

Employment for People with Mental Illness:

the International and Australian Experience
National Employment and Health
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Outline of Presentation

■ The Challenge

- Rates of employment and job tenure for people with severe mental illness
- Barriers to employment
- Do people with mental illness want to work?
- Is work too stressful for people with severe mental illness
- Are young people especially disadvantaged?

■ The Evidence Base

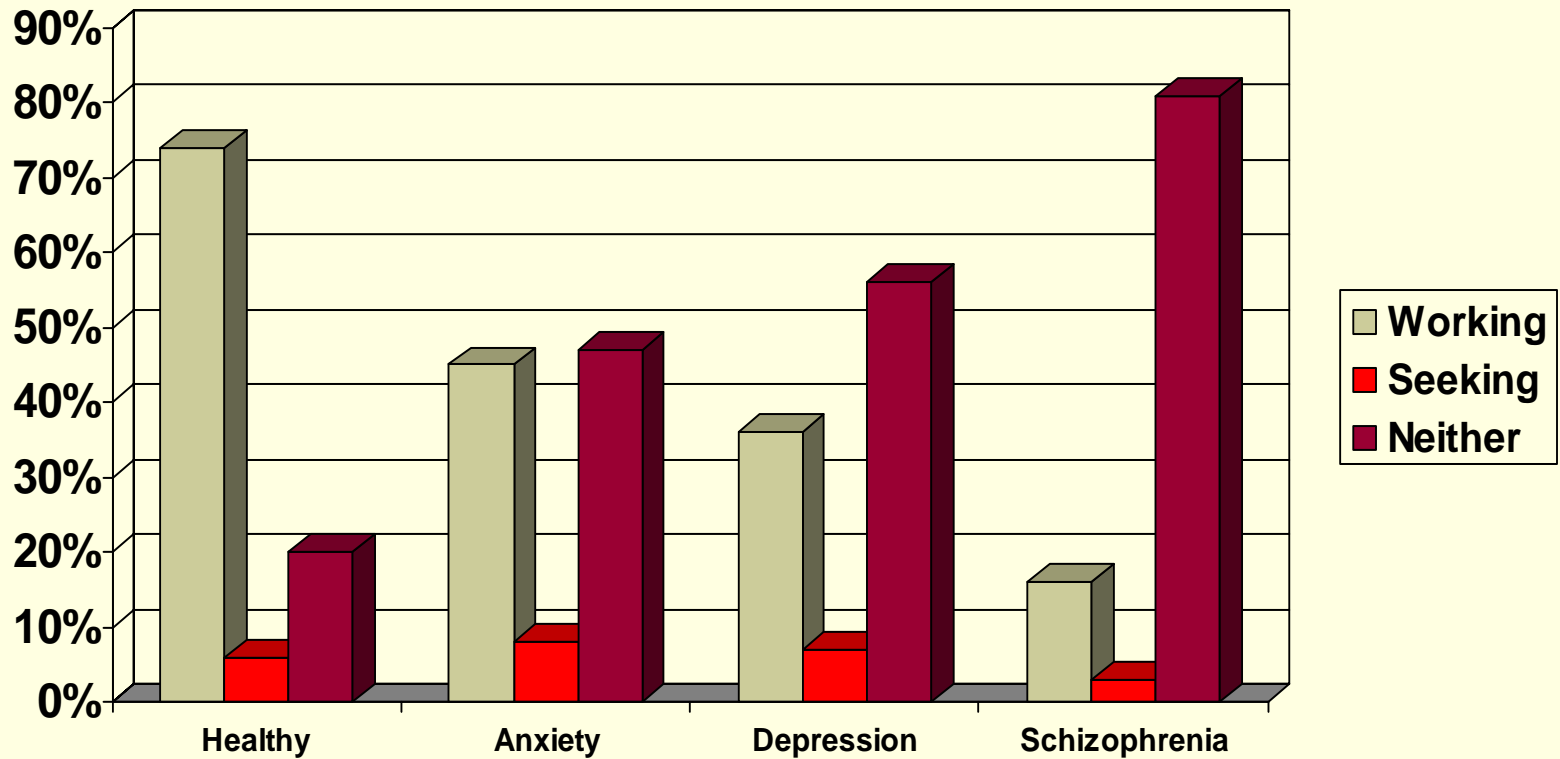
- Are some approaches to vocational rehabilitation more successful than others?
- How much difference does model of VR make?
- Is there a role for intensive vocationally oriented rehabilitation as distinct from assistance with obtaining and maintaining jobs?

Outline of Presentation

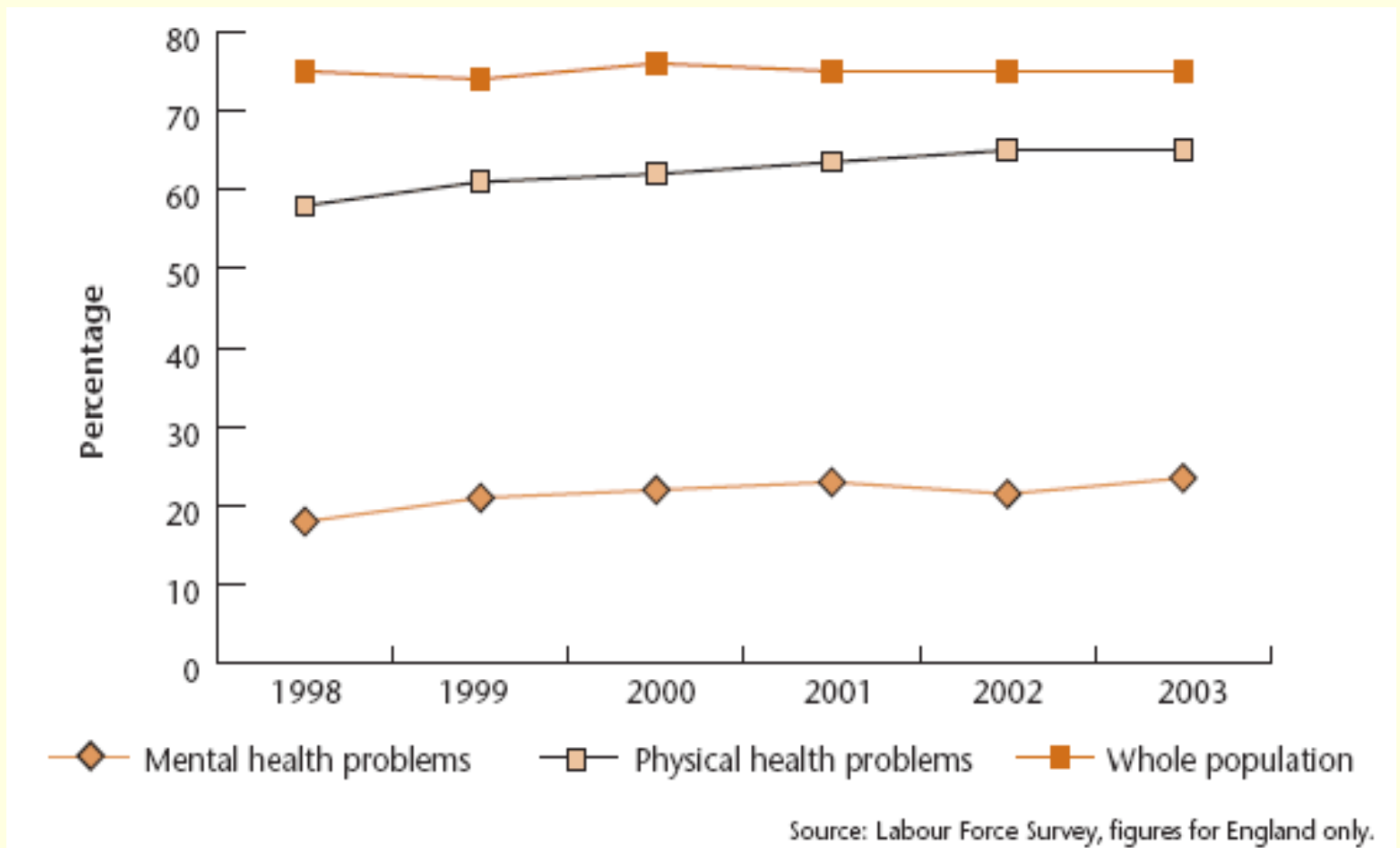
- How We Currently Deliver Services
 - The policy and funding framework
 - Service models
 - Fidelity of existing services to best-evidence principles and models
- How We Should Deliver Services
 - Integrated service models
 - Flexible and responsive approaches to service delivery
 - Targeted concurrent rehabilitation interventions

The Challenge

Employment rates for Australians with and without mental illness 1998



The Challenge



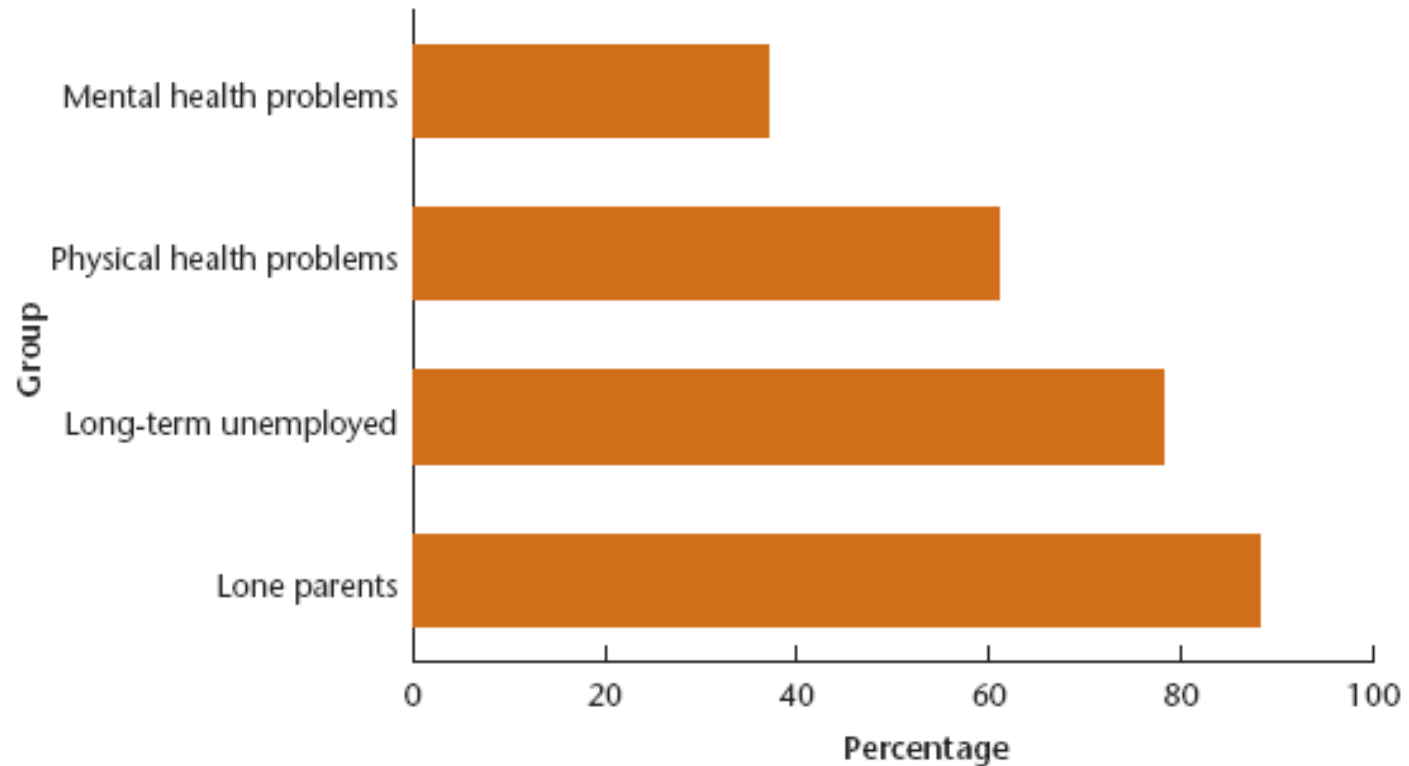
The Challenge

- Low workforce participation and low job seeking means:
 - Relatively weak contribution to community productivity
 - High dependence on welfare
 - Entrenched poverty
 - Weak social inclusion
- Increasing workforce participation can:
 - Improve clinical outcomes
 - Increase economic well-being
 - Reduce social stigma

The Barriers

- Illness related
 - positive and negative symptoms impacting on work capacity
 - loss of confidence impacting on the interpersonal aspects of work
- Environmental
 - labour market conditions,
 - availability of supports,
 - impact of working on benefits
- Systemic
 - community and employer attitudes
 - low expectations for recovery of work capacity within clinical services

Employer Attitudes



Data source: ONE Evaluation: Department for Work and Pensions, 2001

Percentage of employers willing to employ people from different backgrounds or problem areas

Attitudes of people with mental illness towards work

- Qualitative research (Honey, 2004; Henry & Lucca, 2002) found people with mental illness identify 6 benefits with employment:
 - Money – greater independence and increased resources
 - Purposeful and meaningful activity – doing something constructive during the day
 - Growth and development – enhancing capacities, fulfilling potential
 - Social participation and belonging – being accepted as part of a normal social group
 - Self image and self-esteem – being perceived to be a productive member of the community
 - Mental health – work can provide stability and purpose.
- There were also negatives:
 - Tedium
 - Feeling different from other workers
 - Sense of failure when unable to maintain a job
 - Work related stress contributing to mental health problems
 - Concerns about losing benefits

Young People and Employment

- Unemployment rates are usually higher among young people generally – getting started is a major challenge even without the additional barrier of mental illness
- Failure to enter the workforce when young can lead to long-term disengagement – employment is a developmental milestone
- Young people with mental illness are often encouraged to return to school – even though this has been a failed environment
- Established supports and services to assist with access to employment are often not ‘youth-friendly’

Assisting people with mental illness to access employment: what the evidence shows

- Focus on obtaining open employment (rapid job search and supported employment) is more effective than focus on preparing for work (traditional rehabilitation) (Bond, 2004)
 - Skills are most effectively developed in situ
 - Motivation and positive attitudes are most effectively harnessed through linkage to client goals
 - Selecting and applying for jobs provides focus as well as reality testing
- Employment services are most effective when well-integrated with clinical services (Cook et al., 2005)
 - Integration promotes continuity of message and purpose
 - Integration enables difficulties or problems to be quickly identified and addressed
- There is evidence of strong model allegiance among providers but less evidence of model specific outcome benefits

The IPS model

- IPS = Individual Placement and Support (Becker & Drake, 1993) contains all the elements of effective practice (fidelity measure)
- Usually delivered through employment specialists operating within a clinical service
- Consistently outperforms other models with which it has been compared (Moll et al, 2003; Mueser et al, 2004; Gold et al, 2006) – especially in job acquisition where the comparative rates are 51% versus 18% (Twamley et al, 2003)
- Limitations:
 - Not necessarily superior to other models that contain key elements (Cook et al, 2005)
 - Job tenure < 20 weeks (Mueser et al, 2004)
 - Negative cost-benefit (Chalamat et al, 2005)

Social Firms (Social Enterprises)

- Origins in Italy with subsequent take up more broadly in Europe (especially Germany and UK), US, Australasia and parts of Asia (Warner & Mandiberg, 2006)
- Non-profit businesses operating in the open market, employing 30%+ people with disabilities under standard employment conditions
- Advantages
 - Benign employer
 - 'Real' work environment
- Disadvantages
 - Very little research
 - Unclear as to extent of transition to 'open' employment

Clubhouses

- Originally based on the 'work-ordered day' and 'transitional employment' but contemporary Clubhouses also make extensive use of supported employment (McKay et al., 2005)
- In RCTs, certified Clubhouses achieve employment outcomes equivalent to those of high quality supported employment models (Macias et al., 2006; Shonebaum et al, 2006), however this equivalence may not be evident for non-certified Clubhouses (Mueser et al, 2004)
- Advantages
 - Clubhouse membership confers additional quality of life benefits (Warner et al, 1999)
 - High quality international quality control process
- Disadvantages
 - Establishment processes complex
 - Expensive to operate

Is there a role for Rehabilitation?

- Traditional rehabilitation has focused on *preparation* for work
- Contemporary rehabilitation focuses on development of skills and capacities *concurrently* with job seeking and employment
- Preliminary evidence suggests that two approaches enhance employment outcomes when incorporated into IPS:
 - Social skills training (Tsang, 2001; Mak et al, 2006; Tsang et al, in press)
 - Cognitive remediation (McGurk et al, 2007; Grieg et al., 2007; Bell et al, 2005)

The Australian Environment

- Employment and health services administered and operated separately – policy of ‘intersectoral linkages’
- Access to employment services mostly via Centrelink as gatekeeper using Job Capacity Assessments
- Linkages between clinical and employment services mainly restricted to referral
- Funding for employment services primarily performance based
- Employment services mostly office based
- Very few certified Clubhouses or social firms
- Sheltered workshops ended after deinstitutionalisation

Current Practices in Brisbane

- Doctoral Dissertation (McMah, 2007) aimed to benchmark services against international best practice
- Method
 - 5 specialist services investigated (3 specialist open employment services ; CRS Australia office specialising in SMI services;1 Clubhouse)
 - 27 Service Managers and Staff Interviewed
 - Modified form of IPS fidelity instrument used to benchmark

Results

- All services oriented to rapid job search, consumer preferences and open employment
- All services provided some form of social skills training and some benefits counselling
- Services tended to be office based, time limited and to have weak integration with clinical services
- No service provided any form of cognitive remediation

What is needed to Improve Services?

- Strategies for overcoming separation of clinical and employment services – either improved intersectoral linkages for service integration (King et al, 2006)
- Development of more positive clinician attitudes towards employment for people with mental illness
- Greater knowledge and skill among clinicians in rehabilitation practices that support employment
- Promotion of Clubhouses that operate in accordance with ICCD standards and practices
- Structural reform to overcome disincentives – benefits, access provisions, time limits

Conclusions

- There are strong moral, social and public health reasons to improve access to employment for people with mental illness
- Barriers are complex but not insurmountable
- We have a developing and already informative evidence base to guide practices
- We have viable models of effective practice
- Current practices can be improved
 - flexible approaches to service delivery,
 - stronger integration of clinical and vocational services
 - better use of targeted evidence-based rehabilitation interventions
- Structural changes and reforms will assist in improving practice

Key Sources

Enhancing employment services for people with severe mental illness: the challenge of the Australian service environment

Robert King, Geoffrey Waghorn, Chris Lloyd, Pat McLeod, Terene McMab, Cliff Leong

Objectives: Comparatively few people with severe mental illness are employed despite evidence that many people within this group wish to obtain, can obtain and sustain employment, and that employment can contribute to recovery. This investigation aimed to: (i) describe the current policy and service environment within which people with severe mental illness receive employment services; (ii) identify evidence-based practices that improve employment outcomes for people with severe mental illness; (iii) determine the extent to which the current Australian policy environment is consistent with the implementation of evidence-based employment services for people with severe mental illness; and (iv) identify methods and priorities for enhancing employment services for Australians with severe mental illness through implementation of evidence-based practices.

Method: Current Australian practices were identified, having reference to policy and legal documents, funding body requirements and anecdotal reports. Evidence-based employment services for people with severe mental illness were identified through examination of published reviews and the results of recent controlled trials.

Results: Current policy settings support the provision of employment services for people with severe mental illness separate from clinical services. Recent studies have identified integration of clinical and employment services as a major factor in the effectiveness of employment services. This is usually achieved through co-location of employment and mental health services.

Conclusions: Optimal evidence-based employment services are needed by Australians with severe mental illness. Providing optimal services is a challenge in the current policy environment. Service integration may be achieved through enhanced intersectoral links between employment and mental health service providers as well as by co-locating employment specialists within a mental health care setting.

Key words: employment, intersectoral linkage, severe mental illness, vocational rehabilitation.

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HANDBOOK OF PSYCHOSOCIAL REHABILITATION

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