What employment programs should health services invest in for people with a psychiatric disability?

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Abstract

Employment has significant health benefits for people with a psychiatric disability, including improved mental health and wellbeing and a reduction in symptoms and rates of relapse. Systematic reviews show that supported employment is more effective than prevocational training in achieving open employment for this group. Health services should invest in developing partnerships and structures to ensure access to evidence-based supported employment programs for people with a psychiatric disability. We draw on exploratory research in south-west Sydney to discuss some of the challenges that a focus on employment presents for mental health services.

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What is known about the topic?

Although employment has been found to have significant health benefits for people with a psychiatric disability, there is debate as to whether prevocational training or supported employment is most effective.

What does this study add?

This study explored the issues associated with employment for consumers of mental health services in south-west Sydney and found both attitudinal and structural barriers to supported employment.

What are the implications for practice?

This study suggests that given the health benefits of employment, mental health service providers need to link to a much greater extent with the providers of supported employment programs to better meet the needs of mental health consumers.

DESPITE EVIDENCE THAT PEOPLE with a psychiatric disability want to work, this group experiences ongoing difficulties securing and maintaining employment.[1] Up to 80% of people with a psychiatric disability are unemployed in Australia at any one time.[2] Unemployment is a health hazard for general populations,[3] but is particularly hazardous for people with a psychiatric disability, contributing to lower self-esteem; higher levels of psychiatric disturbance; severe social isolation; stigmatisation; and further marginalisation within society.[4] Unemployment has unique impacts on the general mental health and wellbeing of people with a psychiatric disability. Even in people with severe psychiatric disabilities, unemployment contributes more to the explanation of general self-rated health than psychiatric symptoms.[5]

Employment has significant health benefits for people with a psychiatric disability. Studies show that employment: improves psychological health and wellbeing; improves quality of life; reduces psychiatric symptoms; improves general functioning; and reduces rates of relapse for this group.[6-8] Employment is a normalising experience that promotes status and integration in the community, economic independence and access to valued social roles; factors that lessen dependency upon health and welfare systems.[8] However, even positive life changes can have negative impacts, and work may act as a stressor for some people with a psychiatric disability.[9] In fact, people with a psychiatric disability who have clear strategies for managing work-related stressors are more successful in securing and maintaining employment than people who do not possess these strategies.[10]

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Major differences between prevocational training and supported employment

	Prevocational training	Supported employment
Assumptions in vocational rehabilitation	People with a psychiatric disability, particularly those with serious illnesses, need extended preparation before entering the competitive workforce	People with a psychiatric disability, including those with serious illnesses, can directly enter competitive employment with support
Methods in vocational rehabilitation	Various approaches including: job clubs, business services, transitional employment	Intensive long-term on- and off-the-job support by a job coach
Vocational outcomes	Work experience, skill acquisition	Competitive paid employment

Health systems have much to gain from including a focus on employment for people with a psychiatric disability. Comprehensive psychiatric rehabilitation approaches that incorporate employment programs report shorter hospitalisation periods and reduced costs compared with standard care.[11]

What employment programs are effective?

There are essentially two models of employment programs for people with a psychiatric disability: prevocational training and supported employment. These approaches differ in terms of when a person with a psychiatric disability is considered to be "well-enough" for work, the methods through which the person is assisted into employment, and what vocational outcomes are considered to be appropriate. A summary of the major differences between prevocational training and supported employment is presented in the Box.

Prevocational training refers to all activities that are designed to prepare people with a psychiatric disability for the workforce.[12] Ideally, but not always, this preparation is for entry into open or competitive employment; meaning employment that is paid at the award wage and open to all potential employees. Pratt et al. identify six approaches to prevocational training:[13]

- *Job skills and job clubs:* support groups that provide resources and training in job search and employment.
- *Hospital-based work programs:* on-site employment experience for inpatients of mental health services.
- *Sheltered workshops or business services:* organisations that solicit manufacturing jobs from local business and provide supervision to people with disabilities.
- *Transitional employment:* short-term (3 to 9 months) paid placements in open employment.
- *Affirmative industries:* businesses owned, managed, and operated by mental health agencies or consumers.
- *Enclaves or work crews:* small teams who work in community employment settings.

Supported employment places people with a psychiatric disability in paid competitive jobs without extended preparation.[12] Ongoing support both on and off the work-site is provided by a job coach who assists with skill acquisition and accessing services; arranges for environmental modifications; facilitates interpersonal interactions with co-workers; provides supportive counselling; and facilitates problem solving.[12-14] In theory, clients of supported employment services are supported indefinitely. Supported employment differs from prevocational training in that there is minimal screening for employability; meaning that even people with severe psychiatric disabilities and barriers to work are included in these programs.

A systematic review of the efficacy of prevocational training compared with supported employment found supported employment to be significantly more effective in helping people with a psychiatric disability obtain competitive employment.[12] Almost three times as many participants in supported employment gained work: supported employment participants also earned

more and worked more hours than participants in prevocational training. Even for people with severe psychiatric disability, supported employment is superior to prevocational training in terms of employment outcomes.[7]

Supported employment is likely to be more effective than prevocational training for people with a psychiatric disability because workers earn a competitive wage and can achieve financial independence; workers are integrated within community settings and have access to normalising social roles and status; workers receive intensive support over long periods of time; and, any potential problems or stressors that may get out of hand can be resolved immediately on-site in conjunction with the job coach, employer and co-workers.

How does supported employment fit with current policy and practice?

Integrated vocational and clinical rehabilitation models, such as assertive community treatment (ACT) and individual placement and support (IPS), demonstrate efficacy in health and employment outcomes for people with a psychiatric disability.[15,16] These models have been largely developed, implemented and evaluated in the United States where mental health policy supports integrated service delivery. Australian policy tends to favour separation between clinical and disability support services[17] (with the exception of early intervention psychosis programs), meaning that any attempt to promote employment among consumers of mental health services must engage both health and employment sectors.

NSW Health draft psychiatric rehabilitation policy proposes the development of partnerships between clinical mental health services and disability support services to promote access to employment for people with a psychiatric disability.[18] At the service level, this will require recognition of the value of employment for people with a psychiatric disability and policies and structures through which consumers of mental health services can access evidence-based models of vocational rehabilitation, such as supported employment.

The role of mental health services is not to provide vocational rehabilitation services for people with a psychiatric disability. Even so, a focus on employment as a valuable outcome of mental health care will need to be reflected in service delivery and orientation. In our experience this shift will require significant change within mental health services. In 2002, we conducted an exploratory study into opportunities for vocational rehabilitation for people with a psychiatric disability within three public mental health services in south-west Sydney.[19] Major findings from this small-scale study were:

- mental health services lacked a structure to support vocational rehabilitation and access to employment opportunities;
- consumers were placed in prevocational training programs even though supported employment programs were available in the local area; and
- both consumers and case managers believed that open employment was dangerous and could promote relapse.

Our exploratory research suggested that there were both structural and attitudinal barriers to employment for people with a psychiatric disability within mental health services. Structural barriers may be overcome by developing formal partnerships between mental health services and employment organisations that provide models of supported employment which are evidence-based. However, these partnerships will need to be supported by systems or procedures within mental health services that facilitate access to employment programs for people with a psychiatric disability if they are to be effective.

Attitudinal barriers may take longer to overcome. Current research indicates that supported employment neither results in undue stress nor precipitates exacerbations of illness among people with a psychiatric disability.[7] It is likely that consumer and case-manager beliefs that work can be dangerous are linked to prior negative experiences of non-supported open employment. These attitudes will change over time, given structural changes.

Conclusion

There is clear evidence for the efficacy of supported employment in achieving paid open employment for people with a psychiatric disability. Health services should invest in partnerships and structures that ensure access to these employment programs for consumers of mental health services. At the same time we need to be realistic. Even with evidence-based models of supported employment, maintaining work will still be a significant problem for some people with a psychiatric disability because of the nature of their illness. We need to be aware that periods of unemployment followed by re-employment may be the normal experience for many people with a psychiatric disability, and plan services accordingly.

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Competing interests

Vanessa Rose is employed by SWSAHS but does not work in Mental Health Services.

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