Supported Employment for People with Severe Mental Illness

A guideline developed for the Behavioral Health Recovery Management Project

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Effectiveness of Supported Employment

The President's New Freedom Commission on Mental Health (2003) emphasized that work serves as a vehicle for people with mental illness to move forward in the process of recovery. Work in regular community settings helps to reduce disability, boredom, fear, social isolation, discrimination, and stigma. Employment alongside others who do not have disabilities is the most concrete way that people with severe mental illness can become truly integrated into their communities.

The great majority of people with severe mental illness desire competitive employment, and evidence-based supported employment is currently the most effective way to help them achieve their goal. Evidence-based supported employment emphasizes the following: competitive jobs that are based on a person's preferences for type and amount of work, integrated work settings, job-seeking when the unemployed person expresses interest, minimal pre-vocational preparation and assessment, and follow-along supports from mental health and vocational specialists to maintain the job or transition to another one. Supported employment has been endorsed by the President's New Freedom Commission on Mental Health (2003), the Surgeon General (1999), the National Alliance for the Mentally Ill (2001), the National Institute of Mental Health (1999), the Substance Abuse and Mental Health Services Association (www.mentalhealthservices.com), and many other federal organizations, state agencies, advocacy groups, and private foundations.

Historically, in the era of deinstitutionalization, mental health practice emphasized stabilization of symptoms and protection of people with severe mental illness from the expectations and stresses of normal adult roles and community life. Clients with work interests were encouraged to try intermediate steps in highly protected and segregated settings, such as sheltered workshops, pre-vocational work units, enclave jobs, and businesses and transitional jobs managed by the mental health agency, before considering permanent, community-based, competitive jobs. These sheltered vocational programs involved a slow step-wise approach to prepare for competitive employment; they perpetuated low expectations and long-term disability.

During the early 1980s, working in the developmental disabilities field, Wehman and Moon (1988) conceptualized supported employment as a place-and-train model,

reversing the practice of providing extensive pre-vocational training prior to finding a job (i.e., the train-and-place model). They recommended assisting people to find jobs relatively rapidly and then providing the necessary training and support needed on the job. In the Rehabilitation Act Amendments of 1986, supported employment was defined as competitive work in integrated work settings with the provision of follow-along supports for people with the most severe disabilities. Within 10 years, supported employment was modified for people with psychiatric disabilities on the basis of a series of research studies. By the turn of the century, evidence-based supported employment for persons with psychiatric disabilities was clearly established, though not widely implemented (Bond, Becker et al., 2001).

In evidence-based supported employment, a client meets one-on-one with an employment specialist to seek a job based on his/her preferences, skills, and experiences. The employment specialist meets with other members of the treatment team, e.g., the psychiatrist, caseworker, and therapist, to coordinate employment efforts with mental health treatment. The pace of identifying possible jobs and employers is determined by the client rather than by professionals. The goal is competitive employment, which is defined as part-time or full-time jobs in the community that are open to anyone and that pay at least the minimum wage. The wage should be equivalent to wages (and level of benefits) paid for the same work performed by individuals who do not have mental illness. All consumers are encouraged to consider competitive employment and are eligible for supported employment. Support continues from the employment specialist and others as long as the person wants and needs the support.

Individual Placement and Support (IPS) is the most comprehensively described and studied approach to supported employment for people with severe mental illness. IPS and the guidelines of evidence-based supported employment are described in *A Working Life for People with Severe Mental Illnes*s (Becker & Drake, 2003).

The empirical evidence for supported employment has been demonstrated in the United States in three quasi-experimental studies and 10 randomized controlled trials (Bond, Becker et al., 2001; Bond, 2004). The three quasi-experimental studies examined day treatment programs converting to supported employment, with day treatment staff becoming employment specialists. Clients continued to receive treatment services from a

psychiatrist, caseworker and other members of the treatment team. Within the day treatment conversion studies, similar outcomes occurred in five agencies that discontinued day treatment and implemented supported employment: substantial increases in rates of competitive employment without adverse outcomes (Drake et al, 1994; Drake, Becker, Biesanz, Wyzik, & Torrey, 1996; Bailey, Ricketts, Becker, Xie, & Drake, 1998; Becker et al., 2001). Following the conversions, clients, families, and providers preferred the supported employment programs (Torrey, Becker, & Drake, 1995).

In addition to day treatment conversion studies, a series of randomized controlled trials have compared supported employment to traditional vocational services, such as pre-vocational programs, sheltered workshops, psychosocial rehabilitation programs, and transitional employment. According to one review (Bond, Drake, Mueser, & Becker, 1997), 58% of supported employment clients obtained competitive employment over 12 to 18 months, compared to 21% of clients in the control groups. Two meta-analyses yielded similar findings (Crowther, Marshall, Bond, & Huxley, 2001; Twamley, Jeste, & Lehman, 2003).

Recent findings in the federal Employment Demonstration Program confirmed the effectiveness of IPS supported employment. In Baltimore, Maryland, Lehman and colleagues (2002) recruited a broad and representative group of inner-city clients with high rates of co-occurring substance abuse for a controlled study. Rates of competitive employment were substantially higher for the clients who were assigned by randomization to IPS supported employment than for the clients in a traditional psychiatric rehabilitation program (27% versus 7%). The relatively low rates of employment, compared to other IPS trials (Drake, Becker, Clark, & Mueser, 1999), might have been due to comorbidities of clients in the study and to the clients' lack of interest in vocational services and employment.

In Hartford, Connecticut, Mueser and colleagues (2004) conducted a controlled trial of inner-city residents from diverse backgrounds (including African Americans and Hispanic Americans) with poor work histories but expressed interest in competitive employment. Clients were randomly assigned to IPS supported employment, a psychosocial rehabilitation program that included work units and transitional

employment, and standard rehabilitation vendors offering supported employment outside of the mental health center and other vocational services. For the 24-month period, IPS clients achieved better employment outcomes that were four times and three times higher, respectively, than for those clients in the comparison programs. The overall rate of competitive employment for IPS was 74%. In a third controlled study in rural South Carolina, Meisler and colleagues (2000) found similar outcomes, with IPS clients achieving substantially higher employment than the comparison vocational program.

The research to date highlights several aspects of supported employment. Competitive employment outcomes are consistently higher in supported employment programs than in comparison programs for all types of clients that have been studied: men, women, younger people, older people, those with good work histories, those with poor work histories, those from minority groups, those in rural areas, those in urban areas, and those with different diagnoses. Moreover, studies of large service areas show that a 40% overall employment rate for clients with psychiatric disabilities is achievable (Drake et al., 1996).

What about non-vocational outcomes? Many clinicians, families, and some clients believe that assisting people with severe mental illness to obtain competitive employment directly, rather than by a step-wise approach, will produce negative outcomes. Research demonstrates consistently, however, that clients do not experience negative consequences such as increased symptoms, hospitalization, homelessness, suicide, treatment drop out, or reduced self-esteem by participating in supported employment, working in competitive jobs, or leaving day treatment settings (Bailey et al., 1998; Becker et al., 2001; Bond, Resnick et al., 2001; Drake et al., 1994; Drake et al., 1996; Torrey et al., 1995). A small minority of clients who participated in one day treatment conversion reported increased loneliness (Torrey et al., 1995), and for this reason, mental health agencies and state mental health authorities have helped to finance consumer-run drop-in centers and other programs (Torrey, Mead, & Ross, 1998).

The research on positive non-vocational outcomes is less clear. One study of evidence-based supported employment found that clients who worked a substantial amount of time in competitive jobs experienced significant gains in the areas of symptom relief, greater satisfaction with finances and leisure, and improved self-esteem (Bond,

Resnick et al., 2001). Similar clients who worked extensively in non-competitive jobs failed to show such gains.

Most clients in evidence-based supported employment obtain part-time jobs. Starting a job at ten hours a week is not unusual. Jobs are typically entry-level jobs that are consistent with the person's skills and experiences. Clients tend to be more satisfied with their jobs and have longer job tenure when the jobs are consistent with their preferences (Becker, Drake, Farabaugh, & Bond, 1996; Mueser, Becker, & Wolfe, 2001). Clients often transition through two or three jobs before finding a job that fits them well and finding the optimal level of working for their needs. One 10-year follow-up study showed that clients in supported employment did better over time in terms of satisfaction and job tenure (Salyers, Becker, Drake, Torrey, & Wyzik, 2004).

Guidelines for Supported Employment

Supported employment has been implemented in a variety of ways for people with severe mental illness, but research has shown that several principles are consistently related to better employment outcomes (Bond 1998; Bond, Becker, et al., 2001; Cook & Razzano, 2000). Evidence-based supported employment includes the following six principles.

The client determines eligibility. All clients are encouraged to consider employment and are offered supported employment, but the client ultimately determines if and when to participate. Eligibility is not based on determinations of readiness, abstinence from alcohol or drug use, low levels of symptoms, lack of criminal history, or other criteria that have been used by professionals for years to exclude people from employment services. Clients who believe they are ready for work are often able to overcome these and other barriers.

Supported employment is integrated with mental health treatment. Rehabilitation is considered an integral component of mental health treatment rather than a separate service. Employment specialists join and meet regularly with the mental health treatment team to insure that services are seamless and coordinated. The team usually includes the psychiatrist, the caseworker, the employment specialist, and other people who relate to the client. Good communication between all practitioners is critical. For example, if a

person is having difficulty with symptoms of paranoia at work, the employment specialist relays this information to the rest of the team. In turn, if the psychiatrist adjusts medications, he or she informs the team. An integrated, multidisciplinary approach, rather than parallel interventions in separate agencies or systems, promotes the integration of vocational, clinical, and support services.

Team members develop a consistent plan in close collaboration with clients as part of integrated services. This avoids the confusion of contradictory messages. Team members usually come from different training and experiences, so their perspectives on problems can vary. For example, clinicians are typically trained to help clients reduce stress and achieve stability in their lives. When a client beginning a job experiences increased symptoms, the case manager or psychiatrist may be inclined to encourage the person to stop working. The employment specialist, on the other hand, usually argues for helping the client to identify ways to maintain work and cope with the symptoms, because work is often an anchor for people when they are experiencing symptoms. The client often has ambivalent feelings. Meeting together is the only way to insure agreement.

Competitive employment is the goal. Supported employment is for people who want regular employment. Employment specialists help clients to obtain competitive jobs that pay at least minimum wage and preferably the prevailing wage. The focus is always on jobs that are in integrated work settings, rather than on pre-vocational, sheltered, or segregated work experiences. Agency resources for rehabilitative services must be directed at supported employment rather than at day treatment or sheltered work activities, because low expectations lead to poor outcomes. Competitive employment, at least part-time, is a realistic goal for almost everyone who desires it.

Most people choose part-time work at the beginning. Jobs for 5-10 hours a week are not uncommon. Many consumers choose to work part-time because of fears of losing benefits (e.g., government assistance checks, health insurance). Others who have not worked before, have not worked in a long time, or have had negative experiences when working in the past may also choose to begin working on a part-time basis. Over time people often increase the number of hours they work, but this again depends on the individual's choice. In order to decide how many hours a person wants to work, he or she

needs accurate information about how his or her benefits will be affected. More options are now available to retain benefits after returning to work under the Workforce Investment Act, underscoring further the importance of benefits counseling.

Searching for a job begins rapidly. In supported employment, lengthy pre-vocational assessment, evaluation, training, practice, and preparation are de-emphasized. Step-wise approaches designed to prepare people for work (e.g., sheltered employment, work crews, work trials, work enclaves, and work adjustment activities) tend to discourage people who want competitive employment. The initial assessment is done quickly with the following steps. (a) The employment specialist gathers information about the person's job preferences, previous work experiences and education, current adjustment, and other job-related factors, such as transportation, family support, and so forth. (b) The employment specialist also talks to the client, practitioners, and, with permission from the client, to family members, other supporters, and previous employers. (c) Together, the employment specialist and the job seeker develop an employment plan that is consistent with his/her work goals. Of course, they often revise the assessment and plan over time as the individual experiences working.

Typically, the employment specialist or the client begins contacting employers about jobs within one month of starting to work together. Some clients want to apply for jobs right away. Others elect to visit job sites and job shadow or interview workers as a way of learning more about the kinds of jobs that they want to seek. Again, the job plan, the pace of searching for a job, and the method of finding a job are based on the individual's choices.

Jobs fit the individual. People are assisted in finding jobs that match their preferences, strengths, experiences, and unique challenges rather than jobs that are available in a pool. This type of match or congruence between the individual and the job critically affects satisfaction, tenure, and success. Individual preference is paramount.

Clients also decide whether they want to disclose to an employer that they have a mental illness and whether they want the employment specialists to have direct contact with employers on their behalf. In practice, about half the people in supported employment choose not to disclose their illness. Some change their minds over time as

they come to value the role of the employment specialist in advocating for them with employers.

Job searches rely on networking. Employment specialists and other team members, including the person seeking employment, use their contacts in the community to find appropriate job opportunities. They talk to people the client knows, family members, team members, board members, friends, friends of friends, former employers, church members, local businesses, and so forth. Employment specialists join the local Chamber of Commerce and service organizations, such as Rotary, as a way of increasing contacts with employers.

Job finding, disclosure of mental illness, and job supports follow clients' preferences and choices, rather than providers' judgments. Supported employment is a person-centered approach.

Follow-along supports are not time-limited. Individualized supports provided by team members, co-workers, family members, and other supporters enable people to work successfully and to maintain employment. The types and amounts of support are diverse. For example, psychiatrists might adjust medications, case managers might provide social skills training to ameliorate interpersonal difficulties on the job, employment specialists might meet with a person several times a week outside of the job to review work performance, and a family support person might meet with the family to reduce their anxiety. These follow-along supports continue for a time that fits the individual, rather than terminating at a set point after starting a job.

Components of Supported Employment

Evidence-based supported employment includes 15 critical components, which are represented in the Supported Employment Fidelity Scale (Bond, Becker, Drake, & Vogler, 1997).

Caseload size: Employment specialists manage vocational caseloads of 25 clients or less.

Vocational services staff: Employment specialists provide only vocational services. They do not provide other non-vocational services such as case management or residential services.

Vocational generalists: Each employment specialist carries out all phases of the vocational service, including engagement, assessment, job placement, and follow-along supports.

Integration of rehabilitation with mental health treatment: Employment specialists are part of multidisciplinary treatment teams that use shared decision-making. Employment specialists attend at least one treatment team meeting per week (not replaced by administrative meetings) and have at least three client-related case manager contacts per week.

Vocational unit: Employment specialists form a vocational unit with group supervision at least weekly. They provide backup and support for each other.

Zero exclusion criteria: The vocational program has no eligibility requirements other than expressed interest. People are not excluded due to lack of job readiness, substance abuse, history of violent behavior, minimal intellectual functioning, or residual symptoms. All clients are encouraged to participate.

Ongoing, work-based vocational assessment: Vocational assessment is an ongoing process that is based on work experiences in competitive jobs in integrated settings rather than through a battery of tests. Minimal testing may occur (such as an interest inventory), but not as a prerequisite to the job search. Assessment aims at solving problems by using environmental assessments and consideration of reasonable accommodations.

Rapid search for competitive jobs: The search for competitive jobs occurs rapidly after program entry. The first contact with an employer about a competitive job is typically within one month after program entry.

Individualized job search: Employer contacts are based on clients' job preferences (relating to what they enjoy and their personal goals) and needs (including experience, ability, symptoms, health, and other factors that might affect a good job and setting match) rather than the job market (i.e., what jobs are readily available or previously developed positions).

Diversity of jobs: Employment specialists provide job options that are diverse and are in different settings. Employment specialists provide options for either the same types of jobs, e.g., janitorial, or several jobs at the same work settings less than 10% time.

Permanence of jobs: Employment specialists help to find competitive jobs that are permanent rather than temporary or time-limited. Virtually all competitive jobs are permanent.

Jobs as transitions: All jobs are viewed as positive experiences on the path of vocational growth and development. Employment specialists help clients end jobs when appropriate

and offer to help them all find another job regardless of whether a job ended successfully or poorly.

Follow-along supports: Most working clients are provided flexible follow-along supports that are individualized and ongoing. While contact with the employer is at the client's discretion, employer supports may include education and guidance. Client supports might include crisis intervention, job coaching, job counseling, job support groups, transportation, treatment changes (medication), and networked supports (friends/family).

Community-based services: Vocational services such as engagement, job finding, and follow-along supports are provided in natural community settings. Employment specialists spend at least 60 % time out in the community and away from the mental health clinic.

Assertive engagement and outreach: Employment specialists provide outreach and gentle encouragement (e.g., by telephone, mail, or community visit) as part of initial engagement and at least monthly, without time limits, when clients stop attending the vocational service. Staff accept the individual's level of readiness and preferred pace of activity.

Two additional aspects are cornerstones of supported employment. First, benefits counseling provides people information to help them make informed decisions about returning to work. Tremblay and colleagues (in press) found that skilled benefits counseling increased employment earnings for SSI and SSDI beneficiaries. Second, partnering between mental health providers and Vocational Rehabilitation Counselors from the state Department of Vocational Rehabilitation is associated with better employment outcomes (Gowdy, Carlson, & Rapp, 2000; Drake et al., 1996). Frequent communication to reinforce referring procedures, problem solving, and coordinated service planning are the underpinnings of collaboration.

Resources for Practitioners

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Information about supported employment and other relevant Web sites can be found at: www.mentalhealthpractices.org

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