



# Employment for people with mental health problems

This paper summarises findings of a review of research evidence and expert opinion about occupational interventions for people with mental health problems (Schneider, Heyman and Turton, 2002).

Research consisting of:  
(i) a literature review and  
(ii) a consultation with a panel of experts was carried out between November 2001 and July 2002.

The research was commissioned by the Department of Health's Policy Research Programme. (See also 'About the study', page 6.)

*Putting research evidence within your reach*

**People with mental health problems are less likely to be employed than any other group of disabled people. In the UK in 2001, people with mental health problems (including common and severe disorders) were almost three times more likely to be unemployed than all other disabled people (Smith and Twomey, 2002). Over half a million people of working age with mental health-related disability or impairment are 'economically inactive', i.e. not seeking work or permanently sick.**

Many people with mental health problems may not wish to work, for a variety of reasons. Yet evidence from the US shows that up to a half of service users with severe mental health problems have been helped to obtain paid employment (Drake *et al.*, 1996). What can be done in the UK to bridge the gap between the disabling effect of mental health problems and gainful employment?

## Key findings

### Individual Placement and Support (IPS) – key features

- 1 Competitive employment
- 2 Rapid job search
- 3 Integrated with mental health care
- 4 Responds to user preferences
- 5 Continuous and comprehensive assessment
- 6 Time-unlimited support

IPS draws from components and philosophies of several other models. Employment specialists, who are part of the community mental health team, provide services in the community.

A fidelity scale has been produced that assists in standardising and measuring IPS.

Sources: Bond *et al.*, 1997; Bond *et al.*, 2001

### Type and focus of occupational interventions

The vast array of initiatives focusing on employment and mental health can make it hard for policy-makers, managers and practitioners to find their way around. What's more, categories used for interventions often have a critical impact on how the evidence is interpreted. As a navigational and assessment tool, the study proposed three broad types of occupational intervention for adults with mental health problems (see Table 1):

**sheltered employment; training and education; and supported employment.**

#### What 'works'?

Evidence was systematically reviewed, rated and checked by an independent panel of experts (see page 5). There was **strong evidence**, on which all the experts agree, that:

- Service users are more likely to get jobs and keep them if they are not impeded by poor social skills and 'negative' symptoms (e.g. withdrawal, lethargy), but also if they:
  - have worked before
  - have positive attitudes towards work
  - are placed as soon as possible in a job of their choice
  - receive preparation targeted at work rather than general training
  - receive ongoing support in their job
  - actively participate in an occupational intervention
  - are not worse off financially as a result of working.
- Vocational services seem to be more effective at getting people into work when integrated with mental health teams.
- The **IPS model of supported employment** (see Table 1 and left) has strong evidence in its favour, but it may not suit everyone at all times. IPS can be delivered through job brokers, Workstep or existing voluntary and statutory employment schemes. Integration with the community mental health team is a critical requirement in doing so.

#### What shows promise?

**Less strong evidence**, on which experts (n=10, see page 5) agreed, showed that:

- Removing disincentives to working from the benefits system may engage larger numbers of people in employment (10).
- Non-traditional models that stress social inclusion may be better at promoting employment than traditional sheltered work (9).
- Social Firms have the potential to offer social inclusion and a route into employment for even the most disabled service users (9).
- IPS tends to be more cost-effective at the individual level in terms of income than prevocational training or sheltered work (9).
- An individualised ('recovery') model of rehabilitation seems to promote the right conditions for success in work (8).
- People in IPS included in US studies seem to use fewer community mental health services than do day care clients (8).
- The majority of vocational interventions have been found to be more cost-effective for individuals than for society or taxpayers (7).
- Some preparation focused on employment seems likely to make a difference to job retention; this may include psychosocial interventions e.g. cognitive behaviour therapy (CBT), family therapy and motivational interventions (7).

For more detail about the evidence reviewed an abridged version of the report is available on-line (see page 6).

**Table 1: Type and focus of occupational interventions****Sheltered employment**

Any occupational project, paid or unpaid, in which participants are brought into contact mainly with other people with mental health problems and staff members

**Social Firm** – a business created for the employment of people disadvantaged in the labour market. At least 30% of employees fit this description. Work opportunities should be equal between disadvantaged and non-disadvantaged employees. Includes:

**Community Business**, overseen by a group of directors whereby profits are invested in its employees; and **Co-operative**, a legal structure for a company owned and managed democratically by its employees.

**Sheltered employment** – people with disabilities/disadvantages are engaged in work with other people with disabilities/disadvantages.

**Sheltered workshop** – clients are engaged in work activities in a sheltered setting and due to a variety of factors do not receive a wage at the going rate for a job, but might receive Permitted Earnings (formerly, Therapeutic Earnings).

**Work crews** – working (building, decorating, furniture removals) in small groups of people with disabilities. Little used in UK apart from some sheltered settings.

**Training and education**

Interventions which are primarily educational as well as those that are employment-oriented to a greater or lesser degree, and which emphasise development of the individual's capability to work

**Clubhouse work-ordered day** – members attend as day care, but experience a structured routine designed to facilitate moving onto Transitional Employment (see below).

**Rehabilitation/vocational training** – clients are taught vocational skills and may gain qualifications. Projects are often located in colleges or training centres, or involve workplace training.

**Supported education** – people with expertise in mental health issues advise and support people who wish to undertake training and education in inclusive settings (e.g. college). Not widely recognised in UK as a coherent intervention approach.

**Work placement and voluntary work** – work in real settings but without pay or employment rights. Sometimes practised while an individual's benefits are being assessed or while clients are gaining work experience and relevant workplace skills or building confidence.

**Supported employment**

All forms of work in open settings for real pay, whether transitional, temporary or permanent

**Supported employment (SE) and Individual Placement and Support (IPS)** – involve clients working in open employment with support from job coach or other support staff. They are paid the going rate for the job, which can be full- or part-time. In IPS the provider is an integral member of the community mental health team.

**Supported Placement Scheme (SPS), Workstep and Personal Advisor Scheme (PAS)** – schemes for people with disabilities provided by the UK Department of Work and Pensions. The SPS scheme offered long-term support in the workplace; its successors after April 2001, Workstep and PAS, are time-limited, offering placement, some training and support in open employment. This service is provided mainly by voluntary organisations and individual contractors, and funded by the Department of Work and Pensions.

**Transitional Employment** – time-limited exposure to open employment, with 'ownership' of job vested in Clubhouse, thus freeing service user from commitment to do work full-time.

- Supported employment has the potential to meet the occupational needs of a large proportion of mental health service users, provided it is implemented along clearly-defined lines
- For people who, at any point in time, do not require open employment, a range of more or less inclusive alternatives exists
- Effectiveness of interventions needs to be evaluated in a UK context, since much of the existing evidence comes from US studies

### What conclusions can be drawn?

#### **Social inclusion through employment is a more realistic prospect than ever before for people with severe mental health problems.**

Drivers for change in this area include the following:

- First and foremost, there is a steady demand for paid work on the part of people with mental health problems.
- Changes in UK legislation now protect the right to work of all disabled people.
- Policy guidelines place increasing emphasis on the goal of social inclusion which highlights the importance of employment to all sections of the community, not just the fully able.
- A more flexible benefits system is improving employment prospects for people with mental health problems.
- A growing body of practice knowledge is enabling services to help people with mental health problems achieve employment.
- Underpinning all the above is some sound evidence of the effectiveness of occupational interventions.

## Gaps in research

The review identified a number of important gaps in the literature. Experts consulted (n=10, see page 5) agreed that the following topics and questions merit further investigation:

- the 30% of people who choose not to work, their motivation, and how socially inclusive provision can be extended to them (10)
- Clubhouses in the UK, their fidelity to the International Centre for Clubhouse Development (ICCD) model (ICCD, 2001), and their employment outcomes (10)
- potential for Social Firms to create socially inclusive job opportunities for people with high levels of needs (10)
- provision of supported education in the UK context (10)
- IPS: in what combination it works best, for whom and at what cost, by using robust study designs (10)
- longer-term (5 years +) costs and outcomes of IPS, including the career pathways of service users (10)
- whether changes to the rules for permitted earnings have a positive impact on people with mental health problems (10)
- process and outcomes of different approaches to employment-focused training (9)
- acceptability of IPS in different forms to various stakeholders, e.g. employers, colleagues, mental health services and users (9)
- 'intangible' outcomes of paid work, e.g. social inclusion, mastery, self-efficacy, and independence (9)
- levels and types of impairment of people with mental health problems in Social Firms, in non-traditional sheltered settings and in day care (8)
- whether CBT and family therapy can enhance occupational outcomes, alone or in combination with specific programmes (8)
- voluntary (unpaid) working and its impact on vocational and non-vocational outcomes (7).

## Recommendations

### Commissioners of mental health services should consider:

- using employment as a key performance indicator
- ensuring access to a range of work-related provision for people with mental health problems
- specifying social inclusion as a criterion of acceptable employment outcomes
- procuring early intervention for people with all forms of mental health problems; this should be aimed at job retention for those already in work.

### Managers of mental health care provision should consider:

- integrating IPS with community mental health teams, assertive outreach, crisis and early intervention services
- converting day centres to provide supported employment
- training staff in the principles of IPS, as an evidence-based, psychosocial intervention
- using the IPS Fidelity Scale (Bond *et al.*, 2001) as the basis for developing supported employment
- working collaboratively with voluntary organisations, with social services and Jobcentre Plus to develop and promote employment opportunities.

### Staff providing mental health care should consider:

- getting access to expert benefits advice
- assessing service users' work abilities on admission to treatment
- referring service users quickly to an employment support specialist
- ensuring effective methods of treating 'negative' symptoms
- preventing loss of social skills among service users and promoting their acquisition
- building service users' work-related confidence and skills as part of their treatment and rehabilitation.

### Campaigning organisations should consider:

- initiatives to promote acceptance of mental health-related disabilities in the workplace
- supporting efforts to increase the Income Support 'disregard' for disabled claimants who are working.

### Researchers should consider:

- comparing the costs and effectiveness of IPS to alternative approaches in the UK context, paying particular attention to meeting individual needs.

### Experts who commented on the draft report and responded to questions

Deborah Becker	New Hampshire-Dartmouth PRC
Steve Beyer*	Welsh Centre for Learning Disabilities
Gary Bond**	Indiana University, Department of Psychology
Robin Clark	New Hampshire-Dartmouth PRC
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### About the study

The aim of the study was to add to the knowledge yielded by the Cochrane review on vocational rehabilitation for people with severe mental illness (Crowther *et al.*, 2001), by including evidence about a broader range of interventions, with less rigid inclusion criteria, and inviting acknowledged experts to contribute to its evaluation.

A review of the literature around supported education, sheltered work, and paid employment was undertaken. This review was based on 225 papers identified through an exhaustive search and screening of published and unpublished English-language papers. To be included, papers had to:

- relate to adults with severe mental health problems (approximating to the definition in the National Service Framework (NSF) for Mental Health (DH, 1999))
- concern some form of occupational intervention
- present empirical data, rather than theory or opinion.

Searches were limited to papers published since 1991. This decision was informed by the knowledge that several authoritative reviews, published in the past few years, would make accessible findings of earlier work. The cut-off point was also justified in the light of changing mental health care systems, given that much evidence is context-specific, and that this context changes with developments in clinical practice. A milestone in such changes in the UK is the implementation of the NHS and Community Care Act 1990 (DH, 1990). Hence, more recent evidence would carry greater weight than earlier findings.

The overall approach to analysing and interpreting evidence follows Sherman *et al.* (1997), who assess not only 'what works' (and doesn't work), but also what is promising, i.e. where there is still insufficient evidence one way or the other to recommend an approach. A broader range of material was thus evaluated than strict systematic reviews would consider.

Commentaries on the draft review were commissioned from ten respected authorities in the UK and USA (see page 5). These included leading researchers and innovators in the field of learning disability and employment, because the volume of experience in this field surpasses that in mental health, and many of the issues are similar. Each model of intervention was assessed in the light of the evidence, and a number of inferences drawn. Experts were then invited to agree or disagree with assessments, in order to ensure balance and reliability in interpretation. In addition to refining the interpretations placed on the evidence, the consultation elicited a strong consensus around a number of points.

### Further information

*Occupational outcomes: from evidence to implementation* (September 2002)

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An 87-page review and analysis of the existing evidence base concerning models of occupational interventions in mental health

An abridged version is available via the Centre's website at: [www.dur.ac.uk/CASS/Research/papers/ETP%20abridged.pdf](http://www.dur.ac.uk/CASS/Research/papers/ETP%20abridged.pdf)

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