

Restart for Recovery

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Evaluation context

Restart is an Edinburgh-based employability project that aims to promote recovery for people with mental health problems through supporting them into work. It is managed by Forth Sector and works in partnership with NHS Lothian and others.

The evaluation used a qualitative methodology to assess the impact the project has had on people's employability, recovery and levels of social inclusion. It interviewed a total of 17 service users and 4 service providers over a period of 3 months. The sample of service users comprised:

- 6 people who were current users of Restart
- 10 people who had moved on to employment or education or training
- Despite a number of attempts it was possible to recruit only 1 person who left the project and did not move on to employment, education or training. As a result the views and experiences of this group may be under-represented.

People with lived experience of mental health problems were trained to undertake the interviews.

Key quantitative data

Over its first two-and-a-half years Restart has worked with a total of 96 people of which the majority were referred by Occupational Therapists and Community Psychiatric Nurses. Between February 2005 and January 2006 60% of people referred to the project were men.

Of the 25 people who left the project over this period 13 moved into employment or further education. Of these 9 were known to still be in employment after 3 months and 7 after 6 months. Outcomes for the others are unknown.

A sense of 'hope'

A number of respondents described their first meeting with Restart as being a key factor in re-instilling a sense of 'hope' and the possibility that

things might change. The comments also suggest that this sense of hope and the power to change is sustained as people progressed through Restart.

A menu of support

The project provides a combination of health skills support and employment-related support delivered through a menu of 1:1 work, practical group work on health management, information sharing and peer support. The menu approach was important because it gave people control of their own journey through the project so that they could access elements relevant to them and tailor the support according to their needs and health. In addition, people cited a range of the projects' components as contributing, in combination, to their positive outcomes.

Treating people as 'equals'

Interviewees consistently referred to the way that the service was provided as being important to their positive experiences and outcomes. People talked about being treated as an 'equal' or as a 'colleague' and not being 'talked down to'. Staff being seen as professional, knowledgeable, empathetic and engendering trust was also important.

Recovery-related outcomes

Positive 'recovery' outcomes were a strong theme in interviews. They included:

- **A feeling of hope**
- **Increased self-confidence and self-esteem** – to express themselves and to communicate better with others
- **Increased self-awareness** – understanding factors that affected mental health including employment
- **Building resilience and coping strategies** – having tools to manage their anxiety, thoughts and even 'life'
- **Health improvement** – both physical and mental impacts were cited
- **Regaining their life** – this was a common theme. People talked about being 'back in the real world' or a 'more useful person'.

It helps if people ‘feel ready’

A number of people mentioned the importance of ‘feeling ready’ in helping them make the most of what Restart had to offer and to having a successful outcome.

Employment-related outcomes

As well as supporting people into employment key ‘soft’ outcomes which indicate an increased confidence and ability to access and retain work included:

- **Increased awareness of the impact of work on well-being** – not only understanding how work might have affected health in the past but also increased awareness of how to manage it positively in the future
- **The opportunity to pursue other options** – going beyond previous work experiences to find things that might be more appropriate to their interests, values and skills.
- **Obtaining practical information** – on employment opportunities and resources in the city
- **Acquiring skills and knowledge** – including interview skills, how to fill in application forms, cv-writing
- **Gaining a sense of achievement** – through addressing and achieving goals.

The ‘right’ job, not just any job

A number of interviewees described the realisation that bad employment decisions in the past might have had negative impacts on their health. One person talked of Restart helping them to ‘aim higher’ and a number mentioned looking at a wider range of options to better suit their values, interests and needs.

Social Inclusion-related outcomes

Social inclusion outcomes are closely tied to recovery and employment outcomes and include:

- **Building peer relationships** – getting out of the house and meeting others with similar experiences reduced people’s feelings of isolation
- **Developing wider social networks** – and understanding their importance in managing and maintaining health.

In-work/Retention support

At the time of interview seven of the sample of 10 people who had moved on from Restart to employment or education were looking for work again. Reasons varied from temporary posts coming to an end to becoming unwell again. A number of these people were now approaching Restart to ‘re-access’ employment.

Societal barriers to employment

Participants talked of the inflexibility of the benefits system as a barrier to accessing employment. The perceived stigma associated with mental health problems and the difficulties respondents experienced in ‘finding a form of words’ to explain periods of illness were also a common concern.

Employment, social inclusion and recovery are inextricably intertwined

A sense of hope and possibility appeared to be the starting point to people building their self-esteem. This in turn helped people to regain the confidence to obtain a job. Getting the ‘right’ job reinforced self-esteem. Social support networks were important in helping people to maintain their health and employment. Finally skills gained in managing their own health helped improve people’s confidence. This helped them in getting back to work, staying in work and coping with changes in their employment situation.

Conclusions

It is clear that Restart has had a significant impact on recovery, employment and social inclusion for the people with whom it has worked. Furthermore, these three outcomes are strongly interrelated.

Treating people as equals and providing a menu of supports from which they can choose plays an important role.

However, the fact that few interviewees were still in employment at the point of interview indicates a need for further work around job retention. Issues for consideration, both for Restart and others with a stake in enhancing the employability of people with mental problems, include:

- Factoring ongoing support/retention work into the project structure to reflect the fluctuating nature of many mental health problems
- Doing more to prepare people for dealing with change in response to the flexible nature of the employment market
- Recognising that there is a continued need for work with employers to help them create a ‘mentally healthy’ working environment.

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