Integrating employment support into mental health services – international research and New Zealand best practice.

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‘I see employment as of great value in recovery from mental illness, as employment is a doorway to life. Through employment you gain confidence that you can cope, you have money to get back into social life as well as pay bills and it is another step in getting into a normal life where work is just one of the many things everyone does. By working, you break some of that stigma... that having an illness you are not as good or capable as everyone else.....this is what employment meant to me in my recovery’

Tangata Whaiora; Capitol and Coast
Industrial therapy, Sheltered workshops & work teams...

- Outside competitive job market
- Earn less than market rates
- Largely production line or assembly work; repetitive work
- Risk of exploitation
- Limited or no pathway for progression into open employment
Here’s what we know…

- Work and mental health are inextricably linked.
- Being out of work has a negative impact on mental health whilst having a job promotes recovery from mental ill-health and reverses the harmful effects of unemployment.

Worklessness can be seen as a major public health issue.
Most people with serious mental illness want to work (about 70%)

In the US only 10-15% of people with serious mental illness in community programmes work in competitive jobs

The rate is even lower in those discharged from inpatient units – about 5%

Bond et al, 2012
But work is too stressful for my clients; Barriers to recovery

Providing employment support as a health intervention requires a paradigm shift in the traditional perspective taken on the relationship between health and work, and the role of the nurse in this.

Working has helped further my recovery more than any other single thing I have done — more than therapy, case management or medication alone. My job helps me stay focused on something other than illness. My co-workers, especially, have helped me improve the way I see myself. Extra money is great, too! ~ Nicole
If evidence-based supported employment (EBSE) (also called the Individual Placement and Support (IPS) approach) was provided as part of routine treatment, Drake et. al. (2012) argue that at least 45 per cent of people could be supported into competitive employment with resultant increases in their wellness and recovery.
Presentation today:

- The science of supported employment (EBSE)
- The evidence behind the model
- The importance of integration into mental health services
- Current practice in NZ
- Policy framework
- The Nurses’ role and the options grid tool
The Science:

- 17 randomised control trials internationally
  (testing EBSE against traditional vocational services)
- Supported employment out performs controls x3
- Shifts in practice –
  - integration with MHS,
  - Place then Train
- Fidelity reviewed for quality improvement and service improvement

Competitive Employment Rates in 17 Randomized Controlled Trials of EBSE (Individual Placement and Support)
EBSE services achieved competitive employment commencements for 61% of clients compared with 23% among other vocational rehabilitation services.

Rigorous research has shown that this approach to supported employment – Evidence Based Supported Employment (EBSE) is the most effective way to support people with a mental illness to get a job.

Furthermore, people in the EBSE group worked more hours, had higher incomes and stayed in jobs longer.
Integrated EBSE

Taken from: Bond et al, 2012
The importance of Integration

Integration is more than just adding employment to ‘business as usual’ A different role for clinicians?

Ask about employment/education aspirations and status
@ assessment
@ goal setting/ tx planning
@ tx review
@ face to face
@ team meetings
Cultural change in health services

I’m a bit embarrassed really. When the employment specialist first came to our team I thought, what are they here for? We work with people who are really ill, you know? But they showed me I was wrong. I refer people now who say they want to work even if I think it’s impossible for them to ever get a job as I’m constantly proved wrong’

Psychiatric nurse; Capitol and Coast integrated service
EBSE in NZ today

- Integrated IPS for adults
- Integrated IPS for youth
- Non integrated IPS for adults
- IPS integrated @ primary care
- Proposed integrated IPS for youth
In following people for 30 years and then following patients who are in dozens and dozens of research studies that are sent around, it’s totally clear to me at this point that there’s nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does.”

(Drake, 2008) Employment and recovery
What is EBSE?

- Individual Placement and Support (IPS) is a supported employment program model for people with severe mental illness that integrates clinical and vocational services within mental health agencies.

- Model is validated by research

- Has guidelines describing critical components

- Fidelity to the model is reviewed as regular part of practice
EBSE principles

1. Zero exclusion criteria
2. Supported employment services and mental health services are integrated
3. The focus is on competitive jobs
4. Rapid job search
5. Follow-along supports are continuous
6. Client preferences are important
7. Work incentives planning (financial planning and advice re benefits) is offered to all
8. Systematic job development

Dartmouth IPS Supported Employment Centre, February 2013 (http://www.dartmouth.edu/~ips/page29/page31/page31.html)
Policy framework

- Welfare working group recommendations (Feb 2011)
- HWNZ; The new wave (Sept 2011)
- Blueprint II (June 2012)
- Service development plan (draft Nov 2012)
- Welfare reform (July 2013)
Cross-Government messaging...

Hon Tony Ryall  
Minister of Health  
14 September 2012  
Speech notes

"The international research is getting stronger by the day – having a job is good for your health – and being unemployed is not.

Dr Debra Dunstan found that after 12 weeks off work the risk of prolonged work absence increases dramatically. At the same time, the negative effects of ‘worklessness’ start to emerge.

...a sickness certificate is one of the most powerful, potentially dangerous treatments in a GP’s armamentarium."

Hon Paula Bennett  
Minister of Social Development  
26 September 2012  
Speech notes

"So work is good for your health and wellbeing, but equally and more importantly long term unemployment is detrimental.

Dr Dunstan says that the risk of a prolonged absence from work increases dramatically after just 12 weeks.

...a sickness certificate is one of the most powerful and potentially dangerous treatments in a GPs armoury."
Money down, demand up

- In the next 10 years demand for mental health services is projected to increase by 100%, funding by only 40%… (Prof Des Gorman)
- Options that promote more active recovery and reduce long term dependence on services need to be embraced…
Contact time with mental health teams

Group A: Working
Group B: Not working
Cost of admissions

Group A: Working
Group B: Not working
The challenge:

- New Zealanders with a mental illness want to work
- In general employment is good for mental health
- Yet employment rates remain at less than 20%
- We have an effective intervention which could address this
- Our practice is lagging behind the evidence
The options grid;

- Option Grids are designed to help compare reasonable treatment or screening options.
- This is achieved by using a grid, where the questions that people frequently ask are in the rows and the answers relevant to each option are in the columns.
- The aim is to implement shared decision making into routine care.
- Make it easier to explain the existence of options and there is a 'handover' effect, where people’s involvement in decision making is enhanced.
- Option Grids made options more visible and clinicians found it easier to undertake shared decision making when these tools were available.
- Used in a collaborative way, they enhance peoples' confidence and voice, increasing their involvement in collaborative dialogues.
The grid is available at the Te Pou stand here at the conference and can be ordered from their website.

Te Pou ‘handover’ this month has an article on EBSE, written by Helen Lockett, formerly of the Sainsbury centre and now living in NZ.
So finally...

- Nurses should know the evidence base around EBSE outcomes for people with MH issues and in particular be aware of the positive contribution being employed has on an individual's mental health.

- We need to understand the negative impact of being unemployed.
- Nurses should be curious about/aware of people’s vocational experience, current status and aspirations.
- They should ask about these things at assessment, at tx goal setting and review, they should talk about employment and vocation in team meetings.
- Nurses need to be optimistic around people reaching their potential.
Nurses should use their advocacy skills to promote a focus on vocational outcomes as an important focus in clinical settings.

This is important from a social inclusion/natural justice perspective as well as from a clinical perspective.
In conclusion!

- We have an important opportunity to increase awareness amongst the mental health community.
- To consider what role nurses have in supporting the employment aspirations of people.
- To use this evidence and expertise to support recovery and increase the employment rates of people who experience a mental health condition.
- And we have the government backing and political will – so let’s use it!


Inspirational dream
To enhance the well-being of people, organisations and communities through inspirational learning

Beliefs
- Designing, developing, and delivering excellent learning programmes
- Providing learning experiences that are applied and sustainable
- Challenging and motivating through creating memorable learning experiences
- Supporting the wellbeing of learners
- In challenging ourselves we pursue excellence in everything we do
- Achieving sustainable outcomes by partnering with those who share our dream
- In respecting and highly valuing people’s lived experience of mental illness

Spirit
Passion for people and potential

Attributes
Inspirers
Progressive
Courageous
Connectors
Respectful
Playful
Vibrant
Inclusive

Focus
Learning for life