Implementing Evidence Based Supported Employment for People with Mental Health and/or Addiction Problems

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In UK employment programmes disability employment programmes tend to assume:

- People have a physical or sensory impairment and therefore need adjustments/support to negotiate the physical environment at work
- People either have stable impairments therefore need stable level of adjustment and support - all you have to do is provide the adjustments/support and then everything will be all right

or

- People have learning disabilities and need extra help to learn the job (a job coach)

The challenges faced by people with mental health conditions and addition problems are different

The challenge of working with a mental health condition

- ***Affect a person's ability to negotiate the social world of work*** (rather than the physical one) – therefore need to think about adjustments/supports to access the social world of work
- ***Often fluctuate*** and it is difficult to know when fluctuations will occur – therefore need fluctuating adjustments and support
- ***Are not immediately obvious and engender fear*** because of the myths that surround them (dangerousness, incompetence etc.) – therefore need to break down myths
- ***Types of adjustment and support people may need less well explored*** – therefore need to provide more support to individuals and employers to think about what sort of adjustments and support are needed

But the biggest barriers lie not within the individual but in the attitudes of others and the type of support that is provided

Five inter-related problems

1. A culture of low expectations
2. Fear on the part of health professionals, individuals and employers
3. Failure to provide the sort of support we know works
4. Failure to implement it properly
5. Lack of joined up working at national and local level

1. A culture of low expectations

- Low expectations on the part of health professionals, people with mental health conditions, employers and society as a whole

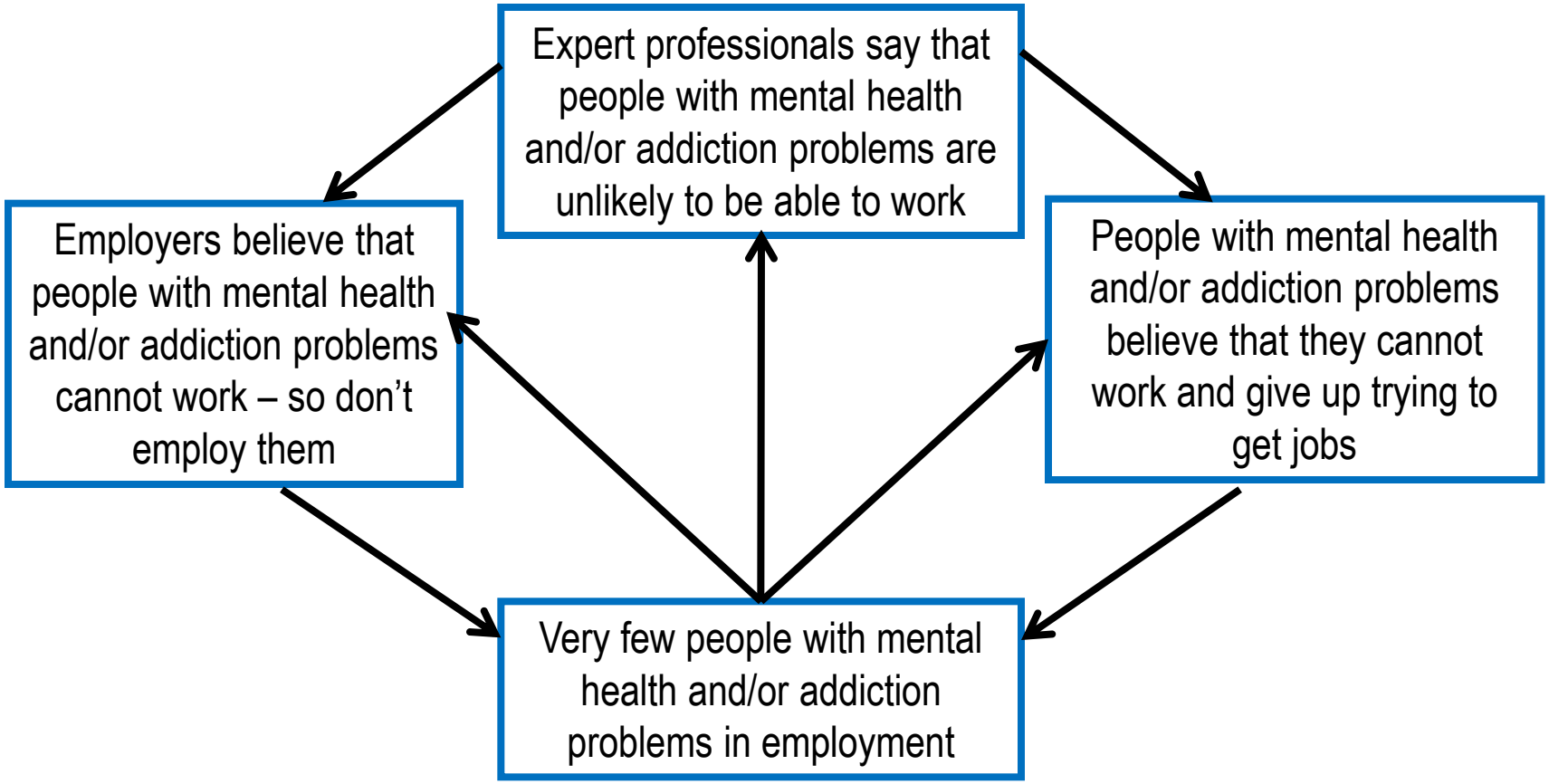
  '*It's a well known fact that people with schizophrenia/addiction problems cannot work*'

- Ignorance of research evidence
- Disbelieving research evidence – 'Yes, but ...'

  'Yes, people with mental health conditions can work BUT 'my' clients are different ...'

  'Yes, it may work elsewhere (in the USA, in London ...) BUT it is different here ...'

A conspiracy of low expectations



2. Fear on the part of professionals, individuals, employers and welfare to work services

Employees with mental health conditions, and the mental health professionals who support them, see leaving benefits and entering the workforce as a risky business:

- Fear that working may make symptoms worse, that people will experience anticipated prejudice and discrimination, moving off benefits may threaten financial security
- Uncertainty because of fluctuating condition – whether they can manage to work if condition worsens, whether former benefits will be reinstated quickly if it doesn't work out

Employers see employing people with a mental health condition as a risky business:

- Fear because of lack of understanding of mental health conditions and myths that surround them, that they will not be up to the job, that they will be disruptive in the workplace
- Uncertainty because of fluctuating condition and lack of understanding of appropriate support and adjustments

... and in relation to employing people with mental health problems

Some of the objections raised by mental health professionals

- ‘ They won’t be able to cope with the stress of the job.’
- ‘They won’t have the skills necessary for the job.’
- ‘What happens if they get ill at work?’
- ‘What about transference - will they really be objective?’
- ‘Won’t they be dangerous to the vulnerable people we serve?’
- ‘Won’t they be unreliable - off sick all the time?’
- ‘Mentally ill people will be taking our jobs.’
- ‘We won’t be able to tell jokes in staff team meetings any more.’

3. Failure to provide the sort of support we know works

- **People with mental health problems not seen as a priority for employment service programmes**
- **Employment not seen as a priority for mental health services**
- **In challenging economic times we cannot afford it** – better to focus on those who are easier to help
- **Investment (personal and financial) in existing ways of doing things** on the part of service providers, people who use mental health services and politicians (especially the closure of sheltered work places)

- **IPS evidence based supported employment challenges traditional assumptions** that are commonly held among individuals, professionals, employers and the 'general public':
  - Mental health conditions are understood as 'illnesses' – as with other illnesses, people should refrain from work and receive **treatment** until they are 'better' and ready to work again
  - Until people are 'better' they should receive **care** and be relieved of their responsibilities
  - Once better, if a person has been off work for some time, the process of **rehabilitation** should begin in stepwise fashion to help the person get back to work

4. Failure to implement it properly

Many existing services say ‘we are already doing most of those things’

BUT

With IPS the higher the fidelity to the model the better the outcomes – it is important to ensure that all 7 principles are met

- **Is employment really considered as a core part of assessment and support planning for everyone of working age from the start** ...

  or do we leave it until later – after we have treated their illness?

  It is critical that clinical treatment and employment support occur in parallel – the longer you are out of work, the more your confidence and skills are eroded and the less likely you are to go back.

  Job retention is important. UK data shows that if you have been out of work on sickness benefits for more than 1 year you only have a 10% chance of returning to work

- **Are we really helping everyone who thinks they might want to work ...**

  or are we still (implicitly or explicitly) ‘selecting’ people on the basis of our judgements about their ‘work readiness’ or ‘employability’?

- **Do we really have a ‘can do’ attitude ...**

  or do we continue to ’write some people off’?

- **How good are we at job-finding and working with employers?**

  ... do we know local employers, support them, how good are we at supporting them? Or do we continue to see employers as ‘the enemy’?

- **How good is the advice and information we offer about benefits?**

- **Are we really able to offer long term support?**

  In the UK most people do not receive long term support from secondary services – once symptoms have been stabilised long-term support is often provided in primary care.

- **Many people with mental health problems are treated in primary care – do we provide employment support there?**

  In the UK Employment Specialists are being introduced into psychological services in primary care

5. Lack of joined up working at national and local level

If people with mental health conditions are to receive the support they need to access and prosper in employment then joined up working is required across:

- mental health (primary care and secondary, specialist, mental health services)
- social care services
- generic welfare to work programmes
- specialist disability employment programmes
- generic and specialist training people for employment
- welfare benefits systems

Unless we do this we will have

- Confused and contradictory policies and approaches that are wasteful of resources
- Confused customers and clients who are receiving contradictory messages

Breaking the Conspiracy of Low Expectations and Decreasing Fear
At a service level

- **Demonstrating to clinicians, service users and employers that work is a realistic possibility for people with mental health problems.**

  Making research evidence accessible but 'seeing is believing': need local examples of success, pilot projects, collecting and publicising 'journey to work' stories

- **Demonstrating what works to clinicians, managers and commissioners.**

  Making research evidence accessible but again 'seeing is believing' – visits to services where IPS has been implemented

- **Not just 'them out there'**

  Leading by example. If staff and service users in mental health services can see people working in their services it increases the belief that employment is possible

- **Showing clinicians they have an important role.**

  A critical part of the solution, not 'a problem'

- **Increasing consumer demand**

  Making service users aware of what they should be able to expect in the way of employment support – providing them with the evidence

- **Knowing and supporting employers**

  Providing an ongoing point of contact for help and advice. 'Line Managers Guide', Mindful Employer Network.

- **Dispelling myths about benefits and employment**

  - **Good benefits advice alongside employment support** dispelling inaccurate 'benefits trap' myths among clinicians and people with mental health conditions

  - **Not all work is like working in health and social services** understanding the sorts of jobs that are out there in the local area

- **Better joined up working between health/social services and employment services at a local level**

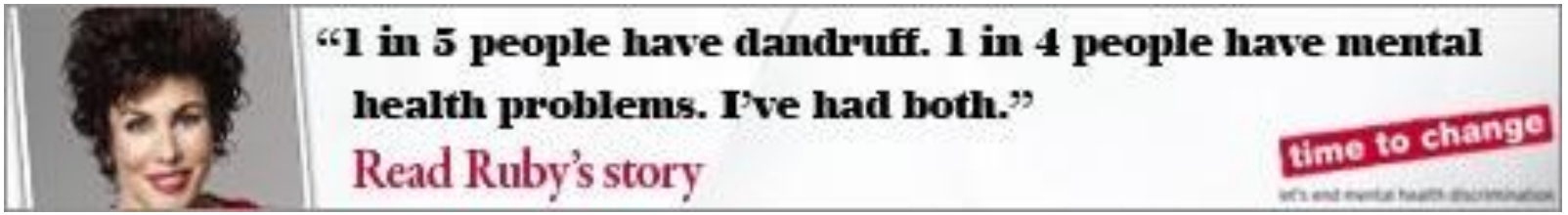
  - **Sharing expertise in local networks**. Health/social services professionals can't become employment experts, employment advisors can't become mental health experts ... but they can use each other's expertise

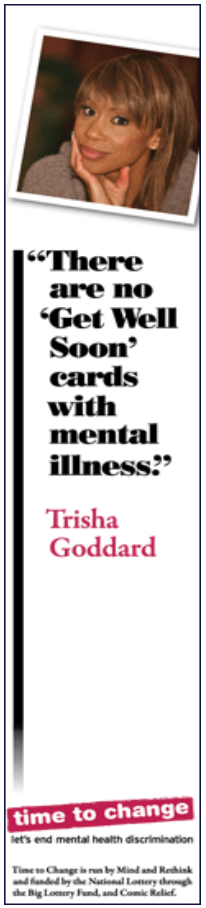
  - **Better joined up working around individuals**. Ensuring that health treatment/social care plans and employment action plans offer consistent messages and complement each other

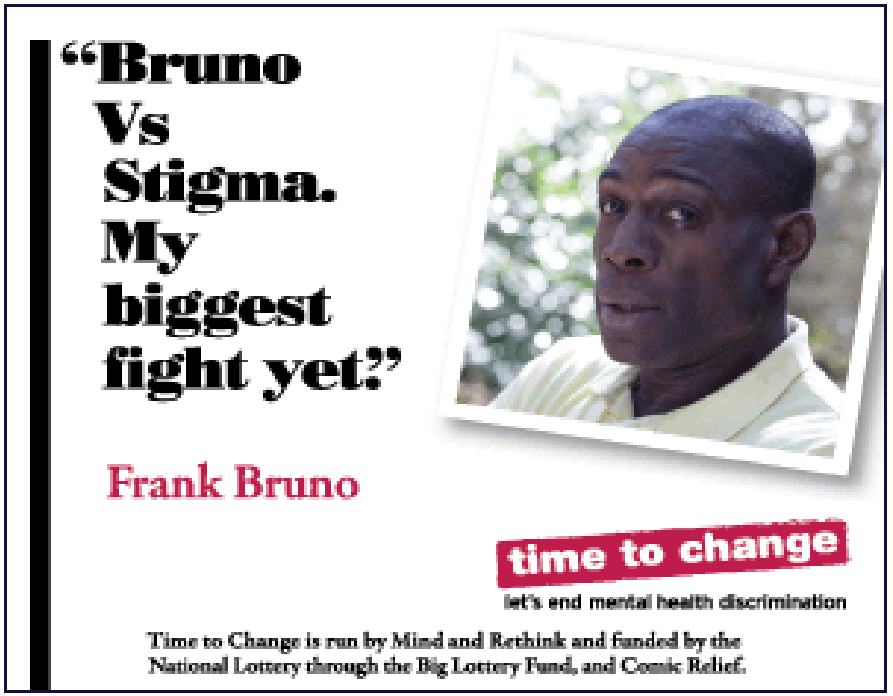
- **Breaking down prejudice and discrimination more generally ...**

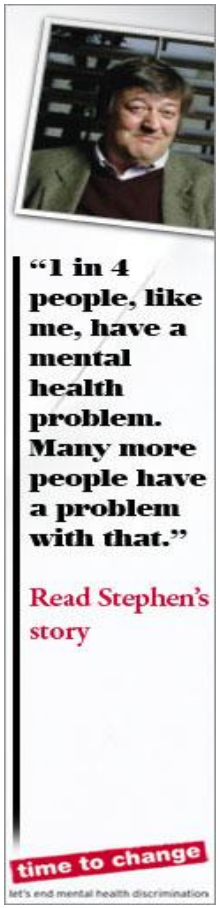
Challenging prejudice and discrimination at a general level: The Time to Change Campaign in England

www.time-to-change.org.uk







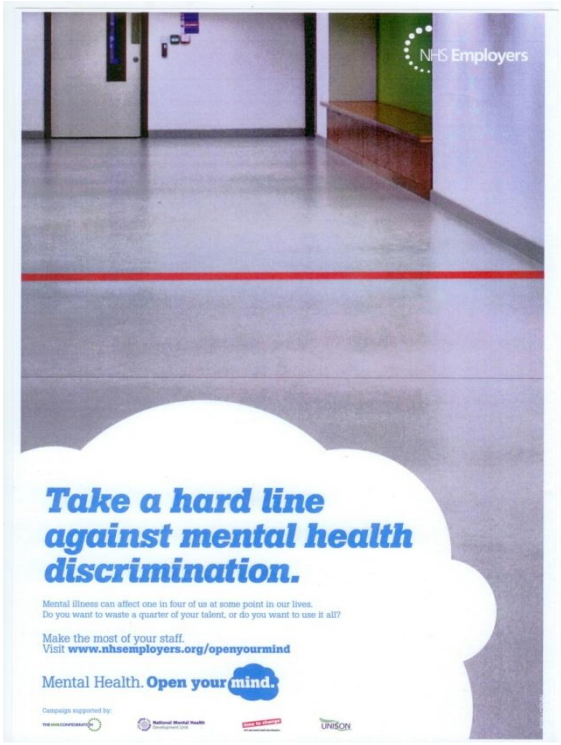


Challenging prejudice and discrimination in health services:

‘Open Your Mind’: A national campaign by NHS Employers in the UK

“The Open Your Mind campaign has been developed to support [NHS] *employers to create a better working environment for staff and improve employment rates for people with mild, moderate and severe mental health conditions.”*

A partnership between *NHS* Employers; Government Department of Health ‘*National Mental Health Development Unit*’, *NHS Confederation*; *Unison* – the largest NHS Trade Union; *Time to Change* – national anti-stigma campaign



Contact is central to breaking down prejudice and discrimination

Contact in conditions of equal status where

- stereotypes are likely to be disconfirmed
- people work co-operatively
- people get to know each other properly
- wider social norms support equality (Hewstone, 2003)

Any anti-discrimination campaigns must centrally involve people who have mental health conditions. This:

- facilitates the contact that is necessary for breaking down prejudice and discrimination
- counteracts popular beliefs that professionals hold all the answers – a belief that deskills communities
- offers images of possibility for people and agencies in communities – what people with mental health conditions can do and achieve

Employment offers the type of contact necessary to break down prejudice so supporting employment breaks down prejudice and discrimination

supporting individuals – supporting employers

Breaking the Conspiracy of Low Expectations and Decreasing Fear
At an individual level

- **'Job retention' is as important as getting a job ... and does not always mean staying in the same job**

  Retention may mean going back to the same job, or a different job with the same employer, or changing your job. Changing working patterns where people change jobs regularly

- **Time limited 'work experience' or 'internships'**

  In parallel with job search and in real employment settings. Can increase the confidence of the individual and show employer that people with mental health conditions can work.

- **Peer support**

  Employing people with lived experience as Employment Specialists, sharing experience through sharing stories, mentoring, peer led support groups.

- **Starting work gradually and building up hours over time**

- **Not just jobs but careers - starting small and building up**

  Most people start their working lives in ‘marginal’ jobs ... but then move on in their careers

- **Not just ‘9 to 5’**

  There are many ways of working ... including self-employment

- **Managing symptoms and problems in a work context – a work health and well-being plan**

"Having your own plan about how to cope and what you need is good for employer and employee."

What the individual and their manager can do:

- Keeping on an even keel at work
- Managing things that you find difficult at work
- Managing ups and downs
- Crisis plans
- Plans for returning to work after a crisis

These plans

- Increase confidence of employee and employer
- Offer a way of managing a fluctuating condition at work and planning fluctuating adjustments and supports
- May be useful for all employees

At a National Level:
Changing Times in the UK

An increased attention to mental health and employment

"An unholy alliance between therapeutic radicals and fiscal conservatives"?

Increased concern about the health, personal and social costs of unemployment and the right to work

AND

Increased concern about the ECONOMIC costs of welfare and the rising number of people with mental health conditions receiving out of work benefits

In the UK there have been a number of reviews emphasising the need for a joined up approach:

- the 'Black Review' of the health of Britain's working age population
- the 'Perkins Review' of employment support for people with a mental health condition
- the 'Wolf Review' of vocational education
- the 'Sayce Review' of disability employment programmes more generally

Principles underpinning the 'Perkins Review'

(see Perkins, Farmer and Litchfield, 2009)

- Appropriate employment is good for you
- An 'employment first' approach (including a 'place-train' approach and rapid job search)
- No-one with a mental health condition is intrinsically unemployable (with appropriate adjustments and support – whether a person can work is an economic/social decision, not a clinical decision))
- The state should provide integrated, personalised and flexible support to gain and sustain work: health/social services and employment systems must work together towards common goals
- Employment involves a relationship between employee and employer: both have responsibilities and both are entitled to support in discharging these

Echoed and extended in other reviews policy initiatives:

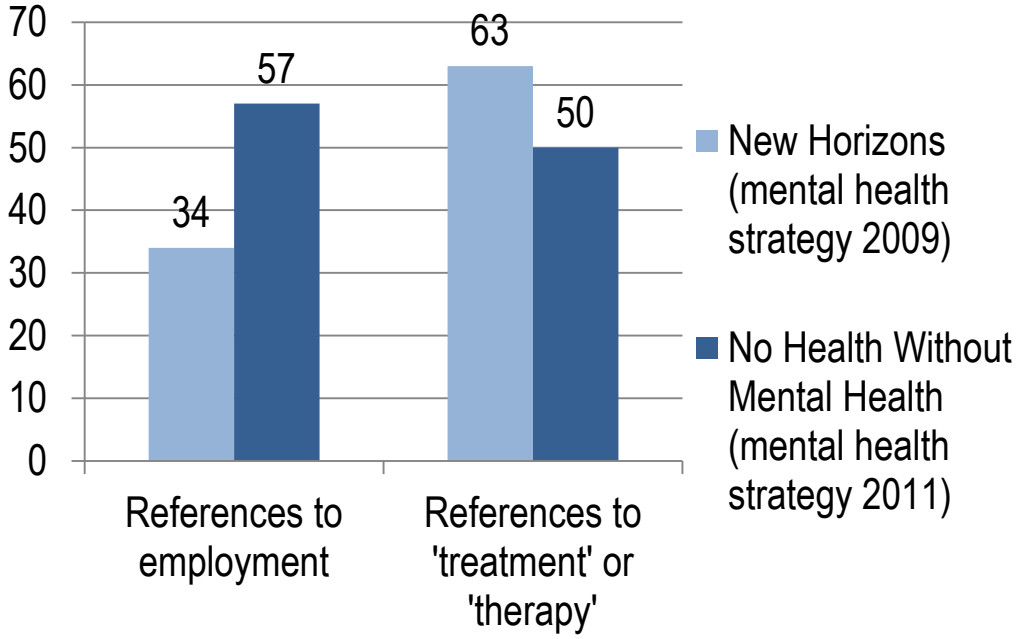
- A welfare system that makes work pay
- A focus on workplace based education/training
- The reform of disability employment programmes

1. Greater focus on employment in mental health services: A new mental health strategy *"No Health Without Mental Health"* February 2011

Employment central to mental health and central to mental health services

Six core shared objectives - Objective 2

*"More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, **better employment rates** and a suitable and stable place to live."*



Employment support forms part of 'Psychological Therapy in Primary Care' initiative

An employment focused outcomes framework for health and social care more generally

Public Health Outcomes Framework: Key indicators for Domain 2 (Tackling the wider determinants of ill health – tackling factors which affect health and well-being) include:

"the proportion of people with mental illness and/or disability in employment."

The NHS Outcomes Framework: Improvement areas for Domain 2 (enhancing the quality of life for people with long-term conditions) indicator is

"employment of people with mental illness."

The Adult Social Care Outcomes Framework: Outcome measure for Domain 1 (Promoting personalisation and enhancing quality of life for people with support needs) outcome measure for enhancing quality of life for people with mental illness

"the proportion of adults in contact with secondary mental health services in employment."

BUT it tells us we have to increase the employment rates of people with a mental health condition BUT it does not tell us how to do it

local commissioning decisions will be critical

2. Greater focus on people with mental health conditions in employment services

- Introduction of local mental health co-ordinators in Job centres in all areas to improve local 'joined up working' and the service provided to customers with mental health conditions

Increased focus on outcomes in generic Welfare to Work

- Differential pricing to discourage 'cherry-picking' in Work Programme
- Work Programme providers encouraged to sub-contract to specialist providers

Supporting employers

- 'Fit for Work' pilots to provide rapid support for people who are off sick
- Access to Occupational Health advice for small employers
- 'Mental Health First Aid Training

... but support remains patchy and inconsistent – needs to be integrated with support for individuals

Specialist disability programmes

Traditionally Department of Work and Pensions 'specialist disability employment programmes;' have served very few people with mental health problems

43% of people claiming incapacity benefits have a mental health condition yet

- 6% of people working in Remploy factories have a mental health condition
- 8% of people using 'Work Step' have a mental health condition
- 0.7% of people receiving Access to Work have a mental health condition

Sayce review (2011) recommended that disability employment programmes

- Serve the range of disabled people more equitably: increase the number of people with mental health conditions served
- Replacement of ‘block contracts’ to support standard services with personalised support tailored around the needs of the individual – that are portable from job to job
- Greater choice and control for individuals in the type of support
- A focus on support in open employment: in all sectors at all levels (not just entry level posts)
- ‘Place-train’ rather than ‘train-place’
- Availability of ongoing support to enable people to retain employment and progress in their careers
- Work based training where necessary in the form of time limited ‘work experience and ‘internships’

Welfare reform

Great anxiety ... but new ‘Universal Credit’ should

- simplify the system
- remove benefit disincentives to employment – make every hour you work pay
- accommodate fluctuations in number of hours worked

and thereby decrease some of the fear attached to returning to work

Will it work?
Only time will tell!

Implementing 'Individual Placement with Support' evidence based supported employment ...

International evidence

Keys to developing high fidelity services (Bond 2009)

1. The state authorities provide resources and leadership
2. Technical assistance centres provide training and monitoring
3. Discontinue old ways of doing things (e.g. close down pre-vocational training programmes)
4. Conduct 'fidelity reviews'

Keys to developing high fidelity services (Bond 2009)

5. Effective leadership at every level with a ‘can do’ attitude:
   - confront resistance and provide rationale for new ways of doing things
   - monitor performance, diagnose problems and establish action plans to resolve them
   - model practitioner behaviours
6. Count the things you want to change like employer contacts, jobs
7. Hire the right people
8. Establish close integration with mental health treatment teams ... this is harder when clinical treatment and employment support are provided by different agencies

But most of all we need to
work together ... and raise our expectations

The biggest barriers to employment, and the development of evidence based supported employment, are low expectations and failure to join up different initiatives

Times are tough ... a joined up, 'can do' approach even more important

- If those of us with mental health conditions are to gain employment and pursue our careers we must believe in our own abilities and possibilities
- If those of us providing mental health and employment services are to help people realise their ambitions we must work together and believe in the abilities and possibilities of those whom we serve

In the words of Michelangelo ...

"The greater danger for most of us lies not in setting our aim too high and falling short, but in setting our aim too low and achieving our mark."

... or a young man who was leaving a forensic mental health services

"Stay positive – have hopes and dreams and aspirations and move towards them. Anything is possible ... there are real opportunities out there."