Social Mobility and Psychiatric Disabilities: An Assessment of the Social Causation and Social Selection Hypotheses

Hyun-Uk Shin,1 Chang-Wan Han2 and Masahiro Kohzuki3

1Department of Rehabilitation, Jeonju University, Jeonju, Korea
2College of Health and Welfare, Woosong University, Daejeon, Korea
3Department of Internal Medicine and Rehabilitation Science, Tohoku University Graduate School of Medicine, Sendai, Japan

Social mobility is the movement of individuals, families and groups from one social position to another. Researchers indicate that people with psychiatric disabilities tend to come from lower socioeconomic status groups, and that the causal relationship between lower socioeconomic status and mental illness occurs through social mobility process. The purpose of this study was to examine the occupational social mobility process of a sample of self-identified psychiatrically disabled individuals who have been active members of the labor force for most of their adult lives. A total of 200 participants were recruited from the customers of a One-Stop Career Center in Gloucester County, New Jersey. The social mobility pattern of persons with psychiatric disabilities was compared to that of persons without psychiatric disabilities (n = 100 for each group). That is, the social selection and the social causation hypotheses were applied to the social mobility patterns of people with psychiatric disabilities. It was revealed that the social class distribution for fathers of people with psychiatric disabilities was not different from that of people without psychiatric disabilities and also there was no significant social mobility difference between the two groups. These findings do not support the social causation and the social selection hypotheses. Specifically, the findings demonstrate that occupational capabilities and skills of people with psychiatric disabilities have been stabilized and are similar to those of people without psychiatric disabilities. Furthermore, these results may dispute several biases and prejudices with regard to social mobility process of persons with psychiatric disabilities.

Keywords: social mobility theory; social causation; social selection; psychiatric disabilities; vocational rehabilitation


Social mobility is defined by a change in social space and the evaluation of individuals’ or groups’ ranking in the stratification hierarchy (Abrahamson et al. 1976). For almost three decades, social scientists have studied the social mobility and explained whether or not societies are likely to become more open over time (Marshall and Firth 1999), and what kinds of mechanisms exist between social class and serious mental illness (Fox 1990). One of the most reliable findings in social mobility studies are that mental illness is related with lower-class individuals, and the underlying relationship can occur through social causation or social selection-drift process (Eaton 1980).

In the initial study of a social causation, Faris and Dunham (1939) investigated the inverse relationship between socioeconomic status and mental illness, and found disproportionate rates of mental illness in the poorest parts of Chicago. That is, the low socioeconomic status serves as a cause of mental illness.

On the contrary, some researchers (Dohrenwend 1975; Eaton 1980) emphasize the social selection-drift perspective which explicates the association between social class status and mental illness by displaying the illness’s impairing mechanism within individual’s drifting down in social class status after the onset of the mental illness. According to the “social selection-drift” hypothesis, “social drift” and “social selection” are often used interchangeably to indicate social position as a consequence of mental illness (Turner and Wagenfeld 1967). The social selection perspective hypothesizes that serious mental illness restricts an individual’s life in the social class system, so that his or her eventual social class attainment is not as high as that of individuals from the general population with similar background characteristics (Eaton 1980). Further, social drift is defined by the drifting of individuals from higher-status to lower-status occupations following the onset or intensification of symptoms. Briefly, social selection represents the intergenerational downward mobility, and social drift refers to intra-generational downward mobility.
Currently, social mobility researchers attempt to develop an integrative theory of the reciprocal effects of both social causation and social selection since there is no single evidence of explicating the social mobility patterns among people with various psychiatric disabilities (Hudson 2005). A longitudinal investigation of social causation and social selection process was conducted by Johnson et al. (1999) to explain how low socioeconomic status is connected with risk for psychiatric disorders. Results indicate that childhood substance use disorders predicted low educational attainment.

Even though inverse relations between psychiatric disorders and socioeconomic status has been consistently examined by social mobility research, mobility studies have failed to show a perfect theoretical interpretation regarding social causation and selection process of people with psychiatric disabilities. One of reasons is that social mobility researches have used a wide variety of samples, measures, and research designs. As a result, researchers could not reach the conclusion with the wide variety of findings. Also, the reason might be that the processes of social causation and social selection are partially related to each other.

Unlike previous studies, this study examines social mobility of a sample of self-identified psychiatrically disabled individuals who have been active members of the labor force for most of their adult lives. That is, this sample of persons with psychiatric disabilities contrasts sharply from study samples of chronically unemployed psychiatric patients who express a desire to work, for example participants in supported employment or other forms of vocational rehabilitation programs (Bond et al. 2007). The individuals selected for this study consist of individuals experiencing a recent job separation that led them to enroll in the State Unemployment Service’s One-Stop Career Center. A broader sampling of persons with psychiatric disability, namely those that are regularly part of the mainstream labor force, could help modify existing negative perceptions about social mobility of persons with psychiatric disabilities.

**Methods**

A sample of matched pairs of persons with and without self-declared emotional problems that are engaged in the labor force was used. Specifically, a total of 200 participants were recruited from the customers of a One Stop Career Center in Gloucester County, New Jersey (hereafter referred to as the One Stop). The recruitment of participants occurred between March, 2005 and December, 2005. The sample consisted of 100 individuals with psychiatric disabilities, and 100 individuals without psychiatric disabilities.

The One-Stop Center (more commonly known as the Unemployment Office) is a unique setting that provides access to both individuals with psychiatric disabilities and without psychiatric disabilities in that it provides access to all persons that have experienced a recent job loss. In contrast to the fragmented employment and training system that existed previously, the One-Stop Career Center system attempts to integrate in one comprehensive service location all federal, state and county employment and training services so that all persons, including persons with severe disabilities can obtain employment and training services from a single access point (Gervey et al. 2007).

Each person with psychiatric disabilities was matched on age, gender, ethnicity and educational level with person without psychiatric disabilities. Age was matched within three years, ethnicity was matched by census categories, such as Caucasian, African American, and Hispanic, and educational level was matched by the following categories: less than high school, a high school diploma or GED, some college, and a bachelor’s degree. During the six-month study, participants were contacted by telephone every month to collect information on job seeking activities and employment status using the Monthly Employment Status Follow-Up Form. At the sixth month, the researcher scheduled a face-to-face exit interview or a telephone interview.

**Instruments**

Five instruments were utilized for the present study. The instruments consist of the Intake Questionnaire, Hollingshead Index of Social Position, Brief Symptom Inventory, Global Health Measure (SF-36), and the Monthly Employment Status Follow-up Form. The Global Health Measure (SF-36) and the Monthly Employment Status Follow-up Form were completed on a monthly basis throughout the six-month follow-up period.

**Intake Questionnaire**

This 51-item survey questionnaire collects information in four main categories: (a) demographic information such as age, gender, ethnicity, educational background, and marital status; (b) employment history including job title and wage history of the last five years, and length of jobs held; (c) history of mental illness such as diagnoses, onset age of the illness, treatment and medication history, emergency room visit and hospitalization history, family history of mental illness; and (d) socioeconomic information including parents’ education and occupational background (Salyers et al. 2001).

**The Hollingshead Index of Social Position**

The Hollingshead Index of Social Position is a measure of socioeconomic status that utilizes a scoring system that combines a person’s educational and occupation attainment (Cunningham et al. 2007). The occupational index contains nine positions (Hollingshead 1975; Hollingshead & Redlich 1958) ranging from higher executives and proprietors of large businesses and major professionals to farm laborer and unskilled service workers. In studies that examined the reliability and the validity of this measure, the Hollingshead index was consistent with reliability coefficients ranging from .85 to .96.

**Brief Symptom Inventory**

The Brief Symptom Inventory (BSI) is intended to “reflect the psychological symptom patterns” of various populations including “community non-patient respondents” (Derogatis 1993), and consist of a series of 53 items. A global symptom index (GSI) is calculated by totaling the score of all items and dividing by the number of items answered. A GSI score of 1.39 or greater is clinically significant and indicates that a respondent has reached the threshold of having significant symptoms and may be in need of treatment. The psychometric characteristics of the BSI are well reported and demonstrate adequate to good reliability and validity (Derogatis and Melisaratos 1983; Derogatis 1993; Derogatis 1977; Derogatis et al. 1976; Amenson and Lewinsohn 1981; Tate et al. 1993).
**The SF-36 Health Survey**

The 36-Item Short Form Health Survey (SF-36) was designed for use in clinical practice and research, health policy assessments, and general population surveys (Han 2009). The measure has 8 subscales that can be combined into two domains, Mental and Physical Health. The Mental Health domain measures general mood or affect, including depression, anxiety, and positive well-being. This domain has been demonstrated to be useful in screening for psychiatric symptoms, and it has also been show to be a valid predictor of clinical depression (Ware and Sherbourne 1992).

**Monthly Employment Status Follow-up Form**

The Monthly Employment Status Follow-up Form was completed during each monthly telephone interview throughout the six-month follow-up period conducted with each subject. The form collects subject’s information with respect to the number of job applications submitted, the number of job interviews completed, the job title, starting date, work hours, hourly wage and employee benefits if a participant has obtained a job. Also, job termination information was documented on this form.

**Data Analyses**

In order to analyze the social mobility process, occupational attainment of people with psychiatric disabilities (n = 100) was compared to occupational attainment of people without psychiatric disabilities (n = 100). In the proposed study, analyses of social mobility consist of six variables. Table 1 presents all the variables for these analyses.

In the proposed study, the measure of socioeconomic status is based upon Hollingshead’s occupational index. The nine positions are: (9) higher executives and proprietors of large businesses and major professionals; (8) administrators, lesser professionals, and proprietors of medium sized businesses; (7) smaller business owners, farm owners, managers, and minor professionals; (6) technicians, semi-professionals, and small business owners; (5) clerical and sales workers, small farm and business owners; (4) smaller business owners, skilled manual workers, craftsmen, and tenant farmers; (3) machine operators and semi-skilled workers; (2) unskilled workers; (1) farm laborer and unskilled service workers.

**Social Mobility Analyses**

**Social causation.** To examine the direction and magnitude of occupational mobility, each occupational level was coded as upward or downward whenever such movement was identified. Using the earlier job name which was chosen from participants’ employment in the past five years, the occupational level of people with psychiatric disabilities (O3) was compared to the occupational level (O2) of people without psychiatric disabilities. To verify the significance of differences, $\chi^2$-test analysis was employed. If the social statuses of Father’s Occupational Attainment (O1) of the people with psychiatric disabilities were over-represented at the lower levels, and if the Participant’s Earlier Job (O2) showed downward mobility, the social causation explanation would be supported.

**Social selection and drift.** If people with psychiatric disabilities display downward mobility, and if the social class distribution for their fathers (Father’s Occupational Attainment - O4) was not different from that of the general population (Father’s Occupational Attainment - O4), this evidence would support the social selection-drift hypothesis. In other words, the social selection process would be illustrated in relation to the social status of their fathers (Father’s Occupational Attainment - O4 vs. Participant’s Earlier Job - O2).

In contrast, to show the drifting of people with psychiatric disabilities from higher-status to lower-status occupations, the occupational levels (O2) of the earlier jobs of people with psychiatric disabilities will be compared to the occupational levels (O3) of their most recent job in the past 5 years. If people with psychiatric disabilities held the same job for this index period, it will be clarified as no mobility. Whenever the occupational levels showed movements, it was coded as upward or downward. If people with psychiatric disabilities show downward mobility within the index period, the evidence would support the social drift hypothesis. Also, $\chi^2$-test analysis and paired sample t-tests was used to confirm the differences.

**Results**

Demographic characteristics of the participants are presented in Table 2. The ages of people with psychiatric disabilities ranged from 19 to 66 years, with a mean age of 40.12 (SD = 10.87). Similarly, the ages of individuals without psychiatric disabilities ranged from 20 to 69, with a mean age 39.71 (SD = 10.73). Since people with psychiatric disabilities were matched on age, gender, ethnicity and educational level with people without psychiatric disabilities, no significant differences were found between the groups with respect to age, gender, ethnicity, and educational level. However, as noted in Table 2, significantly more people with psychiatric disabilities (19%) reported receiving special education services as compared

<table>
<thead>
<tr>
<th>Variables</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People with psychiatric disabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Father’s Occupational Attainment (O1)</td>
<td>O1 is measured by the Hollingshead’s Index of Social Positions at the initial interview.</td>
</tr>
<tr>
<td>Participant’s Earlier Job (O2)</td>
<td>O2 is the most distal job reported by the participant in the past 5 years.</td>
</tr>
<tr>
<td>Participant’s Occupational Attainment (O3)</td>
<td>O3 is the most recent job and measured by the Hollingshead’s Index of Social Positions.</td>
</tr>
<tr>
<td><strong>People without psychiatric disabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Father’s Occupational Attainment (O4)</td>
<td>O4 is measured by the Hollingshead’s Index of Social Positions at the initial interview.</td>
</tr>
<tr>
<td>Participant’s Earlier Job (O5)</td>
<td>O5 is the most distal job reported by the participant in the past 5 years.</td>
</tr>
<tr>
<td>Participant’s Occupational Attainment (O6)</td>
<td>O6 is the most recent job and measured by the Hollingshead’s Index of Social Positions.</td>
</tr>
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</table>
to people with psychiatric disabilities (6%), $\chi^2 (1, N = 200) = 7.726, p = 0.005$. There were no significant difference between the two groups in terms of marital status, $\chi^2 (1, N = 200) = 1.707, p = 0.191$. Significantly more people with psychiatric disabilities (55%) reported receiving unemployment benefits compared to people without psychiatric disabilities (40%), $\chi^2 (1, N = 200) = 4.511, p = 0.034$. However, no significant differences were found between the groups with respect to the receipt of food stamps, $\chi^2 (1, N = 200) = 1.697, p = 0.193$, and other benefits, $\chi^2 (1, N = 200) = 1.495, p = 0.221$.

Clinical Description of Sample

The clinical characteristics of the participants are presented in Table 3. Sixty percent of people with psychiatric disabilities reported having major depressive disorder, 18% bipolar disorder and 15% anxiety disorder. Sixty-three percent of people with psychiatric disabilities individuals indicated that they had seen a psychiatrist for their symptoms of distress. Twenty-four percent were currently seeing a psychiatrist. Eighty-nine percent reported taking psychotropic medications in the past, and 67% reported that they currently were taking psychotropic medications.

Seventy-six percent of people with psychiatric disabilities reported seeing a mental health counselor sometime in the past to treat their emotional problems. Thirty-five percent of people with psychiatric disabilities reported having been hospitalized for psychiatric reasons. Number of psychiatric hospitalizations ranged from 0 to 11, with a mean of 0.85 ($SD = 1.78$). The mean number of days spent in a psychiatric hospital during the 12-month period immediately prior to enrolling in the study was 1.13 ($SD = 4.51$). Number of days of hospitalization ranged from 0 to 30 days.

To estimate the psychological distress experienced by the two groups, BSI Global Severity Index (GSI) scores were calculated for each participant using the total of all items and dividing that number by 53 (the number of items answered). A GSI score of 1.39 or greater is clinically significant and indicates that a respondent has reached the threshold of having significant symptom distress typically associated with needing professional care. Forty-eight percent of people with psychiatric disabilities scored at the clinically significant level. Only three percent of people without psychiatric disabilities reached clinically significant levels of symptom distress.

The SF-36 was administered to both groups in the
Among eight health concepts identified in the SF-36, the Emotional Wellbeing subscale score was used in examining participant’s ratings of general mood or affect, including depression, anxiety, and positive well-being. The scale provides a score with a range of 5-30, the lower the score the better. For the Emotional Wellbeing Index Score, people with psychiatric disabilities ($M = 19.18$, $SD = 5.19$) scored significantly higher (poorer) than people without psychiatric disabilities ($M = 10.73$, $SD = 4.39$), $t(99) = 12.516$, $p < 0.001$ (two-tailed). Taken together, these clinical data support the distinction made in this study between two groups.

### Social Mobility Analyses

In the proposed study, analyses of social mobility consist of six variables and the measure of socioeconomic status is based upon Hollingshead’s nine occupational index. Table 4 presents descriptive statistics for these variables.

### Social Causation Analysis

If the social statuses of Father’s Occupational Attainment ($O_1$) of the people with psychiatric disabilities were over-represented at the lower levels, and if the Participant’s Earlier Job ($O_2$) showed downward mobility, the social caus-
sation explanation would be supported.

To determine whether there were any significant differences of the social statuses of Father’s Occupational Attainment between people with psychiatric disabilities and without psychiatric disabilities, a paired sample t-test was conducted comparing the means for the two groups. Table 5 presents the comparison of means of the two groups.

There was no significant difference between the social status of Father’s Occupational Attainment of people with psychiatric disabilities ($M = 4.47, SD = 1.75$) and the social status of Father’s Occupational Attainment of people without psychiatric disabilities ($M = 4.84, SD = 1.97$), $t = -1.43, p = 1.153$. This result did not support the social causation hypothesis for the proposed study.

Social Selection Analysis

To examine the social selection process, we compared the sample data of people with psychiatric disabilities (Table 6) to people without psychiatric disabilities (Table 7) and used $\chi^2$-test analysis. Table 6 shows the occupational level of the most recent job reported by people with psychiatric disabilities by occupational level of father’s job.

Also, Table 7 presents the occupational level the most recent job by father’s job for people without psychiatric disabilities. Both Table 6 and 7 show the occupational level and number of persons of the upward and downward movement in relation to their fathers.

To estimate the direction and magnitude of occupational mobility, each occupational level was coded as upward or downward whenever such movement was identified. So, Table 8 presents the comparison of the mobility characteristics for the people with psychiatric disabilities and people without psychiatric.

Forty-four percent of people with psychiatric disabilities displayed upward mobility and 42 percent displayed downward mobility in relation to their fathers, as compared to people without psychiatric disabilities. The mean number of steps moved by the upwardly and downwardly mobile showed no significant differences for two samples. A chi-square test indicated that there were no significant social mobility differences between the two groups, $\chi^2 (2, N = 200) = 0.493, p = 0.782$.

According to social selection hypothesis, if people with psychiatric disabilities display downward mobility, and if the social class distribution for their fathers (Father’s Occupational Attainment - $O_1$) is not different from that of the general population (Father’s Occupational Attainment - $O_4$), this evidence would support the social selection hypothesis. In other words, the social selection process would be illustrated in relation to the social status of fathers (Father’s Occupational Attainment - $O_1$ vs. Participant’s Earlier Job - $O_2$). Although the social class distribution for their fathers is not different from that of the general population group (see Table 5), there was no significant social mobility difference between the two groups. This result did not support the social selection hypothesis for the proposed study.

Social Drift Analysis

To demonstrate the drifting of individuals from higher-
status to lower-status occupations following the onset or intensification of symptoms, *Social Drift Hypothesis*, the occupational levels (O₂) of the earlier jobs of people with psychiatric disabilities was compared to the occupational levels (O₃) of their most recent job in the past 5 years. If people with psychiatric disabilities held the same job for this index period, it was marked as no mobility. Whenever the occupational levels showed movements, it was coded as upward or downward. If people with psychiatric disabilities show downward mobility within the index period, the evidence would support the social drift hypothesis.

Table 9 presents the occupational levels (O₂) of the earlier jobs of people with psychiatric disabilities by the occupational levels (O₃) of their most recent job in the past 5 years. We found that many people with psychiatric disabilities held the same job for five years steadily. Almost 75 percent of the group either remained at the same level or moved from lower to higher occupational levels (9%). However, 16 percent of people with psychiatric disabilities drifted from higher-status to lower-status occupations.

Table 10 presents the occupational levels (O₂) of the earlier jobs of people without psychiatric disabilities by the occupational levels of father’s job.

### Table 7. Occupational Level of the Most Recent Job by Occupational Level of Father’s Job for People without Psychiatric Disabilities.

<table>
<thead>
<tr>
<th>Origin Status ¹</th>
<th>Destination Status b</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (low)</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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<td>6</td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 (high)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Father’s Occupation, b the most recent job for people without psychiatric disabilities.

The occupational level of the most recent job reported by people without psychiatric disabilities by occupational level of father’s job.

### Table 8. Direction and Magnitude of Occupational Mobility for the Two Groups.

<table>
<thead>
<tr>
<th>Direction and Movement</th>
<th>People with Psychiatric Disabilities</th>
<th>People without Psychiatric Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile (%)</td>
<td>Mean Number of Steps Moved</td>
<td>Mobile (%)</td>
</tr>
<tr>
<td>Up</td>
<td>44%</td>
<td>2.068</td>
</tr>
<tr>
<td>None</td>
<td>14%</td>
<td>.</td>
</tr>
<tr>
<td>Down</td>
<td>42%</td>
<td>2.142</td>
</tr>
</tbody>
</table>

This table shows the comparison of the mobility characteristics for people with psychiatric disabilities and people without psychiatric disabilities.

### Table 9. Intra-generational Occupational Mobility for People with Psychiatric Disabilities.

<table>
<thead>
<tr>
<th>Direction of Movement</th>
<th>Occupational Level of the People with Psychiatric Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>Upward</td>
<td>0 4 3 1 1 0 0 0 0 9</td>
</tr>
<tr>
<td>No Mobility</td>
<td>8 7 9 4 21 13 11 2 0 75</td>
</tr>
<tr>
<td>Downward</td>
<td>0 0 0 0 5 9 1 1 0 16</td>
</tr>
<tr>
<td>Total</td>
<td>8 11 12 5 27 22 12 3 0 100</td>
</tr>
</tbody>
</table>

This table shows the occupational levels of the earlier jobs of people with psychiatric disabilities by the occupational levels of their most recent job in the past 5 years.
occupational levels ($O_3$) of their most recent job in the past 5 years. Many of people without psychiatric disabilities also held the same job for five years steadily. Almost 83 percent of the group either remained at the same level or moved from lower to higher occupational levels (9%). Also, 8 percent of people with psychiatric disabilities drifted from higher-status to lower-status occupations.

To examine the social drift hypothesis, we compared the sample data of people with psychiatric disabilities (Table 9) to people without psychiatric disabilities (Table 10) and used $\chi^2$-test analysis. To estimate the direction and magnitude of occupational mobility, each occupational level was coded as upward or downward whenever such movement was identified. So, Table 11 presents the comparison of the mobility characteristics for the two groups.

In this analysis, no significant differences were found between the two groups with respect to social drift process, $\chi^2(2, N = 200) = 3.072, p = 0.215$. This result did not support the social drift hypothesis for the proposed study.

**Discussion**

The major findings of this study are: (a) the social class distribution for fathers of persons with psychiatric disability was not different from that of persons without psychiatric disability, (b) there was no significant social mobility difference between persons with psychiatric disability and persons without psychiatric disability, and (c) these findings did not support the social causation, the social selection, and social drift hypotheses.

Despite remarkable efforts made in recent years, people with psychiatric disabilities still struggle in successfully achieving occupational goals (Anthony and Blanch 1987; Collins and Mowbray 2005). Numerous mental health researchers have documented that people with psychiatric disabilities are more downwardly mobile and less upwardly mobile with respect to their social status than general populations (Fox 1990). There is compelling evidence to believe that occupational mobility of persons with disabilities, in general, may be significantly under-estimated. The unintended consequence of under-reporting the number of disabled persons in the workforce is to foster the belief in society that most persons with disabilities are significantly work capacity impaired.

Unfortunately, the perception that most persons with disabilities are more downwardly mobile and less upwardly mobile with respect to their social status than general populations may amplify the prejudices (Robert and Harlan 2006; Roessler et al. 2007). These generally held negative perceptions toward people with psychiatric disabilities have created significant barriers to persons with emotional problems from attaining and maintaining appropriate occupational status in our society.

However, the results of the study challenge several myths, biases and prejudices with respect to persons with psychiatric disabilities. In our society, individuals with disabilities are not expected to be able to work or for that matter, want to work. Also, persons with psychiatric disabilities are expected to have unrealistic work goals if they have any work expectations at all. These generally held negative perceptions toward people with psychiatric disabilities have created significant barriers to persons with emotional problems from attaining and maintaining appropriate occupational status in our society. However, the results in the current study offer some hope in challenging at least...
some of these assumptions. The findings strongly demonstrate that a sizeable percentage of persons with significant psychiatric problems, namely those that participate actively in the workforce do not differ significantly in regards to their social mobility process. This clearly suggests that more effort needs to be made in identifying, recruiting and studying people with psychiatric disabilities. Doing so may help move the field of psychiatric rehabilitation in particular forward more significantly than studying the employment capabilities and outcomes of the more chronic, severely mentally ill population.

The results contained in the current study have important implications on the research, public policy, and programming. In terms of research, more effort needs to be devoted to the less severely mentally ill if we are to learn about the true work capacity of persons with psychiatric disabilities. Through more study of people with psychiatric disabilities, it may be possible to advance more enlightened public policy toward individuals with psychiatric disabilities. And finally, programming for persons with psychiatric disabilities needs to become more diverse with services for not only the chronically unemployed mentally ill but for those that hold jobs and function everyday in the mainstream community of businesses and workplaces.

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