



Briefing Paper

Supported employment and mental health issues

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Introduction

Workforce Plus, Scotland's employability framework, aims to build partnerships that will help more people get back into work.

The Scottish Development Centre for Mental Health works in partnership with *Workforce Plus* to promote the employability of people with mental health problems, to gather and disseminate information on the barriers people face, the services provided to them and what will help people find and keep work.

This paper has been written in response to the question from employability agencies "what supports and programmes work for people with mental health problems?" It is designed to support the development of the Scottish Supported Employment Task Group and Framework which is being led by COSLA and The Scottish Government.

The Framework development has acknowledged that policy and service development has tended to focus on supported employment as a route for people with severe learning disabilities and Autistic Spectrum Disorder to access employment, but it applicable to other disabled groups. This paper explores how supported employment applies to people with mental health problems, what the evidence base tells us and what outcomes might be expected if greater emphasis was placed on supported employment for this group.

The paper will be of interest to planners, commissioners, service providers and individuals with an interest in supporting people with mental health problems into sustainable employment.

The current situation

It is known that people with mental health problems experience poverty and income inequality, and therefore their needs should be of concern to agencies and individuals tackling poverty and disadvantage and promoting economic growth.

A contributing factor to this inequality is the difficulties experienced by people with mental health problems in finding and sustaining employment, and managing mental health issues at work. These have been well documented.¹ This group now forms the largest proportion of people claiming inactive benefits, and there has been a steady increase in the absolute numbers of people with mental health issues claiming inactive benefits over the last five years.

It is thought that this situation results from the difficulties this group experience in getting into employment, and that they have not benefited as much as other groups from the support and interventions that have been available. Thus while other groups have increased their employment rates, people with mental health issues experience lack of access to support services, poor partnership working between agencies and services and stigma and discrimination from employers if a mental health condition is disclosed, all of which act as barriers to employment.

The definition of Supported Employment

Supported employment is a means of placing people into employment without an extended preparation phase, although the exact parameters of the definition have historically been different in different European countries.

The European Union of Supported Employment defines supported employment as 'providing support to people with disabilities or other disadvantaged groups to secure and maintain paid employment in the open labour market'.

The Scottish Government definition of 'supported employment' focuses on real work, of over 16 hours per week, in an integrated setting with on-going support.²

The Scottish Union for Supported Employment in its document 'A Blueprint for Supported Employment in Scotland' states that "Supported Employment is a flexible process based on a defined framework of principles and values for supporting people facing barriers to employment. This defined framework encapsulates different tools and techniques that are tailored to the specific needs of the individual".

¹ For a discussion of the issues, see evidence summarised in the Royal College of Psychiatrists' 2008 report 'Mental Health and Work', submitted as evidence to 'Working for a Healthier Tomorrow - Dame Carol Black's review of the health of Britain's working age population', 2008, London TSO.

² Ridley J., Hunter S. and the Infusion Cooperative, 2005, 'Go for it!: supporting people with learning disabilities and/or autistic spectrum disorders in employment', Scottish Executive Social Research

There are different approaches to supported employment, and developments in Scotland led by the Scottish Union of Supported Employment amongst others aim to develop national practice standards.

The Supported Employment model

The main elements of supported employment are:

- Individual **engagement**
- **Vocational profiling** to help people identify their skills and preferences for work
- **Job development** to find the person's preferred job through contact with employers
- **Job analysis** to find out more about the workplace and the working environment
- **Job support** to ensure employee and employer receive enough support to sustain the job
- **Career support** to help people think longer term about career progression.

The Supported Employment model in mental health

In the mental health field, the debate is about 'place and train' as the supported employment model, as opposed to the 'train and place' model of traditional vocational rehabilitation.

The principle of 'place and train' is used in the Individual Placement and Support model (IPS), which has been extensively applied in the USA, and tested as an effective model with people with mental health problems.

IPS follows the same steps and elements as outlined above, but de-emphasises the need for extensive pre-vocational assessment and preparation, while recommending rapid job placement combined with intensive support. It is based on six key principles:

- it is focused on competitive employment
- eligibility is based on consumer choice
- rapid job search
- integration of rehabilitation and mental health services
- attention to consumer preferences and choices
- time-unlimited and individualised support.³

A major systematic review of the evidence supported this approach,⁴ and identified the key principles of supported employment for those with severe mental illness as being:

³ Bond G (2004) Supported Employment: Evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*. Vol 27, No 4, pp345-359

- the goal is competitive employment in work settings integrated into a community's economy
- clients are expected to obtain jobs directly, rather than after lengthy pre-employment training
- rehabilitation is an integral component in the treatment of mental health issues rather than a separate service
- services are based on client's preferences and choices
- assessment is continuous and based on real work experiences
- follow on support is continued indefinitely.

IPS has attracted recent attention in the UK, where the Department of Health in England is now supporting this approach for people with severe and enduring mental health problems.

The recovery-based approach

This debate is running in parallel with a strategic change towards recovery-focused mental health services for those who experience mental health difficulties. There is a growing recognition that employment can aid recovery, rather than be a consequence of recovery, and that the mental health services therefore could have a key role to play in supporting individuals recovering from mental illness to engage with employment.

Traditionally, the mental health system has not seen employment as one of their core areas, and therefore employability services and mental health support services have not engaged with each other in partnership working.

Two key myths that the promoters of IPS were aiming to address were that people with severe and enduring mental health problems needed an extended period of vocational preparation before entering the competitive job market, and that rehabilitation services should be provided on a separate basis to mental health treatment services.

Many practices in vocational rehabilitation have been based on assumptions, such as the belief that people with severe and enduring mental health problems do not actually want to work, that they require sustained periods of training to prepare them for work and that they need to 'recover' before entering the stressful environment of the workplace.

Supply and demand for supported employment in mental health

Historically, national programmes such as Workstep, Access to Work and Work Preparation which assist in the process of supported employment have had a low presence of this group, and the ability to take advantage of

⁴ Crowther RE, Marshall R., Bond GR and Huxley P., 2001, '*Helping people with severe mental illness to obtain work: systematic review*', *BMJ*; 332; 204-208

supported employment opportunities has been somewhat restricted.⁵ Most of the provision on offer has been pre-vocational training, social firms, clubhouses and social enterprises, and meaningful activity in day centres, day hospitals or sheltered settings.

Supported employment has therefore been largely unavailable to people with mental health issues, compared to the potential demand for support to enter and sustain employment.

In Scotland, there are approximately 3,000 people with learning disabilities involved in supported employment, but probably only 500 people with mental health problems, at the very most.⁶ With the introduction of pan-disability provider contracts with Jobcentre Plus, exact figures have become difficult to obtain.

Given however that there could be an estimated 90,000 people in Scotland who may be economically inactive as a result of a mental health problem but who want to work,⁷ the supply of supported employment is extremely limited, and therefore experience is patchy.

In the more traditional vocational services, there is no recent estimate of numbers. Places in a range of these services for people with mental health problems were estimated in 2000 at around 8,000.⁸

Good practice examples

The experience of one of the largest supported employment providers in Scotland for this group, the Scottish Association for Mental Health, has been written up as a separate case study for Workforce Plus.⁹ This shows that flexibility is the main issue in maintaining people in work, and that even people with severe and enduring mental health problems can be helped into jobs within a relatively short period of time, measured in months, not years.

Other organisations with a notable track record in supported employment with this group are Employability Stirling, SHIRLIE and Into Work. A number of local authorities have supported employment units, some of which also specialise in working with this client group, such as the Open Employment Unit in the City of Edinburgh Council and the Employment Disability Unit in Dundee City Council.

⁵ See Durie S., 2000, 'Pathways to Work', Scottish Development Centre for Mental Health, Edinburgh, for evidence of this in Scotland

⁶ An estimate based on an informal survey of the main providers of supported employment in 2000 suggested 150 people in supported employment, and although anecdotal evidence suggests a greater presence of this group from seven years ago, a figure of 500 could well be an overestimate

⁷ Durie S, statistical analysis for Workforce Plus, in preparation

⁸ Durie S., 2000, Pathways to Work, Scottish Development Centre for Mental Health

⁹ SAMH Workstep Programme Case Study, 2007, Workforce Plus 'Good examples in mental health', Scottish Development Centre for Mental Health

To date, the practices and results of providing supported employment for this client group have not been brought together in one place, or shared systematically with other agencies.

The effectiveness of supported employment for people with mental health issues

Evidence on the effectiveness of supported employment with people with mental health problems has, until relatively recently, come primarily from the USA and exploration of the effectiveness of the IPS model.

This work has shown that supported employment is twice as effective as pre-vocational training at helping people with severe mental illness obtain competitive employment.^{10 11}

In 2007, the results of a three year randomised control study of the IPS model in five European countries were published.¹² The study confirmed the effectiveness of the IPS model over vocational services, in the context of European labour markets and welfare systems.

Patients assigned to vocational services were significantly more likely to drop out of the service and be re-admitted to hospital. They were half as likely to be working as those receiving IPS support. IPS clients also worked for a longer period, and worked more hours.

One factor may be that pre-vocational training extends the time that people are out of the job market. Research has shown a relationship between the length of time spent unemployed and subsequent difficulty securing a position.¹³

Success in IPS however appears to be linked with local economic factors. More individuals obtained jobs when the country's economy was growing and job creation was increased than they did when the economy was slow. The benefit trap was shown to be a barrier to successful vocational rehabilitation overall in this group, in countries such as the UK where there is a considerable financial disincentive.

¹⁰ Crowther RE, Marshall R., Bond GR and Huxley P., 2001, '*Helping people with severe mental illness to obtain work: systematic review*', BMJ; 332; 204-208

¹¹ 'Severe mental illness' is generally taken to mean the 1% to 2% of the population who suffer from schizophrenia or bi-polar disorder.

¹² Burns et al, 2007, '*The effectiveness of supported employment for people with severe mental illness: a randomised control trial*', The Lancet 370: 1146-1152

¹³ Burke-Miller J, Cook J, Grey D, Razzano L, Blyler C, Leff H, Gold P, Goldberg R, Mueser K, Cook W, Hoppe S, Stewart M, Blankertz L, Dudek K, Taylor A and Carey M (2006) Demographic Characteristics and Employment Among People with Severe Mental Illness in a Multisite Study. *Community Mental Health Journal*.

This study however did not use employment of 16 hours or more as a criterion within the IPS trial. In the UK context, the benefits trap issue has tended to restrict people's opportunities for supported employment to around 3- 4 hours per week, provided mainly through social firms or social enterprises. The difficulty of moving from this limited level of work to employment of more than 16 hours has been well documented.¹⁴

Long-term follow up over 8 to 12 years of people with severe mental illness who have registered with supported employment programmes, suggests that high rates of competitive employment can be maintained.¹⁵ The factors which facilitate long-term employment are long-term support and part-time work.

The main barrier to long-term employment through the supported employment route was found to be the individual's management of symptoms, which is an issue for all vocational rehabilitation services, and why the emphasis has been placed on integration of rehabilitation and employment specialisms with the clinical team, rather than providing employment and mental health support separately. The better able people are to manage their symptoms and recognise warning signs, the better able they are to sustain work.

One study in the UK has investigated the relationship between the process elements of supported employment and outcomes for people with mental health issues.¹⁶

Promoters of the IPS model have developed a supported employment fidelity scale, which is a scale of 15 criteria against which services can be judged for their adherence to the core principles and values of supported employment. The SESAMI study evaluated supported employment services for people with severe and enduring mental health problems against this scale, and found a low adherence amongst services in general, but found that indicators of the quality of support were:

- Combining IPS with psychological preparation aimed at motivation and confidence building within a supportive relationship
- Ensuring that co-working involves the client as a full participant in all discussions
- Ensuring the provision of accurate, up to date financial advice
- Enabling links with wider networks such as job centres

¹⁴ See for example '*Bridging the Gap: a discussion paper for reforming the welfare system in the UK*', 2005, Social Firms Scotland

¹⁵ Becker et al, 2007, '*Long-term trajectories among participants with severe mental illness in supported employment*', *Psychiatric Services* 58(7): 922-928

¹⁶ SESAMI, 2006, Social inclusion through employment support for adults with mental illness, Final report Summary, at <http://www.sesami.org.uk/project-summary-october-2006.doc>

- Supporting clients to make their own informed choice about disclosure to a potential employer and to frame their experiences positively should they choose to disclose
- Liaising with occupational health professionals so that screening procedures do not present a last minute hurdle.

The nature of 'support' in maintaining supported employment

There is sufficient evidence to suggest that 'support' in the mental health context means much the same as it does for other workless groups, with the addition of specific mental health interventions if people experience a reoccurrence of symptoms.

Evidence of this can be seen in the work around what are 'reasonable adjustments' for people with mental health issues under the Disability Discrimination Act.¹⁷ The main adjustments requested by people with mental health problems concern flexibility: their ability to manage their working times, workload and other workplace issues so that during periods of mental ill health they can both work and manage the impact of recurring symptoms.

Success in sustaining employment is dependent on many factors within the workplace. Studies into workplace mental health have found that the impact of poor mental health on work performance is mediated by conditions and relationships at work. The factors which promote a mentally healthy workplace for all are also the factors which support people with a prior mental health problem to successfully sustain employment:¹⁸

- Supportive ethos and culture
- Working practices that foster peer relationships
- Accessible and supportive management arrangements
- Policies and procedures to promote supportive practices
- Flexibility and adaptability of roles and workload to accommodate individuals
- Effective management of change in the workplace and of transitions for individuals.

In the supported employment context, the support most frequently provided is a mentor, buddy or support worker who can provide support outwith the workplace when required, and who can liase with the employer during times of ill health. The level of support needed will vary considerably over time, and can be minimal for long periods.

Conclusions

¹⁷ For resources on this topic, see the Line Manager's Resource at <http://shift.org.uk/-employers/line-managers-resource.html>

¹⁸ McCollam A., Maclean J. and Durie S., (2003), '*Employees perspectives on mental health in the workplace*', Scottish Development Centre for Mental Health, Edinburgh

The supported employment model can be easily adapted to meet the needs of people with mild, moderate or severe mental health problems, but works best when mental health support and employment support are integrated within the one service.

Access to supported employment services (or vocational services) should not be restricted on the grounds of the severity or duration of an individual's mental health problems, nor on the grounds that working may be harmful to them.

The availability of long-term support is a key to determining the outcomes from supported employment for people with mental health problems. But workplace factors also are important success factors, so in tandem, it is important to tackle stigma and discrimination in workplaces and develop mentally healthy workplaces.

The support elements of job coaching and even vocational profiling commonly provided for people with learning disabilities are not necessarily required to assist people with mental health issues into work through the supported employment route.

What is required is a flexible approach, based on person-centred action planning, an approach which helps individuals manage their symptoms, and which builds their skills to self-manage in future.

Recommendations to Workforce Plus/Supported Employment Task group and partners

There is a need to bring good practice in supported employment for people with mental health problems together in one place, and to set this in the context of emerging work on national Scottish standards for supported employment.

There is useful evidence to build on, to inform the production of a set of principles, values and standards for supported employment which are specific for people with mental health issues but which are consistent with the generic supported employment model in Scotland and Europe.

It is recommended that use of the Supported Employment Fidelity Scale should be explored further, to monitor development of employment services for people with mental health problems as they arise from Workforce Plus.

At local partnership level, managers should ensure that pan-disability programmes are equipped to work effectively with people with mental health problems. The evidence would suggest that this would best be achieved by integration of mental health specialists into employment teams, and vice versa.

Training in supported employment skills could be made available to clinical staff in community mental health settings and allied services. It should focus on the quality of employment support from a service user perspective as well as on organisational features.

Psychological preparation for work should be provided for those individuals with low levels of motivation and confidence as an integral aspect of employment support, alongside practical job preparation and job search activities.

Indeed, such preparation may be a necessary feature of all employability service development going forward, given the high level of mental health issues experienced by all workless groups.