Increasing Employment of People with Mental Health Problems

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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
  - Countering 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**

![Peanuts cartoon](image)

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

(Bond et al, 2012)
First Episode Psychosis: Employment


- **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
South West London and St George's NHS Mental Health NHS Trust

Real world...

Population impact: One London borough


Young people with a first episode of psychosis

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 for 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
ASDA and Tesco selling mental patient Halloween costumes

7th October 2013 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


Helping people to see that work is possible

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.

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<thead>
<tr>
<th>Intervention</th>
<th>6 months</th>
<th>12 months</th>
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<tbody>
<tr>
<td>IPS</td>
<td>12%</td>
<td>38%</td>
</tr>
<tr>
<td>IPS + MI</td>
<td>33%</td>
<td>65%</td>
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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

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