

The Attachment Model:

Successful Integration of Mental Health and Supported Employment Services.

Acknowledgements: The authors would like to acknowledge Professor Gary Bond for his generous contribution of advice, information and technical support with the project. The research has benefited immeasurably from his depth of experience and knowledge. Judy Li is acknowledged for her statistical analysis. Finally the authors would like to acknowledge the staff of Workwise for all their help and support with the project, particularly Mary-Ann Hoekstra and Hilary Flynn-Plummer for their help with the large task of organising interviews and collecting client information.

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ABSTRACT



Workwise and Waikato District Health Board Mental Health Services have moved in recent times to a model of closer working relationships between Workwise employment staff and DHB local mental health staff in two sites – Thames and Hamilton.

In practice this means that Workwise staff regularly spend time at mental health offices talking with mental health staff about joint clients, and in one case attending mental health clinical team meetings weekly. This move is in line with overseas research which shows that such closer working relationships result in better outcomes for supported employment clients. An evaluation of the process and impact of this model has found that it has been well accepted by both employment and mental health staff, and has been far more successful in terms of closer working relationships and increased referrals to Workwise by mental health staff than was anticipated. It has also resulted in more clients who have come under the pilot being employed than those under the 'services as usual' condition¹. Differences in numbers employed for up to 14 hours are significant, and this tends to be the most common group for reasons of historical benefit policy and client anxiety about working longer hours. These findings are not explained by severity of illness, years of secondary and tertiary education, years of work experience and years on a benefit¹. This suggests that differences in employment rates may be due to closer working relationships¹.

Despite the success of the pilot, there are some identified issues that require further development in order for further integration to take place. These include Workwise and mental health staff attitudes to closer working relationships (especially attendance at clinical team meetings). Gaps in mental health services and the high level of referrals to Workwise have increased the potential to create a situation of risk for both clients and staff. For clients the risk is in terms of reduced quality of employment services as staff juggle the workloads. For Workwise staff the risk is in terms of the expectations and pressures placed on them by these increased demands. While the evidence for these risks was not strong it would be prudent to explore these risks in order to protect the success of the pilot in the longer term. In some cases these risks were already being addressed.

“I didn’t expect it to go off with a bang! I didn’t expect that. I thought we’d need to do a bit of work to get there. I didn’t expect the psychologists to come on board so easily.”

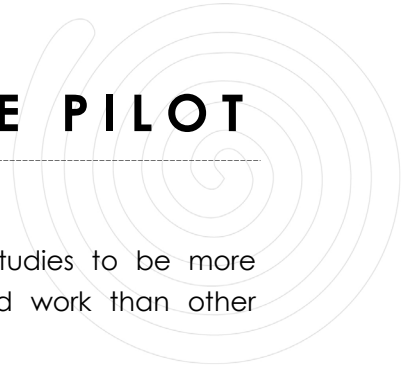
WORKWISE EMPLOYMENT CONSULTANT COMMENTING ON HOW THE PILOT WENT

¹ Further information on these findings contained within *Quantitative Findings* section

“I didn’t think the liaison would be so close and we seem to be walking alongside each other, supporting the one thing that is so important and that is our clients. I can’t praise it enough because its’ been so positive.”

COMMUNITY MENTAL HEALTH CLINICIAN COMMENTING ON HOW THE PILOT WENT

BACKGROUND TO THE PILOT



Supported employment has been found by many rigorous studies to be more effective in helping people with severe mental illness to find work than other commonly used approaches.

Workwise uses this supported employment model with clients who have experience of mental illness. The only deviation from the model of Individual Placement and Support (supported employment) as used overseas is that Workwise employment staff have historically not worked as a team with mental health staff who serve the same client. This is in common with almost all New Zealand supported employment agencies.

Late in 2003 funding was sought by Workwise to trial a version of supported employment in which employment staff worked more closely with mental health staff. The funding proposal included evaluation of the pilot. Funding was granted and after some planning meetings with Waikato District Health Board the pilot started in July 2004 in Thames. The approach involved introducing Workwise staff into mental health offices in a low key, 'bottom up' approach, in which they visited at a regular time each week and liaised with mental health staff about shared clients. In September 2004 a more formal presentation was requested by mental health staff in Thames about the concept of integrated employment/mental health teams and its impact on clients. Workwise then continued with their low key approach, leaving it to mental health staff to set the pace for working more closely together. In August 2004 the roll out of the Hamilton component of the pilot began, using the same process.

The evaluation of the pilot commenced formally in December 2004.

EVALUATION METHODOLOGY

The approach to evaluating the pilot was two pronged – qualitative and quantitative. The qualitative prong aimed to find out firstly what worked and also to identify development issues in terms of implementing closer working relationships between employment and mental health staff. Secondly it aimed to examine the experiences of staff to find out how the changes affected their work, professional relationships, and any other impacts it had on them. As part of this the experiences and practice of staff in the pilot were compared to those delivering 'services as usual'. Lastly the qualitative research looked at client experiences in the pilot, and whether these differed from those of clients in 'services as usual' for employment outcomes, mental health treatment and general well-being. This approach used structured interviews with nine staff and nine clients, although interview data from only eight clients were used due to the variable quality of one interview.

The quantitative prong analysed whether there were any statistically significant differences in employment outcomes for 30 clients who experienced staff working more closely together compared to 30 clients who received 'services as usual'. In addition data was collected on illness severity, age, ethnicity, education, employment history and years on benefit, in order to examine whether these things explained any differences in employment outcome. Unfortunately this data was not available for all 60 clients for whom employment outcome data was collected, so this analysis is not completely conclusive.

QUALITATIVE FINDINGS



Process of Integrating Employment and Mental Health Services

TABLE 1: What worked and identified development areas

WHAT WORKED	DEVELOPMENT AREAS
<ul style="list-style-type: none"> • 'Bottom up' approach with gradual, low-key introduction of Workwise staff to mental health offices. • Initial presentations by Workwise to mental health staff on the nature and value of integrated employment and mental health services. • The high quality of services provided by Workwise and '110% plus' approach to the pilot resulting in verbal references from mental health staff to colleagues. • Having a liaison person from the mental health team in Thames to ease communication and resolve conflict between services. • Regular, weekly visits to mental health offices by Workwise staff to discuss mutual clients. • Attendance by Workwise staff at weekly clinical meetings in Hamilton. • Strong managerial support for closer working relationships. • Mental health and employment staff sharing responsibility for client well-being. • Having a clear process for mental health staff to refer clients to Workwise services. 	<ul style="list-style-type: none"> • Resistance to the idea of Workwise attending weekly clinical meetings at Thames, both from clinical staff and Workwise staff. • Gaps in mental health services, particularly after-hours services for clients who did not need to see the CAT team, respite or residential care. • The lack of an office for Workwise at Thames leading to 'corridor catch ups'. • The willingness of Workwise to go the extra mile in terms of providing services and taking referrals putting a strain on staff and services. • There seemed a possibility that mental health staff were reducing services or discharging clients once they were referred to Workwise, thus placing extra strain on employment services. • Follow-on services for Workwise clients who found work seemed time limited rather than time unlimited in Thames. • There seemed to be some form of readiness criteria introduced to screen clients in Thames which is not true to the supported employment model. • Some Workwise staff seem to need refresher training in some aspects of the supported employment model.



WHAT WORKED?

Overall, Workwise staff were well accepted, the quality of services was high, and levels of referrals to Workwise were high. The process of gradually introducing Workwise staff through regular visits to mental health offices worked well, as did strong managerial support and providing information through presentations. The approach used by Workwise and Waikato District Health Board in developing closer working relationships proved very successful.

- The 'bottom up' approach, with gradual, low-key introduction of Workwise staff to mental health offices and leaving it to mental health staff to decide what level of contact they wanted, worked well, both before and after the presentations.
- Initial presentations by Workwise staff on reasons for working more closely together and overseas research on the impact of doing so worked very well at both sites, even though relatively few people turned up at Thames.

“We went up and did the presentation and got lots of feedback from the psychologists and psychiatrists and there were lots of questions. That went well. I was a bit nervous in front of a brand new team but the level of support I have had is fantastic.”

WORKWISE EMPLOYMENT CONSULTANT

- The quality of service provided by Workwise, with the '110% plus' approach, resulted in very positive responses from mental health staff and high levels of referrals. Informal verbal references by mental health staff to their colleagues about the quality of Workwise services ensured that referrals to Workwise were high.

“Workwise people will go in as a support person in the interview and be very supportive and pick up the pieces afterwards if the person doesn't get it. It's a really good service.”

COMMUNITY MENTAL HEALTH STAFF MEMBER IN THAMES

“Right from the beginning they treated me as an ordinary human being, not someone with more than one label, because when you've got more than one disorder, people look at you like a freak and you feel like one for many years...they get out there and canvas people for jobs and just give you a really wonderful opportunity to start again...They're a wonderful team. They're very positive. They give everything of themselves here.”

WORKWISE CLIENT

- Having a liaison person from the mental health team worked well in Thames, and offset clinician concerns, as well as short-circuiting misunderstandings.

“I would say almost ironically, that people felt they could come to me to get things sorted out that were tricky. The role served that function quite well. So I was approached a number of times by clinicians to say “look, this hasn’t gone so well, can you help me get this sorted” and conversely from Workwise they would say “now, I’ve got this clinician. I’m having a bit of trouble here. Can you help me get it sorted?” So I did it both ways and I think that was really when the role was serving its purpose. And it just prevented a lot of conflict building up and getting things resolved quickly and effectively rather than things perhaps escalating.”

THAMES LIAISON COORDINATOR

- Having Workwise staff visit mental health offices on a regular basis to discuss shared clients worked well in both sites.

“We have had previous people come through and say “oh yeh, well you know we can get clients into work”, but it’s kind of mickey mouse. With Lynn actually being here, clinicians can see her and refer one-on-one and that’s so beneficial, rather than “oh, give us a ring”. It doesn’t work. It’s not a smooth process. With Lynn it’s very smooth. Lynn is part of our team. We need more Lynn’s.”

COMMUNITY MENTAL HEALTH STAFF

- In Hamilton, attendance by Workwise at weekly clinical team meetings has worked extremely well, although this has not been seen as necessary or appropriate in Thames because of pre-existing relationships between Workwise staff and clinicians

“It’s absolutely fantastic. Absolutely brilliant. There is a great warm up there when you walk in. I go up every Thursday morning and am invited into their team meetings from 8.30am. I absolutely love going up there. I have my report every week as well...It’s at the meetings that I get most of the referrals. And they really love it as well, every week getting a report and the process, you know, as well as morning tea, that’s when I can do a one-on-one with all three of us there, although they might want to talk about one of the clients and who they would like to refer.”

WORKWISE EMPLOYMENT CONSULTANT

“It’s been so beneficial. Lynn attends our clinical meetings which are held weekly. She feeds back to the team in respect of the clients e.g. “your client is now employed doing this...” whether its part- or full-time. Very successful. Lynn will get referrals not only from nurses but from psychiatrists, social workers, OTs and the whole MDT will utilise referrals to Lynn.”

COMMUNITY MENTAL HEALTH STAFF

- Strong managerial support for closer working relationships.

“...we’ve been fortunate here that we’ve had quite strong managerial support from quite senior management level for the project and for the integration to happen. So although some staff may have felt that it’s been beneficial we haven’t had to lobby for it. It happened the other way round which has in a way been quite nice”

THAMES MENTAL HEALTH STAFF

- Mental health and employment staff sharing responsibility for client well-being.

“I love it! It’s like a security blanket. ... When someone comes from CMH there’s a whole support network there and I can get most of my information from the clinicians. Also I don’t feel totally responsible. At the end of the day if anything happens e.g. the clients didn’t like their job so they left or whatever, or they had a relapse at work, I don’t feel like I’m carrying it on my own and the support that I get from CMH is actually really cool”

THAMES WORKWISE STAFF MEMBER

- Having a clear process for mental health staff to refer their clients to Workwise services.

“... once we got a really clear referral process that helped a lot. Being able to give clinicians direct contact with Workwise staff e.g. cellphone numbers, so they felt they could do that direct linking themselves. That really established quite a fluidity in the communication and effectiveness of having it as an integrated system.”

THAMES LIAISON COORDINATOR



DEVELOPMENT AREAS

Some aspects of the pilot highlighted areas for development. In general this was due to the unexpected success of the pilot and resulting high levels of referrals to Workwise, which put stress on Workwise staff and services. There were also some teething issues with some of the nuts and bolts aspects of how to 'do' integration – for instance, whether to have Workwise staff attend weekly clinical meetings or not. Some gaps in mental health services were revealed, mainly in the provision of after hours support. Overall these are matters which – while important – can be fixed relatively easily, and represent gaps in good services rather than poor services overall.

- Resistance to the idea of Workwise attending weekly clinical team meetings at Thames by both Workwise and mental health staff. Some Workwise staff prefer the current situation because they feel working relationships are good enough that attendance at clinical meetings is neither necessary nor desirable, and this is a valid point.

“At the moment the Workwise consultants come into the building. Workwise will target the clinicians they want to talk to about their clients. ... the clinicians here overall have said that is their preferred way for it to happen rather than having Workwise staff sitting in on the clinical meetings. I mean there’s a few tricky ethical areas in terms of confidentiality that probably we still need to have ongoing conversations about.”

“Probably once every 6 to 12 months that Workwise staff [should] be invited into one of our full clinical meetings so that people can feel updated and that the face-to-face contact continues because I think that’s what makes the difference.”

THAMES MENTAL HEALTH STAFF

- Gaps in mental health services, especially in after-hours services other than the CAT team, have led to increased pressure on Workwise staff to provide non-employment services, particularly in the area of complex social need. For example, concern was expressed by one client about the lack of after-hours mental health services in Thames, a role which Workwise staff sometimes ended up filling or being asked by clients to fill. Some form of help line with trained counsellors to talk to seemed to be the preference of this client, who found that the CAT teams did not meet her needs. Wellington has such a service in the form of a mental health line that consumers who do not need to talk to the CAT team or go to respite can access after hours. Another example was Workwise being expected to help with accommodation problems.

“If you have an emergency with mental health all they have now is an 0800 number at night. The 0800 number goes through to Hamilton and they call the CAT team [Crisis Assessment & Treatment Service]. They are there for emergencies only they’re not there if you’re feeling worried about something or your stressing out to the max or feeling really, really bad. They’re not there to sit and talk to they’re there to take action. ... there’s usually three people 2 men and a woman and if someone gets out of hand they grab you and cart you off.”

“... it would be good if they had a service where they had an on-call or duty counsellor. ... just having someone to talk to afterhours. I haven’t actually been to hospital for ages. It’s funny my illness. It’s like stress. If I’m having an attack it doesn’t necessarily mean that I’m unwell. For me it feels like I’m going to end up in hospital and then it passes. ... if I can talk to someone I will have a milder attack. If I’m on my own at home it’ll be worse for sure and I don’t deal with it as well.”

THAMES CLIENT

- The lack of an office at Thames for Workwise staff to meet mental health staff in and reliance on ‘corridor catch-ups’

“One of the team leaders at CMH said to me “corridor catch-ups” are not a good look e.g. I walk down the corridor with my girl for her 10 o’clock appointment and next minute it’s “I need to see you”. ... it would be nice to have a base where they know on a Wednesday at 10 o’clock Workwise will be there, so that when I make appointments with you you’ll come to our little space, just somewhere, where we can meet. At the moment it’s anywhere and everywhere.”

WORKWISE EMPLOYMENT CONSULTANT

“I think that if they had [an office] for an hour on a Wednesday it would be quite good – it’s a very good idea really...it would be useful if they had an office here or a desk for a couple of hours a week actually, for us to drop in and see them rather than [Workwise] having to float from office to office.”

COMMUNITY MENTAL HEALTH STAFF

- The willingness of Workwise to go the extra mile in terms of the services they will provide and numbers of referrals they will take from mental health staff, together with firm boundaries by mental health staff about what they will provide, has led to undue pressure on Workwise staff and reduction in quality of some aspects of services. It should be noted that this situation is in part due to the desire of Workwise to give ‘110% plus’ to make the pilot work.

“They understand that my role is not like their role where they are bound by lots of boundaries e.g. their phones are switched off at 5pm, mine is not.”

WORKWISE EMPLOYMENT CONSULTANT

“For me, I have to wonder if we are over burdening her. Because it is such a new thing and the relationship is just so great, there is no hesitation “oh right, we’ll see Lynn, she might be able to help” and I have a fear that maybe we over burden her. I don’t know. There’s no evidence of that but it is in the back of my mind.”

COMMUNITY MENTAL HEALTH STAFF

“I would like them to continue to follow through with clients – like I had somebody they helped go to interviews about three to six months ago now. That person hasn’t been picked up since – she didn’t get the job. I would like the follow through, the encouragement to stay on board with them.. to check in that you people are Ok, just to keep them on target so that they don’t just disappear into their own homes and not go out again...I think I’ve had it happen a few times now that I think about it.”

THAMES MENTAL HEALTH STAFF

- While a clear pattern did not emerge from the research, it seemed possible that busy mental health staff were discharging clients or reducing services to a minimal level once they were referred to Workwise. There seemed to be a real or potential possibility here of Workwise services being used to augment stretched mental health services, thus placing even more pressure on their services.
- Interviews with Workwise staff suggested the possibility that follow-up of clients, which is theoretically time-unlimited in supported employment, was being curtailed in Thames and clients being ‘exited’ from the books once they reach the stage of being stable in work and needing a relatively low level of ongoing support. While they were told they were free to come back at any time, being told they are ‘exited’ could create a barrier to accessing services. It is also not true to the concept of ‘time unlimited follow-on support’. There was also mention of introducing ‘readiness’ criteria to Workwise to exclude certain clients in order to be able to cope with the influx of referrals from mental health services – this would also be contrary to supported employment principles, and lead to a reduction in the quality of services. Rather than indicating a low standard of service, these points indicate a very high quality service that has come under a great deal of pressure through new referrals, in part because of the success of the services it offers, and is struggling to find ways of coping with demands.
- Transcripts of interviews with staff and fidelity testing suggest that some Workwise staff need some refresher training in the principles of supported employment, particularly around the potential of all clients to find work, time unlimited support, and no readiness criteria, in order to keep the quality of service high.

LEVEL OF INTEGRATION ACHIEVED

The following table indicates the level of integration between mental health and employment staff that occurs in the United States (on the left hand side) compared to the level of integration that has so far taken place at Thames and Hamilton. As can be seen neither Thames nor Hamilton have reached the level of integration common in the US, although Hamilton has gone somewhat further down this track. The full US model is currently used in only one New Zealand setting – the Early Psychosis Intervention team at Capital Coast Health. Most New Zealand supported employment services do not aim for fully integrated mental health and employment services at this time, and it is not certain that this full U.S. model is appropriate to the New Zealand setting with its existing skilled NGO sector.

Table 2: Degrees of integration of mental health and employment services

US MODEL	THAMES	HAMILTON
Employment and mental health staff discuss shared clients weekly in person	YES	YES
Employment and mental health staff work together towards employment as an outcome	YES	YES
Employment staff have office space at mental health office when needed	YES	YES
Employment staff have permanent office space at mental health office for weekly visit	YES	NO
Employment staff attend full weekly clinical meetings and report on employment outcomes	NO	YES
Employment and mental health staff use joint consent form for clients	NO	YES
Employment and mental health staff can both look at information on each other's client files and add to files	NO	NO
Employment and mental health staff have joint client file system which both can add to	NO	NO
Employment and mental health staff develop treatment plans together	NO	YES
Employment and mental health staff share office space full-time	NO	NO



STAFF EXPERIENCES

Staff experiences of the pilot were largely positive, with Workwise staff being surprised by high levels of acceptance and referrals from mental health staff. Staff in both agencies had fairly clear views of each other's roles and both expressed overall positive attitudes to employment of people with experience of mental illness. Staff on both sides learned new things, and some mental health staff changed their perspectives towards a focus on strengths rather than deficits. As a result of seeing positive work outcomes clinicians became more involved in helping clients with employment issues, and demand for Workwise services was high. Overall the pilot was very successful from the perspective of both employment and mental health staff

Staff Experiences: Integrated employment and mental health services

	Thames	Hamilton
Integrated employment and mental health services	<ul style="list-style-type: none"> • Workwise staff were surprised at how well mental health staff accepted and used their services • WW were also surprised at how much more contact they had with mental health staff as a result of the pilot • WW staff tend to see MH staff as having clear boundaries, high workloads and few rewards from their work. • MH staff see WW as dealing with employment issues only, although there was some comment that MH staff seem to expect WW to go beyond this and take on some social work type roles. • Both Workwise and mental health staff expressed positive attitudes towards employment of people with mental illness, in some cases mental health staff more so than WW staff. • Staff on both sides learnt new things from each other, information and skills. • A shift in thinking by some mental health staff occurred, in that they started to assess employment needs up front and focus more on strengths and less on deficits. 	<ul style="list-style-type: none"> • Workwise and mental health staff were surprised at how quickly relationships developed and how much support they got from each other • WW see mental health staff as very engaged with the pilot, very caring towards their clients and a great source of information • From a low level of contact prior to the pilot WW and MH now have regular contact about shared clients each week. • Both WW and MH staff are very committed to employment for their clients and see it as a positive thing • Views differed on the need for training prior to work, with WW saying not everyone needed it and MH staff thinking the converse (rapid entry into work without prior training is part of the supported employment model)

	Thames	Hamilton
Integrated employment and mental health services	<ul style="list-style-type: none"> • Clients were referred to Workwise who otherwise would likely not have been referred. • Clinicians began to see results in clients referred to Workwise for employment. • Other services like the Thames Drug and Alcohol Service were also seeing these results and wanted to refer their clients to Workwise as well. • Clinicians started to become more involved in the clients' employment outcomes, and more willing to help clients stay in employment by dealing with on the job issues quickly. • A culture change seemed to be taking place within the mental health services as a result of closer contact with Workwise. 	<ul style="list-style-type: none"> • Mental health staff saw employment as a more visible and viable option for clients as a result of closer working relationships • Increased communication between CMH staff and their clients about their employment progress is another positive outcome • Mental health staff expressed very positive views about the benefits of working with Workwise for their clients.

Quotes from Staff in the Thames Pilot²

- An unexpected increase in level of liaison between Workwise and mental health staff occurred:

“It’s increased tenfold. Before, I would deal specifically with the people I was familiar with. Now, it’s the whole team, the OT whom I never had any contact with before and a direct line to the psychologist. The team’s gone from 2 to the whole team. The North and South Team and also the A & D Team which I never had a lot of input in to. I used to deal with 2 people, now I’m dealing with at least 2 people from each team.”

WORKWISE EMPLOYMENT CONSULTANT

“...if I’m working on a case I’ll have email contact and face-to-face contact once a week ...it feels like a working partnership.”

COMMUNITY MENTAL HEALTH CLINICIAN

- Positive attitudes towards employment of people with severe mental illness were expressed by both Workwise and mental health staff:

“Employment is one of the important factors in life for self-esteem and knowing you can do it. That whole thing about being part of a community earning my own money and feeling proud of it.”

COMMUNITY MENTAL HEALTH STAFF MEMBER

² Note that these quotes are representative and not taken out of context.

- Staff in both areas learned new things from each other:

“I’m learning new things everyday. I’m learning new systems that they do up there. I’m now at a stage where I can ring everyday about something. I can ring and pick their brains. The other thing I love about them is finding out information and sharing it back to them. it’s a two-way thing and the ultimate is that the client is the one at the end of the day that gets all those benefits.”

WORKWISE EMPLOYMENT CONSULTANT

“...they offer me tid bits, like different strategies around managing difficult clients. They’ve opened up training for us within the mental health system. If I have any problems or feel like I’m getting nowhere, like I just want to give up, and I go back to them and they fill my kete.”

WORKWISE EMPLOYMENT CONSULTANT

- A shift in clinician thinking occurred, whereby employment needs started to be considered more and the focus moved from client deficits to client strengths:

“I think what Workwise has provided for a lot of clients is a sense of hope and meaningfulness and that they’re valued members of society and all that stuff, which traditionally, to have employment as part of the assessment process in this service is kind of outside the thinking of a lot of clinicians with the medical model being so predominant. So I would say that’s been a huge change really in people’s thinking when they are making an initial assessment considering “what are the employment options?” and getting the client to start think that way instead of the pathologising of the likelihood that they’ll never get a job. ... it’s about focusing on client’s strengths at the start of the process. often clients will come in in quite a vulnerable state or needing help. So I think that type of question reorients that part of the interview “well, what are you capable of?” “what’s your capacity?”, rather than “what’s your deficiency?”

MENTAL HEALTH STAFF

- Some clients would not have been referred to Workwise if the closer working relationships model had not been implemented:

“... a lot of these clients would never have been referred to Workwise without the integrated system, so they would never have accessed the service at all.”

MENTAL HEALTH STAFF

- Thames clinicians who referred clients to Workwise started to see results so they referred even more clients:

“... in fact, we wanted to keep referring more and more, so it actually seemed to have a momentum of its own after a while. And of course you get some of the success stories and clinicians talking to each other and saying “oh, you should refer that client to Workwise because I did and blah, blah, blah happened and it turned out really well!”

THAMES MENTAL HEALTH STAFF

- Workwise was seen as being so successful in their work with community mental health clients that the Thames Alcohol and Drug service wanted to start referring their clients to Workwise:

“...we’re looking to expand it actually to include drug and alcohol. I haven’t heard from Workwise yet but I know our A & D Team are keen to be able to get their services in a similar way, so we’ve put a request into Workwise to see if we can get funding for that which would be fantastic.”

MENTAL HEALTH STAFF

- Mental health staff have become more involved in helping clients cope with employment, and addressing issues that might affect success at work, since closer working relationships with Workwise have been instituted:

“...I’ve seen clients become really anxious at work and one telephone call and you’ve got somebody. I can ring your clinician right now and they’ll talk to you. They might be really busy but they’ll say “put her on the phone” and it’s sorted. I’ve seen clinicians say “tell them to ring the CAT team, tell them to ring the 0800 number or the CMH number”. I’ve seen that in the past. Our clients don’t seem to get that now. Even the psychologist who’s going down to talk to the [client’s] boss – that’s beautiful.”

WORKWISE EMPLOYMENT CONSULTANT

- The involvement of Workwise has had an impact on the culture of the mental health staff, reducing fearfulness about working so closely with an outside agency and fostering a more cooperative way of working:

“I think it would be fair to say that some clinicians may have had fears about what this might mean or in terms of sharing information. The unfamiliarity of that and through the process of the pilot happening, what panned out was that a lot of those fears have been dispelled and I think in its place is a bit more openness to not working in isolation as much as previously and being able to see how actually working cooperatively with other agencies in this way can be really helpful for everybody. It’s changing a culture really. There is a strong culture in mental health and I think this project is starting to add something different to the culture here.”

MENTAL HEALTH STAFF

Quotes from Staff in the Hamilton Pilot

- Both Workwise and mental health staff were surprised at how quickly relationships developed once they started working together, and how much support they got from each other:

“I didn’t think that was going to happen as quickly as it did. I didn’t realise how much support and feedback I would actually get. I thought it would take longer.”

WORKWISE EMPLOYMENT CONSULTANT

- Despite low levels of contact prior to the pilot Workwise and community mental health staff now have regular contact throughout the week:

“I’ve never really had anything to do with OTs or the CMH matters. I may have heard a few names but I hadn’t met anybody before until I went up to CMH.”

WORKWISE EMPLOYMENT CONSULTANT

“I have said to Lynn “if you need an office here, need somewhere to work from, we can provide that”. She’s used it on a couple of occasions. She will ring during the week if need be otherwise she’s at the clinical meetings every Thursday. I don’t think it can be improved.”

COMMUNITY MENTAL HEALTH STAFF

- Both Workwise and mental health staff expressed positive attitudes to employment of people with experience of mental illness:

“It increases their self-esteem and makes them worthy, it doesn’t make them feel an outsider “I’ve got a mental illness, I’m on a benefit, I can’t do anything, I’m a client”. It is slowly breaking that down and that’s important. Very important.”

COMMUNITY MENTAL HEALTH STAFF

“It’s everything really if that’s what the client wants. From what I have seen over the last five years the employment thing can be life changing. I think with the support we can put up it has been so successful. That’s why the clients come down as that is what they want³.”

WORKWISE EMPLOYMENT CONSULTANT

- Workwise and community mental health staff differed in their views of whether clients needed training before finding work, with mental health staff believing that most did. This showed a lack of familiarity with the supported employment model

³ Source: Interview data Workwise Employment Specialist, Hamilton.

which aims for rapid employment without training as a prerequisite (although if clients want to do training they are supported in this aim):

“Not everyone wants to go straight into employment. Some people want to upskill themselves before they go into employment.”

WORKWISE EMPLOYMENT CONSULTANT

“The majority would need training before they out to work and my understanding of the way Workwise is doing it is “try 3-4 hours a day. See how you go with that, then we can increase it or if you’re struggling we will decrease it.”

COMMUNITY MENTAL HEALTH STAFF

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- One of the positive outcomes of closer working relationships was seen as being the increased visibility of employment as an option for clients. Community mental health staff felt they were far more aware of this as a realistic option for their clients since having more contact with Workwise:

“Employment wasn’t thought about and it wasn’t pushed. There was nobody to say “well, hey this is what we can offer you”. Since Workwise has come on board it’s “yes, we can offer you this”.”

COMMUNITY MENTAL HEALTH STAFF

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- Another positive outcome was the increased communication between clinicians and clients, particularly about employment:

“...and the clients will feedback or the nurses or the doctors will say “hey, how’s the job going?. So there’s communication between the clinician and the client as well. And then of course Lynn also gets feedback into that. And you can actually see at the clinical meetings the nurses and clinicians will comment that “this person is blooming”. We’ve never seen it quite like that before.”

COMMUNITY MENTAL HEALTH STAFF

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- The most valuable outcome of the closer working relationship with Workwise was, according to mental health staff, the positive impact on their clients:

“I would like to see it continue. I would not like to see this disappear, because it is too valuable for our people. By our people I’m talking about our clients. It’s been very good for them and it’s been a long time coming and I wouldn’t like to see it lost now. We’ve very happy. And I speak on behalf of the whole team. I mean a number of our clients have wanted to study and haven’t been able to. Now they can do that. No it’s great. Give me more Lynns and more Workwise.”

COMMUNITY MENTAL HEALTH STAFF

Staff Experiences: Non-integrated – “services as usual”

In the ‘services as usual’ condition there was clearly less contact between Workwise and mental health staff than in the pilot condition, although where they occurred relationships were positive. Some Workwise staff thought more contact with mental health services would be useful, while others were happy with the status quo. Workwise staff were clear that their role was well-being through employment, while community mental health staff seemed somewhat vague about the details of Workwise’s role. Both Workwise and mental health staff expressed a great deal of satisfaction with their work.

	THAMES	HAMILTON
Non-integrated ('services as usual')	<ul style="list-style-type: none"> • There was already contact between Workwise and mental health staff because Thames is a small town and people who have lived there for some time know each other, although it is not clear if this contact was higher than in Hamilton. • Relationships between WW and MH staff are relaxed and informal, with contact as frequent as both want. • Thames WW staff are happy with the level of contact they currently have and would prefer to keep it on an ‘as required’ basis. • Workwise staff are clear that their role is to increase client well-being by helping them find and maintain work, while the MH role is to increase client well-being through clinical treatment and support. • Thames Workwise staff felt that local community mental health staff had a positive view of WW and thought the two agencies had a positive relationship. • Workwise staff think that 65-75% of the caseload could work and that employment is an important goal, but think that some of their clients in this group may not want to work at this time. • Thames staff expressed a great deal of satisfaction with their jobs at Workwise. • Mental health staff in Thames also expressed a high level of satisfaction. 	<ul style="list-style-type: none"> • Contact between Workwise and mental health services was irregular and largely driven by clients. • Where non-integrated mental health staff did have contact with employment staff it was with an agency other than Workwise. • Workwise staff in Hamilton think that more contact with mental health services would be useful, and help them work towards the same goals for their clients. • They have also noted that it helps when clients consent to WW staff having contact with MH staff, in part because they can check what clients are telling them. • Hamilton staff also think that working more closely with MH staff gives clients more choices, which is part of recovery from mental illness. • Hamilton mental health staff were somewhat vague about the details of Workwise’s role but understood it was generally to help clients with employment. • Hamilton WW staff found mental health staff locally very professional and felt that they had a real interest in employment for clients. • Mental health staff find the WW service helpful and see it as successful, and appreciate their work with a disadvantaged group, despite relatively little contact.

	THAMES	HAMILTON
Non-integrated ('services as usual')		<ul style="list-style-type: none"> • Community mental health staff saw employment as an important outcome for their clients and very therapeutic, although not as important to some people as others. • Despite this they saw very few of their clients as being capable of employment on the open market, and saw employment as something to be left towards the end of treatment or after discharge. • Workwise staff think that 65-75% of the caseload could work and that employment is an important goal. • WW staff see preparation for work and support after finding work as being as important as actual employment. • WW staff in Hamilton were extremely satisfied with their job. • MH staff were satisfied but one also felt frustrated at times.

Quotes from Staff in Thames 'Services as Usual'

Only employment staff were interviewed in this condition, as no mental health staff could be found who were not involved in the pilot, Thames being a small town with limited mental health personnel.

- In Thames, mental health and Workwise staff tended to know each other already as it is a small town and staff have often lived there for many years. This meant there was already a certain level of liaison between them, perhaps more than in Hamilton:

“Some CMH and drug and alcohol people knew me...They knew me through my years here as a probation officer. To me, our advantage is that we’re a small town. Relationships already exist.”

WORKWISE STAFF

- When asked how often they had contact, Workwise staff in Thames replied:

“As often as I like. I was in contact with them yesterday. It’s a very frank and easy arrangement on information sharing or asking questions, but very regular.”

- Workwise staff felt that they would not want more than the current levels of contact with mental health staff:

“No more than I currently am. That’s sufficient. On an as-required basis.”

- In terms of perceptions of Workwise and Community Mental Health roles, the Workwise staff member saw them clearly split between increasing well-being by helping clients find and maintain work, and increasing well-being through clinical treatment and support:

“My role is getting clients into work and supporting people in work. I keep CMH staff informed as to how we’re going as that affects the mood of the clients and if I’ve got any difficulties or if I have any concerns with clients I’ll contact CMH or if the employer has got any concerns from a negative side I’ll also keep contact with CMH to give them information. So I see them as providing the clinical health and support. I’m providing support but my role is to try to get them employed so that that increases their well-being.”

- Thames Workwise staff felt that the local community mental health team had positive perceptions of Workwise and found working with them a positive experience:

“CMH appreciate the difference we’re making in clients. I have nothing negative at all. It’s a very positive experience.”

- Job satisfaction was high for Thames Workwise staff:

“This job really suits me because I’ve looked at what gives me satisfaction in work even professionally and it just confirms the direction I’m taking. It’s the people that hold me. So working collectively around individuals to help them move in their lives is what suits me.”

“I’m really, really happy with my job.”

- Mental health staff in Thames were satisfied with their work:

“Oh yeh! I’m fine with my job. It’s creative and still challenging after 26 years. Good job, good location, good team, experienced team.”

Quotes from Staff in Hamilton 'Services as Usual'

- Mental health and Workwise staff in Hamilton had less contact with each other than in the integrated pilot, and this was largely driven by what the client wanted rather than by the staff. The mental health staff member who did have more contact with employment services tended to use another agency, not Workwise:

"...I tend to work quite closely with Centre 401. They're the ones that come to mind more recently. The reason I've chosen Centre 401 is simply because I know the people down there. They're all consumers. They know what it's like and they do a lot of follow-up work when the clients are in the workforce. They do lots of support work afterwards and I guess that's the reason why."

COMMUNITY MENTAL HEALTH STAFF

"... it depends on the client really. If they consent then we do contact CMH, but I wouldn't say it was a heck of a lot."

WORKWISE EMPLOYMENT CONSULTANT

- Hamilton Workwise staff in 'services as usual' thought more contact with mental health staff would be useful, and help them both to work towards the same goals for clients:

"I must admit that the clients that do consent to closer contact that it does help a lot more. It depends. I try to balance the client's needs with what they want. If the client sees employment as a separate issue and doesn't want the services working together that's fine. I happen to think a lot of triggers and stressors can be overcome with speaking to CMH and can bring that all forward to the employment. ... just knowing that we're all working on the same path, that we're not pulling against each other and things are going where we like them to go. When people are working individually things don't always go like that. In general I would like to see us work a lot closer."

- Contact with mental health staff can provide another source of information and a second opinion that can be helpful to employment staff:

"I think what happens first of all is that I have to take at face value what someone is telling me. I think I have to be careful because in the mental health field it's not always truthful what people tell me. If there's a good source of information, guidance I can use to tap into, then that's going to aide me. Just a second opinion and knowing that things are being worked on that I should know about and the client should be aware that we know these things and that we're working towards a common goal."

- Hamilton staff felt that working more closely with mental health services would give their clients more choices, and that was part of the process of recovery from mental illness:

“Yes, I would like Workwise to be more involved. I think it’s important for people to have choices...choices are important because as unwell as many of them are it’s still part of the recovery process to start making choices of one sort or another and at the end of the recovery journey.”

- Hamilton mental health staff had somewhat vague ideas about Workwise's role, but understood it was generally in the area of helping with employment:

“Provide a work coach. I don’t know how much that involves or entails. Not really sure what Workwise does for follow-up once people are in employment and that’s pretty much it.”

“I had an idea that Workwise were supporting people into employment. If I had someone interested in employment I could get you guys to help. I could look at working with you guys to help them. That was my understanding.”

- Hamilton Workwise staff had positive perceptions of local mental health staff including their attitude to employment:

“Always very, very professional and they do seem to lean towards the employment side of it.”

- While having had relatively little contact with Workwise, Hamilton mental health staff had positive perceptions of the service:

“Very helpful. It’s a service that’s successful. I know the organisation works alongside people who have disabilities like people from the mental health service. They as a group of people find it incredibly difficult to try and break into the work force because of the discrimination that impacts on their lives, and its good to find an organisation that’s not going to be discriminatory of them.”

- Hamilton mental health staff in 'services as usual' saw employment as an important outcome and very helpful to recovery:

"It's part of what makes people who they are. When you look at the whole recovery programme the end result, getting some paid employment, a real job with real money is extremely therapeutic and that's part of what makes life worth while⁴."

"... I think that for some people it's not as important as it is for others. For some people their recovery process is different so I think it depends on the clients as well, if employment is important as an outcome. Certainly for most people it's a lift, a boost."

- Despite these positive views they saw very few of their clients as capable of employment on the open market, and thought it best left until late in treatment or after discharge:

"... I would say of my current client load a very small proportion. ... one or two are keen on doing something but not ready for the workforce yet. One lady is working as a volunteer at the zoo, one man is working for a small engineering business - they're keen on the idea but not quite ready. It's like they're dipping their feet in the water."

"... I've only got 13 clients at the moment. I think two of them. I've got one definitely looking for work and another who would be capable. One lady is considering it as one of her goals but we haven't worked towards that yet. She's still got a way to go."

- Hamilton Workwise staff thought that employment was important, but that preparation for work before finding a job and support afterwards were just as important:

"I believe the process is important as well. The preparation, the job search, all the preparing. The job part of it is very important as an outcome but also it's the support and the issues that come up after that. I'm just thinking about the clients I work with. Once they've got money budgeting issues come up then. So the employment outcome is important but the supports put in place before and after are just as important."

⁴ Source: interview data from CMH Community Worker (1), Hamilton.

- Workwise staff in Hamilton were extremely satisfied with their jobs and the level of support they received:

“Very satisfied with it. It’s the best job I’ve had so far really. I’m self-managed. I get a chance to speak to people in other regions and visit other regions. The support I get from my team leader is fantastic. They’re special people in this company and you get to speak to them and you get a spark and you’re really proud to do a job and work with people who make a difference in the world. It’s good. Fantastic!”

“It’s the best job I’ve ever had. I can’t think of doing anything else. I find it really satisfying and rewarding. The CEO has been a fantastic role model. The level of support you get is unbelievable.”

- Mental health staff were also satisfied with their work although one found it quite frustrating:

“I like my job. There are times when I don’t like my job, but otherwise yeh, it’s good. I get a lot of satisfaction from it. A lot of frustration too, but quite a bit of satisfaction.”

“Love it! I’ve been here about 20 years and without a shadow of a doubt this has been the best job I’ve ever had...I have the best team, the best mates and nursing I loved, but his has got the best of both worlds. Good contact with good people and weekends off. But the beauty of our job is that we’re community workers, we’re not really tied to the desk... It’s the best job I’ve ever had and I’ve loved all my jobs.”

“Me too. Although I’m only a few weeks into it, because I love all my clients and that makes it great and I’ve got a great team.”



CLIENT EXPERIENCES

Clients in the integrated or pilot condition had expectations that Workwise would help them find work, and in general felt very satisfied with the services and support they received. They received practical help with things such as writing CVs, advertising for work and preparing for interviews. In addition a high level of advocacy and moral support was experienced, as well as ongoing support once they found work. Clients were generally satisfied with the mental health services they received, and felt that their well-being was higher as a result of receiving both mental health and employment services.

Client Experiences: Integrated employment and mental health services

	THAMES	HAMILTON
Integrated employment and mental health services	<ul style="list-style-type: none"> • One client found Workwise gave very good support and help with finding work. • WW helped another client with her CV and told her about a job that she got and really enjoys. • Thames clients found Workwise staff to be extremely supportive and helpful once they found work. • Clients were extremely happy with Thames Workwise services. • One Thames client trusted and respected her mental health clinician. • One Thames client was very happy with receiving respite care on a regular basis. • Thames clients felt happier and better for having work and support from Workwise. 	<ul style="list-style-type: none"> • One client wasn't sure what to expect from Workwise but wanted help with finding work and getting extra cash. • Hamilton clients also found Workwise staff to be extremely supportive after they found employment, doing thing like popping in to the job to see how they were doing and sorting out difficulties with employers. • Clients were extremely happy with Hamilton Workwise services. • Mental health clients in Hamilton were also satisfied with the services they received. • Clients in Hamilton felt that their well-being had improved with employment and Workwise services.

Quotes from Thames clients in the integrated pilot

- Clients received help and support with finding work from Workwise:

“They put ads in the local paper and paid for the advertisements. I got a job through the ad in the paper. They had a flyer made up and showed them around the retirement village, so it’s great. It’s a really good support.”

- The clients who were interviewed found Workwise staff to be extremely supportive once they were in work:

“I contacted Workwise and told her that I got the job. She asked how it was going and how are the clients towards me and how is the boss? Really supporting me and making sure I was OK in my job.”

“It’s a really great support, knowing you’ve got someone out there looking out for you. ...I’m very pleased with the outcome and I trust them totally. They’ve been a great help and I really appreciate it.”

“I contacted Workwise and told her that I got the job. She asked how it was going and how are the clients towards me and how is the boss? Really supporting me and making sure I was OK in my job.”

FEMALE CLIENT (2) THAMES

“It’s a really great support, knowing you’ve got someone out there looking out for you. ...I’m very pleased with the outcome and I trust them totally. They’ve been a great help and I really appreciate it.”

FEMALE CLIENT (1) THAMES

- Clients were very satisfied with Workwise services:

“Sense of humour, friendliness, relaxed. I can’t fault them. They’ve been really good.”

“The willingness to support me anyway possible so that my life can run smoothly, which is important to me as up until that time I hadn’t had that support again until I moved out of home and I had that support to fall back on.”

- One Thames client both trusted and respected her mental health clinician:

“I have trusted her so much and she would sort things out and support me the whole way. She was firm with me when needed and I respected that. Not even my mother knows how to handle me. I have been with her a number of years.”

FEMALE CLIENT (2) THAMES

- One client was very happy with the respite care she received from mental health services in Thames:

“I’ll tell you one thing I really do like. I get respite now. It’s very important to me. It happens every two months. I get three days in a motel on my own and it’s paid for by Health Waikato. I get a continental breakfast and I can choose whatever motel I want in the Coromandel. I just love it so much. That’s a service which I think is excellent. It was my psychiatrist who referred me over to Health Waikato. I wish I had it for a week or two.”

- Having work helped one client in Thames feel better and happier:

“It makes you feel good to be employed. When I didn’t work I was like a big couch potato, a size 22 couch potato, so it’s been good to have those jobs and I’ve had them so long 3-4 years. It gets me out of the house, it’s a social thing as well and I feel happier as a result of that. Yes I do actually.”

- One client found mental health services and her friends had helped improve her sense of well-being:

“I’m seeing my clinician CMH monthly now. I have been seeing her since my boys were 7 and 8 and they are now 19 & 20. No, I’m probably the happiest I’ve been in a very long time and my friend has a lot to do with it. He’s really good support. He’s a funny chap too. We laugh all the time.”

Quotes from Hamilton clients in the integrated pilot

- While clients were uncertain what to expect they wanted help with finding work more than anything else:

“I was uncertain really. Just help with employment and connections. Workwise had good connections to employers and stuff. Help with finding a job. Job preparation”

- The clients who were interviewed found Workwise staff to be extremely supportive once they were in work:

“Workwise pops in on the job on the site now and again to catch up on news. I’m very happy all round.”

“Workwise came around to see me at work. We had a good chat and sat down with my manager, the GM and the foreman. I explained to work when I first started that I had had an accident and I’d been through depression and suicide and all that and I said I couldn’t work a full 40 hour week.

Workwise supported me and confirmed I could only work so much. I can’t say anything bad about Workwise. They’ve helped me so much at work. My job is open for me whenever I come back. They’re not prepared to chuck me out in the street. ... part of me wants to go back to work and part of me know I have to stay home and look after my wife. Work said they don’t want to see me back at work until my wife is healed and all her things are done. They said “your job is waiting for you”. ... I don’t think it would have worked out the way it did without Workwise there.”

- Clients were very satisfied with Workwise services:

“Pretty good! They’re in touch all the time. I don’t bring up too many issues at all with Workwise ‘cause I don’t really have too many complaints at all. It’s all been pretty normal and relaxed, pretty easy going.”

“Brilliant! Every time I ring Workwise it’s been really, really good. I can’t find fault with Workwise.”

- Clients were likewise satisfied with the mental health services they received in Hamilton:

“I expected them to get my life back on track and they did through a psychiatrist and psychologist. They really helped me. I’m still seeing my psychiatrist every two months. I’m pretty much finished with seeing my psychologist but he said to ring him if I have any problems.”

“They listened more than anything. They listened to what I was saying they didn’t tell me what the best thing to do was, they just listened and then gave me advice afterwards, but they listened.”

“The service was pretty good really. They’re nice people. They behave quite well. Nice genuine people so they were quite good. It was good to get prescriptions from them; it saves a lot of money. They have quite good support there. You can discuss things with them. It was OK. Quite acceptable.”

- Hamilton clients felt greater well-being for having found work and been supported by Workwise:

“I’m still very happy. The jobs improved things a bit. Probably a bit less stress, budgeting stress. It’s good.”

“I’ve actually pulled myself out of the gutter. I was sick of being in the gutter. I was sick of staying home and wanted to get out there and back into the workforce. I’m lucky this job came up. I got off my backside and thought as there was not point sitting at home moping. I had to get my life back on track. So I went out and got myself a job.”

“A lot of things have been taken off my shoulders. Workwise has taken that responsibility. I don’t deal with WINZ now Workwise does all my troubleshooting around that now which has been good.”

Client Experiences: Non-integrated ('services as usual')

In the 'services as usual' condition clients also received a high level of practical and moral support and were pleased with the services they received and surprised they found work as quickly as they did. They appreciated the advocacy they received, and the way Workwise staff treated them with respect. Clients also appreciated support and advocacy from mental health staff, and the continuity of care they experienced. Overall Hamilton clients felt their well-being was higher as a result of their contact with Workwise. There were concerns with some aspects of mental health services in both sites, particularly with the lack of after-hours support services other than the CAT team and residential options. Seeing multiple clinicians, necessitating telling their story many times, and having medication stopped suddenly were also mentioned as issues. Overall clients in the non-integrated condition appeared as happy with both Workwise services as those in the pilot condition, but while being reasonably satisfied with mental health services had more quibbles and issues with those services in both sites than clients in the pilot condition.

	THAMES	HAMILTON
Non-integrated ('services as usual')	<ul style="list-style-type: none"> • Clients received a high level of support and communication from Workwise. • Clients noted the advocacy of Workwise staff on their behalf, and the way staff did not give up on them even when there were setbacks. • Workwise helped one Thames client remain buoyant and encouraged. • Thames clients appreciated the support and advocacy they received from CMH. • Thames clients were dissatisfied with the mental health after hours system. 	<ul style="list-style-type: none"> • Clients were surprised at how quickly they were able to obtain employment. • Hamilton clients appreciated being treated with respect, like a 'normal person', by Workwise staff • Workwise assisted clients with travel support. • One Hamilton client appreciated having continuity of care from CMH. • Hamilton clients were generally happier as a result of their contact with Workwise. • Clients wanted an after-hours mental health counselling service. • Clients did not like seeing lots of different mental health clinicians. • Clients did not like having their medication stopped.

Quotes from clients in the non-integrated 'services as usual' group in Thames

- Clients received a high level of support and communication from Workwise:

“Through Workwise they got me onto the course at Paeroa, and someone to help me with my letters and numbers. They pop around to my house and see if there is anything I need. I looked after my mum till she went into a home. Workwise stop in on their way through Paeroa and keep me informed on any jobs going and find out what it is that I really like to do.”

MALE CLIENT THAMES

- One Thames client appreciated the advocacy she received from Workwise, and their tenacity in coming up with alternatives despite setbacks:

“Workwise advocated for me. They went knocking on doors of people that were involved with what I was trying to do and she just kept that up even though she got knocked back she just kept on going all the time. Not only that, Workwise would come up with other alternatives to that. She would give me alternatives to other employment opportunities that I could choose from which was brilliant because I understood where she was coming from and it just wasn't practical at that time.”

FEMALE CLIENT THAMES

- Workwise helped one client remain buoyant and encouraged:

“The key thing was my caseworker, and it was her that kept me buoyant and encouraged me despite the knock backs and she and I have gone through a lot of knock backs in trying to get me a little bit of paid employment. ... I humbly accept that I can't do it on my own. ... I don't know how much more they could have done. ... Workwise has been very, very, very good. The feedback has been fantastic. The effectiveness of what Workwise has tried to do for me is not their fault. I'm very, very satisfied with the service.”

FEMALE CLIENT THAMES

- Thames clients appreciated the support and advocacy they received from CMH:

“Advocacy. The mental health service providers organised a meeting with Te Koruwai and my psychologist came with me trying to communicate with them what my needs were.

FEMALE CLIENT THAMES

“I’ve got no complaints about CMH. They’ve been really good. The clinician I’ve been seeing from there has been excellent helping me sort out things after my mother died. If things get on top of me I just ring them and I discuss it and I feel much better when I go home. They’ve been really good.”

MALE CLIENT THAMES

- Thames clients were dissatisfied with the mental health after hours system.

“I used the after hours number when I just needed somebody to talk to. They said to me to go and take a shower, and go to bed. The other time I rung them I struck other people and they said take 2 diazapam and asked if I had been drinking. I said yeh I have, is it still OK to take my diazapam and they said yes but stay off your stalazine.”

MALE CLIENT THAMES

“When they were needed they weren’t there. They have an on-call service that you ring up at night time and I made three phone calls the night before I was admitted. There was no follow-up so the next day I had no choice but to go through my GP and be ambulanced to the Henry Bennett Centre.”

FEMALE CLIENT THAMES

“The on-call person in CMH at the moment is not skilled for discussing needs over the phone or an appointment. His advice was for me to have a pill. Just take a pill. And I said to him I don’t think that’s a good idea the way I’m feeling at the moment because I know these pills will sedate me or make me more compliant, that’s the word they use – compliant and I said I’m afraid because I might just keep taking them because they’re so good. Because I know that they do work and they do get rid of the pain. And that’s half the reason people get on the drugs and the alcohol in mental health services because there are no answers....if I’m having a five minute conversation with him I expect to have quality come out of it not just be told to take a pill.”

FEMALE CLIENT THAMES

Quotes from clients in the non-integrated 'services as usual' group in Hamilton

- Clients were surprised at how quickly they were able to obtain employment through Workwise:

“I was going to have an interview with Workwise when I got a call from my former officer here. There was a job that needed to be urgently filled and would I be interested. I jumped at the chance. He said can you come in this morning and we’ll do the interview then we’ll trial you this afternoon from 1pm for 4 hours in the job. They had one or two applicants through but with my previous history, being a former toll operator for 20 years, I went in and trialled the job and the girl that was leaving said she thought I would do, right in front of the employer and I’ve been there ever since, that’s 20 months now.”

FEMALE CLIENT (1) HAMILTON

“I knew that they would eventually help me find a job but I didn’t realise it was going to be so soon. I thought it might have taken a couple of months but it only took a couple of weeks.”

FEMALE CLIENT (2) HAMILTON

- Hamilton Workwise clients were treated with respect, like a 'normal person':

“Right from the beginning they treated me as an ordinary human being and not someone with more than one label, because when you’ve got more than one disorder people look at you like a freak and you feel like one for many years and you’re not the same person and they get out there and canvas people for jobs and just give you a really wonderful opportunity to start again. They’re a wonderful team. They are very positive; they give everything of themselves here. I couldn’t want anything more and from now on there’s going to be nothing I don’t need and they’re helping me get more confidence as each day goes by too.”

FEMALE CLIENT (1) HAMILTON

“Being treated with truth and respect as Workwise do. Respect as a human being and dealing with my problems on a one-to-one basis not just “here we go again I’m getting paid for it”, because the burn out for mental health staff is terrific. I know because I’ve worked for mental health staff pharmacies and I see everybody giving everything, every single staff member right from management down. The follow-up, the people you deal with, their personalities are really suited to the job. It must be the hardest area to work in yet they come in not frustrated and with the right attitude and prepared to listen. I think that is a great attribute.”

FEMALE CLIENT (1) HAMILTON

- Workwise assisted clients with travel support:

“The rides I’ve had from this team over the last 18 months has been fantastic. I live on one side of the town and work in another. Workwise take me in and Work Bridge have provided me with a taxi chit because it’s outside bus hours and I need two buses to get home so I’m really grateful for that, but Workwise are the main stay.”

FEMALE CLIENT (1) HAMILTON

“Mind you I wouldn’t have minded travel support for a little bit longer. Workwise said “you’re earning a bit of money now so you should be able to find your own way. You can buy a bus ticket”. He even printed out all the bus timetables, how much it was going to cost for a bus card and all those sorts of things, so that was really helpful. I’ve caught the buses lots of times so it was OK.”

FEMALE CLIENT (2) HAMILTON

- One Hamilton client appreciated having continuity of care from CMH:

“It’s the continuity. For the first 2-3 years of my experiencing mental health I had about 8-9 maybe even 10 doctors from CMH from different CMH organisations but because I had to go over my childhood with every single doctor and now having this doctor that I’m having all the time, we don’t have to go over the same things all the time and I used to get tired of telling doctor after doctor after doctor my past history. You know, you’d think they’d read up on you but they don’t.”

FEMALE CLIENT (2) HAMILTON

“Now it’s good. She knows how things are with me. She knows my situation. She knows if I’m different and she knows if I’m unwell, so it’s really good. I don’t know when I’m experiencing symptoms, hearing voices or something. I can’t tell if my health is deteriorating but she can. I see her about once every three months but I see my nurse every fortnight and she reports to the doctor if there’s any problems.”

FEMALE CLIENT (2) HAMILTON

- Hamilton clients were generally happier as a result of their contact with Workwise:

“More confident. At this stage I can look to maybe come off the benefit and get a second or full-time job and I’ve discussed this with my Workwise officer. It’s something that’s got to be discussed with my psychologist at the end of September. I would never move without her say so. Maybe it’s a confidence thing but my boss seems to think I’ve got more capabilities than I’m currently doing.”

FEMALE CLIENT (1) HAMILTON

“In my personal life I’m happier now than I’ve been in a long time. I’ve just had a holiday about a month ago which came as a real relief. One of my former workmates came from overseas and the difference was amazing between her and me, what I’m capable of doing. I think Workwise has given me belief in myself, confidence again to not be afraid and go out there and try. And I’ve done things that I never thought would be possible again i.e. backpacking, meeting new people, not being scared to come into town sit in a coffee bar on my own. I was too scared to do that at one time. I made myself do it. Now I do it at the drop of a hat.”

FEMALE CLIENT (1) HAMILTON

“Before I started working with Workwise for about six months my condition had been in remission so I hadn’t been experiencing any symptoms or anything and a year later I’m still not experiencing any symptoms of my mental illness so I’ve been very well. I think it would have happened anyway but I believe that because I have a job my depression level haven’t been so bad. I suppose if I was sitting at home not really doing anything watching TV or playing X-Box all day I’d start to get a bit depressed, but because I’ve been active and working and improved my livelihood in a sense.”

FEMALE CLIENT (2) HAMILTON

- Clients wanted an after hours mental health counselling service:

“I know they’ve got a 24 hour help line the CAT team, but they need like a doctor or someone to talk to after hours. For anyone who has any after hours problems, not that I have personally needed them, but I thought it was a good idea, like a doctor on-call if anyone has any problems after 5pm.”

FEMALE CLIENT (2) HAMILTON

- Hamilton clients did not like seeing lots of different mental health clinicians:

“With CMH the one thing the patient needs is stability not a new psychiatrist coming in every 12 months. Your confidence goes. They need the same psychiatrist for a good length of the time for the patient’s stability if nothing else.”

FEMALE CLIENT (1) HAMILTON

- Clients did not like having their medication stopped:

“There was one guy that took me off my medication all at once and I didn’t know what the side effects were of some of the pills and I got really bad and I went back and saw my doctor and said “look this other psychiatrist has taken me off all my medications. He no longer wants me to take any of my medications”. The doctor said he shouldn’t take me off medications like that; he should bring you off slowly. He said he would look into it. Stay on what I’ve prescribed you; and I did.”

MALE CLIENT THAMES

This client said he was not given any reason why he had been taken off his medication. He said:

“He just said “you don’t need to be on these anymore”. He never asked me if I had any withdrawal symptoms or anything like that. I asked him if he wanted me to stop altogether or to slowly stop taking this one, and he said “no, I want you to stop taking the whole lot”. And then I experienced these feelings like panic attacks and feeling fearful, frightened all the time, so I went back and saw my doctor, he really understands me and has been helpful, and he put me back on them.”

MALE CLIENT THAMES

WAYS FORWARD



Some of the issues highlighted earlier in the report in the Development Areas section will need to be addressed in order to ensure that a high quality of service continues to be delivered to clients by both Workwise and mental health services without placing undue strain on either service. In a sense, Workwise's worst enemy here has been its phenomenal success in working more closely with mental health services and the very high quality of its services, which have made them so attractive to mental health staff. For the pilots to be successful in the long term, the issues identified in this research will need to be addressed. This process has in fact already started. The concept of 'two strong partners' applies here more than anywhere else – both Workwise and mental health staff need to maintain sustainable workloads, good support and high standards of practice in order to provide optimum services to their clients.

In summary, the main issues that will need to be addressed are:

1. Maintaining high qualities of service in Workwise, including:
 - capping caseload numbers (this is apparently already happening)
 - refresher training for staff in the principles of supported employment
 - avoidance of readiness criteria or 'exiting' clients
 - ongoing monitoring of fidelity to the supported employment model (recent research has found that fidelity to the supported employment model is one of the two main predictors of good outcomes for clients)
2. Maintaining good levels of staffing and high levels of service in mental health teams, including investigating supplementary after hours services for clients who need some support but do not require the CAT team or respite
3. Ensuring that clients continue to receive a good level of mental health service at the same time as they are receiving Workwise services, rather than the latter being used to supplant the former. Part of this may be making sure that mental health staff understand that employment is not necessarily best left until late in treatment – that clients can in fact cope with and benefit from paid work earlier, and that this may make the job of clinicians much easier as employment generally has a positive impact on mental health. It is also important that clinicians realise that their input is vital to clients succeeding at work, and there are promising signs that this is in fact occurring
4. Working with mental health services to acquire permanent office space (this has apparently already happened) and agree on levels of attendance at clinical team meetings, and any further aspects of integration.

All of these can be summed up by education and liaison. The key to a successful way forward is to remember that successful integration of mental health and employment services is having two strong partners, neither of which puts too much pressure on the other.

QUANTITATIVE FINDINGS

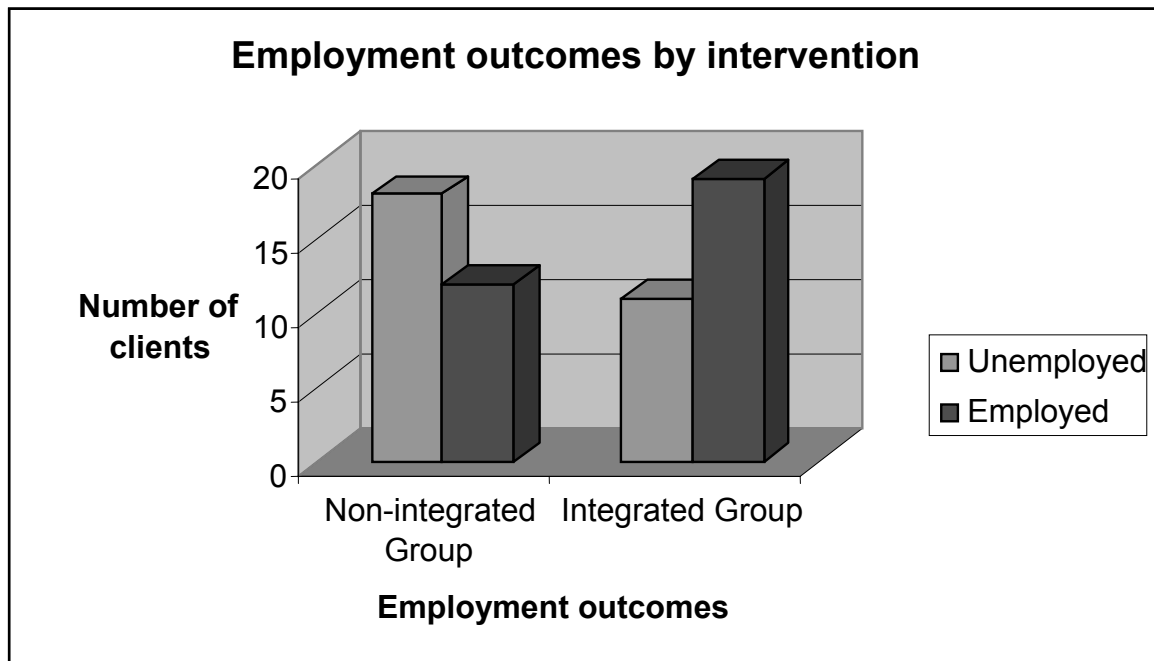


Analysis of employment outcomes were carried out for 30 clients in the closer working relations group ('integrated') and 30 clients in the 'services as usual' group ('non-integrated'). Thames and Hamilton clients were considered together. Data were collected from the first five months of the Thames pilot and the first four months of the Hamilton pilot (June to December 2004). However, clients would have been using Workwise services for varying periods within this window of time – some for all of it, some for less.

As can be seen in Figure 1 on the following page, more of the pilot (integrated) group were employed during this period than the 'services as usual' (non-integrated group). Table 2 show clearly that more of the services as usual group were unemployed than those in the pilot. Statistical analysis suggested that these differences were not likely to be due to the 'usual suspects' of differences in illness severity, employment history, education etc. T-tests showed that neither severity of mental illness or ethnicity predicted employment outcomes ($p > .05$). (Illness severity was tested by separating out schizophrenia from affective disorders and other disorders (including anxiety, borderline personality disorder, antisocial disorder, comorbid analysis). Analysis of correlations showed that were no significant correlations between likelihood of employment for each group and age, years of secondary school education, years of tertiary education, years of work experience, and number of years on a benefit ($p > .05$ for all factors). Unfortunately data on illness, age, ethnicity, education, employments and benefits was not available for all 60 clients for whom employment outcomes were known, which undermines this finding. (For more detailed figures refer to Appendix one).

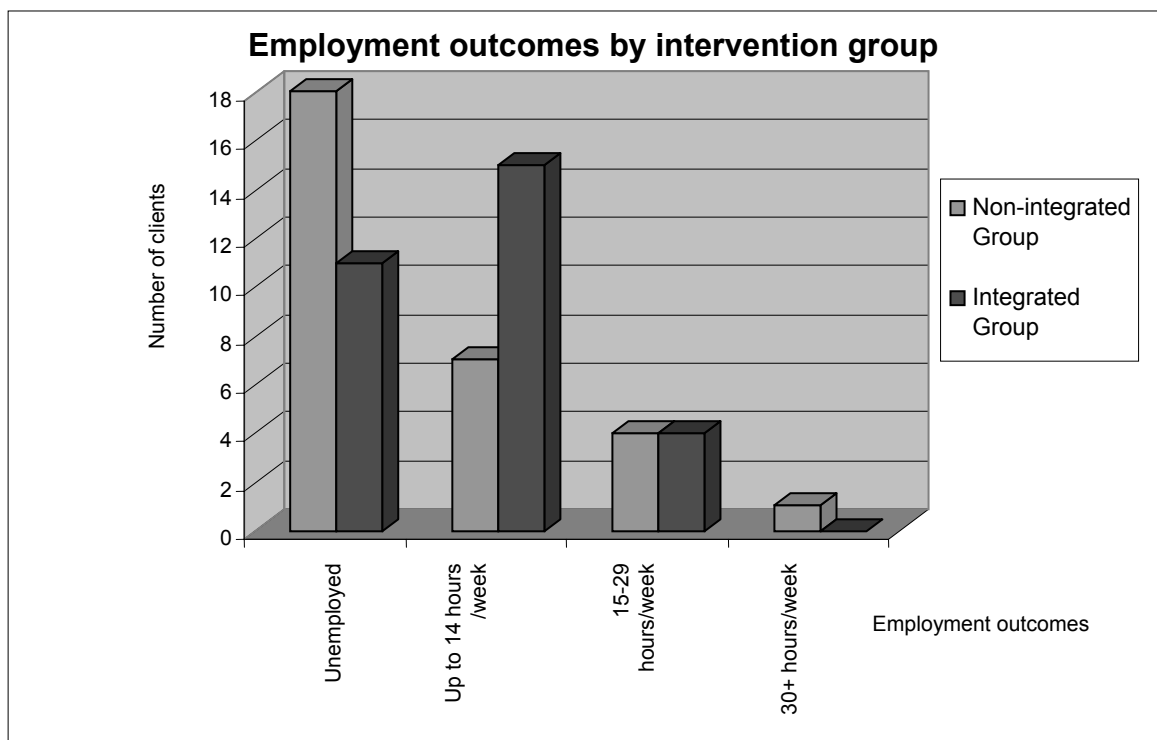
However, two-tailed t-tests of the number of clients who were employed in each group showed that this difference was not statistically different ($p > .05$). That is, the possibility that it could be due to chance could not be ruled out. This finding may be due to the small sample size, which limits statistical power, or to the pressure that high demand put on Workwise services, which could have led to reduced follow-up and support and to the early stage of the intervention. Significant differences might be found once the initiative has been running longer and greater numbers have passed through it.

Figure 1: Employment outcomes by intervention type



This figure shows that more of the clients of the mental health and employment services that worked more closely together ('integrated group') were employed than clients of 'services as usual' ('non-integrated group') some months after the pilot started.

Figure 2: Number of hours worked by intervention type



This figure shows that fewer of the clients who were served by mental health and employment staff working more closely together ('integrated' condition) were unemployed overall than those who received 'services as usual' ('non-integrated' condition). It also shows that substantially more of the clients receiving integrated services were employed for up to 14 hours per week than those in the 'services as usual' group, although similar numbers were employed for 15-29 hours per week in both groups.

Figure 2 shows that more people from the pilot group were employed for up to 14 hours than those from the services as usual group. The differences in this level were statistically significant ($p < .04$). This category is significant because historically individuals on an invalid's benefit were deemed well enough to work if they could work more than 14 hours per week. This usually resulted in them being transferred to a sickness benefit, at a lower rate overall, lower level of earnings before a proportion of each dollar earned was deducted, and with a higher level of deductions from dollars earned. Most clients of supported employment agencies tend to be on an invalid's benefit and thus will tend to work 14 hours or less in order to avoid losing income. While policies on invalids' benefits have changed to allow clients to work longer hours without being transferred to a sickness benefit, knowledge and application of the new policies tends to be patchy nationally, meaning this historical trend lingers on. Anxiety about coping with work after years on a benefit also means that most new clients start by working relatively low hours. Thus the bulk of supported employment clients will tend to work in the 14 hours or less category.

Thus, clients of Workwise and mental health services that worked more closely together were more likely to be in work than those receiving services as usual, and significantly more likely to be in work for up to 14 hours. These differences are largely unexplained by the 'usual suspects' of less severe mental illness, higher education and more years of employment experience. Were the pilot to go on longer, with clearer roles for employment and mental health staff, and were larger numbers to be included in the analysis, it may well be that differences in overall employment would be significant. However, this cannot be concluded at this stage, although overall trends are promising.

APPENDIX 1

Details of statistical analyses

T-Tests

The following tables give figures for the workings on significance of differences in numbers of clients in each group working up to 14 hour, and for total numbers of clients employed in each group. The SPSS application was used to compute these figures from raw data supplied by Workwise.

Group Statistics

Treatment		N	Mean	Std. Deviation	Std. Error Mean
14 hours or less	Non-integrated Group	30	1.7667	.43018	.07854
	Integrated Group	30	1.5000	.50855	.09285

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
14 hours or less	Equal variance assumed	11.528	.001	2.193	58	.032	.26667	.12161	.02324	.51010
	Equal variance not assumed			2.193	56.448	.032	.26667	.12161	.02309	.51024

For 14 hours or less, the integrated group was significantly ($p = .032$) lower than the non integrated group.

Group Statistics

Treatment		N	Mean	Std. Deviation	Std. Error Mean
Client in employment	Non-integrated Group	30	1.60	.498	.091
	Integrated Group	30	1.37	.490	.089

Independent Samples Test

	Levene's Test for Equality of Variances		t-test for Equality of Means							
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
								Lower	Upper	
Client in employment	Equal variance assumed	.269	.606	1.829	58	.073	.233	.128	-.022	.489
	Equal variance not assumed			1.829	57.984	.073	.233	.128	-.022	.489

The t-test for numbers employed overall in each group ($t(58) = 1.829$, $p > .05$) indicated that the employment rate between the two treatment groups was not significantly different at .05%. Although the t-test does not provide evidence that the

treatment type predicts for employment outcome, the lack of statistical support could be due to the small sample size.

Treatment * Client in employment Crosstabulation

Count		Client in employment		Total
		Employed	Unemployed	
Treatment	Non-integrated Group	12	18	30
	Integrated Group	19	11	30
Total		31	29	60

Tests of the contribution of demographic factors

- The t-test and ANOVA look at whether a particular factor (i.e. treatment) affects employment outcomes (i.e. employed vs. unemployed). The results indicated that none of the factors below predicts employment outcomes, as shown by the p-value (the significant value) being greater than .05

By ethnicity

$F(5,40) = .44, p > .05$

The t-test indicated that ethnicity does not predict employment outcome.

By type of mental illness

$F(2,43) = .21, p > .05$

The t-test indicated that type of mental illness does not predict employment outcome.

Correlations

The correlation test looks at whether there is a linear relationship between two factors (i.e. the employment outcomes and a demographic variable). There is a correlational relationship between 2 variables when the p-value is smaller than .05.

$r(59) = .01, p > .05$

Age and employment outcome are not correlated.

$r(59) = -.11, p > .05$

Years of secondary school and employment outcome are not correlated.

$r(59) = -.09, p > .05$

Years of tertiary education and employment outcome are not correlated.

$r(59) = -.11, p > .05$

Years of working and employment outcome are not correlated.

$r(59) = .06, p > .05$

Years on benefit and employment outcome are not correlated.

