

The Effectiveness of Supported Employment Programmes For Mental Health Clients to Obtain Employment

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CLINICAL SCENARIO

Work has been found to be a key component for recovery of individuals who have experienced mental illness (Lloyd & Waghorn, 2007). In many developed countries the unemployment rate among people with mental illness exceeds 90% (Howard et al., 2010). Supported employment programmes, called individual placement and support (IPS), implement job searching and placement based on the client's preferences and is sometimes known as "place and train" (Burns et al., 2007, p. 1146). Occupational therapists have traditionally used vocational services (VS) in which training in "appropriate work skills" (Burns et al., p.1147) are learned prior to seeking employment.

FOCUSSED CLINICAL QUESTION

Is the use of supported employment programmes effective for assisting mental health clients to obtain employment?

SUMMARY OF SEARCH, 'BEST EVIDENCE' APPRAISED, AND KEY FINDINGS

Six health databases were searched to locate evidence relevant to the clinical question. Due to limited evidence available within occupational therapy publications, alternative literature was sought to provide good quality information that met the inclusion criteria. The study conducted by Howard et al (2010) was the latest available randomised controlled trial (RCT) however results did not correspond with other studies. Differences in results were attributed to not implementing key IPS components and lack of employer incentives available within the UK. The RCT conducted in Hong Kong (Wong et al., 2008) and the Schneider et al. (2008) study included valuable information however the Burns et al. (2007) research was considered best for appraisal. A requirement of this appraisal was two different types

of research were required to be assessed. The qualitative study (Liu, Hollis, Warren & Williamson, 2007), although it was the only one located, provided a range of constructive aspects to consider and participants' quotes were included to reinforce themes presented.

CLINICAL BOTTOM LINE

Based on the research conducted for this critical appraisal, there is strong evidence that supported employment programmes are effective for mental health clients to obtain employment.

LIMITATION OF THIS CAT

This critical appraisal has been peer reviewed by one lecturer as part of an assignment for Otago Polytechnic, School of Occupational Therapy. The breadth of the review has also been limited by the assignment requirements (ie. 2 articles only were reviewed)..

SEARCH STRATEGY

Two different strategies of electronic database searching and citation tracking were applied to identify the studies for use in the critical appraisal. The following databases were searched; CINAHL with full text, ProQuest Nursing & Allied Health, ProQuest Psychology Journals, ProQuest Health & Medicine, OT Seeker, PubMed and Google Scholar. Google Scholar was used to obtain the Howard et al. study. The article was identified in OT Seeker and not available in other databases. Citation tracking is where relevant article's reference lists are checked for new research (Taylor, 2007). Citation tracking is also useful to highlight where particular studies have been quoted on several occasions suggesting the study may be of good quality. Initial search terms used were "supported employment" AND "occupational therapy" with limited numbers of studies being found. Search terms were modified to "supported employment" AND "mental health" with additional studies located predominantly in psychological publications.

INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria

- Quantitative Studies
- Qualitative Studies
- Systematic Reviews
- Articles published in the English language

- Two different types of research to be reviewed

Exclusion Criteria

- Literature reviews
- Opinion pieces
- Informal case studies
- Articles requiring to be purchased

A number of additional studies with valuable information were found however they fell within the exclusion criteria of literature reviews and informal case studies.

RESULTS OF THE SEARCH

Study Design/Methodology of Articles Retrieved	Level	Author (Year)
Meta Analyses – Randomised Controlled Trial	1	Burns et al., 2007 *
Randomised Controlled Trial	2	Wong et al., 2008
Randomised Controlled Trial	2	Howard et al., 2010
Non-Randomised Controlled Trial	3	Schneider et al., 2009
Descriptive/Qualitative Study	5	Liu, Hollis, Warren & Williamson, 2007 *

(*) - Articles chosen for critical appraisal

BEST EVIDENCE

The two studies chosen as best evidence and for this critical appraisal are:

1. Burns et al., 2007 –The study was conducted in six European countries and included meta analysis to assess the significance of a range of job markets and different welfare systems.
2. Liu et al., 2007 – This qualitative article was chosen as the study explored participant’s opinions and experiences of supported employment programmes. Although qualitative research is not considered to present the highest levels of evidence, practicing in a client centred manner is important and an effective element of practice (Creek, 2008). Client’s thoughts and experiences provide “deeper, richer data” (Taylor, 2007, p. 86) by providing a variety of difference perspectives.

SUMMARY OF BEST EVIDENCE

Title of Article One: The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial (Burns et al., 2007).

Aim of the Study: “To assess the effectiveness of IPS compared with existing good quality rehabilitation and VS for people with severe mental illness in term of open employment outcomes (in the competitive labour market) and to examine its effectiveness in different European welfare systems and labour markets” (p. 1147).

Study Design: Randomised Controlled Trial (RCT)

Setting: The trial was undertaken in six European centres over a period of 18 months: London (UK), Ulm-Guenzburg (Germany), Rimini (Italy), Zurich (Switzerland), Groningen (Netherlands), and Sofia (Bulgaria) with participants living within the community.

Participants: Of the 1036 patients identified, 728 participated in initial information meetings. Following the meetings, 283 people declined to participate and 133 did not meet inclusion criteria. The remaining 312 participants were then randomly assigned to either IPS (intervention group) or VS (control group).

Inclusion Criteria: “Diagnosed with a severe mental illness (psychotic illness including bipolar disorder), were aged between 18 years and local retirement age (i.e., between 60 and 65 years), had been ill and had major role dysfunction for at least 2 years, were living in the community at baseline, had not been in competitive employment in the preceding year, and wished to enter competitive employment” (p. 1147).

Demographics: The mean age of participants was 37.8 years, mean age at first psychiatric contact was 26.6 years and 60% of participants were male. Clinical diagnosis of schizophrenia/schizoaffective disorder was 80% and bipolar disorder 17%. Participants work history showed in the past five years 44% had worked less than one month and 56% had worked more than one month.

Method: An independent statistician completed random selection of participants using MINIM version 1.5. Allocation was concealed until groups assigned. “Patients, professionals and researchers could not be blinded to service allocation thereafter” (p. 1147) due to differences in service delivery.

Interventions: IPS identifies clients who want to work, assists with developing realistic goals and seeking employment in the short term: there is no training phase. Support from the service, located within a community mental health team, is not time bounded.

The control group were allocated to the best “vocational rehabilitation service available locally” (p. 1147). Participants’ needs were assessed and a structured training programme was designed to address deficits due to illness and learn appropriate work skills. Programmes were implemented at a day centre and usually occupied most of the week.

All participants were interviewed at the commencement of the trial (baseline), and at 6, 12 and 18 months. Data was obtained on the following: vocational outcomes, hospital admission, service use, job satisfaction, hours worked both at the start and conclusion of each job attained and present job status along with clinical and social factors.

Results: In all six centres, IPS was more effective than VS with 55% of IPS participants working for at least one day per week compared with 28% of participants in VS. Another significant difference was the drop out rate from the services: 13% for IPS and 45% quoted for VS. Author checked calculations of the drop out and found VS drop out to be 39%: reasons for the discrepancy could not be found. Other benefits found from using IPS were: participants had less hospital admissions, kept their jobs for longer and worked more hours.

Original Author’s Conclusions: “This study clearly shows the effectiveness of IPS, since the rate of obtaining competitive employment for people with severe mental illness who were motivated to work was doubled compared with usual, high quality, vocational rehabilitation” (p. 1151). Local unemployment rates were found to influence effectiveness: participants in buoyant local economies were more easily placed into jobs than those areas with larger numbers of unemployed.

Critical Appraisal

Taylor (2007) recommends critical appraisal should be conducted “with an open mind and the ability to challenge your own, as well as the researcher’s, ideas and assumptions” (p. 53) and should address the following questions:

1. Are the results valid?
2. What are the results?
3. How will these results help me work with my clients?

Validity of the Results:

Are the results valid?

The trial addressed a clearly focused issue: the effectiveness of IPS and VS for clients who have experienced severe mental illness. Relevant literature was researched and had provided promising results. Previous studies were predominantly undertaken in the USA and researchers wished to investigate the effectiveness of IPS in different countries with varying job markets and welfare systems. Randomised assignment of participants was clearly explained and all participants were accounted for in the trial profile. Demographics of both the intervention and control groups were similar in terms of age, gender, clinical diagnosis, work history, living situation and number of years in education. Both groups were treated equally with interviews conducted at baseline, six, 12 and 18 months to monitor a variety of facets previously mentioned. The issue of consent was not discussed however the 312 participants attended initial information meetings suggesting their consent to participation in the trial.

What are the results?

The data collection methods and information obtained was appropriate for the aim of the study however it was sometimes difficult to comprehend. Meta-analyses were conducted to explore if the effects of different labour markets and welfare systems were significant. Internal and external validity of the study was met and also highlighted other aspects that can affect employment rates. Local unemployment levels had a significant effect ($p = 0.016$). Risk of benefit trap, long term unemployment and GDP growth were found to be significant variables for both services.

How will these results help me work with my clients?

The study examines clients that have experience of severe mental health illness and have been unemployed in the preceding year. Demographics of participants showed long term disengagement from work and periods of unwellness however IPS was still found to be effective for obtaining employment. As work has been found to be an important element of recovery, the findings are positive for clients who have been unemployed for long periods to be able to find work. The study was conducted in a range of countries therefore the results are encouraging that IPS will be transferable to New Zealand practice.

Summary:

IPS has been found to be effective for clients with mental illness to obtain employment. Distinctive features of the programme include: matching client's preferences to the job, the employment specialist working within the community mental health team, and service support for obtaining and retaining employment is not time bounded. Results reported participants were more likely to keep their jobs for longer, work more hours and be less likely to drop out of the service than those using VS.

Title of Article Two: Supported-Employment Program Processes and Outcomes: Experiences of People with Schizophrenia (Liu, Hollis, Warren & Williamson, 2007).

Aim of the Study: To develop understandings of what participants consider are important conditions of supported employment along with processes and outcomes.

Study Design: Qualitative – Grounded Theory Approach

Setting: One supported-employment agency in the community of a large metropolitan Canadian city which was not identified. The agency was not part of the community mental health team, a key component of IPS implementation.

Participants: Criterion sampling was used to ensure “individuals with rich personal experiences of supported-employment program outcomes were selected” (p. 545). Fourteen clients were found to meet the inclusion criteria. The case manager made initial contact: eight clients initially agreed to participate with seven being interviewed as part of the study. No explanation was given for the other participant's withdrawal.

Inclusion Criteria: Aged 20 to 65 years, were currently participating in the supported-employment programme and been diagnosed with schizophrenia.

Demographics: Seven participants interviewed: four female (57%), four were employed at the time of the study, six had previously been hospitalised (85%), and length of illness ranged from 2.5 to 22 years. Participants had been using the supported-employment agency for between four and 17 months.

Method: Due to the small sample size, all seven participants were interviewed for approximately one hour. Interviews were audiotaped and transcribed verbatim. The initial question asked was “Tell me about your experience of participating in this supported-employment program” (p. 545). Following the first set of interviews, additional questions were developed to enable concepts to be investigated further. A range of open ended and semi structured probe questions were asked to “encourage elaboration or to further clarify the information provided” (p. 545).

Interviewers completed field notes immediately after each interview to enhance credibility. Manual data analysis was carried out using three steps of ground theory: open, axial and selective coding. Initially 160 emerging concepts were identified with 46 relating to “outcomes, effects, change, and results of attending supported employment programs” (p. 545). Concepts were continuously compared until the three programme outcome themes were found.

Findings: Three out come themes were identified:

1. *Removing Barriers to Job Seeking:* IPS supports: effective job seeking, improving work-related skills and knowledge and encouraging a partnership between case managers and participants.

2. *Improving Psychological Well-Being:* Participants felt reassured by their case manager's confidence. Participants felt more confident from having assistance with job seeking and being productive. Observing other participants obtaining employment was also found to be positive for increasing sense of well-being.

3. *Participating in Work*: Participation was found to be useful in learning work related skills and developing confidence to seek more challenging positions.

Original Authors' Conclusions: The participants highlighted the importance of participation in meaningful occupations as “a therapeutic process and a desired rehabilitation outcome” (p. 552). The authors’ identified that although obtaining work is an important factor, other components of IPS are equally significant. Recommendations were made for further research to be conducted “on the enabling factors that have an impact on persons with severe mental illness participating fully in work” (p. 553).

Critical Appraisal

Trustworthiness of the Results:

Are the results trustworthy?

The focus of the study was “to understand participants’ views of supported employment” (p. 544). The qualitative approach was appropriate as participants’ shared their opinions and researchers were able to ask further questions for clarification. The setting and sampling methods were well described, however due to the small size of potential participants available, data saturation may not have been reached. Data collection processes were clearly explained with dependability, through peer examination, and credibility, via member checking completed to strengthen trustworthiness. Ethics approval was obtained from University of Alberta and the local health research ethics board and pseudonyms were used to protect participants’ identities.

What are the findings?

Three main themes were identified: removing barriers to job seeking, improving psychological well-being and participating in work and associated factors previously described. Each theme was illustrated with quotes from interviews to provide contextual examples. The discussion highlighted that obtaining employment was affected mostly by participants’ readiness to work and the resulting increase in effort.

How will these results help me work with my clients?

The study highlights that in order for supported employment programmes to be effective, clients need to be ready to look for work. If employment is not considered meaningful to the client at that point, alternative interventions such as further education or training may be investigated. This may enable the client by having additional employment options when they are ready to seek employment.

Summary:

Although obtaining employment is the main focus of IPS, participants have described how other factors are also important in supported employment programmes.

Meaningful outcomes identified by participants included: support and reassurance from the case manager facilitated increased self confidence levels and instigation of routines reinforced the need for structure. Participants also expressed that observation of others experiencing success was also helpful for increased levels of well-being. However, researchers identified the key factor to successfully obtaining employment was participants feeling they were ready to return to the workforce. This information is useful for practice and reinforces the need to remain client centred.

IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH

Based on the two articles reviewed, along with other articles investigated prior to completing this appraisal, there is strong evidence that supported employment is effective for mental health clients to obtain employment.

A more recent literature review of 11 RCT's (Bond, Drake & Becker, 2008) found employment rates for IPS was 61% compared with 23% for control groups.

Approximately two-thirds of those employed worked for 20 hours or more per week and obtained their job nearly 10 weeks earlier. This review reinforces IPS continues to be effective despite the current economic climate.

Although obtaining employment was the focus of the clinical question, a number of other studies highlighted IPS is appropriate for use with mental health clients beyond attainment of work. Sustaining employment is another important component to foster recovery (Lloyd & Waghorn, 2007). Other successful elements of IPS are: facilitating workplace education and communication between clients and employer which may reduce instances of discrimination. Having contact in the community with those who

have had experience of mental illness has been found to be the most effective way to overcome stigma and discrimination (Ministry of Health, 2007). Another key component of IPS is support employment programmes are not time bounded and available on a long term basis.

An exploratory study of clients who have participated in IPS programmes of periods between eight and 12 years was conducted to investigate the long term effects of supported employment (Becker, Whitley, Bailey & Drake, 2007). Results of the 38 participants reported 71% were in competitive jobs for more than half the follow up period. Other perceived benefits related to successful transition between jobs, assistance in negotiating changes in work conditions, illness management and self-esteem were expressed. This is valuable information as the study presents evidence IPS is not only effective for obtaining employment, the programme is successful in supporting clients indefinitely.

Another critical factor to the success of IPS is the employment specialist being co-located within the CMH team and is currently practiced within New Zealand (Porteous & Waghorn, 2009). Close communication between the client, employment specialist and CMH team is integral to the success of the process. Occupational therapists identify client goals and are able to refer to IPS when a client feels ready to commence looking for employment: a key success factor identified in the Liu et al. (2007) study.

The author would recommend the services of IPS if a community mental health client identified obtaining employment as a goal. Further research of qualitative studies would be valuable to discover alternative perspectives to those presented in this appraisal. Identifying meaningful personal outcomes will enhance implementation of IPS and as a result may ensure more successful outcomes.

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