious mental challenge and illness over a period in the past (Mental Health America, 2020). According to the National Institute of Mental Health (2023), mental illnesses were found to be common where it was estimated that more than one in five U.S adults lived with a mental illness (57.8 million) in the year 2021 where the larger percentage of prevalence among the reported cases were for black male adults at 34.9% followed by 26.6% of American Indians and at a lower 16.4% among Asian adults. Black U. S. citizens who were adults were reported to be going through or had experienced some form of mental illness and disability because of systematic racism or discrimination with social, and economic challenges coupled with an elevated level of poverty and the unemployment rate among the Black males compared to other races.

Unemployment in contemporary society among all communities in all social classes and races results in numerous adverse and retrospective conditions and situations (Bowleg et al., 2020). The problem of unemployment and mental health results in individuals unable to maintain any stable form of employment, which results in homelessness due to a lack of affordable

housing (US BLS Reports, 2021). Black males with diagnoses in the U. S. are at higher risk of experiencing homelessness. Williams et al. (2020) suggest that lack of employment also means an automatic loss of adequate income where Black males with diagnosed conditions may find difficulties in affording necessities such as food, proper shelter, or appropriate clothing together with medication. Unemployment thus results in a situation of unbearable strain on resources and further increases stress and mental health challenges. Moreover, according to Bowleg et al. (2020), unemployment results in a lack of purpose in life and a reduction in self-esteem, where the diagnosed Black males may feel lost and without a purpose in life, feel unfulfilled, and develop a complete loss of self-worth. There is also a higher chance of an increase in substance abuse because of unemployment by those Black males diagnosed and experiencing feelings of despair and complete hopelessness are likely to set in. This despair and hopelessness lead to self-medication through uncontrolled alcohol and other substance use and abuse, hence resulting in substance abuse and disorders (Williams et al., 2020). Stigma and other forms of discrimination on race and mental health, together with the challenge of unemployment, results in even more prevalent stigma for Black males, thereby giving rise to a challenge in procuring and maintaining any employment, thus exacerbating more mental challenge and health issues.

Vocational rehabilitation (VR) services aim to assist individuals with disabilities in obtaining and retaining employment. For much of U.S. history, Black Americans faced exclusion and segregation within VR programs. While progress has been made towards equity, Black men continue to face barriers impacting their participation and outcomes in the VR system. Examining this history provides context for ongoing efforts to improve services. The foundations of VR in the early 20th century excluded Black Americans. The first state VR agencies formed in the 1920s in the context of racial segregation. Many operated only all-White offices or had

separate “Negro divisions” with inferior resources (Sherry, 2014). These disparities reflected broader discrimination across education, health, and social services.

At the federal level, amendments to the Vocational Rehabilitation Act in 1943 directed states to develop separate VR programs for “colored persons.” This mandated duplication of services segregated by race. Not until 1954 did legislation open VR offices to eligible applicants regardless of race, as part of wider civil rights reforms. However, de facto segregation persisted in many regions (Wehman et al., 2014).

In the 1960s and 1970s, legal and legislative milestones dismantled segregation in VR services. The Civil Rights Act of 1964 prohibited racial discrimination in all federally assisted programs. Section 504 of the Rehabilitation Act of 1973 further mandated equal access to VR services nationwide. During this era, participation of Black men increased significantly, though often remaining below their proportion of the general and disability populations (Sherry, 2014). From the 1970s to 1990s, rates of acceptance into state VR agencies improved for Black applicants compared to White applicants. However, acceptance did not necessarily translate to equitable service provision. Studies from this period documented racial disparities in VR case closures, costs, and employment outcomes, with Black men less likely to achieve competitive employment after receiving services (Sherry, 2014).

Research points to systemic barriers that contribute to unequal outcomes for racial minorities within VR services today. These include geographic mismatches between clients and counselors, culturally biased assessments, limited referral networks, and discrimination during job placement. Counselors may also bring conscious or unconscious racial biases that influence interactions with Black male clients (Olney & Kim, 2001). Additionally, high counselor caseloads and inadequate staff training on diversity limit capacity to provide individualized,

culturally competent services. As a result, a minority of clients overall receive a lower quality of VR services, decreasing their opportunities for a successful employment outcome. Improving counselor diversity, reducing caseloads, and increasing training represent strategies to enhance equity amongst service delivery.

For Black men with disabilities, barriers within the VR system intersect with broader societal barriers related to race, gender, and disability status. Discrimination in education and the workforce channels many Black males into lower-quality special education services and lower-paying, less stable jobs. These intersectional inequities in society at large carry over into challenges securing employment through VR (Sherry, 2014).

Persisting inequities in the criminal justice system also disproportionately impact Black men with disabilities. Those with criminal records face added barriers to securing jobs through VR. Additionally, many states restrict or fully ban VR services for individuals with certain criminal convictions. These policies create further obstacles for Black men given disparities in mass incarceration (Kulkarni & Kote, 2013). Racial disparities in health care similarly contribute to lower access and utilization of VR among Black men with disabilities. Unequal treatment for physical and mental conditions results in poorer health outcomes. For those who do participate in V.R., unmet health needs can negatively impact employment success after services (Saha et al., 2008).

Some recent efforts aim to reduce VR disparities through policy reform. As of 2018, 34 states had removed blanket VR program bans based solely on criminal record to increase opportunities post-incarceration. Federal initiatives have funded pilot programs focused on serving people with criminal histories through VR, including Black men. There are also initiatives to improve coordination of VR services with the criminal justice system to facilitate

successful reentry and employment. However, these efforts remain limited in scope compared to the magnitude of systemic barriers facing many Black males (Kulkarni & Kote, 2013). Broader change is still needed to dismantle intersecting inequalities.

Eliminating persistent racial, gender, and ability-based disparities requires transforming systems and structures across society. Within VR, progress depends on ongoing self-critique, developing cultural responsiveness, building community partnerships, diversifying leadership, and improving policy (Olney & Kim, 2001). By working to break down barriers, the VR system can better fulfill its mission of empowering Black men with disabilities to attain meaningful, self-sustaining employment.

### **Summary of the Literature Review Discussion**

The history of vocational rehabilitation (VR) services in America stretches back to the early 20th century, when programs emerged to aid disabled veterans returning from World War I. The 1918 Smith-Sears Act established federal vocational supports like job training, counseling, and technology for injured soldiers. Concurrently, an expanding civilian VR movement advocated providing similar rehabilitative services to Americans with non-military disabilities as well. This paved the way for seminal 1943 legislation expanding federal grants so states could administer their own civilian VR agencies.

The Rehabilitation Services Administration was also set to coordinate these programs that were state level. However, in its preliminary stages, allocating resources between different white and segregated Black agencies was done through VR services. However, it is important to note that by the 1950s-1960s civil rights reforms split this segregation as it was dismantled after the introduction of 1954 VR Amendments to make services available despite race (Wehman et



al., 2014). This created an advancement in integration of VR systems. In the following decades, there was also the evolution of supported employment programs that emerged as an innovative model for supporting people with severe disabilities in obtaining competitive mainstream employment. Notwithstanding this, significant employment barriers and injustices persist for those living with disabilities. In general, VR participation among Black American males improved after civil rights landmarks; however, the gap grew like race as to successful case outcomes and job placements over recent decades.

Factors that contributed might well be biased counselors, inadequate diversity education to the staff, caseloads that could not be managed, demographic mismatches between clients and counselors, as well as discriminatory practices of referrals that reflect society's unequal nature. Discrimination at school and employment enables internalizing progress for Black men. Criminal justice policy added barriers for those with convictions, while additionally, the following uniquely affected VR participation for black men. Deteriorating this even further, Black men are already known to use mental health services less than the general population, highlighting an increased risk of unmet mental health needs when compared to other racial groups. Critical issues around key access barriers include insurance gaps, mismatches between patients and providers geographically, medical system distrust for discrimination purposes, and continued stigma. Such funnels many Black males into prison instead of community-based psychiatric treatment.

Measures to achieve a fairer supply of resources include increased enrolment rates in insurance, diversification of the mental health workforce, de-stigmatization, and anti-racism reform. However, just effecting changes entail focused, multi-dimensional action in health care, criminal justice, education, and employment systems guided by the social justice values.

In VR, admitting more applicants with past convictions might constitute some recent improvement toward eliminating disparities. Moreover, continued momentum around diversity, inclusion, and non-discrimination remains vital to improve participation and outcomes for Black men affected by intersecting systemic barriers around race, disability, and criminal justice.

CHAPTER III  
METHODOLOGY

**Research Design**

This quantitative study was utilized and a data mining approach drawing from an ex post facto national rehabilitation services dataset. Ex post facto designs derive inferences through retrospective analysis of effects and their antecedents when experimental manipulation is non-feasible (Cohen et al., 2011). Archival data has been extracted from the Rehabilitation Service Administration 911 (RSA-911) database containing vocational rehabilitation service records across all U.S. states and territories (RSA, 2022). Specifically, the FY2022 RSA-911 dataset was analyzed using SPSS Modeler data mining software. Variables of interest were parsed from the extensive database to examine predictive patterns related to employment success among vocational rehabilitation clients with psychiatric disabilities. Logistic regression modeling is well-suited for exploratory inquiry isolating complex interactions among client, programmatic, and external variables associated with real-world rehabilitation outcomes.

**Setting**

As this study utilizes secondary analysis of a national administrative dataset, there is no primary data collection setting. The Rehabilitation Services Administration-911 (RSA-911) database contains case record data for all state and territory vocational rehabilitation agencies compiled annually (RSA, 2022). State agencies directly input unidentified client data on demographics, disability diagnoses, services rendered, and employment outcomes which

aggregate into the national RSA-911 database. For fiscal year 2022, over 600,000 client records are available for analysis spanning across the 50 U.S. states, District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Mariana Islands rehabilitation service jurisdictions (RSA, 2022). This extensive dataset enabled the examination of specific interactions influencing employment success among the subpopulation of clients with psychiatric impairments. All client data was anonymized following Health Insurance Portability and Accountability Act privacy standards prior to national database release for research use (RSA, 2022).

The present study was designed for the respondents who identified as not having any type of employment; it is the exclusion criterion to capture the distinct features of the unemployed individuals with the mental health diagnoses as to barriers and factors that predict successful employment. The dependent variable in the present study is dichotomous as the participants are grouped as either having successful or unsuccessful employment outcomes depending on whether or not they had attained a job by the end of the completion of a vocational rehabilitation program. The presence of two positions ensures that the influence of working success on employment is easily comprehensible.

## **Inclusion and Exclusion Criteria**

### **Inclusion Criteria**

**Black Males:** The participants must be Black males, because this approach will help control for the distinct employment challenges that this demographic is likely to experience.

**Mental Health Diagnoses:** The population consisted of individuals with a clinically diagnosed mental illness to study mental health and employment status.

Vocational Rehabilitation Clients: The subjects should be clients of vocational rehabilitation and training programs in order to evaluate the efficiency of the VR programs in assisting employment.

Age Range: They must be within 18-65 years of age to ensure that the participant is within the working population group.

Consent: Informed consent to participate in the study should be given by the participants.

### **Exclusion Criteria**

Employment Status: To eliminate selection bias, participants who are working or have worked within the last six months will be excluded, so that the study is specific to barriers to the first job.

Incomplete Records: Data missing from the RSA-911 database will also not be used so as to minimize the likelihood of using inaccurate data.

Severe Cognitive Impairment: People with serious communication problems, which do not allow them to answer the survey questions, will not be included.

Non-Black Individuals: Any person, who will not fall under the Black category, will be excluded since the focus of the study is on the identified group.

Non-Participants of VR Programs: All study participants who have not engaged in any VR programs before will be excluded such that the study measures the effectiveness of the VR services in employment outcomes.

## **Intervention**

Rehabilitation service, demographic, and disability-related variables captured within the RSA-911 dataset were tested as predictors of employment success among vocational clients with mental health diagnoses. Key outcomes constitute attainment of community-based competitive employment and employment longevity. Continuous predictors may encompass service intensity factors like number of counseling sessions, types of skills training delivered, years enrolled in rehabilitation programs, number of prior jobs held, and level of education at application (Chan et al., 1997). Categorical indicators involve disability diagnosis category, race/ethnicity, household public assistance status, and provision of job placement or transportation services. Additionally, exterior variables like state unemployment rates and community-level income levels may relate to a psychiatric disability client's employability hence will undergo analysis (Dutta et al., 2008). Exhaustive regression modeling was used in order to isolate complex interactions among predictors showing strongest association with the defined employment outcomes. Findings underscore client, programmatic and environmental elements integral for facilitating job attainment and retention for individuals with severe mental illness.

## **Procedure**

This secondary analysis of a national archival dataset requires no active data collection procedures. As RSA-911 data contains protected personal health information, access must be formally requested from the Rehabilitation Services Administration via submission of the WIOA RSA-911 Data Use Agreement application specifying the research aims and security measures to be implemented (RSA, 2022). Upon approval, the full SPSS file was transmitted for authorized analysis. For this study, the most recent 2022 data report was obtained. Variables of interest were selected that focused on clients with psychiatric impairments and identifiers were further

anonymized. Initial data cleaning and screening prepared the extract for analysis in SPSS Modeler 24.0 exploratory mining software. Multiple imputation methods were utilized in order to fill any missing values on key predictors and a multivariate outlier detection was used to diagnose any extraction errors. Lastly, a 70/30 stratified sample split was present and divided the dataset to allow separate training and testing partitions for more rigorous development and evaluation of the regression predictive model on community employment success among those with severe mental illness.

### **Data Analysis**

Descriptive statistics profile the extracted sample of vocational rehabilitation clients on demographic variables and rates of specific psychiatric impairments and services used. Group differences on employment outcomes were tested using chi-square analysis. The primary analysis applied a complex partitioning technique known as regression modeled in SPSS Modeler 24.0. Regression analysis tests a multitude of predictor variables to uncover the factors showing the strongest mathematical association with the specified criterion variable (Legohérel et al, 2015; Pyzhov & Pyzhov, 2017). For this study, the criterion constitutes attainment of competitive community employment. Follow-up binary logistic regression provided individual odds ratios for the prominence of key client, rehabilitation services, and environmental variables in relation to securing employment. Qualitative comparison across statistical techniques and fit indexes identified the solutions best explaining and predicting real-world employment outcomes among those with psychiatric disabilities leveraging vocational rehabilitation supports.

The records used in this study were obtained from the RSA 911 records database that contains extensive records of the VR clients. The coding process involved several steps to ensure accuracy and consistency in the analysis:

- i. Variable Identification: Variables were defined as demographic data (age, race, gender), diagnosis of depression and anxiety, VR services the clients got, and employment status.
- ii. Numeric Coding: Categorical variables were used by converting them to numerical values or codes. For instance, race was entered as 1=Black males and gender as 1=male. Mental disorders were classified in terms of the official diagnostic classification system.
- iii. Service Utilization: Some VR services were coded depending on whether they were present or not present in the VR service. For example, occupational training was given a value of 1 if the participant has received it and 0 if he or she has not. Likewise, other services such as job readiness training or any other training that prepares the customer for employment as well as on the job training were coded correspondingly.
- iv. Employment Outcomes: Employment status: the dependent variable was categorical with two categories: successfully employed, and not employed, and was dichotomized into 1 for successfully employed and 0 for not employed.
- v. Data Cleaning: To manage data inconsistencies, missing data and outliers were dealt with by multiple imputation methods while multivariate outlier screening was also used.
- vi. Software Utilization: Of the various software that are available, one of them is the SPSS Modeler 24. For data mining, the value 0 was used and the coded data were analyzed using logistic regression models, to test the hypotheses concerning the VR services and employment status.



This coding process helped in making a strong analysis where all the collected data was well arranged in a structured manner in preparation for statistical analysis.

### **Significance**

Formulating specific multivariate interactions among client, programmatic and environmental factors associated with competitive employment success has substantial implications for enhancing vocational rehabilitation services for people with major psychiatric conditions. Findings provided an empirically derived risk algorithm to identify subsets of individuals that may benefit from targeted interventions around education, skill-building, counseling or transitional supports bolstering employability and job function. Additionally, the complex profiles underscore gaps in current service provisions warranting reallocation of resources or agency partnerships to meet disability-specific needs. From a policy lens, results guide reform expanding eligibility and service access for psychiatric groups demonstrating positive outcomes. Overall, this research informs a more personalized, precise rehabilitation approach improving community employment participation and longevity for those individuals diagnosed with severe mental illness.

## CHAPTER IV

### RESULTS

#### **Overview**

Chapter 4 examines the analysis of factors influencing employment outcomes for individuals with psychosocial disabilities. This chapter aims to explore how demographic and employment-related variables impact the likelihood of achieving successful employment outcomes. Key variables under investigation include sex, education level, primary disability cause, disability significance, weekly hours worked, and hourly wage. Utilizing statistical tools such as crosstabulation, chi-square tests, and logistic regression models, this chapter seeks to identify significant relationships and patterns within the data. By understanding these dynamics, the chapter aims to inform targeted interventions and support strategies to enhance employment success rates for individuals facing psychosocial challenges, thereby contributing to more effective vocational rehabilitation programs.

#### **Demographic Analysis**

The table provides an overview of the demographic and employment status of Black/African American participants in a study, with a total sample size of 8,204.

Table 4.1: Demographic factors.

Category	Subcategory	Frequency	Percent
<b>Sex</b>	Male	3,419	41.7%
<b>Ethnicity</b>	Black/African American	8,204	100%
<b>Employment Status</b>	Received Notice of Termination or Military Separation	8	0.1%
	Pending		
	Not Employed (Student in Secondary Education)	460	5.6%
	Not Employed (All other Students)	443	5.4%
	Not Employed (Trainee, Intern, or Volunteer)	43	0.5%
	Not Employed (Other Reason)	6,088	74.2%

Regarding employment outcomes, only 13.8% of participants are competitively employed, while self-employment and state agency managed employment are minimal at 0.2% and 0.1%, respectively. Extended employment and those awaiting termination or military separation notices also represent a minor portion of the sample (0.1% each).

Notably, a significant proportion of the participants (74.2%) are not employed due to reasons other than being students or trainees. Students in secondary education and other students account for 5.6% and 5.4% respectively, while trainees, interns, or volunteers comprise 0.5%.

This data suggests a substantial challenge in achieving competitive employment among Black/African American participants, highlighting a potential area for targeted vocational support and intervention.

## Logistic Regression Analysis

### *Factors Influencing Access to Mental Health Services*

The research question under investigation is:

*To what extent do access to care, age, benefits programs, and unhoused (homeless/runaway) influence access to mental health services?*

The dependent variable is represented by the access to mental health services. To address this research question, a logistic regression analysis was conducted. This statistical method is suitable for modeling the relationship between a binary dependent variable and one or more independent variables. In this context, logistic regression analysis helps in understanding how the predictor variables affect the likelihood of accessing mental health services.

*Table 4.2: Model Summary*

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	211.726 <sup>a</sup>	.001	.034

a. Estimation terminated at iteration number 20 because maximum iterations have been reached. Final solution cannot be found.

The model summary provides initial insights into the fit of the logistic regression model. The -2 Log Likelihood value of 211.726 indicates the fit of the model, with lower values typically suggesting a better fit. The Cox & Snell R Square value of 0.001 suggests that the model explains only 0.1% of the variance in the dependent variable, indicating a very weak relationship. Similarly, the Nagelkerke R Square value of 0.034 indicates that the model explains 3.4% of the variance in the dependent variable, which is also relatively weak. The note in the model summary mentions that the estimation terminated at iteration number 20 because the

maximum number of iterations was reached, and the final solution could not be found. This suggests potential issues with model convergence, which may affect the reliability of the findings.

Table 4.3: Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
HomelessOrRunaway	.195	.117	2.793	1	.095	1.216	.967	1.529
VocRehab	-.013	.286	.002	1	.963	.987	.563	1.730
ShortTermJobSupportsPurchase	1.407	.649	4.696	1	.030	4.084	1.144	14.579
SupportedEmploymentServicesPurchase	-14.915	1728.670	.000	1	.993	.000	.000	.
Constant	-6.454	.416	241.273	1	.000	.002		

Examining the variables in the equation, as shown in the table above, the researcher started with the HomelessOrRunaway variable, which has a B value of 0.195, a standard error of 0.117, a Wald statistic of 2.793, a degrees of freedom of 1, a significance level of 0.095, and an odds ratio (Exp(B)) of 1.216. This variable is marginally significant ( $p = 0.095$ ), suggesting that being homeless or a runaway increases the odds of accessing mental health services by a factor of 1.216, although this finding is not statistically robust.

The VocRehab variable, with a B value of -0.013, a standard error of 0.286, a Wald statistic of 0.002, a degrees of freedom of 1, a significance level of 0.963, and an odds ratio of 0.987, is not significant ( $p = 0.963$ ). This indicates that participation in vocational rehabilitation programs does not have a meaningful impact on accessing mental health services.

In contrast, the ShortTermJobSupportsPurchase variable, with a B value of 1.407, a standard error of 0.649, a Wald statistic of 4.696, a degrees of freedom of 1, a significance level of 0.030, and an odds ratio of 4.084, is significant ( $p = 0.030$ ). This suggests that purchasing short-term job supports increases the odds of accessing mental health services by a factor of 4.084, indicating a strong positive effect.

The SupportedEmploymentServicesPurchase variable, with a B value of -14.915, a standard error of 1728.670, a Wald statistic of 0.000, a degrees of freedom of 1, a significance level of 0.993, and an odds ratio of 0.000, is not significant ( $p = 0.993$ ).

The marginal significance of the HomelessOrRunaway variable suggests that individuals who are homeless or runaway have a slightly higher likelihood of accessing mental health services compared to those who are not. The odds ratio of 1.216 indicates that being homeless or a runaway increases the likelihood of accessing mental health services by approximately 22%.

This finding, though not statistically robust, highlights the importance of targeted interventions for the unhoused population to improve their access to essential mental health services.

The VocRehab variable is not significant, indicating that participation in vocational rehabilitation programs does not significantly influence access to mental health services. This finding suggests that vocational rehabilitation programs alone may not be sufficient to enhance access to mental health services for individuals with mental health diagnoses. It highlights the need for integrated approaches that combine vocational support with direct mental health interventions.

The significant finding for the ShortTermJobSupportsPurchase variable indicates that individuals who purchase short-term job supports are significantly more likely to access mental health services. The odds ratio of 4.084 suggests that purchasing short-term job supports increases the likelihood of accessing mental health services by more than four times. This strong positive relationship underscores the effectiveness of short-term job supports in facilitating access to mental health services. It suggests that these supports may address immediate barriers to employment, thereby enabling individuals to seek and utilize mental health services more effectively.

The logistic regression analysis provides valuable insights into the factors influencing access to mental health services among individuals with mental health diagnoses. The significant findings related to short-term job supports highlight the importance of these interventions in facilitating access to mental health services. The marginal significance of the homeless or runaway status underscores the need for targeted interventions for the unhoused population. The non-significance of vocational rehabilitation programs suggests that these programs alone are not



sufficient to enhance access to mental health services, highlighting the need for integrated approaches.

Overall, the findings suggest that while certain supports and programs can significantly enhance access to mental health services, a more comprehensive and integrated approach is necessary to address the multifaceted needs of individuals with mental health diagnoses.

**Purchases Contribution to Successful Employment Outcomes**

The updated research question for this analysis is:

*What types of service purchases contributed to successful employment outcomes?*

The dependent variable in this study is the employment outcomes, which are measured as a binary variable indicating whether the individual achieved a successful employment outcome. To address this research question, a logistic regression analysis was conducted. This method is appropriate for modeling the relationship between a binary dependent variable and multiple independent variables. In this context, logistic regression helps to identify which types of purchases are significant predictors of successful employment outcomes.

*Table 4.4: Model Summary.*

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	9710.813 <sup>a</sup>	.113	.155

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

The model summary provides key information about the overall fit of the logistic regression model. The -2 Log Likelihood value of 9710.813 indicates the fit of the model, with

lower values generally suggesting a better fit. The Cox & Snell R Square value of 0.113 suggests that the model explains 11.3% of the variance in the dependent variable, while the Nagelkerke R Square value of 0.155 indicates that the model explains 15.5% of the variance. These values suggest a moderate level of explanatory power for the model. The note in the model summary indicates that the estimation terminated at iteration number 4 because the parameter estimates changed by less than 0.001, suggesting that the model converged successfully.

Table 4.5: Variables in the Equation.

	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>df</b>	<b>Sig.</b>	<b>Exp(B)</b>	<b>95% C.I. for EXP(B)</b>	
							<b>Lower</b>	<b>Upper</b>
OccupationalOrVocationalTrainingPurchase	.861	.154	31.388	1	.000	2.365	1.750	3.197
OnTheJobTrainingPurchase	.706	.352	4.034	1	.045	2.027	1.017	4.037
JobReadinessTrainingPurchase	.521	.209	6.201	1	.013	1.683	1.117	2.536
MiscellaneousTrainingPurchase	.183	.278	.435	1	.510	1.201	.696	2.072
AssessmentPurchase	.122	.080	2.342	1	.126	1.130	.966	1.322
DiagnosisAndTreatmentOfImpairmentsPurchase	.914	.122	56.090	1	.000	2.494	1.963	3.168
JobSearchAssistancePurchase	.266	.080	11.175	1	.001	1.305	1.117	1.526
JobPlacementAssistancePurchase	1.180	.078	228.542	1	.000	3.253	2.792	3.791
TransportationPurchase	.515	.083	38.109	1	.000	1.674	1.421	1.972
MaintenancePurchase	1.237	.092	179.127	1	.000	3.444	2.873	4.127
Constant	-1.053	.030	1232.722	1	.000	.349		

a. Variable(s) entered on step 1: OccupationalOrVocationalTrainingPurchase, OnTheJobTrainingPurchase, JobReadinessTrainingPurchase, MiscellaneousTrainingPurchase, AssessmentPurchase, DiagnosisAndTreatmentOfImpairmentsPurchase, JobSearchAssistancePurchase, JobPlacementAssistancePurchase, TransportationPurchase, MaintenancePurchase.

OccupationalOrVocationalTrainingPurchase variable, which has a B value of 0.861, a standard error of 0.154, a Wald statistic of 31.388, a degrees of freedom of 1, a significance level of 0.000, and an odds ratio (Exp(B)) of 2.365. This variable is highly significant ( $p = 0.000$ ), suggesting that purchasing occupational or vocational training significantly increases the odds of achieving successful employment outcomes by a factor of 2.365.

The OnTheJobTrainingPurchase variable has a B value of 0.706, a standard error of 0.352, a Wald statistic of 4.034, a degrees of freedom of 1, a significance level of 0.045, and an odds ratio of 2.027. This variable is significant ( $p = 0.045$ ), indicating that purchasing on-the-job training increases the likelihood of successful employment outcomes by a factor of 2.027.

The JobReadinessTrainingPurchase variable has a B value of 0.521, a standard error of 0.209, a Wald statistic of 6.201, a degrees of freedom of 1, a significance level of 0.013, and an odds ratio of 1.683. This variable is significant ( $p = 0.013$ ), suggesting that purchasing job readiness training increases the odds of successful employment outcomes by a factor of 1.683.

The MiscellaneousTrainingPurchase variable has a B value of 0.183, a standard error of 0.278, a Wald statistic of 0.435, a degrees of freedom of 1, a significance level of 0.510, and an odds ratio of 1.201. This variable is not significant ( $p = 0.510$ ), indicating that purchasing miscellaneous training does not have a meaningful impact on successful employment outcomes.

The AssessmentPurchase variable has a B value of 0.123, a standard error of 0.080, a Wald statistic of 2.361, a degrees of freedom of 1, a significance level of 0.126, and an odds ratio of 1.130. This variable is not significant ( $p = 0.126$ ), suggesting that purchasing assessments does not significantly influence successful employment outcomes.

The DiagnosisAndTreatmentOfImpairmentsPurchase variable has a B value of 0.914, a standard error of 0.122, a Wald statistic of 56.090, a degrees of freedom of 1, a significance level of 0.000, and an odds ratio of 2.494. This variable is highly significant ( $p = 0.000$ ), indicating that purchasing diagnosis and treatment services for impairments significantly increases the odds of successful employment outcomes by a factor of 2.494.

The JobSearchAssistancePurchase variable has a B value of 0.266, a standard error of 0.080, a Wald statistic of 11.175, a degrees of freedom of 1, a significance level of 0.001, and an odds ratio of 1.305. This variable is significant ( $p = 0.001$ ), suggesting that purchasing job search assistance increases the odds of successful employment outcomes by a factor of 1.305.

The JobPlacementAssistancePurchase variable has a B value of 1.178, a standard error of 0.078, a Wald statistic of 228.542, a degrees of freedom of 1, a significance level of 0.000, and an odds ratio of 3.253. This variable is highly significant ( $p = 0.000$ ), indicating that purchasing job placement assistance significantly increases the likelihood of successful employment outcomes by a factor of 3.253.

The TransportationPurchase variable has a B value of 0.515, a standard error of 0.083, a Wald statistic of 38.109, a degrees of freedom of 1, a significance level of 0.000, and an odds ratio of 1.674. This variable is significant ( $p = 0.000$ ), suggesting that purchasing transportation services increases the odds of successful employment outcomes by a factor of 1.674.

The MaintenancePurchase variable has a B value of 1.237, a standard error of 0.092, a Wald statistic of 179.127, a degrees of freedom of 1, a significance level of 0.000, and an odds ratio of 3.444. This variable is highly significant ( $p = 0.000$ ), indicating that purchasing

maintenance services significantly increases the odds of successful employment outcomes by a factor of 3.444.

The logistic regression analysis reveals several significant predictors of successful employment outcomes. The OccupationalOrVocationalTrainingPurchase variable is highly significant, with an odds ratio of 2.365, indicating that individuals who purchase occupational or vocational training are more than twice as likely to achieve successful employment outcomes. This finding underscores the importance of providing targeted vocational training that equips individuals with the skills needed to secure and maintain employment. Such training programs can enhance employability by addressing specific skill gaps and increasing job readiness.

The OnTheJobTrainingPurchase variable is also significant, with an odds ratio of 2.027, suggesting that purchasing on-the-job training significantly increases the likelihood of successful employment outcomes. On-the-job training allows individuals to gain practical experience and develop job-specific skills in a real-world setting, which can be highly beneficial for transitioning into stable employment. This finding highlights the value of integrating practical training opportunities into vocational rehabilitation programs.

The JobReadinessTrainingPurchase variable is significant, with an odds ratio of 1.683, indicating that purchasing job readiness training increases the odds of successful employment outcomes. Job readiness training typically includes preparing individuals for the job market by teaching essential skills such as resume writing, interview techniques, and workplace etiquette. Enhancing job readiness training can help individuals with mental health diagnoses become more competitive in the job market and better prepared for employment.

In contrast, the MiscellaneousTrainingPurchase variable is not significant, indicating that purchasing miscellaneous training does not have a meaningful impact on successful employment outcomes. This finding suggests that not all types of training are equally effective, and it is crucial to identify and invest in training programs that directly contribute to employability and job success.

The AssessmentPurchase variable is also not significant, suggesting that purchasing assessments does not significantly influence successful employment outcomes. While assessments can help identify an individual's strengths, weaknesses, and suitability for certain jobs, they may not directly impact the ability to secure and maintain employment. This finding indicates that assessments alone may not be sufficient and should be complemented with other supportive services.

The DiagnosisAndTreatmentOfImpairmentsPurchase variable is highly significant, with an odds ratio of 2.494, indicating that purchasing diagnosis and treatment services for impairments significantly increases the odds of successful employment outcomes. Comprehensive diagnosis and treatment are essential for managing mental health conditions and improving overall functioning, which can enhance employability. Access to high-quality healthcare services is crucial for enabling individuals to participate fully in vocational programs and secure employment.

The JobSearchAssistancePurchase variable is significant, with an odds ratio of 1.305, suggesting that purchasing job search assistance increases the odds of successful employment outcomes. Job search assistance programs help individuals identify suitable job opportunities, prepare applications, and navigate the job market. Enhancing these services can improve the chances of successful job placement for individuals with mental health diagnoses.

The JobPlacementAssistancePurchase variable is highly significant, with an odds ratio of 3.253, indicating that purchasing job placement assistance significantly increases the likelihood of successful employment outcomes. Job placement assistance programs provide direct support in finding and securing jobs, often through partnerships with employers. Strengthening job placement services can lead to higher employment rates among individuals with mental health diagnoses.

The TransportationPurchase variable is significant, with an odds ratio of 1.674, suggesting that purchasing transportation services increases the odds of successful employment outcomes. Reliable transportation is essential for accessing job opportunities, especially for individuals with disabilities who may face mobility challenges. Ensuring access to transportation services can remove a major barrier to employment.

The MaintenancePurchase variable is highly significant, with an odds ratio of 3.444, indicating that purchasing maintenance services significantly increases the odds of successful employment outcomes. Maintenance services can include ongoing support for job retention, such as follow-up counseling, skill updates, and problem-solving assistance. Providing comprehensive maintenance services can help individuals maintain long-term employment.

The significant constant term indicates that, in the absence of other factors, the baseline likelihood of achieving successful employment outcomes is relatively low. This finding emphasizes the need for targeted interventions and support mechanisms to improve employment prospects for individuals with mental health diagnoses.



The logistic regression analysis provides valuable insights into the types of purchases that contribute to successful employment outcomes among individuals with mental health diagnoses. The significant findings related to occupational or vocational training, on-the-job training, job readiness training, diagnosis and treatment of impairments, job search assistance, job placement assistance, transportation, and maintenance services highlight the importance of these interventions in facilitating employment success.

Occupational or vocational training and on-the-job training are particularly effective in enhancing employability by providing practical skills and experience. Job readiness training prepares individuals for the job market, while diagnosis and treatment of impairments address health-related barriers to employment. Job search and placement assistance programs directly support job acquisition, and transportation and maintenance services help individuals overcome logistical and ongoing challenges in maintaining employment.

The findings suggest that a comprehensive and integrated approach is necessary to address the multifaceted needs of individuals with mental health diagnoses. By investing in targeted training programs, healthcare services, and supportive interventions, vocational rehabilitation programs can significantly improve employment outcomes for this population. The analysis also indicates that not all types of training are equally effective, highlighting the need for careful selection and implementation of programs that directly contribute to employability and job success.

Overall, the study underscores the critical role of tailored support services in facilitating successful employment outcomes for individuals with mental health diagnoses. By addressing both skill-related and health-related barriers, vocational rehabilitation programs can enhance the

employability and job stability of individuals, leading to better long-term employment prospects and improved quality of life.

### **Summary**

Chapter 4 presents an in-depth analysis of the factors influencing employment outcomes among participants with psychosocial disabilities. Using a Logistic Regression test, the chapter examines the relationships between various variables with the closure type (successful or unsuccessful employment outcomes). Overall, the chapter emphasizes the need for targeted interventions to improve employment success rates among participants with different psychosocial disabilities.

## CHAPTER V

### DISCUSSION, CONCLUSION AND RECOMMENDATIONS

#### **Discussion**

##### **Education Level and Employment Outcomes**

The study found a trend, albeit not statistically significant, indicating that higher education levels correspond to slightly better employment outcomes. Participants with 9-12 grade education had the highest rate of successful employment at 35.9%. This trend aligns with existing literature which highlights the critical role of education in improving employment prospects for individuals with disabilities.

Prior research has established that employment outcomes are significantly correlated to education levels, with higher education levels providing better employment outcomes. For instance, Christensen and Knezek (2017) established that employment rate and employment retention increases with education level as compared to those of low education level. Education promotes an individual's proficiency, literacy, and capabilities to make him or her a befitting candidate for employment. Capella-McDonnall (2005) also supports this finding and stated that having higher education increases the employment probability of people with disabilities.

In addition, the positive influence of education in the employment outcomes is supported by the human capital theory which argues that education increases returns to scale of people in employment hence increasing productivity and earnings capacity of those in employment (Becker, 1994). This theory is especially useful to the disabled people because it postulates that

employment barriers can be reduced by attaining higher education. Mwachofi (2018) has mentioned that the employment rate is higher for people with disabilities if they have higher education levels, which means they are better placed to compete in the job market.

Also, education is associated with improved resourcefulness and connections to employment opportunities. For instance, the higher learning institutions may offer services such as career services, internships, and networking to those with disabilities to enable them to look for employment and land the jobs (Lindsay et al., 2018). These resources can be extremely helpful especially to students and learners in 9-12 grade level since they are in a prime stage of moving from school to workforce.

Moreover, it is shown that education plays a crucial role in the employment processes and the enhancement of employment opportunities in the field of vocational rehabilitation. In a study done by Christensen and Knezek (2017) identified that VR programs that comprise education elements are more effective in enhancing employment results of disabled persons. These programs assist people to acquire the right skills and accreditation for decent employment opportunities.

Therefore, the trend established in the study corroborates the general literature by asserting that, among the disability group, there is a positive correlation between the level of education and employment status. Although the above finding was not statistically significant, it supports the existing literature that correlates education with employment effectiveness.

### **Short-Term Job Supports**

The regression analysis conducted in this study identified significant interactions among several key variables that influence employment outcomes for individuals with disabilities. The

most critical factors identified were ShortTermJobSupportsPurchase (short-term job supports), MaintenancePurchase (maintenance support), and RehabilitationTechnologyPurchase (vocational rehabilitation programs). The decision tree further indicated the nested nature of these variables and further confirmed the interrelatedness of these factors in determining employment success. These results are consistent with and build upon previous research that emphasizes the need for targeted services and accommodations to enhance the employment experience of people with disabilities.

The identification of job supports as one of the determinants of employment status with a particular focus on short-term supports accords with research on the practical and immediate support for the unemployed. In this case, job supports are categorized as short-term and long-term where short term job supports include the services such as job coaching, on job training and other services that are intended to provide immediate assistance to enable the clients to adjust to their new workplaces and new working conditions. From Wehman et al (2014), such supports are useful most especially in the early phase of employment because they assist the persons with disabilities to overcome barriers to performance and incorporation in the workplaces.

This finding is consistent with the study done by Bond, Drake, and Becker (2012) who pointed out that the supported employment models, which are accompanied by short-term job support, are more effective in terms of employment than traditional vocational rehabilitation services. These models deliver support on a constant basis and on an employee-by-employee basis, which is essential for keeping the person in a job and happy about the job. Furthermore, Mueser et al., (2016) noted that employment services that span for a short term enhance the probability of maintenance of employment among persons with severe mental illnesses, meaning that they are effective throughout different types of disabilities.

## **Maintenance Support**

The significance of maintenance support in influencing employment outcomes is also well-documented in the literature. Sustaining support involves the continued support that is offered to individuals to ensure that they remain in their jobs and competently performing the duties therein in the long run; such as follow-up, evaluation and provision of the required adjustments. Fabian, Beveridge, and Ethridge (2009) have noted that maintenance support is necessary in order to avoid job loss and to encourage job retention particularly for clients with health conditions or those experiencing difficulties at the workplace.

These results are consistent with Cook et al. (2005), who established that maintenance support, constant check-ups, and the supply of all the required workplace modifications are vital in retaining the employment status of people with psychiatric disabilities. Maintenance support means that any challenges or obstacles that are experienced during employment are addressed comprehensively in a bid to avoid termination of employment. Moreover, the study conducted by Drake et al. (2009) establishes that maintenance support is a critical component of supported employment with the authors confirming that the supports are pivotal in ensuring that the clients attain stable employment.

## **Vocational Rehabilitation Programs**

The identification of vocational rehabilitation programs as a factor significantly related to employment is well supported by the evidence that focuses on the appropriateness of comprehensive vocational rehabilitation services. Vocational rehabilitation programs involve a variety of services that seek to enable the disabled persons to get ready for work, find jobs and maintain the jobs. They may encompass career guidance, employment support, vocational training and devices for people with disability.

A study conducted by Chan et al. (2010) also affirms the effectiveness of vocational rehabilitation programs; the authors explain that such programs enhance the employment rate among disabled people. This is because most of these programs tackle all the different aspects of social reintegration that may be faced by the disabled persons when seeking for jobs. Also, Dutta et al. (2008) stated that when vocational rehabilitation programs consist of training, placement and follow up services, results in enhanced employment and job sustainment of the clients.

Moreover, Cimera (2010) affirms the cost efficiency of vocational rehabilitation programs arguing that in addition to enhancing the employment status of the clients, these programs are economically profitable for the clients and the society by reducing the dependents' benefits and raising tax revenues from the working clients. This finding is specifically significant due to the hierarchical nature of the decision tree where it is indicated that the overall effects of vocational rehabilitation programs, short term job supports, and maintenance support are higher than the effects of each of them singularly.

### **Occupational/Vocational Training**

The fact that occupational/vocational training enhances the probability of successful employment outcomes is in accord with what has already been established. Research findings also indicate that VT programmes are beneficial in increasing employment opportunities more so among persons with disabilities. For example, Dunn, Wewiorski, and Rogers (2008) identified that vocational training programmes are effective in enhancing employment opportunities among people with severe mental illness. These programs equip participants with certain skills and royal accreditation that are desirable in the market hence enhancing competition among participants (Dunn et al. , 2008).

Furthermore, Bond et al. (2008) noted that supported employment which incorporates vocational rehabilitation is essential for the clients. Their work showed that such models foster better employment outcomes and job duration for people with mental health disorders. This view is also supported by the current study, which asserts that vocational training is a significant factor in determining employment outcomes.

### **On-the-Job Training**

Studies have shown that on-the-job training increases the chances of achieving employment by two times, and this research supports the literature on the employment of people with disabilities. On Workplace Training, Cook et al. (2005) established that through on job training, the affected persons are able to develop essential vocational skills and cope with workplace demands. Such training can be quite beneficial because people can be trained while actually doing the work which may be better than the normal training methods that involve classroom work.

Moreover, Mueser et al. (1998) noted that on the job training gives the supported learners an opportunity to learn in a more supportive environment where they get feedback from the supervisors and other members of the organization. This practical approach not only enhances employee performance on the job but also increases self-confidence and job satisfaction. These observations are in line with the current study findings that pointed to the significance of practicum in obtaining employment gains.

### **Job Readiness Training**

Another evidence-based factor is job readiness training which boosted the odds of employment by 68%. Job readiness programs often include the basic job search skills like writing of CVs, interviewing, and manners at the workplace. In a study done by Bruyere (1997),



it was focused on the importance of these programs to help those with disability to find jobs. Concerning the impact of job readiness training, the authors discovered that participants' self-efficacy of job seeking behavior increases, resulting in higher employment status.

In the same line, Nirmala et al. (2020) observed that job readiness training enables mentally ill persons to learn on what is expected of them by employers and how they can meet those expectations. This literature supports the finding of the current study revealing that job readiness training is effective in improving employment prospects for Black males with mental health concerns.

### **Diagnosis and Treatment of Impairments**

The effect of diagnosis and treatment of impairments on employment is a well-documented fact as it is established in the literature. It has been ascertained that proper treatment of mental health disorders is a factor that is important in facilitating the ability to work. In their meta-analysis of vocational interventions, Crowther et al (2001) concluded that the clients, who received adequate treatment for their mental health diagnoses, had high prospects of gaining and sustaining employment.

Furthermore, Rinaldi and Perkins (2007) stressed that integration of medical and vocational treatment is crucial. They claimed that the treatment of health limitations helps enhance the ability of persons in the workplace and the probability of dismissal decreases. The present investigation supports this view by proving that accurate identification and management are critical for favorable occupational experiences.

## **Job Search Assistance**

According to the study, job search assistance was also found to enhance employment outcomes by 30% as posited by prior findings. Placement services are services extended to a person to locate appropriate job vacancies and help in the process of applying for the job. Cook et al. (2005) noted that such programmes are well-suited for people with mental health disorders as they reduce the challenges such individuals experience within the labor market.

According to Bond et al (2008), job search assistance was also highlighted as a component of supported employment. And they noted that those people who get job search assistance have a better chance of getting a job and spend less time out of work. These outcomes are consistent with the results of the current study, as the impact of personalized job search assistance in obtaining employment success is emphasized.

## **Job Placement Assistance**

The result that job placement assistance has a large and highly statistically significant positive impact on the probability of finding suitable employment of a factor 3 or greater is consistent with prior research. Employment advancement services involve availing employment opportunities and orienting such candidates to enable them to retain their jobs. In a study by Becker and Drake (2003), it was evident that supported employment involves job placement services as part of its fundamental activities. The authors indicated that people who receive job placement services end up in and maintaining competitive employment more frequently.

Furthermore, Bond et al (2008) in their study also corroborated the studies whereby employment assistance services facilitated the enhancement of employment productivity among the seriously mentally ill population. It is these services that assist in the process of connecting the unemployed with employers, thus enabling the right placement of the persons and ensuring

that they receive the support they require while in the process of transitioning into the new job. The current study's result corroborates this literature by focusing on the role of job placement services in helping Black males with mental health issues to attain good employment outcomes.

These results from this study are consistent with previous literature on the roles of a number of support services in improving employment trajectories of people with mental health illness. The skills training such as occupational/vocational, on-job, job readiness, the diagnosis and treatment of the impairments, job seeking and job placement have all been proven to enhance the employment and job sustainability. These findings thus emphasize the need for holistic and individualized services in the process of helping Black males with mental health diagnoses into viable employment opportunities.

### **Recommendations of the Study**

The following recommendations can be made based on the results of this study to enhance the employment status of Black males with mental health diagnoses who are undergoing vocational rehabilitation. These recommendations are aimed at increasing and improving the support services, using a combined approach, advocating for changes and supporting community organizations for improving the conditions for this category of people.

Firstly, there is a need to enhance the service offering with a focus on the services that were found to have high employment success rates. This includes expanding employment supports for short-term work and training, vocational training, job-readiness, and job-placement services. Such services are very important in helping people acquire the skills, confidence and other assets that help one to look for and sustain a job. Services for vocational training should be individualized and suitable for Black males named with mental health issues, targeting skills and

licenses to increase employment opportunities. Furthermore, job readiness training should include other attributes like resume preparation, interview skills and other employee conduct to enable the individuals to market themselves adequately.

Secondly, the models of mental health and employment services should be integrated. The authors of the study focused on the fact that there is a need to address both mental health and employment, in order to improve the chances of the patients. Medical and clinical support in conjunction with vocational services can assist those with mental disorders to better manage these conditions and thus improve work capacities. These programs should be designed in such a way that they will be able to provide individual employment support right from the time of employment to the time of retirement.

Thirdly, there is a need to have policy reforms that would help in enhancing the access of vocational rehabilitation and prevent any barriers that affect the employment of the Black males with mental health diagnosis. More specifically, legislators should encourage the provision of more funding and personnel to VR programs, so that agencies are well prepared to manage such demands. There is also a need for policies that ban discrimination and stigmatization in workplaces to improve the situation of people living with such illnesses. Best practices should be encouraged by employers who should include employees with mental health diagnoses in the workforce, and should provide for the needs of such employees.

Finally, there is an understanding that the involvement of the community is essential to increase the awareness of existing services and their utilization. Engaging with other organizations within the community can assist in fostering good support structures and improving services. In this regard, the aforementioned organizations can be of great help in disseminating this information and motivating clients to participate in vocational rehabilitation.

When it comes to the context of working with clients of color with mental health disabilities, vocational rehabilitation programs should forge partnership with community stakeholders to ensure that programs are culturally competent and responsive to the needs of Black males with mental health disabilities.

Thus, it is possible to enhance employment perspectives and existent quality of life among Black males with mental health diagnoses with the help of these recommendations. Offering and improving care services, embracing a person-centered model of care, lobbying for policy change, and collaborating with other agencies and organizations are the most effective ways of ensuring that this population is promoted and supported adequately. Further work in these areas will be important to increase economic and social participation and support that Black males with mental health disorders can maximize their opportunities in the labor market.

### **Conclusion of the Study**

The conclusion of the study on the factors contributing to successful employment outcomes for Black males with mental health diagnoses undergoing vocational rehabilitation provides critical insights into the barriers and facilitators of employment within this demographic. This study strengthens the role of specialized vocational services in improving employment opportunities for Black males who encounter race and mental health barriers.

The research results reveal that type of interventions like occupational/vocational, on the job, job readiness training and job placement services are crucial in determining the employment outcomes. The mentioned services assist in a gap between mental health problems and work by offering vocational training and job readiness skills, along with job search techniques and

tangible assistance in getting a job. This is consistent with past research as it highlights the need to have holistic and coordinated interventions in vocational rehabilitation.

Furthermore, the analysis shows that entry-to-work supports that are time-limited, and the identification and treatment of disabilities also improve the mental health care and employment prospects. This is risky because Black males suffer from mental health issues, and as much as they need employment, the two aspects should not be treated separately. This calls for sufficient medical and psychological attention to the beneficiaries to help them not only find employment but also retain the jobs.

The work also shows that traditional vocational rehabilitation services alone do not meet these clients' needs. This calls for a reconsideration of the general structure and design of such programs in a bid to find better ways of addressing the needs of Black males with mental health conditions.

Finally, the study provides significant contributions to the field's body of knowledge regarding vocational rehabilitation and employment of the disadvantaged. Employment services also emphasize the need for individualized, combined support services that foster improved employment prospects and advocate for policy changes to improve service provision. The conclusions support the services that would provide potential clients with an opportunity to receive mental help and job-related services simultaneously to address the employment difficulties of Black males with mental health conditions. Further research and policy efforts are required to maintain and diversify these beneficial effects, which would help advance the economic and social integration of this population.

## **Implications of the Study**

### **Theoretical Implications**

The study contributes toward the research on mental health, race, and employment outcomes and the difficulties experienced by Black males with mental health conditions. This study helps to build the research literature on vocational rehabilitation by establishing which interventions are most effective in the area. This research aligns to the given theoretical framework that asserts that complex and coordinated support services are essential for vulnerable persons. In light of the findings, the study supports existing theories on the need to have targeted vocational training, job readiness skills, and mental health treatment interventions while highlighting the importance of vocational rehabilitation. Further, it supplies the evidence base for future studies that may help scholars examine the complex relations between race, mental health, and employment in more detail.

### **Practical Implications**

In practical terms, the study provides useful recommendations for the policymakers, the VR personnel and the employers. The results should be of interest to policymakers as it points to a lack of sufficient funding and resources for vocational rehabilitation programs that provide a combination of employment and mental health services. There should be eradication of policies that act as the basis of systematic discrimination of people with mental disorders in the workplace.

Finally, for vocational rehabilitation practitioners, it underlines the need to offer individualized comprehensive services. Most of these programs should involve vocational training programs to impart skills that can help put the person at par with other marketable skills, job readiness training that prepares such a person to face the market and employment placement

to help place such a person in a job. They should also see that mental health issues are addressed in vocational programs, as well as services that can be utilized constantly to address mental health problems.

The present study may be helpful for the employers to realize how important they are to the employees with mental health conditions. The analysis conducted in this study shows that employers should use equal opportunities in hiring employees and ensure they offer required adjustments to support employees with disabilities. Other interventions that could be helpful include education and training, such as how to prevent and combat mental health issues within the workplace.

Lastly, the implications of the study for practice are discussed, further supporting the necessity of large-scale, multifaceted support services for Black males with mental health conditions to enhance their employment prospects. Through presenting the findings of the study in terms of the concept and its implementation, this research enhances the current knowledge in the field of vocational rehabilitation and fosters more opportunities for the inclusion of this vulnerable population into the workforce.

## **Limitations and Future Research Recommendations**

### **Limitations**

A notable limitation of the study is the use of secondary data from the Rehabilitation Service Administration 911 (RSA-911) database. A potential limitation in this study was the reliance on archival data; this means that while the data was rich, it was not collected with the objective of answering the research questions posed in this study. This could have affected the study outcomes and their applicability to other cases or other contexts.



One of the limitations is the lack of generality of the results, since the research is conducted exclusively among Black males diagnosed with mental disorders in the context of vocational rehabilitation. While this focus is essential for uncovering the experiences that are most relevant to this group, it begs the question about how these findings might apply to other women or other persons of color with mental health issues. Furthermore, regression analysis was an area of weakness in the study since the researchers' faced issues with model convergence, which may have impacted the credibility of some of the findings. These issues point to the fact that future research should employ more advanced tools for data analysis.

### **Future Research Recommendations**

To enhance the findings of this study, the following research directions can be undertaken in the future. Firstly, the primary data collection could be carried out to have a much deeper understanding of the situations and the impact of mental health diagnosis for black males enrolled in the vocational rehabilitation programs. The use of primary data sources would incorporate variables and factors that may not have been captured in the RSA-911 database because it would yield deeper and more extensive insights into the problems.

Secondly, increasing the variability of the sample to include women, other racial and ethnic minorities, people of different types of disability, and others who are considered to be in a lower operational power could increase the external validity of the study. There could also be comparative research which would involve comparison of the various employment status from which conclusions could be made regarding vocational rehabilitation across the various categories.

Additionally, the future research should involve the application of more demanding methods of data analysis to handle the issues of the model convergence and enhance the

reliability of the results. Some of these methods include machine learning and artificial intelligence that could be used to find other intricate relationships and correlations between different variables to make the results even more sound and useful.

Therefore, future research should have more specific statistical approaches that include the use of the chi-square test to analyze the relationship between demographic variables and employment status. This will aid in the identification of disparities in the use of the service and the level of accomplishment across the different subgroups. Furthermore, such extension of research to Black females, young black people with disability turning to adulthood, will help in developing broader research data on VR services within a diversified population.

As with the assessment of service purchases, interesting patterns have emerged especially with respect to first, how some services such as job readiness training and on the job training are strongly associated with employment. The study should further explore why these services are more effective next, perhaps investigating certain aspects that yield positive outcomes and how the services can best be suited for the targeted groups.

There is the need to factor in COVID 19. It is therefore important for future studies to establish contrast in employment outcomes among Black males with mental health diagnoses before and after the COVID pandemic using the RSA-911 data set considered in this research. It could be assumed that the pandemic has created some new conditions and opportunities in the field of employment, and the analysis of these conditions can expand the understanding of VR programs and their applicability to this population after the pandemic.

Finally, it is suggested that only longitudinal studies are needed to assess the impact of vocational rehabilitation intervention on employment outcomes over a period of time.

Longitudinal research would give insight on the employment stability of the employment gains and the recommendation factors that would help Black males with mental health diagnoses to maintain their jobs and advance in their careers.

In conclusion, this present study has revealed some insights on the factors that affect employment status of black males with mental health disorders, but to rectify the shortcomings of this study and to explore the avenues for future research highlighted above will help to advance the understanding of the issue and improve the practice of vocational rehabilitation. These, in turn, will help in improving the support systems and employment of all those with mental health issues.

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## VITA

Dr. John Chancellor Williams attended Winston-Salem State University (WSSU), and finished his bachelor's degree in Psychology, with a minor in Sociology. Upon his undergraduate graduation, Dr. Williams was accepted into the Master's in Rehabilitation program at WSSU, where he attended, interned and worked full time until completion in 2007. Dr. Williams entered the field of community case management and gained experience in working with adults with severe mental health diagnoses early in his career. He later pursued his clinical licensure in substance abuse where he led groups, worked with families and helped develop treatment plans that would reduce substance use in the community. In 2013, Dr. Williams decided that he wanted to pursue his education, in hopes of being able to get inside of the classroom to help prepare competent and qualified mental health service providers. This earned him an acceptance into the doctoral program in Rehabilitation Counseling at The University of Texas at Rio Grande Valley (UTRGV), where he was provided with both a teaching and research assistantship. While at UTRGV, he became acclimated with research in the areas of recidivism, reentry and policies in disability. Dr. Williams has presented at the National Council on Rehabilitation Education (NCRE), National Association of Multicultural Rehabilitation Concerns (NAMRC) and participated as a panelist at the 7<sup>th</sup> Annual P.A.C.E Bioethics Conference. Dr. Williams has also assisted in securing grant funding for the Quest for Development of Addictions Studies Program, which provides financial assistance for students in that major. Dr. Williams completed his studies at UTRGV in 2024. Contact information: [jcwilliams1911@gmail.com](mailto:jcwilliams1911@gmail.com)