The User Focused Monitoring Project

at Peter Bedford Housing Association

AUDIT REPORT

ISLINGTON MENTAL HEALTH SERVICE USERS' EXPERIENCES OF EMPLOYMENT SUPPORT

2009

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Copies of the report and audit questionnaire are available on the UFM page of our Website at: peterbedford.org.uk

Introduction and background

Mental illness and unemployment

The majority of people with long-term mental illnesses are unemployed. The Office for National Statistics (2000) reported that in 2000 only 18% of those with long-term mental illness were in employment compared to 52% of people with other types of long-term disabilities but without mental health difficulties (Office for National Statistics, 2000). Adults with mental health problems are amongst the most socially excluded groups in society, and are the largest group (41%) who claim incapacity benefit (Burns *et al*., 2007). There is also evidence that those with a diagnosis of schizophrenia are particularly likely to be unemployed (Perkins & Renaldi, 2002), as are black males in regular contact with mental health services; reported to have 95% unemployment rates (Secker *et al.,* 2001, cited in SCMH, 2003-2006).

People with a history of mental health problems often face discrimination by employers. A snapshot poll by Mind showed that a quarter of job offers had been withdrawn following disclosure of a mental health problem (illegal under the Disability Discrimination Act); over half (58%) had to leave a job due to inadequate mental health support; one third (31%) were sacked or 'forced out' of a job and a quarter (26%) had been demoted after disclosing their mental health problem http://www.mind.org.uk/News+policy+and+campaigns/Press/2009-06-15-CL.htm. Many clinicians have low expectations regarding the chances of people with psychotic illnesses successfully returning to work (Marwaha *et al.,* 2008). The challenges facing employment support providers in helping people with mental health problems retain their jobs, and find and settle into new ones are therefore formidable. There are different models of employment support currently being practiced, but using evidence based methods are being promoted by the Government.

Evidence based employment support

Researchers in the United States of America have led the field in researching what works best in supporting people with mental health problems back into work. Almost two decades of research has resulted in an evidence- based

model called the Individual Placement and Support (IPS) model (Becker, Drake & Concord, 1994). This model has seven key features:

1. Competitive employment is the primary goal
2. Everyone is eligible
3. Job search is consistent with individual preferences
4. Job search is rapid
5. Employment specialists and clinical teams are located together
6. Support is time-unlimited and individualised to both the employer and employee
7. Welfare benefits counselling supports the person through the transition from benefits to work

The IPS model advocates getting people with mental health problems back into employment as soon as possible, even before full recovery has been made, the '*place then train'* approach. Other features of the IPS model include the following:

- Counselling is given on disclosure of mental health disability
- Ongoing work-based vocational assessments
- Jobs obtained are on a permanent tenure and pay at least minimum wage

Vocational services that provide training, development and sheltered work to prepare and then place the person in paid employment: *'train then place'* were found to be less effective than the IPS *'place then train'* model.

The Sainsbury Centre for Mental Health (SCMH) is the leading body promoting evidence based employment support for mental health service users in the United Kingdom. It has now published its first briefing paper supporting the implementation of IPS in the UK entitled 'Doing what Works' (SCMH, February 2009). In endorsing the IPS model it cites research by Becker *et al*., 2001, 2006; McGrew *et al*., 2005; Burns *et al*., 2007 in concluding that 'those services which *faithfully* follow the principles of IPS get more people into employment than those services that do not' (SCMH, Feb. 2009, p.5). They also highlight that, 'The principles of IPS have been strongly endorsed by the Social Exclusion Unit (2004), in the Department of Health's

commissioning guidance on day and vocational services (DH, 2006a & 2006b) and in the Government's action plan for social exclusion (Social Exclusion Task Force, 2006)' (p.2).

Measuring fidelity to the IPS model

The SCMH published a set of key performance indicators (KPIs) in June 2009 for use by service providers and commissioners. These enable the measurement of how well employment support services match the IPS model (fidelity), as well as the outcomes for mental health service users. The audit questions we developed were based on the criteria in the *Employment Support Fidelity Scale* on which the KPIs were based, in addition to some devised by the audit team.

Local developments in employment support services

The SCMH found that although there is a strong policy and research case for setting up evidence-based supported employment services, very few places in the UK can verify that they are actually doing it, or doing it effectively (SCMH, June 2009, p.4). At the time this audit began the Borough of Islington was in the process of developing its Employment Support Strategy having undertaken a review of employment support services in 2006. St James's House in Islington had recently been awarded the contract to pilot the IPS model of employment support (ES). The User Focused Monitoring Strategic Steering Group, whose members include Islington mental health service commissioners and service user members, agreed in 2008 that it was an opportune time to undertake an audit of employment support services in Islington.

Audit aims and objectives

Aims:

1. To obtain baseline data on mental health service users' experiences of employment support interventions/ services in Islington to enable future comparisons (e.g. following service developments).
2. To develop service-user-focused criteria and methods for use in future audits of employment support.

Objectives:

1. To describe the nature of employment support (ES) provision for those secondary mental health service users who are out of work, in work and starting new jobs;
2. To identify whether the ES was based on the IPS model;
3. Identify the determinants of who receives ES and issues of accessibility;
4. Obtain feedback from ES recipients to ascertain their views on the interventions and their satisfaction with them;
5. To identify unmet need for ES amongst the audit participants;

Methods

The aims of the audit necessitated a sample to be drawn from secondary mental health service users that had, and had not received employment support (a factor we did not know prior to approaching them to participate).

The safety of the interviewers was an important consideration, therefore we elected to recruit and interview participants at the Community Mental Health Centres for adults across Islington. The days and times of the auditors' attendance were largely determined by the availability of private consulting rooms (which were often fully booked). The interviews took place between December 2008 and June 2009.

Participant selection criteria

Participants were to fulfill the following selection criteria:

- Resident of the Borough of Islington
- Under the care of specialist mental health services in Islington for at least six months (allowing time for employment support interventions).
- Adults of working age – or were working age within the past 4 years.
- Legally entitled to work in the United Kingdom

The target sample size was 50 participants – 10 from each of the five Community Mental Health Teams: Elthorne, Archway, Drayton Park, Canonbury, and Calshot.

Participants were asked questions relating to the period of time they had been mental health service users in Islington within the past five years. This was to ensure the data was recent and related to care provided by Islington services.

The questions in the interview schedule were based on the Supported Employment Fidelity Scale (2008) developed by the Sainsbury Centre for Mental Health and the Outcome Indicators Framework for Mental Health Day Services www.socialinclusion.org.uk/publications/Broadened_Social_Inclusion_Outcomes_Framework.pdf) in addition to some developed specifically for this audit.

Data collection

Trained auditors (who were themselves current or former mental health service users) interviewed participants individually using the interview schedule. The auditors interviewed the participants in the Islington Community Mental Health Centres. Before data collection began in each centre the audit team and manager attended management team and staff meetings to introduce the auditors and to inform staff about the nature of the audit. The audit team was also orientated to each centre's facilities by centre staff and briefed regarding their own health and safety whilst on site.

Approaching patients

Patients were approached usually after their consultation with the mental health professional and invited to participate. Those who agreed were interviewed immediately. Those who agreed but who could not do so at time were offered a telephone interview if they had a land telephone line. Participants were informed about the audit, the confidential nature of it, including their anonymity, both verbally and through a participant information leaflet which they were encouraged to take away.

The interviews

Auditors usually worked in pairs with one undertaking the interview whilst the other checked the questionnaire was being completed correctly (the questionnaire was quite complex). Working in pairs also afforded the auditors greater confidence and safety, and was their preferred mode of working.

Data analysis

Quantitative data from the interviews were entered onto a database and analysed using the Statistical Package for Social Scientists (SPSS). Frequencies and percentages were obtained for each variable. Relationships between variables were explored by examining cross tabulation tables using the Chi square probability statistic (with a cut point of $p<=0.05$) to test for statistical significance (indicating the likelihood of any relationship being due to chance). Percentages in the report have been rounded to the nearest number.

The interviews included a small number of open questions. Participants' answers to them were summarized rather than recorded verbatim, unless they were brief. These are used in the report to illustrate key points.

Socio demographic characteristics of the sample

Age and gender

The participants' ages ranged from 19 to 66 years with an average age of 39 years. Just over half were female (n=26/50: 52%).

Ethnicity

Participants were asked to select which ethnic group they felt they belonged to from a list of ethnic groups obtained from the National Census 2001 (Table 1).

Table 1: Ethnic group	Frequency	(%)
White British	18	(36)
White Irish	2	(4)
White Other	3	(6)
White & Black Caribbean	3	(6)
White & Asian	2	(4)
Other Asian	1	(2)
Caribbean	6	(12)
African	7	(14)
Other Black	4	(8)
Chinese	1	(2)
Other	3	(6)
Total	50	(100)

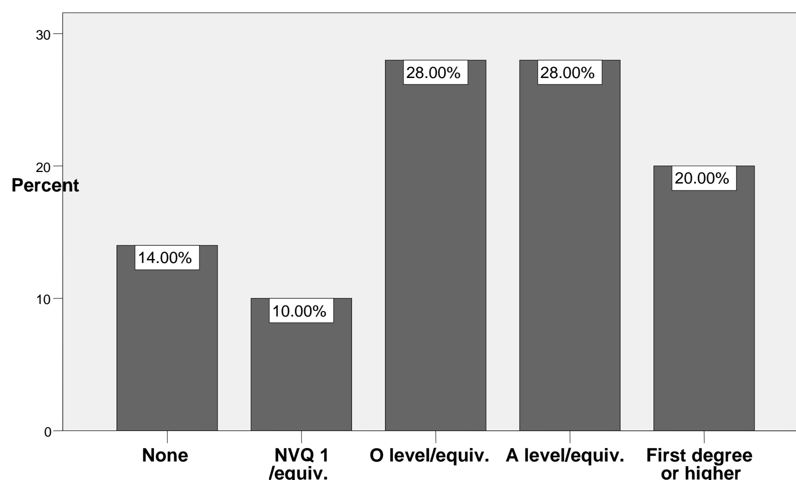
First Language

Most participants said English was their first language. Other first languages were other European languages (n=5), African (n=2) and Asian (n=1). Interpreters were not used in the audit.

Highest educational qualifications

Most participants were relatively well educated (Figure 1). Only fourteen percent said they had no qualifications, whereas 48% were educated at least to GCSE Advanced ('A') level. One fifth had first degrees, master's degrees or a professional qualification, such as teaching.

Figure 1: Highest educational qualification



Employment status

Participants were asked what their current employment status was. The vast majority (95%) were unemployed claiming either unemployment benefits, such as job seeker's allowance or disability benefits (Table 2). One quarter were doing voluntary work. None had a full time job and only four had a part time job, or were on a special employment scheme.

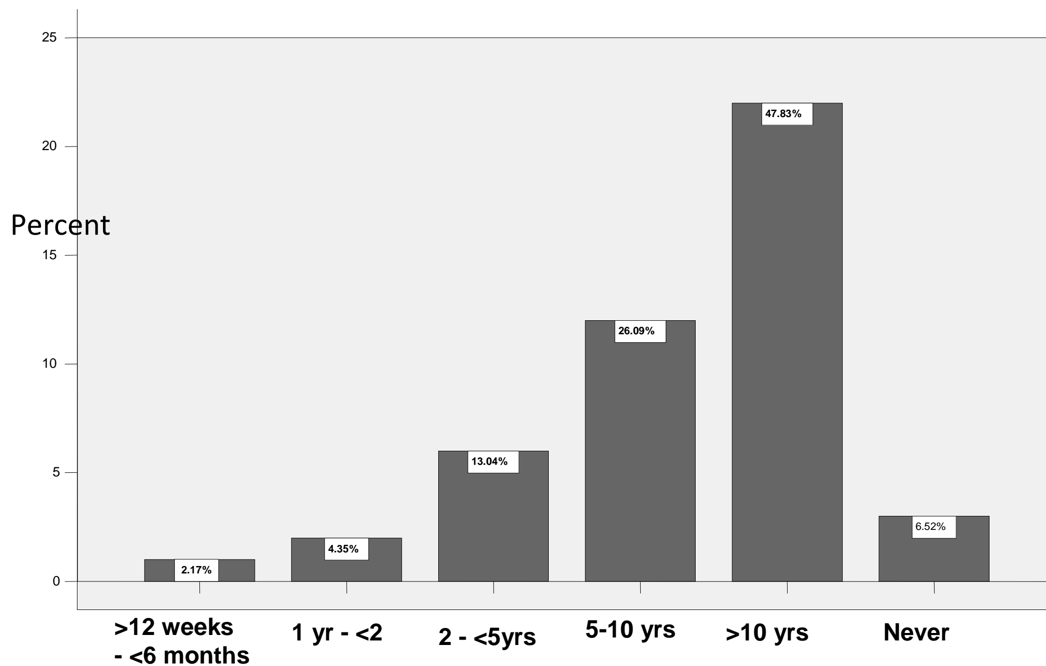
Table 2: Employment status	N	(%)
Unemployed on disability benefits	28	(57)
Unemployed on job seekers allowance	18	(38)
Voluntary work	13	(26)
Working part time	2	(4)
Special employment /other scheme	2	(3)
Retired	2	(4)
Housewife/husband or none of the above	1	(2)
Studying / training	3	(6)
Working full time	0	(0)
Sick leave from work	0	(0)

Those who were on supported work schemes (or similar) reported working with Disability Action (1), Hanley Road (1) and a users group (1). Three were studying either full time (1), part time (1) or were on a training course. There were equal proportions of people doing voluntary work who were in receipt of disability benefits as were in receipt of Job Seekers Allowance.

Duration out of the workforce

Participants were asked how long ago they last had paid employment they had to attend an interview for. The participants were largely long-term unemployed: only one had been out of work less than 6 months out of forty-six who answered the question (Figure 2). Almost half (n=22) had not had a competitive paid job for more than 10 years and three had never worked.

Figure 2: When last had paid job had to attend an



Diagnosis

Of forty-nine who answered the question on what diagnosis they had been given, the most common were schizophrenia, bipolar disorder and depression (Table 3).

Table 3: Diagnosis	N	Valid (%)
Schizophrenia	22	(45)
Bipolar Disorder	11	(22)
Depression	11	(22)
Personality Disorder	1	(2)
Other diagnosis	4	(8)

Fourteen participants had been given a secondary diagnosis, including those listed above plus anxiety, alcohol problems and learning disabilities.

Severity of illness and service use

We attempted to measure the severity of participants’ psychiatric disorder by asking about their service use, such as: how long they had been receiving mental health support; whether they were seeing a psychiatrist; how many admissions to a psychiatric hospital they had since they were eighteen; whether they had ever been

under a Section of the Mental Health Act; and whether they were under the care programme approach (CPA). Associations between these factors and whether they received employment support were explored.

Half the participants had been a mental health service user more than five years (Table 4) and two fifths for ten or more years.

Table 4: How long been an Islington Mental Health Service User	N	(%)
More than 6 month to less than 12 months	6	(12)
>12 months <3 years	9	(18)
3 year - <5 years	9	(18)
5 years -<10	6	(12)
10+ years	20	(40)
Total	49	(100)

Of 49 that responded, ten participants (n=10/49: 20%) had never had a psychiatric admission since the age of 18. The number of psychiatric admissions varied greatly from 1 to 25, with a mean of 3.5. Three quarters (n=37/50: 74%) were currently seeing a psychiatrist and two thirds were under the CPA (n=30/43: 60%); eight were unsure if they were. Of thirty-nine who had been inpatients, most (n=29/39: 74%) had been on a Section of the Mental Health Act. The above variables were also used to identify determinates of employment support provision.

FINDINGS

Barriers to employment

Ascertaining what mental health service user participants perceived to be the barriers to their employment was felt to be significant to this audit in providing a measure of need for employment support (ES). To this end, participants were asked what was it about them, or the world of work that made it difficult for them to find or keep a job. The most common reasons given were their mental health problems and being too long out of work, although other factors were also frequently cited that are associated with long-term unemployment (Table 1).

Table 1: Barriers to employment	N/ 45	(%)
Mental health problems	34	(76)
Too long out of work	23	(51)
Poor self-confidence	20	(44)
Lack of work experience	20	(44)
Lack of qualifications	18	(40)
Fear of not coping with work or colleagues	18	(40)
Employer's discrimination/ stigma of mental illness	18	(40)
Lack of motivation	16	(36)
Fear of losing benefits/ poverty	15	(33)
Physical illness or disability	12	(27)
Family responsibilities	10	(22)
Criminal Record	7	(16)
Other	8	(18)

Other barriers to employment reported included, their age, difficulties with time keeping, economic crisis, learning disability, illiteracy, and tiredness. Some participants (15/49: 31%) agreed that they had been discouraged from seeking work/ returning to employment. These participants were asked who had discouraged them. Their responses included mental health professionals (6); their General Practitioner (3); and 'others' including colleagues (1), friends (2); probation officers (2); social worker (1); employers (2). Some were discouraged by more than one person/ professional.

Employment support provision

Participants were asked if they had '*any professional assistance as a mental health service user towards getting a job, such as encouragement, advice, or support in Islington within the past 5 years*'. Over half reported that they had (29/49: 59%). They were then asked who had provided this support (Table 2). The percentages in the table below are of the total sample.

Table 2: Sources of employment support	N (of 29)	% of the total sample
Employment Support Worker (voluntary org.)	17	(34)
Community psychiatric nurse	8	(16)
Social Worker	5	(10)
Job Centre	5	(10)
Occupational Therapist	4	(8)
Psychiatrists	3	(6)
Ward nurses	1	(2)
Psychologist	1	(2)
Disability Employment Advisor	1	(2)

Some received ES from more than one worker

Employment support workers in voluntary organisations provided most participants with ES (within the past five years), these were by Mind (n=4), Hanley Road (n=3), Hillside Clubhouse (n=2) and Peter Bedford Housing Association (n=2). Others included Islington Borough User Group, their ‘care coordinator’, Islington People’s Rights, and Work Directions (one participant each). Their CPNs and social workers were as likely, or more likely to have given them employment support as a Job Centre. ES was only provided by one ward nurse indicating that employment may be rarely seen as a subject of relevance during hospital admissions.

Employment support interventions

Recipients of ES were asked to select from a list what the interventions had been (Table 3). The percentages are of the total sample (n=50).

Table 3: Employment support interventions	Number	(%/50)
Support to apply for a mainstream education or training course	18	(36)
Support to write or update CV	15	(30)
Support to begin work experience or a work placement	12	(24)
Support to begin an education or training course specifically for people with mental health problems	10	(20)
Given benefits advice	9	(18)
Help to increase self- confidence & self-esteem in relation to working	9	(18)
Support and encouragement to apply for paid employment	9	(18)
Encouragement to seek benefits advice	8	(16)
Support to prepare for a job interview	7	(14)
Support to complete a mainstream education or training course	7	(14)
Support to continue an education/ training course through a psychiatric crisis	6	(12)
Help in deciding whether and how to disclose mental health problems to an employer	4	(8)
Help to access a job broker or other employment support service	3	(6)
Support to begin paid work part time (under 35 hours a week)	3	(6)
Support to help settle into and retain a new job	1	(2)
Support to maintain or retain a job you had during a psychiatric crisis period	1	(2)
Help to change to more suitable employment if you were in work	1	(2)
Support to begin paid work full time (over 35 hours a week)	0	(0)
Support to become self-employed	0	(0)

In line with current guidance to help people with mental health problems integrate with their local community, support to apply for a mainstream education or training course was the most common intervention, with fewer being directed towards specialist courses for people with mental health problems. Help with their curriculum vitae (CV) was also commonly given. Although a few had help to settle into a new job, maintain a job through a psychiatric crisis, change to more suitable employment, or to begin part time paid work, none had been supported to begin full time paid work or to become self-employed.

Type of jobs wanted

Participants were asked what type of jobs they were looking for (if any) including voluntary (Table 4).

Table 4: Type of jobs looking for	N	Valid %
Voluntary	8	(17)
Clerical or admin	5	(11)
Manual	4	(9)
Retail	4	(9)
Professional	3	(6)
Care	2	(4)
Media/arts	2	(4)
Any	2	(4)
Other	2	(4)
Catering	1	(2)
ICT	1	(2)
Don't know	4	(9)
Not looking	8	(17)
Total	46	

The number of participants looking for voluntary work equaled those not seeking any type of work.

Helpful and unhelpful interventions

Participants were asked if the worker that gave them employment support did anything that they found particularly helpful or unhelpful.

Helpful employment support interventions

- Leaflets and advice pointed me in the right direction;
- Telling me I was well enough to work;
- Helpful to write a CV;
- Not pressurized to do any old job and taking it slow to find ideal job;
- Supportive - sat down to discuss future;
- Showed what support was available;
- Went on a computer course;
- Provided opportunities & boosted self-confidence;

Unhelpful employment support interventions

- Didn’t seem to do very much. Several meetings but no progress;

Support to retain an existing job

People who suffer mental health problems should be offered support to retain their existing employment, such as counseling to help with personal or work issues, a reduction in hours, changes to their work role and other measures. This situation applied to too few participants for meaningful analysis (n=1).

Employment support processes

Rapidity of Job Search

Participants were asked how soon after their first contact with the Disability Employment Advisor or other specialist employment support worker they had started to help them search for a job. Of 10 participants, one said not at all, seven said it was within six weeks; one between six weeks and three months; and one after three or more months. The IPS model proposes that ideally job search should begin within one month of first contact with the employment specialist.

Partnership working between ES and care professionals

A key feature of the Individual Placement and Support (IPS) model is that employment support workers (employment specialists) are co-located with the community mental health team. This was not the case for any of the Islington CMHTs. Most ES workers were employed by local voluntary organisations and saw their clients within their own premises.

Another key feature is that employment specialists and clinical teams should work in close liaison, for example by having regular joint meetings to discuss clients. To assess this we asked participants who their ES worker had communicated with. Only five mentioned they knew them to have communicated with care professionals, such as CPNs, psychiatrists or social workers.

Privacy and respect

When participants were asked if the location of where they had consulted with the ES worker had been private enough, most agreed it had been (22/25: 88%). A participant who had been interviewed in the Job Centre said it had not been private

enough to disclose his mental health issues and employment concerns, as it was an open- plan space. All agreed the worker had treated them with respect.

Duration of support

Support provided by ES workers to clients starting new jobs should time-unlimited and should go on for as long as the service user feels the need for it. Those who had commenced a new job following ES interventions (one as a paid worker and six unpaid voluntary positions) were asked how long the ES worker had supported them in their new job. One said their worker had not supported them at all and five said they had done so for more than three months. Those whose contact had ceased with the worker were asked who had initiated the end of the support. Two said they had initiated it themselves and in the remaining cases the support was still ongoing.

Outcomes of and satisfaction with employment support

Seven reported that the worker had helped them to get a job: one of these was a paid job and six unpaid voluntary positions. When asked if the worker had helped them engage with their local community, such as using leisure facilities or mainstream training or education, three quarters (18/25: 72%) agreed they had. A similar proportion (17/23:74%) agreed that the interventions had enabled them to achieve, or get closer to achieving their own personal goals. Participants were also asked if the support they had received was responsive to their needs, most agreed it had been (20/25: 80%). When asked how happy they were with it overall, the overwhelming majority were 'fairly happy' or 'very happy' (Table 5).

Table 5: How happy with ES	N	(%)
Very happy	8	(33)
Fairly happy	15	(63)
Not very happy	1	(3)
Total	24	100

Determinates of receiving employment support

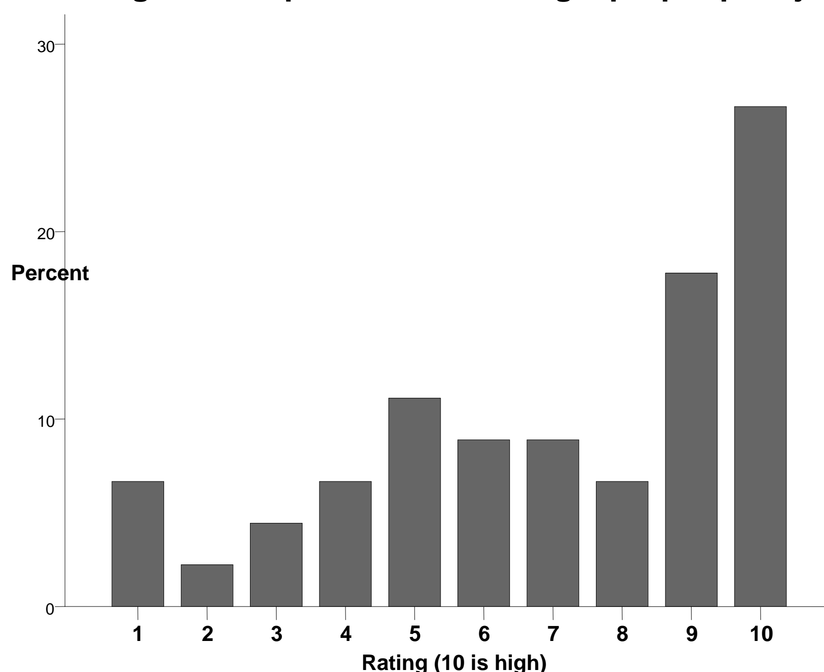
The data were explored to identify what factors were associated with being offered /taking up employment support interventions to identify if it was equally accessible to different groups.   The variables were selected based on reasoned hypotheses, for

example that people with poor motivation to work, or low expectations of finding paid work may be less likely to be offered or to take up employment support.

Psychological determinates

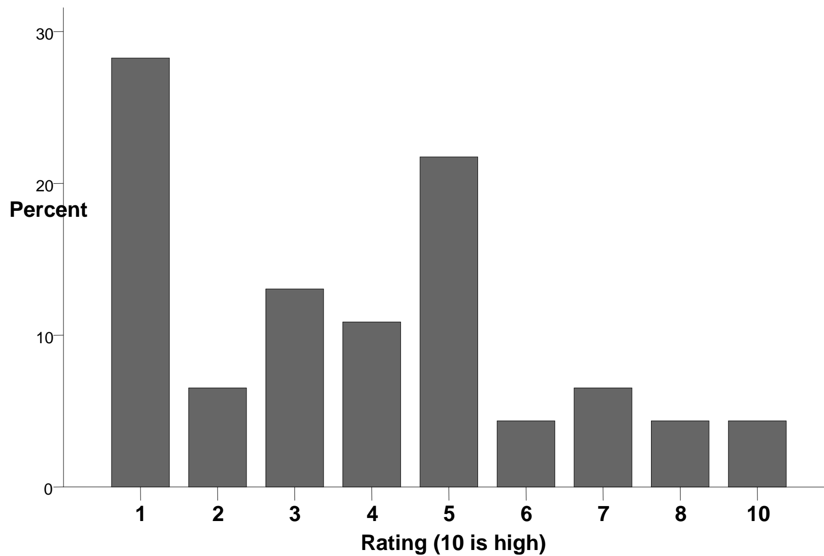
'Research shows that wanting a job is overwhelmingly the most important factor for successful placement in paid employment' (Grove & Membrey, 2005, cited in SCMH, Feb 2009: p3). Prospects are also reported to be good if a person believes paid employment is possible and they get the help they need (SCMH, Feb 2009). We hypothesised that those audit participants who rated their chances of finding a proper paid job more highly and those who rated getting paid work as highly important would be more likely to receive employment support (as they would be more likely to request ES). Participants were asked to rate on a scale from one to ten how important (with one being least important and 10 being most important) it was to them that they find a proper paid job at their preferred number of hours (Figure 1). Most rated it highly.

Figure 1: Importance of finding a proper paid job



They were then asked to rate their chances of finding a proper paid job within the next twelve months using the same rating scale (Figure 2). Most rated their chance as poor.

Figure 2: Chances of finding a proper paid job in the next twelve months



These two variables were split into two categories at the median (whether finding paid work is important ‘low’ =0-8 or ‘high’= 9+ and how rates chances of finding paid work in next year ‘low’=0-4; ‘high’= 5+). These were then cross tabulated with whether they received ES. No statistically significant difference was found between these groups. This suggests patients’ hopes and aspirations for work have little influence on whether they get offered support towards employment.

<u>Beliefs about the benefits of work</u>

Overall we found a very positive attitude towards work with a large majority seeing work as ‘good for people’s mental health’ (Table 6) and two thirds said their health had mainly benefited from doing paid or voluntary work, although around half agreed work had negative impacts on their mental health.

Table 6: Beliefs about benefits of work	N	(%)
Work is generally good for people’s mental health	40	82
Work is sometimes harmful to people’s mental health	30	61
My mental health has sometimes suffered because of work	23	47
My mental health has mainly benefited from doing paid or voluntary work	31	63
I don’t agree with any of the above statements	1	

We also postulated that those with a positive view of work and mental health may be more likely to receive ES, but no statistically significant correlations were found.

There were also no differences found between those who reported lack of self confidence as a barrier to work, or lack of motivation as a barrier to work in receiving ES.

Demographic, illness and service use determinates

We looked at the effects of a number of illness and service use variables, and demographic variables on whether participants received ES. The interval level variables, such as age, number of admissions etc. were first split into two at the median (middle occurring) value:

- Whether they had been under a section of the Mental Health Act or not
- Currently seeing a psychiatrist or not
- Under the Care Programme Approach (CPA) or not
- Diagnosis of Schizophrenia or bipolar disorder or not
- Whether had had 3 or more admissions to a psychiatric hospital or not (since 18 years old)
- Age first contact with psychiatric services dichotomized at median (24 years)
- Age dichotomized at the median – 38 years
- When last worked (>=5 years versus more than 5 years)
- Ethnicity dichotomized at whether White British or not
- English is first language or not
- Qualifications (low =none to O levels or equivalent / high = A levels or higher)

There were no statistically significant correlations found between the above variables and whether participants received employment support.

Unmet need for employment support

Those who had been out of paid work during the past five years since being mentally unwell were asked if there was any support that they did not receive that they felt would have helped them towards employment (Table 7). They were asked to select the items from a list.

Table 7: Unmet need for employment support	N/34	(%)
Counselling for personal or mental health problems	12	(34)
Support to do training or to get qualifications	10	(29)
Help searching for a job	10	(29)
Help writing/ updating CV	9	(26)
Work experience	9	(26)
Help to improve motivation to work	8	(25)
Careers guidance	8	(24)
Referral to a Disability Employment Advisor or similar	8	(24)
Help to develop self-confidence	7	(21)
Other help	4	(12)

Twenty-three (46%) participants reported no unmet employment support needs, ten (20%) reported one, five reported two, and twelve reported having between three and ten unmet needs (Table 8).

Table 8: Number of unmet needs	N	(%)
0	23	(46)
1	10	(20)
2	5	(10)
3	2	(4)
4	2	(4)
5	4	(8)
6	2	(4)
9	1	(2)
10	1	(2)
Total	50	(100)

Satisfaction overall

Those who had received specialist employment support were asked how happy they were with this. Of twenty who responded, 25% were ‘very happy’, 65% ‘fairly happy’ and 10% were ‘not very happy’, no one said they were ‘very unhappy’.

Additional comments

All participants were asked if there was anything else they would like to add regarding employment support services or interventions in Islington. A participant commented that more help from the Government was needed regarding social

security. He explained that this is because moving off benefits into work means benefits are lost, as is the travel Freedom Pass. He added that you get '*Trapped in the system'* and that incentives to work are needed. Other comments included: '*Would have helped to have been referred to a Disability Employment Advisor and for proper help as a disabled* person'. Another commented that she was not happy because they had not had any employment support and that for those with a high level of education many of the jobs are not the 'right sort'. Another commented they would like to see social functions like coffee mornings where they could get information about employment support.

Discussion and conclusions

The Individual Placement and Support model of employment support is going to be promoted as the model of choice across the UK. Guidance is now available on how to implement and monitor it (SCMH Feb 2009; June 2009). This audit has attempted to provide a snapshot picture of the employment support experiences of people receiving secondary mental health care in Islington prior to the implementation of IPS. It is hoped some of the questions we posed and the methods we used will prove useful in future audits of this kind.

The audit has revealed a number of key findings, however these should be considered in the light of the nature of the sample in not being random or total, there is a chance of sampling bias. We found for example, that most of the participants were quiet well educated and this may have an effect on the findings. Research indicates however that their very high rates of long- term unemployment are typical for this group.

Although many participants were given some level of employment support, achieving the ideal outcome of proper paid employment was extremely rare. However, many participants were undertaking voluntary work which appears to have become an accepted substitute for paid work. It was also an occupational goal for many participants. IPS however, has a clear goal of helping people towards 'sustainable competitive employment' whether it is full or part time.

Many participants rated getting a job as highly important to them, but rated their chances of securing it as poor. Barriers to their employment were perceived to be many, but commonly cited mental health problems, employers' discrimination and factors associated with long-term unemployment, such as loss of confidence and lack of recent work experience.

Our analysis of determinates of employment support provision suggests that it does not seem to be driven by patient's aspirations or expectations, or to depend on the level of service use (proxy for severity of illness). It appears to be random, or dependent on other factors not considered in our analysis. These factors could include professionals' knowledge of the support that is available and its accessibility, professionals' attitudes and beliefs, such as their perceptions of their patients' capacity to secure and cope with paid work.

Recommendations

Whilst the Individual Placement and Support model of employment support has shown to be effective in getting people with long term mental health problems *who want to work* back into employment, other interventions may be needed to raise the proportion that see it as an attainable goal. Without belief in the prospect of paid work, negative expectations will prevail and may be reinforced by mental health service providers, some of whom may share patients' low expectations. This is an issue the SCMH recommends local 'champions' could help to address. We would suggest that such local champions should be current or former mental health service users who have been successful in retaining or regaining employment. They could be employed to promote positive expectations of employment amongst service users as well as mental health professionals.

We would recommend the promotion and facilitation of self-referral to ES agencies. This could help improve access to their services and encourage service users to be active agents in shaping their own futures. Whilst many employment support providers distribute leaflets and flyers about their services, they need to be more rigorously promoted to potential service users by professionals in both the secondary mental health and primary care sectors, as well as by the ES agencies themselves.

We would also recommend that regular audits be undertaken of employment support for mental health service users' and that these should include those exclusively receiving mental health support from primary care services. Sampling across the population of these groups rather than only those who have received ES services will enable the identification of unmet needs and groups that may have difficulty accessing ES. The audits could include measuring the nature and quality of communication with health professionals about their employment support needs and whether these are included in their care plan; an assessment of their awareness of local ES services; what ES services they have accessed and their views of these in terms of their accessibility, appropriateness and effectiveness in helping them reach their goals. We hope that some of the questions in this audit can be usefully adapted for use in future audits of employment support.

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Appendix 1: Summary of findings of the audit of employment support, Islington 2008/2009

Audit undertaken by the UFM team at Peter Bedford Housing Association

The findings reveal a number of significant factors in relation to employment support in Islington and these are summarized below:

1. Just over half had been mental health service users in Islington for five or more years and the majority were suffering from schizophrenia, bipolar disorder or depression;
2. More than half had been out of work for more than ten years or had never worked;
3. Mental health problems and length of time out of work were the most common barriers to employment given by participants. Many other factors were also common and related to long -term unemployment;
4. A significant proportion (41%) did not receive any employment support within the last five years of their mental health care in Islington;
5. Most common ES interventions were help to access mainstream training or education, help with a CV and support to begin work experience or a work placement;
6. Local voluntary sector agencies provided most of the ES. CPNs and social workers were equally or more likely to provide ES as a Job Centre;
7. Many of the participants saw paid employment as very important to them, but this was not associated with getting employment support;
8. Most participants rated their chances of finding paid employment in the next year as poor, but those who rated it highly were no more likely to receive employment support;
9. There were no statistically significant differences between social groups in whether they received ES or between groups varying on illness or service use factors;
10. The determinates of ES provision may lie with factors related to mental health professionals, or other factors (these were untested);
11. For those who did receive some ES, it mainly resulted in voluntary work (n=6) and only once in paid employment;

12. Current ES interventions in Islington appear to be ineffective in achieving the outcomes desired by Government for this client group (i.e. paid employment);
13. The ‘train then place’ model of ES appears to have been the most common approach (which evidence has shown is less effective that the IPS model);
14. A considerable proportion of the participants were doing voluntary work, or it was their occupational goal to do so.