Psychiatric Rehabilitation Journal

Barriers to and Facilitators of Vocational Development for Black Young Adults With Serious Mental Illnesses

Jonathan Delman and Leslie B. Adams

CITATION

Delman, J., & Adams, L. B. (2021, September 16). Barriers to and Facilitators of Vocational Development for Black Young Adults With Serious Mental Illnesses. *Psychiatric Rehabilitation Journal*. Advance online publication. http://dx.doi.org/10.1037/prj0000505

Barriers to and Facilitators of Vocational Development for Black Young Adults With Serious Mental Illnesses

Jonathan Delman[1] and Leslie B. Adams[2]

[1] Transitions to Adulthood Research Center, University of Massachusetts Medical School
[2] Department of Mental Health, Johns Hopkins Bloomberg School of Public Health

Objective: Black young adults with serious mental illnesses (SMI) have low rates of employment and school completion. Racial disparities exist in the delivery of vocational services, with Black people less likely to be screened in, and if screened in less likely to receive job training. This qualitative exploratory study examined how Black young adults with SMI perceive the barriers and facilitators to achieving their vocational goals. *Method:* Our conceptual model for this study is the Social-Ecological Model (SEM), which contains four domains of analysis (intrapersonal, interpersonal, community, and societal), informed by Critical Race Theory (CRT). We completed semistructured, qualitative interviews with 28 Black young adults with SMI. We analyzed data using qualitative content and inductive analyses. *Results:* Numerous respondents were experiencing racial discrimination in their vocational pursuits and their lives overall, and expressed doubts about achieving vocational success in racially imbalanced environments. Facilitating their vocational growth was trusting relationships with nonjudgmental and understanding vocational counselors (VC) who provided supports reflecting client preferences. As college students, respondents benefited from the presence and accessibility of Black faculty and students. As employees, they valued workplace supervisors who provided direct support and feedback. *Conclusions and Implications for Practice:* Black young adults with SMI face high and racialized barriers to pursuing work and education at multiple socioecological levels. The field of psychiatric rehabilitation should prepare VCs to understand and address the needs and expressed preferences of Black young adults with SMI. Also called for is research, centered on and directed by Black communities, on the effectiveness of race-conscious vocational practices.

Impact and Implications
Black young adults with mental illnesses face high and racialized barriers to pursuing work and education, including vocational services that inadequately meet their needs and a criminal justice system that can derail job and career pursuits. Vocational counselors and programs should understand and act on the needs and preferences of this population. Future research on the effectiveness of race-conscious vocational practices should be centered on and led by Black communities.

Keywords: vocational, Black, young adult, mental health, disparities

Young adulthood (ages 18–30) is a life course period when rates of serious mental illnesses (SMI), including bipolar disorder, major depression, and schizophrenia, are highest (Stone et al., 2015). In addition to the mental health burden, young adults with SMI face intersecting economic, social, and educational goal attainment challenges. Young adults with SMI have low employment rates, with one

study showing that only 50% of this population was employed 8 years post-high school, significantly lower than the 66% rate of employment for young adults generally (Wagner & Newman, 2012). Racial disparities among people with SMI exacerbate these trends; Black young adults with SMI are less likely to find and hold jobs than their White counterparts (Ji et al., 2015; Vryhof & Balcazar, 2020).

Psychiatric disorders are the largest and fastest growing source of disability for young people collecting Social Security Disability (SSD) benefits (Drake et al., 2016). Many such SSD recipients choose to remain in the program because they do not want to lose this stable income source and other benefits related to their disability status (e.g., housing subsidies), and are concerned that they may be unable to maintain stable employment with earnings sufficient to live independently. Black people are disproportionately represented among both young people diagnosed with emotional disturbances (Copeland, 2006) and recipients of SSD benefits (Moore et al., 2017). Many studies have demonstrated the importance of employment to promote long-term recovery for people with SMI, including Black people (Alegria et al., 2017; Vryhof & Balcazar, 2020). Conversely, not working as a young

adult can impede long-term recovery, and more so for Black young adults because minority poverty compound cumulative disadvantage in the United States. In addition, Black Americans with SMI face a more "persistent illness" relative to White Americans, with increased prevalence of obesity, diabetes mellitus, and heart problems (Ward & Druss, 2015).

Black young adults face significant systemic barriers that greatly interfere with their vocational development. As children and through adolescence, they are more likely than White people to have experienced poverty, unstable housing, and poor school quality (Balcazar et al., 2012). Black young adults also have significantly higher rates than White people of dropping out of high school and of not enrolling in postsecondary education or training programs (Goulding et al., 2010). A major systemic barrier to vocational development is relatively high rates of criminal justice involvement of Black people. Brame et al. (2014) showed that in the United States, by the age of 23, 49% of Black men had been arrested (compared to 38% for White men). Black people who are incarcerated have disproportionately high rates of mental illness and substance abuse (Western et al., 2015). Adolescents transitioning to adulthood with SMI are two to three times more likely to become involved in the criminal justice system than adolescents without SMI, and Black people are disproportionately represented within that group (Davis et al., 2009). Black ex-offenders with SMI often have difficulty in obtaining employment because of automatic criminal history job disqualifiers that have little to do with likely job performance, leading to increased rates of criminal recidivism (Dowden et al., 2016).

Black people encounter discrimination in their daily lives, including in their attempts to obtain and hold jobs (Banks, 2020). Black people with SMI carry a "double stigma" of mental illness and racism, and a "triple stigma" when the person in addition has a criminal history (Taylor-Ritzler et al., 2010). Racial discrimination can take several forms. Microaggressions are subtle slights, snubs, or insults, whether intentional or unintentional, targeted at minority or disenfranchised groups (Banks, 2020). A macroaggression is overt racism—"gross, dramatic, obvious" (Ortiz & Jani, 2010, p. 180). Systemic discrimination refers to the structures, policies, and processes that broadly harm African Americans, such as the poor education received by children living in urban areas.

Vocational rehabilitation (VR) services for young adults with disabilities are designed to not only help them seek employment, but also to attend school, build skills, and plan careers. VR services are most commonly provided by State-run agencies supporting people with disabilities and their vendors, at no cost to people in need of such services (see U.S. Code of Federal Regulations, Assessment for Determining Eligibility & Priority for Services, 2006). Studies show that VR services promote racial disparities, with Black clients less likely to be screened in for services and if screened in less likely to receive job training, less likely to achieve gainful employment, and when employed more likely at lower salaries (Ji et al., 2015). Indeed, research demonstrates that vocational counselors (VCs) generally lack cultural competence in providing services (Vryhof & Balcazar, 2020). For example, Alston et al. (2007) reported that Black respondents believed that VR counselors did not attempt to place them in jobs that fit their respective skill set and failed to consider race relations in dealing with employers. Black people often enter VR from poverty, with low expectations of success and distracted by immediate needs to address financial concerns (Vryhof & Balcazar, 2020). Counselors may misread this as a deficit in initiative or values. These disparities hold for mental health care programs that include vocational services. For example, Burke-Miller et al. (2006) analyzed data from a 5-year study of supported employment for people with SMI and found that White people were more likely to achieve competitive employment than African Americans.

Although current vocational services can have good outcomes, they often do not meet the access and engagement needs of Black young adults with SMI (Lukyanova et al., 2014). For example, although Black people generally have less access to updated technology for job applications and college courses, this issue is not consistently taken into account when job counselors are preparing vocational plans (Vryhof & Balcazar, 2020). In addition, many Black people with SMI do not know about the availability of and eligibility standards for formal vocational supports such as VR, One-Stop Career Centers, and Independent Living Centers (Oberoi et al., 2015). Since they are less likely to seek mental health services than White people, they are more likely to miss out on vocational services embedded within such programs (Anderson, 2018). For example, coordinated specialty care (CSC) programs, designed to treat young people experiencing early episode psychosis, include a vocational specialist on the care team.

Our review of the literature demonstrated that there are no research findings focused on the barriers to and facilitators of positive vocational development of Black young adults with SMI. Indeed, there is no research on the vocational experiences, needs, and preferences of this population. This lack of research focus is concerning because racial and ethnic culture can strongly influence a population's needs, preferences, and outcomes for various mental health care interventions. Our primary research question is thus: What are the barriers to and facilitators of positive vocational development for Black young adults with SMI? And our complementary research question is: What are the vocational needs and preferences of Black young adults with SMI?

Our conceptual framework for this study is guided by two theoretical paradigms. First, the Social-Ecological Model (SEM) holds that improving the health of vulnerable populations fundamentally requires interventions and strategies that target multiple levels of influence in multiple settings (Bronfenbrenner, 1992). The SEM contains four domains of analysis that structure the experience of disenfranchised groups: Intrapersonal, Interpersonal; Community; and Societal. The clear implication of this framework is that if the field of psychiatric rehabilitation is to develop effective interventions, it is important that they be grounded in social–cultural realities and conditions of disenfranchised populations.

We also draw from Critical Race Theory (CRT), a framework for researchers and practitioners to critically examine the nature of racial marginalization and its impact on the lives of Black people (Giraldo et al., 2017). CRT encompasses four basic features: Race consciousness (e.g., explicit acknowledgment of race and racism in the lived experience); contemporary orientation (e.g., describing racialized phenomena in the present day's context, rather than relying only on historical underpinnings); centering in the margins rather than the mainstream (e.g., highlighting the perspectives of socially marginalized groups rather than dominant race or culture); and theory-informed action, or praxis (Ford, 2016; Ford & Airhihenbuwa, 2010). CRT directly challenges race-neutral

concepts (e.g., "person-centered," "evidence-based") that distort the lived experience of marginalized groups, and instead centers the analysis on the experience and knowledge of racism within the context of persistent inequalities experienced by those groups (Giraldo et al., 2017). Thus, the personal stories and histories of group members are legitimized, and knowledge of specific cultures is introduced to negate the dominant narratives based on racist ideology (Delgado & Stefancic, 2017).

Method

The barriers to and facilitators of positive vocational development for Black young adults with SMI, as well their needs and preferences for vocational services, are not well understood or studied. Thus, we designed a qualitative exploratory study centered on in-depth semistructured interviews with Black young adults with SMI (Goldberg & Allen, 2015). This study was preapproved by the Massachusetts Department of Mental Health Institutional Review Board, with written consent obtained from all participants, including permission to audio record interviews.

The design was informed by CRT, as described above. First, race consciousness informed all aspects of the study design and manuscript development (Gonzales et al., 2016). For example, our research question and subsequent recruitment approach focuses exclusively on Black populations, in contrast to previous comparative Black–White studies that are limited in their advancement of race-conscious implications for research and practice. Second, the research team was comprised of a White man with lived experience of mental illness and a Black woman with lived experience of intersectional, structural and interpersonal disadvantage, both experienced in using qualitative methodologies. Collectively, they were intentional about centering power dynamics throughout all phases of the study to address power imbalances that emerged in qualitative data collection and analysis (Gonzales et al., 2016). Third, our interview guide contained probes concerning the role of racism in the vocational lives of Black young adults.

Recruitment and Participants

The target sample was Black young adults (aged 18–30) with SMI who lived in a metropolitan area in the northeast region of the United States. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), serious mental illness is defined as "a mental or behavioral disorder meeting diagnostic criteria specified within DSM-IV, and which resulted in functional disability in at least one area" (Substance Abuse & Mental Health Services Administration [SAMHSA], 1993). People were excluded from participation if they were non-English speaking, were prisoners, or had been adjudicated legally incapacitated by a court as part of a guardianship hearing. For recruitment, we used a purposive approach toward meeting the requirements of our essential criteria above (e.g., age, race), and offered a $25 gift card for interview completion (McGilton et al., 2021). We used a maximum diversity sampling strategy to generate near equal inclusion for other significant demographics, such as criminal history, educational attainment, and Social Security benefits status. We distributed flyers to state-funded rehabilitation programs, Clubhouses, CSC programs, and general mental health programs. At four such programs we presented to staff on the study and the opportunity for client participation, emphasizing recruitment principles of informed choice and confidentiality. Interviews were conducted until data were saturated and no new information was being extracted.

Fifty-one individuals were screened via phone or in person. Eleven were screened out for not meeting essential criteria. Seven participants screened in but later decided to not participate and five screened in but did not show up for their interview, resulting in a total of 28 eligible participants in our final data set.

Data Collection

Participants met with a study interviewer in person for a single interview lasting between 1 and 1.5 hr. The principal investigator (PI) and senior research associate (the authors) conducted all interviews. All interviews were audio recorded and transcribed. Each transcription was then proofread against the original recording. All interviews took place between October 2019 and February 2020.

The qualitative interview guide was derived from three sources. First, we elicited questions that aligned with our study aim to assess vocational experiences, challenges, and opportunities of Black young adults with SMI. Second, with no research directly on this topic, we examined the literature related to this aim, primarily the vocational experiences, perspectives, and outcomes of both Black people with disabilities and young adults with mental illnesses. Based on this literature we identified four domains of factors that most impact the vocational experience and perspectives of this population: Socioeconomic status; Criminal justice involvement; Access to and relevance of vocational services; and Discrimination. Third, interviewers maintained awareness of the SEM's four analytical domains (Intrapersonal; Interpersonal; Community; and Societal) in guiding their follow-up questions to interview responses (see Bronfenbrenner, 1992).

The semistructured interview guide was designed to ground respondents in their own experiences, establish rapport, and encourage detailed responses (Spradley, 2016). First, we asked participants "In your own words, can you tell me about your experiences working/going to school?"; we asked them to take us step by step through vocational experiences. Then, we asked them about their "barriers to achieving vocational growth," "greatest frustrations with school/work," and what had been most helpful in attaining growth or success in school/work. For these queries, we used prompts to generate discussion with less talkative respondents and to be sure to cover predetermined topics identified as relevant in the literature. These topical prompts were designed to assess how the following common experiences for this population might impact their vocational development: poverty; quality of grade and high schools; criminal justice involvement; mental health treatment; public benefits; and discrimination. If the person identified discrimination as a concern, we used prompts from the following topics to learn the basis for that discrimination: race; ethnicity; mental illness; and court involvement. Our next question focused specifically on their experiences with vocational services, including frustrations, barriers, and what was most helpful. Because common subject matter arose from the first set of (three) interviews, we added two additional topical prompts: family/significant other and religion/spirituality. As part of the interview, we collected preset demographics that could impact their experiences and opinions, including gender; employment and education status; race/ethnicity; criminal justice involvement; and Social Security status.

Data Analysis

The principles of qualitative content analysis (QCA), along with inductive and constant comparative analyses, guided the reporting of the results (Schreier, 2014). QCA has the following analytical steps: (a) building a coding frame; (b) trying out the coding frame; (c) evaluating and modifying the coding frame; (d) main analysis; and (e) interpretation. Because of the exploratory nature of this study, we used an inductive approach, with research findings emerging only from the frequent, dominant, or significant codes and themes inherent in raw data (Cho & Lee, 2014). In line with the QCA data reduction principles, we tracked only those codes that related to our research questions. Within this framework, the PI and senior research associate (SRA) coded a sample of the data for inter-rater reliability checks. They were able to achieve a strong level of consistency after reviewing three transcripts and discussing their approaches.

To establish the coding frame, the PI and SRA initially coded the transcripts independently using Dedoose qualitative software. They then collaboratively reviewed the large number of codes, and placed them in groups with other codes with similar meanings and connotations; each group was labeled to represent its theme, and these groups became the "main" categories (Schreier, 2014). Once the PI and SRA reached consensus on the main categories, they went through a similar process to establish the subcategories (Schreier, 2014). To establish clear boundaries and mutual exclusivity among categories, each category was assigned a definition and rules for assigning codes therein. With the completion of the coding frame, the PI and SRA conceptualized themes, which are descriptions of how underlying meanings of categories are linked to the research questions (Cho & Lee, 2014). They honed interview-derived themes through discussions to reach consensus on key themes. The analysis process ended with theoretical saturation, when systemic data review no longer produced new theoretical insights related to the research question (Cho & Lee, 2014).

Results

Table 1 provides a description of the $N = 28$ Black young adults with SMI interviewed for this study. A majority of participants were male, and over one-half had received Social Security benefits in the previous 12 months.

Theme 1. Vocational Counselors Who Are Open-Minded, Relatable, and Provide Service Options in Accordance With Client Preferences

As part of the interview process, participants were asked what they were looking for in a vocational counselor, and many described the personal qualities and skills most important to them. Respondents reported that VCs who are open-minded, relatable, and provide service options are the most qualified to engage with and support their vocational growth. Respondents reported that effective VCs listened carefully and were receptive to their ideas and points of view, even if they were unfamiliar to the VC. VCs provided evidence of open-mindedness to clients by visually paying close attention, and by responding with affirmations or questions. While building a relationship with clients, these VCs tended to be

Table 1
Characteristics of Participants

Characteristic	N (%)/Mean
Age	25, range: 19–30
Gender	
Male	18 (64%)
Mental health diagnosis (primary)	
Schizophrenia	9 (32%)
Schizoaffective	7 (25%)
Bipolar	6 (21%)
Depression	6 (21%)
In mental health treatment:	21 (75%)
First episode program, young adult focus	8 (29%)
Other health clinic that includes psychiatric care	13 (46%)
Recipient of Social Security Disability benefits in last 12 months	18 (64%)
Currently working with a vocational counselor	18 (64%)
As part of treatment team	7 (25%)
Independent of a treatment team	11 (39%)
Has worked with a vocational counselor as an adult (age 18 and over)	25 (89%)
Educational status (highest)[a]	
Some high school	6 (21%)
High school graduate	6 (21%)
Some college, with no degree	7 (25%)
Associate's degree	4 (14%)
Job training program or certification	2 (7%)
Four-year college graduate	3 (11%)
Some graduate school	1 (4%)
Current vocational status	
Employed	11 (39%)
Full-time	2 (7%)
Part-time	9 (32%)
School (postsecondary or professional/trade)	7 (25%)
Unemployed and not in school	10 (36%)

[a] Numbers do not add up to $n = 28$ because one participant completed an Associate's degree and a job training certificate program.

encouraging and not dismissive of a client's pursuit of career dreams. As one respondent noted:

> I had a new vocational counselor when I got out, a White woman. At first she sat and listened a lot, and we decided that I could put college on hold in order to work and make some money . . . to save for college and pay rent to my father. I was talking about growing up and getting into trouble, and that's why I wanted to help troubled youth. She was excited about that and we started to make school plans for the future. And she said I'd be really good at it. (A8)

Numerous respondents reported that some VCs assumed before meeting them that their immediate vocational goal would be to look for a job. Respondents at times did not want to seek work, but in order to avoid conflict would often agree with the VC to "give it a try." But they usually later on become irritated with the VC for ignoring their wishes, and did not make a serious effort to submit job applications. Respondents reported that providing options on what vocational goals to pursue and how to pursue them led to a sense of respect and trust. VCs provided options through active listening and letting the client provide direction in the vocational planning process. Several respondents who had been in first episode programs had informed the team that they were not interested in discussing work, and appreciated that their wishes were respected and that the VC was available to talk with them regardless. They reported that

initial topics of discussions with the VC were not necessarily about work but about shared interests, such as sports or video games. Some said that over a period of several months, these discussions could become primarily about their career goals or strategies to pursue work and education. One client discussed how he wanted to maintain the pace of his vocational development, and appreciated the VC's willingness to give up control and follow his lead: "The counselor is White. He's low key. Doesn't push. Doesn't tell me what to do. He asks me about my life. After a few months of just talking, we began to start talking about whether I should work." (A4)

Beyond being open-minded, the best VCs developed an understanding of how the experiences, good and bad, of young adult Black people had influenced their belief systems and hopes. Respondents reported on how White counselors used their own difficult lived experiences to develop a deeper connection to them. As one noted: "He helped with school. We talked about what went wrong, and he said he'd been through something similar but gotten through it. And he helped with me with loans, getting me a deferment so I could return to school." (A24)

These VCs worked to develop a vocational plan that included clients' cultural interests, with musical and religious considerations most common. Several clients were interested in developing a career in rap music and appreciated the VC's encouragement. Respondents reported that neither the VC nor they typically brought up race in their meetings, but saw the value of having a Black VC. One respondent noted: "The main thing is trust, and having a Black person or just someone who understands my neighborhood is gonna better understand me. Like where I grew up it was rough. There was fights, there could be shootings." (A27)

Theme 2. Workplace Supervisors Who Are Attentive and Allied

Numerous respondents reported that the primary workplace facilitator of their success was the qualities and skills of their supervisor. They reported that supervisors helped most by being attentive to their needs (including mental health) and allied with them toward their workplace success.

> "We check in every two weeks. For the first six months I was on probation, so we met every week, and she was helpful in explaining to me how to do things. The main thing is that she really seemed to care. She's tough but if you are good she likes you." (A5)

This supervisor was seen as most effective as a teacher and colleague simultaneously, building an alliance based on respect and trust. Respondents reported that supervisors (White or Black) who supported their success:

- *Teach the job*. Provide initial job training, on-the-job coaching, and performance feedback. Critique was offered directly and calmly, with clear instructions for improved performance.

- *Communicate clearly*. Are clear-spoken about job expectations, good listeners, and thoughtful about options.

- *Motivate*. Shared personal experiences and struggles that led to social bonding. As one respondent noted: "She told me that when she started here, in my position, it was tough for her too." (A27)

Most respondents who had worked had not disclosed information about their disability to workplace supervisors, and they did not see a good reason to do so. In fact, they were concerned that with disclosure employers would see them as less capable, based on common mental illness stereotypes. On the few occasions the employee disclosed mental health difficulties, it took place within a supportive supervisory alliance through which the employee had proven him/herself but was performing below par. As one person noted: "She had no problem letting me take time off . . . I told her that I had a depression, and she said she understood." (A27)

Theme 3. The Presence of Black People in Positions of Authority and as Peers in Postsecondary School and at the Workplace

Numerous respondents reported that a major factor contributing to their academic growth was the presence and accessibility of Black peers (students), educators (e.g., faculty, administrators), and college disability services staff. The majority of respondents who had attended college however observed few Black peers, educators, and disability services staff on campus. As a cultural/racial minority they felt disconnected from and poorly understood by other students and faculty, and thus had difficulty building relationships. For these students, college could be a lonely and depressing experience, with greater likelihood of mental health difficulties and drop-outs. As one respondent noted: "I went to class but didn't get to know many [White] students there. I said "hello," but I just wasn't comfortable talking about myself. I have spent time in jail and psychiatric facilities." (A15)

Conversely, respondents who had attended colleges where there was a visible presence of Black students and educators felt more relaxed and understood. This presence helped, guided, and inspired in four ways, as displayed in Table 2.

In essence, our respondents reported that the very presence of Black people in positions of authority and as peers displayed to Black students with SMI a campus climate of equity and acceptance. As one person noted: "She's [Black employee] in upper management, in the human resources department . . . And if there's a disparagement of my work, I'll more than likely get a fair shake when I bring it up to HR [the human resources department]." (A5)

Theme 4. Common and Regular Experiences of Discrimination

Many people in our cohort reported regular personal experiences of racial discrimination throughout their daily lives. This discrimination appeared to be based on common racial stereotypes such as being disruptive, deceptive, and irresponsible. These experiences most commonly took place in retail stores, in mental health programs, and with police. Several reported that they were regularly racially profiled and found this particularly upsetting. As one respondent noted: "I walk out of here and there are cops in CVS and Walgreens. Wherever I go there might be cops. Do you know what it's like? You can't know what it's like." (A6)

Numerous respondents discussed how common and regular experiences of discrimination diminished their vocational confidence. Many reported that these discrimination experiences not only increased anxiety, but also decreased their hopes for vocational and career success. While respondents knew that this was unfair and

Table 2

Types of Support and Representative Quotes of Black College Students With SMI

Manner of support	Supporter	Representative quotes
Role models providing hope and inspiration	Faculty, administrators, college disability services staff	"I am a senior and graduating in the Spring, as an English major, something I couldn't have imagined at my previous school. Here there are faculty who are African American, and they're in administration, some deans. When I see them I feel like it's possible for me to make it." (A9)
Providing direct academic support	Faculty, college disability services staff	"One faculty in the creative writing group encouraged me to pursue my writing, and offered to help me apply to graduate school." (A9)
As advisors	Faculty, administrators, college disability services staff	"I can also get classroom advice from the disability office, but we mostly talk about life . . . how I can become a success . . . Yes, the specialist there is African American, and it helps a lot that he's been through the beatdowns." (A15)
Having a community of students of color	Other students	"I had a group of 7-8 people who just met at the lounge. They were all Black, some Hispanic. We had a lot in common, we all had been to school in and just around Boston. It was comforting." (A25)

Note.   SMI = Serious mental illnesses.

unjust, they did not feel like they could do anything about it. With regard to the court system, one respondent commented:

"When I got into a fight with my friend I caught charges . . . Once you catch charges the court gives you [pretrial] probation, in my case for six months. If I follow the conditions I won't have a record. But in the meantime I can't apply for most jobs." (A21)

In treatment settings, some respondents felt clinicians, due to racial bias, disregarded their reports of medication side effects and on the whole did not take their treatment perspectives seriously. Several of our respondents conceptualized their symptoms in a religious or cultural context but tended to not discuss this with clinicians for concern of being disregarded. Several wanted providers who were African American, but that match was typically not made.

Our study identified multimodal pathways through which discrimination impedes Black young adults' achieving vocational goals and obtaining the vocational supports they desire. This is illustrated in Table 3, which includes the three life domains in which discrimination occurred and the types of discrimination that took place.

Moderating Factors

We identified three factors that moderated the capacity of Black young adults with SMI to achieve their vocational goals and effectively use vocational services. The two supporting factors were family support and attentive mental health clinicians, and the hindering factor was criminal court involvement. Many respondents reported that family members enhanced their well-being and job seeking activities by providing a place to live and helping to navigate the service system. One person noted: "I know my Moms is with me. When I first got into trouble, she didn't kick me out, and she could have, I probably deserved it. She pushed me to get into help for my mental problems." (A11) Several participants reported that when their clinician listened carefully to their concerns, their mental health and vocational confidence were more likely to

Table 3

Types of Discrimination Faced by Black Young Adult With Mental Illnesses

Life domain	Type of discrimination	Examples
Everyday life	Microaggressions	• Racial profiling
	Systemic barriers	• Criminal record
		• Socioeconomic status
		• Quality of high school
Using vocational rehabilitation services	Microaggressions	Without evidence specific to the client, the counselor:
		• Assumes that a Black person is not making an effort in looking for a job.
		• Steers Black clients away from a computer coding course toward a food and cleaning training.
	Systemic barriers	• Counselor not exploring Black person's needs and preferences, and insisting on looking for "competitive employment" per the vocational model being used.
Going to school or working	Microaggressions	• White students and teachers avoiding Black students.
		• Supervisor not promoting Black employee who has performed as well as other candidates.
	Systemic barriers	• Experience of low levels of social support because other Black people are not visible at school or workplace.
		• Workplace will not employ anyone with misdemeanor convictions, even though not all such crimes are relevant to the job requirements.

improve. And as discussed above, several discussed how involvement in the criminal justice system as defendants narrowed employment choices and delayed career pursuits.

Discussion

This study presents the critical perspectives of young Black people with SMI on the facilitators and barriers to their navigating and utilizing vocational support systems, an area of limited published research (Vines et al., 2017). Below we discuss how our study findings advance knowledge in this area, with a focus on how racially structured disadvantage negatively influences vocational help-seeking experiences and subsequent outcomes. In addition, we identify important avenues through which policy, practice, and research must be cultivated to meet the needs and preferences described by our study participants, and to reduce racial disparities in vocational services.

Respondents who received vocational services worked mostly with White vocational counselors, a phenomenon largely generalizable to Black clients in the United States (Day-Vines et al., 2018; Hill-Briggs et al., 2010). Several of our sample believed that race concordance was advantageous in vocational counseling, but it was not considered critical. Respondents focused primarily on the characteristics, qualities, and skills of the VC, favoring those who were nonjudgmental, understanding, relatable, and willing to provide several engagement options for their ongoing work together (Jones et al., 2017). Several of our respondents appreciated their time with the VC, even if they were not currently interested in working; they reported that this time with VC allowed them to build a rapport and establish trust, which could lead to their contemplation of work, and even engaging in a job search. This possibility is particularly important for young adults with first episode psychosis, who are often ambivalent about working, and benefit from interventions designed to explore their ambivalence (Jones et al., 2018).

In essence, respondents wanted to engage in vocational services on their own terms, based on cultural and personal norms (Healey et al., 2017). Indeed, they rejected rigid programmatic and interpersonal approaches that did not seem to consider their personal stories and expressed needs. For example, several of our respondents expressed interest in a career in rap music to their VCs; they wanted to spend time promoting their music on social media platforms, and were usually focused on self-employment rather than competitive employment. These respondents often did not feel heard by their VC, that their musical or other personal passions might be a viable vocational path. Indeed, a lack of agreement on vocational goals, often based on cultural misunderstandings, is a common reason individuals leave service programs (Banks, 2020). These misunderstandings also occur when members of marginalized groups believe that VCs are not helping them with external work obstacles, such as court involvement and difficulty accessing and using the technology schools and employers use for recruiting, education, and training (Vryhof & Balcazar, 2020).

Our findings also emphasize the role of anticipatory stress and anxiety as a consequence of frequent and varied exposure to discrimination (Kwate & Goodman, 2015). Anticipatory stress and anxiety experienced by Black Americans can result in critical and negative self-focused thoughts, hypervigilance, and depression (Vines et al., 2017). Indeed, discrimination experiences for people with mental health conditions can exacerbate current or dormant mental health symptoms and lower quality of life (Lewis et al., 2015). The emotional impacts of discrimination on people with SMI engaging in the process of psychiatric rehabilitation have not been explored.

Study Limitations

The study has several limitations. The small sample, all Black young adults diagnosed with SMI, suggests caution in making inferences to other populations. Another limitation is potential researcher bias related to interviewers' experience and background. In addition, a large majority of our sample were males, skewing gender distribution. Despite these limitations, we built credibility into the study through interviewers' writing field notes after each interview and debriefing together after the initial sets of 3–4 interviews. These reflexivity techniques helped to minimize preconceptions and misjudgments (Goldberg & Allen, 2015).

In addition, our study was uniquely strengthened by the application of Critical Race Theory (CRT; Giraldo et al., 2017). Specifically, our research focus was race-conscious by assessing the unique social context through which Black persons with SMI seek career growth. For example, we learned that many Black young adults struggle to continue their education at predominately White institutions due to experiences of isolation and anxiety, which exist as a function of their minoritized social status.

We also learned that Black young people with SMI expect there to be environmental barriers to acquiring jobs, such as discrimination. In part due to this awareness (Banks, 2020), Black young adults with SMI are less likely than White people to report that they are ready to seek work (Vryhof & Balcazar, 2020). As a result, they are less likely to be deemed eligible for vocational programs that require or prioritize an immediate interest in working. One such intervention is supported employment, an evidence-based practice with strict standards that include "[c]ompetitive employment is the goal" and "[t]he search for competitive jobs occurs rapidly after program entry" (Substance Abuse & Mental Health Services Administration [SAMHSA], 2010, p. 16). Indeed, most *evidence-based* practices are not geared to disenfranchised groups because they generally "...lack transformative abilities and, consequently, serve to systematically disadvantage those who do not fit the prevailing norms of the dominant culture..." (Ortiz & Jani, 2010, p. 183). Conversely the architects of evidence-based practices do not typically change model components to meet the cultural, racial, and ethnic needs of populations (Healey et al., 2017; Vryhof & Balcazar, 2020).

Our results suggest several important directions for the development of future practice, policy, and research for the vocational advancement of Black young adults with SMI. Cultural adaptations are systemic alterations of an evidence-based practice or intervention protocol to make it compatible with the norms, values, and customs of marginalized cultural/ethnic groups (Jones et al., 2018). Without such changes, psychosocial interventions are unlikely to successfully engage group members (Vryhof & Balcazar, 2020). The research shows that cultural adaptations are effective when incorporated in one of two ways: Afrocentric tailoring and client–counselor racial matching (Jones et al., 2018). With Afrocentric modifications, counselors are trained to understand the needs and preferences, cultural identities, and socioeconomic challenges that people of African descent often face (Jones et al., 2018). Counselors

learning Afrocentric approaches are taught to support a client's positive racial identity, normalize emotional difficulties as non-pathological, and incorporate faith-based coping techniques (Jones et al., 2017). Motivational interviewing and family involvement could be used and are often excellent adaptations for Afrocentric frameworks (Jones et al., 2018). In this vein, Afrocentric employment interventions can address intrapersonal concerns and environmental barriers to vocational development prior to seeking work if desired by the client.

Research also supports the effectiveness of mental health counselor–client racial matching, which enhances Black clients' willingness to share sensitive information and reduces the likelihood of cultural misunderstandings that could impair the working alliance (Day-Vines et al., 2018). There are, however, significantly fewer Black VCs than Black clients in the United States, and in many regions there are none (Hill-Briggs et al., 2010). As a result, *broaching* has recently emerged as a therapeutic adjunct for White counselors working with Black clients. Broaching occurs when a counselor makes the effort "to have explicit discussions with Black clients about the extent to which racial, ethnic, and cultural factors impact the client's presenting concerns" (Day-Vines et al., 2018, p. 2). Broaching has been shown to enhance the emotional content and depth of client disclosure, the therapeutic alliance, and the desire of clients to return for follow-up sessions (Day-Vines et al., 2018). The effects of broaching are greater when counselors raise cultural issues within the first three sessions, acknowledge racial power differentials, and make efforts to identify dyadic similarities, not just differences (King & Borders, 2019). The literature demonstrates that counselors can effectively respond to client reports of discrimination by acknowledging these experiences and their own complicity in racism generally. Our data, however, reported minimal amounts of broaching behaviors, and the broader literature shows that White counselors are often reluctant and at best hesitant broachers (King & Borders, 2019). Indeed, broaching practice is typically not embedded in provider organizations and often poorly supervised.

The Socio-Ecological Model (SEM) and CRT have been collectively invaluable conceptual frameworks toward exposing factors outside of treatment that impede and facilitate vocational growth for Black people with SMI (Gonzales et al., 2016). While CRT has been applied across various disciplines, including public health and education, it historically has not been applied to SMI research. And to our knowledge this is the first study to incorporate CRT into researching the vocational experiences, preferences, and barriers of Black people with SMI.

In line with CRT principles, mental health and rehabilitation service programs should initiate changes that actively dismantle racial disadvantage. Such programs should develop and formalize within their organizations accountability structures that mitigate racial discrimination. In addition, organizational policies and practices should be congruent with community needs and individual client preferences. These approaches are distinct from existing health disparities scholarship by generating and incorporating the viewpoints and opinions of Black people with SMI (Ford, 2016). VR specialists have a distinct opportunity to allow clients to share the racial context that creates barriers to achieve stable employment. To do so, practitioners must first challenge and dismantle their own assumptions and biases about successful pathways to employment for marginalized populations.

High-quality vocational services engage disenfranchised communities on a number of levels (Ortiz & Jani, 2010). Researchers should work with Black communities to incorporate CRT into mental health and VR research (Gonzales et al., 2016). Community-based Participatory Action Research (CBPR) has been used to effectively engage the African American community in intervention development and research (Delman et al., 2019). With CBPR, the community is actively involved in each stage of the research, starting with identifying the research question. CBPR addresses systemic forms of oppression when researchers make a long-term commitment of collaboration to disenfranchised groups, which leaves space for co-learning and trust building, and is not just a "one off" project.

Following from this study, there are numerous potential next research steps, including studies comparing strict evidence-based practices to vocational services that integrate cultural adaptations. In addition, future research and development activities should identify and mitigate the racialized forms of vocational and psychiatric services. Future qualitative studies can also examine racial and gender balance in vocational needs and services for Black individuals with SMI, and expand recruitment to include community-based institutions of trust such as hair salons, historically Black sorority organizations, and churches (Linnan & Ferguson, 2007).

The barriers faced by Black young adults with SMI in pursuing work and education are high with lifelong impact. Whether it is systemic or more direct, racism can permeate their daily lives, vocational support services, schooling, and work. The study of everyday racism has strong underpinnings in interdisciplinary fields, including psychology, sociology, and gender studies (Harrell, 2000), yet the integration of these constructs in the field of vocational services, and psychiatric rehabilitation is limited. Our research thus, serves as an important catalyst toward building race-salient participatory action research in the field of psychiatric rehabilitation, particularly among Black Americans.

References

Alegria, M., Drake, R. E., Kang, H. A., Metcalfe, J., Liu, J., DiMarzio, K., & Ali, N. (2017). Simulations test impact of education, employment, and income improvements on minority patients with mental illness. *Health Affairs*, 36(6), 1024–1031. https://doi.org/10.1377/hlthaff.2017.0044

Alston, R. J., Gayles, T., Rucker, R., & Hobson, M. (2007). The centrality of race in rehabilitation: Views of former clients who are African American. *Journal of Applied Rehabilitation Counseling*, 38(1), 12–19. https://doi.org/10.1891/0047-2220.38.1.12

Anderson, M. S. (2018). Barriers to the utilization of mental health services on college campuses by African-American students. *McNair Scholars Research Journal*, 11(1), Article 3. https://commons.emich.edu/cgi/viewcontent.cgi?article=1129&context=mcnair

Balcazar, F. E., Taylor-Ritzler, T., Dimpfl, S., Portillo-Peña, N., Guzman, A., Schiff, R., & Murvay, M. (2012). Improving the transition outcomes of low-income minority youth with disabilities. *Exceptionality*, 20(2), 114–132. https://doi.org/10.1080/09362835.2012.670599

Banks, N. (2020). Cultural competencies in delivering counselling and psychotherapy services to a Black multicultural population: Time for change and action. In R. Majors, K. Carberry, & T. S. Ransaw (Eds.), *The international handbook of Black community mental health* (pp. 181–197). Emerald Publishing Limited. https://doi.org/10.1108/978-1-83909-964-920201014

Brame, R., Bushway, S. D., Paternoster, R., & Turner, M. G. (2014). Demographic patterns of cumulative arrest prevalence by ages 18 and

23. *Crime and Delinquency*, *60*(3), 471–486. https://doi.org/10.1177/0011128713514801

Bronfenbrenner, U. (1992). *Ecological systems theory*. Jessica Kingsley Publishers.

Burke-Miller, J. K., Cook, J. A., Grey, D. D., Razzano, L. A., Blyler, C. R., Leff, H. S., Gold, P. B., Goldberg, R. W., Mueser, K. T., Cook, W. L., Hoppe, S. K., Stewart, M., Blankertz, L., Dudek, K., Taylor, A. L., & Carey, M. A. (2006). Demographic characteristics and employment among people with severe mental illness in a multisite study. *Community Mental Health Journal*, *42*(2), 143–159. https://doi.org/10.1007/s10597-005-9017-4

Cho, J. Y., & Lee, E. H. (2014). Reducing confusion about grounded theory and qualitative content analysis: Similarities and differences. *Qualitative Report*, *19*(32), 1–20. https://doi.org/10.46743/2160-3715/2014.1028

Copeland, V. C. (2006). Disparities in mental health service utilization among low-income African American adolescents: Closing the gap by enhancing practitioner's competence. *Child & Adolescent Social Work Journal*, *23*(4), 407–431. https://doi.org/10.1007/s10560-006-0061-x

Davis, M., Fisher, W. H., Gershenson, B., Grudzinskas, A. J., & Banks, S. M. (2009). Justice system involvement into young adulthood: Comparison of adolescent girls in the public mental health system and in the general population. *American Journal of Public Health*, *99*(2), 234–236. https://doi.org/10.2105/AJPH.2008.141135

Day-Vines, N. L., Booker Ammah, B., Steen, S., & Arnold, K. M. (2018). Getting comfortable with Discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *International Journal for the Advancement of Counseling*, *40*(2), 89–104. https://doi.org/10.1007/s10447-017-9308-9

Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction* (Vol. 20). New York University.

Delman, J., Progovac, A. M., Flomenhoft, T., Delman, D., Chambers, V., & Cook, B. L. (2019). Barriers and facilitators to community-based participatory mental health care research for racial and ethnic minorities. *Health Affairs*, *38*(3), 391–398. https://doi.org/10.1377/hlthaff.2018.05040

Dowden, A. R., Ethridge, G., & Brooks, M. (2016). The impact criminal history has on the employability of African American and Latino populations with disabilities receiving state vocational rehabilitation services: Implications for adding a criminal history variable to the RSA-911 data. *Journal of Vocational Rehabilitation*, *45*(2), 213–224. https://doi.org/10.3233/JVR-160824

Drake, R. E., Frey, W., Karakus, M., Salkever, D., Bond, G. R., & Goldman, H. H. (2016). Policy implications of the mental health treatment study. *Psychiatric Services*, *67*(10), 1139–1141. https://doi.org/10.1176/appi.ps.201500336

Ford, C. L. (2016). Public health critical race praxis: An introduction, an intervention, and three points for consideration. *Wisconsin Law Review*, *2016*(3), 477–491. https://escholarship.org/uc/item/1kh2x0fn

Ford, C. L., & Airhihenbuwa, C. O. (2010). The public health critical race methodology: Praxis for antiracism research. *Social Science & Medicine*, *71*(8), 1390–1398. https://doi.org/10.1016/j.socscimed.2010.07.030

Giraldo, L. G., Huerta, A. H., & Solorzano, D. (2017). From incarcerated to community college: Funds of knowledge, community cultural wealth, and critical race theory. In J. M. Kiyama & C. Rios-Aguilar (Eds.), *Funds of knowledge in higher education: Honoring students' cultural experiences and resources as strengths* (pp. 48–65). Routledge. https://doi.org/10.4324/9781315447322-4

Goldberg, A. E., & Allen, K. R. (2015). Communicating qualitative research: Some practical guideposts for scholars. *Journal of Marriage and Family*, *77*(1), 3–22. https://doi.org/10.1111/jomf.12153

Gonzales, E., Shen, H. W., Wang, Y., Martinez, L. S., & Norstrand, J. (2016). Race and place: Exploring the intersection of inequity and volunteerism among older black and white adults. *Journal of Gerontological Social Work*, *59*(5), 381–400. https://doi.org/10.1080/01634372.2016.1224787

Goulding, S. M., Chien, V. H., & Compton, M. T. (2010). Prevalence and correlates of school drop-out prior to initial treatment of nonaffective psychosis: Further evidence suggesting a need for supported education. *Schizophrenia Research*, *116*(2–3), 228–233. https://doi.org/10.1016/j.schres.2009.09.006

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, *70*(1), 42–57. https://doi.org/10.1037/h0087722

Healey, P., Stager, M. L., Woodmass, K., Dettlaff, A. J., Vergara, A., Janke, R., & Wells, S. J. (2017). Cultural adaptations to augment health and mental health services: A systematic review. *BMC Health Services Research*, *17*(1), Article 8. https://doi.org/10.1186/s12913-016-1953-x

Hill-Briggs, F., Kelly, K., & Ewing, C. (2010). Challenges to providing culturally competent care in medical rehabilitation to African Americans. In F. E. Balcazar, Y. Suarez- Balcazar, T. Taylor-Ritzler, & C. B. Keys (Eds.), *Race, culture, and disability: Rehabilitation science and practice* (pp. 97–114). Jones & Bartlett.

Ji, E., Schaller, J., Pazey, B., & Glynn, K. (2015). Education and employment outcomes from the RSA data file for transition-age African American, White, and Hispanic youth with learning disabilities. *Journal of Applied Rehabilitation Counseling*, *46*(3), 15–24. https://doi.org/10.1891/0047-2220.46.3.15

Jones, E., Huey, S. J., & Rubenson, M. (2018). Cultural competence in therapy with African Americans. In C. L. Frisby & W. T. O'Donohue (Eds.), *Cultural competence in applied psychology* (pp. 557–573). Springer. https://doi.org/10.1007/978-3-319-78997-2_22

Jones, J., Lee, L., Zigarelli, J., & Nakagawa, Y. (2017). Culturally responsive adaptations In evidence-based treatment: The impact on client satisfaction. *Contemporary School Psychology*, *21*(3), 211–222. https://doi.org/10.1007/s40688-016-0118-6

King, K. M., & Borders, L. D. (2019). An experimental investigation of White counselors broaching race and racism. *Journal of Counseling and Development*, *97*(4), 341–351. https://doi.org/10.1002/jcad.12283

Kwate, N. O. A., & Goodman, M. S. (2015). Cross-sectional and longitudinal effects of racism on mental health among residents of Black neighborhoods in New York City. *American Journal of Public Health*, *105*(4), 711–718. https://doi.org/10.2105/AJPH.2014.302243

Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: Scientific advances, ongoing controversies, and emerging issues. *Annual Review of Clinical Psychology*, *11*, 407–440. https://doi.org/10.1146/annurev-clinpsy-032814-112728

Linnan, L. A., & Ferguson, Y. O. (2007). Beauty salons: A promising health promotion setting for reaching and promoting health among African American women. *Health Education & Behavior*, *34*(3), 517–530. https://doi.org/10.1177/1090198106295531

Lukyanova, V. V., Balcazar, F. E., Oberoi, A. K., & Suarez-Balcazar, Y. (2014). Employment outcomes among African Americans and Whites with mental illness. *Work*, *48*(3), 319–328. https://doi.org/10.3233/WOR-131788

McGilton, K. S., Cumal, A., Corsi, D., Gingrich, S., Zheng, N., & Escrig-Pinol, A. (2021). Context matters when implementing patient centred rehabilitation models for persons with cognitive impairment: A case study. *BMC Health Services Research*, *21*(1), Article 204. https://doi.org/10.1186/s12913-021-06206-9

Moore, K. E., Perez-Lopez, D. J., & Hisnanick, J. J. (2017). *Participation rates and monthly payments from selected social insurance programs* (U.S. Census Reports). Household Economic Studies.

Oberoi, A. K., Balcazar, F., Suarez-Balcazar, Y., Langi, F. F. G., & Lukyanova, V. (2015). Employment outcomes among African American and white women with disabilities: Examining the inequalities. *Women, Gender, and Families of Color*, *3*(2), 144–164. https://doi.org/10.5406/womgenfamcol.3.2.0144

Ortiz, L., & Jani, J. (2010). Critical race theory: A transformational model for teaching diversity. *Journal of Social Work Education*, *46*(2), 175–193. https://doi.org/10.5175/JSWE.2010.200900070

Schreier, M. (2014). Ways of doing qualitative content analysis: Disentangling terms and terminologies. *Forum Qualitative Sozialforschung/Forum: Qualitative. Social Research*, *15*(1). https://doi.org/10.17169/fqs-15.1.2043

Spradley, J. P. (2016). *The ethnographic interview*. Waveland Press.

Stone, R. A. T., Delman, J., McKay, C. E., & Smith, L. M. (2015). Appealing features of vocational support services for Hispanic and non-Hispanic transition age youth and young adults with serious mental health conditions. *The Journal of Behavioral Health Services & Research*, *42*(4), 452–465. https://doi.org/10.1007/s11414-014-9402-2

Substance Abuse and Mental Health Services Administration. (1993, May 20). *Final notice [Final definitions for: (1) Children with a serious emotional disturbance, and (2) adults with a serious mental illness]*. https://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf

Substance Abuse and Mental Health Services Administration. (2010). *Supported employment: Evidence-based practices kit (DHHS Pub. No. SMA-08–4364)*. Center for Mental Health Services. https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364

Taylor-Ritzler, T., Balcazar, F. E., Suarez-Balcazar, Y., Kilbury, R., Alvarado, F., & James, M. (2010). Engaging ethnically diverse individuals with disabilities in the vocational rehabilitation system: Themes of empowerment and oppression. *Journal of Vocational Rehabilitation*, *33*(1), 3–14. https://doi.org/10.3233/JVR-2010-0511

U.S. Code of Federal Regulations. *Assessment for determining eligibility and priority for services, 34 C.F.R. § 361.42* (2006). http://carules.elaws.us/code/t.9_d.3_ch.2_art3_sec.7062

Vines, A. I., Ward, J. B., Cordoba, E., & Black, K. Z. (2017). Perceived racial/ethnic discrimination and mental health: A review and future directions for social epidemiology. *Current Epidemiology Reports*, *4*(2), 156–165. https://doi.org/10.1007/s40471-017-0106-z

Vryhof, J., & Balcazar, F. E. (2020). African Americans and the vocational rehabilitation service system in the United States: The impact on mental health. In R. Majors, K. Carberry, & T. S. Ransaw (Eds.), *The international handbook of Black community mental health* (pp. 275–292). Emerald Publishing Limited. https://doi.org/10.1108/978-1-83909-964-920201018

Wagner, M., & Newman, L. (2012). Longitudinal transition outcomes of youth with emotional disturbances. *Psychiatric Rehabilitation Journal*, *35*(3), 199–208. https://doi.org/10.2975/35.3.2012.199.208

Ward, M., & Druss, B. (2015). The epidemiology of diabetes in psychotic disorders. *The Lancet. Psychiatry*, *2*(5), 431–451. https://doi.org/10.1016/S2215-0366(15)00007-3

Western, B., Braga, A. A., Davis, J., & Sirois, C. (2015). Stress and hardship after prison. *American Journal of Sociology*, *120*(5), 1512–1547. https://doi.org/10.1086/681301