



Working Together to Get Work

The Integrated Employment Project

The Royal Brisbane and Women's Hospital Mental Health Service, with the NEPS Centre, a division of Break Thru

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Presentation Overview

- ▶ Labour Force Exclusion
- ▶ Evidence Based Supported Employment
- ▶ The Queensland Health Employment Specialist Initiative
- ▶ The RBWH and NEPS Integrated Employment Project
- ▶ Barriers and Solutions – RBWH and NEPS
- ▶ Case Studies

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Research Officer (QCMHR)

Persons aged 15-64 years	Not in the labour Force (%)	Looking for work (%)	Employed part-time or full-time (%)	Source
Healthy Australians	19.1	4.0	76.9	ABS 2003; Waghorn et al., in press.
Anxiety disorders	46.1	4.2	49.7	ABS 2003; Waghorn et al., in press.
Mood disorders (excluding post-natal)	51.6	6.6	41.8	ABS 2003; Waghorn et al., in press.
Bipolar affective disorder (with psychosis) [1998]	61.8	4.5	28.0	Jablensky et al., 1999; Waghorn, Chant and Jaeger, 2005b
Psychotic disorders [1998]	75.2	3.7	21.1	Jablensky et al., 1999; Waghorn et al., 2002
Schizophrenia	73.5	10.7	15.9	ABS 2003; Waghorn et al., in press.

Traditional Vocational Rehabilitation

- ▶ Gradual stepwise process after clinical treatment and care is complete
- ▶ Usually involves prevocational training (courses in managing mental health, general social skills, independent living, self-esteem)
- ▶ Work-readiness assessments used for eligibility
- ▶ Individual and illness characteristics are used to assess work readiness
- ▶ Voluntary work, work experience, sheltered employment, and transitional employment are often used
- ▶ Group-based approaches often used (e.g. work preparation groups, Job-clubs, support groups).

Evidence Based Supported Employment

7 Evidence-based principles

- ▶ 1. Eligibility is based on consumer choice
- ▶ 2. Supported employment is integrated with treatment
- ▶ 3. Competitive employment is the goal
- ▶ 4. Rapid job search (within 4 weeks)

7 Evidence-based principles (cont)

- ▶ 5. Job finding, and all assistance, is individualised
- ▶ 6. Follow-along supports are continuous
- ▶ 7. Financial planning is provided
 - 2 & 7 most likely to be missing in Australia
 - Others can be weak in practice;
 - Evidence for each principle as well as for the model as a whole (Bond, 2004; Bond et al, 2008; *Psychiatric Rehabilitation Journal*).

Queensland Health Employment Specialist Initiative

- ▶ Established to address principle 2
(supported employment is integrated with treatment)
- ▶ QLD wide – 11 sites
- ▶ Funded by Queensland Health (COAG 2007-2009)
- ▶ Research Funded by QH via collaboration between QCMHR and UQ

Queensland Health Employment Specialist Initiative

Purpose:

To evaluate the feasibility and effectiveness of integrating an evidence-based employment service into mental health services provided to people aged between 15 and 59 years old with psychiatric disabilities

Queensland Health Employment Specialist Initiative

Does integration improve

- ▶ employment outcomes?
- ▶ clinical and functional recovery?
- ▶ Role functioning?
- ▶ inclusion in the wider community?
- ▶ attitudes and beliefs of clinical staff and their expectations of clients' vocational success?

RBWH and NEPS a division of Breakthru Integrated Employment Project

- ▶ Operates in partnership with RBWH, NEPS, QCMHR
- ▶ 2 year **Service Agreement**
- > **NEPS**
 - 1.4 FTE employment consultants
 - Use Drake and Becker IPS model
 - Locate employment
- > **RBWH**
 - Referrals
 - Orientation to service/ access to teams and case managers
 - Office space/interview rooms

RBWH and NEPS a division of Breakthru Integrated Employment Project

> QCMHR - Research

Principle Investigator - Dr Geoff Waghorn
Senior Research Officer - Ms Meredith Harris

> Research Assistant

- Eligibility Assessment
- Baseline Assessment
- 6 month Assessment
- Twelve Month Assessment
- Clinical Attitude Scale

Eligibility Criteria

- ▶ Consumer is motivated to work and is available to work 8 hours per week or more
- ▶ Consumer is not acutely unwell or a risk to self or others
- ▶ Consumer is currently unemployed and has not been employed in the last 3 months
- ▶ Consumer has a diagnosed psychotic disorder - Schizophrenia, Schizoaffective disorder, Bipolar affective disorder with psychosis, Psychosis NOS, Depression with psychosis
- ▶ Consumer is currently not a client of another employment service

Referral Flowchart

- ▶ Referral (Case manager/Dr)
- ▶ Eligibility Assessment (Research Officer)
- ▶ Consent (Research Officer)
- ▶ Baseline Assessment (Research Officer)
- ▶ Integrated Employment Service (Employment Consultant and Mental Health Team)
- ▶ Data Collection (As per study protocol)

Referral Statistics

- ▶ 122 Referrals
 - ▶ 37 Eligible and consented
- Reasons "not eligible" (85)**
- Did not want to work – 30 (43%)
 - Not available to work – 29 (42%)
 - Employed within last 3 months – 9 (13%)
 - Acutely Unwell – 13 (19%)
- ▶ 8 six month assessment completed

Work Statistics

- ▶ 43% of IEP clients commenced with NEPS are placed into employment. 85% of those workers continue towards a 13 week & 26 outcome
- ▶ Job Network % for placements is approx 48%
- ▶ Disability Employment Network (DEN) % for placements is approx 45%

Implementation Issues Co- Location and Integration

- | Barriers | Solutions |
|---------------------------|----------------------------|
| ▶ Unclear role of EC | ▶ Ongoing staff education |
| ▶ Unclear reporting lines | ▶ Management within a team |
| ▶ Lack of Space | ▶ Flexible base |

Referrals

Barriers

- ▶ Referral processes
- ▶ Lack of Referrals
- ▶ Ineligible referrals

Solutions

- ▶ Clear referral processes and eligibility Criteria
- ▶ Targets
- ▶ Ongoing Staff Education – meetings, team reviews, case presentations, promotional materials

The NEPS Perspective

- ▶ IEP Employment Consultants have direct access to case managers which allows for exchange of information, expertise, early interventions and feedback
- ▶ Team effort in supporting clients
- ▶ No cross purpose in working with clients
- ▶ Promotes functional recovery as opposed to mental recovery and therapies and support are tailored around the client's work

The NEPS perspective

Barriers

- ▶ General lack of facilities – unable to resource a permanent designated job search area

Solutions

- ▶ Location for meetings with clients need to be flexible i.e. out of office such as café

The NEPS perspective

Barriers

- ▶ Case Manager's personal values on whether a client can work
- ▶ High turnover of Mental Health Staff

Solutions

- ▶ Educating staff on evidence based practices.
- ▶ Physical presence of EC on site maintains profile with new and existing staff

Case Study – Ms M

- ▶ Ms M was referred to our Integrated Employment Project via a Case Manager at the RBH. The IEP EC (Employment Consultant) received a phone call from Ms M's Case Manager who advised that she had a candidate that really needed our assistance. We arranged for an initial interview for Ms M and the Case Manager.
- ▶ Ms M had only been discharged from hospital for one week when we first met her.
- ▶ Family appeared unsupportive - not understanding her illness

Ms M cont/d

- ▶ Ms M stated that this condition had been impacting on her life for last 15 years (she is currently 40 years old). This condition has resulted in extremely low self esteem and complete lack of hope in the future. Ms M had become very insular as she had an inability to socialize comfortably with others and hold down a job.
- ▶ Ms M's depression was "all consuming" and despite being motivated to return to the workforce her lethargy and weight gain caused by her medication exasperated her feelings of worthlessness.

Ms M cont/d

- ▶ EC spoke extensively with the Case Manager to gain an understanding of why Ms M needed to find work immediately.
- ▶ The EC was advised that she had her own rented flat and did not have any money to pay for this without a job. She did not wish to return to live with her family, whom she felt were demeaning, didn't understand her illness and called her "lazy"

Ms M cont/d

- ▶ The Case Manager sought NEPS advice about what Ms M's biggest barriers were in gaining a job and we advised that Ms M's extremely low self esteem and lack of hope for the future was really coming through during interviews.
- ▶ Ms M was booked in for Cognitive Behavioural Therapy (CBT) at the RBWH Mental Health Service. This assisted Miss M to gain more confidence and feel more supported and therefore ultimately performing better during interviews.

Ms M cont/d

- ▶ Finally, the work of Ms M's Case Manager in linking her with both the CBT program and the IEP Program enabled Ms M to obtain a part time position within an organization where Ms M felt supported and safe. Ms M moved into a GROW home share with other people who have an understanding of mental illness and is enjoying her new part time role.
- ▶ Ms M has completed 6 months of employment and during this period NEPS has liaised intensively (weekly) with the employer, Case Worker and THP's. NEPS has also supported her family where possible.

Ms A

- ▶ Ms A is a 28 year old female, with a diagnosis of Paranoid Schizophrenia
- ▶ She has only been employed once for three months over 7 years ago.
- ▶ Her symptoms were predominately cognitive with higher order processing difficulties (i.e. organisation, concentration, short term memory)
- ▶ She was referred by her Case Manager from Inner Northern Brisbane Mental Health Service.

Ms A cont/d

- ▶ Ms A was interested in working part time and reported that she would like to gain employment in retail again as she had enjoyed her previous work
- ▶ Once her EC had received the referral her EC quickly organised a Job Capacity Assessment appointment and completed a formal intake process within the first few weeks.
- ▶ Rapid job search started as soon as completion of intake

Ms A cont/d

- ▶ Client was offered a number of interviews with retail shops, she went to the first job interview accompanied by her EC, she presented well at the interview, but she did not get the job
- ▶ Soon after, she refused to go to interviews as she mentioned that she was not interested in working
- ▶ EC and Ms M's Case Manager worked closely to help client identify motivation and barriers. Ms M reported wanting to work but lost her confidence after the last interview and feared failing again. EC and Case Manager worked together in developing strategies and actions to overcome Ms A's confidence and self esteem issues

Ms A cont/d

- ▶ EC and case manager encouraged her to continue to look for work with their support
- ▶ After a few months, she participated in a work placement at a Tobacconist store as a Retail Assistant for one month, she reported liking the work and coping well.
- ▶ EC negotiated placement with the employer, and Ms A was offered a position working 2 hours a day for 5 days per week and is enjoying her job. Ms A now receives weekly support and EC has provided employer with information regarding mental health.

Any Questions?

