

Increasing Employment of People with Mental Health Problems

Miles Rinaldi
Head of Recovery & Social Inclusion

Farzeen

'I was told I had something I had never heard of before, schizophrenia. I cannot remember much about my admission apart from hearing voices and feeling very sedated.'

'I had been working as a cleaner, the money I earned enabled me to support my family abroad. Being in hospital meant that I could not work and I was terrified of losing my job. As I got better, I worked with the employment specialist to agree with my employer a return to work schedule. I started working 2 hours a day and eventually, was able to return to my full time working hours of 42 hours a week. I still see a nurse and the employment specialist from the team who encourage me with my work'

Many people want to work but...

- In comparison with other health conditions, people with mental health conditions are twice as likely to lose their jobs following the onset of problems (Burchardt, 2003)
- 13% of people using specialist mental health services are in employment (NHS Information Centre, 2012)
- 43% people using mental health services were not offered help with finding or keeping work but would have liked help (CQC, 2012)

Contact with mental health services

- Poor employment outcomes are a constant finding in research into first-episode psychosis
- 12-month follow up employment rate 52% to 25% (Birchwood *et al.*, 1992)
- First contact 25% in employment, 3-year follow 16% (Singh *et al.*, 2000)
- 13% employment rate within 1-year of admission to hospital (Barnes *et al.*, 2000)
- 14% education and 86% unemployed at first episode. 1 year follow up, 100% unemployed (Garety & Riggs, 2001)

Is employment a realistic goal?

Job Ready?

- Diagnosis and symptoms do not predict success
- Having previously had a job is important but wanting a job and believing that you can work are the best predictors of success (Tsang et al, 2000; McDonald-Wilson et al, 2001; Catty et al, 2008)
- Shared decision-making?

Is work too stressful?

- As compared to what?
 - If you think work is stressful, try unemployment (Marrone & Golowka, 1999)

Types of Vocational Rehabilitation

- '**Train and place**' –structured activity
 - Counteracting deficits
 - Training skills
 - Sheltered employment and workshops
- '**Place and train**' – direct job finding
 - Find a job, then support and train
 - 'Supported employment'
 - Individual Placement and Support' (IPS)

Individual Placement & Support (IPS)?

- IPS is a direct, individualised search for competitive employment
 - Avoids lengthy pre-employment preparation or training
 - Does not screen people for work 'readiness' or 'employability'
 - '*Place and Train*' not '*Train and Place*'
- It's evidenced-based
- Assumes people can work in ordinary competitive settings
- Directly tackles the lack of integration of mental health care and employment services and the disconnection of different specialists
- IPS shifts the focus of the mental health system away from treatment onto employment, by demonstrating better employment outcomes.

(OECD, 2012)

'Individual Placement & Support' (IPS)

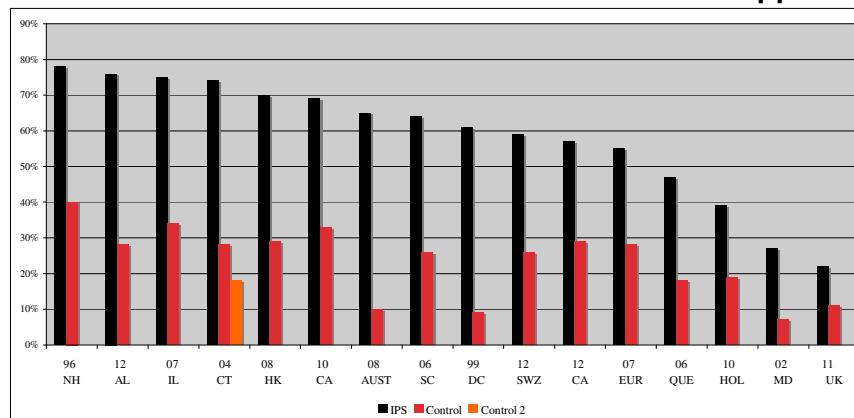
- '*Place and train*' approach not '*train and place*'...
 - Focus on competitive employment as a primary goal
 - Eligibility based on the individual's choice
 - Rapid job search, minimal pre-vocational training
 - Integrated into the work of the clinical team
 - Attention to client preferences
 - Develop relationships with employers based on client preferences
 - Availability of time unlimited support
 - Benefits counselling should be provided to support transition

(Bond, 2008)

Personal preferences – individualised approach

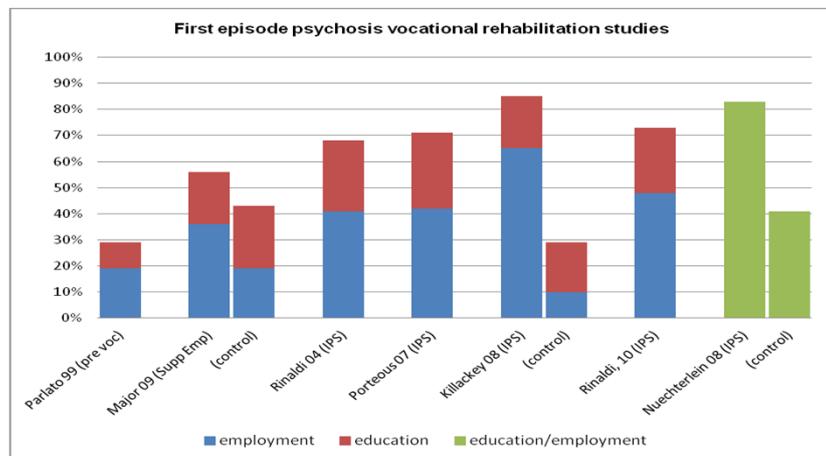


Competitive Employment Rates in 16 Randomised Controlled Trials of Individual Placement and Support



(Bond et al, 2012)

First Episode Psychosis: Employment

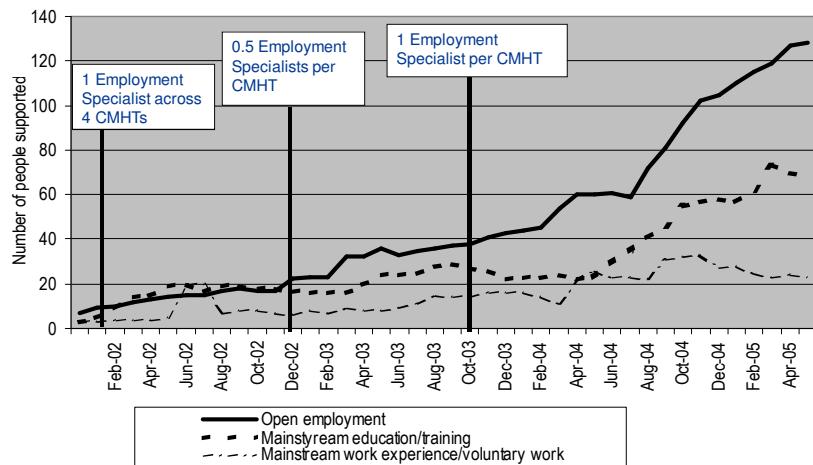


Rinaldi et al (2010) First episode psychosis and employment: A review . *International Review of Psychiatry* 22, 2, 148-162.

Burns et al. (2007): 6 European countries

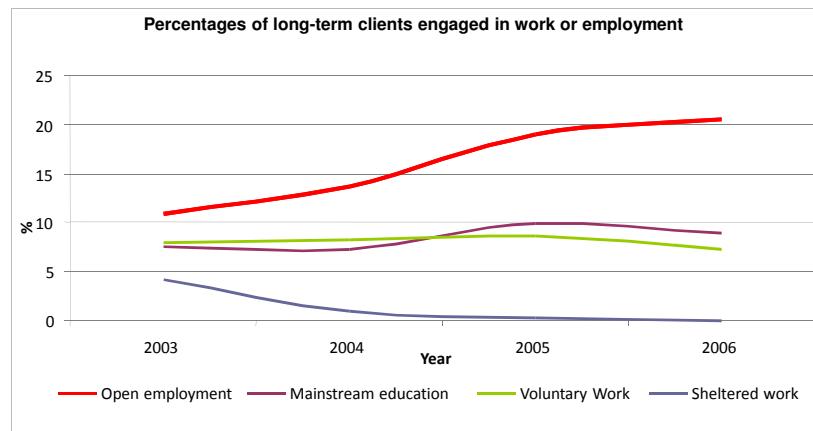
- N=312 participants randomly assigned to:
 - IPS (n=156) or local vocational service (n=156)
- 18 month follow up
- IPS more effective:
 - Gaining competitive employment: 55% (IPS) Vs 28%
 - IPS participants sustained jobs longer, earned more
 - Vocational service participants more likely to drop out and be readmitted to hospital (31% vs 20%)
 - Employment did not have detrimental effect on clinical wellbeing or relapse
- Good fidelity

Real world...



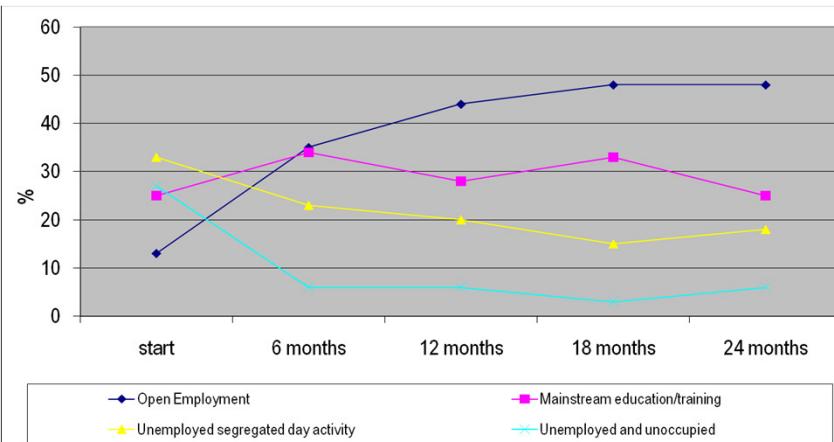
Rinaldi, M. & Perkins, R. (2007) Implementing Evidence Based Supported Employment. *Psychiatric Bulletin* 31, 244-249

Population impact: One London borough



Rinaldi, Montibeller and Perkins (2011) *The Psychiatrist* 35, 339-343.

Young people with a first episode of psychosis



Rinaldi et al. (2010) Journal of Mental Health 19, 6, 483-491.

Challenges

- **National / regional / local systems**
 - Health, Social Care, Welfare systems
 - Welfare benefits
- **Myths and assumptions**
 - People with severe mental health conditions cannot work...
 - If they do it will be stressful and lead to a relapse...
 - Our job is to protect the public and the individual....
- **Local technical issues**
 - Adopting IPS
 - Early implementation
 - Persistence / sustainability of implementation

Integrated systems

- Integrating mental health support and employment support
 - National, regional, local challenges
- **Health**: focus on treatment and cure
- **Social Services**: 'care' for those who fail to get fully better
- **Welfare services**: adjudge a person's capability to work
- Individual Placement & Support (IPS) is a paradigm shift

IPS: Integrated systems

- Health, social care and employment support is integrated and provided in parallel
- No grounds for selecting people on the basis of their 'work readiness' or 'employability'
- Focus is on competitive employment through job matching based on client skills and preferences, rapid job search and ongoing individualised support
- Welfare systems support the transition to employment

Integrating employment & clinical services

What are the benefits?

- Clinically sensitive intervention
- Addresses concerns that employment serves as a stressor
- More effective engagement, retention and communication
- Incorporation of vocational information into care plans
- Observation can convert sceptical or disinterested clinicians
- Job retention
- Better outcomes – more people get and keep jobs

Drake et al, 2003

Societal challenge

29% of voters think it is fair to
describe Tory party members
as “mad swivel-eyed loons”.
51% say it is unfair

YouGov / Sunday Times
May 2013

Stigma - Prejudice - Discrimination

Societal challenges

The Sun newspaper
headlines re 1,200
people killed by
mental patients

7th October 2013

ASDA and Tesco
selling mental
patient
Halloween
costumes

23rd September 2013

Stigma - Prejudice - Discrimination

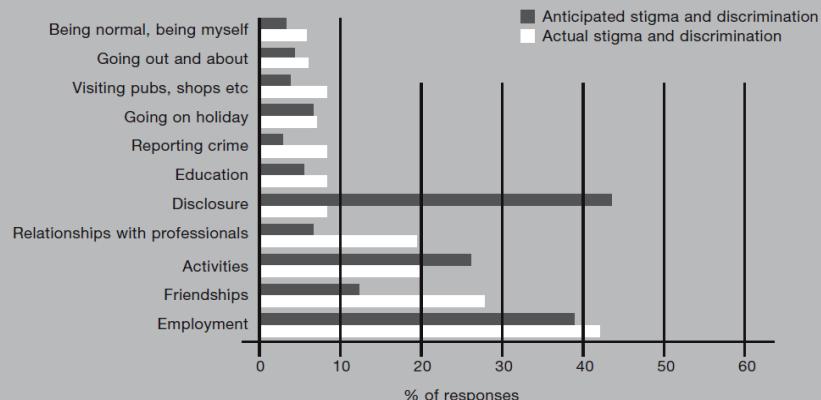
Clinicians' attitudes...

- Clinicians believed that many more people were capable of working than were actually doing so
- However, 2/3 believed their caseloads either incapable of working or only able to do voluntary /sheltered work
- Clinicians saw helping people get back to work as a core part of their role, but felt they had little relevant training and limited confidence in the vocational services currently available

Marwaha et al, 2008

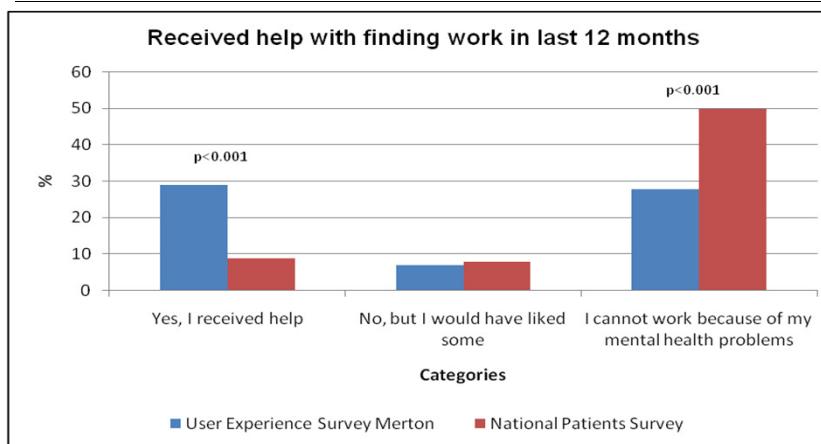
Anticipated Vs Actual stigma & discrimination

Figure 1: What service users stop or fear doing because of stigma and discrimination



Stringer (2010) Time to Change. *Mental Health & Social Inclusion* 14,1, 24-34.

Helping people to see that work is possible



Rinaldi, Montibeller and Perkins (2011) *The Psychiatrist* 35, 339-343.

Young people with a first episode of psychosis

- Cluster randomised trial conducted during the recession: n=4 first episode psychosis teams.
- N=159 unemployed young people who made a commitment to consider returning to work or study were recruited.
- All teams delivered IPS but two teams were also trained in motivational interviewing (MI) to improve clinicians skills in targeting young people's ambivalence about work and study.

Intervention	6 months	12 months
IPS	12%	38%
IPS + MI	33%	65%

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Challenges: Myths

- People can work if provided with right help and support
 - 'Place and train' not 'train and place'
- IPS helps more people to find jobs and raises their incomes along with higher rates of improvements in symptoms, leisure and finances, self esteem and relationships (Cook & Razzano, 2000; Bond, 2001; Leff & Warner, 2006; Becker *et al.*, 2007, Burns and Catty, 2008).
- No evidence that IPS increases the likelihood of clinical deterioration, relapse or hospitalisation (Bond *et al.*, 1995; Lehman, 1995; Drake *et al.*, 1996; Drake *et al.*, 1999; Bond *et al.*, 2001; Mueser *et al.*, 2004; Burns *et al.*, 2007).

Implementation Obstacles

- Lack of **early intervention**
- Failure to **adopt evidence based practice**
- Lack of **focus on work resumption**
- Lack of **integrated service** / fragmented provision
- Lack of **case management**
- Low **priority for clinicians**
- **Interagency co-operation** poor

Thank you

Miles.Rinaldi@swlstg-tr.nhs.uk