

# Realising Ambitions: Evidence Based Supported Employment for People with a Mental Health Condition

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# We know that ...

## Employment is good for you

- It links us to the communities in which we live and enables us to contribute to those communities
- It provides meaning and purpose in life
- It affords status and identity – the 2nd question ‘What is your name?’ ‘What do you do?’
- It provides social contacts
- It is good for our health – mental and physical
- It gives us the resources we need to do the other things we value in life

## Employment and mental health are intimately inter-related

- Mental health conditions make it more likely that a person will lose their job In comparison with people with other health conditions, people with mental health problems are twice as likely to lose their jobs following the onset of problems (Burchardt, 2003)
- Employment is good for mental health – unemployment causes mental health conditions and exacerbates the problems of people who already have mental health problems

# We know that ...

## Most people with mental health conditions want to work

- Highest 'want to work' rate of all disabled people
- Between 60% and 90% of people with mental health problems would like to work

## Most do not have the opportunity to do so

- About 20% of adults with longer term mental health problems are in employment
- Among people using secondary mental health services the picture is even worse: 14% in paid employment (Work, Recovery and Inclusion, 2009)

## A combination of

Prejudice and discrimination and low expectations ... health/social services and employment workers, employers, the individual him/herself

Fear ... on the part of potential employers and employees

Failure to provide the appropriate support/adjustments

- DWP employment programmes not tailored to the needs of people with a mental health condition
- Health and social services don't consider employment to be part of their business ... or a realistic possibility for most people with a mental health condition
- Health/social services and employment services operate separately and often give contradictory messages

**... continue to deny many people the opportunity to work**

# The challenge of mental health conditions in an employment context

## Mental health problems

- Often fluctuate and it is difficult to know when fluctuations will occur
  - Can affect a person's ability to negotiate the social (as opposed to the physical) world of work
  - Are not immediately obvious and engender fear because of the myths that surround them and types of adjustment and support needed less well explored
1. Some people can and do use existing welfare to work services effectively
  2. Improvements in existing services could enable existing provision to serve more people
  3. Some people require more intensive support and assistance

# Making existing structures work better – health/social services and employment services working together

- **Better joined up working at the front line**

- Sharing expertise in local networks

Health/social services professionals can't become employment experts, employment advisors can't become mental health experts ... but they can use each other's expertise

- Better joined up working around individuals

Ensuring that health treatment/social care plans and employment action plans offer consistent messages and complement each other

- The role of new Mental Health Coordinators in Jobcentre Plus

- **Increasing the extent to which welfare to work services can accommodate the needs of people with mental health conditions** - training, continuity of advisor, privacy, maximum use of flexibilities, telling people what to expect

- **Increasing the extent to which primary and secondary health/social services address the employment needs of people with a mental health condition** - 4'R's: raise, respond, recommend, refer, vocational issues in consultations and treatment/support plans, professional training, new 'fit note', self-management/WRAP for work

- **Outlaw inappropriate use of pre-employment health checks**

# Providing more support – the research evidence

Many studies of what makes people ‘employable’ or ‘work ready’

- Characteristics of individuals have little impact on employment outcomes ... therefore there is no justification for excluding people on the basis of clinical history, ‘employability’, ‘work readiness’...
- The only individual characteristics that have an impact are ‘motivation’ and ‘self-efficacy’ – whether a person wants to work and whether they think they can ... And both of these are heavily influenced by the expectations of others

Segregated sheltered workshops and pre-vocational skills training are not very good at helping people with mental health problems to return to employment

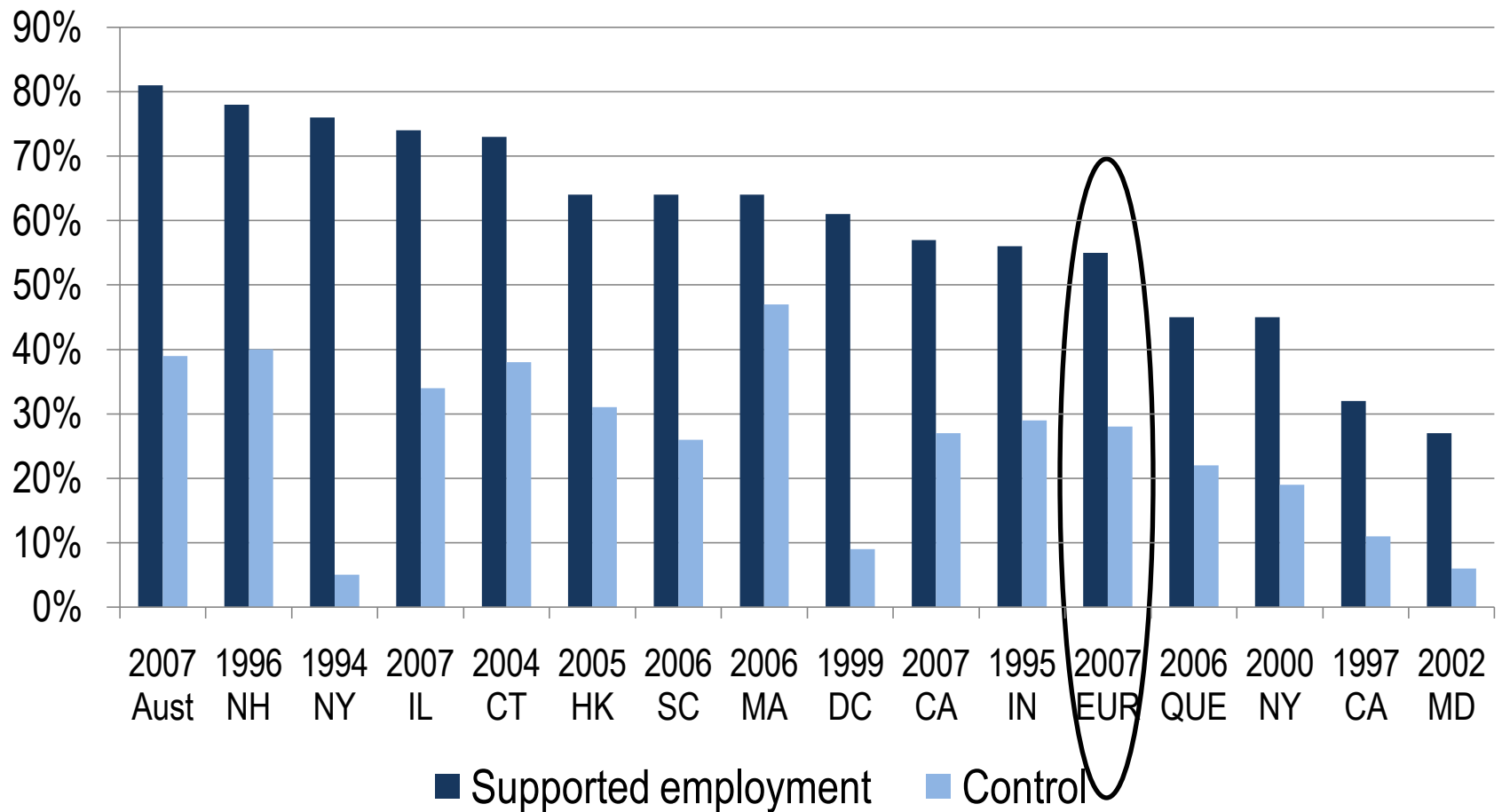
There is strong evidence that with the right kind of help around 60% of people with serious mental health problems can successfully get and keep work

# 'Individual Placement with Support' (IPS) evidence based supported employment

- Help open to anyone who wants to work – no selection on the basis of 'work readiness' or 'employability'
- Open/competitive employment ('real work') is the goal
- Individual's preferences are honoured - job matching based on client preferences –
- Integration of employment support and clinical treatment: employment specialists in clinical teams
- Rapid job search – 'place-train' rather than 'train-place'
- Individualised long-term support to employee and employer
- Personalised benefits counselling

(Becker IPS Fidelity Scale, 2008; Bond, 2004)

# Competitive employment rates in 16 randomised controlled trials





European randomised controlled trial compared traditional vocational service (non-integrated 'train-place') with IPS for people with schizophrenia (Burns et al, 2007):

- 55% gained in IPS employment vs. 28% in traditional service
- 13% drop-out in IPS vs. 45% in traditional service
- 20% readmitted in IPS vs. 31% in traditional service
- Follow-up studies show that work outcomes improve over time
- Employment associated with improved self-esteem, symptom control, quality of life ... no changes with sustained sheltered employment

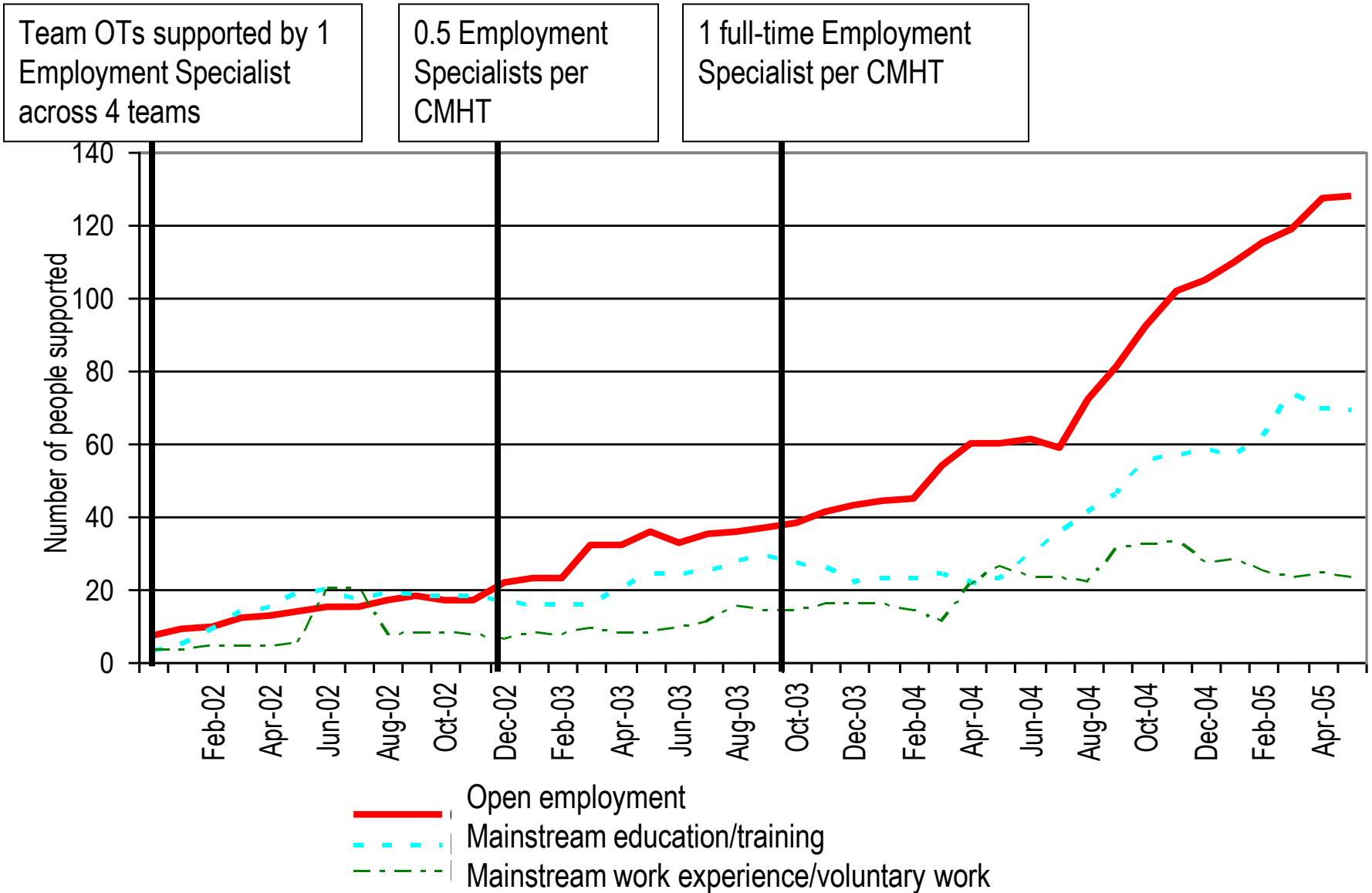
And it's not just research trials – it also works in regular day to day practice ...

Employment Specialists in 11 out of 18 South West London Community Mental Health Teams (2007/8):

1155 people successful in working/studying in mainstream integrated settings:

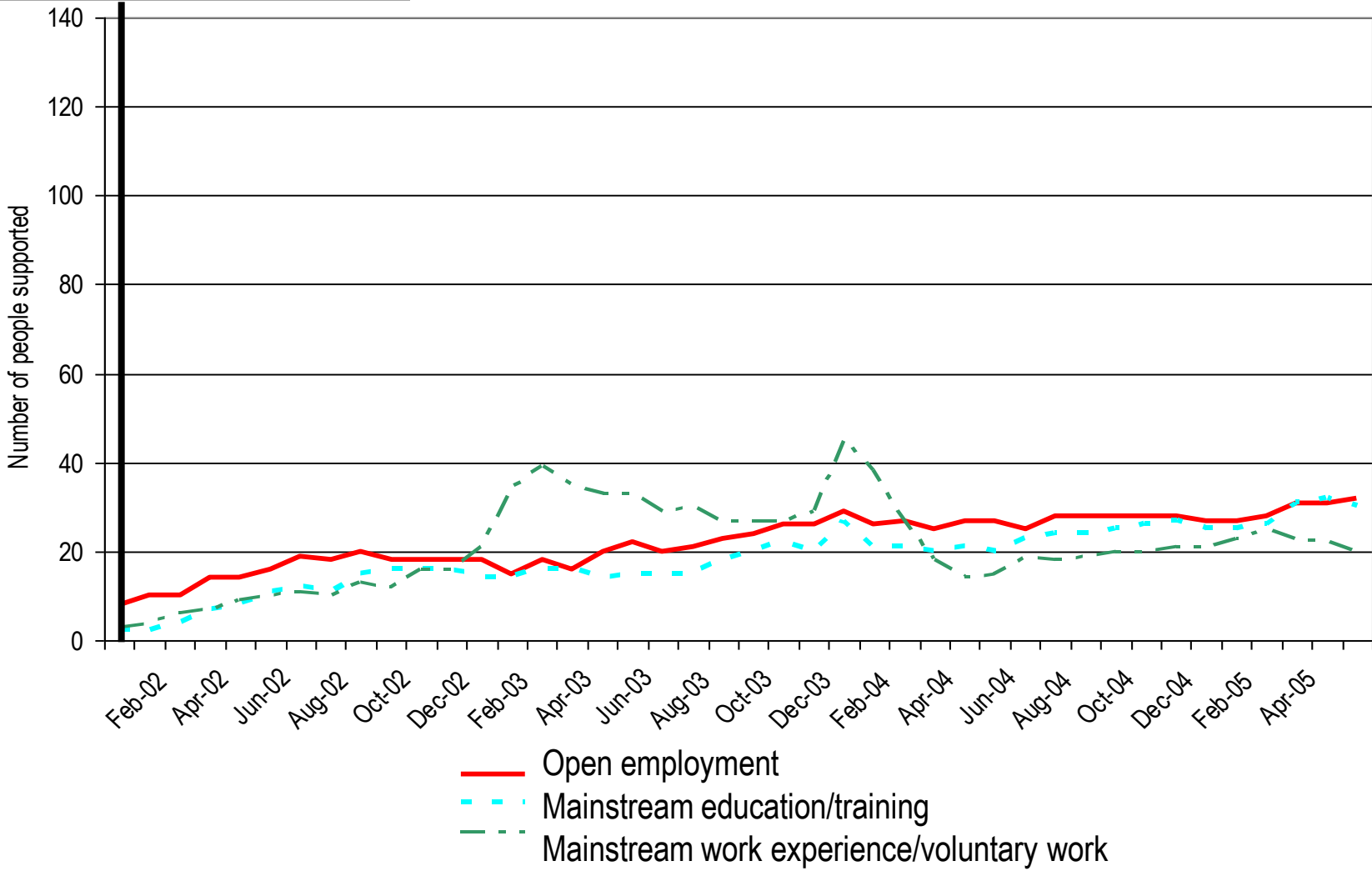
- 645 people supported to get/keep open employment
- 293 people supported to get/keep mainstream education/training
- 217 people supported in mainstream voluntary work

Number of people supported in employment, mainstream education and voluntary work in a borough where Individual Placement with Support had been fully implemented in all community teams:



Team OTs supported by 0.5 Employment Specialist across 4 teams

Number of people supported in employment, mainstream education and voluntary work in a borough Individual Placement with Support not implemented



# The typical picture ...

Rapidly decreasing employment rates following onset of serious mental health problems.

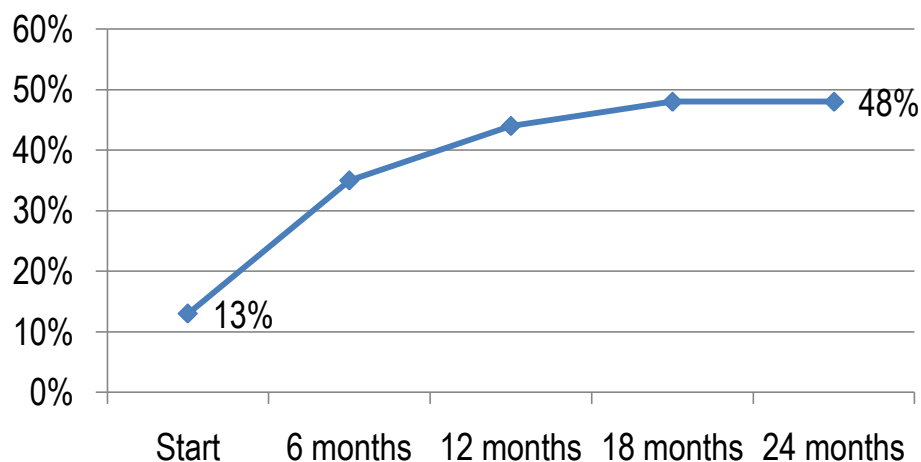
- one study found that 52% of people were in employment at first hospital admission but only 25% at 2 month follow-up ...
- another found only 13% in employment 12 months after first admission
- people with a diagnosis of schizophrenia using services for at least 2 years – 4% in employment

But it doesn't have to be this way

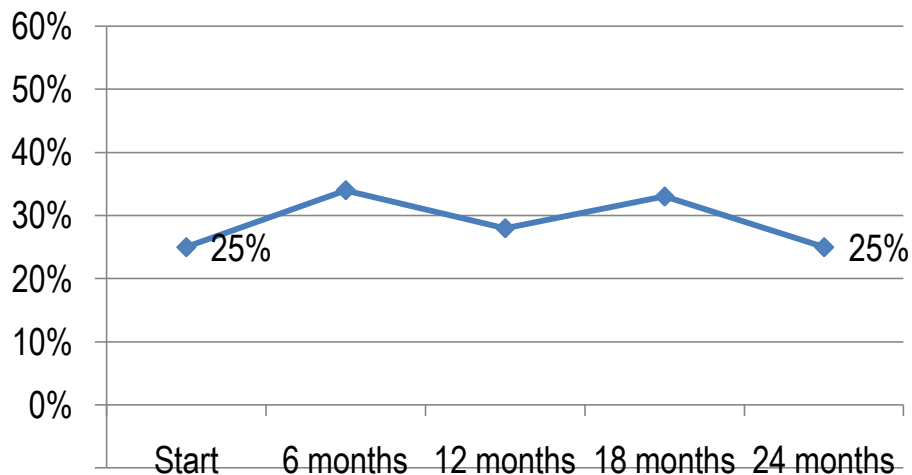
# Early Intervention for First Episode Schizophrenia (mean age = 21 years) including 'Individual Placement with Support'

After the two years 73% in employment or mainstream education/training

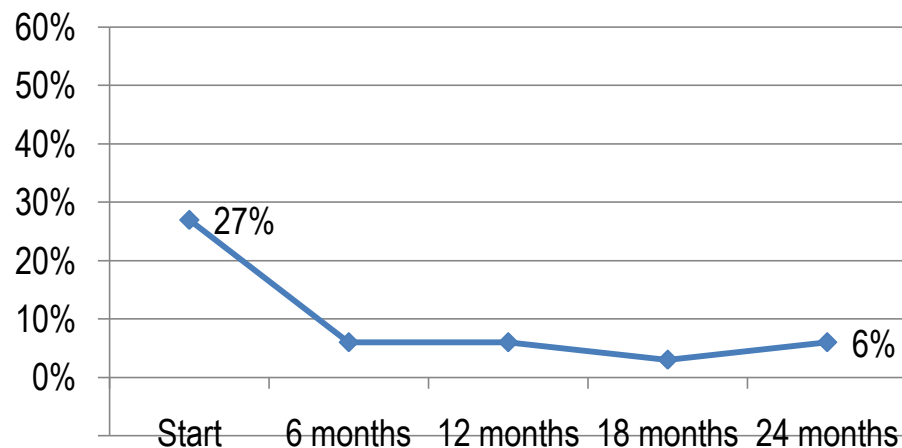
### Open employment



### Mainstream education/training



### Unemployed and unoccupied



# Not just 'them out there' – employing people with mental health conditions in our own services

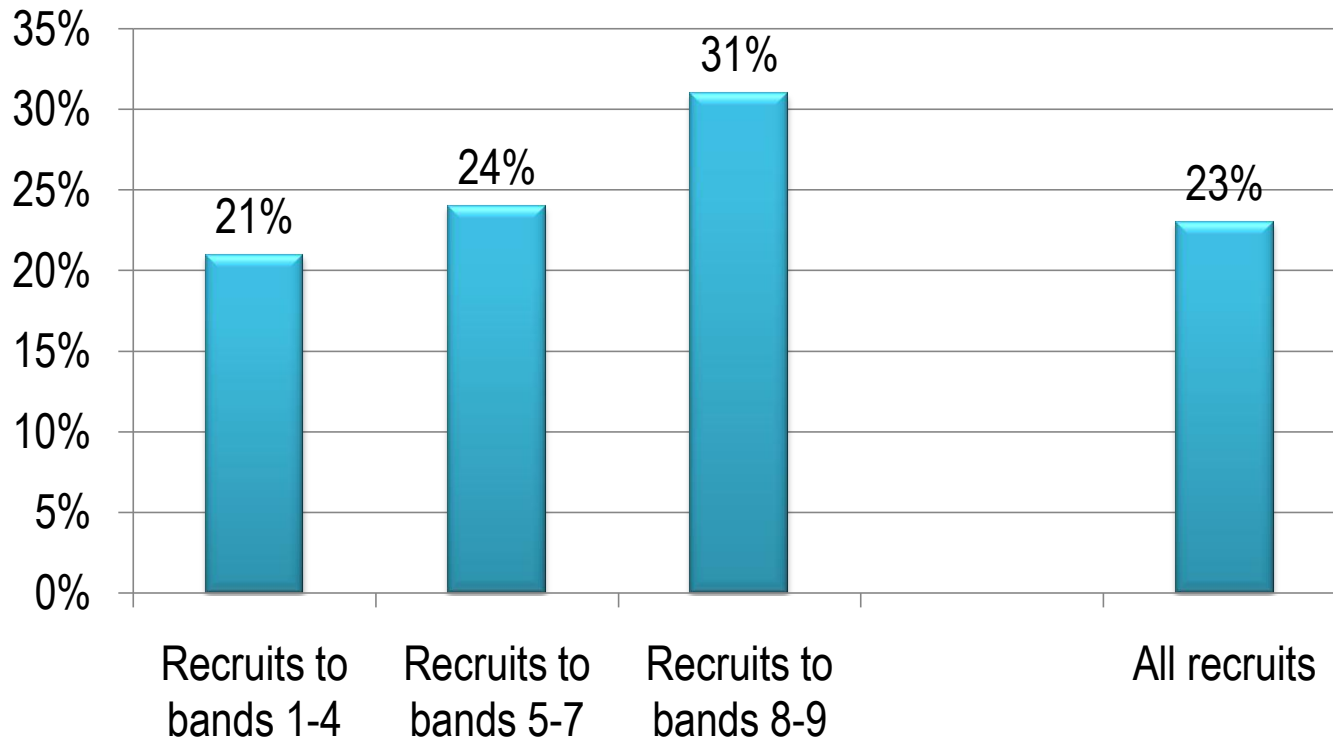
## The South West London User Employment Programme

Designed to increase access to employment in mental health services for people who have themselves experienced mental health problems – employment in ordinary existing positions on the same terms and conditions as everyone else

- Support for people with mental health problems to get/keep jobs if they need it
- A 'Charter for the Employment of People with Mental Health Problems' – actively trying to recruit people with mental health problems
  - Personal experience of mental health problems 'desirable' on person specifications for all posts
  - Advertisements encourage people with mental health problems to apply
  - Confidential equal opportunities monitoring includes mental health problems

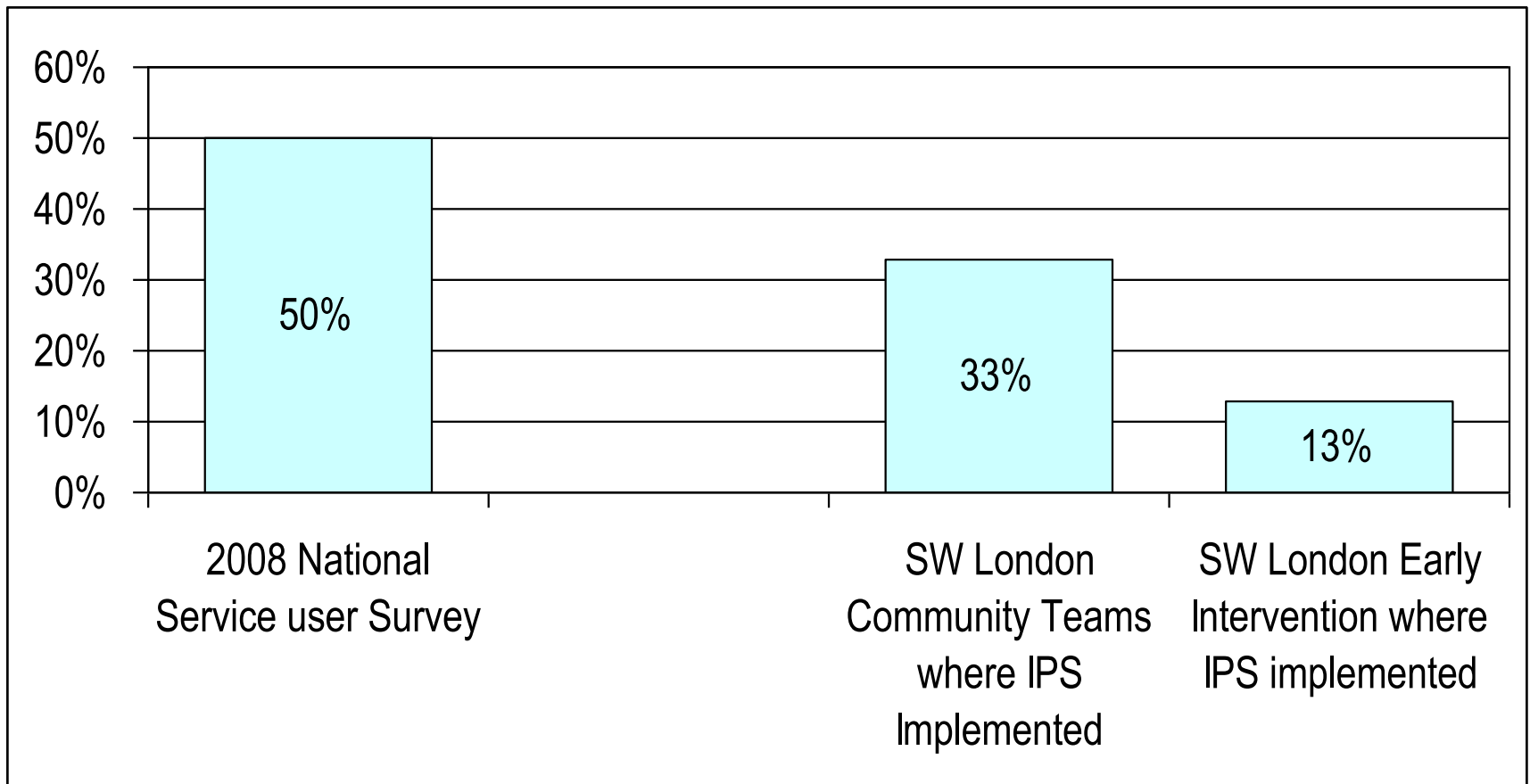
# Beware - if you come to work in South West London you don't know whether your colleague (or your boss) is one of 'them' or one of 'us'

23% of recruits have mental health problems ... and the higher up you go the more of them you find



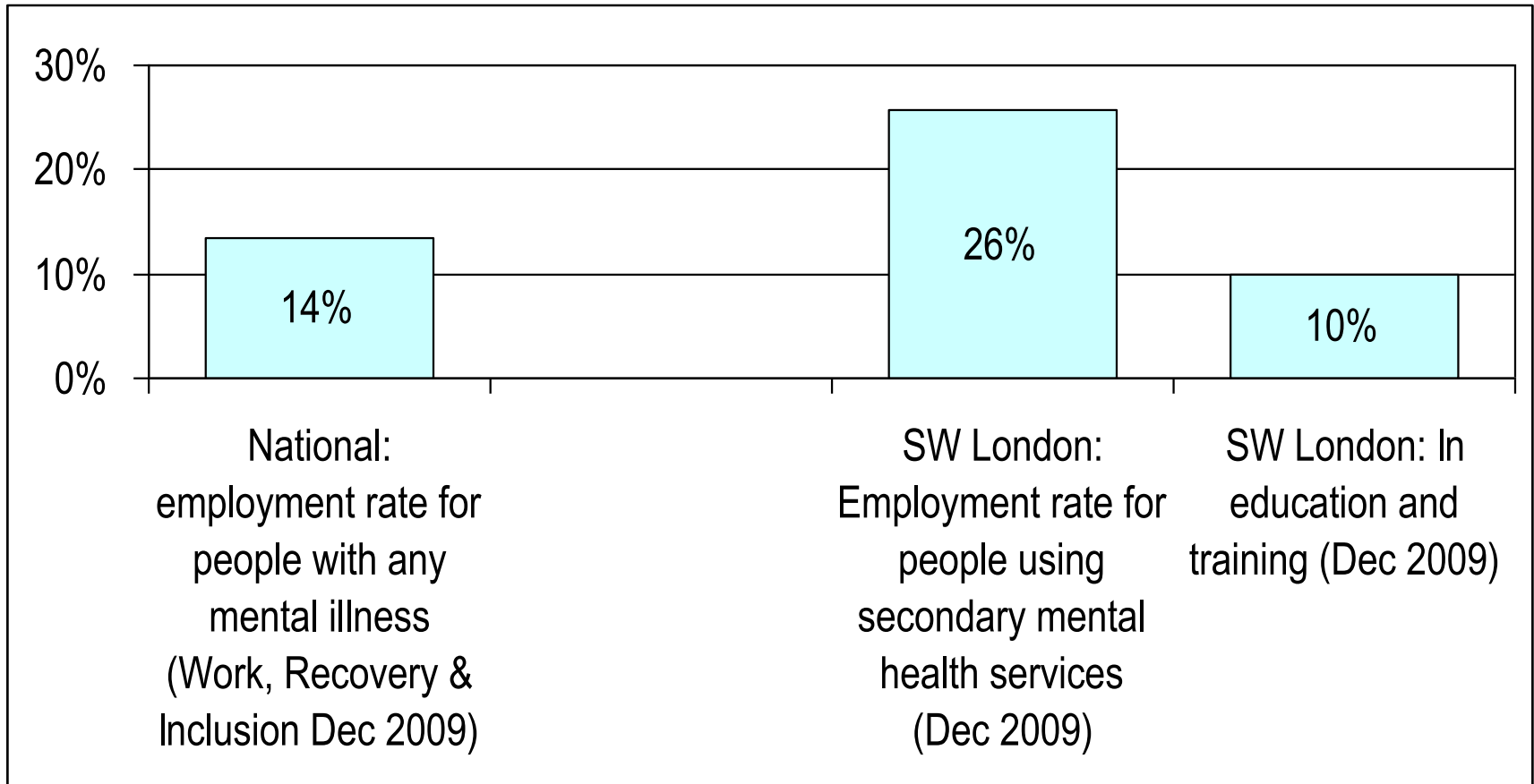
# Implementing IPS and User Employment Programme

a) Raised expectations – increased the number of people who think they can work





## b) Increased the number who are working



# Improving outcomes of IPS – research directions

- Improved self-management of ongoing symptoms
  - Actively working on individual expectations, motivation and self-efficacy ('motivational interviewing')
  - Improving cognitive functioning ('cognitive remediation')
  - Increasing expectations of employers and mental health professionals ('Time to Change', 'See Me' anti-stigma campaigns)
- ... not instead of IPS but at the same time but complementing it – concurrent with rapid job-search

# Implementing an IPS approach in a GB context

## Realising Ambitions: Better Employment Support for People with a Mental Health Condition

A review to Government, December 2009

- More support to get a job: Changing the skill mix: Employment specialists in primary care and secondary mental health teams

But getting a job is just the start – and people don't stay in mental health services forever

- More support to keep a job: Modifying Access to Work to provide flexible ongoing support tailored to a person's needs
  - Indicative decision about eligibility before job search to minimise uncertainty
  - Complete flexibility so support can be tailored to individuals needs – particularly fluctuating condition
  - Flexible on-call support from local provider with expertise in evidence based supported employment and employment needs of people with a mental health condition
  - Temporary worker to cover extended periods of sickness absence
- Easing the transition from benefits to work, including
  - Time limited internships in parallel with job search
  - Building up hours gradually without financial penalty
  - Free prescriptions

[www.dwp.gov.uk/realising-ambitions](http://www.dwp.gov.uk/realising-ambitions)

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