

“The role of clinical leadership in the implementation of evidence-based supported employment”.

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Presentation

- The starting points
- The evidence for evidence-based supported employment (EBSE)
- Sustaining implementation
- Opportunities in New Zealand



The starting points

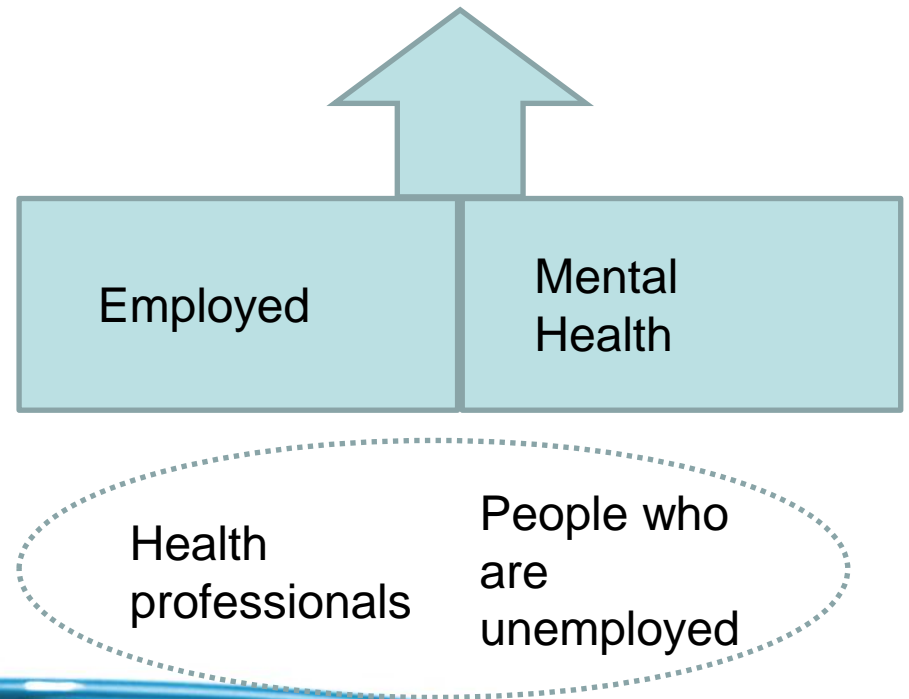
- Only 1 in 5 people in contact with specialist mental health services are in employment
- Yet, people who experience mental health conditions consistently say they *want* to work
- There is very good evidence to suggest that with the right support more than half of those interested in working could be helped to gain and maintain paid employment

Sources: Welsh (2010), Marone & Golowka (2000), Bond et al (2008)



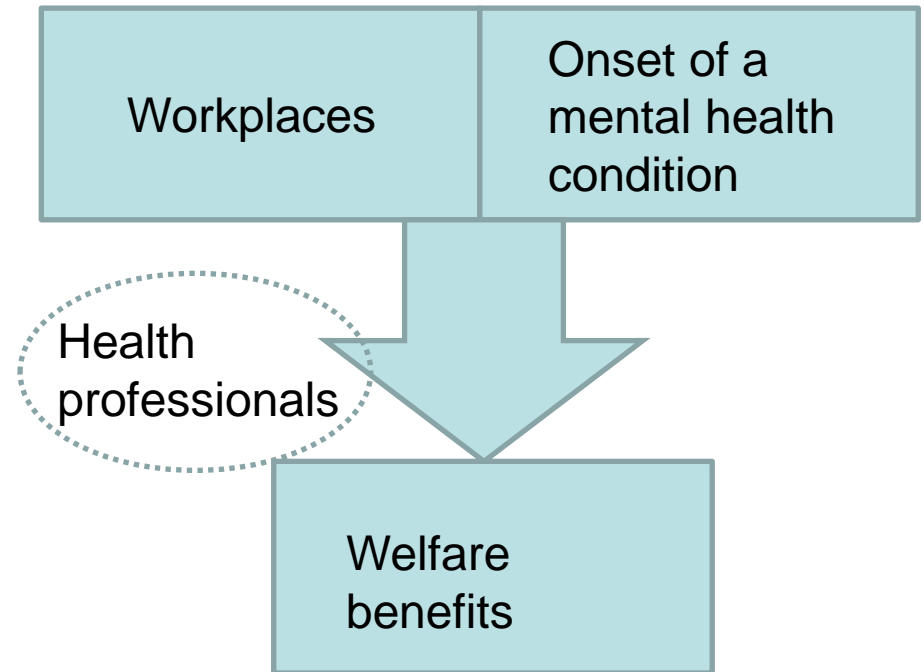
Accessing the health benefits of employment

- The health benefits of work are as applicable to people who experience mental health conditions as to the rest of the population
- As people start working their use of mental health and social care services go down, their symptoms improve and risk of suicide reduces



Preventing unemployment

- The onset of mental health conditions is associated with more than double the risk of leaving employment
- The longer a person is out of work, the less likely they are to return



Evidence-based supported employment (EBSE)

- A particular approach to supported employment
- The evidence is based on people in contact with secondary mental health services
- 8 evidence-based* principles
- 18 randomised controlled trials across the World
- 3 times more effective than traditional vocational services (60/20)

* Evidence for each principle as well as for the model as a whole (Bond, 2004; Bond *et al*, 2008; *Psychiatric Rehabilitation Journal*).



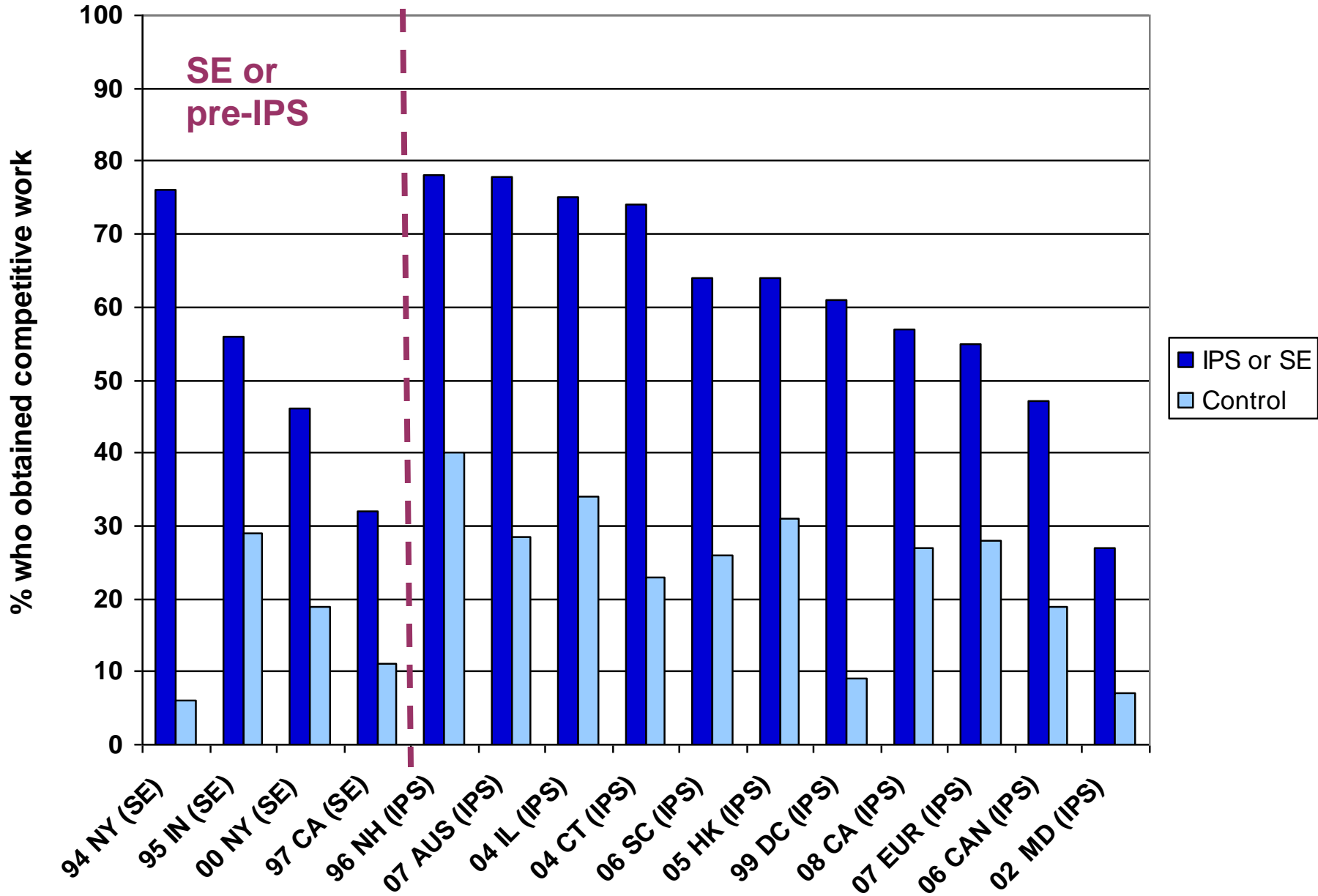
EBSE Principles

1. Eligibility is based on individual choice (zero exclusion)
2. Supported employment is integrated with clinical treatment
3. Competitive employment is the goal
4. Rapid job search (within 4 weeks)
5. Job finding, and all assistance is individualized
6. Follow-along supports are continuous
7. Financial planning is provided
8. Systematic job development

Sources: Bond, (2004), Bond *et al*, (2008)



Source: Latimer, adapted from Gary Bond



EBSE and New Zealand

- That EBSE services are effective in New Zealand. For example, amongst young people with first episode psychosis an employment rate of 69% is achievable
- EBSE services are funded either through the Ministry of Health or the Ministry for Social Development (but EBPs not necessarily supported)
- EBSE services cost no more, and probably cost less, than existing vocational rehabilitation services
- EBSE are affordable and will bring significant returns to the Crown.

Sources: Browne & Waghorn (2010), Porteous, & Waghorn (2009), Sainsbury Centre, (2009),



Fidelity scales

- Fidelity is the degree to which a particular program follows the standards for an evidence-based practice
- Fidelity scales allow you to differentiate programs that follow EBSE from those who don't
- They are tools for continuous service improvement (improve outcomes)
- Service rated from 1 to 5 on a number of characteristics – staffing, organisation, services
- There is now a validated Australian and New Zealand fidelity scale



Measuring fidelity

- **Integration of vocational services with mental health treatment through frequent team member contact**
 - Employment consultants attend and actively participate in weekly treatment team meetings (not admin meetings). Shared decision making.
 - Close proximity of offices or shared with treatment team members
 - Integrated documentation of mental health treatment and employment services, single file
 - Employment consultant helps the team think about employment for people who haven't yet been referred to the service.

Score 1= one or none are present

Score 5 = five are present



Real work?

“I sometimes hear professionals say, we might as well put people in the more sheltered kind of jobs where we can watch over them, particularly if we can pay them well, there’s really no difference. But the clients somehow perceive a difference, they know that a real job is a real job and a sheltered job is not.”

Professor Bob Drake, 2008



Who should we refer?

- Individual factors such as diagnosis, length of illness, age, severity of symptoms are not predictors of whether people will achieve successful vocational outcomes'
- Best individual predictors are **motivation** and **self-belief** –
“anyone who holds their hand up” Bob Drake
- What is important is not the ability of clinicians to spot who is employable, rather the availability of **high quality** employment support services

Sources: Campbell, Bond and Drake (2009), Grove & Membrey (2005)



Successful implementation

- Dedicated and embedded employment consultant
- Don't spread them thinly!
- The importance of employment and education support in early intervention teams

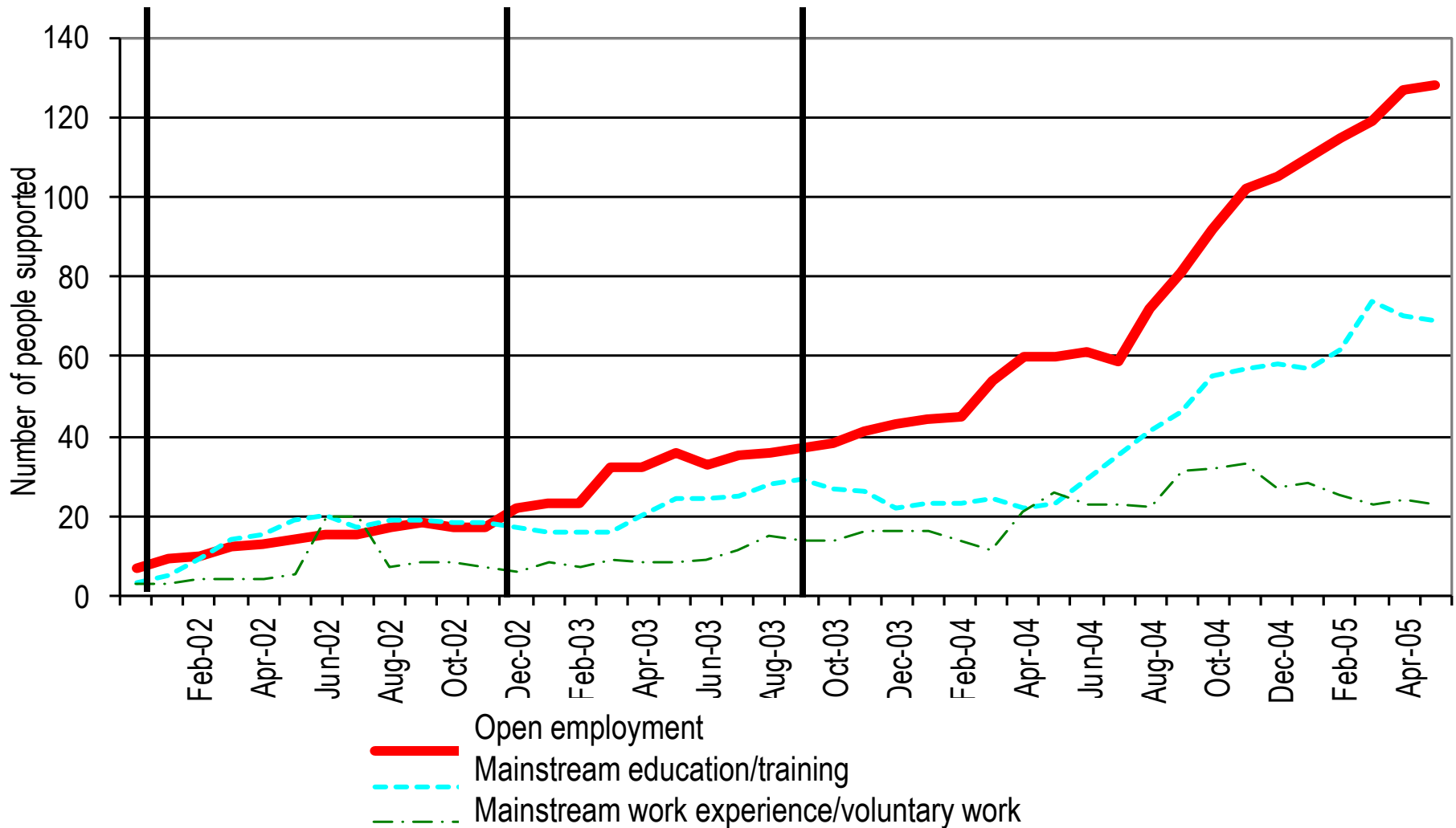


Number of people supported in employment, mainstream education and voluntary work in a borough where Individual Placement with Support had been fully implemented in all community teams:

Team OTs supported by 1 Employment Specialist across 4 teams

0.5 Employment Specialists per CMHT

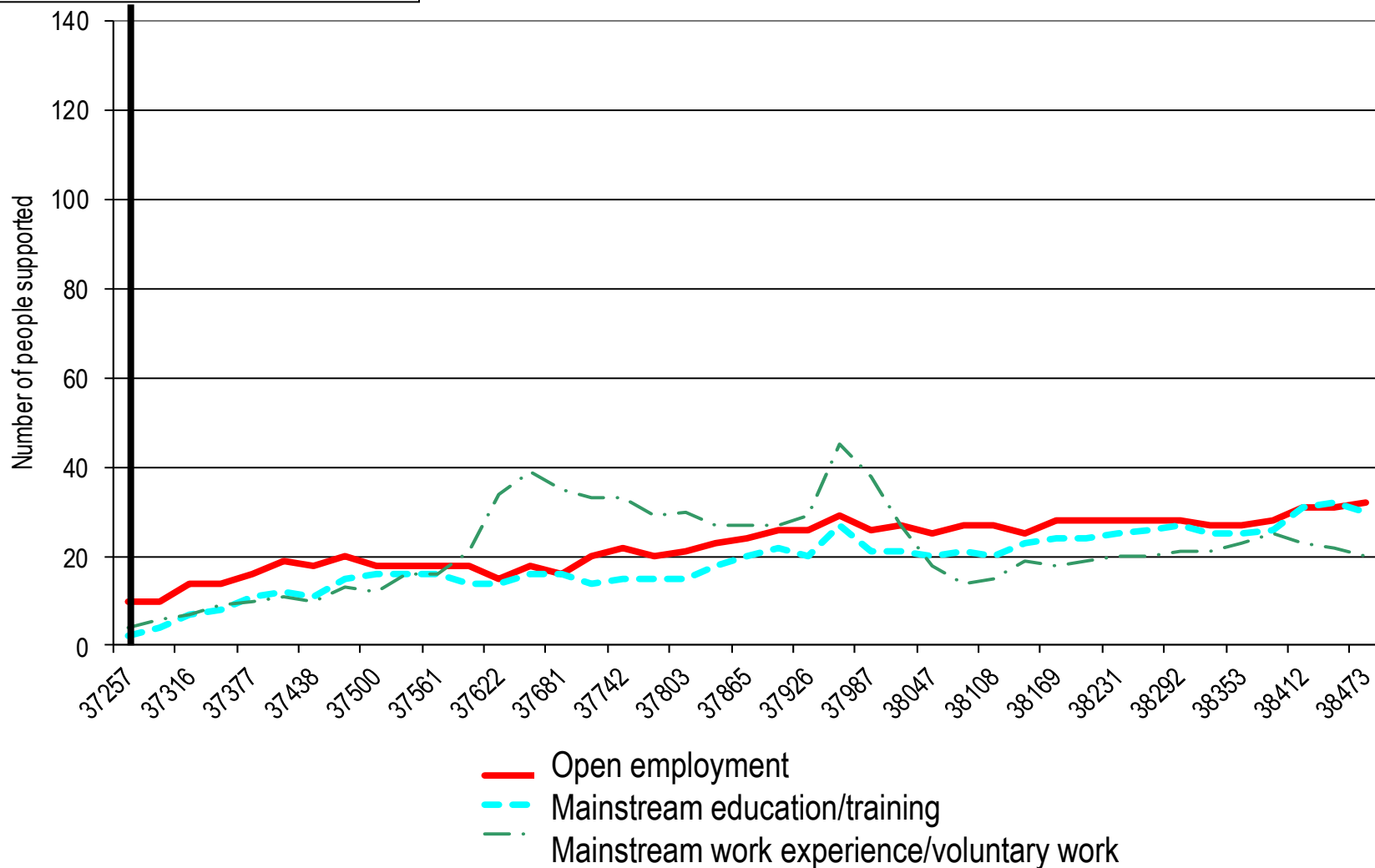
1 full-time Employment Specialist per CMHT



Source: Rinaldi & Perkins, (2007)

Number of people supported in employment, mainstream education and voluntary work in a borough Individual Placement with Support not implemented

Team OTs supported by 0.5 Employment Specialist across 4 teams



Centre for Mental Health

- UK Policy Explosion over the past 11 years
 - No Health without Mental Health (2011)
 - National Employment and Mental Health Strategy (2009)
 - Perkins Review (2009)
 - Cross Government Public Service Agreement (2007)
 - Department of Health Commissioning Guidance (2007)
 - Reaching Out – an action plan on social exclusion (2006)
 - Mental Health and Social Exclusion report (2004)



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37: Doing what works Individual placement and support into employment

Measuring what matters

41: Commissioning what works The economic and financial case for supported employment

Summary

People who experience severe and enduring mental health problems have one of the lowest employment rates in the UK. Yet the vast majority want to work, and with the right support many people can.

We know from international experience and research how to offer effective support to enable people with mental health problems to work. Large numbers of people have and can be supported to secure and maintain paid competitive employment through Individual Placement and Support (IPS).

Individual Placement and Support has seven key principles, each of which is needed for the service to work well. They include focusing on paid employment of an individual's choice, not sheltered work or lengthy job preparation, and support that continues once the person

gets a job and that is provided together with care and welfare benefits advice. The service is individual to a person's needs and wishes, placement in work, and provide ongoing support as long as it is needed.

Evidence about the benefits of IPS has grown in response to the aspirations and the needs of people with mental health problems to receive evidence-based supported employment. The evidence is clear that IPS is effective and should be available to all who can benefit from it. The opportunity for IPS to be recognised as an integral part of recovery treatment for mental ill health. This briefing provides an evidence base for IPS and provides information on 'do what works'.

Key indicators for the development of evidence-based employment services

Geoff Shepherd, Helen Lockett, Jenni Bacon

Summary

This briefing is aimed mainly at those responsible for commissioning employment-related and other services for people with severe mental health problems. It analyses the economic and financial case for Individual Placement and Support (IPS), a form of supported employment which helps service users into paid competitive work.

There is abundant evidence to show that IPS is more effective than any other form of vocational support in helping people to get jobs. The additional evidence reviewed in this paper indicates that it is also good value for money and that it is affordable.

IPS costs no more than traditional vocational services such as sheltered work. Indeed it may be considerably cheaper when assessed over a period of years.

It helps more people to find jobs, raises their incomes and improves their quality of life. And there is now increasing evidence to suggest that it can lead to long-term expenditure savings as those who find work make reduced use of mental health services.

The cost of implementing IPS at the level of provision recommended in government commissioning guidance on vocational services is estimated at around £67 million a year nationally (or £440,000 per average PCT). In comparison, current spending on day and employment services is around £384 million a year. This implies that IPS could readily be established within existing provision by diverting resources from less effective services.

Centres of Excellence Programme

- 9 partnerships
 - Information and Resources
 - Fidelity Reviews
 - Learning network
 - Support worker training
 - Leadership training with Dartmouth (early 2010 & 2011)
 - Piloting regional trainer/development worker programme



December 2010

- Yes – EBSE established
- But, down to individuals, local providers and funders
- Not widely known about
- Nobody's business?
- Therefore, under threat



Opportunities at October 2011

- Australasian Faculty of Occupational and Environmental Medicine (AFOEM) consensus statement
- Health Workforce New Zealand Workforce Report
- Mental Health and Addictions Service Development Plan
- Appointment of Professor Sir Peter Gluckman
- Blueprint II
- Welfare reform

Thank you

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