

BASE conference

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Miles Rinaldi

**South West London & St George's
Mental Health NHS Trust**

'The stigma of mental health problems has certainly reduced the number of positive responses to my job applications and some diagnoses have more stigma than others. Another hindrance I have experienced is the attitude of some mental health professionals to discourage me from applying for paid work, and their insistence that claiming Income Support is a must. Also, it seems to me that there is no recognition that someone may be fit to work part-time but not full time, in other words an all or nothing approach to medical certification.'

Individual Perspective

- **Literature of Recovery** (for example, Anthony 1993)
 - Meaningful role
 - Occupation
- **Do people want to work?**
 - 70-90% people want to return to work (Grove, 1999; Rinaldi & Hill, 2000; Secker & Seebohm, 2001)
 - 50% said they had not received any help (Healthcare Commission, 2007)
- **Latent effects of employment** (Jahoda 1979)
 - Time structure on waking day
 - Shared experiences and contacts – social networks
 - Defines aspects of personal status



"I had the dream about meaningful employment again last night."

Barriers to return to work and job retention

- Wrong assumptions about work and the management of long term conditions: self management
- Negative thinking
- Inflexible employment practices
- Stigma, discrimination and ignorance about rights
- Fear of disclosure of mental ill health
- Inability/unwillingness to negotiate adjustments
- Lack of timely help

Is employment is a realistic goal

Job Ready?

- Diagnosis and symptoms do not predict success
- Having previously had a job but wanting a job and believing that you can work are the best predictors of success

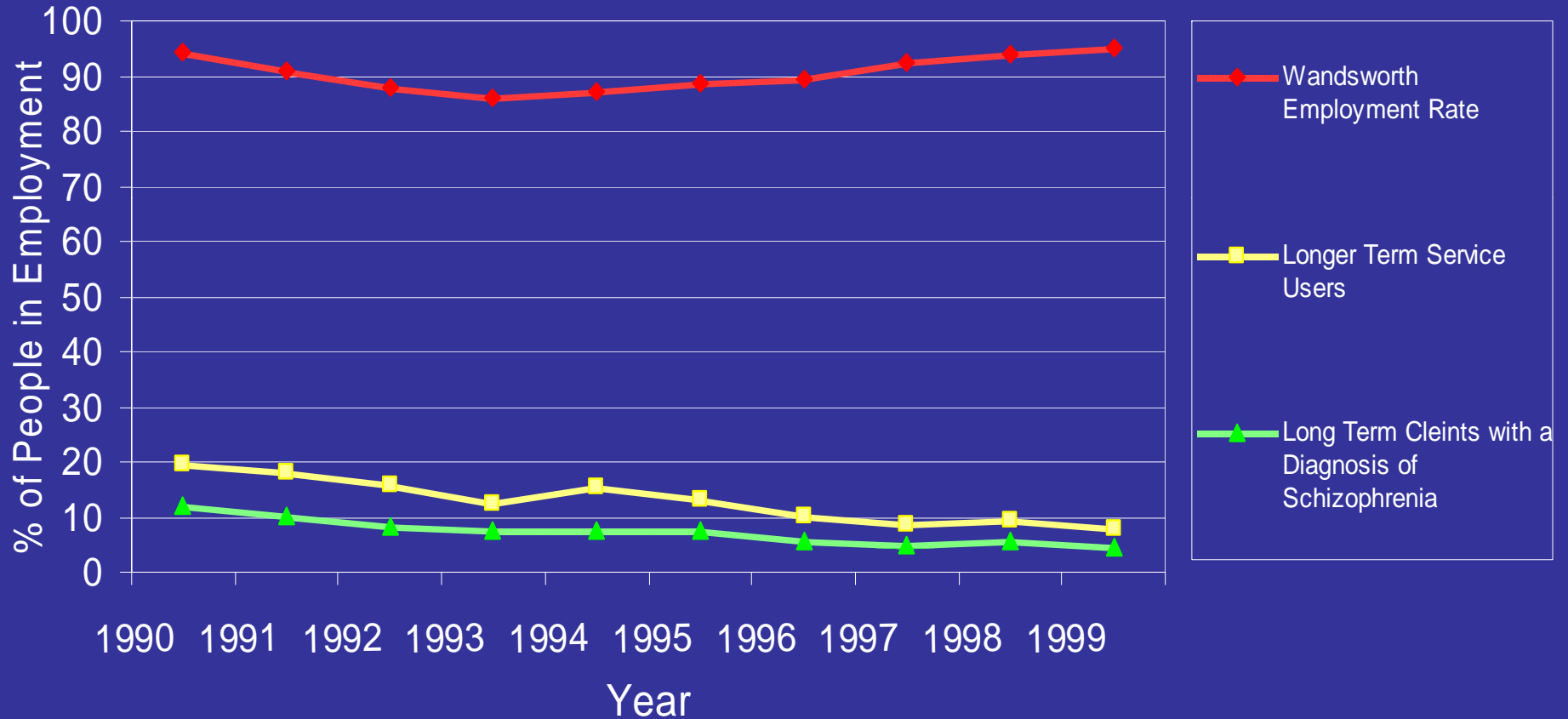
What about my benefits?

- Permitted Work
- Linking rule for Incapacity Benefit
- Tax Credits
- Disability Living Allowance

Is work too stressful?

- As compared to what?
- If you think work is stressful, try unemployment (Marrone & Golowka, 1999)

Secondary MH services employment rates



The Sun

19th April 2007

What teacher told cops
YEAR before massacre:

**HE'S
MAD**

London Lite

18th April 2007

**I warned
them the
uni killer
was mad**

London lecturer tells of her terror
at teaching gun massacre maniac

The low expectations of professionals

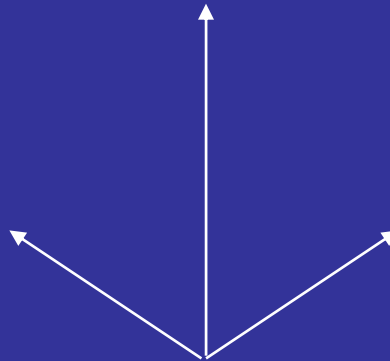
A vicious circle that erodes hope and reduces opportunity ...

Expert professionals say that people with mental health problems are unlikely to be able to work



Employers believe that people with mental health problems cannot work – so don't employ them

People with mental health problems believe that they cannot work and give up trying to get jobs



Very few people with mental health problems in employment

Research evidence

Client characteristics

- Client characteristics little impact on vocational outcomes (Bond et al, 1995, 1997, 2001; Grove, 2000; Meuser et al 2004, Catty et al, 2007)
- No relationship between psychiatric symptomatology / disability outcomes of vocational rehabilitation (Anthony, 1984, 1995)
- Most studies show no relationship between employment outcomes and diagnosis, severity of impairment and social skills (Drake et al, 1994, 1996, 1999; Bond et al, 1995, 1997, 1999, 2001; Meuser et al, 2004; Latimer et al, 2006; Burns et al, 2007)
- There is a relationship between hospitalisation history and work outcomes, the direction of causality is not clear
- Employment history is a robust predictor of work outcomes, but motivation and self-efficacy appear to be more important (Tsang et al, 2000; McDonald-Wilson et al, 2001)

Research Evidence

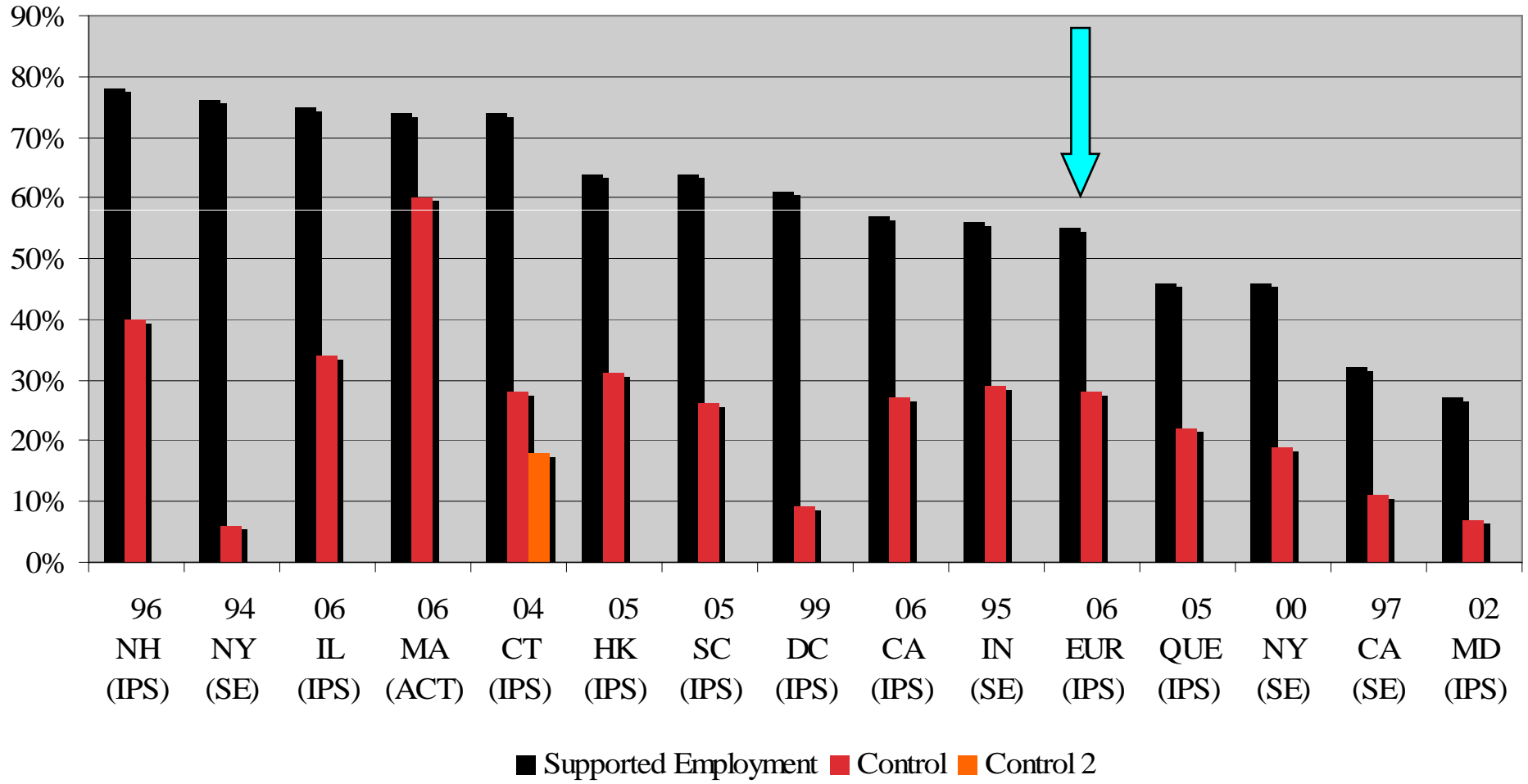
- A large proportion of people with serious mental health problems can, with support, gain and retain open employment (Drake *et al*, 1994, 1996, 1999; Becker *et al*, 1998; Bond *et al*, 1995, 1997, 1999, 2001, Meuser *et al*, 2004; Latimer *et al*, 2006; Burns *et al* 2007)
- **Sheltered workshops:** Universally poor vocational outcomes (Pozner *et al*, 1996; Grove, 1999, 2000)
- **Pre-vocational training:** No advantage in enabling people to move into competitive employment over standard care (Drake *et al*, 1994, 1996; Crowther *et al*, 2001, 2004)
- **Supported employment:** More effective than pre-vocational training at helping people with severe mental illness to obtain and keep competitive employment (Crowther *et al*, 2001, 2004)

Evidence Based Supported Employment *'Individual Placement & Support'*

- Focus on competitive employment as a primary goal
- Eligibility should be based on the individual's choice
- Rapid job search and minimal pre-vocational training
- Integrated into the work of the clinical team
- Attention to client preferences is important
- Availability of time unlimited support
- Benefits counselling should be provided to help people maximise their welfare benefits

(Bond et al, 2008)

Competitive Employment Rates in 15 Randomized Controlled Trials of Supported Employment



Burns et al. (2007): European RCT of IPS

- N=312 participants randomly assigned to:
 - IPS (n=156) or
 - local vocational service (n=156)
- 18 month follow up
- IPS more effective than vocational service:
 - Gaining employment: 55% (IPS) Vs 28%
 - IPS participants sustained jobs longer, earned more
 - Vocational service participants more likely to drop out and be readmitted to hospital
 - Employment did not have detrimental effect on clinical wellbeing or relapse

Implementing IPS in the real world

Focus on a primary goal of paid employment

- Targeting attention and resources on work as a goal from the moment the individual enters the programme
- Stating the benefits of work and encouraging success
- Avoiding spending time and resources on work readiness experiences or extended lengthy periods of assessment
- Assuring that assessments occur rapidly and build on the desire and motivation of the individual to seek work

Eligibility based on individual's preferences

- Creating an atmosphere where anyone who chooses to work can work – zero exclusion
- Promoting employment consistently and regularly as a positive, achievable outcome
- Encouraging individuals to talk about their fears and concerns about work and providing the assistance needed to address these concerns
- Building confidence by giving attention to each individual's strengths and motivation

Rapid job search and minimal pre-vocational training

- Rapid job search means that contact will be made with employers normally within the first month
- Providing direct assistance in job finding through job leads and active job development
- Emphasising on-the-job training with support
- The job search process will vary in strategy and timing from person to person

Integrated into clinical teams

- Employment Specialists are integrated and in frequent contact with mental health care co-ordinators – structural relationship
- CPA plans and employment plans are coordinated and mutually supportive
- Mental health team meetings include the Employment Specialist and consideration of employment plans and issues
- For integration of employment and mental health services to be effective, there must be genuine collaboration and mutual problem solving
- Lower vocational dropout rates – care co-ordinators are involved in keeping the individual engaged

Attention to client preferences and choice

- Process emphasises use of an individual's preferences, strengths, and prior work experiences
- Working closely with individual's personal interests
- Seeking jobs and workplace environments that match individual preferences
- Helping individuals make informed choices about disclosing the presence of a disability to employers
- Working closely with the individual and employer on identifying and negotiating needed workplace adjustments

Availability of time unlimited support and tailored to the person's individual needs

- Assisting individuals in discovering their true job interests by working in paid employment
- Maintaining direct supports to individuals and employers after obtaining work
- Assisting people with moving into new jobs as long-term job interests are clarified

Benefits counselling provided to help people with welfare benefits

- Assuring that individuals have access to benefits advisers and understand the interaction between work earnings and disability-related benefits
- Addressing fully the many concerns individuals have about the potential loss of benefits after employment, fears that are frequently based on rumours and misconceptions
- Assuring that job plans (hours of employment, pay and benefits) are coordinated with benefit plans developed with benefits advisers

Fidelity

- Effects of intervention depend on how it is delivered
- Programmes that faithfully implement the key elements of an EBP have better outcomes
- For supported employment, this means higher competitive employment rates (see *Becker et al. 01, 06; McGrew et al. 05; Burns et al. 07*)
- New fidelity scale, 21 items

Role of Employment Specialist...

- Integrated with clinical team
- Co-ordinates vocational plans with clinical team
- Works directly with clients and their care co-ordinators
- Direct client interventions:
 - Engagement
 - Assessment
 - Helped clients to find and keep jobs / education courses
 - Provided welfare benefits advice
 - Addressed the support needs and any adjustments
- Works actively with employers, JC+, colleges, connexions etc., to secure opportunities

Lessons learnt

- Understanding local need
- Discussing the myths.... Relapse / hospitalisation
- Integrating an employment specialist
 - Equal member of the team
 - Clinical and managerial leadership
 - Job retention and supported education

Resistance and problems

- **Work with all team members:**
 - Rapid job search - does not necessarily mean that clients move rapidly into jobs - clients prefer to work towards an employment outcome instead of going through transitional preparatory activities... individualised approach
 - Clear monitoring to see outcomes from teams
- **Clients and carers:**
 - clients with the most complex health and social care needs
 - transition from building based services to community outreach based services difficult
- **Partnership working:**
 - Strengths based, capacity building
- **Employers:**
 - Employers do not recruit 'schizophrenia' any more than they do 'heart disease' ... individualised approach

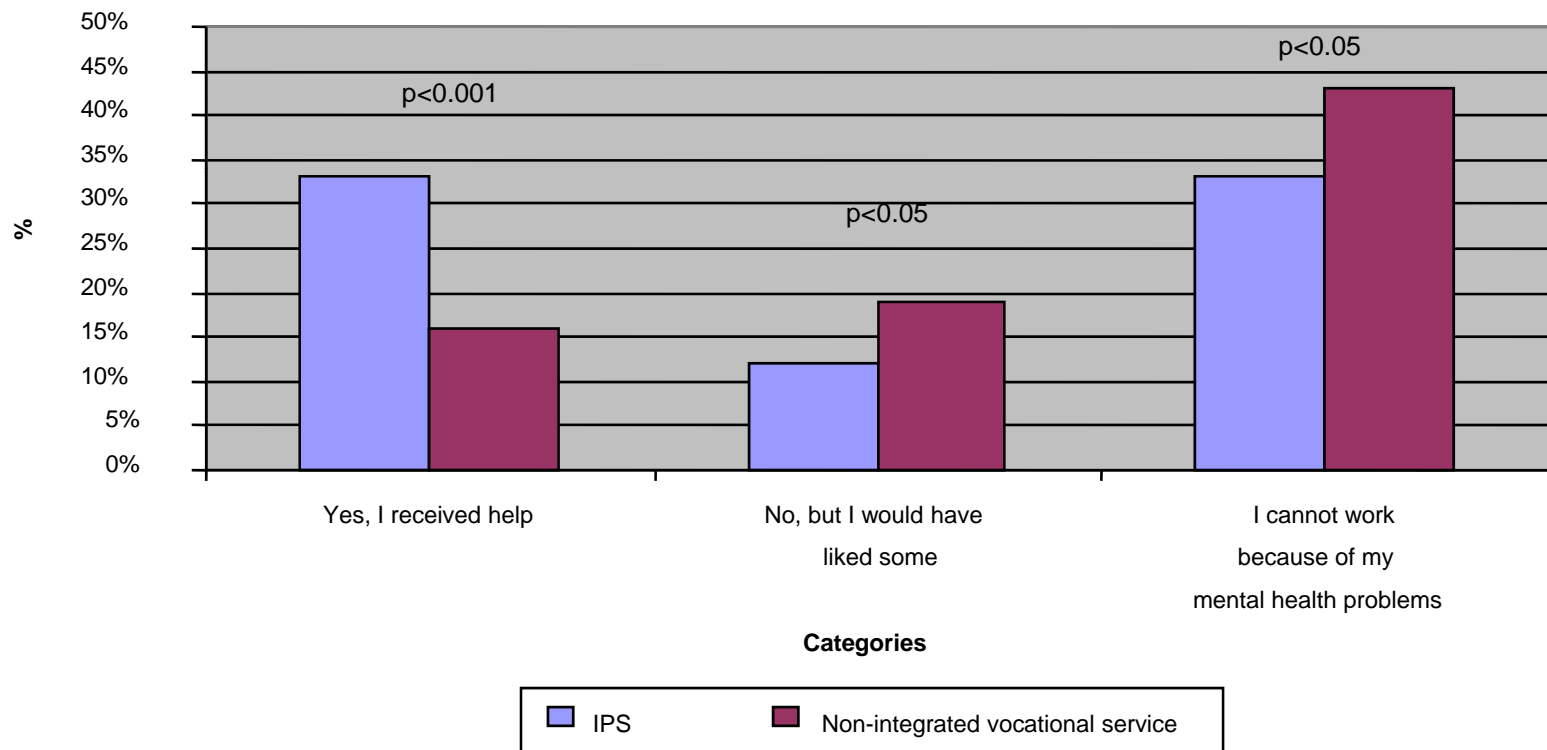
Integrating clinical and vocational service

What are the benefits?

- Clinically sensitive
- Addresses concerns that:
 - Employment serves as a stressor
 - Will interfere with stability of client
- More effective engagement and retention
- Better communication
- Incorporation of vocational information into care plans
- Observation can convert sceptical or disinterested clinicians
- Better outcomes – clinicians carry responsibility of coordination, consistency and coherence

Whether service users had received help with finding work in the last 12-months

Whether service users had received help with finding work in last 12-months



Rinaldi, M & Perkins, R. (2007) Comparing employment outcomes for two vocational services: Individual Placement and Support and non-integrated pre-vocational services in the UK. *Journal of Vocational Rehabilitation*.

Implementation Obstacles

- Lack of **early intervention**
- Failure to **adopt evidence based practice**
- Lack of **focus on work resumption**
- Lack of **integrated service** / fragmented provision
- Lack of **case management**
- Low **priority for clinicians**
- **Interagency co-operation** poor

The Here and Now?

‘Nowadays my psychiatrist and psychologist are eager to discuss my employment situation with me, particularly how I can manage this to prevent an exacerbation of my mental health problems. This has been a very helpful strategy, particularly when I have been an inpatient and needed to agree a staggered return to work, but also on a day-to-day basis.’

Thank you

Miles.Rinaldi@swlstg-tr.nhs.uk