

## **WORKING TOWARDS RECOVERY**

### **Harnessing Hope: Supported Employment for People with Mental Illness**

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Mental health difficulties are among the fastest growing health conditions in the world. (W.H.O., 2001) The W.H.O. has calculated and found that mental health disorders rank second in the global burden of disease. It is believed that they exert a greater toll on the health of the world's population than AIDS, TB and malaria combined. The reality within our community is that at least 25% of the population will experience mental health difficulties in their lives. In the workforce there are people suffering from mental illness who continue to work to a satisfactory level. However the problem lies with those individuals who attempt to access employment for the first time after an onset of mental illness or for those that become very ill, withdraw and attempt to return. There are also those who suffer from severe mental illness that need greater supports and flexibility than sometimes criteria allow. The over-emphasis on outcomes of such programmes/services can mean that many people with mental illness are not receiving the individualised service they need. they are considered 'too ill' to become a successful 'outcome'.

People with mental illness need hope. In order to embrace the concept of recovery they need to know that it is a very real possibility. They need support as they reclaim their sense of belonging and purpose in life. Accessing employment opens the door to the prospect of asserting this right to belong, to be independent, to be fulfilled and to become basically like everyone else again. Russinova (1999) stated that hope is critical in the process of recovery. Those that have experienced mental illness are acutely aware of their single greatest burden – social exclusion. Working towards recovery is pointless unless there is hope and a sense of expectation of reclaiming citizenship- acceptance and inclusion. Accessing real and meaningful employment is an essential component of each individual's recovery process. Work has long been regarded as a potential contributor and a tool for the treatment of mental illness (Ekdawi, Conning, & Campling 1994). It is also an important part of a cultural role, filling much of an

individual's time, supplying a source of income, providing a source of identity, and contributing to one's physiological and psychological well-being (Davis, 1987; Mowbray, Bybee, Harris & McCrohan, 1995; Osipow, 1968). However the reality for many people with mental illness is that the opportunity to work is not available or the criteria for accessing supported employment is too stringent.

The National Health Strategy *Quality and Fairness: A Health System for You* (2001) set out in clear language a vision of health services in Ireland for the coming years. It identifies specific actions needed for its vision to be delivered on the ground. Within this strategy the need to update mental health policy was highlighted. A commitment was given to prepare a national policy framework for the 'modernisation' of mental health services in this country. The Minister of State of the Department of Health and Children, appointed an Expert Group in 2003 to work out a comprehensive mental health policy for the next ten years. In accordance with the terms of reference an extensive consultation process was undertaken. The resulting report from this extensive process of consultation and deliberation was 'A Vision for Change'. It proposes a revolutionary overhaul of existing services and is primarily based on a 'Recovery Model' ethos. The fundamental characteristic of the recovery model is the positioning of the service-user at the heart of his own recovery journey. It encompasses partnerships between all the relevant parties in this journey towards wellness – including family members, advocates and all others that the service-user feels can help. Among its many proposals 'A Vision for Change' recommends that steps be taken 'to bring about the closure of all mental hospitals and to re-invest the resources released by these closures in the mental health service'. Such a proposal would have far reaching consequences for Employment Facilitators (Job Coaches) as it is now well established that accessing paid employment is considered to be a fundamental ingredient of an individual's recovery journey. More and more people with mental illness will be demanding their right to a key component of their potential recovery – work.

However the reality is that unemployment rates among people with mental illness have been consistently shown to be the highest among all disability groups (Mechanic, Bilder and McAlpine 2002). Difficulties in choosing, getting, and keeping a job in the community is common among those with mental health difficulties (Anthpny, Howell, & Delaney, 1984; Massel et al., 1990). Many people living with mental illness have never been afforded the opportunity to

enter the workforce at all. Many others have had little choice but to withdraw from work altogether. They often attend vocational training programmes that have no clear route to competitive employment. Although some may have sampled work experience on such programmes, a real job was never a possibility. It wasn't even part of the plan in the first place. For many of these people there is a revolving door dynamic in place, where they enter one training course immediately after completing another. They are merely passengers on a journey to nowhere real or meaningful. This is a fundamental waste of resources and potentially impairs the recovery process for thousands of sufferers of mental illness. It is particularly hard to understand when research has consistently shown that rapid placement in the workplace, accompanied by support actually produces much better outcomes than such training programmes (Bond et al. 1995; Kirsh, Cockburn and Gewurtz n.d.)

Research shows that people with serious mental illness can work. The employment rate among those with serious mental illness could be as high as 50% with the appropriate model of supported employment being applied (Becker et al, 2001). It has been shown in many studies that people with mental illness can continue to work even despite the many challenges that mental illness presents them (Harrison et al., 2001 and McGorry, 1992). In a comprehensive review of 18 randomised trials of vocational rehabilitation by Crowther et al (2000) supported employment was shown to be the most effective in achieving full or part-time positions for job seekers with mental illness. Bond et al (2001) showed how certain components of the supported employment model significantly impact on its outcomes. They highlighted the following key ingredients to successful outcomes within the supported employment framework:

- competitive employment is the goal
- the job search is rapid ( direct access rather than pre-vocational training)
- effective partnerships between the Employment Facilitators and mental health services
- attention to job seekers preferences
- continuous and comprehensive assessment; and
- unlimited support ( life-long)

Drake (1998) highlights the importance of Employment Facilitators 'integrating' with mental health services and the establishment of formal and informal relationships between all the parties, including the job seeker in 'shared decision making, co-ordinated planning

and interventions". In fact no other vocational rehabilitation approach for people with severe mental illness has attained the status of evidence-based practice (Drake et al., 1994; Drake, Becker, Biesanz, Wyzik, & Torrey, 1996; Bailey, Rickettes, Becker, Xie, & Drake, 1998; Becker et al., 2001). Supported Employment is the only method that has been consistently proven to deliver employment outcomes to this client group. However this evidence-based approach is not widely implemented (Bond, Becker et al., 2001).

What kind of Supported Employment works for people with severe mental illness?

In evidence-based supported employment the following components have proven crucial to achieving successful outcomes

- The job seeker meets one-to one with the Employment Facilitator and a job based on preferences, skills and experiences is identified,
- The Employment Facilitator meets with a member(s) of the mental health team to allow for a co-ordination of employment efforts and mental health interventions
- The pace of identifying possible jobs and employers is determined by the client, rather than by the professionals
- The goal is competitive employment, which is defined as paid part-time or full-time jobs. These jobs are open to the general public and pay at least the minimum wage
- Support continues from the employment facilitator for as long as the job seeker needs the support.

What is termed as 'Individual Placement and Support' (IPS) is the most comprehensively described and studied approach to supported employment for people with severe mental illness (Becker et al 2000). It is this form of supported employment that works best for this client group. Individual Placement and Support (IPS) is a supported employment model for people with severe mental illness that integrates clinical and vocational services within mental health agencies. The core IPS principles are to—

- The goal is competitive, integrated employment

- The job is obtained directly, rather than through lengthy pre-employment training
- Employment Facilitators and mental health services are merged
- Job finding, disclosure, and job supports and job seeker preferences are negotiated directly with them rather than on provider's judgment
- Continuous assessment is based in competitive work experiences
- Individualised "follow-along" supports are offered and secured

The IPS model uses a "place-train" approach. This is based on the assumption that the job seeker benefits from learning on the job more than through pre-employment screening and training in sheltered work settings. Employment Facilitators work directly with clinical teams to ensure coordinated services. They begin by helping people to conduct job searches and after securing employment, provide training and follow-on support as needed.

Supported Employment is available in many parts of Ireland to people with mental illness but there is no uniformity in how it is applied, in particular with job seekers with severe mental illness. A best practice model needs to be developed and implemented with all the relevant parties on board, including the stakeholders. There is need for an innovative approach – a shift from the 'whose client is it?' approach towards a partnership approach where the client is placed in charge of his own recovery process. Research also shows that people with severe mental illness obtain part-time jobs. Starting at ten hours weekly is commonplace. For some work may never exceed ten hours. Others need to be phased in slowly to build their confidence- to test their 'wellness'. As a result there is need to move away from traditional universal criteria to a more individualised approach. There is also be the possibility of relapse and hospitalisation for such clients but there needs to be an openness and flexibility that allows them 'time out' but also the opportunity to return. When offering supported employment to people with mental illness all parties (job seeker, stakeholder, job coach, etc) have to agree that each individual is unique. When it comes to outcomes these will continuously evolve in a fluid way with support offered for as long as it's needed.

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