4 | Establishing an Organizational Culture that Supports Young Adult Peers

4|ESTABLISHING AN ORGANIZATIONAL CULTURE THAT SUPPORTS YOUNG ADULT PEERS

Organizational culture is a system of shared values, beliefs, and norms that governs how people behave in organizations. Many studies demonstrate the strong impact of the culture of a mental health provider on day to day staff practices[xxiv] Mental health provider culture is a deep reflection of historically ingrained practice norms and well-established professional codes of ethics, which is inexorably linked to the ways in which staff approaches care. Therefore, introduction of innovation and new practice often has to be accompanied by changes in organizational culture.[xxv] This is particularly true for introducing the role of the young adult peer, which can challenge or contradict typical treatment team norms.

The cultural attributes (e.g., values, beliefs, norms) necessary for effective implementation of the young adult peer role are listed in the table below, which also notes the toolkit chapters outside of this one that provide additional descriptive information. These attributes have been drawn from practice supports described in other chapters in this toolkit, best practices, stakeholders guidance, and the research literature on YA peer success.

Cultural Attributes Necessary to Support the Young Adult Peer Role			
Beliefs/Norms	**Source(s) & Descriptive Information**	**Values**	**Source(s) & Descriptive Information**
Staff understands and supports the YA peer role (& culture)	Chapters 1-3	Respect for young adult life/culture	Chapter 8
Stigma and Discrimination are actively addressed at all levels	Chapters 8, 9	Diversity of people, perspectives, and experiences	Chapter 8
Clinical care is strengths-based and encourages client empowerment and self-determination	Chapter 8	Flexibility (toward policies, employees and clients)	Chapter 6
Employee job success is actively supported	Chapters 5-7	Employee wellness	Chapter 6, 8

	Problem solving, not blaming	Chapter 6

"Organizational elements" are the normative expectations of staff and the resources that exist to support a desired culture within an organization.

Organizational Elements vital to young adult peer success

1. Valuing peer support

2. Understanding the experience and culture of today's young adults

3. Recognizing and addressing workplace stigma

4. Embracing legal obligations to not discriminate against employees with disabilities

5. Diversity of person, perspective, and experience

6. A positive [young adult] development approach to treatment and services

7. Self-determination and dignity of risk

8. Employee access to wellness tools, supports and services

As you read through these elements, think about how your agency is structured, specifically the kinds of policies and practices that are inclusive of and exclusive to young adult peer culture. For example, we find that some non-peer staff members express concern about the peer role based on a single negative experience with someone in a peer role. Consider how you might address related staff misconceptions. We also find that when employees do not feel valued, they are more likely to focus on the negatives of their job and their clients, leading to an even more challenging work environment for YA peers. As we are in the early stages in developing both the YA peer role and effective transition-age youth services, not all of these elements are typically in place for providers. Thus, in chapters 7 and 8 we discuss the organization's structures and systems for introducing and maintaining these important cultural elements.

To help you and your agency consider the extent to which your agency policies and practices embrace young adults and peer culture, we have provided self-assessments for the organization overall (Appendix A) and for staff, the latter developed by California Association for Social Rehabilitation Agencies (CASRA), in their guide, Meaningful Roles for Peer Providers in Integrated Healthcare (page 98).

VALUING PEER SUPPORT

Mead (2003) defines peer support as "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful."[xxvi] In many communities, organizations or individuals sponsor peer support groups for people with serious mental health conditions, in which participants share their experiences and perspectives and offer understanding. For newcomers, peer support groups are welcoming and often enlightening. A person who has been struggling with a mental health challenge often feels very discouraged and alone; when he/she learns that there are other people like him/her who are further along in their recovery, the result is often relational connection and hope.

As it was introduced in the context of health care, the formalized peer provider role was developed to bring a peer support perspective to treatment and services. Many people diagnosed with SMHC become peer providers because they themselves have experienced the benefits of peer support. They feel a calling to inspire others by sharing their experiences and knowledge with those who are experiencing significant mental health difficulties.

Thus it is important for non-peer staff to appreciate and understand the peer support cultural norms peers will be drawing from in their work. Many of these are directly connected cultural attributes necessary to support the work of YA peers:

Peer Support Cultural Norms			
Promoting social networks of support		Strengths-based	Non-hierarchical
Partnering (e.g., providers, family)	Self-determination	Flexible	Non-judgmental

Some useful tools for assessing the provider's level of peer support culture can be found in the Commonwealth of Pennsylvania's Tools for Transformation Series: Peer Culture/Peer Support/ Peer Leadership:

- Peer Leadership Provider Checklist   Pages 12-15
- Person in Recovery Working with Provider Checklist   Pages 16 - 19
- Staff Checklist   Pages 22-24

UNDERSTANDING THE CURRENT EXPERIENCES AND CULTURE OF TODAY'S YOUNG ADULTS

The "transition to adulthood" is a complex and stressful time period, distinct from other

developmental stages. The transition to adulthood comprises the end of childhood and beginning of adulthood - from approximately ages 16 to 30. It is not quite full adulthood, which has historically been seen as one's willingness to accept responsibility for one's actions and the achievement of financial independence. Today, given the difficulty today many adults have in achieving "financial independence," full adulthood is now seen more loosely as some combination of stable adult work, family responsibility, and community involvement.[xxvii]

The transition to adulthood is a time period in which young people take on increased responsibilities across life domains with decreasing levels of support. It is also a time of heightened uncertainty, as one takes steps in developing their identity by trying out new jobs, school programs, relationships, and living situations - all while renegotiating their relationships with their parents or caregivers and learning how to live on their own.

People with SMCH transitioning to adulthood struggle with forming their identity and taking on responsibilities, often complicated by challenging relationships with their parent(s) and other family members. As TAY improve with treatment, families may not be ready for them to take on new responsibilities for independent living and decision-making. Learning responsibility and forming an identity is a trial and error process for transition- age youth, with or without mental health challenges – and it is through hardship and mistakes that we learn a lot about who we are.

Middle-aged and older adults often struggle to relate to or understand current young adult perspectives by simply extrapolating from their own young adult experiences. Young adults today share a time in history unique to them, which influences how they think and act.

The current group of young adults has grown up with 9/11 and the "great recession," with greater security measures and a less predictable economy. Because of the major recession and a more global economy, young adults frequently find themselves with a significant amount of college debt, while unable to find a well-paying job; this causes young adults to rely on family for financial and housing support for a longer period of time than previous generations. Below are five key aspects of young adult life that organizations should be aware of when employing YA peers.

1. **Communication with technology & social media**
   While people of all ages are likely to possess some form of technology for communication, young adults are typically more tech-savvy, navigating social media and smart phone applications with increased ease compared to older adults.[xxviii] Today's youth and young adults gravitate away from email and phone calls, choosing instead to communicate through texting, social media, and chat and messaging applications, including video conferencing such as Skype. Young adults adopt technology rapidly because they want to connect to different kinds of people locally and across the globe. For instance, young people welcome "followers" on Instagram, where they can "like" similar images, learn from one another, and communicate via the messaging application within Instagram. This experience can be a form of peer support and potentially a powerful tool that young adult peers might use to engage their young adult clients. However, high levels of internet use for young adults have been associated with increased feelings of insecurity and isolation.[xxix]

2. **Substance use**
   Substance use in late adolescence and early adulthood is the norm rather than the exception. There are three major trends affecting young adult behaviors in this area: growing abuse of opioids/heroin (a major cause of death), increasing rates of binge drinking, and the increasing legalization of marijuana (known to have greater potency than in the past).[xxx,xxxi] This current generation of young adults show higher usage rates of alcohol, marijuana, and opioids than previous young adult cohorts.[xxxii] In addition, compared to other age cohorts, young adults comprise the largest group of abusers of Attention-Deficit Hyperactivity Disorder (ADHD) stimulants and prescription opioid pain relievers.

   Many peer providers are in recovery from co-morbid SMHC and substance use, and they utilize that knowledge and experience to provide support to their clients. Employers should have policies and structures in place to support the continued employment of a YA peer provider whose job performance drops in relation to known substance use. This can be done using the wellness approaches discussed in this chapter and, often through the provision of reasonable accommodations (see chapter 7).

3. **Economic, employment, and career uncertainty**
   Today, underemployment and financial struggles are common for individuals in their 20's because well paid entry-level jobs are hard to find. Health insurance and other non-salaried benefits are becoming increasingly rare, which is why the Affordable Care Act (ACA) included a clause stating that young adults can continue coverage under their parents' health insurance until age 26. While advanced education continues to be vital to earning higher wages and obtaining increased job security, college costs have risen considerably. Many students struggle to finance these costs and rely on student loans, only to find themselves in debt, unable to afford housing, and relying extensively on their family for financial and housing stability.

4. **Family formation**
   Young adults today are taking more time to form their own families, including finding a permanent life partner and/or becoming parents. In 1970, the median age of first marriage for males was 24 and for females was 22; in comparison, in 2010 the median age of first marriage for males was 29 and for females was 27. And while many young adults, regardless of social class, endorse the legitimacy of marriage and parenthood, it appears that young people from lower socioeconomic backgrounds are less likely to marry. Such young adults are more likely to have children outside of marriage before being able to support them. These pregnancies tend to be unplanned, with few biological parents prepared to support a family. Without consistent support, they rely on their own families for economic and social support. Thus, there will be YA peers who are responsible for children, often without the other parent's involvement. To promote such peer's job development and maintain their employment, it is important to accommodate their needs, often through flexibility with hours and scheduling.

5. **Greater tolerance of and sensitivity toward diversity**
   Today's young adults are less conflicted than older adults about the behavioral norms and values of the various culture groups, and are more comfortable with representations of

diversity, such as interracial relationships and gay marriage. The higher level of overall tolerance of young adult peer providers can be highly beneficial to provider organizations trying to develop a diverse workplace in regards to race, ethnicity, sexual identity/orientation, and age.

For a general background on this chapter, please see the 2015 Institute of Medicine report: Investing in the Health and Well-Being of Young Adults.

RECOGNIZING AND ADDRESSING WORKPLACE STIGMA

Stigmatizing views held by employers and fellow employees make it difficult for young adults with SMHC to enter and succeed in the competitive workforce. Four assumptions strongly underlay workplace stigma: (1) people with SMHC are dangerous to themselves and others; (2) YA with SMHC lack the experience, desire, and social competence to meet the demands of work, (3) working is not healthy for people with SMHC, and (4) providing employment to people with SMCH is primarily an act of charity.[xxxiii] These views are based on stereotypes: misconceived negative generalizations to individuals in a group bound by shared characteristics or experiences. This kind of stigma is present in many workplaces, including provider organizations, which tend to see clients at their worst, during a crisis or otherwise highly symptomatic.[xxxiv]

As part of their acknowledged role, peer providers are known by other staff to have a history of mental health problems; right off the bat, this creates a basis for stigmatizing perspectives and attitudes.

In the Table below we address myths associated with these stereotypes, and provide the facts describing the reality of these issues.

Common Misperceptions About People with Mental Illness Working, Particularly as Peers.	
Myths	**Facts**
People with mental illness cannot get better/recover.	Many people have recovered from mental illness toward symptom remission and/or social role fulfillment[xxxv] Of note, mental health providers may have misconceptions because they tend be aware of people with SMHC at their sickest, and less so when farther along in recovery.
People with mental illness are dangerous.	People with mental illness are on average no more danger-ous than others.[xxxvi]

People with mental illness are incapable of holding responsible jobs.	Many successful people who work in responsible positions have a mental illness, but most have not openly disclosed. [xxxvii] Many have been successful because they were able to attain job flexibility, allowing them to manage their symptoms.
Young adults with mental illness do not have the work experience or education/ training to hold a job.	It's true that such young adults have often been forced to veer off the typical vocational path. But YA peers are able to attain job success aside from their educational background when the workplace supports their resilience and persistence.[xxxviii]
People interested in peer positions are unable to work full-time because of social security disability insurance (SS/D/I) or other limitations.	People on SS/D/I can work full-time but need a job that supports their basic costs of living and health insurance. Social security also provides work incentives towards full-time employment (see chapter 9), and human resource departments should understand these provisions and work with peers to maximize opportunities for full-time employment.
Young adults diagnosed with SMHC are often in crisis.	There is no evidence for such a belief. This bias in the workplace is often driven by the ways in which TAY have learned to speak- in the language of needs and symptoms, which may sound like a "crisis" to supervisors and other staff. These TAY employees should learn to discuss their psychological needs in a more strengths based way, being able to assert what they need to for job success.

Public stigma in the workplace can induce 'self-stigma,' the internalization of stigmatizing attitudes. Young adults with SMHC are particularly prone to self-stigma because of a focus on self-identification with other people in their age group. Self-stigma for young people with SMHC can manifest as feelings of shame, low self-regard, and social unacceptability. For example, peers capable of doing the job may keep to themselves, with only task-related contact with colleagues; this type of social isolation can be seen as a negative by other employees, or they can reach out to the YA peer and establish a social connection (see chapter 8).

Peers, like all employees, depend on good and trusting relationships with other staff for job success. Stigma in the workplace not only invokes negative stereotypes, but also places pressure on employees with SMHC to carefully calibrate how they present themselves to other staff (i.e., what and how much to share about one's SMHC). Stigmatizing attitudes create a climate in which YA peers who are having job-related problems will be reluctant to seek assistance from other employees for fear of being seen as "needy."[xxxix] Thus, stigma often impedes the development of meaningful relationships between peer providers and their supervisors and coworkers.[xl] Without an environment of acceptance and inclusion, peer employees may experience increased stress and exacerbation of mental health symptoms, be less likely to disclose their condition toward requesting an accommodation, and be more likely to quit their job.[xli]

Stigma is based on ignorance and misinformation, and drives employees' attitudes (prejudice) and actions (discrimination) toward creating social distance from and making negative personnel decisions about people. When there is stigma with regard to mental illnesses, providers will be especially wary about instituting a YA peer provider program in their agency because they expect to face strong resistance from other staff and are not interested in taking the time to address organizational cultural issues. When there is stigma, provider staff will engage in discriminatory behavior through excessively attributing mistakes to the disability, micro-management, gossip, increasing social distance, and limiting opportunities for advancement, and they will be less likely to provide reasonable accommodations (chapter 7).

Thus, providers employing YA peers will need to take a systematic approach toward minimizing stigma. An understanding of the myths and misconceptions of SMCH will provide employees with a basis to self-manage their prejudicial thinking before it turns into discriminatory actions.

However, that is only a start. A stigma-free workplace depends on committed leadership, education and training, exposure to peer providers, and accountability. Throughout this toolkit we describe organizational policies and practices that collectively are meant to support the YA peer, and also to address stigma and discrimination toward peers. Thus, we have devoted the next two sections diversity and anti-discrimination laws. And in Chapter 5 we discuss how to prepare staff to work with peers, and in chapter 9 we address the organizational infrastructure necessary to provide a supportive workplace for peers.

EMBRACING LEGAL OBLIGATIONS TO NOT DISCRIMINATE AGAINST EMPLOYEES WITH DISABILITIES

Federal and state laws generally prohibit organizations from discriminating against qualified and capable employees with disabilities. (For more specifics on the Americans with Disabilities Act (ADA) and other legal prohibitions, see Appendix B.) These laws prohibit discrimination in all aspects of employment, including job application procedures, hiring, advancement, discipline, firing, compensation, training, and other terms and privileges of employment. Employers breach these laws by maintaining a workplace that is hostile or intimidating for people with mental health conditions (see EEOC commentary).

> Although alcoholism and drug addiction both are disabilities under the ADA, they are treated differently. An alcoholic is viewed as having a disability, as discussed at http://askjan.org/media/alcohol.html. Someone who is addicted to drugs has a disability only if s/he is not currently using illegal drugs, http://askjan.org/media/drugadd.html.

Disability discrimination laws protect people with mental health disorders, even if symptoms are controlled by medications or by other means (see https://askjan.org/media/psyc.htm). People are also protected under this law when they are "regarded as" having a mental health disorder, even though they might not actually have one. Thus, peer providers are likely to be protected by these laws because they are known to other staff as having had a mental health condition that has impaired their functioning.

Job success for people with mental health conditions is strongly enhanced when both employers and employees understand their obligations to not discriminate against people with

disabilities.[xlii] Awareness of the specifics of these laws itself will inhibit aspects of discriminatory behavior toward people with SMHC[xliii] and will help to decrease lawsuits and costly litigation.[xliv] However, organizational employees often know very little about their ADA rights and obligations. [xlv] Employers should have a complaint or grievance process for reporting discriminatory conduct and investigate these reports to address problems.

Young adult peer employers must clearly and continuously endorse the principles and obligations of the ADA through orientations, trainings, and leadership messaging (see chapters 8 and 9). ADA materials (e.g., booklets) and guidance are readily available online and through federally funded initiatives.

- JAN (Job Accommodation Network) offers a variety of learning materials on the ADA, including web-based trainings, and no-cost confidential advice to both employers and employees on relevant issues.

- There are 10 ADA centers that cover the United States, each responsible for technical assistance and research in their region.

- The United States Equal Opportunity Commission also has good background information on the AD A.

DIVERSITY OF PERSON, PERSPECTIVE AND EXPERIENCE

A workplace is diverse when employees at various organizational levels are representative of a larger group of people, such as the local geographic community or its customers/clients. Hiring and other personnel decisions are based on individualized fact- based assessments, and not on stereotypes, resulting in a more dynamic and capable workforce. For a healthcare provider, a diverse workforce improves its overall knowledge of the norms and values of its diverse clientele. It also improves engagement because clients are more likely to trust someone who shares or understands their culture.

People are diverse in multiple ways, such as by age, culture, ethnicity, gender, language, disability, race, religion, and sexual orientation. There have been sufficient levels of workplace discrimination with regard to these demographical characteristics in the U.S. that federal and state laws have been passed to prohibit such discrimination (e.g., ADA). There are many avenues through which employers can discriminate, such as through performance reviews, promotions, salaries, and opportunities to learn or grow on-the-job.

A workplace that embraces diversity has an environment that values, utilizes, and supports the contributions of people with different backgrounds, perspectives, and styles. Such a workplace negates stereotypes and does not tolerate discrimination. It fosters a staff that is interested in and values the perspectives of employees from typically underrepresented groups. The presence of members of these groups working closely with others who do not share a particular perspective or culture will challenge the stereotype that certain categories of people are incapable of assigned tasks.

It will take a strong and sustained effort to promote diversity in an organization. People discriminate because of biases, prejudices, and personal affiliations that limit their experience

and outlook. And oftentimes people are unaware of their prejudices, which become so ingrained in one's thinking that they feel natural and logical. In addition, group affiliations among staff (e.g., long-time employees, professional groups) can flame workplace prejudice, which is more burdensome on employees hired more recently (e.g., younger people) and in emerging professions (e.g., peers).

There is no quintessential approach for establishing a diverse workplace. There is no evidence that diversity trainings alone impact workplace diversity. But used in collaboration with other initiatives, the best diversity trainings contain positive intergroup interactions towards enhancing the skills, knowledge, and motivation of employees to interact with others who are different from themselves, and who they may not normally talk to on a regular basis. The basic idea is to use multiple approaches, depending on the context of the situation.

Organizational Commitment to Diversity Requires:
- A conviction among senior leaders that workforce diversity positively affects business performance;
- A strong leadership commitment to diversity planning and implementation (senior leaders must be able to distinguish between diversity management and HR management programs designed to comply with EEO/AA guidelines and requirements.);
- A range of diversity initiatives that encompass more than standard minority recruiting, promotion, and retention programs;
- Formal mechanisms for evaluating and holding company personnel accountable for diversity outcomes;
- Discrimination laws will be observed and adhered to,
  - Take immediate action when employees in a work group show disrespect for others.
  - Encourage employees to challenge practices that present barriers to different groups,
  - Ensure assignments and opportunities are accessible to everyone, and delegate fairly,
  - Include employees/co-workers in decision-making processes around diversity,
  - Evaluate staff based on their diversity practices and incentivize.

For more information, see Marquis et al., 2008.[xlvi]

The Blatt Institute at Syracuse University provides additional useful information on developing workplace diversity policies for people with disabilities, including strategies for communicating and publicizing policies.

In this toolkit, we provide supportive information and tools for promoting diversity. In other parts of this chapter we discuss the importance of employees' understanding and valuing young adult life and culture, addressing mental health stigma, and strategically utilizing employment disability discrimination laws. In other chapters of this toolkit we provide more specific strategies for addressing these issues, in training/supporting supervisors, preparing non- peer staff, and developing agency infrastructure and framework.

A Positive [Young Adult] Development Approach to Treatment and Services

For young adults "positive development" (PD) is a series of goal-directed ongoing activities that generate internal strengths such as initiative, self-reflection, self-efficacy, communication, and problem solving. It is often realized through parental/guardian role modeling, part-time work opportunities, respectful relationships, and safety from violence and other dangers.

PD is an approach now used to empower youth and young adults with disabilities to take an active role in decisions about their lives by improving their executive functioning skills. Executive functioning is the capacity to manage ones cognitive and emotional processes and to strategically develop plans toward accomplishing tasks and projects. With PD, providers offer young adult clients opportunities to set meaningful life goals, while offering them support and direction to develop plans to attain them. Historically, and in a more rigid clinical model, mental illness has been seen as a chronic condition, and young adult clients have been advised to lower their life expectations. Clinicians traditionally have been paternalistic, which is particularly dispiriting to young adult clients who are anxious to develop independent living skills. In similar ways to the peer provider role, the PD approach has clashed with typical clinical practice, which does not focus so much on personal empowerment. Thus, a provider operating primarily from a clinical philosophy may have a very difficult time supporting YA peers.

The Pathways Positive Development model posits that the established intervention is important, but less so than provider factors (See Community-based Approaches for Supporting Positive Development in Youth and Young Adults with Serious Mental Health Conditions).

Critical Provider Skills can be Categorized into Three Domains:

1. Providers are skilled and able to develop trusting relationships with young adults. The provider brings hopeful and positive energy to the relationship. Critical to building trust is the provider's good listening skills toward encouraging the young adult to share her/his story, opinions, and goals. With relational transparency, the provider does not attempt to coerce or manipulate the young adult.

2. The provider must be very skilled in drawing out young adult's treatment priorities/perspectives and life goals, and helping them to identify feelings of ambivalence and conflict.

3. PD based practitioners motivate clients to learn and practice their meta-developmental skills, enhancing the client's competence, and self-efficacy. The provider here does not simply engage the young adult in a planning process, but more importantly teaches him/her assessment and decision making skills they can use to improve their standing in life.

For more information, see also:

SELF-DETERMINATION AND DIGNITY OF RISK

Self-determination is the ability to make decisions and choices based on one's own values and preferences.[xlvii] "Dignity of risk" is respect for each individual's autonomy and self-determination to make poor choices even though at times the risks may appear to outweigh the benefits. For young adults, making personal choices generally facilitates long-term growth through identifying strengths and weaknesses, experiencing life's challenges, and learning from one's mistakes.[xlviii] With regard to adult mental health services, provider organizations and individual clinicians are often risk averse, concerned that when left to their own devices, young adult clients will make poor decisions that risk their health. Provider staff are thus wary about young adults' making their own treatment decisions, even when they've shared the benefits and side effects of treatment. A culture and staff that endorses this approach will conflict with the goals and aims of the YA peer, which in part is to support client self-determination. In this environment, YA peers may often disagree with the staff decisions around client participation in treatment, making working conditions difficult for them.

On the other hand, YA peers will thrive in a culture that aims to realize the concepts of self-determination and dignity of risk. In such cultures, YA clients are presumed to be competent and are entitled to make their own decisions. Here, practitioners encourage clients to take "risks" (e.g., attending social gatherings, going back to school) and try out new choices (e.g., learning to drive). When organizations openly value these concepts, the YA peer will be in a better position to advocate for client preferences with their non-peer professional colleagues, including the right for clients to make treatment decisions that appear to be risky but have been thought out (e.g., no longer taking a medication with undesirable side effects). Providers who value self-determination usually struggle with giving full autonomy to clients, and facing the dilemma of agreeing to a treatment choice that goes against their better judgment. Most peers will appreciate the providers' concerns, and will ask the provider to balance short-term risk with long-term gains of developmental learning and identity formation.

Many providers report their agreement with self-determination notions but struggle to put them into practice. In these cases, there are opportunities for peers to thrive as advisors on engaging YA clients in treatment decision making. YA peers can thrive when providers are welcoming to their advice on policy and practice development.

As stated earlier, the community-based Wraparound approach for families includes the active

engagement of parent(s) and youth partners in treatment delivery. However, older adolescents and young adults typically show less interest in Wraparound because of their desire for more autonomy (i.e., in relation to parents).[xlix] Various Wraparound programs have begun to address this issue with specific strategies to generate young adult self-determination through youth-driven family informed approaches, such as integrating the "futures planning" process into the Transition to Independence Process (TIP) model (chapter 1).

To address YA self-determination in Wraparound, Massachusetts has utilized a SAMHSA grant to introduce the YA peer role into the transition-age youth Wraparound process (and are now sustaining the process through Medicaid reimbursement as Therapeutic Peer Mentors). A challenge for YA peers has been bridging the gulf between the perspective of parents on the limits of young adult client autonomy and the client's interest in making one's own choices. A culture of self-determination will respect the parents' position, value other perspectives, and recognize the primacy of the young adult client's right to autonomy. Providers who value self-determination train and support their staff, including YA peers, to engage in a dialogue with parents and youth about the need for shifts in youth autonomy and control to occur in order for recovery to take place.

EMPLOYEE ACCESS TO WELLNESS TOOLS, SERVICES AND SUPPORTS

Human services jobs are generally stress-inducing because of the significant performance pressure, often with limited resources and low pay. Workplace stress directly relates to poor health and disability, and translates to absenteeism, poor performance, and job loss.

Young adult peers succeed through building positive psychological capital. Positive psychological capital is characterized by a person's "self-efficacy, optimism, perseverance, hopefulness and resilience."[li] An agency boosts psychological capital by embracing a culture of health and wellness, with a range of options to prevent and address work-related stress, as well as investing in the development and advancement of their employees.

Organizational leadership is responsible for maintaining this culture and can meet this responsibility by providing access to good healthcare and insurance coverage. For additional information on the employer's responsibilities for providing behavioral healthcare coverage under the federal parity act legislation, see Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act.

Some health supports are accessible to most provider employees by law. This includes:
- **The Reasonable Accommodation (RA)** requirement of federal and state anti-discrimination laws (chapter 7);
- **The Family and Medical Leave Act** requires covered employers to grant employees 12 weeks of leave per year to address serious health conditions. This is a federal law but several states have passed laws to enhance its coverage.

For YA peers, there are many additional employee supports and programs that providers include

to boost the psychological capital (i.e., on-the-job resilience), and the overall wellness of their staff. Here are a few that we find particularly beneficial:

Key Initiatives to Promote Workplace Wellness
- **Employee Assistance Programs (EAP)** typically provide wellness supports for employees and assist them in accessing health services, and are more likely to exist in larger companies. As a confidential counseling and referral service for employees experiencing mental health struggles,[lii] EAPs can help employees retain their jobs by connecting them to evidence-based services and supports shortly after symptoms begin.[liii,liv] The American Psychiatric Foundation's Partnership for Workplace Mental Health has published a helpful guide for how EAP staff can effectively address mental health problems: *Employer Practices for Addressing Stress & Building Resilience*.
- Emerging as a lower-cost alternative to EAPs, **Employer Resource Networks (ERNs)** are multi-employer collaborations designed to link and leverage vocational support resources.[lv] Some ERNs are developed by groups of businesses that pay a fee to participate, while others are based on government subsidies, such as Massachusetts' five "Regional Employment Collaboratives."[lvi] These collaboratives help organizations to hire and retain people with disabilities.
- **Short- term Disability Insurance (STDI)** pays a portion of the salary (usually between 50-75%) to an employee who becomes "disabled" (per policy requirements) and takes leave as a result.[lvii] This allows the employee to fully focus on his/her recovery toward retaining the position for the long-term. The evidence to date suggests that when an employer provides STDI benefits to employees with serious mental health conditions and helps them to access evidence-based services and supports, workdays missed for this segment of the workforce decreases and productivity increases.[lviii]
- **Outreach and Cognitive Behavioral Therapy (CBT) based return-to-work programs, including practical strategies to manage stress.** The CBT approach to workplace integration focuses on understanding the causes of workplace stress and developing practical strategies to better manage it.[lix] Studies show that cognitive– behavioral programs consistently produced larger effects than other types of interventions.[lx] Web-based CBT programs have proven to be successful, particularly when the occupational physician is able to make automated suggestions for treatment referrals based on user-provided information about progress.[lxi]
- **Resilience building programs** help YA peers to improve their self-care and stress management. Successful programs assist participants in reframing negative thinking, developing lifestyle habits that enable coping, and for some, developing wellness/crisis action plans for the workplace. These programs often focus on exercise, relaxation, nutrition, sleep, yoga, and tai chi.[lxiii] A range of such programs have been found effective in reducing psychological symptoms (e.g., depression), absences, and job loss.
- **Coaching and mentoring programs that focus on job development and career oriented goal setting.** Coaches offer a range of cognitive and behavioral techniques through regular meetings to help an employee develop his/her short and long term goals. This approach has been associated with improved worker well-being, fewer depressive symptoms, and increased job satisfaction. (See Creating a coaching plan toolkit and Coaching for on the job development).

- Human Resource departments can support employees with job concerns through **web-based "hubs"** that provide information on workplace supports, such as reasonable accommodations, accessing health services, and SSDI eligibility.
- **Worksite physical activity programs** can reduce stress in employees when they engage in short, simple exercises once or twice a week.[lxiii] Additionally, fitness center membership is associated with increased health responsibility and health promoting behaviors.
- **Opportunities for YA peers to decompress on-the-job**
  o Maintain a physical space for YA peers to take a break, consult with one another, and/or to meet with clients privately when necessary;
  o Provide regularly scheduled support and discussion meetings for YA peers across programs and agencies; and
  o Have YA peers attend trainings where groups YA peers gather.
- **Involve peers and workers in assessing workplace stress** through a variety of venues. Surveys, town halls, discussions, or focus groups are great ways to understand employee stress and burnout, and also to generate ideas of how to improve the workplace culture to combat these negative work experiences.[lxiv] YA peers should be active participants on workplace wellness task forces and committees.

Additional Resources:

Very good guidance on workplace wellness best practices can be found in a 2014 report of the Australian National Mental Health Commission and the Mentally Healthy Workplace Alliance: Developing a mentally healthy workplace: A review of the literature.

Additionally, the federal Equal Employment Opportunity Commission EEOC has provided important information on the impact of the ADA on wellness programs, particularly in collecting disability related information, incentivizing wellness goals, and the use of genetic information in this report: Guidance to employers on Employer's wellness programs in relation to the ADA). A helpful summary of organization wellness requirements that address these ADA concerns can be found through the Kaiser Family Foundation: Workplace Wellness Programs Characteristics and Requirements.[lxv]