

Supported Employment For People with Severe Mental Illnesses

Robert E. Drake
Dartmouth Medical School

Dilemma in 1990

- 3-5% population disabled by mental illness
- One-third SSA disability population
- People with severe mental illness identify work as their top goal
 - More than 70% want to work
- Less than 10% working
- No effective interventions
 - Bond (1992)

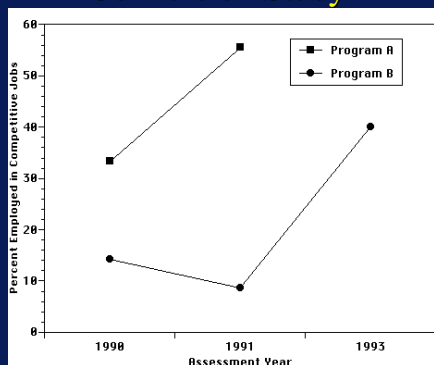
Supported Employment

- From developmental disabilities field
- Place and train approach
- Focus directly on competitive jobs
- Long-term supports
- Modifications for mental health clients

Supported Employment

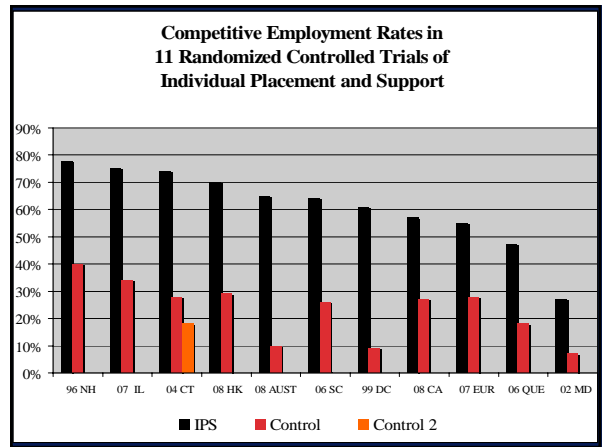
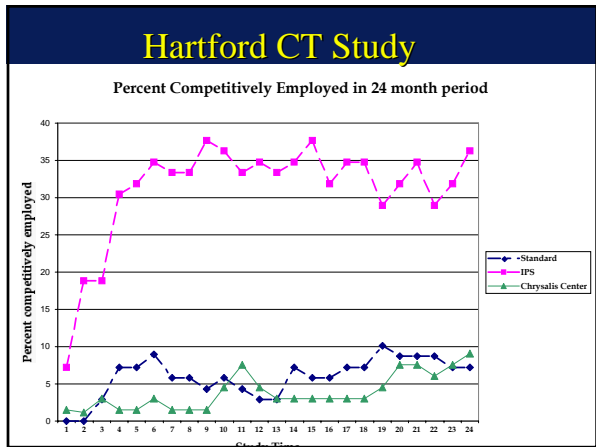
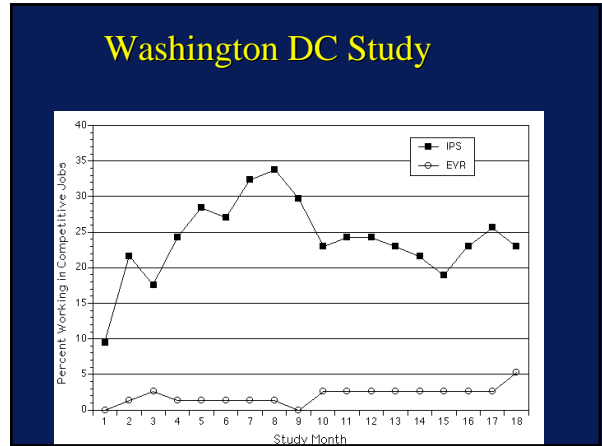
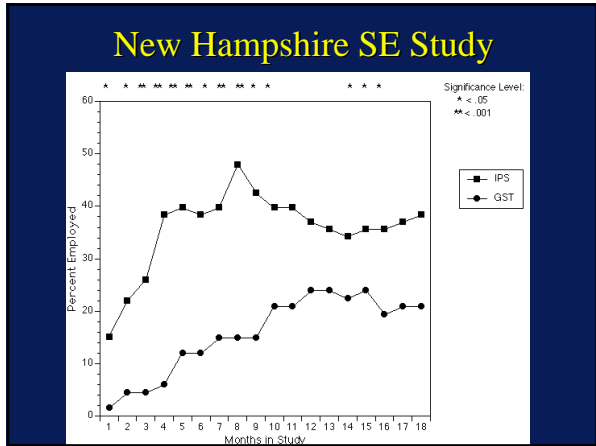
- Mainstream jobs in community
- Pays at least minimum wage
- Integrated work settings
- Ongoing support
- For people with most severe disabilities
- Place and train model

Lebanon Day Treatment Conversion Study



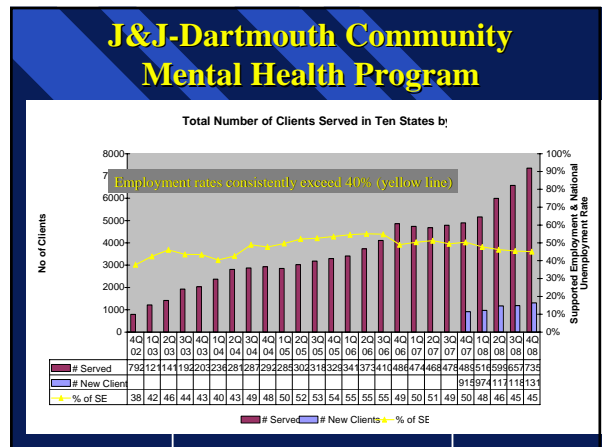
Day Treatment Conversions

- Large increase in employment rates
- No negative outcomes (e.g., relapses)
- Consumers, families, staff satisfaction
- Increased community integration
- Overall costs reduced



Results from Randomized Controlled Trials

- Results favor supported employment
 - 60% VS. 20% competitive employment
 - Steady workers benefit in non-vocational areas, such as self-esteem, relationships, quality of life

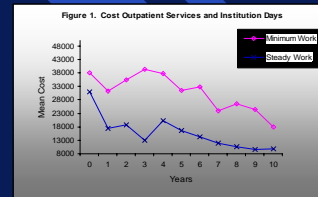


Long-term Follow-ups

- Four current studies
- 7-12 years in supported employment
- % employed improves over time
- Length of jobs improves
- People often change jobs, get more education, develop careers
- Self-esteem and quality of life improve

Cost Savings

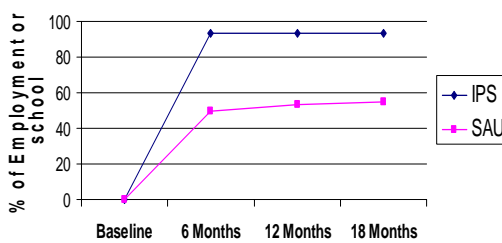
- Each person with a SMI who becomes employed achieves an average health cost savings of \$5,000 per year (Sub et al. in press)



Early Psychosis Study

(Nuechterlein, 2005)

IPS Supported Employment for Clients with First-episode Schizophrenia



Six Critical Ingredients: Evidence-Based Principles

- Consumer choice
- Integration of vocational and clinical
- Competitive employment is the goal
- Rapid job search
- Individualized job finding
- Follow-along supports are continuous

Conclusions from Recent Reviews

- Supported employment is an effective approach to helping people with severe mental illness find and retain competitive employment
- Bond, 2004; Bond et al., 2008; Cochrane Review (Crowther, 2001); President's New Freedom Commission, 2004; U.S. Surgeon General's Report, 1999

Possible Implications for Low Back Pain Patients

- Consumer choice to participate
- SE integrated with MH treatment
- Competitive employment goal
- Focus on consumer preference + assessment
- Rapid and early job search
- Continuous follow-on supports
- Benefits counseling

Financial Support to PRC

- Grants from NIDA, NIDRR, NIMH, RWJF, SAMHSA
- Contracts from Guilford Press, Hazelden Press, MacArthur Foundation, Oxford Press, New York Office of Mental Health, Research Foundation for Mental Health
- Gifts from Johnson & Johnson Corporate Contributions, Segal Foundation, Thomson Foundation, Vail Foundation, West Foundation

Many Thanks

- Deborah Becker
- Gary Bond
- Greg McHugo
- Haiyi Xie
- Jon Skinner
- Phil Bush
- Will Torrey
- Kim Mueser
- Rob Whitley
- Susan McGurk
- Matt Merrens
- Paul Gorman
- Sarah Swanson
- David Lynde
- Howard Goldman
- Eric Latimer
- Kikuko Campbell
- Will Haslett
- Saira Nawaz
- Crystal Glover

For Further Information:

Karen Dunn
603-448-0126
Karen.Dunn@Dartmouth.edu

1. Eligibility Is Based on Consumer Choice

- Consumers are not excluded because they lack readiness or because of prior work history, hospitalization history, substance use, symptoms, or other characteristics.

Problems with Traditional Assessment for Work Readiness

- Screens out people with mental illness at high rate
- Not cost effective
- Does not predict who can work
- Not tied to intervention

Sources: Marshak (1990), Noble (1997), Anthony (1984)

2. Supported Employment Is Integrated with Mental Health Treatment

- Employment specialists meet frequently with the mental health treatment team.

Integration of Vocational and Mental Health Services

- In 7 controlled studies, the more successful program was integrated, while comparison program was not.

■ Bond, 2004

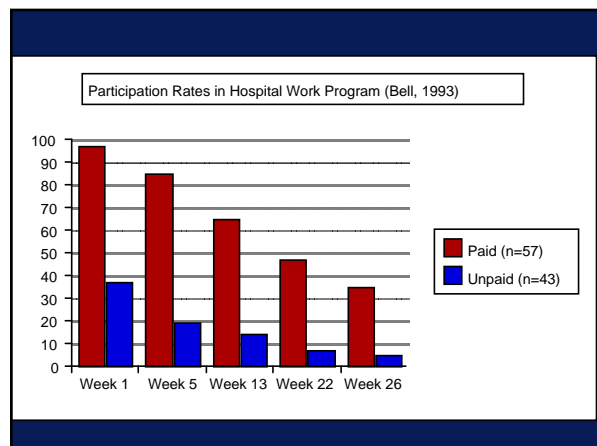
Advantages of Integrated Services

- Lower dropout rate
- Better communication
- Clinicians get involved
- Clinical information gets into vocational plan

(Drake, 2003)

3. Competitive Employment Is the Goal

- Agencies devote resources to supported employment services rather than to day treatment or sheltered work.



Conclusions from Bell Study

- Unpaid work experiences are unattractive to consumers
- Even for consumers in pay condition (minimum wage), dropout rate was high by 26 weeks

4. Rapid Job Search

- The service agency avoids lengthy pre-employment assessment, training, and counseling.

Rapid Job Search

- People know when they are ready
- They lose interest while in job preparation or training classes
- Long-term outcomes show persistence

5. Individualized Job Finding

- Job finding is based on consumers' preferences, strengths, and work experiences, not on a pool of jobs that are available.

Job Preference Studies

- Most clients have stable and realistic job preferences.
- Clients matched to initial job preference stay in job twice as long as those not.

(Becker, 1996; Gervey, 1995)

6. Follow-Along Supports Are Continuous

- Supported employment staff stay in regular contact with consumer and (when appropriate) the employer without arbitrary time limits.

Employment Rates After 3.5 Years of Supported Employment

Clients who continued receiving support:
71% were still working

Clients who discontinued support:
28% still working

(McHugo, 1998)



Gary Bond's 1992 Review

- Employment rates < 10% typical
- No approach is effective
- “Traditional psychiatric rehabilitation programs do not prepare clients for competitive employment, but instead help clients adjust to various agency-sponsored employment options.”

Research Evidence for Supported Employment

Current Research on Supported Employment

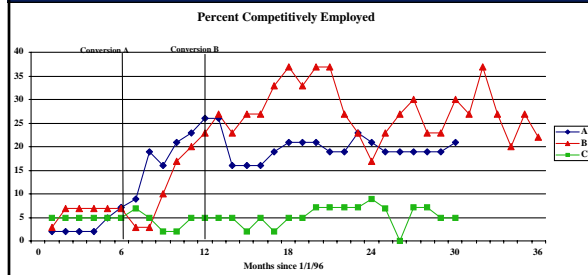
- 5 day treatment conversions
- 9 randomized controlled trials
- 5 recently completed trials
- 4 long-term follow-ups

Day Treatment Conversions

- Studies in 5 mental health centers
- Discontinued day treatment
- Replaced with supported employment

Sources: Drake, 1994, 1996; Bailey, 1998; Becker, 2001

Rhode Island Day Treatment Conversion Study



Randomized Controlled Trials

- Supported employment compared with other approaches
- Vocational and non-vocational outcomes

Recently Completed Trials

- Montreal Study (Latimer)
- Indiana Study (Bond)
- San Diego (Twamley)
- European Union Study (Burns)
- Los Angeles Study (Neuchterlein)