



Mental Health Reform

Promoting Improved Mental Health Services

**Submission to Indecon on the review of the Supported Employment Service in Ireland
(EmployAbility Service)
21st July 2015**

Introduction

Mental Health Reform (MHR) welcomes this opportunity to contribute to Indecon's review of the current supported employment service being delivered throughout Ireland. As the national coalition promoting improved mental health services and implementation of the mental health policy *A Vision for Change*, Mental Health Reform makes this submission with particular reference to individuals with mental health difficulties. Specifically, this submission looks at the Individual Placement and Support (IPS) approach which has been rolled out in the UK and elsewhere in order to support people with severe mental health difficulties to enter competitive employment and sustain work. The Irish Government has yet to implement a well-evidenced, cost-effective approach for supporting people with a mental health disability into work. Mental Health Reform recommends that the current supported employment service in Ireland should be developed to fulfil the evidence-based criteria of the IPS approach.

Unemployment among people with mental health difficulties in Ireland

The current system of employment supports for people with mental health disabilities, throughout the country, has manifestly failed to facilitate access to employment. People with a mental health disability in Ireland are nine times more likely to be out of the labour force than those of working age without a disability¹, the highest rate for any disability group. According to Census 2011 data, only 43.8% of the working age population of people with a mental health disability are in the labour force compared to 61.9% of the overall population.² Despite the low proportion of people with mental health disabilities in employment,³ half of adults with a mental health disability who are not at work say they would be interested in starting employment if the circumstances were right.⁴

¹ Watson, D., Kingston, G. and McGinnity, F. (2012) Disability in the Irish Labour Market: Evidence from the QNHS Equality Module, Dublin: Equality Authority/Economic and Social Research Institute, p.19.

² CSO Census Profile 8 – *Our Bill of Health – Health, Disability and Carers in Ireland*.

³ The unemployment rate for people with a mental health disability is 41.4%. In May 2015, the Journal report that the unemployment rate among the general population was 9.9%.

In relation to social inclusion *A Vision for Change* emphasised equal access to employment for people with mental health difficulties as well as the adoption of evidence-based approaches to training and employment. Specifically, AVFC recommended that “evidence-based approaches to training and employment for people with mental health problems should be adopted and put in place by the agencies with responsibility in this area”.⁵

Yet, people with mental health difficulties continue to experience significant social exclusion through a loss of income, unemployment and a loss of social contacts. Employment has been identified as increasingly important as a route to social inclusion and recovery from a mental health difficulty. In a detailed report on mental health and social inclusion, the National Economic Social Forum in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion.⁶ Studies have also indicated that returning to work can lead to clinical improvement and increased social functioning among individuals⁷ and improved quality of life.⁸

The costs associated with mental health difficulties continue to have a significantly adverse effect on the Irish economy. In 2008, it was identified that mental health difficulties cost the Irish economy around €3 billion or 2% of GNP annually,⁹ and most of the costs are in the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement. (This figure is based on 2006 GNP).

The proportion of individuals with a mental health difficulty on illness/disability benefit is significantly high. An analysis conducted in 2009 found that 25% of claimants for Illness Benefit cited a mental health issue as the reason they were unfit for work¹⁰ and a 2008 analysis found that more than 20% of people on Disability Allowance had a mental health related issue as their primary disability.¹¹

In 2007 there were approximately 2,000 people on FÁS Supported Employment programmes at any one time with approximately one third of these participants having a mental health disability.¹² Given that there are approximately 20,000 people with a mental health disability on Disability

⁴ CSO National Disability Survey 2006 – Volume 2, Dublin: The Stationery Office, p.86.

⁵ Department of Health (2006) *A Vision for Change*, p.

⁶ National Economic and Social Forum (2007) *Mental Health and Social Inclusion*. Dublin: NESF

⁷ Burns, T., Catty, J., White, S. et al. (2008) The impact of supported employment and working on clinical and social functioning: results of an international study of Individual Placement and Support. *Schizophrenia Bulletin*, Advance Access, 21 April 2008.

⁸ Becker, D., Whitley, R., Bailey, E. & Drake, R. (2007) Long-term employment trajectories among participants with severe mental illness in supported employment. *Psychiatric Services*, 58 (7) 922-928

⁹ Kennelly, B. & E. O’Shea (2008) *The Economics of Mental Health Care in Ireland*, Dublin: Mental Health Commission, p. 41.

¹⁰ The Irish Times, ‘25 per cent of sick claims cite mental health’, Wednesday, January 27, 2010 by Mary Minihan. (Information obtained from the Department of Social and Family Affairs.

¹¹ Department of Social Protection (2010) *Value for Money Review of the Disability Allowance Scheme*, p.54.

¹² WRC Social and Economic Consultants (2008) *Research Report on the Operations and Effectiveness of the Supported Employment Programme*, Final Report, available at www.fas.ie, p.35

Allowance, it can be seen that there is a large gap between the need for effective, well-evidenced supported employment and current provision.

The Department of Social Protection has yet to implement the most well-evidenced, cost-effective approach for supporting individuals, including people with a mental health disability into work. We know from international experience and research that large numbers of people can be supported to secure and maintain paid competitive employment through Individual Placement and Support (IPS).

Recommendation: Mental Health Reform considers that the Department of Social Protection should adopt the internationally evidence-based criteria of the Individual Placement and Support approach to supported employment, to ensure that people with mental health difficulties, who want to work, are adequately supported to take up and sustain employment.

The Individual Placement and Support Approach

In the UK, Government policy supports provision of the Individual Placement and Support (IPS) approach to supported employment. This has been proven to be more effective at getting people with mental health disabilities into work than traditional vocational training approaches.

Individual Placement and Support (IPS) is a form of supported employment in which an individual is supported to enter the workforce in a setting that is suitable for them, based on their interests and preferences, allowing them to develop their skills within the work environment while receiving on-going support. There are key features to Individual Placement and Support, including seven essential principles:

1. Competitive employment is the primary goal. The fundamental assumption should be that paid employment (part-time or full-time) is a realistic goal for everyone who wants a job.
2. Everyone is eligible and there is no 'eligibility' criterion for entry into IPS programmes beyond an expressed wish to work. Research shows that wanting a job is overwhelmingly the most important factor for successful placement in paid employment.¹³
3. Job search is consistent with individual preferences. Research shows that working closely with someone's personal interests and experience significantly increases the chances of them enjoying and retaining a job.
4. Job search is rapid, normally within one month. A positive and hopeful attitude should be delivered by staff. Staff should act as 'carriers of hope' for recovery.¹⁴

¹³ Grove, B. & Membrey, H. (2005) Sheep and Goats: New thinking about employability. In Grove, B., Secker, J. & Seebohm, P. (eds) New Thinking about Mental Health and Employment. Oxford: Radcliffe Press.

¹⁴ Glover, H. (2002) Developing a recovery platform for mental health service delivery for people with mental illness / distress in England. London: NIMHE.

5. Employment specialists and mental health teams should be integrated and co-located. One of the most crucial aspects of the IPS approach is the quality of joint working between employment specialists and mental health teams. Employment specialists should be integrated, and preferably co-located, with clinical teams. This is already working well in the area of West Cork, where community mental health teams have established links with Employability West Cork and regular communication occurs between the two services.
6. Support is time-unlimited and individualised to both the employer and the employee. The IPS approach makes getting a job the start of the process rather than the end point. Thus, support must carry on for as long as is necessary. This means that individuals receive support that is based on their individual needs in relation to their job, skills and preferences. Support is provided by a variety of people including employment specialists, clinicians (e.g. to help people to manage their mental health in the workplace).
7. Social welfare discussions should support the person through the transition from benefits to work.¹⁵

Mental Health Reform has previously identified the importance of a flexible benefits system in order to facilitate opportunities for people with a mental health difficulty to try work, fall out of work and re-enter the work force numerous times, without fear of losing income support. Mental health difficulties are often episodic and it can take years before some individuals settle into how to manage their condition and maintain stability. Anxiety is itself a significant feature of many mental health conditions and can also exacerbate underlying mental health conditions. The threat of losing benefits can cause anxiety and deter people with a mental health difficulty from seeking work. The current Partial Capacity Benefit Scheme often discourages people with a mental health disability from taking up work because they must undergo a review of work capacity that can result in removal of their existing disability benefit. Mental Health Reform considers that the risk of losing benefits to take up employment should be removed for people with mental health disabilities in order to support their recovery and encourage their participation in the labour market. The benefits system should ensure that individuals on benefits can automatically revert to benefits if they lose their job, with an appropriate income support assessment to follow after reinstatement of benefits. It is also important to note that many individuals with a mental health disability are deterred from taking up employment for fear of losing their medical card. Mental Health Reform has previously advocated that it will be important to provide people with long-term mental health conditions the security of a medical card, in order to help prevent relapse and support their ability to enter into and sustain employment.

¹⁵ Summarised from Perkins, R., Farmer, P. and Litchfield, P. (2009) Realising ambitions: Better employment support for people with a mental health condition, London: The Stationery Office Ltd., p.63.

There is strong evidence that Individual Placement and Support (IPS) is the most effective method of supporting people with severe mental health difficulties to achieve sustainable, competitive employment. It consists of intensive, individual support, rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. The principles of IPS have been strongly endorsed by the UK's Social Exclusion Unit in the Department of Health's commissioning guidance on day and vocational services and in the Government's action plan for social exclusion.

It has been reported that: "Sixteen randomised controlled trials have demonstrated that Individual Placement and Support achieves far superior outcomes across varying social, political, economic and welfare contexts. These show that 61% of people with serious mental health conditions can gain open competitive employment using Individual Placement and Support as compared with 23% for vocational rehabilitation."¹⁶ Additional research has identified that people assigned to vocational services were significantly more likely to drop out of the service (45%) and to be readmitted to hospital (31%) than people in Individual Placement and Support.¹⁷ Randomised controlled trials in the United States have also shown that IPS participants have much better employment outcomes than people supported by more traditional approaches of providing vocational training and job preparation before undertaking the search for competitive employment.¹⁸

IPS has also been shown to be both cost effective and less costly than traditional vocational approaches. Looking across six European sites, researchers have found that the IPS approach "produced better outcomes than alternative vocational services at lower cost overall to the health and social care systems." Furthermore the researchers found that IPS is probably cost-saving and "almost certainly more cost effective" than other vocational services at helping people with severe mental health disabilities to get into open employment. The researchers conclude that "compared to standard vocational rehabilitation services, IPS is, therefore, probably cost-saving and almost certainly more cost-effective as a way to help people with severe mental health difficulties into competitive employment."¹⁹ In a report for the UK Department of Work and Pensions, the authors calculated that for every pound invested in the supported employment approach there was an expected saving of £1.51.²⁰ The OECD has also identified that IPS produced better outcomes than alternative vocational services at a lower cost overall to the health and social care systems.²¹

¹⁶ Perkins, R., Farmer, P. and Litchfield, P. (2009) *Realising ambitions: Better employment support for people with a mental health condition*, London: The Stationery Office Ltd, p.60.

¹⁷ OECD (2015) *Mental Health and Work, Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work*, p. 98

¹⁸ Ibid

¹⁹ Knapp, et al. (2013) 'Supported Employment: Cost-effectiveness across six European sites', *World Psychiatry* vol. 12, pp.60-68.

²⁰ Perkins, et al., p.75.

²¹ OECD (2015) p. 98

A fidelity scale has been produced to help IPS service providers monitor their work against the IPS key principles²². Adherence to the principles and the achievement of high fidelity scores has been shown to provide better outcomes for the people using the service and also helps the employment service to monitor and improve their performance. For health services and service commissioners, adherence to such a fidelity scale promotes confidence that providing this service will produce effective and holistic outcomes for individuals which have built in quality checks throughout the process²³. The development of Key Performance Indicators (KPIs) to monitor outcomes and progress also ensures that the IPS providers can record, analyse and refine performance in IPS service provision.²⁴

The current system of supported employment for people with mental health difficulties in Ireland

It is evident that the Government's current supported employment service does not follow international evidence on effective supported employment programmes. More specifically, it does not fulfil the Individual Placement and Support approach, which has been proven to be most effective in placing and keeping people with mental health disabilities in employment.

Firstly, it requires that the individual is 'job ready' in order to participate in the programme. However, experts say that it is not possible to tell in advance whether someone with a mental health disability will be able to obtain competitive employment.²⁵ Secondly, supported employment is only provided for a defined period of time. The IPS approach incorporates indefinite support, supporting the individual in both accessing and sustaining employment. While in practice, the level of support required tends to taper off significantly over time, it seems that for individuals with mental health difficulties, the knowledge that they could have support when needed on an indefinite basis is a significant support to their maintaining work. Recent research has found that individuals who received IPS services and were followed for two years after obtaining a competitive job received an average of about two follow-along contacts per month. The greatest intensity of services was soon after participants obtained employment and decreased sharply after the first few months on the job. After this period, follow-along support leveled off to one contact per month.²⁶

²² Bond, G.R., Becker, D.R., Drake, R.E. et al. (1997) A fidelity scale for the individual placement and support model of supported employment. *Rehabilitation Counselling Bulletin*, 40, 265-284

²³ Rinaldi, M., Perkins, R., Glynn, E., Montibeller, T., Clenaghan, M. & Rutherford, J. (2008) Individual Placement and Support: From research to practice. *Advances in Psychiatric Treatment*, 13, 50-60.

²⁴ Shepherd, G., Lockett, H., Bacon, J. & Grove, B. (2009) *Measuring what Matters. Key Indicators for the development of evidence-based employment services*. London: Sainsbury Centre for Mental Health.

²⁵ See Mueser, K. and Bond, G. (2012) 'Supported Employment' in Hunter L. McQuiston, Wesley E. Sowers, Jules L. Ranz and Jacqueline Maus Feldman, editors, *Handbook of Community Psychiatry*, New York: Springer.

²⁶ MaGuire, A. et al. "Service Intensity as a Predictor of Competitive Employment in an Individual Placement and Support Model". *Psychiatric Services* 62.9 (2011): 1066-1072. Print.

Also of concern is that traditionally, employment support services were not fully integrated with community mental health teams. For example, job coaches do not regularly sit in on community mental health team meetings as would be the norm in IPS services. In Ireland, the two services are not fully integrated, and therefore, supported employment services do not avail of the expertise and resources available in community mental health teams and vice versa. A key benefit gained from this integration is that the issue of employment is raised at an earlier stage in the individual's recovery planning than would traditionally be the case.

It is recognised that currently, job coaches in supported employment services provide support in fostering the relationship between employers and individuals on supported employment (SE) placements. Job coaches also provide guidance to employers on how to respond appropriately to people with mental health difficulties. Mental Health Reform considers that this aspect of supported employment should be retained to ensure that people with mental health difficulties are adequately supported. People who are known to have been through a mental health difficulty may experience bullying or harassment in work. Harassment is a form of discrimination prohibited by Ireland's equality legislation.

In 2015, the Department of Social Protection invested in evidenced-based supported employment by partnering with the HSE and Mental Health Reform on a pilot of the Individual Placement and Support approach. The HSE Mental Health Division and the Department are working with Mental Health Reform on a Genio-funded project to pilot the (IPS) approach for people with mental health difficulties in four sites across the country.

The recent commitment by the Department of Social Protection to invest in the Individual Placement and Support approach to supported employment is very welcome by Mental Health Reform. However, it is important that this commitment continues and the IPS approach is rolled out across the country to ensure that all individuals with mental health disabilities who want to work are supported into employment. Failure by the Government to adopt this approach is likely to result in people with mental health disabilities, who could work with the appropriate support, remaining outside the labour market. This, ultimately, will adversely impact on an individual's recovery and exacerbate their exclusion within society.

It is important that the Department of Social Protection's supported employment programme adopts the principles of the Individual Placement and Support approach as a matter of priority to ensure that the programme can be more effective for people with mental health difficulties.

Mental health reform recommends that the Department of Social Protection's Supported Employment programme fulfils the fidelity criteria for the Individual Placement and Support approach to supported employment which is the internationally recognised evidence-based approach to supported employment.

Disclosure

Supported employment programmes should routinely advise individuals about disclosure. Disclosure continues to be a significant issue for people with experience of mental/emotional distress seeking employment. This issue was raised at a roundtable on employment held at Amnesty International Ireland in 2011. Given the relatively low level of awareness among people of their rights under Ireland's equality legislation, people with experience of mental/emotional distress need advice on how to address disclosure in a way that does not put them at risk of discrimination.

The employment equality legislation

Mental Health Reform has called for a review by Government of the Employment Equality Acts 1998-2008 to ensure that they provide adequate protection against discrimination on the grounds of a mental health disability. The Employment Equality Acts 1998-2008 expressly prohibit discrimination on the grounds of a mental health disability. However in a study by DCU 36% of participants reported having experienced unfair treatment in finding a job and 43% in keeping a job.²⁷ Amnesty International Ireland concluded that it is likely discrimination by employers against people with a mental health disability is occurring in Ireland.²⁸ Successive national surveys of public attitudes towards people with a mental health condition undertaken by the National Disability Authority in 2001, 2006 and 2011 have shown that the general public have more negative attitudes towards people with a 'mental health difficulty' than any other disabling condition. In the most recent survey, people were least comfortable working with or living near someone with a 'mental health difficulty' than someone with any other disability.²⁹

Recommendation: The review of the current supported employment service should acknowledge that in order to ensure that supported employment is effective and produces positive outcomes, it is important that the Government reviews the equality legislation to ensure that it is adequately protecting people with mental health difficulties from discrimination.

²⁷ MacGabhann, et al. (2010), p.26.

²⁸ Amnesty International Ireland (2010) *Hear my voice: challenging mental health prejudice and discrimination*, Dublin: Amnesty International Ireland, p.49.

²⁹ National Disability Authority (2012) *National Survey of Public Attitudes to Disability in Ireland 2011* available at <http://www.nda.ie/website/nda/cntmgmtnew.nsf/0/90F8D23334D786A880257987004FCF51?OpenDocument> downloaded 22 July 2012.

About Mental Health Reform

Mental Health Reform is the national coalition working to promote improved mental health services and the implementation of the mental health policy *A Vision for Change*.

Mental Health Reform is available to discuss the above recommendations. Please contact Kate Mitchell, Policy and Research Officer at 01 874 9468 or via email at kmitchell@mentalhealthreform.ie for further information.