

WHAT WORKED

- ‘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
- Development of Workwise postcards and posters to highlight employment and demystify the process.

DEVELOPMENT AREAS

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 of 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.

Other areas for proactive development include:

- Clinical meeting attendance
- Service user identified gaps in mental health services
- Employment consultant space at MDT offices
- Role definition
- Service reduction
- Fidelity to Individual Placement and Support Model.

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.

“To successfully integrate mental health and supported employment services you need to have two strong partners.”

GARY BOND, Chancellor's Professor, Department of Psychology, Indiana University

RESEARCH TEAM

Project manager – Kaye McLaren; Researcher and writer – Kay Kristensen; Statistical analysis – Judy Li;

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The Attachment Model:

Successful Integration of Mental Health and Supported Employment Services.

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RESEARCH OVERVIEW

Key findings from an evaluation of a pilot to integrate supported employment and mental health services for people with experience of mental illness

RESEARCH BACKGROUND

Supported employment has been found by many rigorous studies to be significantly effective in helping people with severe mental illness to find work.

Workwise uses the supported employment model with clients who have experience of mental illness. Although, unlike overseas approaches and consistent with standard New Zealand practice, Workwise employment staff have historically not worked in tandem with the mental health staff who serve the same clients.

As part of a pilot programme funded by Waikato DHB in 2004 a collaborative integrated case management model was developed utilising the skills of DHB mental health teams and Workwise, to jointly facilitate employment outcomes for service users.

Key individuals in both organisations believed that creating a closer working relationship between specialist work facilitation staff and mental health teams would improve access to the labour market and improve the health status of people with mental illness.

The evaluation of the pilot commenced formally in December 2004.

KEY SUCCESSES

Three key, and connected, successes arose from the pilot project. The closer working relationships between employment and mental health staff, the high rate of employment secured, and work being included proactively in the clinical assessment process.

70% Employment Rate

As the data below shows, 70 % of participants have secured employment during the first phase of the pilot programme. As this remains a live programme participants continue to secure employment and receive support until they exit.

**Workwise / Waikato District Health Board Integrated Employment Service Pilot
Combined figures Thames and Hamilton sites September 04 – January 06**

No. of participants	No. of participants securing jobs	Employment secured up to 14 hrs / wk	Employment secured up to 15-30 hrs / wk	Employment secured 30+ hrs / wk
151	105	69	21	15

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

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 it's been so positive. Community mental health clinician commenting on how the pilot went

EMPLOYMENT AND RECOVERY

- Improved self esteem
- Better symptom control
- Integration into community
- Shortened period of unwellness
- Longer periods of wellness
- Improved physical health and living conditions because of increased income

Closer working relationships

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.

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

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.

Positive impact on clients

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

"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

Client satisfaction

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, applying 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.