

# ***Implementing a user employment programme in a mental health trust – lessons learned***

**Miles Rinaldi, Rachel Perkins,  
Joss Hardisty, Emma Harding,  
Angie Taylor, Sarah Brown**  
User Employment Programme  
South West London & St George's Mental  
Health Trust

## **User employment**

The User Employment Programme at South West London & St George's Mental Health Trust pioneered user employment in mental health trusts. Eight years on, Miles Rinaldi and colleagues review the lessons learned to date and highlight some pitfalls to avoid and useful pointers for others embarking on this course. Key to its success has been the ongoing support and involvement of senior management, listening to and learning from users, and an incremental approach to breaking down the barriers between 'them' and 'us'.

The User Employment Programme at South West London & St George's Mental Health Trust was established in 1995 to provide access to employment within the trust for people who have experienced more serious mental health difficulties. The programme aimed to develop and extend in a UK context some of the successful US models (Sherman *et al*, 1991; Woodward *et al*, 1991; Mowbray *et al*, 1997). The approach to enabling people to gain and retain employment was based on the individual placement and support approach developed by Becker and Drake (1993), adapted to a single employer.

For the last eight years the User Employment Programme has successfully provided support to people who have experienced mental health problems who are employed in posts in the trust on standard terms and conditions. The programme has also:

- developed a short-term, ten week work preparation programme funded through

Jobcentre Plus that has enabled people to have an initial and continuing assessment of their employment needs, conduct a rapid job search, and gain a brief period of work experience that can provide the references they may need to move on to competitive employment, combined with on-going support

- pioneered efforts to combat employment discrimination throughout the trust against people who have experienced mental health difficulties but do not require specific support from their employer. These latter efforts led, in 1997, to the trust adopting a charter for the employment of people who have experienced mental health problems (Perkins & Selbie, 2001).

To date the programme has:

- supported over 100 people in existing posts, on the same terms and conditions, within the trust (Perkins *et al*, 2004) and supported

others to gain/retain open employment in other statutory health and social care organisations

- ensured that, since 1999, at least 15% of all employees recruited to the trust have personal experience of mental health problems
- provided short-term work preparation for 32 people, 47% of whom have moved into open employment within or outside the trust and 16% of whom have moved into mainstream education/training (Perkins *et al*, 2004).

In our eight years of implementing and delivering a user employment programme a number of useful lessons and approaches have been found to be valuable:

- project management
- people and stakeholders
- organisation and structures
- funding and targets
- staff team and philosophy
- delivery.

## Project management

There have been a number of key lessons about the management of the project throughout the organisation that have contributed to ensuring that the aims and objectives of supporting people with mental health problems in jobs within the organisation were met.

- Initial and continuing active support from the chief executive, chair and board of the trust and the local authority social services department (who provided the initial funding).
- Support from senior management, senior clinicians and support services – especially, and essentially, human resources and occupational health.
- Plenty of contact with middle and front-line managers and clinicians.
- Use of research literature in training sessions for front-line staff and managers.
- Balanced steering group bringing together senior clinicians and management, trade

union and practical expertise necessary for the implementation of the programme. For the first six years the steering group was chaired by the deputy chief executive/chief nurse and included a clinical director, director of occupational therapy, director of psychology, medical director, director of human resources, occupational health physician, service managers, operational services, Unison (trade union) representation, and vocational services.

## People and stakeholders

An overall principle of the implementation has been the need for continuing buy-in at all levels within the organisation and from external stakeholders:

- a senior (clinical director level) dynamic, charismatic leader, who led the establishment of the programme and maintains oversight, and focuses specifically on policy and promotion
- buy-in and commitment from senior management including the chief executive (who now chairs the steering group) and board
- on-going contact with stakeholders, particularly service users, front-line staff and external organisations – for example, Jobcentre Plus disability employment advisers, voluntary sector groups and service user groups
- effective communication/publicity about the service and its outcomes within and throughout the organisation
- avoidance of overselling, and managing expectations of the service – particularly senior managers' expectations of the progress/outcomes in the early years
- briefing sessions/seminars and one-to-one meetings in which front-line staff and managers have the opportunity to discuss openly their fears and concerns about the employment of people with mental health problems.

## **Organisation and structures**

A programme structure and management within the trust has been important in terms of both day-to-day operation and policy development. In particular, the role of the steering group has been critical. Delivery and on-going development remains linked with, and part of, an overall trust strategy focusing on joint working between clinical directorates or geographical areas. Policy goals or targets have only changed with collective agreement and ownership. The steering group continues to take responsibility for delivery of policy goals and was not formed just to see the initial set up and implementation of the programme.

## **Funding and targets**

A variety of approaches to funding have been used, but throughout the target setting has been clear. The user employment programme was established with funding for a single post through a local authority mental health specific grant. Once success had been demonstrated additional health funding was sought and obtained and a work preparation contract secured with Jobcentre Plus. Current funding consists of a recurring local authority mental health grant, trust funding (initially obtained via the Mental Health Challenge Fund) and Jobcentre Plus funding through the work preparation programme.

It has been a challenge to maintain funding in a climate where annual cost savings are required. The Jobcentre Plus contract and realignment within existing resources have been necessary to ensure longer-term success of the programme.

In obtaining and maintaining funding, and the continuing support from the trust board, the monitoring of, and reporting on, specific outcomes has been of great importance. People need to be able to see that their investment is actually producing outcomes in terms of real employment.

Long-term aspirational targets provided an effective, clear articulation of a vision, with a second tier of shorter-term targets and practical milestones driving delivery. For example, a goal to have supported people with experience of mental health problems in employment throughout all directorates/professions within the trust is supported by interim annual targets and an action plan.

Targets specifically related to desired outcomes have been the most successful: for example, the number of people supported in existing posts within the trust on a monthly or annual basis. The User Employment Programme now has a target to support 35 people in employment at any one time, but this was built up from a target of six in the first year and 12 in the second year.

It has been important for managers and clinicians within the organisation to see the target as supporting people in employment within the trust and to take ownership of this, rather than supporting work experience or voluntary work. In line with the evidence base on supported employment, the target and key outcomes must be real jobs in integrated settings (Bond *et al*, 2001).

The collection of data has been essential. By collecting data you can quantify what, when and how, and make the individual's experience of gaining and retaining a job a real outcome for senior management, commissioners and funders. We live in an age that, if you don't count it, then it doesn't exist.

## **Staff team and philosophy**

The staff team are employed by the trust, located in the human resources department but managed by vocational services. A base in the human resources department has ensured that the programme has become mainstreamed within the overall employment practices of the organisation. Managers within the trust see the employment of service users as a regular human resources issue.

Other trusts have developed programmes based on this approach or have contracted with

voluntary sector organisations to work with services users, human resources and occupational health support. Whatever the delivery method, we consider it has been essential that the user employment staff team are fully integrated into the organisation and within key departments.

Management within the vocational services department has ensured the availability of vocational expertise, helped to ensure that the models of support adopted are evidence-based, and allowed a flexibility in responding to individual client's needs and cross fertilisation of ideas across other employment programmes within the trust.

A substantial number of people in the User Employment Programme staff team have personal experience of mental health problems. This has ensured that the expertise of personal experience is available to those supported by the programme, and an intimate understanding of the problems and barriers facing people with mental health problems when returning or retaining employment and ways in which these might be ameliorated.

## Delivery

One of the most important lessons has been that successful implementation requires sustained effort and support at both senior management and clinician level, in particular through establishing and maintaining direct lines of communication with the front-line managers and clinicians who actually deliver the change.

This has been achieved in a number of ways. First, by starting small. Capitalising on the initial enthusiasm among front-line managers in some areas has enabled initial teething problems to be resolved in a relatively supportive setting. Once success has been demonstrated it is much easier to extend the programme to areas where staff and managers are more sceptical.

Second, by reducing scepticism and changing attitudes among clinical teams/front line staff about employing people who have experienced mental health problems within teams and the

organisation. In this area, it has been important to consider who the audience is and identify what their levers are. For example, staff and managers interested in delivering evidence-based practice are more likely to be persuaded by detailed consideration of the evidence base.

Those concerned with recruitment and retention issues are more likely to be persuaded by arguments about extending the potential pool of recruits and retaining staff who develop mental health difficulties. On the other hand, those whose primary interests lie in the area of user involvement and empowerment are more likely to be swayed by consideration of the ways in which recruitment of people with mental health problems can help to break down 'them and us' barriers within services and ensure that the expertise of personal experience is available to service users.

Third, by effective publicity and communication within the organisation about the programme and its outcomes. This has been achieved via, for example, writing annual reports, using the trust magazine/bulletin to publicise the programme and using external communication sources. Especially in the early days of the programme, publicity focusing on the success of the programme was particularly important in persuading more sceptical staff. People are more often convinced by the evidence of their own eyes than the evidence of published accounts and research from other areas.

External publicity in the form of papers published in journals and presented at conferences was also important in providing positive feedback from outside the organisation and establishing credibility for the programme that served to increase the confidence of those who were initially less enthusiastic.

On-going direct feedback to the steering group and board on the progress being made facilitated their ongoing support.

Responsive support mechanisms at a middle and senior management level enabled them to feel more confident about recruiting staff who had personal experience of mental health problems. It is important to emphasise that the

programme supports the employment relationship – both the individual employee and their manager.

Guidance relating to occupational health assessments has reassured many potential employees who were extremely concerned about going for an occupational health assessment prior to employment. Such fears were discussed with occupational health physicians and, in conjunction with programme staff, a single page fact sheet was produced describing the role of occupational health for service users applying for posts, the questions an occupational health doctor might ask, and why they are asking these questions.

Publicising the programme to potential applicants was also important. Many people who have experienced mental health problems have had so many rejections they have given up trying to get work. It is therefore necessary to make it very clear that their applications are welcomed. Initially this was achieved by making personal experience of mental health problems an essential requirement of some posts, using the rationale that this would increase the skill mix in the team. Advertisements then specifically targeted people who have experienced mental health problems: 'Have you experienced mental health problems? Would you like to help people who have experienced similar difficulties?' These advertisements were placed in the usual publications but were also sent to mental health centres throughout the area.

Subsequently, the trust's charter for the employment of people who have experienced mental health problems ensured that the person specification for all clinical and client contact posts specify 'personal experience of mental health problems' as desirable (in much the same way as previous experience of working in mental health services might be considered desirable), that all advertisements carry an equal opportunities statement that encourages applications from people with personal experience of mental health problems, and that all job information packs carry information about the User Employment Programme so that anyone

who has mental health difficulties knows that they can obtain support.

The programme maintains a data base of people with mental health problems who are interested in working for the trust and circulates the trust's vacancy bulletin to them, as well as highlighting posts in which they might be interested.

Listening to feedback from people supported by the programme about who was and was not helpful is essential to success. For example, we have learned from feedback that what people value is someone to contact (usually by telephone) when they experience difficulties, rather than having to wait for an appointment. Similarly, in the early stages of the programme support was provided to people in a traditional 'job coach' manner, where a support worker would support the person in the workplace. We were soon told by the supported employees that they found the support helpful but obtrusive; they felt it identified them as having mental health problems and made them look incompetent in the eyes of their colleagues. This feedback led to a change in approach in which most support was provided outside the workplace with a greater tailoring of support to individual needs and preferences (Perkins et al, 2001). Similarly, on the basis of the US experience, in the initial stages all posts were advertised as part-time (job share), but it became clear that some people were well able to work full-time and this too was changed.

## **Conclusion**

Over the last eight years we have learned a number of lessons: about the importance of strong leadership, ownership and clarity of purpose; about the importance of senior leadership and support in high places; about the importance of monitoring, feedback and publicity – as well as the opportunity to air concerns – in changing hearts and minds; about the importance of close links with human resources and occupational health departments, and the involvement of those receiving the service; about starting small and



capitalising on existing enthusiasm. We have also identified several key hurdles that must be removed. First there is the notion of actually employing people with mental health problems in mental health services, rather than their being volunteers, undertaking work experience or representing service users in different aspects of the organisation's work. Second, there is the hurdle of recruiting of people with mental health problems to clinical posts, as opposed to support services. Third, there is the hurdle of recruiting people with mental health problems to posts requiring professional qualifications.

We still have much to learn. For example, we need to ensure that the right kind of support is available for employees with mental health problems at all levels of the organisation. The issues facing a consultant psychiatrist or senior manager with mental health problems are different from those faced by a support worker, and the support they need is different. Similarly, we need to ensure that professional training is available to people who have mental health problems. Although some progress has been made by four supported employees who have secured places on such programmes – two on nursing courses, two on clinical psychology courses – there are still many barriers and preconceptions to be broken down in this area.

Employing service users in mental health services challenges the idea of the mental patient as 'other' and erodes the 'them and us' safety barriers that we have erected in our services. Working alongside someone with mental health problems as a colleague challenges prevailing assumptions and prejudices – especially if that person is a more senior and/or qualified professional. Reporting to a manager with

mental health problems, or actively training someone with mental health problems as a mental health professional (rather than supporting someone who acquires such difficulties subsequent to their training), challenges such assumptions even further.

We have come a long way, but there are other mountains still to climb.

## References

- Becker DR, Drake RE (1993) *A working life: the individual placement and support (IPS) program*. New Hampshire: Dartmouth Psychiatric Research Centre.
- Bond GR, Becker DR, Drake RE *et al* (2001) Implementing supported employment as evidence-based practice. *Psychiatric Services* **52** 313-322.
- Mowbray CT, Moxley DP, Jasper CA *et al* (eds) (1997) *Consumers as providers in psychiatric rehabilitation*. Columbia, MD: International Association of Psychosocial Rehabilitation Services.
- Perkins R, Selbie D (2001) Decreasing employment discrimination against people with mental health problems in a mental health trust. In: Crisp AH (ed) *Every family in the land: understanding prejudice and discrimination against people with mental illness*. London: Royal College of Psychiatrists. <http://www.stigma.org/everyfamily/everymain.html>
- Perkins R, Evenson E, Lucas S *et al* (2001) What type of support in employment? *A Life in the Day* **5** (1) 6-13.
- Perkins R, Rinaldi M, Hardisty J *et al* (2004) *User employment programme annual report*. London: South West London & St George's Mental Health NHS Trust.
- Sherman PS, Porter R (1991) Mental health consumers as case management aides. *Hospital & Community Psychiatry* **42** 494-498.
- Woodward MK *et al* (1991) *Training consumer colleagues*. Denver, Colorado: Regional Assessment and Training Center.