Employment for people with serious mental health problems:

1. Meanings and possibilities

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5th October 2017

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A view from 4 perspectives

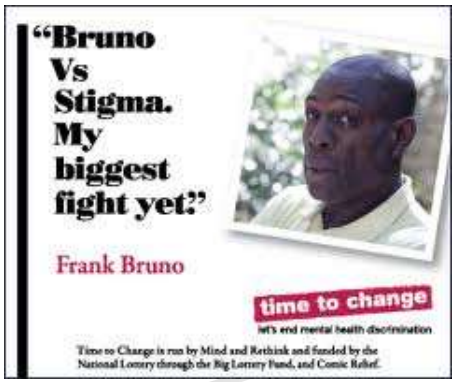
- 37 years working in the UK National Health Service: from clinical psychologist to director
- Over 30 years establishing programmes to promote recovery and help people with mental health conditions to gain and sustain employment (18 years developing 'Individual Placement with Support' evidence based supported employment programmes)
- Over 25 years using mental health services and working with a long-term mental health condition
- Leading a review to the UK Government: '*Realising Ambitions: Better employment support for people with a mental health condition'* … and various other advisory roles and continued advisory work

The challenge of mental health conditions

To be diagnosed with a mental health condition is a devastating and life changing event

- Typically we think of mental health conditions as a **clinical challenge**: diagnosis, treatment, cure

- But mental health conditions **are also and enormous personal and social challenge** … **often the biggest problem is what it means to have a mental health condition in our society** and all the stereotypes, prejudice, discrimination and exclusion they carry with them



Too many become *"I used to be ...."* people

'I used to be a student, a taxi driver, a football player, a bank manager … but now I am just a mental patient'

Cut off from friends and family, the communities in which they live, the person they used to be

"I felt hopeless, I was lost ...I thought it was the end of my world."
(in Allen, 2010)

A kind of bereavement: loss of a sense of who you are, loss of meaning and purpose in life, loss of position and status, loss of power and control, loss of hopes and dreams

the identity of 'mental patient' eclipses all other roles and identities

"Out of the blue your job has gone, with it any financial security you may have had. At a stroke, you have no purpose in life, and no contact with other people. You find yourself totally isolated from the rest of the world. No one telephones you. Much less writes. No-one seems to care if you're alive or dead ." (cited in Bird, 2001)

"For some of us, an episode of mental distress will disrupt our lives so we are pushed out of the society in which we were fully participating. For others, the early onset of distress will mean social exclusion throughout our adult lives, with no prospect of ...a job or hope of a futures in meaningful employment. Loneliness and loss of self-worth lead us to believe we are useless, and so we live with this sense of hopelessness, or far too often choose to end our lives." (cited in SEU,2003)

Everyone who is diagnosed with mental health problems faces **the challenge of recovery … rebuilding a satisfying, hopeful and contributing life**

- finding meaning: making sense of what has happened
- finding a new sense of self and purpose
- discovering and using your own resources and resourcefulness
- growing within and beyond what has happened to you
- pursuing your dreams and aspirations
- finding a valued and contributing role in society

A personal journey of discovery:

- Discovering who you are and what you can become
- Discovering your talents and possibilities and what is important to you
- Discovering ways of using your talents and contributing to your community

‘Recovering a life’ not ‘recovering from an illness: recovery is not the same as ‘cure’

Treatment and therapy are not enough

- ***Some people will have problems that are ever present, many people will have problems that fluctuate - come back from time to time***

  Rebuilding your life does not require that all problems have disappeared but you have worked out ways of living with them

- ***Getting rid of problems does not automatically mean that people can rebuild their lives***:

  Treatment and therapy do not get you a job, friends, a home.

  Treatment and therapy do not get rid of all the prejudice, discrimination and negative stereotypes that people who have been diagnosed with mental health problems experience

“ Recovery in mental health is not about waiting for the storm to be over. It is about learning to dance in the rain.”

There is no formula for recovery - everyone must find their own way - but 3 things appear to be particularly important

Hope

Believing that a decent life is possible
Hope-inspiring relationships
Unemployment erodes hope

(See for example, Repper and Perkins, 2003; Shepherd et al, 2007; Perkins and Slade 2012; Perkins and Repper 2012)

Control and self-determination

Getting back into the driving seat of your life: becoming an expert in your own self care, deciding what is important to you and where you want to go in life, deciding what help and support you need to get there
Unemployment robs you of control over your life

Opportunity and citizenship

The opportunity to do the things you value and participate as an equal citizen in all facets of community life and, most importantly, to contribute to those communities

Too often people with mental health problems end up on the receiving end of help from everyone else – and this can be a very demoralising and dispiriting place to be

Unemployment cuts people off from their communities

"Love and work are the cornerstones of our humanness." Sigmund Freud

- ***A sense of belonging is central to recovery***

Love - having people around you who care about you and who you care about, having people around you who believe in you - is central to building a sense of self and meaning.

- ***Having a purpose in life is central to recovery***

Too many people with mental health challenges end up on the receiving end of help from everyone else: a devaluing and dispiriting place to be.

Being able to do things for others, to contribute to your community is what gives us a sense of identity and purpose.

There are many ways of contributing to your community (raising children, supporting relatives and friends, politics and community action …) BUT`

Having a job is probably the most important, socially valued and validated, way in which we contribute to our communities

Work is important for recovery

- Links us to our communities and enables us to contribute to, be part of, those communities
- Affords status and identity
- Provides meaning and purpose in life
- Provides social contacts
- Gives us the resources we need to do other things we value in life

For people who are marginalised and excluded from society by their mental health problems unemployment makes that exclusion worse

"A job defines you … this is what I am and this is what I do, I am no longer a mental health condition."

"I now focus more on opportunities in life and less on my condition. I regularly socialise with my colleagues after work and actually feel content to be a tax-payer again … realise my aim of contributing to society again."

see, for example, Bennett, 1970; Rowland and Perkins, 1988; Royal College of Psychiatrists, 2002; Perkins et al, 2009

Recognition of the importance of work to alleviate mental health challenges is not new

18th century pioneers in the treatment of mental health problems, e.g.

- Pinel and Esquirol in Bicetre, Paris
- Tuke and Murray at the Retreat in York

In 1905, when Dr Herman Simon at Gutersloh took over a new asylum in Germany it was in a derelict and unfinished condition ... so recruited the patients to finish off the works and noted significant improvements in the condition of many of them – most notably the most disturbed - became a strong advocate of the therapeutic value of work (Burleigh, 1964)

More recently, Professor Bob Drake MD (2008)

"In following people for 30 years and in dozens and dozens of research studies … it's totally clear that there's nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does."

The right to work is enshrined in human rights legislation

- Article 23 of the ***United Nations Universal Declaration of Human Rights*** **(1948)**: *"Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment."*

- Article 6 and 7 of the ***International Covenant of Economic, Social and Cultural Rights"*** **(1996)**: *"States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right."*

- Article 27 of the ***United Nations Convention on the Rights of Persons with Disabilities*** **(2007)** which recognises "*the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities."*

Yet, despite its recognised importance for mental health and recovery,

work remains a right too often denied diagnosed with mental health conditions

In the UK

- General employment rate = 73.5%
- **Employment rate for people with mental health conditions = 42.7%** (lower than people with other physical impairments or long term health conditions)

(Department for Work and Pensions, 2015)

- **45% of new claims for disability benefits** have a mental health condition

(Department for Work and Pensions 2016)

- **Employment rate for people with serious mental health conditions = 7.9%**

(Mental Health Dashboard - Mental Health Minimum Data Set, DH, 2013)

In Norway

- High overall employment rates
- but the **gap between employment rate for people with mental health conditions and the general unemployment rate is highest among OECD countries**
  - People with **severe mental disorder** : unemployment rate = **9 x** general unemployment rate
  - People with **moderate mental disorder**: unemployment rate = **3 x** the general unemployment rate

Mental health and work: Norway, OECD 2013

But is work a real possibility for people with significant mental health problems?

Frequently asked questions

- What makes people employable?
- How can we tell if someone is 'work ready'?
- How 'far from the labour market' is this person?

These are the wrong questions – research shows:

- Diagnosis, duration, severity of problems, not reliably associated with employment outcomes
- The only individual characteristics that influence employment outcomes are **'motivation' and 'self-efficacy' - whether you want to work and whether you think you can** (very much affected by expectations of others)

The more important question is 'What is the right kind of support?'

The need for a different approach

- Traditionally mental health services adopt an 'illness' or 'clinical' model when thinking about mental health problems. Focus on
  - **'what is wrong with the person?'** (symptoms, skills deficits etc.)
  - **'how can we put it right?'** (therapy, medication, training)

  'change the person so they fit in'

- For people with physical impairments we tend to focus on
  - **'what are the barriers to working?'**
  - **'how can we get around the barriers?'** (adjustments and support: wheel chair, hearing loop, ramps, assistance dog, personal assistant …)

  'change the world so that it can accommodate the person'

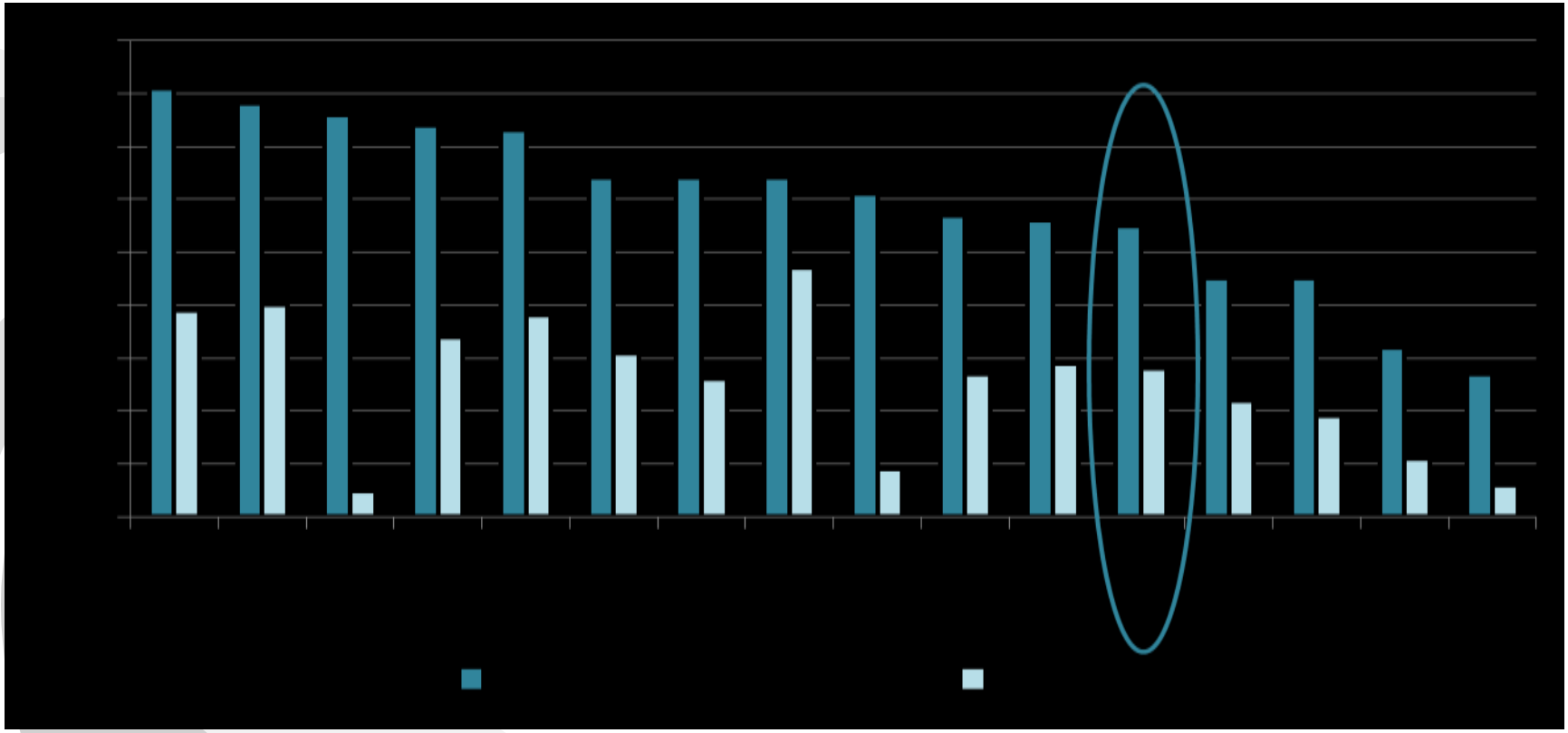
Research suggests that we need a similar approach for people who experience mental health problems:

The most important thing determining whether people can work is the type of support and adjustments provided

With the right kind of support employment is possible

There is strong evidence from at least 16 'randomised controlled trials' that *Individual Placement with Support evidence based supported employment* most people with the most serious mental health problems to successfully get and keep open employment

(see Bond et al, 2008, SCMH, 2009)



… and it doesn't just help people to gain employment, it helps them to keep their jobs too

Switzerland … Hoffman et al, 2014	Evidence based supported employment (IPS)	Traditional vocational rehabilitation
Initial competitive employment rate	**65%**	**33%**
Employment status at 5 years	**43%** (28% without support) (15% with support)	**17%**
Worked continuously throughout 5 years	**37%**	**9%**
Hourly competitive wage in last 3 years	**10.2** Swiss francs	**6.1** Swiss francs

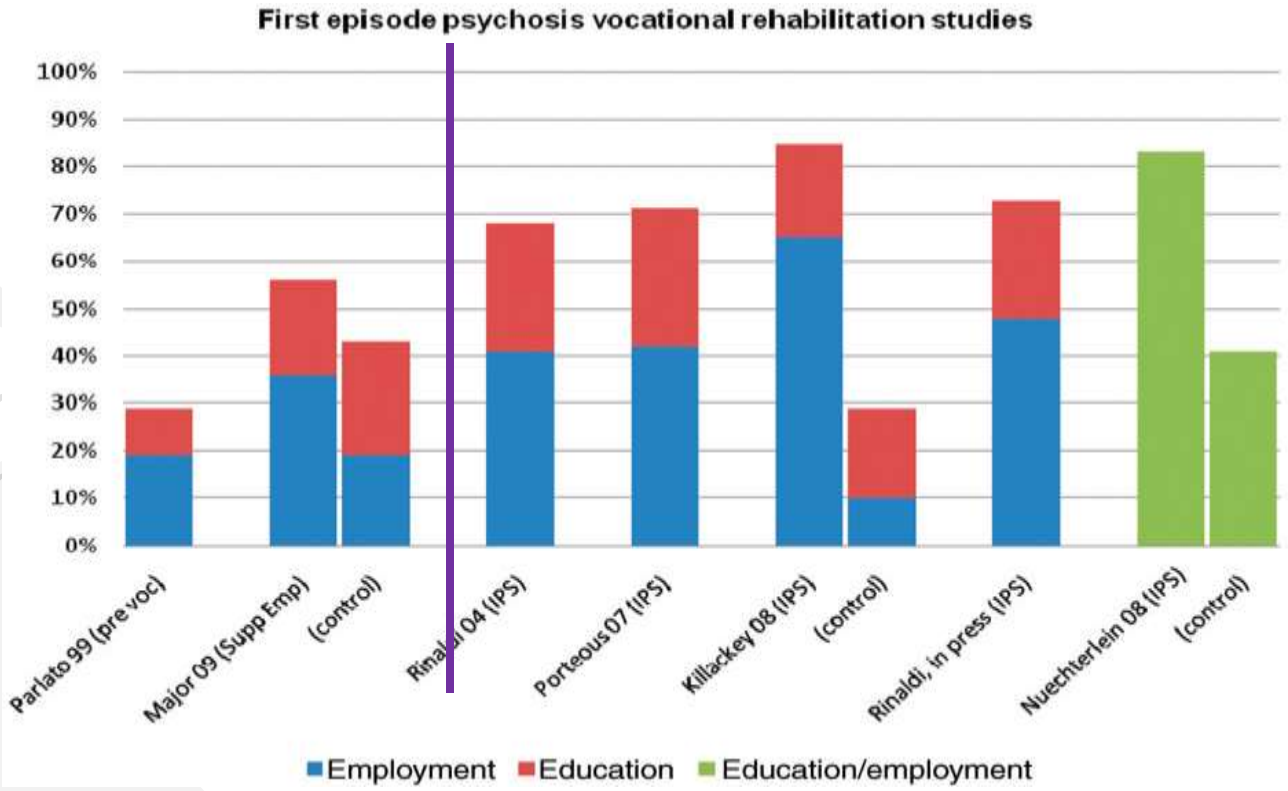
… and people's use of mental health services decreases

Fewer hospital admissions (mean 0.4 vs 1.1; 21% vs 47% had no hospital admissions) and fewer days in hospital (mean 38.6 days vs 96.8 days) (Hoffman et al, 2014)

…and fewer people drop out than with traditional vocational rehabilitation

People receiving IPS 13% dropped out, 45% dropped out in traditional vocational rehabilitation (Burns et al, 2007)

… and it is particularly effective with younger people in their first episode psychosis



From Rinaldi et al (2010) First episode psychosis and employment: A review. *International Review of Psychiatry,* April 2010; 22(2): 148–162

… and they are not all stacking shelves!

(Perkins et al, 2006)

- Wholesale manager
- Accountant
- IT assistant
- Mental health development worker
- Ward assistant
- Bookmaker
- Call centre handler
- Retail assistant
- Receptionist
- Hairdresser
- MH advocate
- Occupational therapy assistant
- Accountants officer
- Care assistant
- Catering assistant
- Chambermaid
- Cleaner

- Baker x2
- Carpenter
- Caretaker
- Hairdresser
- Sales Assistant x8
- IT Support desk
- Administrator
- Decorator
- Street cleaner
- Warehouse worker
- Market research administrator
- Plumber's assistant
- Post assistant
- Recycling assistant
- English Teacher
- Actor
- Journalist
- Leaflet dropper
- IT Helpdesk

- Civil Servant (administrator)
- Production assistant
- Assistant special needs teacher
- Administrative assistant x5
- Regeneration project worker
- Glazier
- Plumber
- Catering manager
- IT trainer
- Nurse
- Health records officer
- Financial controller
- Admin worker
- Credit controller
- Project worker
- Cleaner

- Hairdresser assistant
- Indian Restaurant waiter
- Leisure assistant
- Driver
- Bar work
- Barista
- Sales Advisor
- Boatyard worker
- Café Assistant
- Catering assistant
- Teaching assistant
- Hotel Porter
- Labourer
- Admin Assistant
- Civil servant - executive officer
- Social worker
- Youth Worker

… and, although developed with people who have more serious mental health problems, it is also effective for

people with common mental health problems

Effektevaluering av Individuell jobbstøtte (IPS): Sluttrapport (2016) Utviklet av Uni Research Helse og Uni Research Rokkansenteret,

Charlery (2011) Wandsworth Primary Care Employment Service Annual Report: of 274 people engaged with the service, 84% retained their employment or gained employment

Te Pou (2014) New Zealand

people with addiction issues

See Centre for Mental Health (2014) *Employment Support and Addiction*, London: CMH

212 people using the addiction teams were provided with support from the employment specialists

84 - 40% - people gained employment

- 71 went into education/training programmes
- 31 accessed volunteering opportunities

What is different about Individual Placement and Support?

Based on 8 key principles … and evidence suggests fidelity is related to outcome - you have to do all of these things for maximum effectiveness

1. **Focus on ordinary jobs** and a **'can do' attitude**: recognise challenges but believe in people's possibilities - raise expectations

2. **Rapid job search - help people to start looking for jobs as quickly as possible** - 'place-train' rather than 'train-place'. Training and support are better done 'on the job' - if some training/work experience is needed, do this in parallel with job search.

These challenge the traditional 'stepping stones' approach:

The assumption that people need to build up their skills and confidence in a safe, sheltered setting (including voluntary work or work experience) and that when they have done this they will then be able to move on to open employment

The reality: evidence that very **few people move from sheltered work and settings and 'pre-vocational' training** into open employment

- people **learn that they can only work in a safe, sheltered setting** and never move into work
- **what really increases confidence is success in gaining employment in ordinary jobs**

People need 'water wings' – support to keep them afloat in employment - rather than 'stepping stones' so they never get their feet wet!

…help people to get an ordinary job as quickly as possible and then help them to make a success of it

3. **Integrate employment support with treatment** (employment specialists in clinical teams) and **provide treatment and employment support in parallel from the start.** (Integrate all the support a person is receiving from mental health, primary care services, social services and employment.)

Traditionally employment services are separate from clinical treatment teams - but most people with have multiple clinical and social needs … and the different support must be integrated.

Traditionally services take a 'treatment first/find work second' approach - but

- the longer you are out of work the less likely you are to return (British Society of Rehabilitation Medicine: 12 months absence – 25% return; 2 years absence – 2% return)
- With the right kind of support, you don't have to be fully 'better' to work**:** work can be positively 'therapeutic': continuing to work can provide a structure and purpose that aid treatment and hasten recovery

"The distinguishing feature of IPS is that employment support is included alongside clinical treatment. It works by integrating an employment specialist within treatment as an equal member of the multi-disciplinary team. This makes employment a key aim of recovery and integral to the aims of treatment." Black (2016)

4. **Do not select people on the basis of whether you think they can work** ('employability' or 'work readiness') – help everyone who wants to have a go

Research into Individual Placement with Support shows that **diagnosis, duration and severity of problems are not reliably associated with the outcomes** (Bond, 2004). **Assertive outreach** may be important to engage clients.

5. **Base job search on client preferences** - a person is more likely to get and keep a job that is in line with their interests/preferences

May need to start small and build up within a vocational plan directed towards helping the person to move on and gain their chosen job.

6. **Approach employers with the needs of individuals in mind** – not just passive applications for jobs, but pro-active job finding - an emphasis on **building relationships with employers** to access the 'hidden labour market'

A criminal history may add additional barriers - therefore meeting employers directly and using 'job trials' can be important for some people and joint working with ex-offender employment programmes

7. Time-unlimited, personalised support to both employee and employer - employment involves a relationship between employee and employer and both parties may need support.

"[In IPS]*There is also a strong focus on sourcing jobs through local employer networks. Employers benefit from on-going in-work support (alongside job seekers) from the employment specialist."* Black (2016)

Traditionally programmes often assume that when a person is settled in a job they will not need support, but many people with addiction problems experience challenges and potential recurrence of their problems which can threaten their job.

Therefore **support needs to be available when a person needs it and tailored to their needs at the time**. It may not need to be continuous but it needs to be there when a person needs it (see Burns et al, 2015).

Exploring relapse prevention and how a person can manage the challenges they face at work can be important

8. Assistance with financial planning and welfare benefits

But often the biggest challenges are low expectations ...

Low expectations erode the hope, a person's belief that they can work (self-efficacy) and their desire t get a job (motivation) that are so important if someone with mental health problems is gain and prosper in employment

Nicola Oliver (2011) a woman with bipolar disorder

*"**My first obstacle was my employer.** Ten days after I disclosed my disability I was sacked.*

*"**My second obstacle was my community psychiatric nurse.** He was lovely but recommended I consider only low stress jobs and part time hours; maybe I could stack shelves in a supermarket! I hadn't studied for three degrees to stack shelves.*

*"**My third obstacle was my psychiatrist.** She told me that it was unlikely that I would ever work again."*

*"**My fourth obstacle became my-self.** I became 'Nicola the bipolar person': incompetent, inadequate and worthless."*

"I was offered … therapy to overcome my low self-esteem, but ***the psychologist became my fifth obstacle****. She was adamant that I should stop yearning to return to work."*

Many would have given up at this point ... but Nicola was determined despite all the negative messages she continued to try to get work ....

"I contacted a ***recruitment agent*** *who told me I had a great CV ... but she quickly* ***became my sixth obstacle.*** *When I explained the gap on my CV was due to bipolar disorder I never heard from her again."*

*"****My final obstacle was a Disability Employment Advisor*** [Government Job Centre] *who was supposed to help me find work. She wanted to send me on a confidence building course! I didn't want training, I wanted a job."*

"If only ...

- *someone had helped me reassure my employer I was still worth employing.*
- *they had shown conviction that I could still achieve.*
- *I had met other employees with bipolar disorder to inspire me to believe that one day I too could return to work."*