



Mental Health Reform
Promoting Improved Mental Health Services

Integrating Employment and Mental Health Services

A Feedback Process: Employers' Perspectives

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1: Introduction

The aim of this report was to examine employers' experiences and perceptions of the Integrating Employment and Mental Health Services (IEMHS) project, recently piloted in four sites around Ireland. This report is a companion report to the IEMHS Final Report (Mental Health Reform, 2018). To provide background for this report, the following will now be introduced in turn: the IEMHS pilot project and its aims; international and national policy developments relating to employment for those with mental health difficulties; the Individual Placement and Support (IPS) model of supported employment; and research relating to employers' views on employing people with mental health difficulties. This introduction will conclude with a summary of the aim of this report and its key research questions.

1.1: IEMHS Pilot Project

Integrating Employment and Mental Health Services (IEMHS) is a pilot project developed with Genio and Department of Employment Affairs and Social Protection (DEASP) funding, and in partnership with the Health Service Executive (HSE) Mental Health Division, the Department of Employment Affairs and Social Protection, EmployAbility companies and Mental Health Reform. The IEMHS project piloted the IPS model by integrating a local Employment Specialist into each of four Multidisciplinary Mental Health Teams (MDTs) in order to deliver an IPS service in four sites across Ireland. The overall aim of the IEMHS project was to demonstrate how existing mental health and supported employment services can fulfil the best practice IPS model of supported employment through improved integration with mental health services.

Improved integration between public mental health and supported employment services at national and local levels was central to the IEMHS project. These two services are the responsibility of two different Government Departments (the Department of Health and the Department of Employment Affairs and Social Protection) and involve different public agencies (the Health Service Executive, a national agency, and EmployAbility services which are organised at local level). The two services have different funding streams, regulations, management structures and governance systems. A significant part of the IEMHS project involved a proof of concept that an integrated service involving joint working between public agencies is possible in the Irish context.

The specific objectives of the project were:

1. To improve integration between public mental health and supported employment services at national level.
2. To improve integration between public mental health and supported employment services at local level.

3. To support 80 individuals receiving mental health services into employment, 20 individuals in each of 4 sites.
4. To increase the capacity of participating supported employment service staff and mental health service staff to support individuals with severe mental health difficulties.

1.2: International & National Policy Context

Problems obtaining and maintaining employment experienced by people with mental health difficulties have been of considerable interest to both researchers and practitioners alike (Au et al., 2015). Such problems can have a detrimental effect on quality of life, reduce social networks and social inclusion, reduce recovery options, maintain poverty, and reduce emotional, social, and behavioural well-being (Tsang et al., 2007). Employment is therefore considered central to improving quality of life and facilitating recovery for those with Mental health difficulties, regardless of severity (Strong, 1998; Tsang, 2003). Despite this, rates of competitive employment among people with mental health difficulties are consistently below 20% in developed countries (Marwaha & Johnson, 2005). However, recent international and national policy developments have recognised the importance of employment for these individuals.

1.2.1: International Policy Context. The right of people with (mental health) disabilities to work, on an equal basis with others is fully enshrined in the UN Convention of the Rights of Persons with Disabilities (UNCRPD). As specified in Article 27 of the Convention, state parties 'shall safeguard and promote the realisation of the right to work (UNCRPD, 2007). In addition to the UNCRPD, the World Health Organisation's World Report on Disability (2011), the European Union (EU) Disability Strategy and the Organisation for Economic Cooperation and Development (OECD) all emphasise the importance of raising employment rates for people with disabilities.

In particular, the OECD has identified the high costs of mental health difficulties, not only to the individual, but to the employer and the economy. The Healthy Ireland framework reports that the economic cost of mental health problems in Ireland is €11 billion per year, much of which is related to loss of productivity in the labour market.¹ A recent report commissioned for the Prime Minister in the UK calculated that workplace mental health difficulties are costing their economy up to £99 Billion per annum (Department of Work & Pensions, 2017). The OECD recognises that in order to address such costs, mental health difficulties must become a priority for the employment sector and every branch of social policy, including unemployment and disability (OECD, 2015a). The OECD recommends an integrated approach whereby sectors, services and professionals operating outside

¹ In 2008, it was identified that mental health difficulties cost the Irish economy around €3 billion or 2% of GNP annually, with most of the costs in the labour market as a result of lost employment, absenteeism, lost productivity and premature retirement.

of specialist mental health services have a key role to play in improving the employment outcomes of people with mental health difficulties.

The OECD Mental Health and Work Policy Framework (OECD, 2015b) provides a series of general policy conclusions for all OECD countries, including the following recommendations: to strive for an employment orientated mental health care system; to improve workplace policies and employer supports and incentives; and to make benefits and employment services fit for people with mental health difficulties.

1.2.2: National Policy Context. The importance of employment for people with Mental health difficulties has been acknowledged in Irish policy for quite some time. *A Vision for Change*, the national mental health policy, states that “access to employment...for individuals with mental health problems should be on the same basis as every other citizen” (Department of Health, 2006, p. 35). The Expert Group on *A Vision for Change* recognised that in order to achieve a recovery-orientated mental health system, whereby individuals can live a full life in their community, “supportive communities [are necessary] where actions are taken to address basic needs such as employment” (Department of Health, 2006, p. 41). This is further endorsed in a detailed report on mental health and social inclusion, in which the National Economic and Social Forum (NESF) in Ireland concluded that work is the best route to recovery and employment is the best protection against social exclusion (NEFS, 2007).

A Vision for Change specifically recommended that “evidence-based approaches to training and employment for people with mental health problems should be adopted” (Department of Health, 2006, p. 39). Furthermore, “the development of formal coordination structures between health services and employment agencies should be a priority if the delivery of seamless services is to be facilitated” (Department of Health, 2006, p. 111). Moving forward, the newly established Oversight Group on the development of a new mental health policy for Ireland has identified social inclusion, including employment, as a key focus of its work.

A number of national policies and strategies have recently been published, which include commitments to improving the employment outcomes of people with (mental health) disabilities. The Comprehensive Employment Strategy (CES) for People with Disabilities is aimed at improving employment participation and outcomes for people with disabilities. In particular, the CES includes an action to “promote and support the role of work in the recovery model...for those with mental health difficulties and to “use the Individual Placement Support Model as part of this [recovery] process” (Government of Ireland, 2015, p. 57). The CES is complemented by the establishment of an interdepartmental group, under independent chairmanship to effectively monitor the implementation of this strategy.

The National Disability Inclusion Strategy (NDIS) 2017 – 2021, launched in July 2017, further emphasises the need to address unemployment among people with (mental health) disabilities. The strategy includes commitments to ensure that people with (mental health) disabilities are financially better off in work, in line with the recommendations of the Make Work Pay for People with Disabilities report (2017). The NDIS also includes measures to ensure that employers can easily access information about employing a person with a disability and commits to fully implement the Comprehensive Employment Strategy for persons with disabilities.

1.2.3: Policy and Reality. In Ireland, an individual experiencing a mental health difficulty is nine times more likely to be out of the labour force than those of working age without a disability, the highest rate of any disability group in Ireland (Watson, Kingston, & McGinnity, 2012). This represents a substantial cost to the State. In fact, The Department of Employment Affairs and Social Protection's (DEASP) survey of Disability Allowance Recipients found that 50% of participants reported mental health difficulties as the primary reason for being on Disability Allowance (Judge, Rossi, Hardiman, & Oman, 2016). However, this high unemployment contrasts sharply with the desire for employment evident among many who are experiencing mental health difficulties. Half of adults with a mental health difficulty who are not at work say they would be interested in starting employment if the circumstances were right (CSO National Disability Survey, 2006). Similarly, the DEASP's Disability Allowance Survey identifies significant levels of interest among individuals on disability allowance in taking up employment (including both part-time and full-time work). Among those who were not currently working, 35% expressed an interest in working part-time, while a further 8% expressed an interest in full time employment, given the right supports (Judge et al., 2016). It is far more likely that the high unemployment rate among those experiencing a mental health difficulty reflect numerous barriers to employment, both individual and structural, experienced by these individuals. These can include low motivation and confidence, side effects of medication, fear of losing benefits, perceived stigma and discrimination, and employer attitudes (Dansan & Gilmore, 2009; Perkins & Rinaldi, 2004).

Despite an evident desire for employment, the potential savings for the State, and the commitments across national and international policy and law to ensure people with (mental health) disabilities are supported to both seek and sustain employment, the reality on the ground in Ireland is relatively underdeveloped and the current system of employment supports for people with mental health disabilities throughout the country has manifestly failed to facilitate access to work as evidenced by both the high unemployment rate among those experiencing a mental health difficulty and by the considerable proportion of those on disability allowance as a result of Mental health difficulties (Mental Health Reform, 2018).

In summary, the policy context outlined above, in conjunction with empirical research, points towards the need for an evidence-based approach to improving the employment opportunities and outcomes for, and facilitating the recovery of, those with Mental health difficulties. Central to this are the following: the integration of employment and mental health services; employer supports and incentives; and the protection of benefits to ensure that work is financially beneficial for those experiencing a mental health difficulty. The IPS model of supported employment, and the key principals inherent within this model, is one such approach that meets these criteria.

1.3: The Individual Placement and Support (IPS) Model

Individual Placement and Support (IPS), also known as 'evidence-based supported employment' is a model that facilitates people with mental health difficulties to move into mainstream competitive employment. Under the IPS model, anyone is viewed as capable of undertaking competitive paid work in the community, if the right kind of job and work environment can be found and the right support is provided. IPS is a variant of the Supported Employment approach, although it differs from other forms of Supported Employment in a number of key ways:

- IPS is focused more towards people with severe and enduring mental health difficulties;
- IPS offers long term support for as long as an individual needs it, and;
- The Employment Specialists (ES) who are central to this programme are integrated into mental health teams to support service users to return to work. These Employment Specialists may be employed by the State or a third party specialist provider.

The IPS model involves eight key principles:

1. Competitive employment is the primary goal.
2. Everyone who wants to work is eligible for employment support.
3. Participants are helped to look for work which suits their preferences and strengths.
4. Job search and contact with employers begins quickly - within four weeks.
5. Employment Specialists are based within clinical teams, and work with the team to support people to find paid employment.
6. Support is ongoing and arranged to suit both the employee and employer.
7. Benefits advice is given as part of the return to work.
8. Relationships are built with employers to access the 'hidden' labour market.

IPS is the most empirically validated model of vocational rehabilitation for those experiencing severe and enduring mental health difficulties and has been successfully implemented

in a wide variety of cultural and clinical populations (Mueser & McGurk, 2014). The IPS model has consistently been found to be far more effective than alternative approaches. In fact, a review of 18 randomised control trials conducted throughout the world highlighted the effectiveness of this approach at improving rates of competitive employment relative to other vocational programmes (Mueser & McGurk, 2014). Similarly, meta analyses of the available literature have shown that attainment of competitive employment rates for IPS based supported employment programmes ranged from 44-70%, compared to a range of 18-24% for conventional vocational rehabilitation programmes (Bond, Drake & Becker, 2008; Campbell, Bond & Drake, 2011; Twamley, Jeste & Lehman, 2003). Its longitudinal effectiveness has also been supported suggesting that its beneficial effects are enduring (Salyers, Becker & Drake, 2004).

Also, as noted in the IEMHS Final Report (Mental Health Reform, 2018), IPS has been shown to be more cost effective and less costly than conventional vocational approaches. Researchers have concluded 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.” 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 (Department of Work and Pensions UK, 2017). 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 (OECD, 2015).

1.4: The Employers’ Perspective

IPS originally involved seven key principles. However, Glover and Frounfelker (2011) argued that the systematic development of relationships with employers was vitally important to the IPS model. This led to the addition of the 8th key principle highlighting the importance of these relationships with employers (Bond et al., 2012; see section 1.3). Indeed, it is particularly important to examine Employers’ perspectives on IPS-based supported employment for two reasons. Firstly, and as alluded to, the IPS model places an emphasis on engagement and collaboration with employers (Lexén, Hofgren & Bejerholm, 2013). Secondly, IPS clients start work without prevocational training which can be potentially challenging for an employer (Cocks & Boaden, 2009). Despite the importance of the employer in the IPS model, with one notable exception which will be discussed in detail below (Lexén, Emmelin & Berjerholm, 2016), very little research has examined employers’ experiences and views of IPS specifically.

The majority of research in this area has sought to examine employers' attitudes to mental health in the workplace. Such research has found that people experiencing mental health difficulties

Table 1.1: NESF (2007) Survey of Employers regarding Mental Health in the Workplace.

Survey Item	Net Agree	Net Disagree
<i>People with mental health difficulties are less reliable than other employees.</i>	34%	50%
<i>Employees off work with mental health difficulties for more than a few weeks are unlikely to ever fully recover.</i>	10%	73%
<i>Organisations take a significant risk hiring someone with Mental health difficulties.</i>	54%	34%
<i>Negative attitudes from co-workers is a barrier to employing people with mental health difficulties</i>	52%	33%
<i>It is in the interest of employers to support people with Mental health difficulties so as to retain their skills and experience</i>	91%	3%
<i>You would employ someone who you knew had a history of Mental health difficulties</i>	56%	23%
<i>Managers in your organisation have a good understanding of mental health issues</i>	56%	31%
<i>Your organisation has guidelines for dealing with mental health in the workplace</i>	41%	48%
<i>You do not know enough about the law regarding mental health in the workplace</i>	75%	22%
<i>Employers should make a special effort to accommodate the particular needs of an employee with Mental health difficulties in the workplace</i>	87%	5%
<i>Does your company have a written policy on how to deal with mental health in the workplace?</i>	20% (Yes)	74% (No)
<i>If one of your employees had a MENTAL HEALTH DIFFICULTY, would you want him or her to tell you?</i>	95% (Yes)	4% (No)
<i>If you had a MENTAL HEALTH DIFFICULTY, would you tell your employer?</i>	69% (Yes)	23% (No)

Source: Mental Health in the Workplace (NESF, 2007).

are more stigmatised than any other disability group (Ju, Roberts & Zhang, 2013; Kirsh et al., 2009). In fact, Rinaldi and Perkins (2005) note the view that people with a mental health difficulty can't

work is still prevalent. In Ireland, employers' views do not appear as extreme. In 2007, the NESF commissioned a piece of research which aimed in part to examine employer attitudes to mental health in the workplace. Although the scope of this report does not allow for a detailed discussion of its findings, a partial summary of its survey findings is provided in tables 1.1 (above) and 1.2 (below).

Table 1.2: NESF (2007) Survey of Employers regarding Mental Health in the Workplace (cont'd).

Survey Item	Response Options	%
What kind of problems do you think could arise as a result of Mental health difficulties among your employees?	<i>Absenteeism</i>	39%
	<i>Relationships with other employees would suffer</i>	26%
	<i>Reduced work capacity</i>	25%
	<i>Stress</i>	8%
	<i>Accidents/Health & Safety Issues</i>	7%
	<i>Communication Problems</i>	6%
	<i>Increased cost</i>	4%
What services do you think would be of benefit to you in managing mental health issues that arise in the workplace?	<i>More information on mental health and legal issues/guidelines for best practice</i>	20%
	<i>Training on how to deal with different cases</i>	15%
	<i>Counselling services for employees</i>	14%
	<i>Government Support and guidelines</i>	12%
	<i>Promote more awareness of mental health in the workplace</i>	7%

Source: Mental Health in the Workplace (NESF, 2007).

Based on these survey findings, the following conclusions were drawn. The risk perceived by employers and negative attitudes of co-workers were identified as significant barriers to employing people with mental health difficulties. Although the attitudes of employers were predominantly positive, some persistent stigma was evident. For example, a considerable proportion of employers perceived people with mental health difficulties as less reliable than other employees. Employers' main concerns about hiring a person experiencing a mental health difficulty were higher rates of absenteeism, that relationships with other employees would suffer and reduced work capacity (see table 1.2). The evidence also indicated a lack of and need for better guidelines, written policies, training and government support to help employers manage mental health in the workplace (see table 1.2). Finally, although the vast majority of employers (95%) were in favour of an employee

disclosing a mental health difficulty, the evidence indicated that such a disclosure could lead to negative consequences for said employee, including reduced responsibility and career prospects.

As noted, despite the importance of employers to the IPS approach, there exists a paucity of research examining employers' experiences and views of IPS specifically. To the author's knowledge, only Lexén et al. (2016) have carried out such research. They interviewed nine employers from Sweden, five that provided competitive employment and four that provided unpaid internships. Although internship positions are not considered part of IPS, Lexén et al. (2016) chose to include these employers because internship positions are considered an important stepping stone for the long-term unemployed to re-join the labour force in Sweden. The scope of this report does not allow for a detailed description of this research. However, several key findings are discussed below.

Lexén and colleagues found that the interviewed employers were motivated to hire IPS clients for three reasons: good-will, where employers hired IPS clients to allow them to participate in the workforce and gain experience without specific job requirements; a win-win, where employers gained a subsidised worker whilst the IPS client gained experience and a reference; and in order to hire a productive employee based on merit. Lexén and colleagues also identified several employer characteristics which they argued were important factors affecting an employer's willingness to hire an individual with mental health difficulties. These included the following: previous experience of a friend/family member and/or employee with a mental health difficulty; open-mindedness, flexibility and a strong social conscience; a view of employment as positive and vitally important to personal development, self-esteem and providing a structured routine; and a belief that previous systems were inadequate and that a new approach was needed to help those experiencing mental health difficulties gain employment. These characteristics have been supported in research with other disability groups (Ju et al., 2013) and could help Employment Specialist better target receptive employers.

As regards employers' experiences and views of IPS, Lexén and colleagues found that the interviewed employers viewed as necessary the comprehensive, individualised, time unlimited, on-site support which is central to the IPS approach. They also found that employers appreciated the support of Employment Specialists. Employers viewed this support as both valuable and important in providing information on the abilities of the IPS client which allowed them, in consultation with the Employment Specialist, to put in place individualised special accommodations to ensure a good job-fit where the client's abilities were well matched to the job requirements. Lexén and colleagues identified a number of direct and indirect strategies for accommodating IPS clients. Direct strategies included taking a flexible and tolerant approach and increasing the time spent with, and supervision

of IPS clients. Indirect strategies included relying on the support of the Employment Specialists and preparing co-workers to include the IPS client and to supervise and support them if necessary.

Taken as a whole, Lexén and colleagues' (2016) work indicates a predominantly positive view of IPS among the interviewed employers. However, it should be noted that employers' initial participation in an IPS-based supported employment programme may itself indicate a degree of open-mindedness and a strong social conscience. It is therefore likely that the views expressed are less a reflection of the average employer's views and more a reflection of the views of employers already willing to hire individuals experiencing mental health difficulties. This work also served to support several key principals of IPS, not least the 8th principal which stresses the importance of the development of relationships and collaboration with employers.

1.5: Key Questions

The aim of this report was to address a gap in IPS research by examining employers' experiences and views of the IPS-based Integrating Employment and Mental Health Services (IEMHS) project. In consultation with Mental Health Reform, the following were identified as key questions:

1. From an employer's perspective, what were the benefits of, and barriers to the IEMHS project?
2. What were employer's experiences of working with a person/persons experiencing mental health difficulties?
3. How did employers perceive the support they received as part of their engagement with IEMHS project?

2: Methodology

2.1: Design

This feedback process took a mixed-methods exploratory approach, combining both semi-structured qualitative interviews with a survey, to examine employer's experiences and perceptions of the Individual Placement and Support (IPS) based Integrating Employment and Mental Health Services (IEMHS) programme recently piloted in four sites (Bantry, Castlebar, Cavan/Monaghan, and Galway). Owing to the limited available sample (see section 2.3), the decision was taken to focus predominantly on the qualitative data, whilst the quantitative data was used to complement the qualitative research and to facilitate a limited comparison with similar research in this area, e.g. by the National Economic and Social Forum (NESF, 2007).

2.2: Site Profiles

This section outlines the profile of each project site, the number of clients participating at each site, and the number of clients who successfully got a jobs placement. This includes descriptions of the Employability service, a description of the mental health service, and a general description of the type of clients with which the mental health team work, at each site. The site profiles are taken directly from the IEMHS Final Report (Burke, 2018).

There were two distinct types of mental health teams involved in the IEMHS project; Rehabilitation and Recovery Teams and generic Community Mental Health Teams (CMHTs). Rehabilitation and Recovery Teams provide specialized mental health care for people with severe and enduring mental health difficulties which cannot be adequately met by general adult services. The needs of people with severe and enduring mental health difficulties are often more complex and include treatment of long term difficulties and prevention of relapse, finding and maintaining accommodation, vocational and educational training, improvement of social skills and prevention of social exclusion. Generic Community Mental Health Teams, on the other hand, deal less with the type of complex needs catered for by the Rehabilitation and Recovery Teams. Community Mental Health Teams treat and support people in their own homes and communities as much as possible and rely on hospital care as little as possible.

2.2.1: Cavan/Monaghan. The Cavan/Monaghan EmployAbility service was established in 1999 and is based in the North East of the country. The catchment population of this service is approximately 138,000 people. The number of adults with a disability of working age within this catchment area is 15,187 (CSO, 2016). The number of adults with a disability of working age who are in employment in this area is 3,026. This means of adults with a disability of working age within this catchment area, the labour market participation rate is approximately 20%. The labour market participation rate for the rest of the population in this area is 61%.

The Employment Specialist from this Employability service was a qualified Occupational Therapist and was an experienced job coach in the local area. This meant that the Employment Specialist had a broad range of relevant contacts to link in with and had an established reputation. During the project, the Employment Specialist took maternity leave and was replaced temporarily by another Employment Specialist of significant experience. This did have some impact on the fidelity of the service in that area, as the replacement Employment Specialist did not have the same level of access to client files.

The mental health service in Cavan/Monaghan involved in the IEMHS project was a Rehabilitation and Recovery team. The team provides care to those with severe and enduring mental health needs. The CMHT in this area is well established and has been in operation as far back as 1999. During the IEMHS project there was a change in OT, which had a temporary impact on the provision of the service.

2.2.2: Castlebar. The Mayo EmployAbility service was established in 2001 and is based in the west of the country, in Castlebar. The local catchment population is approximately 130,000 people. The number of adults with a disability of working age within this catchment area is 16,666 (CSO, 2017). The number of adults with a disability of working age who are in employment in this area is 2,959. This means of adults with a disability of working age within this catchment area, the labour market participation rate is approximately 18%. The labour market participation rate for the rest of the population in this area is 57.7%. The Employment Specialist from this site was hired specifically for the IEMHS project and had no previous job coaching experience in the local area. The Employment Specialist therefore relied on developing local relationships as well as relying on the EmployAbility service's expertise. The Employment Specialist has a background in counselling.

The Mayo mental health service involved in the project was a Rehabilitation and Recovery team, which has been operating in the area since 2010. The service provides support to those with severe and enduring mental health difficulties. The team has pointed out that they deal with a significant number of clients who have lived in institutions. Deinstitutionalisation is said to have been completed in 2006. During the IEMHS project there was a change in OT, which had a temporary impact on the provision of the service.

2.2.3: Galway. The Galway EmployAbility service was established in 2000 and is based in the west of the country. The catchment population is approximately 258,000 people. The number of adults with a disability of working age within the catchment area of Galway City is 9,379 (CSO, 2017). The number of adults with a disability of working age who are in employment in this area is 2,444. This means of adults with a disability of working age within this catchment area, the labour market

participation rate is approximately 26%. The labour market participation rate for the rest of the population in this area is 62%.

The Employment Specialist from this site had previous experience as a job coach in this local area and therefore had the benefit of some local contacts. The Employment Specialist had a diverse professional background well suited to the role.

The Galway Roscommon Mental Health Services involved in this project was a Rehabilitation and Recovery Service. The service provides support to those with severe and enduring mental health difficulties. The mental health team in this site has been in development since 2014. During the period of this project, the team involved was not populated by the disciplines required to deliver a high-quality service. The team has been working with service users since May 2015 however is not fully populated and the primary focus has been working with individuals living in staffed supported residences, often for many years, in order to address the objectives of national policy relating to supported accommodation. During the IEMHS project there was a change in OT, which had a temporary impact on the provision of the service.

2.2.4: Bantry. The West Cork EmployAbility service was established in 2001. The catchment population for this service is approximately 100,000. The number of adults with a disability of working age within Cork county area is 46,796 (CSO, 2017). The number of adults with a disability of working age who are in employment in this area is 11,040. This means of adults with a disability of working age within this catchment area, the labour market participation rate is approximately 24%. The labour market participation rate for the rest of the population in this area is 63%.

The Employment Specialist from this site has extensive experience as a job coach in this area and is deeply involved with local enterprise. This meant that the Employment Specialist could quickly draw on a range of established employer contacts in the area.

The Bantry mental health service involved in this project is a centre for mental health care and recovery and is the only generic Community Mental Health Team involved in the project. Generic Community Mental Health Teams manage fewer clients with the type of long-term, complex mental health difficulties that Rehabilitation and Recovery Teams support. The service also runs an Open Dialogue project which interfaced with IPS, though this has not been thoroughly explored. There were two staff departures in this site during the project which impacted on the service: a Consultant Psychiatrist and an Occupational Therapist.

2.2.5: Job Placement. According to the IPS model, a job placement counts as any paid competitive position within mainstream employment. Across the four sites a total of 95 clients participated in the programme. Of these, 33 clients had at least one job placement which met the IPS criteria of paid competitive employment. This was below the placement rate indicated by

international evidence for IPS. Numerous reviews of the literature indicate that the job placement rate (referred to in the literature as the competitive employment rate) can range from 44% to 70% (Au et al., 2015; Bond, Drake & Becker, 2008, 2012; Campbell, Bond & Drake, 2011; Marshall et al., 2014; Twamley, Jeste & Lehman, 2003).

However, in an effort to maximise the benefit for all clients participating in this pilot, when paid competitive employment during the period of the pilot was not available, clients were offered other opportunities to gain employment experience. For example, some completed short-term work trials for which they received a small payment upon successful completion of the trial, whilst others took voluntary positions. This occurred mainly at the Castlebar site where the vast majority of clients did not obtain paid competitive positions within mainstream employment.

2.3: Sample

Sampling began by working with the employment specialists in each of the four pilot sites to compile a list of employers who had engaged with the IEMHS Pilot Project. In total, a list of 40 employers was collated. This was the maximum available sample for this project. However, owing to the overarching goal of this feedback process, in conjunction with the limited available sample and the need to protect the privacy of clients, the sampling criteria differed in the qualitative and quantitative sections of this report.

2.3.1: Qualitative Sample. Due to the primary goal of this feedback process (to obtain employer feedback on the IPS based IEMHS Pilot Project) and the sensitive nature of the issues being discussed as part of these interviews, employers could only be approached if they met the following criteria. Firstly, only employers who provided job placements consistent with the IPS model (i.e. paid competitive employment) could be approached for interview. Secondly, to protect the privacy of clients only those employers with whom clients had chosen to disclose their mental health difficulties were eligible for interview. Thirdly, before an employer could be approached, informed consent from the relevant client/employee had to be obtained. To ensure informed consent, clients were asked to read an information sheet about the project before giving their consent (see appendix C). Only when each of these criteria had been met was an employer approached and an interview requested. These criteria further diminished the already limited available sample. For example, only one client in the Galway site had chosen to disclose their mental health difficulties to their employer. This client declined to give consent for their employer to be interviewed. Similarly, in Mayo only one placement met the IPS criteria and client/employee consent was not forthcoming. Therefore, no interviews were carried out in the Galway and Mayo sites.

The criteria outlined above were met in 15 cases. Each of these employers was approached and nine employers were interviewed. Although additional interviews may have been forthcoming,

the size of the interviewed sample was guided by the principle of saturation, which holds that a sample is sufficient when the collection of new data does not provide additional insight into the issues under investigation (Glaser & Strauss, 1967). The researchers agreed that the point of saturation had been reached by the eighth interview. To ensure that this was the case, a final interview was carried out in which no significant additional insights emerged.

2.3.2: Quantitative Sample. Owing to the limited available sample and an expected response rate of between 50-60%, the decision was taken in consultation with Mental Health Reform to distribute the survey to all employers who had engaged with the IEMHS Pilot Project, regardless of whether the positions they provided met the IPS criteria of paid competitive employment. The survey sample therefore included employers who provided limited work trials or voluntary positions for clients. This served to increase the available sample and facilitate a limited comparison with previous survey findings in the area of Mental Health and Employment. Each employer was contacted and 29 agreed to complete the survey. The survey was distributed via email to these employers and 15 completed the survey (response rate: 52%; completion rate: 80%).

2.4: Measures and Materials

In consultation with Mental Health Reform (MHR), a semi-structured interview schedule (see appendix A) was designed to explore employer's experiences and perceptions of the IPS based IEMHS Pilot Project. The interview schedule contained a combination of open and closed ended questions, as well as a number of Likert-type items which were sourced from similar research projects (NESF, 2007) and used for comparison purposes.

Also in consultation with MHR, an employer survey was designed (see appendix B). This survey consisted of approximately 40 closed and open-ended items covering the following areas: Company Details; Employee Role and Tenure; Employee Performance; Benefits for the Employee; Support (for both the employer and employee); Perceptions of the 'Supported Employment Scheme'; and Benefits and Challenges from an Employers Perspective.

As noted, many clients chose not to disclose their mental health difficulties to their employer. Therefore, in order to protect the privacy of the clients, whilst simultaneously gathering useful data from employers, this survey was designed in such a way as to conceal its focus on supported employment for those with mental health difficulties. The majority of items were generic and applicable to all supported employment schemes, whilst only five items made direct reference to mental health difficulties. These items were also designed in such a way as to conceal the true focus of this project. Employers were asked to indicate the extent to which they agreed with a number of statements in relation to different groups commonly associated with long-term unemployment, e.g. those with a long-term illness or disability, those with low educational

attainment, and (of particular interest to this project) those with mental health difficulties (see items 25-29 of the survey, appendix B).

2.5: Interview Procedure

Before each interview, employers were asked to read an information sheet (see appendix E) and give their consent for the interview to be recorded. To encourage full and genuine descriptions of their experiences and perceptions of the IEMHS Pilot Project, a strong emphasis was placed on the confidential and anonymous nature of the interview process prior to beginning each interview.

All interviews were carried out on a one-on-one basis in a variety of different settings. With two exceptions, which were conducted via telephone due to the isolated location of the particular company or business, all interviews were conducted face-to-face. Interviews varied in length from 25 minutes to one hour and 30 minutes. In line with best practice (Tracy, 2013), each interview was recorded using two Dictaphones in an attempt to limit data loss due to technical difficulties.

The interview questions were not asked in a predetermined order. Instead, questions were asked in accordance with the flow of the conversation, therefore tailoring the interview according to the responses of each interviewee (Goetz & LeCompte 1984). Additionally, the interview schedule was designed to begin with non-threatening, easy questions (e.g. can you describe your company to me?) and to slowly progress towards more difficult or contentious questions (e.g. do you think businesses should hire people with mental health difficulties?). This technique has been advocated by a number of qualitative researchers (e.g. Berg, 2009; Tracy, 2013) as it facilitates the development of a rapport between the interviewer and interviewee before addressing more contentious issues. Finally, participants were asked a catch-all question (e.g. is there anything that we have not covered in this interview which you think is important?) to ensure that participants had the opportunity to raise issues and/or clarify points not covered in the interview (Tracy, 2013). Each interview was ended by thanking the participant.

2.6: Qualitative Analysis

Due to the exploratory nature of this project, thematic analysis was deemed an appropriate method of analysis as it facilitates flexibility to follow leads and patterns which emerge from the data. Specifically, an inductive or exploratory thematic analysis in line with Braun and Clarke's (2006) best practice guidelines was carried out. Firstly, the recorded interviews were transcribed verbatim, sometimes including non-verbal utterances such as sighs, laughter, etc. Each data item was then read and re-read to ensure sufficient familiarity with the data and initial ideas were noted. Initial codes were then generated and data relevant to each of these initial codes were collated. These codes were then grouped and combined to create potential thematic clusters. All data relevant to

these thematic clusters were then collated and the relevant data extracts were re-examined to ensure that the potential thematic clusters were appropriate and meaningful.

2.6: Survey Procedure

An online version of the survey was created using the Survey Monkey platform. Where possible, email addresses for the employers who took part in the IEMHS Pilot Project were sourced via the employability service at each site. Note that not all employers gave a contact email and in a limited number of cases ($n=2$), the email address given was not correct and/or functional. In these cases, all efforts were made to contact the company/employer in question to see if they would be willing to take part in the survey.

Once the email database had been compiled, all potential participants were contacted and a link to the survey was then sent to each of the employers who agreed to take part ($n=29$). Each email was personalised to ensure that the email would not be blocked by a spam filter. Once again, confidentiality and anonymity were stressed. Each employer was asked to click on the link provided, which took them to the online version of the survey.

At the beginning of the survey, employers were required to read information about the study (see appendix C) and signal their consent to participate based on this information. If they were happy to proceed, the employers then completed the remaining sections of the survey, which took an average of 21 minutes to complete.

2.7: Quantitative Analysis

Due to the exploratory nature of this project, in conjunction with the limited sample size, the quantitative analysis was predominantly descriptive in nature and used to complement the qualitative research. However, the inclusion of items drawn from previous research (NESF, 2007) facilitated a limited comparison between this work and previous research in the area.

3: Results

3.1: Survey Results

This section outlines the findings of the quantitative survey of employers. It will be divided into the following sections: employee tenure and evaluation; support; attitudes to mental health and people with mental health difficulties in the workplace; and views of the supported employment scheme. Not all employers responded to every item (average survey completion rate: 80%). Therefore, the proportions reported in this section vary due to missing responses. It should also be noted that, owing to the limited sample, the survey findings should be interpreted with caution and considered in conjunction with the more detailed qualitative findings outlined in section 3.2.

Of the 15 employers to complete the survey, the majority (53%) worked in the retail sector. The remaining employers worked in a variety of sectors including hospitality, services, agriculture, etc. They were distributed relatively evenly across the four pilot sites (Cavan/Monaghan=4; Cork=4; Galway=4; Mayo=2; missing=1). 40% of employers worked in small businesses with between one and 14 employees, 33% worked in medium sized businesses with between 15 and 49 employees, and 20% worked in large businesses with in excess of 50 employees. A single respondent did not provide information on the size of their organisation.

3.1.1: Employee Tenure and Evaluation. This subsection outlines employer responses to items specifically relating to the employee they hired through the Integrated Employment and Mental Health Services (IEMHS) project. As noted in the method section, many IPS clients chose not to disclose their mental health difficulties to their employers. Therefore, not all employers were aware of clients' mental health difficulties.

Employers were asked to indicate the length of time the IPS client worked with them and, if applicable, the reason the client's employment ended. 33% of the IPS clients were still working for the employer at the time of the survey, 25% were employed for more than 12 weeks, 17% were employed for between five and 12 weeks, and 25% were employed for between one and four weeks. Of the eight IPS clients who had left their positions, five left because they had reached the end of their work trial period. Two left due to external factors likely caused by the recession, e.g. reduced available hours or business closure due to financial difficulties. A single IPS client resigned from their position.

Employers were asked to respond to a series of items relating to the work performance of the IPS client that had/was working for them. These included items relating to the clients' productivity, social interaction with co-workers, whether they would recommend the IPS client to another employer, etc. A summary of employer responses can be seen in table 3.1.

When asked about client productivity, 58% of employers indicated that the IPS clients were either productive or very productive, whilst 42% indicated that their level of productivity was average. No employers indicated that an IPS client had been either unproductive or very unproductive. When asked how well the IPS client got on with their co-workers, a large majority (82%) stated that they got on well or very well with their co-workers. The remaining 18% responded 'neither well, nor poorly' to this item. None of the employers indicated poor social interaction between the IPS clients and their co-workers.

Table 3.1: Employer responses to item relating to work performance.

Survey Item	Response Options	%
How productive was this employee?	<i>Very Productive</i>	8%
	<i>Productive</i>	50%
	<i>Average</i>	42%
	<i>Unproductive</i>	-
	<i>Very Unproductive</i>	-
How well does/did this employee work with co-workers?	<i>Very Well</i>	27%
	<i>Well</i>	55%
	<i>Neither well nor poorly</i>	18%
	<i>Poorly</i>	-
	<i>Very Poorly</i>	-
If necessary, how did the employee respond to criticism of his/her work?	<i>Very Well</i>	9%
	<i>Well</i>	55%
	<i>Neither well nor poorly</i>	36%
	<i>Poorly</i>	-
	<i>Very Poorly</i>	-
How likely would you be to recommend this employee to another employer?	<i>Very Likely</i>	25%
	<i>Likely</i>	42%
	<i>Neither likely, nor unlikely</i>	33%
	<i>Unlikely</i>	-
	<i>Very Unlikely</i>	-

Employers were asked to indicate on a scale of one (not at all well) to 100 (very well), how the IPS client compared with non-supported employees. Employers responses ranged from 18 to 100, with a mean score of 58. This showed that although some IPS clients did not compare

favourably, as a group they were marginally above average and compared favourably to non-supported employees. Employers were also asked to indicate on a scale of one (very negative) to 100 (very positive), the extent to which the IPS client's impact on the work environment had been positive or negative. Responses ranged from 29 to 90, with a mean score of 56. This indicated that although some clients may have had a negative impact on the work environment, on average, their impact was positive.

Employers were presented with a list of issues (e.g. absenteeism, reduced work capacity, increased costs, etc.) and asked whether they had experienced any of these issues in relation to the IPS client. Employers were free to choose more than one from the list. Also included in this list was a 'none of the above' option. Their responses are outlined in table 3.2. In descending order of frequency, the most common issues experienced by employers were as follows: communication problems; absenteeism; reduced work capacity; and lack of ability. However, a majority of respondents (58%) did not experience any issues.

Table 3.2: Issues experienced by employers.

Issue	%	Issue	%
<i>None</i>	58%	<i>Behavioural Issues</i>	8%
<i>Communication problems</i>	25%	<i>Poor relations with Co-workers</i>	8%
<i>Absenteeism</i>	17%	<i>Increased costs</i>	8%
<i>Reduced work capacity</i>	17%	<i>Stress</i>	8%
<i>Lack of ability</i>	17%	<i>Accidents/Health & Safety Issues</i>	-

Note: Three employers did not respond to this item (missing: n=3).

As noted in the introduction (see table 1.2), the Mental Health in the Workplace Survey (NESF, 2007) asked employers what kind of problems they thought could arise as a result of mental health difficulties among your employees. Both absenteeism and reduced work capacity were among the main concerns of employers in this regard. Communication problems, the most common issue experienced by employers, was a relatively minor concern. However, any comparisons should be made with caution due to the small sample size and the fact that the majority of respondents did not experience any of the above issues in relation to the IPS client they hired.

Employers were asked to indicate how well IPS clients responded to criticism of their work. 64% stated that they responded either well or very well to such criticism, whilst 36% stated they responded neither well nor poorly. No employers stated that an IPS client had responded poorly. This suggests that IPS clients could handle and respond well to criticism of their work.

Based on their experiences of working with the respective clients, employers were asked to indicate how likely they would be to recommend this employee to another employer. Again, responses were predominantly positive. 67% of employers were either likely or very likely to recommend said employee, whilst 33% of employers were neither likely nor unlikely to give such a recommendation. No employers indicated that they would be unlikely to recommend their employee to another employer.

Finally, employers were asked to indicate, based on their experience, the extent to which they agreed or disagreed with a series of items relating to how the IPS clients had benefitted as a result of their employment. A summary of employer responses is outlined in table 3.3. Responses were predominantly positive. The vast majority of respondents agreed or strongly agreed that clients' participation in this supported employment scheme had benefitted them in the following ways: increased employee's overall self-confidence (92%); improved employee's skills and ability to

Table 3.3: Benefits for IPS clients as perceived by employers.

Survey Item	Response Options	% (n)
Increased employee's overall self-confidence:	<i>Strongly Agree</i>	50%
	<i>Agree</i>	42%
	<i>Neither agree nor disagree</i>	8%
	<i>Disagree</i>	-
	<i>Strongly Disagree</i>	-
Improved employee's skills and ability to work:	<i>Strongly Agree</i>	42%
	<i>Agree</i>	33%
	<i>Neither agree nor disagree</i>	25%
	<i>Disagree</i>	-
	<i>Strongly Disagree</i>	-
Increased employee's overall independence:	<i>Strongly Agree</i>	33%
	<i>Agree</i>	50%
	<i>Neither agree nor disagree</i>	17%
	<i>Disagree</i>	-
	<i>Strongly Disagree</i>	-
Contributed to improving employee's health and sense of well-being:	<i>Strongly Agree</i>	33%
	<i>Agree</i>	42%
	<i>Neither agree nor disagree</i>	25%
	<i>Disagree</i>	-
	<i>Strongly Disagree</i>	-
Increased employee's motivation to work or to undertake further education or training:	<i>Strongly Agree</i>	33%
	<i>Agree</i>	42%
	<i>Neither agree nor disagree</i>	25%
	<i>Disagree</i>	-
	<i>Strongly Disagree</i>	-

work (75%); contributed to improving employee's health and sense of well-being (75%); increased employee's overall independence (83%) and increased employee's motivation to work or to undertake further education or training (75%). No employers disagreed or strongly disagreed with any of these statements. These findings demonstrate that employers perceived employment to have been very beneficial for IPS clients.

3.1.2: Support. This section outlines employers' responses to survey items relating to the support they and the IPS client received as part of the IEMHS project. Employers were asked to rate the overall support they received during the IEMHS project and the support they received specifically from the Employment Specialists on scales ranging from one (very sufficient) to four (very insufficient). They were also asked to rate the overall support received by the IPS client and the support the IPS client received specifically from the Employment Specialist, again on scales ranging from one (very sufficient) to four (very insufficient). A summary of the responses to these items is outlined in table 3.4.

Table 3.4: Employer perceptions of IEMHS project supports.

Support	Response Options	%
Overall Support for Employer:	<i>Very Sufficient</i>	64%
	<i>Sufficient</i>	28%
	<i>Insufficient</i>	-
	<i>Very Insufficient</i>	9%
Overall Support for Client:	<i>Very Sufficient</i>	55%
	<i>Sufficient</i>	36%
	<i>Insufficient</i>	-
	<i>Very Insufficient</i>	9%
Employment Specialist Support for Employer:	<i>Very Sufficient</i>	50%
	<i>Sufficient</i>	40%
	<i>Insufficient</i>	-
	<i>Very Insufficient</i>	10%
Employment Specialist Support for Client:	<i>Very Sufficient</i>	56%
	<i>Sufficient</i>	33%
	<i>Insufficient</i>	-
	<i>Very Insufficient</i>	11%

Findings indicated that employers perceived the support they and the IPS client received to be sufficient, both in general terms and from the Employment Specialist specifically. For example,

92% of employers rated the overall support they and the client received as either sufficient or very sufficient. Similarly, the support from the Employment Specialists specifically was rated as sufficient or very sufficient for both the employer and the client by 90% of respondents. For all four items, a single employer rated these supports as very insufficient.

Employers were presented with a list of possible supports and asked to indicate a) how important these supports were in terms of their engagement with this supported employment scheme, and b) how satisfied they were with the support they received in these regards. Respondents indicated the importance of these supports and their satisfaction with these supports on two five-point rating scales ranging from one (very important) to five (not at all important) and from one (very satisfied) to five (very unsatisfied), respectively. A summary of employer responses is presented in table 3.5.

The supports deemed most important related to the Employment Specialists. All employers indicated that a contactable and responsive Employment Specialist was either important or very important. 83% of employers were either satisfied or very satisfied with the support they received in this regard. Similarly, all employers indicated that having a support team liaison/Employment Specialist that understood the requirements of their company was important or very important. 75% of employers were at least satisfied with the support they received in this regard. The third most important support according to these employers was support managing the performance of the IPS client. Although other members of the multi-disciplinary team may be involved in this regard, it is the Employment Specialist that acts as the liaison to employers and provides on-site support. 92% of employers deemed this kind of support to be important or very important, whilst 75% were satisfied or very satisfied with the support they received in this regard. These findings highlight the important role of Employment Specialists in the IPS approach.

In descending order of important, the remaining supports were ranked as follows: training to deal with different cases (net important: 73%; net satisfaction: 66%); advice and guidelines on policy and procedure (net important: 67%; net satisfaction: 67%); government support and guidelines (net important: 67%; net satisfaction: 64%); and administrative support (net important: 58%; net satisfaction: 75%).

3.1.3: Attitudes to Mental Health and People with Mental Health Difficulties in the Workplace: As noted, many clients chose not to disclose their mental health difficulties to their employer. Therefore, in order to protect the privacy of the clients whilst simultaneously gathering useful data from employers, the survey was designed in such a way as to conceal its focus on supported employment for those with mental health difficulties. The majority of items were generic

Table 3.5: Importance of, and Satisfaction with a variety of supports.

Supports	Importance	%	Satisfaction	%
Advice and guidance on policies and procedures:	<i>Very Important</i>	42%	<i>Very Satisfied</i>	25%
	<i>Important</i>	25%	<i>Satisfied</i>	42%
	<i>Neither important nor unimportant</i>	33%	<i>Neither satisfied, nor unsatisfied</i>	25%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	8%
Administrative support e.g. operation of the Wage Subsidy Scheme:	<i>Very Important</i>	33%	<i>Very Satisfied</i>	25%
	<i>Important</i>	25%	<i>Satisfied</i>	50%
	<i>Neither important nor unimportant</i>	42%	<i>Neither satisfied, nor unsatisfied</i>	25%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-
Support managing the employee's performance:	<i>Very Important</i>	42%	<i>Very Satisfied</i>	25%
	<i>Important</i>	50%	<i>Satisfied</i>	50%
	<i>Neither important nor unimportant</i>	8%	<i>Neither satisfied, nor unsatisfied</i>	25%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-
Easily contactable and responsive Employment Specialist/liaison:	<i>Very Important</i>	58%	<i>Very Satisfied</i>	25%
	<i>Important</i>	42%	<i>Satisfied</i>	58%
	<i>Neither important nor unimportant</i>	-	<i>Neither satisfied, nor unsatisfied</i>	17%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-
A support team liaison/Employment Specialist that understands the requirements of your company:	<i>Very Important</i>	58%	<i>Very Satisfied</i>	25%
	<i>Important</i>	42%	<i>Satisfied</i>	50%
	<i>Neither important nor unimportant</i>	-	<i>Neither satisfied, nor unsatisfied</i>	25%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-
Training to deal with different cases:	<i>Very Important</i>	46%	<i>Very Satisfied</i>	8%
	<i>Important</i>	27%	<i>Satisfied</i>	58%
	<i>Neither important nor unimportant</i>	27%	<i>Neither satisfied, nor unsatisfied</i>	33%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-
Government support/guidelines:	<i>Very Important</i>	25%	<i>Very Satisfied</i>	-
	<i>Important</i>	42%	<i>Satisfied</i>	64%
	<i>Neither important nor unimportant</i>	33%	<i>Neither satisfied, nor unsatisfied</i>	36%
	<i>Unimportant</i>	-	<i>Unsatisfied</i>	-
	<i>Not at all important</i>	-	<i>Very unsatisfied</i>	-

and applicable to all supported employment schemes, whilst only five items made direct reference to mental health difficulties. These items were also designed in such a way as to conceal the true focus of this project. Employers were asked to indicate the extent to which they agreed with a number of statements in relation to different groups commonly associated with long-term unemployment, e.g. those with a long-term illness or disability, those with low educational attainment, and (of particular interest to this project) those with mental health difficulties (see items 25-29 of the survey, appendix B). Although this allowed for a limited comparison of employer attitudes towards these groups, given the aim of this report, such a comparison was not discussed. However, employer responses to these items are presented in appendix G.

A summary of employer responses to the items specifically relating to mental health and people with mental health difficulties in the workplace, as well as comparable findings from the Mental Health in the Workplace Report (NESF, 2007) are outlined in table 3.6. Owing to the limited survey sample, comparisons should be made with caution.

The findings from the IEMHS survey of employers were broadly positive. Net agreement (combining 'agree' and 'strongly agree' responses) that people with mental health difficulties are less reliable than other employees and that companies take a significant risk employing those experiencing mental health difficulties was low (16% in both cases), whilst the majority of employers agreed that people with mental health difficulties should be supported so as to retain their skills and experience (75%). The majority of employers also agreed that employers should make special workplace accommodations for those with mental health difficulties (75%). However, 41% of employers (the largest group) also agreed that the attitudes of co-workers represented a significant barrier to employing people with mental health difficulties, showing that stigma in the workplace remains a considerable issue.

The findings from the IEMHS survey were broadly in line with the findings of the NESF survey (2007). For example, employers who agreed (net agreement) that the negative attitudes of co-workers were a major barrier to employing people with mental health difficulties were the largest grouping, representing 41% of respondents in the IEMHS survey and 52% in the NESF survey (2007). The proportion of employers who disagreed was the same in both samples (33%). The view that it was in the interest of employers to support people with mental health difficulties and to make special accommodations for these people was very common in both samples. Net agreement with the former was 75% in the IEMHS survey and 91% in the NESF survey (2007), whilst net agreement with the latter was 70% and 87%, respectively. Net disagreement with these statements was minimal ranging between 0% and 3% and 0% and 5%, respectively.

Table 3.6: Summary of responses to items relating to Mental Health in the workplace.

Survey Items	Response Options	Mental Health Difficulty	Mental Health Difficulty (NESF, 2007)
People with the following are less reliable than other employees:	<i>Strongly Agree</i>	8%	13%
	<i>Agree</i>	8%	21%
	<i>Neither agree nor disagree</i>	50%	11%
	<i>Disagree</i>	33%	20%
	<i>Strongly Disagree</i>	-	30%
Organisations take a significant risk employing people with the following:	<i>Strongly Agree</i>	8%	22%
	<i>Agree</i>	8%	32%
	<i>Neither agree nor disagree</i>	25%	9%
	<i>Disagree</i>	50%	22%
	<i>Strongly Disagree</i>	8%	13%
Negative attitudes from co-workers is a major barrier to employing people the following:	<i>Strongly Agree</i>	8%	26%
	<i>Agree</i>	33%	26%
	<i>Neither agree nor disagree</i>	25%	11%
	<i>Disagree</i>	8%	15%
	<i>Strongly Disagree</i>	25%	18%
It is in the interest of employers to support people with the following so as to retain their skills and experience:	<i>Strongly Agree</i>	-	67%
	<i>Agree</i>	75%	24%
	<i>Neither agree nor disagree</i>	25%	6%
	<i>Disagree</i>	-	2%
	<i>Strongly Disagree</i>	-	1%
Employers should make a special effort to accommodate the particular work place needs of employees with the following:	<i>Strongly Agree</i>	-	53%
	<i>Agree</i>	70%	34%
	<i>Neither agree nor disagree</i>	30%	7%
	<i>Disagree</i>	-	2%
	<i>Strongly Disagree</i>	-	3%

Although broadly in line, there were exceptions. For example, whilst 54% of employers in the NESF survey agreed (net agreement) that companies took a significant risk employing people

with mental health difficulties, only 16% of employers in the IEMHS employer survey agreed with this statement. Similarly, a considerable proportion of employers in the NESF survey agreed (34% net agreement) that people with mental health difficulties were less reliable, whilst only 16% of employers in the IEMHS survey agreed.

3.1.4: Employer Views of the IEMHS Supported Employment Project: This section outlines employer responses to items relating to their views and experiences of the IPS-based IEMHS project.

Employers were asked to indicate how successful they believed the scheme to be in a variety of ways. A summary of employer responses is presented in table 3.7. All respondents agreed that the scheme was successful (net success: combining ‘successful’ and ‘very successful’ options) in ‘facilitating the integration of people with disabilities or other disadvantaged groups into paid employment in the open labour market’. A majority indicated that the scheme had been successful (net success: 83%) in meeting the labour requirements of employers. Similarly, a majority indicated that the scheme had been successful (net success: 75%) in ‘supporting the

Table 3.7: Employers’ views of the successes of the IEMHS project.

Survey Item: How successful...	Response Options	%
Facilitating the integration of people with disabilities and other disadvantaged groups into paid employment in the open labour market:	<i>Very Successful</i>	25%
	<i>Successful</i>	75%
	<i>Neither</i>	-
	<i>Unsuccessful</i>	-
	<i>Not at all Successful</i>	-
Meeting the labour requirements of Employers:	<i>Very Successful</i>	25%
	<i>Successful</i>	58%
	<i>Neither</i>	17%
	<i>Unsuccessful</i>	-
	<i>Not at all Successful</i>	-
Supporting the progression / retention of people with a disability or other disadvantages in the labour force, leading to independence and career:	<i>Very Successful</i>	33%
	<i>Successful</i>	42%
	<i>Neither</i>	17%
	<i>Unsuccessful</i>	-
	<i>Not at all Successful</i>	-

progression/retention of people with a disability or other disadvantage in the labour force, leading to independence and career progression’. None of the respondents indicated that the scheme had been unsuccessful in these regards (net unsuccessful: combining ‘unsuccessful’ an ‘not at all

successful'). Taken together, these findings suggest that employers believed the scheme to be broadly successful in achieving some of its primary goals.

Employers were also presented with a number of items relating to their experience of taking part in the IEMHS project. For example, employers were asked to indicate how positive this experience was for them on a scale ranging from one (very positive) to five (very negative). The vast majority of employers (91%) indicated that the experience had been either positive or very positive. The remaining respondents indicated that their experience had been neither positive or negative. Employers were also asked to indicate the extent to which they were likely to recruit through this or a similar programme in the future. 75% of respondents stated that they were either likely or very likely to do so, 17% indicated that they were neither likely nor unlikely, whilst 8% of respondents indicated that they were unlikely to do so. Similarly, Employers were asked to indicate how likely they would be to recommend this scheme to other employers. Again, responses were predominantly positive. 92% of employers stated that they would be likely ('likely' and 'very likely' responses combined) to recommend this scheme to other employers, whilst the remaining respondents indicated that they were neither likely nor unlikely to do so.

Finally, employers were presented with lists of potential benefits and potential challenges. These lists were developed based on previous research in the area. In the case of the former, employers were asked to rank in order of importance the potential benefits of hiring through this supported employment scheme, based on their experience. Potential benefits included the following: reduced cost of employment due to the wage subsidy, the chance to help those with a disability or other disadvantage; the support received from the Employment Specialists; and easy access to labour. An 'other option' was also included. These benefits are presented in order of importance in table 3.8.

Table 3.8: Potential benefits for employers ranked in order of perceived importance.

Rank	Benefit
1 st	Chance to help those with a disability or other disadvantage.
2 nd	The support received from the supported employment team.
3 rd	Easy access to potential employees.
4 th	Reduced cost of employment due to the Wage Subsidy Scheme.
5 th	'Other'

Interestingly, the most important benefit from employers' perspectives was altruistic in nature, that is, the chance to help those with a disability or other disadvantage. Whilst the benefit

ranked as least important was pragmatic, that is, the reduced labour cost due to the subsidised wage. Again, these findings emphasise the importance of the Employment Specialists, as the support employers received through these specialists was ranked as the second most important benefit by employers.

The list of potential challenges presented to employers was again based on previous research in the area and was considerably longer. Employers were asked to rank in order of importance these potential challenges of hiring through this supported employment scheme, based on their experience. These challenges are presented in order of importance in table 3.9. The need for additional supervision was ranked by respondent as the most important challenge of hiring through this supported employment project, based on their experience, whilst increased cost to the employer was ranked as the least important challenge, based on their experiences. Interestingly, despite the

Table 3.9: Potential benefits for employers ranked in order of perceived importance.

Rank	Challenges
1 st	The need for additional supervision.
2 nd	Communication issues.
3 rd	Challenging Behaviour.
4 th	Absenteeism.
5 th	Reduced work capacity.
6 th	Lack of skills/ability.
7 th	Safety issues.
8 th	Difficulties with co-workers.
9 th	Increased cost to the employer.
10 th	Other.

negative attitudes of co-worker being identified as a significant barrier to hiring people with mental health difficulties by 41% of employers (see section 3.1.3), difficulties with co-workers was ranked among the least important challenges by respondents. Taken in conjunction with the fact that only 8% of employers reported poor relations between the IPS client and their co-workers as an issue they experienced, it suggested (however tentatively due to the small sample size) that poor relations with co-workers may not be as significant an issue as employers believe it to be.

3.1.5: Summary and Conclusion: Given the limited survey sample, it is difficult to draw any definitive conclusions based on the survey alone. However, results from this survey suggest the following:

- In the majority of cases, IPS clients were perceived by their employers as productive employees who, on average, compared favourably with other employees, got on well with their co-workers, and responded well to criticism of their work.
- The most common issues experienced by employers as a result of hiring an IPS client were communication issues, absenteeism, and reduced work capacity. However, the majority of employers surveyed indicated that they had experienced no negative issues, suggesting that the belief that hiring people with mental health difficulties may negatively impact upon employers may be unfounded. In fact, on average, IPS clients were perceived by employers to have had a positive impact on the work environment, whilst common employer concerns such as increased costs and stress were only experienced by a small minority.
- Employment was perceived by the surveyed employers to have been beneficial for IPS clients in a number of ways, including increasing their self-confidence and independence, and improving their skills.
- The support received by both employers and clients was viewed by the majority of employers as sufficient or better, suggesting broad satisfaction.
- The supports deemed most important related to the Employment Specialists, e.g. an easily contactable and responsive Employment Specialist/liaison and a support team liaison/Employment Specialist that understands the requirements of a company, highlighting the importance of Employment Specialists to this project and the IPS approach in general.
- Employer attitudes towards people with mental health difficulties in the workplace were predominantly positive and broadly in line with previous research (NESF, 2007). However, there were exceptions in this regard (see section 3.1.3). Divergence between this report and NESF Survey may have been due to this survey having a small sample, they may have also been due to social desirability bias or attitude change through exposure and experience. Although not all employers surveyed were aware of the mental health difficulties of the IPS client, it is likely that a proportion of the survey sample were aware of these difficulties. Therefore, these more positive responses could be due to informed employers providing socially desirable responses or attitude change based on their experiences of working with/employing someone they know is experiencing mental health difficulties. However, further research is needed to examine whether the experience of employing someone with

mental health difficulties can have a positive effect on the attitudes of employers towards mental health.

- Finally, the majority of surveyed employers indicated that their experience of hiring through the IEMHS project had been positive and that they would not only hire employees through a similar scheme in the future, but would recommend it to other employers.

Although the findings outlined in this section are encouraging, it is important to note that they are based on a limited sample. Therefore, these conclusions must be read with caution and the findings should be considered in conjunction with the more detailed qualitative findings outlined in the next section.

3.2 Qualitative Interview Findings

The findings from the nine qualitative interviews with employers will be presented. These are divided into three sections: *IEMHS Pilot Project*, *Employers Experiences*, and *Employer Attitudes*. Using inductive thematic analysis, a number of themes were identified with corresponding sub themes, these themes will be discussed and defined in turn.

3.2.1: Company Demographics. Table 3.10 presents a summary of the demographic information on the businesses interviewed and the codes attributed to both employer (Emp. = Employer) and the IPS Client (Sup. Emp. = Supported Employee). These codes were used to refer to the employer and the IPS Client who worked for them throughout this section in order to preserve their anonymity. In one case, the employer had two IPS Clients employed with their business. In two cases, two employers had employed the same IPS Client at different times. In this instance the IPS Client was issued with the same code.

3.2.2: Section 1 - IEMHS Pilot Project. This section relates employers' views on the IEMHS Pilot Project. It is broken down into six themes. The first theme relates the employers' views to benefits received by themselves and their business from their participation in the Pilot Project. The second theme relates employers' views on what benefits the IPS Client receives for their participation in the pilot project. The third theme relates employers' views on the barriers that would potentially prevent businesses from participating in the Pilot Project. The fourth theme relates the employers' views on their level of interaction with the Employment Specialists. The fifth theme relates what employers felt were the most important aspects of the Employment Specialists role. The sixth theme relates employers' views of the Wage Subsidy Scheme.

3.2.2.1: Benefits for the Employer. This theme relates the potential benefits for an employer, for participating in the Pilot Project. It comprises of two sub themes, the first sub theme, entitled *Ideological Benefits*, comprises of benefits that were not tangible for the employer. These benefits were ideological, when employers spoke about doing something good for society or feeling good about their participation in the IEMHS Pilot Project. The second sub theme, entitled *Practical Benefits*, refers to perceived benefits that were useful for the business, in a practical sense.

3.2.2.1.1: Ideological Benefits. The majority of employers felt that the idea of bringing people with mental health difficulties into the workforce was a benefit and an end in itself for the employer. These employers spoke about the need to be part of the fight for integration of people with mental health difficulties back into society. Employers felt that it was important to give something back to society, particularly, if a business was doing well. For the majority of employers, knowing that they had participated in the Pilot Project led to a directly stated 'feel good'

Table 3.10: Company Demographics and Participant ID codes.

Employer ID Code	Role	Industry Sector	No. of Employees	Mental Health Policy	IPS Client ID Code	Duration Of Employment	Current Status
Emp. 001	Director	Service	8/9	No	Sup. Emp. 001	Two Years	Still Employed
Emp. 002	Owner	Service	18	No	Sup. Emp. 002 & Sup. Emp. 003	Sup. Emp. 002: 3 months Sup. Emp. 003: 4 months	Both IPS Clients stopped attending employment
Emp. 003	Owner	Service	16	No	Sup. Emp. 004	2 months	Contract Terminated
Emp. 004	Owner/Manager	Retail	54	No	Sup. Emp. 005	4 Months	IPS Client stopped attending employment
Emp. 005	Owner	Retail	2 (Including IPS client)	No	Sup. Emp. 006	8 Months	Made Redundant at cessation of business
Emp. 006	Director	Manufacturing	40	No	Sup. Emp. 005	>1year	Still Employed
Emp. 007	Owner	Service	3 (2FT, 1PT)	No	Sup. Emp. 007	2 months	Contract Terminated
Emp. 008	Head Gardner	Hospitality	6	No	Sup. Emp. 007	3 months	Made Redundant through downsizing
Emp. 009	Owner	Agriculture	4	No	Sup. Emp. 008	9 Months	Still Employed

factor. This was seen as a strong motivation for participation in the IPS model. The majority of employers were highly socially committed, as the following quote illustrates,

“I think there is a great benefit for the employer you know? To engage with the services that are available, so people to get a chance, to be inclusive, to be included in the work environment. I am very much in favour of that” (Emp.004, p. 6)

3.2.2.1.2: Practical Benefits: There were practical tangible benefits for employers who participated in the Pilot Project. Employers stated that they benefited from having subsidized employees, who could perform a role in their business. The quote below is from a sculptor who was facilitated to perform other jobs in their business by having an IPS Client watch their shop.

“But it also benefits me because I am getting someone who minds my shop for a few hours and eh...I get the benefit of it obviously, because I get that little bit of freedom and it also feels good to see Sup. Emp.006 walking away, a happier person at the end of the day and looking forward to coming back next week, that’s a lovely feeling, that’s...that’s very nice.” (Emp.005, p. 7)

IPS Clients were considered to be enthusiastic and willing, more so than non-supported employees, to perform their tasks. Their motivation was cited by employers as an asset to the business. As the following quote states,

“...it’s that feeling of having someone there who is very willing, because you know, you can have employees there that just can’t be bothered. They’re actually worse to deal with, to be honest with you.” (Emp.005, p. 10)

The Wage Subsidy Scheme (WSS) was seen as a major practical benefit for employers, who often cited that the rising cost of labour was an issue for their business. As the following quote illustrates,

“The €5.30 an hour I suppose, you know, previously I had a guy who worked for me, he was exceptionally good and there was a financial benefit from having him working for me” (Emp.007, p. 8).

A minority of employers felt that employing a person with mental health difficulties was seen as adding diversity to the business’s workforce, which could be beneficial to public perception of the business.

3.2.2.2: Benefits for the Employee. This theme relates to the potential benefits for an IPS Client for participating in the Pilot Project, from the perspective of the employers. It comprises of two sub themes, the first sub theme, entitled *Social Benefits*, relates the benefits that employers felt contributed to the IPS Clients’ social ability and social integration into the community. The second

sub theme, entitled *Personal Benefits*, refers to employers' views on how the IPS Client could personally improve.

All employers felt that the Pilot Project was beneficial for the IPS Client. Employers noted a number of improvements to the IPS Client's mental health, physical health, independence, financial circumstances, social skills and integration into the community, as a result of their participation in an employment environment.

3.2.2.2.1: Social Benefits: Employers felt that the greatest benefit to the IPS Client, as a result of their participation in the project, was improvements to their social skills. The majority of the nine interviewees felt that there was a marked improvement in the social skills of the IPS Client. This meant that they were better able to converse and understand the humour of their colleagues. In the following quote an employer noted that the IPS Client's linguistic skills had improved through the experience of social interaction in employment,

"Yes, his conversation, his vocabulary has improved immensely and everybody in the nearest villages has commented" (Emp.009, p. 10)

The majority of employers frequently mentioned that improved social skills for the IPS Client meant better integration with colleagues and better integration with the community as a whole. Employers who expressed this view felt that IPS Clients were benefiting from both the interaction and the regular routine that a job brings, having a "normal life". The idea of a "normal life" through employment was at times contrasted favourably to the idea of "Institutionalisation". In several interviews, Ireland's past record of placing people with various mental health or intellectual difficulties into institutions was highly criticised. In the following quote, an employer states that employment was a tool to help deinstitutionalise a person with mental health difficulties.

"But benefits for them people who is disabled and they can be socialised back to society and they could be brought back to the people and they live a normal life as much as they can, perfect, no problem, very good." (Emp.001, p. 6)

3.2.2.2.2: Personal Benefits: Employers felt that employment brought confidence, routine, skills and independence to a person with mental health difficulties, which aided their sense of wellbeing. One employer was very aware of how the IPS Client's mood had changed since starting the job,

"I was in there on Saturday at the butchers getting some meat and the butcher mentioned to me, 'God, Sup. Emp.008's in great form, isn't he?' And I said, 'can you see a difference?' And he's 'yeah, he's a lot more confident and he's smiling and he's bouncing around the village'" (Emp.009, p. 10)

Other employers noted the obvious financial improvement for the IPS Client as a result of employment, which allowed them to be more independent.

Some employers noted an actual physical improvement in IPS Clients through the exercise of work,

“Employment Specialist had said to me that in the couple of weeks that he was working for me, he was smoking less and exercising more and I actually, his colour had sort of improved and there was [a] little more vitality, which was great” (Emp.007, p. 6)

3.2.2.3: Barriers for the national implementation of the Pilot Project. This theme relates what employers thought were potential barriers to businesses in participating in the Pilot Project. It comprises of two sub themes. The first sub theme, entitled *Lack of Awareness about Mental Health Difficulties*, relates employers’ views that prospective businesses may not participate due to their own negative attitudes to mental health difficulties. The second sub theme, entitled *Additional Resources (Time)*, relates employers’ fears that potential businesses will not have the time to participate, due to expectations of poor work performance.

3.2.2.3.1: Lack of Awareness about Mental Health Difficulties: The majority of employers stated that there was a lack of understanding of mental health difficulties, amongst prospective businesses. This lack of awareness was best evidenced when employers spoke about their own fears of mental health episodes in the work place or a loss of productivity due to a mental health relapse, as the following quote illustrates:

“Probably what would be main barriers the mentality of the people. Some people don’t want to take disabled people because it is extra hassle, its extra problems and some people don’t want that because they have enough without.” (Emp.001, p. 10)

There was a persistent finding that employers had their own initial fears of a violent mental health episode on the job. In the following quote, one employer discussed having initially turning down an IPS Client for fear of violent outbursts. This particular employer was reassured by the Employment Specialist that the IPS Client was not prone to violent outbursts.

“That’s why when I first said no, I was thinking of negatives. I was thinking of, first of all, I was thinking has he a tendency to be violent? I mean, not all cases are like that, but I mean I was thinking negatively. I thought, God, this guy could be violent and well if he’s on medication then surely he can’t go near any machinery” (Emp.009, p. 21)

As a method of overcoming this lack of awareness, employers recommended that if the Pilot Project could provide education on mental health difficulties to prospective businesses and their staff in a workshop environment, this may be beneficial.

“So I suppose, it’s about educating other people. It’s the big thing really, because to be honest, I don’t think, the first time, I don’t think I coped very well myself, not myself, but for the person who had the issues because I didn’t know how to handle it.” (Emp.002, p. 4).

3.2.2.3.2: *Additional Resources (Time)*: Employers felt that other businesses would not participate in the pilot project because there would be a perception of excessive time spent on employer engagement, specifically, supervision of the IPS Client, training the employee and time lost due to poor work performance. Work performance barriers were related as fears of absenteeism due to mental health relapses, and whether the medication the IPS Client was taking would make them drowsy or unresponsive. These views were articulated as based on interviewed employers own initial experiences of the Pilot Project. They were contrary to this report survey findings, which related overall positive views to work performance. The disparity in data can only be explained in that the survey provided attitudes in totality, whereas the interviews allowed the respondent to consider work performance over the whole time of the placement. This difference in method may have caused social desirability in answers in the survey, where the respondent felt overall the IPS Client performed well. It should also be noted that not all survey respondents were aware that their IPS Client had a mental health difficulty, unlike all interviewed respondents who had such disclosure this may have also impacted on preconceptions of ability.

A third of employers interviewed, felt that the time needed to train somebody with mental health difficulties, would be prohibitive for prospective employers. The view expressed was that additional time was needed to instruct IPS Clients, and that this would serve to deter potential businesses from participating in the scheme. The issue was given particular emphasis for small businesses where staff numbers were low and where there were high expectations to have work accomplished. In the following quote an employer relates their own issues with time spent on training,

“Like, it was the height of the summer with us from 7 o clock in the morning, the boys jump up on machinery, they get off it at half past 3 and that’s it and they really don’t have time to show anybody, anything” (Emp.008, p. 5)

This finding was often linked to a perceived lack of experience and understanding of the employment world. A number of employers commented on the need for the IPS Client to be able to come to work somewhat “work ready”.

A third of all employers felt that the IPS Client’s potential competency was seen as a possible barrier for businesses working in industry, in construction or manufacturing environments. These employers felt that industries deemed “unsafe”, should not participate in the Pilot Project. This was

due to a fear that a person with mental health difficulties could unwittingly cause harm to themselves or colleagues. The below quote is from an employer who felt heavy industry was unsafe for an IPS Client,

“if you [are] working in some steel factory that is really dangerous and has dangerous equipment probably better don’t bring them there, you know?” (Emp.001, p. 10)

Aside from training, another solution for work performance issues was offered. The solution was to ensure that an IPS Client would undergo normal hiring procedure to assess suitability. The IPS Client would then be subject to work performance indicators for a probationary period. These indicators would allow both Employment Specialist and employer to see how the IPS Client was progressing with their work. In the below quote an employer stated that they did not feel the IPS Client was one of their employees because they were not subject to the same processes as everyone else,

“Like what we do is we put people on a probation period for the first month, you know, when they come to work for us, and if they don’t work out well we sit them down and say ‘look it’s not working out and the probation period is over’. In Sup. Emp.005’s situation, we didn’t have that so how do I use the word? He wouldn’t be an employee of ours as such.” (Emp.004, p. 4)

3.2.2.4: Employment Specialist Interaction. This theme relates how employers evaluated their interaction with the Employment Specialist. It comprises of two sub themes. The first sub theme relates how employers rated their interaction with the Employment Specialist. The second sub theme relates how employers felt about the interaction between the IPS Client and the Employment Specialist.

3.2.2.4.1: Employer Interaction with the Employment Specialist. The majority of employers felt that Employment Specialists were accessible. Employers felt that the Employment Specialists either frequently visited their premises to speak with them or could be contacted by phone at any time. Employers generally felt that their interaction with Employment Specialists was positive, professional and constructive. As the below quote illustrates, time unlimited accessibility was valued by employers,

“I was on the phone to them quite a lot to them and they were only down the road and they always said that if they were needed that they were only up the road, they would come up for any reason.” (Emp.003, p. 6)

Only two employers felt that their interaction with the Employment Specialist was insufficient to their needs. One Employer, who had two different IPS Clients said,

“Not an awful lot, eh...I would have met Employment Specialist and then she would have rang me up and said ‘we have someone that is interested’, and we would have met up and that was it. Yeah...eh

not a whole lot, like I did ring Employment Specialist when Sup. Emp.002 didn't show up for work that day and I didn't hear back for two or three days and I actually went back to them [and asked] 'was he ok?' " (Emp.002, p. 7)

This minority of two employers felt that, the pilot project was ad hoc in its organisation and that there was not real interest on the behalf of the Employment Specialist, after employment for the IPS Client had been secured. These two employers felt that interaction should be more structured with pre- arranged regular meetings.

What emerged from all interviews was the need for the Employment Specialist to act professionally and in a timely fashion. It was important to all employers, no matter how frequently the Employment Specialist was able to visit them, that they could be reached in a timely manner, when needed.

The majority of employers in the sample felt that having an Employment Specialist onsite for any longer than was needed, could be an unnecessary and a significant hindrance.

"I think it was important for Sup. Emp.008, not so much for me. For me it was more of a hindrance, because I just want to get on with my work. But I think it was important for Sup. Emp.008, you know, somebody familiar" (Emp.009, p. 16)

The view was stated that, if an Employment Specialist was onsite for too long, it would emphasise a "difference" between the IPS Client and the rest of the workforce. Only in the two cases where employer interaction levels were low with the Employment Specialist, was an onsite presence more actively encouraged.

3.2.2.4.2: Employee Interaction with the Employment Specialist. The majority of employers stated that they thought that the interaction between the Employment Specialist and IPS Client was excellent and that the IPS Client required their Employment Specialist's support at some point, during their employment. In the following quote, an employer states that they felt the Employment Specialist interactions helped the IPS Client,

"...both of them would have required the role of the job coach, I think [for the] 'Other Supported Employee' [it] was to get him through the interview process and to get the job, then he was able to fulfil the role himself but Sup. Emp.004, she needed an ongoing...she needed an ongoing assessment and it worked quite well with both of them." (Emp.003, p. 7)

Employers who still currently retain the IPS Client in their employ stated that interaction between the Employment Specialist and both the employer and the IPS Client had lessened. As the following quote illustrates this was seen as a positive development, as they felt that they required the role less and that the IPS Client was more fully integrated into their employment.

“I would say recently...I haven’t seen them but obviously we have no problems and I presume therefore, Sup. Emp.005 has no problems, so I suppose it’s a good thing that we haven’t seen very much of them.” (Emp.006, p10 -11)

3.2.2.5: Employment Specialists’ Role. This theme relates the aspects of the Employment Specialist Role that employers felt important. It comprises of four sub themes: liaison, information provider, ensuring a good job-fit and provider assistance.

3.2.2.5.1: Liaison. Employers felt that one of the important aspects of an Employment Specialist’s role was to act as a liaison between them and the IPS Client. It was argued that they could use the Employment Specialist as a communication channel with the IPS Client. This also meant that they could receive feedback from the IPS Client through the Employment Specialist. The following quote is from an employer who felt they were untrained to relate their business needs to the IPS Client and relied on the Employment Specialist to liaise on their behalf,

“Yes it was yeah, it was a go between when I had issues, initial issues with Sup. Emp.004, I could ring Employment Specialist and Employment Specialist would talk to her because I am not trained in mental health and I wouldn’t like to say something to somebody that might offend them or might upset them” (Emp.003, p. 6)

3.2.2.5.2: Information Provider. A key role of the Employment Specialist was to provide the employer with information about best practice guidelines, legal issues and about the IPS Client themselves. Employers felt that they received inadequate information regarding possible legal issues, best practice guidelines or how having a person with mental health difficulties in their employ, would affect their insurance. The majority of employers saw it as an aspect of the Employment Specialist’s role, to provide that information and as the following quote demonstrates, were not satisfied with their output,

“I got... no, I didn’t...I didn’t get any really except “will you give this guy a chance” and I don’t know if employing someone through that scheme affected my insurance or anything like that, no.” (Emp.007, p. 11)

The need for disclosure about the IPS Client’s mental health difficulties was a persistent finding throughout the majority of interviews. In the following quote one employer felt unaware of what was to be expected by a person with mental health difficulties,

“No, I think that is a forefront thing that should be up there, especially if someone has a specific illness say schizophrenia, you know they’re coming to work in our environment, as employer, we should be aware as to what could happen” (Emp.004, p. 110).

While this finding may not be compatible with professional ethics or indeed data protection laws, it was seen by the majority of employers as an important aspect of the Employment Specialist’s role.

The majority of employers felt that they could plan ahead with that information, and inform the IPS Client's colleagues, to prevent personal abuse and facilitate better integration.

3.2.2.5.3: *Ensuring a Good 'Job-fit'*. Employers felt that one of the most important roles of an Employment Specialist was to find the right job for the IPS Client. This idea was described as "job-fit". In the following quote an employer states the role was important to ensure that the IPS Client's skills were appropriately matched to the employer's needs,

"The most important aspect of the job coach's role is getting...eh... understanding the person's true skill set and finding, finding an employer with that need because trying to shoe horn them into somewhere, you know is not right for them, is not going to work" (Emp.007, p. 10)

Employers where the IPS Client was found to be unsuitable placed great emphasis on the job-fit aspect of the Employment Specialist's role. In the following quote an employer felt that the Employment Specialist was simply finding a job for the IPS Client, rather than finding an appropriate position,

"I did feel it was kind of 'get them a job and kind of get them off my books' you know? I don't mean that in a bad way, it was kind of like, there were one or two comments like 'aw he hasn't done anything in so many months, I need to get him something'" (Emp.002, p. 7)

Some employers felt that if the job-fit was correct, the Employment Specialist's role thereafter, would be less significant as both the employer and IPS Client would be content with the outcome. This view would seem to be supported by the three successful placements where the Employment Specialist's presence became less of a feature, as the IPS Client became accustomed to their work and integrated successfully with their colleagues.

Employers felt that Employment Specialists should "vet" prospective IPS Clients in internal interviews, establish their strengths, weaknesses and aims and more thoroughly position the IPS Clients at roles that are more suitable for them. This approach is in keeping with the IPS principle that "participants are helped to look for work which suits their preferences and strengths" (see Mental Health Reform 2018), a principle in which all of the Employment Specialists would have received training as part of the IEMHS project.

In an example where "job-fit" worked, one interviewed employer, whose IPS Client left the placement, felt that they were not suited for retail work and maybe a factory would be more suitable to their needs. That IPS Client's subsequent employer was also interviewed as part of this research. They are the proprietor of a large factory. The IPS Client has been working there productively for over a year, with no recent interaction necessary from the Employment Specialist.

3.2.2.5.4: Provider of Assurance. The majority of employers expressed the view that one of the most basic roles of an Employment Specialist was simply reassurance. The knowledge that there was a safety net in place for them, was enough for some employers to be able participate in the scheme. One employer said,

“I just knew I had that support and back up, I didn’t really need it but I knew he was always there, I knew he was always there.” (Emp.005, p. 7)

This finding once again illustrates the need for a trusting and professional relationship between the Employment Specialist and the employer. Employers said they would not participate in the Pilot Project if there was no Employment Specialist.

3.2.2.6: Wage Subsidy Scheme. This theme relates the employers’ views about the importance of the Wage Subsidy Scheme. Though not part of the Pilot Project, without the Wage Subsidy Scheme (WSS), hiring an IPS Client for many employers was infeasible. Larger businesses were less reliant on the Wage Subsidy Scheme but for small businesses it was a necessity. Labour was frequently cited as being increasingly expensive for many employers. Though, once again, contrary to the survey findings (see 3.2.2.3.2 for possible explanation for disparities), the majority of employers felt that they would not be in a position to hire someone with mental health difficulties, due to a perceived low output of work performance, without being subsidised by the State. In the following quote, one employer suggests that an IPS Client would not be worth taking on without a subsidized wage,

“You would love it to be otherwise, you know what I mean? But the cost of employing somebody is so high now that, you can’t afford to have people standing around doing nothing and Sup. Emp.005 definitely wouldn’t be as productive” (Emp.006, p. 12).

3.2.2.7: Summary of Section One. Benefits that employers felt for themselves and their businesses fell into two categories: ideological and practical. Ideological benefits were expressed as giving back to the community and performing a social good that made an employer personally feel good. Practical benefits were gaining a subsidized, enthusiastic, employee and being perceived to be performing a social good. Benefits the employers perceived for the IPS Client fell into two categories: social and personal. Social benefits were expressed as improved social skills, awareness and better integration into the community. Personal benefits were perceived as improved confidence, experience, skills, health and finances, which facilitated better independence for the IPS Client.

Employers were of the view that a general lack of awareness to mental health difficulties and the time it would take to supervise and accommodate an IPS Client would be the main barriers to businesses participating in the Pilot Project. They argued that providing mental health awareness

workshops for prospective businesses may overcome the first of these barriers. Employers felt that the second barrier could be overcome by pre-training the IPS Client to be prepared for private employment and, to subsequently monitor their performance through structured indicators.

Employers felt that support from the Pilot Project was sufficient. Employment Specialist interaction with employers and IPS Clients was considered sufficient by most employers, though a minority were dissatisfied with the level of support received from the Employment Specialist. The Employment Specialist was argued to have four roles: to act as a communication link for feedback between employer and the IPS Client; to be an information provider to the employer; to ensure that there is a good job-fit or match between the IPS Client's skill set and the job; and to provide reassurance to the employer.

Employers felt that, as a communication channel, Employment Specialists had performed well. However, the majority of employers were not satisfied with the information that was provided. Employers argued not only for legal and best practice information, but also disclosure on the client's mental health difficulties. Employers argued that a more formal assessment process was necessary for a correct job-fit. They felt that Employment Specialists performed well in providing assurance. Finally, employers felt they would not be able to participate in IPS without the Wage Subsidy Scheme.

3.2.3: Section 2 - Employers' Experience. This section refers to the employers' personal experiences of working with an employee with mental health difficulties, and who was supported via the Pilot Project. It is broken into four themes: prior experience, work performance, social interaction and special accommodations.

3.2.3.1: Prior Experience. Two thirds of employers interviewed had previous experience of working with someone with mental health difficulties, prior to their participation in the Pilot Project. These experiences varied from their present business, where employers had directly employed an employee with disclosed mental health difficulties, to being co-workers themselves, with such a colleague, in prior employment. Prior experience was often cited as an aide to preparing work performance strategies for people with mental health difficulties, as well as providing reasonable expectations for outcomes.

3.2.3.2: Work Performance. This theme relates the employers' views of the work performance of the IPS Client.

3.2.3.2.1: Employee Experience. Though the IPS approach requires that clients have the opportunity to be supported into employment regardless of 'job readiness', in nearly all interviews,

employers expressed the view that the IPS Client's initial work performance clearly demonstrated a lack of experience. As a result, employer engagement with the process increased substantially, as employers had to spend additional time training and supervising their IPS Clients. As the following quote explains, employers felt that if IPS Clients were more job ready at the beginning of their placement, there would be no issue in getting prospective businesses to become involved.

"The only thing is they should be sort of employed ready you know, when they come to us. It is something that will have to be addressed because I'd say a lot of companies would have no problems whatsoever with hiring a person with either physical or a mental disability." (Emp.008, p. 13)

A majority of employers felt that the IPS Client's lack of experience fed into a number of other issues regarding their work performance. As a result of being new to the environment of employment, there was a notable lack of confidence in IPS Clients' work performance. Some employers felt that this was due to previous institutionalisation of the IPS Client. The lack of confidence led to a slowness to perform tasks and an unwillingness to demonstrate initiative. The following quote is from an employer, who felt inexperience led to a lack of initiative,

"...like that he would do everything that he was asked to do but then he would wait then to be shown what else to do. That would happen with a lot of employees because he wasn't that long with us so invariably that does happen..." (Emp.004, p. 5)

This did improve over time, where the job-fit was correct and where the IPS Client accumulated experience. In the businesses where the IPS Client was suited to their role, employers noticed a general improvement in their confidence over time. In two cases, where the IPS Client is still gainfully employed, this has led to a development and diversification of the role originally offered. In these two cases, there is less need of the Employment Specialist and the employee has been fully integrated with the staff. In the following quote routine was seen as very important to the build-up of confidence and improvement in the IPS Client's work performance,

"Yes, yes, there's been a massive improvement. Like anyone starting a job, you have to get to know the place, get to know the routine" (Emp.009, p. 4).

3.2.3.2.2: Employee Ability. Employers stated that, an issue for them was, the IPS Client simply did not have the skills to do any advanced work. This issue meant that employers would have to accommodate IPS Clients by placing them in roles which required less skilled output. In smaller businesses this was a particular issue. In the following quote, the employer could not find a role for the IPS Client and their contract was ultimately terminated,

"He actually didn't have... I don't think he had the motor skills necessary, he couldn't...do something like fine skills, he didn't have that level of dexterity." (Emp.007, p. 7).

Overall, employers felt that IPS Clients did understand direction well and followed instruction with an enthusiasm. *“He’s very agreeable, if you ask him to do something, he does it” (Emp.006, p. 8).* IPS Clients were perceived to be highly motivated, by the majority of the sample, even more so than non-supported employees.

“They were very, very willing and very, very pleasant to deal with, very you know, wanting to please almost too much” (Emp.005, p. 3).

3.2.3.2.3: Failed Placements. In a minority of cases, the placement was seen as a failure, due to it ending in termination or that the IPS client did not return to work. These cases had similar characteristics. There was a mental health relapse. There was low Employment Specialist interaction with either the IPS Client or the employer. The job-fit was inappropriate (skills mismatch or social ability mismatch). In the following quote, an employer relates how a mental health relapse led to the IPS Client ceasing their placement,

“...he was struggling a bit and that he was finding it hard to get out of bed basically, he was just staying up late at night watching telly and stuff and not getting up on the day and had gotten into a bit...a bit of rut, you know? But eh...I said ‘look Employment Specialist we will give him a second chance, if he wanted to come back’ but he didn’t come back, I see him walking around the town but he didn’t come back.” (Emp.002, p. 3)

3.2.3.2.4: Outcome. At time of interview, three employers still had IPS Clients working for their businesses. Two employers had made them redundant, through no fault of the employees. Two employers had stated that their employees had left. Two employers had actively terminated their IPS Clients’ contract. Successful placements were characterised, from the perspectives of employers, by good job-fit, high levels of interaction with an Employment Specialist, and good integration with the workforce. In these cases, the IPS Client’s work performance improved through experience and the confidence which it brings. The following quote relates one such example, where the IPS Client is demonstrating a desire to take on additional roles.

“...‘Sub Emp.008, we’re going to have to work at you getting this fixed’, and he turned around and said ‘yeah, maybe next time it breaks you’ll let me have a go’.” (Emp.009, p. 5)

Failed placements were characterised by employers as having poor integration, low levels of interaction with an Employment Specialist, job-fit mismatch and mental health relapses during the employment period.

3.2.3.3: Social Interaction. This theme relates employers’ views of the social interaction between employers and IPS Clients and their work colleagues. It is divided into three sub themes: social inexperience, integration strategies and integration outcomes.

3.2.3.3.5: *Social Inexperience*. The majority of employers felt that IPS Clients did initially struggle to become socially involved with the rest of their colleagues. They did not display the social skills which employers would have assumed common place. Employers spoke about IPS Clients being generally quiet and unwilling to be in the company of colleagues during lunch breaks. It was often reported that an IPS Client would leave for pro-longed or excessively frequent cigarette breaks. They would eat lunch in their car or elsewhere offsite. A minority of employers did state that they felt this behaviour was due prior institutionalisation. It should be noted employers are not necessarily mental health experts and may not be in a good position to interpret this behaviour. The below quote is from an employer who felt that the IPS Client found it initially difficult to fit in with other colleagues,

“...there’s a lot of banter, you imagine it, and it’s a male environment, the boys talking about the weekend and being out and this that and the other. Sup. Emp.007 found it very, very, very hard to have any sort of interaction at all.” (Emp.008, p. 6).

3.2.3.3.6: *Integration Strategies*. Employers were active in trying to better integrate IPS Clients with the rest of their colleagues. Two strategies were identified. Firstly, to disclose to their colleagues that the IPS Client had mental health difficulties, to ensure that they were treated with patience and not personally abused. Secondly, to coerce the IPS Client to attend meal times with their colleagues. This report will now deal with each strategy in turn.

The majority of employers disclosed to their staff that the IPS Client had mental health difficulties. According to the employers, this information was shared to offset the danger of an IPS Client being bullied in the workplace on account of any perceived differences. Of the nine employers interviewed, only one employer felt that a colleague ever personally abused an IPS Client. In that case, the IPS Client was abused due to perceived poor work performance and not a negative attitude towards people with mental health difficulties. In the below quote an employer explicitly told staff not to abuse the IPS Client,

“...well everybody here knows, before he ever came here, we didn’t want him to be upset because you know what a factory is like, people can be...not that they necessary set out to be cruel but they can be cruel. So we didn’t want any of that carry on, so everybody was spoken to before he came here to cut out that nonsense.” (Emp.006, p. 14)

Several employers explicitly asked IPS Clients to eat lunch with their colleagues. This was seen as important to team building and integration. In these interviews, the IPS Client did begin to integrate better with their peers. It should be noted that, in some of the roles in which IPS Clients were engaged, a lot of their time would be spent in relative isolation. The nature of the work, and the division of labour needed to achieve successful outcomes for the business left little time for

socialising. In these situations, meal times were then seen as especially important to ensure good social interaction between employees.

3.2.3.3.7: Integration Outcomes. The majority of employers felt that the IPS Client who either had worked with their business or was still working with their business, had a good relationship with their colleagues and the employer themselves. In the following quote, an employer relates the good relationship they have with the IPS Client,

“I’ll put the music on and start messing with him by dancing with him and you can see Sup. Emp.008 nodding and he’s dancing and he’s getting on with his work.” (Emp.009, p. 8)

In a minority of interviews where there was no communal meal or close interaction with a colleague, the IPS Client simply remained isolated. Their social skills were not perceived to improve. In the two cases where this occurred, the employee eventually left the business and was never fully integrated into the staff. In the below quote an employer regrets not having more interaction with the IPS Client,

“I suppose if you were to start again but it’s not always ideal, there is a little bit of isolation to a certain degree, he would have had his back to us and he was doing his thing and your mind can start to wonder a bit, we all do. Maybe a bit more interaction, maybe to check in a bit more often, [for example] ‘alright there Sup. Emp.003, everything ok?’, I suppose with these things you live and learn” (Emp.002, p. 6)

3.2.3.4: Special Accommodations. This theme relates experiences of how employers adapted their work practices to accommodate for the IPS Client’s lack of work experience or skill. Employers formulated two types of accommodation strategies. Direct accommodation strategies and indirect accommodation strategies. Indirect strategies relied on the Employment Specialist as a mediator and link to effectively communicate with the IPS Client. They are discussed in the section 3.2.2.5 (above). This theme will focus on direct accommodation strategies. The theme is divided into two sub themes. The first sub theme looks at the first of these strategies “Supervision”. The second sub theme “Less Responsible Roles” discusses the second direct strategy.

3.2.3.4.1: Supervision. The majority of employers felt that IPS Clients needed excessive supervision. A common finding amongst all interviews was that, there was a fear of lack of competency and a reality of initial inexperience. Employers feared if the IPS Client was left to their own devices that an accident may happen, the work would not be done to standard or that the work output would be too slow. It was generally felt that a “normal employee” would not need this level of supervision and that this was done specifically to accommodate the IPS Client.

“...constant on the job supervision but on occasion not enough, you know? You would almost need to have somebody in Sup. Emp.007’s case, would almost need to have somebody walking around with him, you know?” (Emp.007, p5)

In interviews where the IPS Client worked as part of a small team within a larger business, colleagues supervised on behalf of the employer and were seen as a constant onsite support. The supervision, in this situation, was casual and the IPS Client benefited both socially by operating in a smaller unit, and in their work performance, by having colleagues instil confidence. The below quote refers to when an employer spoke about a small team with an IPS Client working well together,

“Well there’s sort of three guys that work in the showers alone with Sup. Emp.005 and like when Sup. Emp.005 is not there they would miss him, they’ve said ‘it would be great if Sup. Emp.005 wanted to work more time that would be fine we would find him more work to do’” (Emp.006, p5)

Inevitably the excessive supervision was considered a strain to many businesses, particularly small businesses or sole traders, who felt they simply did not have the time to supervise an employee to the extent required. These employers felt that it was in the IEMHS remit to train prospective employees and have them “work ready”. The below quote is from an employer who felt they had to spend too much time preparing an IPS Client to be able to work,

“The barrier would be the time necessary, for, we will say the likes of me and I was the supervisor of him, to actually get him work enabled. Like eh... a normal individual, I’m not saying he’s not normal but with a normal individual you wouldn’t have to spend a quarter of the time that you would have to spend with Sup. Emp.007”. (Emp.008, p11)

3.2.3.4.2: Less Responsible Roles. The second direct strategy that employers pursued was placing the individual in a position that did not require a large amount of responsibility. These employers did not feel they could trust the IPS Client with complicated tasks or jobs which required any level of high skill. Even with employers where work performance was seen to improve, new tasks and new responsibilities were very slowly devolved to the IPS Client, and only when the employer or colleagues were present to supervise.

“...she could do menial tasks like cleaning and dusting around the place, little, little tasks like that that didn’t require too much responsibility.” (Emp.005, p. 3)

3.2.3.5 Summary of Section Two. Employers felt that IPS Clients had insufficient employment experience prior to placement. This created issues with efficiency, initiative and confidence in work performance. Employers also felt that IPS Clients did not have high levels of skill.

In successful placements, these issues improved over time, as the IPS Client became accustomed to the routine of work. Successful placements were categorised by the following features:

1. High levels of Employment Specialist interaction with both the IPS Client and the employer;
2. When the Job position was matched correctly with IPS Clients abilities and employers' needs;
3. When the IPS Client was successfully integrated with staff.

In failed placements, the IPS Client either left the placement on their own, or had their contract terminated. Failed placements were characterised by the following features: low interaction levels between the Employment Specialist and IPS Client and between the employment specialists and the employer; poor job fit; there was mental health relapse; there was little or no integration.

IPS Clients were considered socially inexperienced by employers. Employers formulated two strategies to aid interaction: employers disclosed that the IPS Client had mental health difficulties to their colleagues and employers encouraged the IPS Client to eat with other staff members at meal times. The majority of employers felt that social inexperience was overcome and that the IPS Client was successfully integrated with the staff.

Employers' formulated two types of accommodation strategies to deal with IPS Clients' work performance: indirect strategies which involved the use of the Employment Specialist as a communication channel between the employer and the IPS Client; and direct Strategies, which either placed the IPS Client under additional supervision, or placed them in a low responsibility role.

3.2.4: Section Three-Unexpected Findings. This section outlines the unexpected findings from this exploratory thematic analysis, that is, findings not related to the key research questions introduced in section 1.5. Three themes relating to employers' attitudes emerge from the analysis. The first, entitled '*Employers Attitudes to Supported Employment*', relates employers' attitudes towards the concept of supported employment generally, and towards the IEMHS project specifically. The second theme, entitled '*Employers' Attitudes to People with Mental Health Difficulties*', relates employers' attitudes towards people with mental health difficulties. The third theme, entitled '*Potential for Attitude Change*', relates the evidence suggesting that participation in the IEMHS project changed attitudes in a positive manner.

3.2.4.1: Employers' Attitudes to Supported Employment. Employers' attitude towards supported employment for those experiencing a mental health difficulty or other disability (e.g. an intellectual disability) were very positive. Although employers' actual experiences of the IEMHS pilot project varied (see section 3.2.3), there was universal support for the concept of supported employment. Employers expressed negative attitudes towards the historical treatment of people

with mental health difficulties and/or other disabilities, condemning the institutionalisation and social exclusion of these groups, and arguing for the need for a different approach. In contrast, they expressed very positive attitudes towards supported employment that facilitated the social inclusion and integration of people with a mental health difficulty or other disabilities into the labour force. For example, one of the interviewed employers stated the following:

“I think it’s a great idea, I think it is, I think it is a shame [that] anybody no matter what disability they have should be unemployed.” (Emp. 008, p. 10)

Such attitudes reflected socially conscious views geared towards equality of opportunity, social inclusion, and the desire to help those in need of support to achieve a healthy, happy, and high-quality life.

For a minority of employers, these positive attitudes towards supported employment (and towards people with mental health difficulties more generally) appeared to be influenced by their personal experiences. Such experiences included personal experiences of a mental health difficulty or knowing someone who had/was experiencing such difficulties. For example, an employer who had themselves experienced a mental health difficulty in the past stated the following:

“I think that one of the things with mental health issues is that you feel you feel invalid, unable to cope and I think that’s a detrimental feeling for anybody and if you have gainful employment it is a focus, it gives you a feeling, a feeling of achievement and I think that is huge in mental health” (Emp.005,p 5).

Similarly, knowing someone with a mental health difficulty or other disability also likely influenced employers’ attitudes towards supported employment for these groups, as evidenced by the following statement:

“Our little boy has Down Syndrome, so something in the region of 90% of adults with Down Syndrome are not employed. So that’s what the future holds and my wife works with special needs a lot, with things like Autism and that and it’s the same, you know. So we be big fans of it [supported employment]” (Emp. 007, p. 8)

The above serves not only to illustrate the potential influence of personal experiences on attitudes towards supported employment, but also highlights the potential benefits of employment as perceived by those with relevant personal experience.

3.2.4.2: Employers’ Attitudes to People with Mental Health Difficulties. This theme is divided into two subthemes: blatant attitudes and latent attitudes

3.2.4.2.1: Blatant Attitudes. The majority of interviewees expressed overtly positive attitudes towards people with mental health difficulties. Reflecting these positive attitudes, many

stated that people with mental health difficulties were like everyone else and should be treated as such, as illustrated by the following:

"I have learned that people with mental health issues are pretty much the same as other people, some can fulfil roles and others can't and that is the same as any member of staff that come into us."
(Emp. 003, p. 2).

Similarly, when asked if they believed that hiring a person experiencing a mental health difficulty was riskier than hiring someone with no such difficulties, only a minority expressed the belief that it was riskier, indicating positive attitudes among the majority. Also indicative of positive attitudes towards people with mental health difficulties, many employers spoke of the need to reduce the stigmatisation of this group and to reduce the 'embarrassment' associated with discussing mental health issues. These employers argued that anyone at any time could experience such difficulties, which may not be immediately apparent, owing to the internal or 'hidden' nature of mental health difficulties. For example, one interviewed employer stated the following:

"I think that people can hide it very well like you don't realise that you are working beside for 6 months or more and not realise... maybe they have an issue with mental health and you wouldn't realise it, you know? It can be hidden very well" (Emp.002, p. 4).

4.2.4.2.2: Latent Attitudes. Despite the overtly positive attitudes towards people with mental health difficulties outlined in the previous section, there was evidence that many (but not all) employers maintained latent negative attitudes towards this group. These attitudes were referred to as 'latent attitudes' as they were mainly evident from employers' descriptions of IPS clients and/or the phrasing and language they used during their interviews. The following is an example of the former:

"Still nobody is expecting from Sup. Emp. 001 a 100% job like, like from other employees, nobody is expecting that from Sup. Emp. 001. Full, full 100% job, he is probably not able to do that." (Emp. 001, p. 3).

This quote highlights the low expectations of IPS clients in general and is indicative of the stereotype that people with mental health difficulties are less capable than other employees. Contrasting with the common overtly stated belief that people with mental health difficulties are 'like everyone else', a minority of employers indicated a belief that IPS clients were 'different'. For example, in reference to a particular client, one of the employers stated that *"...he's different to a normal employee is how we will put it"* (Emp. 006, p. 3).

Employers' latent negative attitudes towards people with mental health difficulties were also evidenced by their use of diminutive and patronising phrases. These included describing clients as 'child-like', as having 'limited abilities', and in one case, habitually confusing 'learning difficulties'

with mental health difficulties throughout their interview. Others made reference, however unintentionally, to the negative stereotype of people with mental health difficulties being violent and unpredictable, as illustrated by the following:

“...as far as a mental illness is concerned, well assuming they’re not a murderer or anything like, no it wouldn’t be a problem at all.” (Emp. 006, p. 40)

4.2.4.3: Potential for Attitude Change. As noted, this theme relates the evidence suggesting that participation in the IEMHS project changed attitudes in a positive manner. Indeed, there was tentative evidence suggesting that participation in the IEMHS project has the potential to improve attitudes towards people with mental health difficulties. A majority of employers stated that, following their participation in the pilot project, they would be more inclined to participate and/or hire a person experiencing a mental health difficulty in the future. For example, the following was stated by one of the interviewed employers: *“I would be more inclined to [hire]... I would be more open to it now, yes.” (Emp. 007, p12)*. A minority of employers also indicated that their participation in the IEMHS project had a positive impact on their own attitudes and those of their staff, as illustrated by the following:

“Well, the benefit, we got probably more of the benefit than probably Sup. Emp. 007 did in that here was a young fella, ... he had a mental disorder you could see that in him, and in the three months he was with us, we probably appreciated more what was out there in society” (Emp. 008, p. 10).

To be clear, although the above suggests that participation in the IEMHS project has the potential to improve attitudes towards people with mental health difficulties, among both employers and their staff, without further research, this cannot be stated definitively.

3.2.4.4: Summary of Section Three. Employers attitudes towards the concept of supported employment were very positive, while attitudes towards the historical alternative (‘institutionalisation’, ‘work houses’, etc.) were negative. Attitudes towards supported employment appeared to be influenced by personal experiences, either directly (personal experience of a mental health difficulty) or indirectly (by having a family member, friend, or acquaintance with a mental health difficulty or other disability). Employers’ blatant or overtly stated attitudes towards people with mental health difficulties were also very positive. However, there were numerous examples of latent or subconscious negative attitudes towards people with mental health difficulties. Finally, there was evidence suggesting that participation in the IEMHS project has the potential to improve the attitudes of employers and co-workers alike. However, without further research, this cannot be stated definitively.

4: Discussion

In this section, the report discusses the findings of both the quantitative survey and qualitative interviews in the context of the literature examined in the introduction section. This section will discuss the major findings in relation to research questions posed by this report, which were:

- 1) From the employer's perspective, what were the benefits of, and barriers to the IEMHS Pilot Project?
- 2) What were the employer's experiences of working with a person/persons experiencing mental health difficulty?
- 3) How did the employers perceive the support they received as part of the IEMHS project?

In addition to these primary questions, this section will also discuss the unexpected findings relating to employers' attitudes towards people with mental health difficulties in the workplace.

Methodological strengths and limitations will be discussed, and the report will conclude with a brief list of the authors' recommendations based on the findings outlined.

4.1: Benefits and challenges of participating in the IEMHS Pilot Project

4.1.1: Benefits for the Employer. Employers in this study overwhelmingly believed that their participation in the IEMHS pilot project was beneficial. Benefits for the employer fell into two categories: altruistic/ideological benefits and practical benefits. Altruistic/Ideological benefits were not tangible in nature. Instead, employers perceived as a benefit the opportunity to help individuals in need. Benefits of this kind were described by employers as performing a social good, aiding the integration for people with mental health difficulties into the labour force and mainstream society, and providing the IPS Client with experience. This in turn gave many employers a 'feel-good factor'. This was supported by the quantitative survey data, such that the opportunity to "help those with a disability or other disadvantage" was ranked as the most important/biggest benefit for employers participating in the IEMHS project. These findings not only highlight an important benefit for employers, but also suggest that a key motivating factor in an employer's decision to participate in such a project was a strong social conscience and a desire to help those in need.

Evidence of the practical benefits for employers, this is, benefits that had a positive practical impact on employers and their businesses, were also found. The wage subsidy received by employers was reported as being particularly beneficial, when prompted on the subject. Although not ranked highly by surveyed employers (4th; see table 3.8) and only discussed by many

interviewees when prompted, its benefits were none the less evident. This wage subsidy gave employers the opportunity to hire a potentially productive employee at a reduced cost. This was reported as particularly beneficial for small business owners who could not afford to hire a non-subsidised employee. Another practical benefit alluded to by both surveyed and interviewed employers, was the support they received from the Employment Specialists, particularly in relation to managing the needs and work performance of IPS clients. Further emphasising the important role of Employment Specialists in this project, many employers felt that they would be unwilling to become involved in the IEMHS pilot project without the support received through the Employment Specialists. Another benefit alluded to by employers was the ease of access to potential productive labour (ranked 3rd in the survey, above subsidised wages).

These findings are consistent with previous similar work in this area. Lexén et al. (2016) found that ‘good-will’ and a strong social conscience were key motivating factors in employers’ decisions to hire through an IPS-based supported employment project. They also found that the opportunity for a ‘win-win’, that is, the opportunity to hire a potentially productive employee at a reduced cost, while simultaneously providing skills and experience to a person with mental health difficulties, was also a key motivating factor in this regard.

4.1.2: Perceived Benefits for the IPS Client. As noted in the introduction, difficulties obtaining and maintaining employment can have a detrimental effect on quality of life, reduce social networks and social inclusion, reduce recovery options, maintain poverty, and reduce emotional, social, and behavioural well-being (Tsang et al., 2007). Employment is therefore considered central to improving quality of life and facilitating recovery for those with Mental health difficulties, regardless of severity (Strong, 1998; Tsang, 2003). Reflecting this, employers perceived numerous personal, practical, and social benefits for the IPS clients arising from their employment through the IEMHS pilot project. In fact, the majority of employers emphasised that the benefits for IPS clients were greater than the benefits for employers themselves. These benefits included increased self-confidence, improved skills and abilities, increased work experience, increased personal and financial independence, a greater motivation to work, and the benefits of an established structured routine. Many employers also emphasised the social benefits for IPS clients of working as part of a team, noting improvements in social skills and greater social inclusion over time. Indeed, employers praised the IEMHS pilot project for facilitating greater integration of people with mental health difficulties into the labour force and mainstream society. Some even contrasted these benefits with historical approaches to employment for people with mental health difficulties, noting the detrimental impact of ‘work houses’ and ‘institutionalisation’.

4.1.3: Barriers to Participation and Expansion. Employers alluded to a variety of barriers which could limit not only employer participation, but also the effective expansion of the IEMHS project. A lack of knowledge and awareness of mental health issues in general, and about mental health issues in the workplace, among employers and their staff, was identified as a significant barrier. Many employers spoke of a general lack of knowledge about mental health, while others discussed a lack of knowledge and awareness relating to policy and best practice when employing people with mental health difficulties. Some employers also spoke about a lack of knowledge and awareness about the specific mental health difficulties of potential employees, what they could expect from people with particular difficulties, what their capabilities were, and how to respond if work performance or behavioural issues arose, fearing that an inappropriate response could have a detrimental effect on the individual. This lack of knowledge and awareness reflected the reported lack of, and need for, better guidelines, written policies, training and government support to help employers manage mental health in the workplace, also reported by employers surveyed by the NESF (2007; see table 1.2).

Employers anticipated that prospective businesses would have negative attitudes towards mental health difficulties owing to a lack of awareness, which would pose as a barrier to the expansion of the Pilot project. The majority of employers interviewed did express their own lack of awareness to mental health difficulties. Employers expressed concerns regarding the potential for, and prevalence of, mental health episodes, with some indicating a belief that such episodes could result in, at best, absenteeism, and at worst, unpredictable and even violent behaviour. Such beliefs echo the prevalent belief among employers, that people with mental health difficulties are less reliable than other employees. Indeed, approximately one in six of the employers surveyed as part of this project, and one in three of those surveyed in 2007 (NESF, 2007) maintained this belief. Although the survey findings outlined in section 3.2 were predominantly positive in terms of work performance and social interactions with co-workers, interviewed employers indicated that their initial expectations and expressed experiences in these regards were low. Again, such findings echo the concerns of employers outlined in the Mental Health in the Workplace report (see table 1.2; NESF, 2007). The disparity in quantitative and qualitative results can also be attributed to qualitative interviewees having more scope to explain their views on the IPS Client's work performance over the period of the placement whereas, in the survey, respondents could only give their overall opinion.

Finally, employers often alluded to a need for additional resources, specifically time, owing to the perceived need for greater supervision of, and more time spent training/working with, IPS clients to ensure satisfactory work performance. Notably, most employers did not attribute this need for greater supervision to individuals' mental health difficulties, but to a lack of skills and work

experience due to long-term unemployment, suggesting that this issue would likely be overcome in time. Indeed, in many cases, initial work performance issues were overcome through special accommodation strategies on the part of the employer and/or through engagement with the Employment Specialists. This will be discussed in greater detail in the next section. However, the need for additional resources may be a significant barrier to employer participation, particularly for small businesses, which are often more reliant on staff output. Unfortunately, small businesses are often the most accessible businesses for local employment specialists, suggesting that this may be a particularly important barrier to the expansion of the IEMHS project.

In many cases, employers made suggestions as to how these barriers could be overcome. Many stressed the need for information campaigns to increase knowledge and awareness of mental health issues at a societal level, and the need for training and education of employers and their staff to improve attitudes towards people with mental health difficulties and to increase their successful integration into the labour force. However, owing to clients' rights to privacy and non-disclosure, such education and training programmes would have to occur universally and not specifically when an IPS client is being/has been hired. Some employers expressed their belief that more formal and structured hiring and evaluation procedures could help to alleviate employer concerns by allowing them to meet with and assess potential employees. They argued that this would minimise the differentiation between IPS clients and other non-supported employees, allow them to better support and make special accommodations for IPS clients, and to better assess the 'job-fit', that is the extent to which the skills, abilities, and interests of IPS clients were matched with the requirements of the employer and of the position for which they were hired. Finally, in terms of the need for additional resources, specifically time and supervision, many employers stressed the need for pre-job placement training to better prepare the more long-term unemployed clients for the realities paid competitive employment, and to better facilitate their adaptation to and integration into the workplace. While this 'train and place' approach goes against the IPS principles, it suggests at a minimum the need for more intensive on-the-job support and training by job coaches than may have been provided within the IEMHS project.

4.2: Employer Experiences

This section discusses the positive experiences of employers, the challenges experienced by employers, and the strategies used to overcome these challenges.

4.2.1: Positive Experiences. The majority of surveyed employers reported that their experience of hiring a supported employee (note that not all of the surveyed employers were aware of the mental health difficulties of these employees) was a positive one, and that IPS clients were

viewed as productive employees who, on average, compared favourably with other employees, got on well with their co-workers, and responded well to criticism of their work. A majority also indicated that they would be at least likely to recommend said employee to another employer, suggesting satisfaction with the client's work performance. Qualitative findings were more mixed in this regard. However, reflecting the above, IPS clients were sometimes praised for their enthusiasm and eagerness to work. These findings, in conjunction with the fact that a majority of surveyed employers reported experiencing no challenges (see section 3.1.1, table 3.2), contrast with the concerns of employers regarding reduced work capacity and poor relations with co-workers (NESF, 2007, see table 1.2). This suggests a divergence between the challenges employers expect to arise as a result of hiring an individual with experiencing a mental health difficulty, and those that actually arose during the IEMHS pilot project. Rather, the enthusiasm and willingness to work noted by some employers may reflect the desire for employment expressed by a considerable proportion of those not working due to mental health difficulties (CSO National Disability Survey, 2006; Judge et al., 2016).

4.2.2: Challenges Experienced by Employers. Although the survey findings were predominantly positive in terms of the work performance of IPS clients, as noted, the qualitative findings were more mixed in this regard. Contrasting with the survey findings discussed above, many interviewed employers reported initial challenges relating to the work performance of IPS clients. Frequently reported challenges included the need for additional supervision, difficulties following instruction, slow task performance, low self-confidence resulting in a lack of initiative, poor job-fit, and, to a lesser extent, absenteeism. This contrast between interviewed and surveyed employers may have arisen due to the fact that interviewed employers had the opportunity to reflect on the work performance of their employee(s) over the entire period of their employment with them, while surveyed employers reported their views on the work performance of an employee at a specific point in time (i.e. when the survey was taken). Therefore, this contrast may reflect the difference between initial work performance and work performance after a period of time in a given position. Reflecting this, employers attributed many of these challenges to a lack of skills and work experience, rather than to the mental health of clients. Although the researchers did not have access to the employ histories of the IPS clients involved with the employers participating in this research, given that an individual experiencing a mental health difficulty is nine times more likely to be out of the labour force than those of working age without a disability (Watson, Kingston, & McGinnity, 2012), it is likely that a considerable proportion of IPS clients were either long-term unemployed, lacking in work experience, or both. This may well explain many of the initial work performance challenges reported by employers.

Similarly, despite predominantly positive survey findings in relation to the social interaction between IPS clients and their co-workers, qualitative findings were mixed. None of the employers reported conflict between IPS clients and their co-workers, nor did any report the stigmatisation of, or negativity directed towards, IPS clients by their co-workers, indicating that concerns about the attitudes of co-workers towards people experiencing mental health difficulties (NESF, 2007) may be overstated. This was particularly interesting as many employers chose to 'prepare' their staff by informing them that a new employee with mental health difficulties would be starting work with them (see section 4.2.3 for more detail). However, approximately two-thirds of interviewed employers spoke of challenges relating to the social interaction (or the lack thereof) between IPS clients, their co-workers, and in some cases, customers of their businesses. In many cases, these challenges manifested as self-imposed social isolation, e.g. not interacting socially with co-workers during work, eating lunch alone, etc. Once again, these difficulties were not attributed to the mental health of the client. Rather, they were attributed by employers to a lack of self-confidence owing to the IPS client's lack of experience interacting with new people, possibly due to living an 'institutionalised' or 'sheltered life'. Employers' explanations of these difficulties indicated a belief that exposure to, and experience of, social interactions with new people would likely benefit IPS clients in this regard, a sentiment echoed in the survey findings, where more than nine in ten reported the belief that employment through the IEMHS pilot project had likely increased the self-confidence of IPS clients (see section 3.1.1, table 3.3). Almost all interviewed employers noticed improvements in this regard over time.

4.2.3: Strategies to Overcome Challenges. As noted, the majority of challenges experienced by employers as a result of hiring an individual through the IEMHS pilot project were attributed to a lack of experience, suggesting that these challenges would likely be overcome in time. However, time in the job and patience on behalf of the employer, although helpful, may have been insufficient to address these issues. Indeed, many employers reported making special accommodations for IPS clients to better facilitate their integration into both their role and their team of colleagues.

In terms of challenges relating to work performance, the flexibility to make these special accommodations appeared particularly important. For example, some employers chose to adjust the responsibilities of a role to better suit the skills and abilities of IPS clients, therefore resulting in a better 'job-fit'. It should be noted that where the responsibilities of a role were initially adjusted in this way, in some cases, the level of responsibility was increased incrementally as the IPS client adjusted to their role. Other special accommodations made by employers included increasing the amount of supervision, and the amount of support from co-workers, received by IPS clients. Many employers also reported relying on the support of their employment specialist (discussed in greater

detail in section 4.3) to address challenges relating to work performance. Indeed, special accommodations were often (but not always) put in place in consultation with the employment specialists, as they were most familiar with the capabilities of their clients. Employers also indicated that when work performance issues arose, employment specialists could be contacted for advice or could act as a mediator to resolve the issue. These strategies for overcoming challenges reflect what Lexén et al. (2016) referred to as direct and indirect strategies (see section 1.4) and were often used in tandem by employers.

Employers also used strategies to improve the social interaction between, and social integration of, IPS clients and their co-workers. In many cases, employers chose to inform their staff that a person with mental health difficulties would be starting work with them. Although this was a violation of privacy, employers argued that it served to a) 'prepare' staff for the arrival of the IPS client so that they were better able to provide them with support when needed and b) ensure that existing employees were aware that negative attitudes or behaviour towards the IPS client would not be tolerated. As noted, no such incidences were reported by any of the employers. However, this further highlighted a belief, prevalent among employers, that the negative attitudes of co-workers towards employees experiencing mental health difficulties was a concern. Also as noted previously, challenges relating to social interaction and integration sometimes manifested as self-imposed social isolation. However, in response to this isolation, a minority of employers encouraged staff eat lunch together regularly as a group. As a result, these employers reported better social interaction between, and integration of, IPS clients and their co-workers.

4.3: Employers' Perceptions of Support

This section outlines employers' perceptions of the support they received as part of the IEMHS project. As employment specialists were the primary source of support for employers and, to a lesser extent, IPS clients (who also received support from other members of the multi-disciplinary teams), this section focuses predominantly on employment specialists and their role, as perceived by employers.

In general, employers' perceptions of the support they received as part of the IEMHS project was predominantly positive and satisfaction levels were high, particularly among surveyed employers (see section 3.1.2). As the primary point of contact for employers, employment specialists were perceived as a particularly important source of support for both the employers and the IPS clients. Indeed, they were described as essential by many employers, with a majority stating that they would not participate in such a project without the dedicated support of a local employment specialist. To be clear, constant on-site support was not deemed necessary by employers as it would

likely impede their work, hinder the integration of IPS clients, and perhaps even lead to stigmatisation by employees. Rather, employers emphasised the need for reliable and easily accessible support from the employment specialists. These findings reflected the importance attributed to employment specialists in previous research (Lexén et al., 2016) and support the 6th principal of the IPS model, which holds that support should be ongoing ('time-unlimited'; Lexén et al., 2016) and arranged to suit both the employer and employee.

There were also aspects of support which were perceived as unsatisfactory by some employers. For example, despite two-thirds of surveyed employers reporting satisfaction in terms of the support they received in relation to policy, procedures and best practice, many interviewed employees indicated that they had received little support in this regard. A minority of interviewed employers described the level of interaction with employment specialists as insufficient, while some expressed the belief that employment specialists simply wanted to get a client into a position and 'off their books'. They argued that the role of the employment specialist, and employer-employment specialist interactions, should be more structured and professional, e.g. with regularly scheduled meetings to discuss progress and any issues that may arise. This suggests that there is a need for an independent feedback mechanism, during placements, for employers so that they can alert an oversight body or the Employment Specialist's supervisor to any difficulties they are having with the support they are receiving.

In the surveys and interviews, employers identified four important aspects of the employment specialists' role. These were as follows: to act as a mediator or communication link between employers and IPS clients; to provide important information to employers; to ensure a good 'job-fit'; and to provide reassurance to employers should it be needed. Findings relating to these aspects of the employment specialists' role will now be discussed.

Mediating, or acting as a communication link, between employers and IPS clients was seen as an important aspect of employment specialists' role. Employers often spoke of being unsure how best to communicate the business's needs and work performance expectations to the IPS Client. This appeared to reflect a fear among employers that criticism could have a detrimental impact on the psychological well-being of IPS clients. However, nearly two-thirds of surveyed employers reported that IPS clients responded at least 'well' to criticism of their work, suggesting that (in the majority at least) such concerns were unfounded. Even so, the evidence indicated that employers perceived the employment specialists as a necessary intermediary. Findings showed broad satisfaction with this aspect of the employment specialists' role.

Another aspect of the employment specialists' role deemed important by employers was the provision of important information. This included information on policy, procedures, best-practice guidelines, and legal advice relating to employment law and insurance implications, as well as information specific to the IPS client being hired. Findings were mixed in this regard. As noted, although two-thirds of surveyed employers were satisfied with the support they received from employment specialists in terms of the provision of information on policy, procedures, best-practice guidelines, etc., a majority of interviewed employers felt that they could have been better informed in these regards. Although mixed, these findings reflect the reported lack of, and need for, better guidelines, written policies, training and government support to help employers manage mental health in the workplace, reported by employers surveyed by the NESF (2007; see table 1.2), and suggest that more could be done to better inform employers participating in the IEMHS project going forward.

In terms of providing information specific to the IPS client being hired, employers consistently stated that disclosure of an individuals' mental health difficulties was important for two reasons: it facilitated the implementation of special accommodations in the workplace, which served to better align the skills and abilities of clients with the requirements of their role, ensuring a better 'job-fit'; and it better facilitated the integration and support of IPS clients day-to-day. Some employers also argued that where there was disclosure, businesses would be more likely to participate. Interestingly, IEMHS sites with the highest rates of disclosure (Cork and Monaghan/Cavan) outperformed the other sites (Mayo and Galway) in terms of placement rates (Mental Health Reform, 2018), lending tentative support to this argument. Therefore, although the decision to disclose their mental health difficulties can only be made by the clients themselves, employers argued that there are inherent advantages to such disclosure. However, this argument should be considered in conjunction with research highlighting the potentially detrimental effects of disclosure, e.g. reduced responsibility, less prospect of career advancement, and possible stigmatisation (NESF, 2007).

A third aspect of the employment specialists' role that was deemed particularly important by employers, was ensuring a good 'job-fit'. Job-fit refers to the extent to which the skills, abilities, and interests of IPS clients were matched with the requirements of the employer and of the position for which they were hired. As the above suggests, a good job-fit should achieve the following: a) reflecting the 3rd principal of the IPS model (see section 1.3), a good job-fit should ensure that a job placement suites the interests and strengths of the client; and b) reflecting the need for employment specialists to consider and understand the requirements of an employers' company (deemed important by all surveyed employers; see table 3.5), a good job-fit should ensure that the skills and

abilities of a client are well-matched to the requirements of the employer and the role for which they are being hired. Some employers expressed frustration at the perceived lack of consideration of the latter. Indeed, when a job placement was unsuccessful, it was often attributed to a poor job-fit in terms of either the former or the latter, described above.

For example, despite an interest in gardening, an IPS client hired by a landscaping company was described by their employer as physically incapable of doing the work inherent to their role. Although the employer reported a good personal relationship with the client, and was very supportive of the goals of the IEMHS project owing to previous personal experiences, the client's position was terminated as they could not meet the requirements of their role. In contrast, when a client's personal interests, as well as their skills and abilities, aligned with the requirements of their employer and the role for which they were hired, job placements were likely to be more successful. For example, when a client with an interest in, and experience of, agricultural work was hired by a chicken farm, they retained their position, had their responsibilities increased incrementally, and their employer reported that both they and the client had become increasingly less reliant on support from their employment specialist. These findings, in conjunction with previous similar research (Lexén et al., 2016), serve to highlight the importance of ensuring a good job-fit for both the client and the employer.

The final aspect of an employment specialist's role, identified as important by employers, was to provide general assurance and support to employers when needed. Reflecting the need for a reliable and accessible employment specialist, employers often spoke of importance of knowing that a trained professional who was willing and able to support them was easily contactable, should any issues arise. Indeed, as previously noted, a majority of employers reported that they would be unwilling to participate in the IEMHS project without the dedicated support of local employment specialists. These finding echoed previous research highlighting the importance of local employment specialists to the IPS model (Lexén et al., 2016).

4.4: Employer Attitudes

Employer attitudes were predominantly positive in relation to the following: the concept of supported employment for people with mental health difficulties and other disabilities; people with mental health difficulties in the workplace; and people with mental health difficulties, generally. Survey findings compared favourably to those outlined in the Mental Health in the Workplace report (NESF, 2007). There was universal support for the concept of supported employment for people with mental health difficulties and other disabilities, with many employers contrasting the historical approach to employment for these groups with supported employment that facilitated the social

inclusion and integration of people with a mental health difficulty or other disabilities into the labour force. In keeping with previous research (Lexén et al., 2016), in some cases, these positive attitudes were likely influenced by direct or indirect personal experience. The former refers to direct personal experiences of a mental health difficulty, while the latter refers to experiences of knowing a family member, friend, or acquaintance with a mental health difficulty or other disability. Such personal experience likely also acted as a motivating factor in employers' decisions to participate in the IEMHS pilot project.

As noted, employers' attitudes towards people with mental health difficulties were predominantly positive. However, there was also evidence indicating latent negative attitudes towards this group among employers. Some described IPS clients using patronising terms such as 'child-like'. Similarly, despite overtly stating a belief that people with mental health difficulties are 'the same as everyone else', in subsequent utterances, a minority of employers contradicted themselves by differentiating between IPS clients and their co-workers, particularly in terms of their expectations of clients' abilities, reflecting the prevalent negative stereotype that people with mental health difficulties are less capable than other employees. Some employers even indicated latent negative attitudes consistent with the negative stereotype that people experiencing a mental health difficulty could be unpredictable and violent. These findings suggest a divergence between employers' overtly positive attitudes and what appear to be latent negative attitudes. To be clear, latent negative attitudes were not evident in every interview and varied in extremity. It was also unclear whether these attitudes were subconscious or whether they were not overtly expressed due to a social desirability bias. Either way, these findings serve to highlight the prevalence and pervasiveness of negative attitudes towards people with mental health difficulties, and the continued need for programmes geared towards increasing awareness and reducing the stigmatisation of this group.

There was also tentative evidence suggesting participation in the IEMHS pilot project had the potential to improve attitudes towards people with mental health difficulties. A majority of employers indicated that, based on their experiences of participation in this project, they would be more likely to hire a person with mental health difficulties in the future. Similarly, a minority of employers indicated that participation in the IEMHS project had improved both their attitudes and those of their staff. Also, the attitudes of surveyed employers were markedly more positive than the attitudes of employers surveyed by the NESF in 2007 (see tables 1.1 & 3.6). These differences may have been due to the small sample size or generally more positive attitudes towards people with mental health difficulties at present, relative to a decade ago. It could have also been to the fact that employers who were willing to participate were likely to maintain a more open minded ideology

towards people with mental health difficulties. However, in conjunction with the qualitative evidence, they may indicate that exposure to, and experience of, working with a person(s) experiencing a mental health difficulty has the potential to improve attitudes towards this group. In fact, there is an abundance of empirical research showing that contact with stigmatised minorities can improve attitudes and reduce discrimination towards these groups (Allport, 1954; Dixon & Durrheim, 2003; Pettigrew & Tropp, 2006). However, without further research, e.g. comparing attitudes before and after participation in the IEMHS project, the potential for attitude change cannot be stated definitively.

4.5: Methodological Strengths and Limitations

The mixed-methods approach taken in the present project served to strengthen it methodologically. As noted in section 1.4, there has been a distinct dearth in research examining employers' experiences and perceptions of IPS-based vocational rehabilitation programmes like the IEMHS project. In fact, to the authors' knowledge only Lexén et al. (2016) have examined the employers' perspective on IPS. They took a purely qualitative approach, interviewing nine employers who had hired employees through an IPS-based vocational rehabilitation programmes. However, the present project not only interviewed employers, but also conducted a detailed survey. This survey served to complement the more detailed qualitative findings, while also facilitating a limited comparison with previous survey-based research examining employers' attitudes towards people with mental health difficulties in the workplace (NESF, 2007). Also in contrast with Lexén et al. (2016), all employers interviewed during the present project met the IPS criteria of providing paid competitive job placements, while approximately half of Lexén et al.'s sample met this criteria. The design of the survey was also a methodological strength of the present project. As noted in section 2.4, the survey was designed in such a way as to conceal its focus on supported employment for those with mental health difficulties. This served to reduce the likelihood of social desirability bias. The methodological strengths outlined above served not only to strengthen the conclusions of the present project, but when considered in conjunction with the paucity of research in this area, they highlight the considerable contribution of this project to the IPS literature.

There were also a number of methodological limitations in the present project which, if addressed by future research, could serve to further our understanding of employers' experiences and perceptions of the IEMHS project. As noted in section 2.3, double consent (consent from the IPS clients to interview their employers and consent from employers to be interviewed) was sought and obtained for all interviews. Although double consent protected the privacy of IPS clients, which could be considered a methodological strength, it also hindered recruitment and further reduced the

already limited available sample. Indeed, although the qualitative sample was appropriately sized, was equivalent to previous research, and was informed by the principle of saturation, the survey sample size was small, therefore limiting the present project. Although the limited survey sample size was due to factors beyond the control of the researchers (see section 2.3), if the IEMHS project were to be expanded, future research exploring employers' experiences and perceptions of the project should endeavour to recruit a larger survey sample. This would serve to strengthen the conclusions of such research and could facilitate a comparison of the views of employers from small, medium and large companies. Given the tentative evidence that participation in the IEMHS project has the potential to improve attitudes towards people with mental health difficulties, future research should also examine whether participation in the IEMHS project leads to attitude change among employers.

4.6: Conclusion

There is an established consensus, both nationally and internationally, stressing the need for an evidence-based approach to improving the employment opportunities and outcomes for, and facilitating the recovery of, people with mental health difficulties. IPS-based supported employment programmes like the IEMHS project provide such an approach, which has been shown to be more effective and cost-effective than alternative vocational rehabilitation approaches. However, despite the important role of employers in the IPS approach, very little research examining employers' experiences and views of the IPS model has been carried out. This report aimed to address this by examining employers' views and experiences of the IPS-based IEMHS pilot project.

Among the employers who participated in this study, there was universal support for the concept of supported employment for people with mental health difficulties and employers praised the IEMHS pilot project for facilitating greater integration of people with mental health difficulties into the labour force and mainstream society. Participation in the IEMHS project was seen as beneficial for both the employer and client alike. Although barriers to participation from the employers' perspective were identified, including a lack of knowledge and awareness, the need for additional resources, and employer attitudes, these barriers were not insurmountable. Similarly, although employers experienced challenges as a result of their participation in the IEMHS pilot project, these challenges were attributed to clients' lack of experience, rather than their mental health, suggesting that such challenges

would likely be overcome with time and experience. Even so, many employers made special workplace accommodations to address these challenges, including providing additional supervision and support, adapting the role and responsibilities of clients, and relying on the support of the local Employment Specialist. Employers' perceptions of the support they received as part of the IEMHS pilot project were predominantly positive.

Taken together, the findings of this report show that employers' views and experiences of the IEMHS pilot project were predominantly positive in nature. These findings, in conjunction with previous research highlighting the effectiveness and cost-effectiveness of the IPS model, support the case for trialling the IEMHS on a larger scale in the future. Based on the findings outlined above and in more detail in the main report, several recommendations are made, which, if enacted, may serve to further strengthen the IEMHS project going forward.

4.7: Recommendations

Based on the findings outlined above (for a more detailed discussion of the findings, see section 4), the following recommendations are made by the authors:

- As the IEMHS approach is due to be rolled-out nationally on a pilot basis starting in 2018, it is recommended that a detailed evaluation of the national roll-out be carried out at a later date. This should include an examination of the experiences and perceptions of IPS clients and Employment Specialists, as well as employers. Such future research could also compare experiences and outcomes in small, medium and large business, and attitude change as a result of participation in the IEMHS approach. This would provide important additional insights and improve the IEMHS approach going forward.
- In keeping with the IPS fidelity scale, it is recommended that IPS clients receive detailed information about the advantages and disadvantages of disclosing their mental health difficulties to their employer, so that they can make a fully informed decision in this regard.
- As noted, some employers disclosed the mental health difficulties of IPS clients to their co-workers in an effort to prepare staff (see section 4.2.3). Although this was

done with the best of intentions, it may have represented a violation of IPS clients' rights to privacy. Therefore, it is recommended that employers be made aware that such disclosures are not appropriate without the consent of the individual concerned.

- Poor initial work performance owing to lack of work experience was a challenge experienced by many employers. It is a recommendation that there is a need for more intensive on-the-job support and training by job coaches than may have been provided within the IEMHS project.
- While regularly scheduled meetings between Employment Specialists and employers, and between Employment Specialists and IPS clients may have occurred for some placements, it is recommended that these are introduced for all placements. This would provide better structure and support for employers and IPS clients alike, it would allow issues to be addressed as they arise and would facilitate ongoing assessment to ensure that both employers and clients are satisfied.
- Reflecting the importance of a good job-fit, it is recommended that Employment Specialists focus more, not only consider the strengths and interests of their clients, but also the requirements of the employer and the role. This would ensure a better job-fit, which is associated with better outcomes and greater satisfaction for both employers and clients alike.
- When Employment Specialists are seeking employers to participate in the IEMHS project, it is recommended that they consider the characteristics and motivations that make employer participation more likely. These include open-mindedness, a strong social conscience, and previous personal experience (either direct or indirect) of mental health difficulties. This may allow Employment Specialists to better target their recruitment efforts.
- It is recommended that an independent feedback mechanism be created, during placements, for employers so that they can alert an oversight body or the Employment Specialist's supervisor to any difficulties they are having with the support they are receiving.

- Finally, many employers felt under-informed about mental health in general and about mental health issues in the workplace. Given the challenges of disclosure, it is recommended that a universal approach geared towards increasing the knowledge and awareness of mental health issues and how to respond appropriately be provided for all employers.

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Appendices

Appendix A: Interview Schedule

INTRODUCTION

1. Can you describe your company to me?
 - *How many does it employ?*
 - *What industry is it involved in?*
 - *What type of measures do you have in place to protect the health of staff?*
 - *Are there internal supports for assisting staff with their mental health?*
2. Can you describe your role in the company?
3. How would you describe your relationship with X?
4. Is X still working for your company?
 - *If not, how long did they work here?*
 - *Why did they finish?*
5. Have you ever previously worked with someone who disclosed a mental health difficult to you?
 - *Can you describe your first experiences?*
 - *What were your feelings about it initially?*
 - *What have you learned from this experience?*
6. Does your company have a written policy on how to deal with mental health in the workplace?

PRODUCTIVITY, CONFIDENCE AND COMPETENCE

1. Do you think X does a good job?

-How competent is X compared to the standard you expect for an employee in this role?

-How productive is X compared to the standard you expect for an employee in this role?

-Have there been changes in their performance since starting with you?

2. Did you find that they needed any particular support? And if so in what way?

3. Did you find that they needed any type of accommodation due to a disability? If so, what type of accommodation?

4. What type of supervision was provided for X?

-How much?

-How does the amount of supervision provided to X compare with that provided on average for an employee in a similar role?

5. Are there any reasons why you would not retain X in your employ?

SOCIAL INTERACTION

1. What is the nature of the day-to-day interaction between the two of you?
2. Did you experience any difficulties in communicating with X? If so, please describe the communication difficulties you experienced.
3. Did you experience any challenges interacting with X? If so, please describe the challenges you experienced interacting with X.
4. From your observation how do you think X managed his relationships with his colleagues?
 - *Were there any communication or relationship problems between X and their Co-workers? If so, please describe.*

BENEFITS AND CHALLENGES

1. What are your impressions of supported employment for people with mental health difficulties?
 - What were the benefits/challenges of employing a person/persons with mental health difficulties?

2. Given your experience, what barriers do you perceive to the implementation of this supported employment model nationally?

SUPPORT

1. Do you have much interaction with the JOB COACH onsite?
 - Was the support of the Job Coach useful?
2. From your experience, what do you think is the most important aspect of the JOB COACH's role?
3. From your observation, how much does X use the support of the JOB COACH?
4. Can you give an example of a time when you needed the assistance of the JOB COACH to aid with aspects of X's performance or behaviour?
5. If there was no JOB COACH for external support, would you be able to continue to employ X?

-How different/similar is it from people who don't have mental health difficulties?

6. Are there any additional resources you would require for your company to employ people with mental health difficulties?
7. Did you feel you got enough information on mental health legal issues/guidelines for the best practice?

ATTITUDES AND OUTCOMES

1. How do you feel about people with mental health difficulties being employed in the workplace?

-What can you see as the negatives?

-The positives?

2. Have your attitudes about employing people with a mental health difficulty changed as a result of working with X?

-In what way did it change?

3. Would you hire someone who declared that they had experience of a mental health difficulty in the future?

4. In your experience, were there any negative attitudes from co-workers to X because of their mental health difficulty?

5. Do you think businesses should hire people with mental health difficulties?

- Are there any potential risks to an organisation by employing a person with mental health difficulties?

I would now like to read a series of statements and I would like you to indicate the extent to which you agree or disagree with these statements on a scale ranging from 1, strongly disagree, to 5, strongly agree. To be clear, a response of one would indicate that you disagree strongly with a statement, two would indicate that you disagree with a statement, three would indicate that you neither agree nor disagree with a statement, four would indicate that you agree, and five would indicate that you strongly agree with a statement. Do you understand these instructions? Have you any questions?

Note: Interviewer to record the response of the interviewee (1-5).

1. People with a mental health difficulty are less reliable than other employees.

Response:

2. I would want an employee to disclose having a mental health difficulty to me.

Response:

3. Organisations take a significant risk employing people with mental health difficulties.

Response:

4. Negative attitudes from co-workers are a major barrier to employing people a mental health difficulty.

Response:

5. It is in the interest of employers to support people with a mental health difficulty so as to retain their skills and experience.

Response:

6. Employers should make a special effort to accommodate the particular work place needs of employees with a mental health difficulty.

Response:

Conclusion

6. Is there anything that is not covered in this interview that you believe is important to

A) Employing people with mental health difficulties?

B) Your experiences of the supported employment programme for people with mental health difficulties?

Appendix B: Employer Feedback Survey.

Note that this survey was constructed on the Survey Monkey online survey platform. The hardcopy in this appendix is an adaptation of this version. Although all of the questions/items are accurate, some formatting issues may have arisen during its conversion.

Information and Consent

The purpose of this survey is to gather feedback from employers and/or line managers who took part in a recently piloted supported employment scheme.

Your participation is voluntary. You may choose not to participate. If you decide to participate in this survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling an online survey that will take approximately 15 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address. The survey questions will be about your experience of and views on supported employment.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used to partially assess the viability of the supported employment scheme.

If you have any questions about the survey, please contact the principal researcher using the email address through which this survey was sent.

- you have read the above information
- you voluntarily agree to participate
- you are at least 18 years of age

1. Please indicate whether or not you agree to participate in this survey.

Agree ☐ or Disagree ☐ ? (Please tick ✓)

Business Details

The following questions are about the type, location, and number of employees of the business.

2. Which of the following best describes your business? (Please tick ✓ one box.)

- | | | | |
|----------------------|--------------------------|------------------------------------|--------------------------|
| Construction | <input type="checkbox"/> | Transportation and warehousing | <input type="checkbox"/> |
| Wholesale trade | <input type="checkbox"/> | Financial activities | <input type="checkbox"/> |
| Retail trade | <input type="checkbox"/> | Professional and business services | <input type="checkbox"/> |
| Hospitality | <input type="checkbox"/> | Manufacturing | <input type="checkbox"/> |
| Machine/Equipment Re | <input type="checkbox"/> | Health Services | <input type="checkbox"/> |
| | | Education | <input type="checkbox"/> |

Other (Please Describe)☐

.....

3. In which of the following counties is your company/business?? (Please tick ✓ one.)

- | | | | | | | | |
|-------|--------------------------|--------|--------------------------|------|--------------------------|----------------|--------------------------|
| Cork | <input type="checkbox"/> | Galway | <input type="checkbox"/> | Mayo | <input type="checkbox"/> | Cavan/Monaghan | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | | | |

4. How many are employed through a supported employment scheme? (Please tick ✓ one box.)

- | | | | |
|---------|--------------------------|--------------|--------------------------|
| None | <input type="checkbox"/> | 1 - 3 | <input type="checkbox"/> |
| 4 - 9 | <input type="checkbox"/> | 10 - 14 | <input type="checkbox"/> |
| 15 - 19 | <input type="checkbox"/> | 20 – or more | <input type="checkbox"/> |

5. How many people does your business currently employ? (Please tick one box✓)

- | | | | |
|--------------|--------------------------|---------|--------------------------|
| Fewer than 5 | <input type="checkbox"/> | 5 - 14 | <input type="checkbox"/> |
| 15 - 29 | <input type="checkbox"/> | 30 - 49 | <input type="checkbox"/> |
| 50 or More | <input type="checkbox"/> | | |

Employee Role and Tenure

The following questions are about the role and length of employment of the person/s employed through the supported employment scheme.

6. On a scale of 1 (very low) to 100 (very high) what level of responsibility did their role entail? _____

7. For how long was this employee employed by your company? (Please tick ✓ one box.)

1-2 weeks

☐

3-4 weeks

☐

5-8 weeks

☐

9-12 weeks

☐

More than 12 week

☐

They are still employed.

☐

8. Which of the following best describes the reason for the former employee leaving their role with your company? If they are still employed, please skip to the next question. (Please tick ✓ one box.)

End of trial period

☐

Unsatisfactory work

☐

Personal issues/circum

☐

Administrative difficulties

☐

Unsatisfactory behavior

☐

Financial issues

☐

Other (Please Describe)

☐

.....

Employee Performance

The following questions relate to the performance of the person/s employed through the supported employment scheme.

9. How likely would you be to recommend this employee to another employer? (Please tick ✓ one box.)

Very unlikely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>
Neither likely nor unlike	<input type="checkbox"/>	Likely	<input type="checkbox"/>
Very likely	<input type="checkbox"/>		

10. How productive is/was this employee? (Please tick ✓ one box.)

Very Productive	<input type="checkbox"/>	Productive	<input type="checkbox"/>
Average	<input type="checkbox"/>	Unproductive	<input type="checkbox"/>
Very Unproductive	<input type="checkbox"/>		

11. How well does/did this employee work with others? (Please tick ✓ one box.)

Very Well	<input type="checkbox"/>	Well	<input type="checkbox"/>
Neither Well nor Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Very Poor	<input type="checkbox"/>		

12. If necessary, how did the employee respond to criticism of his/her work? If not please skip to the next question.

(Please tick ✓ one box.)

Very Well	<input type="checkbox"/>	Well	<input type="checkbox"/>
Neither Well nor Poor	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Very Poor	<input type="checkbox"/>		

13. On a scale of 0 (very poor) to 100 (excellent), please rate the employee's performance relative to other non-supported employees. _____ (Please write in a number)

14. On a scale of 0 (very low) to 100 (very high), please indicate the extent to which this employee's impact on the work environment was positive or negative. _____ (Please write in a number)

15. In relation to this employee, did you experience any of the following issues? You may select more than one of the options below.

- | | | | |
|----------------------------------|--------------------------|---------------------------|--------------------------|
| Absenteeism | <input type="checkbox"/> | Regularly late | <input type="checkbox"/> |
| Lack of productivity | <input type="checkbox"/> | Lack of ability | <input type="checkbox"/> |
| Behavioural Issues | <input type="checkbox"/> | No issues | <input type="checkbox"/> |
| Reduced Work Capacity | <input type="checkbox"/> | Communication Problems | <input type="checkbox"/> |
| Bad Relationship With Colleagues | <input type="checkbox"/> | Accident or Safety Issues | <input type="checkbox"/> |
| Increased Cost to the employer | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| None of the above | <input type="checkbox"/> | | |

Other (Please Describe) ☐

.....

If you answered 'none of the above' in the previous question, please skip to the question 17 below. If you did experiences any of the issues listed above, please answer question 16

16. Which of the following actions were taken to address these issues?

- | | | | |
|--|--------------------------|-------------------------|--------------------------|
| An informal conversation with the employee | <input type="checkbox"/> | A formal verbal warning | <input type="checkbox"/> |
|--|--------------------------|-------------------------|--------------------------|

A formal written warning

☐

A financial penalty

☐

Contacted the supported employment jobs coach

☐

No action was taken

☐

Other (Please Describe)

☐

.....

17. What, if any, special accommodations where needed to hire this employee?

Perceived Benefits for the Employee

The following questions relate to your views regarding the benefits this employee may have received from their work experience.

18. Please rate the importance of the following playground design features:

(Please tick ✓ one box.)

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A) Increased Employee's Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Improved Employees' Skills and Ability to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Improved Employees' Overall Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Contributed to employees' Health and sense of wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) Increased Employees' motivation to work or to undertake further Education or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Please list the areas where you think the employee did well.

20. Please list the areas where you think the employee could improve.

Support

The following questions relate to your views on the support received by your company and the employee, from the supported employment team.

21. Rate the overall support received by the following parties:

	Very Sufficient	Sufficient	Insufficient	Very Insufficient
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Rate the overall support received from the Job Coach specifically, by the following parties:

	Very Sufficient	Sufficient	Insufficient	Very Insufficient
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. In your experience, how important are the following supports to your company's engagement with the supported employment scheme?

	Very important	Important	Neutral	Unimportant	Not Important at all
A) Advice and Guidance on Policies and Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Administrative Support (Wage Subsidy Scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Support Managing the employees' performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Contactable and responsive Employment Specialist/liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) A employment specialist/liaison that understands the requirements of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F) Training to deal with different cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) A Government Support and Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please describe:

24. Please indicate how satisfied you were with the support you received in the following areas:

Very Satisfied	Satisfied	Neutral	Unsatisfied	Very	Unsatisfied
A) Advice and Guidance on Policies and Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Administrative Support (Wage Subsidy Scheme)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Support Managing the employees' performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Contactable support team/ Jobs coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) A support team liaison that understands the requirements of your company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Training to deal with different cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) A Government Support and Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other please describe:

People availing of supported employment schemes are most often long-term unemployed for a variety of reasons. The most common reasons include a long-term illness, disability, mental health difficulties, low education levels and or difficulties with letters and numbers. Please indicate the extent to which you agree or disagree to the following statements in relation to each of these groups.

25. People with any of the following are less reliable than other employees.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A) Long Term Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Mental Health Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Low Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Organisations take a significant risk employing people with any of the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A) Long Term Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Mental Health Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Low Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Negative attitudes from co-workers is a major barrier to employing people any of the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A) Long Term Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) Mental Health Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) Low Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. It is in the interest of employers to support people with any of the following so as to retain their skills and experience.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
E) Long Term Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) Mental Health Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H) Low Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Employers should make a special effort to accommodate the particular work place needs of employees with any of the following:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I) Long Term Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J) Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K) Mental Health Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L) Low Level of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perceptions of the Supported Employment Scheme

30. Which of the following best describes your experience of employing someone in need of supported employment? (Please tick ✓ one box.)

Very Positive	<input type="checkbox"/>	Positive	<input type="checkbox"/>
Neither Positive or Neg	<input type="checkbox"/>	Negative	<input type="checkbox"/>
Very Negative	<input type="checkbox"/>		

31. Based on your experience, how likely are you to recruit through this or a similar supported employment scheme in the future? (Please tick ✓ one box.)

Very unlikely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>
Neither likely nor unlike	<input type="checkbox"/>	Likely	<input type="checkbox"/>
Very likely	<input type="checkbox"/>		

32. How likely would you be to recommend to other employers, recruitment through this or similar supported employment schemes? (Please tick ✓ one box.)

Very unlikely	<input type="checkbox"/>	Unlikely	<input type="checkbox"/>
Neither likely nor unlike	<input type="checkbox"/>	Likely	<input type="checkbox"/>
Very likely	<input type="checkbox"/>		

33. Please indicate your views on whether this supported employment scheme was successful in meeting the following objectives:

Very Successful Successful Neutral Unsuccessful Very Unsuccessful

A) Facilitate the integration of
people with disabilities
into paid employment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

B) Provide supports to assist
with this integration process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

C) Meet the labour
Requirements of employers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

D) Support the progression
of people with a disability
in the labour force, leading
to independence and
career progression

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Benefits and Challenges of Supported Employment from an Employer's Perspective

34. From an employer's perspective and based on your experience, please rank in order of importance the following potential benefits of hiring through this supported employment scheme (1=most important, 5=least important). (Please write number in from 1 = most important to 5 = least important)

Reduced cost of employment due to Wage Subsidy Scheme

☐ Chance to help those with a disability ☐

Support received from the supported employment team

☐ Easy access to potential employees ☐

Other

☐

35. If you ranked 'other' as one of the three most important benefits in the previous question, please specify what you meant by other. If not, please skip to the next question.

36. From an employer's perspective and based on your experience, please rank in order of importance the following potential challenges of hiring through this supported employment scheme (1=most important, 10=least important).

Reduced Work capacity

☐

Challenging Behaviour

☐

Absenteeism

☐

The need for additional supervision

☐

Communication Issues

☐

Difficulties with Colleagues

☐

Increased cost to the employer

☐

Safety Issues

☐

Lack of Skills

☐

Other

☐

37. If you ranked 'other' as one of the three most important benefits in the previous question, please specify what you meant by other. If not, please skip to the next question.

Conclusion

Thank you for completing this survey. Your views and opinions are valued and will likely offer important insights into the Employer's perspective on supported employment. If you have any additional comments, please include them in the comments box below.

38. Additional Comments:



Mental Health Reform

Promoting Improved Mental Health Services

Supported Employment: Employers' Feedback Process Client Information Sheet

Information Sheet for Participants

The aim of the study is to gather feedback from employers and/or line managers who have employed an individual or individuals through the supported employment scheme for people with mental health difficulties. This study is being carried out by Mental Health Reform at the request of the Department of Social Protection. Employer feedback is important to improve and expand this supported employment scheme.

What happens if I volunteer?

It is important to note that your participation is entirely voluntary. However, if you wish to volunteer you must be 18 years of age or older. If you agree to take part in the study, it will involve the following: a one-on-one interview with your employer that will take approximately 30 minutes. Time may vary depending on the detail of the responses. **The discussion will be recorded** using a Dictaphone.

What happens if I do not agree to participate?

It is important to note that you can refuse to participate if you wish. If you do not consent, your employer will not be interviewed.

Are there any benefits to my participation?

Although, due to funding restrictions, you will not receive a monetary reward for your participation, the feedback gathered may have important implications for the scheme and could help Mental Health Reform improve and expand the scheme so that more individuals and employers could avail of the scheme.

Are there any risks involved in participating?

Only the employer or line manager to whom you have previously disclosed your mental health difficulties will be contacted. Therefore, risks for your participation are minimal. It is important to note any data collected will be stored and used in a manner that ensures anonymity and confidentiality.

How will the data be used?

The data will be used to complete a feedback report which will be submitted to the Department for Social Protection. This report may also be disseminated as an advocacy tool.

Confidentiality and Anonymity

All interview data and the identities of those being discussed will remain confidential. All transcripts of the interviews will, as far as possible, be de-identified making it difficult not impossible for any individual to be identified. The recordings and transcripts will be stored in a secure location until the research is completed. Once the study and report have been completed all the data will be destroyed.

Right to Withdraw

Participation is completely voluntary. If you change your mind and wish to withdraw consent from the study, you are free to do so up until the data is de-identified at which point it will be impossible to identify which data came from which individual. However, the data will not be de-identified until the data collection is fully complete.

Appendix D: Client Consent Form.



Mental Health Reform
Promoting Improved Mental Health Services

Supported Employment: Employers' Feedback Survey **Client Consent Form**

Thank you for expressing an interest in participating in this project.

Mental Health Reform (MHR) is an independent coalition of non-governmental organisations working to progress reform of mental health and related public services promote social inclusion of people with mental health difficulties. MHR is carrying out a study to gather feedback from employers and/or line managers who have employed an individual or individuals through the supported employment scheme for people with mental health difficulties. This study is being carried out by Mental Health Reform at the request of the Department of Social Protection. Employer feedback is important to improve and expand this supported employment scheme, so your views and participation would be valued.

Principal Investigator: Dr. Pádraig Ó Féich

Research Assistant: Eoghan Brunkard

Publication: The results of the feedback process will be published in a report to be submitted to the Department of Social Protection in 2018 and maybe used as an advocacy tool by the Mental Health Reform coalition.

1. I confirm I have read the information sheet for this feedback process on the supported employment project. I am satisfied that I understand the information provided and have had enough time to consider the information and my involvement.
2. I understand my participation is voluntary and I have the right to withdraw at any time during the survey, without giving any reason. I accept that once the study is completed, I cannot withdraw due to the anonymous nature of the information collected.
3. I have the right to confidentiality. All information obtained is strictly confidential and is stored securely. For the duration of the study, only the two researchers, Dr Pádraig Ó Féich and Mr Eoghan Brunkard, will have access to information that I have given, which does not require any personally identifying information.
4. I understand that once the feedback process is over, the data may be archived in the Irish Social Science Data Archive (ISSDA), and used in future research. Accessing data in the archive requires application and approval to ISSDA. I understand that the process of archiving means that no information can be traced back to me, and that I cannot be identified in the data.
5. I have the right to be kept informed about the progress and completion of the project and to be provided with a copy of the final report.

At the conclusion of the survey, Mr Raymond Burke of MHR will be happy to answer any questions you have about the research. If you would like to contact Mr Burke after the survey, please call 01 8749468.

Please tick the box to indicate your consent for your employer participate in the research. If you do not consent, please give this sheet back to the research assistant.

I agree to give my employer permission to take part in the above study.

Signature_____ **Date:**_____

Appendix E: Employer Information Sheet for potential interviewees.



Mental Health Reform

Promoting Improved Mental Health Services

Supported Employment: Employers' Feedback Process Employer Information Sheet

Information Sheet for Participants

The aim of the study is to gather feedback from employers and/or line managers who have employed an individual or individuals through the supported employment scheme for people with mental health difficulties. This study is being carried out by Mental Health Reform at the request of the Department of Social Protection. Employer feedback is important to improve and expand this supported employment scheme, so your views and participation would be valued.

What happens if I volunteer?

It is important to note that your participation is entirely voluntary. However, if you wish to volunteer you must be 18 years of age or older. Please note that potential participants must be comfortable speaking English in order to participate. If you agree to take part in the study, it will involve the following: a one-on-one interview that will take approximately 30 minutes. Time may vary depending on the detail of the responses. **The discussion will be recorded** using a Dictaphone.

What happens if I do not agree to participate?

It is important to note that you can refuse to participate if you wish. There will be no consequences if you refuse to participate.

Are there any benefits to my participation?

Although, due to funding restrictions, you will not receive a monetary reward for your participation, you will have the opportunity to contribute your views and opinions on supported employment for people with mental health difficulties. This may have important implications for the scheme and could help Mental Health Reform improve and expand the scheme so that more individuals and employers could avail of the scheme.

Are there any risks involved in participating?

Although the risks are minimal, some participants may become uncomfortable during the interview. If participants feel that they are too uncomfortable to continue they can stop, take a break and decide whether they wish to continue.

How will the data be used?

The data will be used to complete a feedback report which will be submitted to the Department for Social Protection. This report may also be disseminated as an advocacy tool.

Confidentiality and Anonymity

Your answers will remain confidential. All transcripts of the interviews will, as far as possible, be de-identified making it difficult for any individual to be identified. The recordings and transcripts will be stored in a secure location until the research is completed. Once the study and report have been completed all the data will either be archived with the Irish Qualitative Data Archive in Maynooth University or be destroyed.

Right to Withdraw

Participation is completely voluntary. If you change your mind and wish to withdraw from the study you are free to do so up until the data is de-identified at which point it will be impossible to identify

which data came from which individual. However, the data will not be de-identified until the data collection is fully complete.

Appendix F: Employer Interview Consent Form.



Mental Health Reform
Promoting Improved Mental Health Services

Supported Employment: Employers' Feedback Process **Interview Consent Form**

Thank you for expressing an interest in participating in this project.

Mental Health Reform (MHR) is an independent coalition of non-governmental organisations working to progress reform of mental health and related public services promote social inclusion of people with mental health difficulties. MHR is carrying out a study to gather feedback from employers and/or line managers who have employed an individual or individuals through the supported employment scheme for people with mental health difficulties. This study is being carried out by Mental Health Reform at the request of the Department of Social Protection. Employer feedback is important to improve and expand this supported employment scheme so your views and participation would be valued.

Principal Investigator: Dr Pádraig Ó Féich

Research Assistant: Eoghan Brunkard

Publication: The results of the feedback process will be published in a report to be submitted to the Department of Social Protection in 2018 and maybe used as an advocacy tool by the Mental Health Reform coalition.

6. I confirm I have read the information sheet for this feedback process. I am satisfied that I understand the information provided and have had enough time to consider the information and my involvement.
7. I understand my participation is voluntary and I have the right to withdraw at any time during the survey, without giving any reason. I accept that once the survey is completed, I cannot withdraw due to the anonymous nature of the survey.
8. I have the right to confidentiality. All information obtained is strictly confidential and is stored securely. For the duration of the study, only the two researchers, Dr Pádraig Ó Féich and Mr Eoghan Brunkard, will have access to information that I have given, which does not require any personally identifying information.
9. I understand that once the feedback project is over, the data may be archived in the Irish Social Science Data Archive (ISSDA), and used in future research. Accessing data in the archive requires application and approval to ISSDA. I understand that the process of archiving means that no information can be traced back to me, and that I cannot be identified in the data.
10. I have the right to be kept informed about the progress and completion of the project and to be provided with a copy of the final report.

At the conclusion of the survey, Mr Raymond Burke of MHR will be happy to answer any questions you have about the research. If you would like to contact Mr Burke after the survey, please call 01 8749468.

Please tick the box to indicate your consent to participate in the research. If you do not consent, please give this sheet back to the research assistant.

☐ I agree to take part in the above study.

Signature_____

Date:_____

Appendix G: Supplementary Statistical Tables.

Table 1, Appendix G: Attitudes towards groups commonly associated with long-term unemployment.

Survey Items	Response Options	Long-term illness	Disability	Low Education	MHD	MHD (NESF, 2007)
People with the following are less reliable than other employees:	<i>Strongly Agree</i>	8%	-	-	8%	13%
	<i>Agree</i>	8%	-	8%	8%	21%
	<i>Neither agree nor disagree</i>	42%	18%	25%	50%	11%
	<i>Disagree</i>	42%	82%	58%	33%	20%
	<i>Strongly Disagree</i>	-	-	8%	-	30%
Organisations take a significant risk employing people with the following:	<i>Strongly Agree</i>	-	-	-	8%	22%
	<i>Agree</i>	17%	8%	-	8%	32%
	<i>Neither agree nor disagree</i>	25%	25%	33%	25%	9%
	<i>Disagree</i>	50%	58%	50%	50%	22%
	<i>Strongly Disagree</i>	8%	8%	17%	8%	13%
Negative attitudes from co-workers is a major barrier to employing people the following:	<i>Strongly Agree</i>	-	-	-	8%	26%
	<i>Agree</i>	25%	25%	25%	33%	26%
	<i>Neither agree nor disagree</i>	33%	42%	33%	25%	11%
	<i>Disagree</i>	17%	8%	17%	8%	15%
	<i>Strongly Disagree</i>	25%	25%	25%	25%	18%
It is in the interest of employers to support people with the following so as to retain their skills and experience:	<i>Strongly Agree</i>	-	-	8%	-	67%
	<i>Agree</i>	75%	83%	75%	75%	24%
	<i>Neither agree nor disagree</i>	17%	17%	17%	25%	6%
	<i>Disagree</i>	8%	-	-	-	2%
	<i>Strongly Disagree</i>	-	-	-	-	1%
Employers should make a special effort to accommodate the particular work place needs of employees with the following:	<i>Strongly Agree</i>	-	9%	-	-	53%
	<i>Agree</i>	80%	82%	80%	70%	34%
	<i>Neither agree nor disagree</i>	20%	9%	10%	30%	7%
	<i>Disagree</i>	-	-	10%	-	2%
	<i>Strongly Disagree</i>	-	-	-	-	3%