




Hope-Recovery-Future
using the Individual
Support Program to gain
Competitive Employment

Statewide and Mental Health Services
Department of Health and Human Services



**Restoring mental health was
never enough: social inclusion?**





The Presentation

- The policy climate in Australia
- Mental illness and employment
- New paradigm
- Evidence
- How it works
- Results for Hobart
- Your questions



Policy environment in Australia

- Social inclusion, prevention & early intervention, recovery, service access, coordination and continuity of care, partnership approach
- Philosophical underpinning of the Individual Support Program
- Recovery – reclaiming valued roles
- SPMI – severe and persistent mental illness

Labour force exclusion by diagnostic category

Persons Aged 15-64 years	Not in Labour force (%)	Looking for work(%)	Employed part time or full-time (%)	Source
Healthy Australians	19.1	4.0	76.9	Waghorn et al., 2009.
Anxiety disorders	46.1	4.2	49.7	Waghorn et al., 2009.
Mood disorders (excluding post-natal)	51.6	6.6	41.8	Waghorn et al., 2009.
Bipolar affective disorder (with psychosis) [1998]	61.8	4.5	28.0	Jablensky et al., 1999; Waghorn et al., 2005
Psychotic disorders [1998]	75.2	3.7	21.1	Jablensky et al., 1999; Waghorn et al., 2002
Schizophrenia	73.5	10.7	15.9	Waghorn et al., 2009

Assumptions around people with Severe and Persistent Mental Illness

- A recent unpublished QCMHR survey of 301 Brisbane region adults with schizophrenia, aged 18-60 years, showed:
 - 12% were employed;
 - 59% were interested in employment;
 - 18% indicated no interest,
 - 11% indicated 'did not know'.
- Therefore labour force exclusion does not imply that people with SPMI do not want to work or cannot work.
- The problem must be about access to more effective forms of employment assistance.



New paradigm: Individual Supported Program - Competitive Employment

- Designed for people SPMI who want a working life as part of their recovery
- Seven evidence-based principles
 - 1. Eligibility is based on consumer choice
 - 2. Supported employment is integrated with treatment
 - 3. Competitive employment is the primary goal
 - 4. Rapid job search (first employer contact within 4 weeks)
 - 5. Job finding, and all assistance, is individualised
 - 6. Follow-along supports are continuous
 - 7. Financial planning is provided

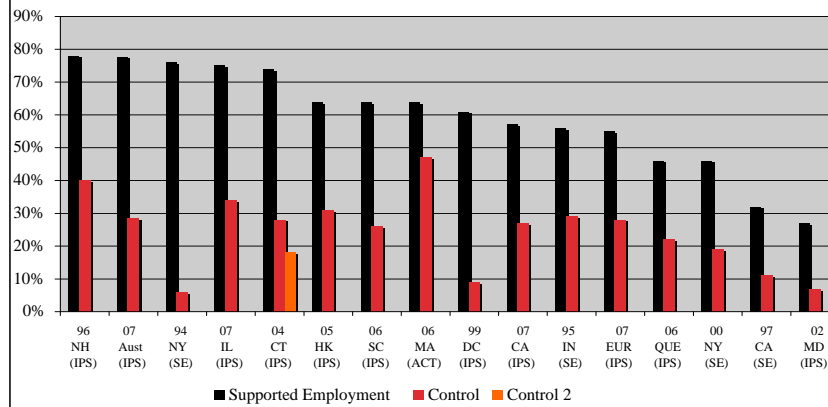


Evidence

- Also known as the Drake-Becker Individual Placement and Support (IPS) approach
- Randomised controlled trials (RCT) are the strongest scientific design for evaluating whether an intervention works
- 16 published and qualifying RCTs (Bond et al 2008):
 - 12 in USA
 - 1 in Hong Kong
 - 1 in Canada
 - 1 in Europe (six European countries, published in Lancet)
 - 1 in Australia

Evidence

Figure 1. Competitive Employment Rates in 16 Randomized Controlled Trials of Supported Employment



Our results

- 13 males & 3 females, 22-57 years
- SPMI: 12 Schizophrenia, 3 Bi polar, 1 psychosis
- Education completed
- Vocational history
- Their vocational goals
- Competitive employment – 9, formal training – 3, work experience 4 (3 resulted in jobs)
- Length of employment / recycling vocational goals



Participant's views

- “It gave me a place to be – I’m expected’
- “People respected me – my family changed towards me”
- “Good to make my own choices”
- Having consistency of people to work with me
- Working individually on job search
- Supportive workplaces & employers
- Flexibility in the program



Importance of Partnerships

- Partners together can make a difference
- Core Partners
 - participant
 - employment specialist
 - case manager
- Model requires partner fidelity & senior management support
- Employer benefits – becomes an added partner



Attitudinal change

- Change in thinking by clinical staff
 - Competitive employment
 - Work & illness & work readiness
 - Being part of the employment team
- Change in thinking by employment specialists
 - Work capacity of people with SPMI
 - Placement first
 - Being part of the mental health team



Key Messages

- Competitive employment is a human right
- Individual Support Program is evidenced based
- Partnerships can bring hope and recovery
- The program is policy in action
- Program is accountable and results are measurable



References and readings

- Harris, M., Gladman, B., Hennessey, N., Lloyd, C., Mowry, B., & Waghorn, G. Reliability and validity of a measure of role functioning among people with psychiatric disabilities. Submitted 20 July 2010 to *Australian Occupational Therapy Journal*.
- Waghorn, G., Stephenson, A., & Browne, D. The importance of service integration in developing effective employment services for people with psychiatric disabilities. Submitted June 2010 to *British Journal of Occupational Therapy*.
- Waghorn, G., & Chant, D. Receiving treatment, labor force activity, and work performance among people with psychiatric disorders: Results from a population survey. Submitted April 2010 to *Journal of Occupational Rehabilitation*.
- Waghorn, G., Chant, D. Harris, M., & Lloyd, C. (in press). Earning or learning among Australian community residents with psychiatric disorders: Results from a large community survey. Accepted 28 July 2010 by *Psychiatry Research*.
- Browne, D., & Waghorn, G. (in press). Employment services as an early intervention for young people with mental illness. Accepted May 2010 by *Early Intervention in Psychiatry*.
- Waghorn, G., Collister, L Killackey E Sherring, J. Challenges to implementing evidenced based supported employment in Australia, 2007
- King, R. Waghorn, G Lloyd C. McLeod, P. McMaha, T. Leong, C. Enhancing employment services for people with sever mental illness: the challenge of the Australian service environment *Australian and New Zealand Journal of Psychiatry* 2006; 40:471-477
- Waghorn,G.,Lloyd, C. The employment of people with a mental illness. *The Australian e-journal for Advancement of Mental Health* Vol.4 Issue 2 2005 p129-171