Working towards Recovery

Putting employment at the heart of refocused mental health services

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Contents

	Foreword	
1	Policy and research imperatives What do we need to know about legislation, guidance and research?	
2	How can we design a system of support which will enable service users to achieve their ambitions?	
3	What can mental health service staff contribute to this system of support?	
4	How can we foster staff confidence and skills in work-related issues?	
5	How can we modernise day and work services?	
6	Wicked Issues The "benefits barrier", working with employers, building close relationships with other agencies to provide support for people in work.	
7	How do we make it happen?	
	REFERENCES	
	FURTHER INFORMATION	
	APPENDIX I The Assessment Form (sample)	
	APPENDIX II The Strategy (sample)	

Foreword

Firstly what do we mean by work? Bennett (1970) has characterised work as the performance of a task within prescribed limits to achieve goals set by others who thereby reward the person, *thus linking the individual to society*. Essentially work is something we do for others as part of the social and economic exchange processes that make us social beings. *Employment* as distinct from the broader concept of work is simply work for others for which we get paid. Exclusion from work is damaging economically and corrosive of social identity. Small wonder that – as we shall see – most people who have experienced severe mental illness regard getting back to work as one of their most important life goals.

In 1999 I wrote that mental health services often unintentionally contribute to hindering recovery by having as their basis the implicit assumption that they are there to support people *out of work* rather than *in work* …

> If anyone is going to be able to escape from the mental health system into ordinary life, the message service design must give out is that employment is achievable and desirable (but not compulsory).

Since then much has happened to change this, not least the requirement that by March 2002 everyone on enhanced Care Programme Approach (CPA) should have action for 'employment or other occupational activity' as an integral part of their care plan. There has also been outstanding work in some specialist mental health Trusts that has prompted widespread interest in refocusing mental health services towards employment and active participation in work in and for the wider community. However this is an enormous challenge and the way in which this revolution can be achieved is less clear. Much remains to be learned about the practical steps that can lead to changes in the way mental health professionals think about their work.

Through our Care Programme to Work project we have set about collecting and reflecting on practical examples of refocusing mental health services towards enabling even those who have had the most serious spells of illness to move towards and into employment. It has been an exciting process. We ourselves were constantly challenged by things that we had thought impossible suddenly becoming a reality.

This book does not have the final answers. There is nothing prescriptive here; rather the book aims to assist with creating local solutions. It offers ideas that have worked in some areas, and may be useful in others. It draws upon the inspiration and hard work done, at all levels, by staff, service users and others working in the field. It draws upon the findings of research both in the USA and in the UK and contains references for more in-depth reading. This is a topic that is of paramount importance to survivors and service users, bringing as it does hope of a recovery and a more rewarding life. We hope that this book will help staff within mental health services to contribute, both to the process of change and to the refocused services.

Bob Grove
April 2002

1. What do we need to know about legislation and research?

Most of this book offers ideas and suggestions that may help the reader to bring about local improvements. This chapter is different. It provides background information which explains why the refocusing of mental health services is on the agenda in so many parts of the UK today. The impetus for change described here derives in part from national policy, which is itself influenced by social and economic factors. A further impetus for change is the research evidence relating to mental health and employment. Together, policy and research show that work is an issue of major importance to mental health service providers and users alike, because it promotes well-being, recovery, and an opportunity to return to full citizenship after an experience of serious mental ill-health.

Key points

The policy imperatives

- The National Service Framework is part of a wider political programme
- The Disability Discrimination Act has particular relevance

The research evidence

- Work improves mental health; unemployment harms mental health
- Service users want a paid job
- Employability cannot be predicted
- Supported employment provides access to real jobs
- There are significant inequalities in provision

The policy imperatives

The policy imperatives that are behind the transformation of practice explored in this book are not exclusively, or indeed mainly, in new mental health legislation and implementation frameworks. The Foreword referred to the requirements in the National Service Framework for Mental Health to include action for 'employment or other occupational activity' in all CPA care plans by March 2002. Standard 1 of the same document also puts employment at the centre of mental health promotion and the prevention of mental illness. The Department of Health has commissioned guidelines (due to be published in late 2002) about what this might mean in practice.

The National Service Framework is part of a wider political programme

However these developments are part of a much wider political direction based on the government's belief that work is the best form of welfare. The Green Paper 'New Ambitions for Our Country: A New Contract for Welfare' sets out the government's philosophy on employment: 'work for those who can, security for those who cannot'. The government is committed to the support of disabled people so that they can lead fulfilling and independent lives, which includes employment for those able to work. This is in part a recognition that disabled people too have a civil right to a paid job. The government also recognises that employment support for disabled people and people with mental health problems can only be provided through partnership working, involving employers, health and social care agencies and the local community. The requirement for local authorities to produce Joint Investment Plans on Welfare to Work provides a framework for that partnership.

The Disability Discrimination Act has particular relevance

Alongside the positive encouragement to work is a raft of anti-discrimination legislation and case law with the Disability Discrimination Act (DDA) 1995 at its core. The DDA has the potential to change the whole climate around employment and disability – firstly by making it possible to challenge discrimination in recruitment and in the workplace, and secondly by requiring employers to make 'reasonable adjustments' to accommodate the needs of disabled employees. The Act also makes it illegal for providers of any service to treat someone less favourably for a reason related to their disability.

There is further guidance from the National Service Framework and National Plan on:

- the involvement of service users in the planning and delivery of services
- addressing the needs of black, minority ethnic and other disadvantaged groups
- developing, training and supporting the NHS workforce.

This book will show that all these have a bearing on work and employment issues. Comprehensive information is available from government websites (see Further Information), but a few key details are outlined below.

The National Service Framework for Mental Health (1999) (NSFMH)

Standard 1 of NSFMH (p. 14) Health and social services should:

- Promote mental health for all, working with individuals and communities
- Combat discrimination and promote social inclusion

Standards 4 and 5 of NSFMH (p.53)
- A range of services is needed, including employment, education and training
- Care plans must include action for employment, education, training or another occupation, also arrangements to promote independence and social contact
  'By March 2002, the written care plan for those people on enhanced CPA must show plans to secure suitable employment or other occupational activity, adequate housing and their appropriate entitlement to welfare benefits.' (line reference 5309, Section 13 Mental Health, Service and Financial Framework 2001)

Standard 7 of NSFMH (p.76, p.77)
- Local health and social care communities should prevent suicides: unemployment is associated with increases in suicide and self-harm.

Disability Discrimination Act (DDA) 1995

The DDA offers protection to people who have a mental health 'impairment' which:
- Has lasted for 12 months, or is likely to last for at least 12 months, or is likely to last for the rest of a person's life. Where an impairment ceases to have a substantial adverse effect, it is treated as continuing if it is likely to recur.
- Substantially affects a person's ability to carry out normal day to day activities
- Is a clinically well recognised illness (case law includes depression in this).

The DDA makes it unlawful for employers with 15 or more staff to discriminate when recruiting people or in the way people are treated at work, and employers may be required to make reasonable adjustments to enable the employee keep their job. The DDA will apply to all employers from 2004.

Joint Investment Plan (Welfare to Work for Disabled People) 2000

Local authorities have the lead role in preparing plans which ensure that government and other agencies work effectively to provide services for disabled people who:
- Need continuing support to remain in employment
- Want to re-enter employment
- Are entering employment for the first time
- Or are not yet ready for work, but want to make progress in that direction.

Plans are to be drawn up with users and carers, annually from 2001 - 2003, to map local needs and resources, identify gaps and priorities, and present an action plan.

The research evidence

There is a large body of research relating to employment and mental health, which delivers a consistent message: that work is beneficial to mental health whilst unemployment can be damaging; that many service users want paid employment; and that this is an achievable aim for most people, if they receive the right support.

Work improves mental health; unemployment harms mental health

Taking part in some kind of work can have long-term beneficial effects on clinical outcomes such as symptoms, medication compliance and relapse rates (Bell et al, 1993; Anthony et al, 1995). There are strong links between meaningful occupation, clinical improvement and levels of service use (Wing and Brown, 1970; McKeown et al. 1992). Work can lead to an improved quality of life, greater use of leisure time and more social contact (Hatfield et al, 1992; Hill et al, 1996). Work brings hope, motivation, and a reason for getting up in the morning. (Ridgway, 2001). Clinicians and carers describe how people can be transformed when the sick role is replaced with a positive self-image gained by undertaking work, training or study (Torrey, 1988).

It is also known that there are strong links between unemployment and mental ill-health (Warr 1987), and an increased risk of suicide amongst the unemployed (Lewis and Sloggett, 1998). Although people who use mental health services need work even more than the wider population, this is usually denied to them. Levels of employment amongst people with serious mental ill-health have been found to be as low as 4 to 12% (Perkins & Rinaldi, in press; Secker et al, 2001b). The cost of this wasted potential is enormous, to the individuals, employers and the state.

Service users want a paid job

Surveys have found that most service users share an aspiration to work, including those who have lost touch with the labour market over many years (Bates, 1996; Rinaldi and Hill, 2000). Up to 90% of service users, even those with high support needs, have a long-term goal of part time or full time paid employment (Secker et al, 2001a). Service users want their mental health services to actively support them in overcoming the barriers they face, which they perceive as including:

- Lack of ongoing mental health support if they get a job
- Low expectations from their support staff
- Discrimination by employers
- The benefits system and the risk to income
- Lack of skills and qualifications
- Lack of confidence and job finding skills.

(Secker et al, 2001a)

Employability cannot be predicted

Few strong associations have been found between individual, demographic, clinical or social characteristics and success in employment, whether this is defined in terms of job attainment, job retention (length of time employed) or number of hours worked (Arns & Linney, 1993; Anthony, 1994; Regenold et al, 1999). Instead, the different approaches of the service agencies involved appeared to be more significant (Blankertz & Robinson, 1996; Drake et al, 1996, Bond et al, 1997). The model of support, therefore, is more likely to determine the person's success or failure at work than their diagnosis, symptoms, or history of hospitalisation.

However, 'self-efficacy', explained as people's belief in their ability to achieve certain tasks, has been found to be important. The more people believe in their own abilities, the more effort they will exert, the more coping strategies they will employ and the longer they will persist in order to achieve their goals (Bandura, 1977). This

belief in one's own abilities can be developed - or diminished - by clinicians and employment support staff (Renegold et al, 1999).

The research then suggests that most people using mental health services, even those with very severe problems, are potentially employable given the right support. Although there will be some people who cannot achieve open employment, there is no way of identifying who will or will not succeed from their personal characteristics.

Supported employment provides access to real jobs

A spectrum of opportunities is required to provide a tailor-made integrated and continuing support service, which enables every individual to achieve and sustain his or her goal, whatever that may be (Pozner et al, 1996). This would include opportunities in education, training, and voluntary work. Some will need to work in supportive or even secure settings. Most service users, however, want open employment, so the vocational support system needs to include focused support to facilitate this.

A systematic review has compared the effectiveness of two approaches to promoting access to employment (Crowther et al, 2001). One model is based on the supported employment approach termed Individual Placement and Support (IPS) (Bond et al, 1997). This is known as a 'place and train' approach because service users enter the workplace at an early stage and receive training on the job. The second model is the more traditional approach, which involves pre-vocational training or sheltered work as a preparation to employment and is known as a 'train and place' approach. The IPS model was found to be far more effective in enabling service users to access paid work, including people facing additional barriers: women, people with a diagnosis of schizophrenia and people from ethnic minority communities.

> The core principles of supported employment are that:
> - The goal is competitive employment in work settings integrated into a community's economy
> - Service users are expected to obtain jobs directly, rather than after lengthy pre-employment training
> - Rehabilitation is an integral component of treatment of mental health rather than a separate service
> - Services are based on service user's preferences and choices
> - Assessment is continuous and based on real work experiences
> - Follow on support in continued indefinitely.
>
> (Crowther et al, 2001)

The research draws out the implications of these principles for service providers:

1. The service should be underpinned by the belief that people can get competitive employment if they wish, and should focus on enabling them to achieve this. It should establish links with local business, and be based within the community.

2. Service users with high support needs require help to find the jobs they want. People who obtain jobs at an early stage, and receive the support they need to

maintain their job, are more successful than those who engage in lengthy training prior to moving into work.

3. A close partnership is needed between vocational specialists and mental health support staff. Both formal and informal contact are needed, with mutual respect and communication, shared decision making, and co-ordinated interventions. If vocational and mental health staff are employed by the same agency it may help, but not necessarily so. Where mental health staff do no more than refer service users to an employment 'broker', the outcomes are less successful.

4. The service user's views about the choice of job must have paramount importance. Relevant issues include hours of work, travel, workplace values and management approach. It is also important to consider functioning levels, intellectual abilities and support needs. Good information on options usually leads to realistic, achievable choices.

5. Assessment needs to be based on real work experiences, wherever possible. The more traditional vocational psychiatric assessments of 'work readiness' are unreliable predictors of success in the workplace. Instead, an assessment of a service user's ability to cope and satisfaction with their work may lead to adjustments and an improved job match.

6. Keeping a job is more difficult than getting it. People with high support needs are especially vulnerable to continuing health problems. 'Natural' supports in the workplace, peer support groups, and a quick access route back to mental health care all help to sustain people in work.

> 'CPA levels are not reliable indicators of likely success in employment, they can, however, be useful indicators of probable support requirements in the longer term.'
> (Work 2000, End of Year Review, Network Employment, Liverpool)

> 'In all the cases we studied … retaining a job emerged as more challenging than finding it in the first place, a conclusion supported by the North American research (Bond, 1998). In this respect, ensuring the best possible job match in the first instance, and from that point negotiating for service users' needs to be met on an ongoing basis as they developed in confidence and skill, emerged as an important factor in job retention.'
> (Secker et al, 2001b)

There are significant inequalities in provision

Women use vocational services disproportionately less than men (Pozner et al, 1996), whilst black or minority ethnic groups are even less well represented. Their communities experience high levels of unemployment, and disproportionately high levels of in-patient care and compulsory treatment (Davies et al., 1996). People who are homeless, or who abuse illegal substances or alcohol also experience particularly high levels of unemployment and reduced access to vocational support.

2. How can we design a system of support which enables service users to achieve their ambitions?

In the past, people with high support needs were frequently excluded from community-based employment services but it is now recognised that most people can participate in the economic life of their community. However, to make this a reality mental health staff need to work in partnership with other agencies. They need to be confident that the employment services are safe for service users. Service users need to know that they can choose the pace and direction of their career. The community-based agencies need good access to information and support. A flexible vocational support system can provide this individually tailored service with a safe pathway for service users from any point within the mental health service to the goal of their choice. This chapter looks at different approaches to developing a system of support that aims to address the needs of all its partners and participants.

Key points

- Successful services have four key elements
- Establish a team of vocational specialists and ongoing support
- Create a vocational support network extending throughout the service and into the community
- Develop a shared assessment form and action plan
- Identify a lead figure to drive forward the vocational agenda
- Ensure services are improving

Successful services have four key elements

There is no fixed model for a system of vocational support, but a number of statutory mental health vocational services share the following features in some shape or form:

- A team of vocational specialists
- A vocational network
- A shared assessment form and action plan
- A lead figure to drive forward the vocational agenda and ensure co-ordination.

The Beacon service in Bristol (Avon and Wiltshire Mental Health Partnership NHS Trust) is associated with pioneering this approach. The following sections look at each of the four parts of the system in more detail.

Establish a team of vocational specialists and ongoing support

There are an increasing number of vocational teams based within mental health services. These vary in size and style, from the single manager to a dozen or more staff. Their role is to work with mental health service users and staff on the one hand, and employers, colleges, voluntary and statutory agencies on the other. Teams need to have an understanding of all service users and partners, and demonstrate an ability to:

- Communicate on their terms
- Take on board their concerns
- Address their continuing support needs.

In many cases this will be achieved by making the appropriate links, putting people in touch with each other, rather than by the teams doing everything themselves. These teams are a valued and skilled resource; they instil confidence and create a smooth pathway. The challenge they face is to communicate equally effectively in both directions, inwards to the mental health service and outwards to the community.

> 'Remember the employer is as much a user or client of your service as is the individual and that in fact it is the employer who will ultimately determine whether or not your service has been successful for the job seeker.'
> (Susan Scott Parker, Employers' Forum on Disability, WorkNet Briefing, May 2001)

In planning the establishment of the team some difficult questions arise to which there are no easy solutions. New ways of working are constantly being explored, even in those areas where vocational issues have been on the agenda for some time. However, these are some common questions and suggestions that may help in making local decisions.

Does the vocational team have to be employed by the mental health service? Should the vocational specialists have clinical expertise?

The essential issue to consider here is what arrangement will develop the trust required for a partnership approach between mental health and vocational staff. An integrated service involves sharing responsibility for vocational support from an early

stage in the service user's recovery process. It is not about the care co-ordinator making a referral and then playing no further part in vocational support. A number of factors might help to develop trust and a partnership approach:

- Employ vocational staff within the NHS - but perhaps more importantly ensure they are visible and available for formal and informal discussions.
- Employ vocational staff who are skilled at working with people with mental health problems and have a good understanding of their issues. Some say a clinical training is helpful (e.g. OT or psychologist), but many argue it is not. In practice, many successful mental health vocational staff are not clinicians.
- Give positive feedback. If vocational staff succeed in supporting people towards and into work, this will create confidence: seeing is believing.

How many vocational specialists do we need? Are there existing staff who could take on a specialist vocational role?

The design and size of the team will depend on resources and local priorities, but:

- Research suggests that the ideal model is a full time employment support worker for each community team, although lack of resources may rule this out.
- Isolated vocational staff may be vulnerable if they are not supported by a vocational team; or they may lose their own vision and adopt the more clinical community team culture.
- If vocational staff are to support people from an early stage right into employment, it has been suggested that a viable active caseload is 12 people (Network Employment).
- Allocating a vocational role to existing staff may be resisted if this is perceived to be on top of existing duties with inadequate time allocated, to be replacing equally important duties, or to be providing vocational support 'on the cheap'. Nevertheless, many staff find a vocational role an exciting opportunity.

How will vocational specialists and care co-ordinators allocate responsibilities?

A fluid distribution of responsibility enables all staff to contribute their individual skills, but it is important to ensure essential tasks are done:

- Some care co-ordinators and clinical staff will be willing and able to contribute more than others. It may be counter-productive to impose duties on staff who do not feel able to carry these out - service users may be adversely affected.
- Find alternative routes to positive vocational support for service users who do not receive this from their mental health worker (e.g. set up a job club).
- Make a checklist of essential tasks (see below) to ensure all service users moving towards work receive all aspects of the support they need.
- A flexible shared assessment form can facilitate the gradual integration of vocational support into the CPA process (see Chapter 4).

Will we have vocational staff who work with service users from an early stage right through to entering and sustaining employment, or will there be a system whereby service users are referred on for some options, such as paid employment? Who will provide ongoing support to service users in employment and their employers?

Extending the vocational system into paid employment for people with high support needs is a necessary but difficult challenge for mental health services.
The role of vocational specialists in relation to employers varies. In some services the vocational specialists are a single point of contact throughout the journey into and during employment. This approach may be more effective than dividing the in-depth assessment and job finding roles; service users prefer to stay with the specialist they get to know, and there is more scope for finding the right job match. However, some argue it is better to divide these two roles as such varied skills are required.

Success at work for people with high support needs requires ongoing, out of hours support, and a quick route back to the CMHT, if necessary, after case closure. Easy access to mental health support for employees, trainees and students is an *essential feature* of the vocational support system.

Continuing support to employers requires specialist skills so should not be left to the care co-ordinator. This too is an *essential feature* of the support system.

These are some examples of vocational teams established in different areas:

> The Work Development Team in Bristol has had no more than two staff for several years, but during this time has developed a number of innovative ways of working, including the OT vocational network (see Chapter 3), which brings together the key statutory and voluntary sector providers in the area. Links were developed with the New Deal for Disabled People pilot in Bristol and Bath, which provided a rich source of learning at that time. More recent partners include a variety of large and small independent sector providers, including CEED, a community enterprise in the predominately black area of St Pauls. Limited direct contact with employers takes place, focused mainly on helping people retain their jobs in liaison with GPs, but on the whole service users are helped to access paid employment through statutory and independent sector employment services.
>
> At South West London and St George's Mental Health NHS Trust the vocational team includes the service manager and five mental health & employment co-ordinators (one for each of the London boroughs served by the Trust). OTs act as vocational leads within community teams. The role of the co-ordinators is to link with and support each professional lead and each vocational lead (the OTs) within the community team, and to provide:
> - Links with employers, statutory and voluntary sector vocational services
> - Information for mental health professionals and service users
> - Advice on vocational assessment and placement
> - A local Mental Health and Employment Forum for all stakeholders
> - Advice and support to employers relating to mental health.
>
> Network Employment, established by the Mersey Care NHS Trust, focuses on enabling people to access open employment and works directly with many employers as well as with statutory and voluntary sector services. The aims of Network Employment are:

- To understand the employment needs of individuals with severe and/or enduring mental illness
- To find the working environment which most closely matches each individuals requirement.
- To establish the most appropriate support mechanism and/or workplace training for each individual and ensure it is provided.

The service has been running for about five years and began with a small team of three Employment Advisors. Initially each Employment Advisor took responsibility for formal liaison with two CMHTs, attending team meetings, establishing clear lines of communication and developing mechanisms for effective joint support to people helped into work. Network now has a team of fourteen Employment Advisors and is well known to CPNs, psychiatrists and other mental health support staff. Employment Advisors now liase directly with mental health staff on an individual basis and attend CPA reviews for job seekers who are referred.

A number of Network Employment Advisor posts now require that the postholder has direct experience of mental health problems; all other terms and conditions are the same. Administrative posts also require direct experience of mental health problems.

Employment advisors have an active caseload of about 12 people. The support offered to employer and employee is open ended, and people who need no current active support remain on the caseload list.

An ongoing auditing process shows that outcomes exceed expectations. In particular, employers have shown a high level of satisfaction with the service.

Create a vocational support network extending throughout the service and into the community

A network of communication, support and shared responsibility is needed to link the vocational team with the heart of the mental health service, with every community team, day service, ward and GP practice. The network also needs to extend outwards, to include key agencies within the community. People need help when their job is at risk or when they feel motivated to try something new, and delays in receiving help can be damaging. In the ideal system, every mental health worker would discover and recognise the importance of service users' vocational needs and would know who to contact for help in addressing them. Secure funding, staff stability, administrative support, some formal and managed co-ordination and a strong lead figure will enhance the network, enabling the partnership to strengthen and extend over time. Few have achieved the ideal network, but given the lack of co-ordination between health and community services in the past there has been great progress. These are some examples of what has been achieved and how the network wheels can be oiled.

Employment support workers link with a 'patch' containing two CMHTs

ENABLE (Shropshire) has a team base. Each employment worker is allocated to two CMHT areas, and spends about two days a week with each team. They also visit community-based projects, education and training agencies and employers. Great

emphasis is placed on both formal and informal contact to increase both service users' skills and confidence, and employers' understanding of mental health problems.

> '[I'm]a facilitator… a kind of bridge builder with other work services, work schemes, making partnerships, … making the pathways a lot easier.'
>
> Employment Worker

OTs link their CMHT to a range of vocational resources

In this model, the OT becomes the vocational lead for his or her community team, as in the Bristol model described above. The OT will advise the care co-ordinator or work directly with the service user to facilitate access to relevant services. The popularity, success and comparatively inexpensive option of involving OTs in the vocational network is discussed in more detail in Chapter 3.

> 'I'm a link really, between the mental health services and the outside agencies, because that's where the chasm has been over the last couple of years… I try to pave the way a bit really.' (OT, Avon & Wiltshire Mental Health Partnership NHS Trust)

Secondments, joint working and staff pairing

These are cost-effective measures which can have a major impact on staff. In the Bristol and Bath New Deal pilot, for example, both the personal advisors (PAs) and the OTs reported that one of the most positive features for front-line workers was the facility for informal contact between staff from both agencies for advice and/or to ensure prompt action. PAs and OTs reported increased skills, strategies and confidence in their ability to give appropriate advice to all clients with mental health problems seeking work or looking to stay in work after illness.

Liaison meetings

These are the backbone of any network, but it can be difficult to sustain regular attendance and a manageable agenda when there is so much to discuss. South West London & St George's Mental Health NHS Trust has a framework that provides scope for direction and guidance as well as addressing the needs of medical and support staff and service users. The employment co-ordinators meet regularly with the OTs from the CMHTs in their borough to discuss individual cases and borough issues. Further meetings involve the vocational services manager, the employment co-ordinators and other vocational specialists within the Trust, giving each OT a sense that they are part of a wider vocational service.

Information resources, such as a web-site, directory and/or newsletter

Information resources are invaluable tools for staff and service users, to ensure everyone is kept informed about what is available and who does what. It is essential that resources are kept up to date. At South West London & St Georges Mental Health NHS Trust detailed directories are updated quarterly. Information technology can be extremely valuable if the mental health service and community agencies are well resourced. Service users can be involved in developing or maintaining on-line

vocational data. Newsletters can communicate opportunities, individual stories, developments and feedback.

In Bexley, a website developed by a partnership between users and providers has been launched (www.spectruminitiative.org.uk) with details of employment, education, training and other work opportunities. Another comprehensive website has been developed in Manchester (www.comcarenet.co.uk/eise).

Develop a shared assessment form and action plan

A shared assessment form and action plan to facilitate the transfer of personal information is a key tool for the network. Shared assessments are better developed in the USA, but are becoming an increasingly valued tool here in the UK. In Bexley and at South West London & St George's Mental Health NHS Trust, key staff have been involved in designing their own forms after looking at alternative models. It may also be helpful to involve service users and community-based agencies in the design process, since this is likely to increase confidence and satisfaction.

There are three key features of the assessment and action planning process:

1. It is done together *with* the service user and not *to* him or her, so increasing satisfaction with the document. It gives the service user a lead role in deciding what goals to aim for, what information to share and what language to use.

2. The process of filling in the form is a positive one, focusing on abilities and interests, as well as identifying support needs and potential risks

3. The assessment and action plan is designed to grow, so that at different stages in the vocational journey it can be added to and amended as a result of changing goals and support needs.

OTs have a particular skill in occupational assessments and can support other staff in this work (see Chapter 3). However, in depth vocational guidance may be needed for many service users and this will be beyond the experience of most OTs. Ideally, the care co-ordinator (with support from the OT) begins the assessment process, and the service user may then take it to a vocational specialist within the mental health service or to a community-based service, depending on what they need. Service users are usually willing to share their form with outside agencies, as this avoids repetition. An example of an assessment form is given in Appendix I.

Identify a lead figure to drive forward the vocational agenda

A lead figure is needed to ensure support for a new, co-ordinated approach to work issues. He or she is ideally of some seniority, with responsibility for guiding and developing the team and their immediate network within the mental health service, in addition to wider responsibilities:

- For leading the refocusing of mental health services within health services, the local authority, the community teams, day services and wards

- For linking with primary care
- For developing a strategic lead within the community to ensure the wider network is co-ordinated, comprehensive and linked to the local economy.

To achieve this, he or she will need the ability to inspire people from all walks of life:

> 'The person has to be of sufficient calibre to be able to win hearts and minds at all levels… You're selling it to managers, to professionals, you are selling to service users and you are selling it to employers, so I think a marketing - public relations - mentality is one that's particularly useful… Battering people over their heads and telling them they ought to do this because it is good is not successful…. it's how can we sell this as being useful and valuable and meaningful… You also need someone who is incredibly knowledgeable. The biggest problem we face in the health service at the moment is not that people aren't supportive in a sort of general sense, but they haven't the faintest clue of what to do… I think that's the bridge we have to cross, I think then people start feeling confident and are more likely to do it.'
> (Dr Rachel Perkins, South West London & St George's Mental Health NHS Trust)

Ensure services are improving

A good way of ensuring services really are improving is to analyse service user journeys from any point within the service to work, and consider whether all the necessary steps are in place. The checklist in the box may help identify gaps. Gather feedback from service users and staff on a regular basis and gather evidence for your resource and development needs, and to ensure best use of resources.

Checklist for reviewing vocational services for people with high support needs

Partnership working
- between the mental health professional and vocational specialist, to provide an integral support service
- with community based agencies

Addressing service users' work choices and work needs
- assessment, ongoing with reviews, based on real work experiences
- individually tailored service and job match, based on the service user's choice
- information for the service user on opportunities available
- expert individual advice on welfare rights

Addressing mental health work-related issues
- encouragement to the service user to develop and maintain motivation
- guidance to the service user on managing his or her own health issues and support with developing social and coping skills

Enabling service users to access and retain employment

- competitive employment pursued as a realistic and achievable goal for those who want it, with a rapid job search rather than lengthy pre-vocational training
- proactive support to those starting work, and follow on support continued indefinitely
- support and advice services to the employer

One example of how progress can be monitored and reviewed comes from South West London and St George's Mental Health NHS HealthTrust (Perkins & Sollman, 2001). A one-year pilot project at the Trust involved a work co-ordinator who worked with two CMHTs, with employment and training agencies and with employers. The project aimed to provide integrated employment support based on the principles of IPS (see Chapter 1). An evaluation was carried out and found that:

1. In conjunction with their care co-ordinators, the work co-ordinator worked with 65 service users, the majority of whom had a primary diagnosis of schizophrenia, schizo-affective disorder, manic depression or other psychoses (65%), had been in the care of the CMHT for more than one year (91%), and were not initially engaged in any work or educational activities (85%).

2. The intervention was associated with a significant increase in engagement in both open employment and other forms of work and education/training. Following intervention:
   - the proportion engaged in open employment increased from 9.2% to 35.4%
   - the proportion engaged in voluntary work or work experience increased from 4.6% to 21.6%
   - the proportion engaged in education/training increased from 1.5% to 18.5%
   - the proportion who were not engaged in any work/educational activity fell from 84.6% to 13.8%

3. There were no significant associations between gender, race/ethnicity or primary diagnosis and vocational outcomes.

3. What can mental health staff contribute to this system of support?

The challenge is to refocus the work of mental health staff to enable them to play their part in the vocational support system. This should not be seen as an additional task to be done on top of many other tasks; rather it is a different way of using time and expertise. Experience suggests that mental health staff will need:

- A good understanding of why work issues are health issues and therefore their responsibility
- A clear idea of what they can do to support service users' vocational ambitions
- The resources, guidance, supervision and support to enable them to do it.

Many mental health staff, from all professional backgrounds, find this work rewarding and extremely relevant to their core purpose. It will take time before all staff engage in the process, but once the key structures are in place their ability to do so will greatly increase. In this chapter we describe many different ways in which staff can contribute their skills. In the following chapter we then explore ways in which they can be encouraged to do this with enthusiasm and confidence.

Key points

- Occupational Therapists (OTs) have relevant knowledge and skills
- Every member of the community team has much to offer
- Staff on the wards can help service users to keep their jobs
- GPs can play a crucial role in preventing long term unemployment
- Day service staff can promote social integration and peer support

Occupational therapists have relevant knowledge and skills

OTs can act as key figures within the vocational system, by being a resource for community teams, day services, wards and even GP practices, bringing vocational expertise to every corner of the mental health service. Canada, America and Australia have progressed much faster in this direction, but in recent years work issues have become more important to the profession here in the UK. Many OTs welcome the opportunity to develop vocational expertise as it fits well with their view of their job:

> 'As an occupational therapist we believe that purposeful occupation is the way that a person returns to normal life… I myself don't really believe in the model of keeping people occupied in club type atmospheres… We are trying to move people beyond that…. I came to the conclusion some time ago that occupational therapists try to push people to break their boundaries, and to move out of the comfort zone and to take risks.' (OT)

> 'A strength of occupational therapy is assisting those people with more intractable or complex problems to identify their work needs and help them to achieve their goals, taking the residual effects of illness and disability into account.' (Mountain and Carman, 1999)

Although some OTs are less interested, many, perhaps most, feel they can contribute:

- An assessment of the service user's interests, motivation, and functional abilities
- The ability to develop service users' motivation and functioning
- A positive, problem-solving approach
- An understanding of clinical issues which may affect the service user
- Job and task analyses, relevant to workplace assessments
- The potential to act as a link between the clinical sphere of the mental health team and outside organisations.

OT activities within the system of vocational support can include the following:

A fixed proportion of the OT's time each week allocated to vocational issues

There may be resistance to this if OTs carry a large generic caseload. Bristol started by allocating only a little time each week to vocational issues, and other staff came to support it when the value of the service became apparent.

Carrying out, and supporting others to carry out vocational assessments

If there is a shared assessment form, care co-ordinators can start the assessment process to avoid overwhelming the OT with this work. A vocational assessment is a very skilled process, and the OT can enhance team skills in this area.

Promoting staff and service user confidence in the 'system of vocational support'

As bridge-builders within the network, OTs have a unique role to play in instilling confidence in the support system, by becoming a known contact for all involved.

Facilitating peer support activities, e.g. around developing coping strategies

Peer support activities focused on moving towards and into work often benefit from OT facilitation (see the Moving On group in Bristol, below)

Working to support people at risk of losing their job

In the Bristol area, OTs have linked with GPs to support people at risk of losing their jobs, by suggesting adjustments in the workplace and/or improving their ability to function at work.

Every member of the community team has much to offer

Research (see Chapter 1) shows the essential contribution of the mental health worker in addressing work issues, from the very first stage of offering encouragement to finally providing ongoing support to service users in work. Above all, studies show that if the mental health worker believes in the abilities of the service user, this will foster greater self-confidence and a much greater chance of success.

> 'The keyworker is crucial, they can motivate the client. I'm the facilitator, but without their clinical expertise, background knowledge, it just wouldn't happen. The more they do, it really swings it and you know, you can't do the vocational without the clinical.' (Vocational specialist, South West London and St George's Mental Health NHS Trust)

Many clinicians are not opposed to providing support but need more flexible working arrangements to provide out of hours support. However, some do not know how they can help, and feel it is a specialist area for which they have no skills. Torrey (1998) has provided practical information on what clinical, social work and support staff could do and we have summarised his ideas here.

Clinicians can help service users and clinical teams have realistic vocational expectations

If service users want to work for the first time, after a long break or after a difficult experience at work, they will benefit from in-depth vocational guidance. Most people given this assistance will choose achievable goals (see Chapter 1) and care co-ordinators can make this help available. The research shows that employability is not predictable, and many staff are surprised by service users' achievements. Nevertheless, staff often feel service users' aspirations are unrealistic, and Dr Rachel Perkins (1999) gives some advice on how to deal with this problem in a positive way:

- 'Do not challenge the person's stated aspirations directly.
- Enquire what it is that attracts the person about the goal they have set themselves - information about the person's motivation is important.
- Help them to understand what they can do rather than telling them what they cannot do.

- If a person needs to learn what is realistically possible by trying something unrealistic, let them but be ready to help them see the success in learning by their mistakes, rather than saying 'I told you so'.
- Attempt to construct a series of realisable steps that help the person to move in the direction of their stated goal.
- Ensure that there is a link between their stated aim and the course of action proposed, and that the person can see this link.
- Focus on developing a person's strengths rather than getting rid of problems.
- Remember, that even if their goal seems distant, the gains they make in working towards it can be important in their own right.'

Clinicians can co-ordinate service users' clinical and rehabilitation plans and interventions

When clinicians express enthusiasm about service users' vocational interests and abilities, it increases the users' motivation and belief in their own capacity to work. Co-ordination of clinical and vocational interventions is also important. Clinicians can create ongoing lines of communication with the vocational specialist so information is shared, allowing a co-ordinated plan of action.

> 'Often the Personal Advisor might think of a job plan, which might not quite tally with the medical plan. It's important to link together to make sure that we're both giving the person the same advice.' (OT, Avon & Wiltshire Mental Health Partnership NHS Trust)

Some service users may need interventions to improve social skills, as employment can bring increased contact with other people. Unstructured time at tea breaks or at the end of the day can be particularly problematic.

Clinicians can provide basic support and problem solving to service users

Clinicians and vocational specialists are both able to provide basic practical support and problem solving. For example, clinicians are often first to learn of commuting difficulties and are able to initiate some re-evaluation of this with the service user and vocational specialist. Supportive clinicians can help create a solution. Assistance with transport, clothing, budgeting and other practical issues can make all the difference between success and failure. Positive problem solving skills are required, and a service user support worker may be a particular asset here.

Clinicians can contribute their insight to appropriate job matches that will support service users' health management as well as vocational needs.

Clinicians who know what strategies service users use to manage their mental health problems can assist in planning effective placements. For example, some service users prefer to work independently. Other service users feel insecure when alone and need to be with others to feel safe. Noise level affects many service users and the hours of a job can also have an impact on health. In depth assessments are much easier and quicker when employment workers can liase closely with service users' support staff,

and liaison can improve the chance of a good job match. This is particularly crucial for people with complex difficulties.

Clinicians can help service users manage their mental health problems

For many service users, including those at risk of substance misuse, learning to recognise and manage the triggers and symptoms of their mental health problems is an important stage in the journey to recovery. Cognitive behavioural therapy (CBT) is an effective way of developing coping strategies and clinicians with skills in CBT can be a valuable resource.

Medication is also an important issue. The aim is to find the right balance between medication and a lifestyle that suits the individual, and there are adjustments that can be made in the workplace if required, for instance starting work later. Other help can also be enlisted, such as getting funding for a taxi to work. Clinicians can encourage exploration both of medication adjustment and of changes in the work schedule to promote an optimal fit between the service user's daily rhythms and the demands of work and health management.

Clinicians can help families adjust to the service user's employment

Not all family members immediately embrace the idea of work. Sometimes service users play key roles, such as baby-sitting, which are hard for families to replace if the service user starts working. Some families count on the regular income from welfare benefits. Others remember earlier experiences when work and treatment activities were not well co-ordinated and fear a repetition of this. The support of their family can be crucial for service users and working with the user and their family can enable families to discuss their hopes and fears and find supportive solutions.

Clinicians can help support service users' long-term rehabilitation efforts by keeping a positive frame of mind.

The CPN or social worker needs to remember to ask about progress at work or college and explore practical and emotional issues. At times, for instance when the job is new, support may need to be more intensive, but later on dependency is usually reduced. Flexible availability of support and ongoing assessments are essential to avoid job loss, and this will involve working out of usual office hours.

Specialist community teams can be innovative

Specialist teams in the community may have lower caseloads and service users who are harder to engage. Some may work with young people who urgently need the opportunity to return to mainstream life to prevent long-term dependency. These teams have a unique opportunity to identify and address service users' employment and training aspirations, as they have more time and can develop closer links with the community in which they are based. Service users need a positive alternative to standard services. Complex problems and high support needs are not a barrier to employment (see Chapter 1) and low expectations can be challenged.

In North London, the Antenna Outreach Service works with young African and African Caribbean people (16 - 25 years) who are hard to engage, have a chaotic life style, serious mental health problems, and often use Class A drugs. Work and training is a priority issue for many, who live in a deprived area of high unemployment:

> 'Staff make contact with the local community in a variety of settings, including a number of small businesses and educational services, to improve access for service users. The essential groundwork of educating and supporting the community is the starting point for achieving integration and acceptance of this group of young people.
>
> Antenna has set up the First Step programme, funded through the Connexions Service. This will allow service users and members of the Antenna Young Peoples Group to have the experience of working and training in a mainstream young and dynamic graphic design organisation. Service users can work up to NVQ level 2 in order to take the next step and access college. Full support from the project has overcome the initial concerns of the graphic design organisation.
>
> If a service user wants a paid job, small work experience placements are negotiated with local employers. Placements may be a couple of hours per week, building on the individual's expertise and confidence. For some service users, these lead to full or part-time employment. This work with employers involves partnerships with local agencies, but relies primarily on the determination of Antenna staff to help service users take up a role they find worthwhile within their community.' (Norma Johnson, Antenna Outreach Service, 2002)

Staff on the wards can help service users to keep their jobs

Generally, ward staff do not enquire into the employment status of new patients. When it is known that a person has a job, most ward staff do not see it as their role to get involved. If their job is mentioned in the patient's notes, the information may be passed on to the OT prior to discharge - by which time the job may be irretrievably lost.

Hospital staff can avoid this situation arising if they know who to contact. Each ward needs to know they are a part of the wider system of vocational support. They need to:

- Identify work status on arrival
- Inform the OT or vocational specialist if there are any work issues to be addressed
- Offer flexibility and support to those who want to take up work activities
- Provide information (leaflets, advice sessions etc) on work and training.

> 'When service users are admitted to an acute psychiatric ward they are asked a number - usually a considerable number - of questions about their lives, health, family etc. They are seldom asked about whether or not they are employed. There seems to be the assumption that on admission to such wards all ordinary life stops.

However, to have employment to return to can be instrumental in helping service users to regain their health and be discharged to resume their employment and other activities.

Employers often need reassurance that an employee with mental health problems can return to work after a period in hospital and still be a valued employee as long as the return to work is handled sensitively.' (Mo Hutchison, Senior User Consultant, IAHSP)

Contact with the employer may be necessary, but this should be made by a vocational specialist with an understanding of the legislation (Disability Discrimination Act, Health & Safety at Work Act) and an appreciation of the employer's perspective as well as the employee's needs and rights. Vocational staff will have this expertise.

There may be scope for doing more. It is not unknown for people on acute wards to return to work during the day. They may need a change of medication, more flexible meal times, help with getting out and getting back, and someone to take an interest in how their working day has been. In most wards today, a person who wants to go out to work has to be an extremely resourceful and determined individual:

Hi Ho Hi Ho Off to Work I Go!

'Suggesting to my psychiatrist that I should return to work after spending almost 5 months detained under the Mental Health Act, seemed a very straightforward request. Apart from having to get a letter to say that I was fit for work and obtain authorised leave, returning to work was starting to look like one of my better ideas. Or at least that's what I thought until the reality began to materialise.

The first big shock to the system was waking up in the morning after having a cocktail of medication the night before. To make the drowsiness worse I was given another pill to pop as I tried to make a quick escape through the door. The idea of breakfast went out the window because if I hung around for something to eat I'd be late for work.

The workplace felt really strange, although everyone was very welcoming and had made valiant attempts to make life easier on my return, for example they kept the emails and post tray down to a minimum, I couldn't help but feel like an odd part that didn't quite fit in. The environment I was now in felt deadly quiet compared to the ward and concentrating for any length of time was a real problem for me at the best of times, so being given lots of things to read as a starting point was difficult. However the difficulty of adjusting to the workplace was nothing compared to the problems of the ward.

Apart from missing breakfast I usually missed supper by the time I was back on the ward. More often than not I found personal possessions had been taken or been tampered with, this was a real problem in terms of having clothes to wear to work. Nighttimes would be noisy and chaotic, making it difficult to get any rest. Nobody took the time to find out how my day had been or how I

was feeling. The responsibility of making work work for me was all down to me and luckily I had an employer who was supportive.' (Nasa, the struggling survivor, 2001)

When ward and medical staff are aware of the importance of work in the recovery process, and when they are linked to a vocational support system, they can enable service users to return to work (or take up something new) as soon as they feel ready.

GPs can play a crucial role in preventing long-term unemployment

Most people with mental health problems receive treatment from their GP, who will probably see all those at risk of losing their jobs through depression, anxiety, or a more severe mental health problem. Timely assistance with work issues could prevent many of these difficulties developing into a crisis or long-term problem, but most GPs lack guidance in this area and do not have easy access to employment advice and support for their patients. Some GPs are not aware of how to advise employers. Most doctors and patients will be unaware of the risks of long-term sick leave, nor are they likely to be familiar with local employment rehabilitation services.

Comentario [BG1]: I am not sure that reference to the DDA is relevant at this point

Yet the GP sees the employee at a critical time, when skilled help can enable them to return to work with the support and adjustments required. There is evidence to suggest that by 6 months off work, most people have a mental health problem whatever the initial reason for sickness/absence. Studies of absence due to back pain (often closely allied with depression) show that ~~result in~~ 50% of employees who take sick leave for more than 26 weeks, and 75% of employees who are off sick for more than a year, never return to the workforce.

A range of approaches to this situation are now being taken. Some practices offer access to cognitive behavioural therapy which can help people devise positive coping strategies, preventing them becoming overwhelmed by feelings of depression. More GPs offer counselling. There is much government interest in reducing the numbers of people on sick leave becoming long term unemployed, for instance through Job Retention Pilots. In Bristol an initiative led by the Work Development Team has involved local networking, talking with GPs and developing links between the GP surgery and the vocational expertise of the OTs. Health Action Zone funding has been used in Lewisham to put vocational workers in GP surgeries and in Walsall to support another approach:

> 'The project is aimed at people who are in work but off sick, and because of the nature or length of the illness, they are at risk of losing their job. The project is creating partnerships between the GP and local support agencies, through the Signposter advisor who will assess an individual's needs and refer him or her to an appropriate agency for advice and help. Where appropriate, intervention with the employer will help limit the potential for job loss and this will be further reduced by an early return to work. Where the nature of the illness and the effect on the individual makes a return to an existing job impossible or inadvisable the Signposter will help with career advice and also access to retraining.' (Walsall Employment Retention Project, 2001)

As with wards and community teams, in order to achieve success it is important to:

- Ensure the GP is aware of the vocational service and able to access it easily
- Develop confidence in the vocational service and understand its value
- Ensure patients at the surgery can access the vocational service independently (use leaflets, posters, the web etc), in case the GP omits to make a referral.

Day service staff can promote social integration and peer support

Day services are under review in many areas, and this presents an opportunity to staff and service users to consider the best way of using their resources, taking a flexible and creative look at the use of their buildings and their time. There are many exciting ways in which day staff and service users have developed their activities, and the issues are explored in more depth in Chapter 5. In this section we include just two examples that illustrate the way in which day service staff have promoted opportunities for people to integrate within their community through work or other activities, and how they have provided continuing support to those who have moved on in this way. For people at work, social and peer support can be needed perhaps more than ever before, to enable them to maintain their new role in the community and to enhance their quality of life. Refocused 'day services' can operate outside of normal working hours to ensure service users continue to access leisure activities and social contact after getting a job.

The Moving On Group

'It was not sufficient for someone to successfully find a job, but they had to be able to keep it… We responded by establishing what we called 'The Moving On Group'. The aims of this group were to explore the concept of work and the composite skill levels needed to partake in meaningful occupation, using the group itself as a means of maintaining, developing and restoring such skills as punctuality, organisation, concentration, communication and teamwork. This has been achieved by drawing on the resources and past work experiences of the group members. Various coping skills are developed, such as assertiveness, anxiety management and positive thinking to help people progress… '*The group has been very helpful, it made me realise there are other ways of sorting out my problems to do with work.' '* (Roger Butterworth and Jo Dean, February 2000)

Shropshire Social Services has been reviewing its day services. A pilot project in South East Shropshire aims to increase access to the community through the use of specialised workers across a range of activities.

- One worker supports individual service users interested in taking up voluntary work in the community
- One worker supports access for individual service users to leisure and sports activities within the community
- One worker (from ENABLE) provides individual employment support.

As a result, the day centre is now only open two days a week, with a wide variety of specialist groups (such as gardening, shopping, social groups, drop - ins) operating instead in the community, including at weekends and evenings. (Jonathon Allen, ENABLE, 2002)

4. How can we foster staff confidence and skills in work-related issues?

The previous chapter looked at the many ways in which mental health service staff can engage with and contribute to the vocational support system. This chapter looks at ways in which their hearts and minds may be won over, to convince them that this is a fulfilling and extremely relevant way for them to be working. It may involve new tasks, but should not require more time or a more burdensome responsibility if the support system is in place.

This chapter also considers how to increase staff awareness of mental health work-related issues and skills in addressing them. Perhaps most importantly, the chapter looks at how the workforce can develop a positive outlook, recognising the potential in every service user and seeking to ensure this is fulfilled.

Key points

- Inspire, support and supervise
- Recognise anxieties and begin to address them
- Promote a positive workforce which recognises the assets of the service user

Inspire, support and supervise

These are some of the measures that might encourage and empower staff to take part in their vocational support system.

Foster a new perspective

Many staff will feel their work has been dominated by an agenda of safety and a medical or 'fire-fighting' approach. More recently the government has raised the profile of the employment aspects of the National Service Framework and the required changes can be reinforced in a way that is more inspiring by demonstrating the role of work in the recovery process. Personal narratives, spoken or written, are particularly effective. Service user speakers, written stories and training shared 50:50 with service users can all make an impact.

> 'Recovery narratives can engender a "contagion of hope" (Deegan, 1994) and reorient both staff members and people with psychiatric disabilities toward alternative and more rewarding life paths, by restorying the possibility for positive growth after destabilising life events.' (Ridgway, 2001)

Share success

Reinforce national research and personal narratives by sharing local success. Seeing is believing, so share news of achievements (of both staff and service users) in management reports, newsletters, events and publicise any health gains resulting from the work. Report progress of service users at team meetings; discuss hurdles and ways of overcoming them so that other staff can hear. Not all success involves getting and sustaining a job first time round. Many service users will gain well-being by taking small steps towards work, or trying out a job for a period of time. Staff and service users can learn, as we all do, from trying out different options.

Strong leadership and a clear vision

A strong message from within the mental health service will be influential. If key figures express a clear vision for a mental health service that recognises the value of work, training and education in the route to recovery and the need for partnership working, this will encourage staff and create a new climate. The message could be given by the chair of the Trust, the chief executive, senior managers, commissioners and the vocational lead figure within the service. For front-line staff, leadership from within the team can be particularly important. Service managers, clinical managers, team leaders and, above all, consultant psychiatrists can be very influential on a day to day basis.

> 'Dr A., actually out of all the consultants I've worked with, is actually the one who most values work, he will suggest work in places where I wouldn't have, he also suggests therapeutic earnings which has advantages. But that's good, that's good to discuss it and look at the potential.' (Social worker)

> 'She [the team manager] was a CPN, I think she just liked innovation, just had quite a passionate belief about people in the service having opportunities…I

think knowing that that was valued by her was a good influence on the team.' (OT)

Support your champions: give them status, training and time

Support enthusiastic staff, whatever their profession, and develop their expertise. They can become a resource and a lead for others. In many areas OTs feel this is a role that is particularly suited to them. In other areas, it may be other staff who want to take on the responsibility for participating in the network (see Chapter 2). In Bexley, the vocational lead role was allocated to staff who volunteered because of their enthusiasm and interest in work issues, regardless of their professional background. Non-clinical staff, particularly service users working as support staff, may have very relevant skills. However, be sure that employment issues do not become perceived as of lower status than clinical issues: the two need to be addressed hand in hand. Whoever takes on the lead role will need time to allocate to it, and this can be difficult to negotiate when teams are under pressure. Begin in a small way, with a small allocation of time, and gradually, as the value of the service becomes clear to others, this can be increased.

Publicity and a high profile for the vocational support system

Show staff how they can help service users to achieve their ambitions through engaging with the vocational support system. Keep publicising it constantly, in different ways, showing how it can help staff to help service users.

> 'Obviously the profile of our vocational advice service is quite high, we've had quite a lot of meetings and conferences and discussions and lectures and talks and everything upon it, so the awareness is quite good. If there's no kind of help out there, people aren't going to think about vocational needs, because I think you're on to a loser, but as soon as people became aware of what there actually was on offer, they did begin to start considering those possibilities for service users.' (OT)

Develop trust in the vocational support system and make it easy to engage with

Foster trust and close working relations between vocational staff, clinicians and other support staff. Regular close contact, formal and informal, at team meetings, CPA reviews, visits to employment projects, will all help to develop trust, and this will facilitate referrals and follow on contact. Clinicians need to trust the vocational specialists to whom they refer service users, because without trust they may fear for service users' health. Vocational specialists in turn need to know that there is easy access to the service user's care co-ordinator (and not an unknown 'crisis team') when difficulties arise. They know that without ease of access employment or college may fail for lack of support.

Care co-ordinators are more likely to consider work needs when they are constantly reminded by seeing the vocational specialists at coffee breaks, at meetings and around their office environment. They are more likely to work in partnership with someone they see and speak to on a regular basis. Telephone contact is much less effective at

facilitating a partnership approach and may lead to the care co-ordinator just 'handing over' responsibility for all work related issues to the specialist.

> 'It's constant communication and collaboration, with client, keyworker, myself, all in agreement.' (Vocational specialist)

Ensure follow-on communication is good, with news of what is happening and what needs to be done - make this a requirement for the local vocational providers:

> 'We had direct access to the [independent sector] Centre, it was an ideal resource… We had a lot of young people, we had some chronic, some acute people, and that tended to be the best way to move them on to something new… Yeah it was a huge part [of my job]… The one I dealt with…I regularly talked to him. He would update us, um, any time I could contact him and say have they been attending, how are they getting on? They were good at letting us know if there were any problems as well.' (OT)

Give staff the tools

Clinical or support staff may not want to refer a service user on to someone else. If they can get the information they need, then they may prefer to advise the service user themselves. They may get information from the vocational specialist, a directory of services or a website (see Chapter 2). Different people prefer to access information in different formats, and if the information can be shared with service users easily, for instance by photocopying a page in a directory, this is ideal.

> 'I think being able to turn to somebody like Richard for advice…even if I don't want to refer somebody direct to him… It's another useful tool in the bag really, I think you feel that you are better resourced to do the task.' (Social worker)

Make it clear what each member of staff could do

Make it clear what staff could be doing, through team meetings, training, shared learning, support and guidance. As we saw in Chapter 4 and the research section in Chapter 1, perhaps the most important contribution of each staff member is a positive approach that instils self-confidence in service users. A wealth of other mental health work-related tasks are also described in Chapter 4. Discuss as a team how these might be most effectively addressed, remembering that work itself is an aid to managing health. Health problems do not have to be solved *before* a service user tries out work, but can be addressed *at the same time* as a service user is trying out some part-time work activity or study.

In Nottingham, monthly team meetings with a facilitator (a psychologist) are used to explore ways of working, and offer the opportunity to share new ideas and experiences. Research suggests that mental health staff gain much of their learning from their colleagues, and these kinds of opportunities might be more productive than training.

Again, close and informal liaison with vocational specialists at team meetings and over coffee can help to identify problem areas that need to be addressed and to explore who might be able to address them.

Enable staff to identify their relevant skills - and the skills of their colleagues

Staff of all professions and unqualified support staff have something to offer. Care co-ordinators have a particular responsibility to service users under the National Service Framework, but in a multi disciplinary team they may benefit from the expertise of psychologists and other professionals. Explore how each can contribute. The vocational lead is there to advise and support, not to take sole responsibility, which would leave the individual overwhelmed.

> 'I think as a keyworker or even as a nurse, you look at a person holistically and every part of their life, and we know that people who have… work, employment, education, whatever, it helps them tremendously, it helps them to have a purpose in their life and ultimately it helps their mental health…so it is a part that we should be involved in.' (CPN)

> 'I think getting people back into work, getting back into education, feeling they are part of society, that they can mix with their peers again on an equal footing is a very important part of the rehabilitative process… It is an essential part of our work, not always done with a great degree of success in fact!' (Social worker)

Cognitive behavioural therapy is increasingly recognised as a valuable aid for people wanting to work and other therapies available locally may be a useful resource for the team. Unqualified staff may have relevant life-skills and can usually offer more time. Encourage and enable them to offer practical support (helping the service user to get to work or college on time, getting familiar with the journey to work, clothing, budgeting etc).

Encourage flexible use of time

Allow flexible working hours to enable staff to support people in work. Offer time off in lieu of out of hours work, or additional payments for late working. Encourage staff to use their time differently, to ask different questions, to focus more on abilities and the way forward, rather than on problems. Enable them to make best use of all available resources. Are they engaging with the vocational specialists as much as they could? Sometimes staff are reluctant to refer on a service user to another professional, but feedback from service users suggests that they welcome the positive approach of a vocational specialist.

Vocalise demand

Get the message to service users that they can ask mental health service staff for help with work, education or training. Give service users the opportunity to access help through day services or some other means, in case their care co-ordinator lacks a positive approach. Some service users will prefer to ask for help from someone else anyway. Leaflets advertising the new approach with contact details and information

about job clubs or other services can be made available in day services, GP practices and on the wards.

Supervise and monitor

Make sure everyone knows the responsibilities laid down by the legislation.

Where there is a regular review of service users and their care plans, it may be possible for a supervisor or team leader to prompt staff to address individual vocational needs. Consultants or supervisors may be able to take a fresh look at a service user's potential.

Audit care plans from time to time to record the ways in which employment and occupational needs are being addressed. What are the needs identified? What support is made available? What are the outcomes? If audits are reported on a team basis, rather than for each care co-ordinator, they may feel less threatening.

At the same time, review progress in implementing the vocational support service through consultations with staff, service users and vocational providers at regular intervals. The Joint Investment Plan may support this activity.

If staff are compelled to refer service users to the vocational specialist, it may be that they fail to accompany this with the positive attitude that service users need. It may be more helpful to make available alternative, more positive routes to vocational support.

Recognise anxieties and begin to address them

Staff may feel constrained in this area of work and perceive a number of barriers that limit or prevent their active involvement. If these barriers are acknowledged and measures put in place to address them, staff may be able to overcome them more quickly than anticipated. Again, it will often help if they hear from colleagues how they have dealt with difficulties; some can be overcome by working in different ways while others will only be resolved by management interventions. Here we look at ways of addressing the commonly reported barriers.

"It is time consuming: it takes time you haven't got"

When caseloads are very high, there is clearly little time to spend with each service user and mental health staff will be heavily reliant on the assistance provided by the vocational service. They will be able to offer less time than staff with a lower caseload. However, some staff with a caseload of 20 to 30 service users spend considerably more time on vocational support than others with a similar caseload. Torrey emphasises that it is not necessary to spend more time with each person; rather it is the way time is used that is important:

> 'It is worth emphasising that vocational support is not an extra burden but rather is marked by a shift in the kinds of questions clinicians ask.' (Torrey, 1998)

The aim is for the focus to become more positive, looking at hopes and plans for the future. It is evident that some staff (and service users) make this shift much more easily than others, perhaps because of a more holistic approach to the job. Many staff change their attitude rapidly when they see that service users can achieve and benefit a great deal. Also, flexible working patterns can make it easier to find the time for some service users.

"You have to look at the risk: you might do more damage than good."

Many staff experience dilemmas about encouraging service users' vocational aspirations because they fear doing so may put the user's mental health at risk. They may lack confidence in being able to assess whether or not service user can work and what kind of work would be appropriate. They may feel responsible if the service user fails at work and ends up in hospital:

> 'I think the main thing that other staff didn't have confidence in was knowing the appropriate level to go into something. I think a big part of my role was ensuring that somebody's aspirations were realistic with their abilities and quite often people with mental health problems either over estimated their abilities or underestimated them. So, it was just a kind of arbiter of reality in some ways.' (OT with vocational lead role)

Vocational specialists (who may or may not be OTs), can help to assess what options are appropriate. Research suggests that if the job match is right, some stress at work is not harmful for service users. Management support is also important, so that mental health staff have approval for supporting service users to move on in their lives, even at some risk. This is about making a transition from a mental health service which contains and maintains people, to one which enables them to take up a fulfilling life in the community. Staff need to be supported in taking some level of risk to allow people to move on in their lives.

"You spend months getting DLA, and then voluntary work can jeopardise all that."

While the benefits system undoubtedly makes the move towards work difficult, the most serious barrier is caused by a lack of understanding and knowledge on the part of both mental health and benefits agency staff. The training and partnership agreements described in Chapter 5 can dramatically reduce these barriers to work.

"I feel it's a bit of a specialist thing."

It is extremely difficult for mental health staff working on their own to support service users towards work. There are so many issues they need to consider and contacts in the community they need to have. This is why a vocational support system is needed, and although initially mental health staff may 'hand over' service users, if they are given an opportunity to discuss and share work issues, they may come to recognise the skills they can offer. They can then work in partnership with the vocational specialist using their existing skills, once they know what they can usefully offer.

Promoting a positive workforce which recognises the assets of the service user

Many of the measures already described can help to make the workforce more positive. If service users become part of the workforce itself, as recommended by government (see Chapter 1), then this too can help, perhaps more than anything else, to promote a positive partnership approach between service provider and service user.

> 'People who are farther along the path of recovery must be available in all programs as mutual self-helpers and peer-providers so they may serve as guides, living exemplars and role models of recovery.' (Ridgway, 2001)

The user employment programme

Harnessing the skills and experience of service users within the workforce by establishing a user employment programme has considerable benefits, including:

- Sending a positive message to both staff and service users, challenging low expectations and promoting a new approach to support services
- Providing tailor-made work experience and volunteering options for people who need these
- Giving a lead to other employers, providing evidence that people with experience of mental ill-health can do a good job and be reliable.

However, the programme needs to be carefully planned and funded, as lack of support can put the new employees at risk and reinforce low expectations. For an excellent guide to setting up a user employment programme, see Perkins (2000) and Perkins et al (2001). Increasing numbers of other NHS trusts have followed the example of this project at South West London & St George's Mental Health NHS Trust (formerly Pathfinder NHS Trust), and the government has given its full support and encouragement.

The service user as support worker on wards, in community teams and in day services

If there is a user employment programme, there is an opportunity to engage service users as support workers throughout the service. The use of unqualified workers within mental health services is due to increase, and these are ideal positions for service users who lack the qualifications or experience for other positions. In order to succeed, posts need to be permanent and fully integrated within the workforce, with workers paid and respected as well as their colleagues.

> 'I believe such posts help change the culture of a mental health team, making services more effective and less oppressive.' (Peter, in Gell et al, 2001)

Survivors and service users also offer unique skills as employment support workers, as this account illustrates:

> **Not so much a catchphrase - more a way of life**
>
> 'As an active service user I do sometimes get concerned at the failure by some statutory services to take advantage of the expertise developed by users in learning to cope. Self help groups provide one type of valuable support but, by the nature of group involvement, have their limitations. Of far more value and

importance is the role of the survivor, the individual who has, in whatever way, found a method of not only getting through each day but also of improving their quality of life.

A user who has been there and bought the tee shirt is more likely to have a variety of practical coping strategies to offer rather than a theoretical knowledge of what should work. There is a tendency to underestimate the knowledge of the service user. We develop very quickly a sophisticated knowledge of medication, psychobabble, the benefits system and underlying attitudes towards our illness.

When you try and re-enter 'the system', at a voluntary or paid level, the problems faced are large and not generally of your making. The support network needs to be in place before you even consider returning as a viable option and this is where users can be so important. They can work with the individual on:

- The issues that could arise and how they can be dealt with
- What the initial limitations might be in terms of times, medication, attendance for appointments
- Looking realistically at jobs on offer
- Considering how to deal with the issue of the person's mental health history
- Planning strategies for success.

The unique position of service users means that they can have a much more realistic view of what happens and the consequences. It would be nice to believe that we tell our workers everything that goes on in our heads but the reality is that we don't. Using users, if you will excuse a clumsy phrase, can quickly generate a level of trust that for others could take months to develop.

Professionals have to accept that we have an important contribution to make, that our experiences are a valuable resource and that structured peer support is more than just a trendy catchphrase, more than a way of securing funding - it is a lifeline.' (Graham Cockshutt, User Employment Programme, Sheffield Community Health)

5. How can we modernise day and work services?

So far we have described how mental health services can develop a vocational support system for people with high support needs, so that for the first time they can play their part in the economy of their local community. This chapter is focused on the day and work services which until recently provided the only activities available. Segregated, isolated and highly supportive services are no longer appropriate, and difficult decisions need to be made about reallocation of resources.

However "Rome wasn't built in a day". Research demonstrates a need for a wide spectrum of services and this chapter looks at how partnerships can offer richer and more varied provision, extending support to many groups now excluded. Social enterprises and social firms facilitate both integration within the community and increased control by service users.

Key points

- Partnerships can extend the range of opportunities available
- Empowerment – the biggest challenge for service users and professionals
- Social enterprises and social firms provide a link with the local economy
- Learn new ways of reaching excluded groups
- Compare the service user population with the local community

Partnerships can extend the range of opportunities available

Most of the principles of supported employment identified by research (Chapter 1) apply to the full range of work, training or educational opportunities made available to service users. Opportunities should be integrated within the community, wherever possible. Mental health workers need to be available and actively supportive, and to review current needs. Where changes are being made to existing provision or new services are being developed it is vitally important that service users have choice and a lead role over the design and delivery of services (there are many user-led opportunities now available). These principles can helpfully underpin any review of existing day and work services. Partnerships provide the key to developing a wide range of services.

One or two work related projects will never be sufficient, but through engaging partners it is possible to offer a wide range of opportunities to meet the diversity of need. Partnerships themselves may vary, from a formal arrangement between organisations for a social enterprise perhaps, to an informal arrangement with an employer near the community team office who has accepted work placements. Partnerships will not be successful unless there is adequate staff input, but they do not require the substantial long-term capital investment that past day and work services have absorbed. 'Working Together' (Pozner et al, 2000) illustrates a range of partnerships, and gives essential advice on making them work:

> 'There have been notable successes in working with groups operating way outside of the mental health sphere - such as supermarket chains, railway preservation societies, and conservation groups. Where mental health service users have teamed up with 'green' groups, mutual enthusiasm for a common cause has pre-empted any concerns about difference. This should give confidence to others who hesitate to approach community agencies in their locality for fear of prejudice and intolerance.' (Pozner et al, 2000)

A partnership approach can be applied to all work and leisure activities, even for people needing constant supervision. No one, however, can under-estimate the challenge partnership working can present (see 'Working Together').

Empowerment – the biggest challenge for service users and professionals

> 'Only service users can empower themselves. It can't be done for them by professionals, but professionals are in a key position to create an environment where empowerment can happen.' Clare Evans (User Empowerment Project - Leonard Cheshire Foundation)

Both staff and users may have low expectations of what is possible:

> 'Staff members at community mental health centres often have low expectations for the employment of consumers with severe mental illness… Studies examining the conversion of day treatment programs to Supported Employment suggest that these expectations can be reversed.' (Bond, 1998)

Consultants are available to advise on refocusing services, but local people will want to maintain control over the situation. These are some of the questions they will need to answer:

How can opportunities be integrated within the local community and economy?

The challenge is to turn around day services from a place where people have been supported within a safe but segregated environment to a place where all those who can are helped to move into mainstream life, taking with them the support mechanisms they need. For almost any activity, it is possible to ask whether a segregated setting is desirable, or whether it could be moved to a community resource, such as a café, sports centre or college.

Another option is to transfer services to the independent sector, for instance to a local group of service users who might aim to develop a social firm (see Printability below), or to a larger charitable organisation. For example, the Industrial Therapy Unit in Aylesbury was transferred to Richmond Fellowship Workschemes. Funding support and a service level agreement can ensure continuing influence. For people under Home Office restrictions, the independent sector can also be brought in: First Step Trust provide a service within Broadmoor. Those with special permission can be accompanied to an outside scheme, as at First Step Trust in Sheffield. Work projects in secure settings can produce goods and services for the local market economy.

How can we ensure people are supported to move on if they would like to?

Staff and service users need to know of the wider spectrum of opportunities, so that they are always aware of the possibility of moving on to more independence. Staff can provide continuing encouragement to develop confidence and hope. There are a number of measures that can help to facilitate moving on, including:

- Time-limited placements for a defined purpose e.g. to gain certain skills
- Regular assessments of the service user's goals, strengths and needs
- An expectation that most people will be capable of and benefit from moving on.

Where this expectation is not in place, enterprises may involve few people at high cost.

How can we ensure service users have a lead role in the new services?

The rhetoric of user control is appealing but the reality is hard work, and it may take a long time and a strong commitment before control is shared between staff and a wide group of service users. Experience in Aberdeen illustrates this.

> **The Aberdeen 50:50 Approach 'Nothing About Us With Out Us'**
>
> When reviewing their employment services, the Grampian Health Board gave the remit for the reconfiguration of services to a group which evolved into the Aberdeen Employment Action Group (EAG). Initially service user involvement was limited, but in response to a report commissioned from Bob Grove of King's College London, the EAG decided to equalise (both numerically and figuratively) the relationship between users and professionals.

> The group created a partnership with 50% of the membership allocated to staff working in statutory and voluntary sector services and 50% to service users. No meeting could take place unless the 50: 50 split was present, and there was a steep learning curve for all concerned to develop a team approach. However, all sides came to believe that this was the only legitimate approach for mental health services. (see Life in the Day, vol. 4, issue 4)

Chapter 7 looks at the many issues that arise when involving service users in planning. Direct payments are another option that may appeal to service users (see below).

How can we pay service users if they work in the new services?

There is an increasing recognition that people expected to carry out responsible tasks reliably and efficiently should be paid for their efforts. Payment provides an added incentive to work well, and can increase a person's confidence in his or her capacity to move on to a paid job. Token payments can threaten welfare benefits and advice should be sought on how best to pay people (see Further Information).

Keeping staff, management and users on board with the changes

Taking time to consult people properly is the key to change. Here are some basic questions to help thinking this through. Have you done a survey to find out what service users want? Will the resources released pay for better alternatives? Will service users from the unit be involved in designing better alternatives? Have you convinced your own senior management - who may have to deal with press and politicians? Have you consulted each member of staff? Staff can develop as much as service users, given support and training. However, some may need alternative employment outside the mental health services. Do you have the local voluntary and statutory sector services on your side? There may be some staff, users and local people who object to the change, despite what others say. You need good public relations, diplomacy and determination!

How will we manage the change process?

Some areas choose fast and dramatic change to achieve immediate improvements. Others prefer an incremental approach, which is slower but allows time to consult and retain the support of the more "institutionalised" service users and staff. A gradual change sounds more acceptable but is it really going to be any easier for staff and service users who will have to deal with an ongoing conflict between new ways of doing things and old? How long will it take? Is this acceptable?

Some examples of what can be achieved when service users are fully involved may help. This first quote is about the Aberdeen initiative described above:

> **Printability**
>
> 'The catalyst for change was the proposed closing down of Unicorn Enterprises, the Industrial Therapy Unit at Aberdeen Royal Cornhill Hospital in 1998… It was decided to replace this Unit with a constellation of new

> services including a mental health employment support team and some social enterprises. An Employment Action Group was set up with 50% staff from the statutory and voluntary sector services and 50% service users. We had to write specifications for the new services… It became clear that certain successful parts of Unicorn Enterprises could form a print / print finishing business… While we were involved in writing up the specifications, we reported back constantly to the Printability Scotland Interest Group, a group of service users who had attended Unicorn Enterprises. Within this group we had a range of valuable skills… So it happened that one of the social firms that came out of the process was PrintAbility. As service users who wanted to take control over the destiny of their future service, it was a natural step to create a company limited by guarantee and run by service users themselves… We found we could challenge some of the assumptions held by the staff. Over time we earned their respect… It takes time to change the culture in these organisations, but we gained a few champions who supported our work. PrintAbility is a now company limited by guarantee whose members and directors are all service users. (Lee, Dennis and Iain, in Gell et al, 2001)

The second example describes one person's experience in an Industrial Therapy Unit in the process of change:

> **Workability, Northern Birmingham Mental Health NHS Trust**
>
> George has been with Workability for 14 years. For the first eight years George spent his time in the light industry section… When the Bistro opened in 1995, he was encouraged to work with the member of staff in there… it was simply a kitchen serving baked potatoes and soup to service users. Since then, however, a new member of staff took over. George has completed his NVQ 1 in Catering and has taken on more responsibility… George has now been working at a public house/ restaurant for four months [on a work placement] and George's line manager at the pub has said that [he] would be more than happy to offer him a contract of employment. (Member's Paper, WorkNet, December 2001)

Another different approach is exemplified by the creation of the Friendly Firm – a user led development project. The Friendly Firm produced two leaflets: 'Facts about Mental Health' and 'Managing for Mental Health'. They made successful presentations to high street companies and explored the idea of becoming a social firm. At that point almost all the members found paid work but a new group follows in their footsteps. The Friendly Firm has staff support, but service users maintain control:

> **The Friendly Firm, Kidderminster**
>
> 'The Friendly Firm is located at the Edward Perry Centre which is a mental health day care centre. We are a group of mental health service users from very different backgrounds and have differing qualifications and work experiences. We felt that we possessed all the skills necessary to take a practical and proactive role, and make a real difference within our community in tackling the stigmas around mental health and improve the opportunities for

> people who have had a mental health problem, and make a difference to people who are suffering from a mental health problem within the work place. The centre provided all the tools necessary for us to begin! … The Friendly Firm project has been a success, so far, and has achieved real results! As a group being involved and working together we have also learnt about each other's illness, but it also enabled us to focus on a worthwhile cause from which we were able to achieve! We have learnt/improved new/different skills from each other and boosted each other's confidence. It's quite clear that the whole experience has been positive and feels that it will ultimately help us to return to work more quickly.' (Member's Paper, WorkNet, May 2001, updated 2002)

Harp is a café funded by Manchester Health Authority and run by users of mental health services ('trainees') with the help and support of two Café Co-ordinators. The intensity of support trainees require varies enormously:

> **Harp**
>
> 'When Mark started training at the HARP Café, he was depressed and very withdrawn, with little self-confidence. He was very hard to engage, retreating at frequent intervals to a chair in the dining area where he would fall asleep. When he did participate, his concentration was very limited and he was clearly apprehensive….He has emerged into a very competent and skilled cook, with a keen eye for detail. The intensity of support Mark now requires has drastically reduced and he has become much less withdrawn. Since he started his training, Mark hasn't had any acute episodes of mental illness… The Café Co-ordinators liase with statutory services, colleges, carers and those offering work opportunities to meet individual needs of their trainees. In the past year 22% of trainees have moved on from the café into paid work, voluntary work, or a place on an educational or training course. A further 39% of trainees are currently doing courses or voluntary work in addition to their work in the café, in preparation for moving on.' (HARP Café: A Recipe for Success, Annual Report 2000/1)

Another approach is to pursue work that might once have been regarded as therapy. In Chicago, 30 service users were able to complete apprenticeships in theatrical trades, ten in acting itself:

> 'In Chicago, rather than offering 'drama therapy', Thresholds rehabilitation programme negotiated with local theatres to establish job placements (paid at minimum wage or above) in box office, computer and administrative roles. Apprenticeships were established in lighting, make-up, music, set design, costume, acting and direction.' (Cook and Soloman, 1993).

Developing a more commercial approach enables service users at Start Studios, Manchester, to sell the high quality artwork they create (paintings, pottery, ceramics, stained glass, textiles), using financial arrangements approved by the social security system ('permitted work').

Experiments with the use of Direct Payments provide another way forward. Direct Payments enable a person to have choice and control over how their care needs are met. Once a needs assessment has taken place and costs are agreed, the service user can determine and manage how they wish use the money provided:

Direct Payments

'Mental health service users have begun to explore different ways of using direct payments to enhance their quality of life and gain access to opportunities less available as part of mainstream services. One such opportunity is access to employment. Direct payments can be used to 'buy' support to help a person work. The money can be used to employ a service to:

- Help you think through what work you may want to do
- Work with you to assess your skills and abilities
- Assist you to develop a CV and complete an application form
- Prepare you for an interview through practice

Once in work, you may wish to employ someone to give support with:

- Getting up in the mornings and going to work each day
- Helping with transport and accompanying you to your work place
- Providing a listening ear about how the work is going
- Act as a link with your employer to support both you and them.'

(Deborah Davidson, Institute for Applied Health & Social Policy)

These kinds of services would ideally be available from the vocational support system. In practice, it takes time before the system is sufficiently resourced and skilled to meet every individual need. Direct payments are used now in areas where gaps exist, to provide individually tailored support to help people find and maintain employment. Whatever the level of service provision, there will be a continuing need for direct payments, for instance if a service user has exceptionally complex needs, lives in an isolated area, or is simply an independent person who prefers this way of obtaining services.

Many more innovative and creative ventures in employment, training and education are illustrated in 'Working Together' (Pozner et al, 2000) and 'Life in the Day'.

Social enterprises and social firms provide a link with the local economy

As we have no way of knowing who will or will not move on to independent working (see Chapter 1), social enterprises and social firms are an invaluable part of a wider spectrum of opportunities. They offer an opportunity to participate in the local economy, in real work settings, and so provide work experience and training within a flexible, supportive environment. They provide a step on the pathway back to paid employment for those who can achieve that, and a rewarding role for those who cannot. The Harp Café, described briefly above, illustrates how a social enterprise can improve health and prospects for the most unlikely-seeming candidates.

Social enterprises are supported businesses with a significant social care element. Social Firms UK has been established as a national support agency (see Further Information) and is funded to offer advice in every region. They emphasise that establishing a social firm, while exciting and potentially empowering, is not to be undertaken lightly . It is essential to take a very businesslike approach from the beginning and to get plenty of good advice if there is interest in this kind of development. Some local areas provide their own development advice and support.

Learn new ways of reaching excluded groups

The research summarised in Chapter 1 indicates that black and minority ethnic groups use mental health vocational services proportionately less than other groups but have a particular need for them on account of the additional barriers and high levels of unemployment they experience. There is a great deal to learn about how to provide more positive alternatives and help people away from the 'revolving door' syndrome. The experts are people who are themselves excluded: seek ways of asking for their views. The following may also help to develop local thinking:

Build a sense of cultural identity and pride

Black people and people from minority ethnic groups born in this country may have received conflicting messages about their race and culture, which can damage their sense of self-esteem and pride in their heritage. There are few role models within society, in positions of authority, in services, business, or politics. Vocational services can try to address this by looking at their programmes and by appointing staff from black and minority ethnic groups.

> 'Positive action' schemes can provide opportunities for people to train on the job in posts where black people are under-represented.
>
> Walsall Black Sister's Collective collaborates with the local college to provide a ten week course for people of any academic ability, researching into their 'heroes', past and living, such as Nelson Mandela, Malcolm X or Bob Marley to develop a pride in their cultural heritage. (Black Sisters Collective, Walsall)

Non-stigmatising services will have wider appeal

In many cultures, the stigma attached to mental distress is even greater than in the predominant UK culture. It may be more useful to build capacity in non-specialist employment services, so that these can support people from black and minority ethnic groups with mental health problems, rather than by trying to engage these groups in mental health projects, which they are reluctant to use.

Support black and minority ethnic people to develop their own initiatives

In some inner city areas, such as London, there is a significant growth in small businesses run by black and minority ethnic people. There may be scope for supporting co-operatives or individuals to develop skills for self-employment, for instance as an electrician, musician, or mental health advocate / consultant.

Partnerships with local groups have scope for developing innovative services

As we have already seen, working together with the local community can increase the possibilities for service design. One example from Manchester illustrates this:

> **Moving On**
>
> 'In order to reflect the cultural diversity of the Manchester population, specialist provision ensures that service users from minority ethnic communities are offered culturally sensitive services in languages appropriate to their needs. Three of the project's partner organisations take a lead role in promoting the project to specific ethnic minority groups. Awaaz, the African and Caribbean Mental Health Service and the Wai Yin Chinese Women Society all employ an employment officer, funded through Moving On, whose role is to engage with the South Asian, African and Caribbean and Chinese populations respectively. All three of these groups are under-represented in traditional services. Clients from ethnic minority groups are also encouraged to engage with all the services as appropriate to their needs so as not to create a separate ethnic service. The employment of these officers has greatly enhanced the project's ability to attract and engage with clients from the minority ethnic communities. In previous years, only 5% of the total number of clients were from minority ethnic communities, via the new service this increased to 25% in the first year, and half-way through this project year (2001 - 2002) is currently at 32%.'

Similar principles can be applied to other disadvantaged groups. Partnership working enables expertise to be shared and extended to meet the needs of those who, for whatever reason, are not receiving support from established services. Expertise on minority issues can be acquired through consulting local groups, researching into their needs, developing links for two-way communication and staff appointments. Local specialist groups can be supported to develop capacity in employment and training.

Compare the service user population with the local community

Until recently, equality of access has had a low profile in the mental health and employment field. Refocusing services presents an opportunity to take this on board. Services can check if their users are representative of the local population in terms of gender, ethnicity and age, and also levels of illicit drug use, homelessness, and other disadvantages. Single parents are particularly vulnerable to isolation and depression, but lack of affordable childcare is reported to be major barrier to employment. Could services or partnerships be developed to address inequalities?

6. Wicked Issues: the 'benefits barrier', working with employers, building close relationships with other agencies to provide support for people in work.

Local surveys of staff and service users frequently report the view that the benefits system and discrimination on the part of employers present major barriers in the journey to work. These are not the insurmountable hurdles many believe them to be, and increasingly service users are able to get the jobs they want, despite the challenge. The key lies in joint working with those who have skills and responsibilities in these fields.

This chapter begins by acknowledging that the benefits system and the discrimination and business needs of employers are of central importance to any vocational support service, but then outlines how the difficulties presented might be addressed.

Key points

- Addressing the benefits barrier is an essential part of the support service
- Build links with both statutory and independent sector services on benefits
- The vocational support service must ”grasp the nettle” and work with employers
- Recognise the need for a job finding service
- Finding the jobs may be a shared responsibility
- Employment support for people with complex needs relies on good partnerships
- Mental health services can link with local business to promote mental health

Addressing the benefits barrier is an essential part of the support service

Measures to address the benefits barrier are an essential part of any vocational system, particularly for those people who are receiving the highest level of welfare benefits. Both service users and their support staff would take a more positive approach to work opportunities if:

- Staff had a basic knowledge of the safety nets and opportunities within the benefits system
- Service users had easy access to an expert advisor with understanding of mental health issues, who can advise on how a particular step towards work will impact on a their benefit claim.

Individually tailored advice, with expertise on work-related benefits as they apply to mental health service users, cannot be provided by a visit to see a general advisor at the Benefits Agency (or Jobcentre Plus, which is replacing the Benefits Agency) or a generalist welfare rights advisor. Many professional advisors lack understanding of mental health problems. Many welfare rights advisors, even within social services and health services, have been concerned primarily with protecting and maximising income by focusing on disability, for instance by making claims for Disability Living Allowance. Many have a poor understanding of the issues affecting those who wish to take up employment.

There are three ways in which this situation could be addressed locally, and they are complementary, not substitutes one for the other.

1. A relationship developed between the mental health services, vocational service and the Benefits Agency / Jobcentre Plus, to improve access and understanding.

2. A pool of independent advisors identified within local welfare rights advice services (maybe within the mental health service itself) and a partnership agreement (perhaps with funding) to improve access and understanding.

3. Mental health support staff can be trained to a basic level in work-related benefits, with vocational specialists receiving more training, so that service users can be offered ‘informed reassurance’ (see extract below) on how various activities might impact on a claim for benefits. But this does not replace expert individual advice.

The aim is ensure service users are able to make an informed choice about their options, based on personal circumstance and preferences. Some may choose to move into paid work despite little or even no financial gain. Others may prefer to remain in voluntary work, training or at home until there is hope of significant financial advantage and long term security in a paid job. Whatever their situation, they need the information to make the right choice for them.

> 'Users reported the need from their support worker for 'informed reassurance' enabling them to:
> - Be financially secure and confident in exploring work options
> - Understand their exact benefit situation
> - Be aware of the risks involved in change

- Be supported in minimising those risks
- Be referred to appropriate expert advice as needed.'

(Debbie Witton, HAZ Research Fellowship, 2001)

Build links with both statutory and independent sector services on benefits

In many areas, working relationships between employment projects, mental health services and the Benefits Agency have greatly improved. In these areas there is a reduced risk of vocational activity triggering a review of entitlement, faster access to permission to work under the 'permitted work' (previously called 'therapeutic earnings') scheme, and it has become easier and quicker to resolve benefit enquiries.

Links with the Benefits Agency or Jobcentre Plus can be established through local employment forums, but also by identifying link staff within each vocational team, community team, day service or ward. Link staff would aim to have the name and contact details for a member of staff within the Benefits Agency or Jobcentre Plus. In most cases the appropriate person will be a customer services manager or a mental health liaison officer. Link staff would aim to visit the contact person regularly and offer training and support on mental health issues to all Benefits Agency staff, to raise awareness of mental health issues and sources of advice. Due to the high level of staff turnover, it is advisable to repeat training regularly. In turn, the contact person can reduce suspicion of the Benefits service through exchange visits.

> In Sutton, with the support of the Care Programme to Work project, the pan-disability Employment Group (which included the local mental health services) invited Paul Markell, the customer services manager at the Benefits Agency to a meeting. Paul was surprised how strongly people felt, acknowledging that he wasn't aware of the problems. A meeting then took place with Decision Makers, who were happy to be involved and agreed new procedures. They consulted with the DSS Head Office and received official approval from the highest level. The role of the employment support staff is important, in that they are trusted to be responsible in making use of the new arrangements. Paul reports that within the Benefits Agency itself staff are proud that they have been able to improve the service for people with mental health difficulties and glad to have been made aware of the need not to set people back in their journey to work.

Many service users will discuss employment aspirations more freely with an independent advisor. This opens up the opportunity to explore the full range of work-related benefits, plus all the relevant risks and safety nets. Debbie Witton (2001) suggests that steps towards good links include:

T

1. Knowing who your advice providers are and how to access their services.

2. Working collaboratively to develop mechanisms for making an appropriate referral.

3. Developing and keeping up to date the basic benefit knowledge and advice skills needed to provide informed reassurance, assess options, avoid a crisis and know when to make a referral.

4. Promoting adequate resourcing of independent advice provision that is responsive to the needs of mental health service users.

5. Having a direct telephone number at each CMHT for a named advice worker, and having up to date information for staff and users on times of all local advice sessions.

6. Exchanging training on mental health issues and benefits issues.

7. Understanding confidentiality policies and explaining them to service users.

Ideally a local independent advisor, located within easy walking distance, would be identified for each vocational and community team. Advisors might come from within the mental health service or social service welfare rights unit, or from a local agency such as a neighbourhood advice centre or CAB. If an independent agency is involved, financial support might be required. Targeted training on mental health issues and employment for independent advisors would ensure there is a resource of expertise within easy reach. Service users could then get accurate information before making a final decision on any particular option.

The vocational support service must "grasp the nettle" and work with employers

Fear and discrimination is widespread amongst employers as it is amongst the general population. Discrimination on the part of employers and colleagues in the workplace can exacerbate mental distress amongst service users who venture into open employment.

Most mental health staff do not find it easy to approach employers on service users' behalf. The language, style and culture of the business world differ greatly from those of health and social care. Equally, many mental health service users who have a job are anxious to keep CPNs and social workers out of sight of their workplace and some regard the intervention of mental health staff as potentially unhelpful. It is therefore vital to find people who can speak to employers in their own language and win their confidence. This may mean recruiting some team members with experience and skills in the business world. It may mean working with specialist agencies who can build relationships with employers

However, it is essential that mental health staff do not simply hand people over once they get work. Keeping a job is likely to be more difficult than getting one (see Chapter 1) and service users need the reassurance that the mental health professionals they know and trust will continue to provide support to help them sustain employment. Some ways in which this can be done are described in the following sections.

Recognise the need for a job finding service

Some mental health support staff believe that if service users are sufficiently well-motivated and well-prepared, they will be able to access jobs on their own. Indeed this may be regarded as a test of their motivation. However, research has shown that

assistance with job finding is crucial, particularly for those with more complex support needs. Without help in getting the right job, many service users fail to find jobs or get jobs that are not well-matched to their interests and abilities, and so ultimately fail in their employment. This can be a continuing pattern which damages mental health even further.

The level of intervention in the job finding process will depend on the individual's health and support issues, as well as on their personal preference regarding disclosure, and the skills and style of the job-finder. Some employment support services are experienced and skilful in approaching employers on behalf of their clients, supporting both employer and employee during the initial months of the job, and remaining available for ongoing support as and when the need arises (e.g. Network Employment, Liverpool and Cambridge QEST). Mental health staff can remain involved by supporting both the employment specialist and service user. We have seen in the earlier chapters that this partnership approach is particularly effective.

> 'It's really surprisingly easy, it is surprisingly easy… There's a lot of people out there that are prepared to give people opportunities, providing you'll say that you'll support it as well. You know, it's a matter of negotiating.'
> (Employment worker, West Country Training and Consultancy Service)

Susan Scott-Parker of the Employers' Forum on Disability gives the following tips for dealing with employers (WorkNet Briefing, May 2001):

Some tips when dealing with employers

1. Keep it short and simple. Avoid social services/psychiatric jargon and diagnostic labels. Focus on the skills, capacity and interests of the individual.

2. Let people speak for themselves as much as possible. Employers respond positively to case histories, personal profiles, face to face contact.

3. Tell employers what you have to offer and how they will benefit. Focus on the support service you offer. Offer practical guidance on how to make adjustments.

4. Minimise the visibility of external support. Employers want services which understand their needs and expectations as employers and respond quickly and efficiently to the employer as a 'customer'.

5. Tell employers exactly what they have to do and how. Be clear. It is always better to be honest about what the individual requires and then to ensure that the support is available.

Finding jobs may be a shared responsibility

There are three possibilities here, although in practice many people will get a job through a partnership approach with all three working together.

The vocational team based within mental health services

Some mental health service vocational teams help service users to find a job, then support both employer and employee for as long as necessary (see Chapter 2).

The statutory employment service, DEA and Job Centre Plus

The Disability Employment Advisor (DEA) knows about local vacancies, local employers, and the state of the job market. He or she will know about support services, training agencies and the various government training and funding support schemes. The DEA will be at the Jobcentre or, if you have one in your area, the Jobcentre Plus, the focal point for statutory employment and welfare benefits services. In practice, the DEA is generally unable to help people with high support needs unless he or she works in partnership with mental health services. As a partner in the process, though, the DEA has an enormous amount to offer.

An independent sector employment agency

Independent sector services such as QEST (run by Richmond Fellowship Workschemes) have a good record of success in supporting people with mental health problems into paid employment. In the past many of these agencies have not always received the co-operation from mental health support staff they might have desired. However, one team from the same organisation in North Staffordshire, called REQUEST, is funded by social services to work with service users on the Care Programme Approach (CPA) and gets a high level of co-operation from mental health staff.

Employment support for people with complex needs relies on good partnerships

Some community-based agencies argue that contact with mental health services is not appropriate, on the grounds that service users gain greater independence and control over their lives without contact. It is important to recognise that 'people with mental health problems' are not a homogenous group, and some will need much more support than others. Many employment agencies or job brokers exclude people with high support needs on the grounds that they are not 'work ready'. This may reflect a lack of time, skills and partnership working, leaving the staff concerned ill-equipped to meet service users' needs.

It was suggested in Chapter 2 that service users benefit from working with the same person from assessment to job support. Ideally, then, a team within the mental health service would support the user all the way to employment, acting as lead agency but working in partnership with others. Whatever the arrangement, if mental health support can be provided in close liaison with the employment finding service, the continuity and results are likely to be so much better. Joint working involves close personal contact between staff, but is often cemented by service level agreements that set out each agency's responsibilities.

Ongoing support can again be a joint approach. It is unrealistic to expect mental health support staff to have the expertise (or the time) to provide all the support and advice relating to the workplace that might be needed. Employment specialists will have a better understanding of the employer's perspective, possible adjustments and employee rights. However, ongoing support from employment specialists has to be funded, an issue that has generally been overlooked in the past. Ongoing support from

mental health staff involves flexible working, possibly out of hours or after a case has been officially closed. Again, this may involve new ways of working which need to be negotiated. Success in these negotiations will be crucial if people with complex needs are to sustain employment.

Lessons in effective partnership working were gained during the New Deal pilots, which attracted additional funding. Secondments were particularly useful in sharing and extending learning. The example below does not benefit from extra resources.

> '[The local mental health vocational specialist] has been great in one extra special way, in that she had brought all the DEAs together with [a user employment project] and I do feel now that she's presented a lot more opportunities to us, you know, to be involved in that… [We can place people in the Trust] and also, people that aren't seeing a DEA, that they're working with… if she does place them into work, she can then come to us, for funding and support and we'll look at it happily, and … there's this two way communication with them and I think that's great, you know, that's fantastic.' (Disability Employment Advisor, Wimbledon)

Mental health services can link with local business to promote mental health

Mental health services can work with employers in a broader context, to reduce discrimination, increase awareness of how to provide a healthy workplace, increase knowledge of the Disability Discrimination Act, and to become known as a resource when staff become mentally unwell. The mental health vocational team may be able to offer employers training or advice, or link them with others who provide this service. The National Service Framework encourages mental health promotion (see Chapter 1) and this in turn may indirectly increase opportunities for employment.

In some areas employers have local forums or networks on disability, and the mental health services can be represented there, both as employer and referrer. In other localities, networking with employers may have to be done through the Chamber of Commerce or other business networks. A range of devices can be used to communicate, including presentations at regeneration or business events, breakfast sessions, articles for newsletters or a local website, and providing training / information on matters of concern to employers.

More tips on working with employers:

1. Encourage employers to 'testify'. Employers will be more receptive to messages from their peers rather than those coming from charities or medical profession.

2. Practice what you preach. NHS Trusts which themselves successfully employ people with mental health difficulties will enjoy greater credibility.

3. Consult employers as expert advisers. Ask a few local senior executives to assess whether or not the service you propose meets their requirements. An informal advisory group can be used to test brochures and marketing materials, to evaluate services from the employer's perspective and to

communicate what is on offer to their colleagues around the business community.

(Susan Scott-Parker, WorkNet Briefing, May 2001)

4. Employers need as much support as people with disabilities. They don't all have negative views about disabled people, so leave the stereotypes and assumptions at the door!

5. There's no magic answer. Try different ways of getting your message across. This can take time, money and energy. It does help having a partnership which can generate new ideas and split the work involved in carrying these out.

(Julie Wilson, Planning and Commissioning Officer, London Borough of Sutton)

7. How do we make it happen?

Many people both from both the public and the independent sector have yet to be convinced it is right for the NHS and local authority to take such an active part in employment support. However, taking an active part does not imply that the independent sector is any less important than it was before in this field. On the contrary, refocusing core mental health services enables the opportunities within independent and statutory sector provision to be extended to people with significant mental health problems. These measures widen access to the benefits of work, through enhanced partnership working between the sectors and with a shared understanding of work and health issues.

This is a major change in outlook as well as in service design and it will demand time, commitment and energy. This chapter looks at how it might be approached.

Key points

- Research local needs
- Tailor the research to your purpose and resources
- Service users as researchers give added value
- Develop a strategy ~ an exercise in partnership
- Not to involve service users runs the real risk of missing the point
- The strategy shows where you plan to go and how you plan to get there

Con formato: Numeración y viñetas

Research local needs

Good evidence of what local people want and need has to underpin any strategic development. The process of collecting the data can itself stimulate change, if:

- Service users are themselves employed as researchers
- The research is led by a coalition of the key local agencies
- Service users, health and social care staff, community based agencies and employers are all consulted on what they think is needed.

If a professional research team, impartial and rigorous, manages, trains and supports local service users to do much of the work, it will give added credibility.

Tailor the research to your purpose and resources

The availability of time and resources will influence the size of the research and choice of methodology. Time and commitment from management and administrative staff will be required. If resources are limited, a small research exercise can be sufficient to bring about change. In Bristol it was a relatively small-scale study that led to the establishment of the Work Development Team. Ideally, the timing of the research will enable the results to link in with planning and development timetables. This may help you to decide on the size of the project.

Consider the target population for the research. Do you want to include people who are clients of the community teams, specialist teams and/or day service users? Do you have an interest in a particular group, such as young people or black and minority ethnic groups? Your research design will have to plan how to reach people who are less readily engaged. A professional research team would advise on this.

Consider the questions you want to ask. The 'Challenging Barriers to Work, Education and Training' survey in Sheffield (Secker et al, 2001a) explored the following areas:

- What are your long-term ambitions?
- What opportunities for education, training or work do you want now?
- What support do you need to enable you to achieve your long-term ambitions?
- What do you think are the barriers to achieving your ambitions, and how do you think these might be overcome?
- What suggestions do you have for vocational support services in your area?

Gaps in provision can also be identified by exploring the experience of different service users as they move towards work.

> 'Client journey diagrams are an analytical tool which any local partnership could use to map both client need and the effectiveness or otherwise of the 'system' at dealing with different support needs, information needs and contingencies.' (Final Report & Evaluation, New Deal for Disabled People Bristol & Bath East Pilot Mental health partnership initiative)

Service users as researchers give added value

There are clear advantages to involving service users as colleagues within the research team, whilst still retaining specialist skills within the team to ensure rigorous research. Service users can win the confidence and trust of others, and often have particular insight into the issues, but it is essential to provide good training, support and arrangements for pay.

> 'The training we received from people at the university helped to arm me with the skills needed to interview successfully - making people at ease, asking open questions to encourage people to talk, being non-judgmental and how to close interviews without leaving people feeling they were cut off in mid flow. Having a mentor available at the other end of a telephone meant that you could always discuss any problems, e.g. if the interviews rattled any skeletons in my own experiences. Being part of a team and sharing experiences, some humorous, some harrowing, helped a lot.' (Andrew in Gell et al, 2001)

Develop the strategy ~ an exercise in partnership

Coalitions arising from the research activity can develop into partnerships on which to build strategic plans. Together, the planning process can generate ideas, enthusiasm and shared values. Partnership working is essential to address the vocational needs of people with mental health problems, as this book has already shown. Individually tailored vocational support, so essential to success, becomes more of a possibility if service users can access a wide range of local opportunities.

> 'If there were to be only two lessons drawn from this publication, the first would be that successful partnerships do exist and can generate real benefits for service users. Many individuals previously excluded from education and training are now learning new skills. Opportunities for work and meaningful occupation have been opened up in creative ways. Securing open employment is becoming a reality for many who never believed it possible.
>
> The second lesson is that the possibilities for partnership are almost endless. The range of agencies that we encountered working together was huge. The extent to which organisations outside the mental health field are involved is both surprising and encouraging.'
> (Extract from 'Working Together' Pozner et al, 2000)

Funding also becomes more accessible when partnerships are in place. Most European, regeneration and other funding programmes now require organisations to work together. The Joint Investment Plan (see Chapter 1) provides an opportunity for the mental health services, represented by the vocational lead manager, to be a major influence within local partnerships on strategic development and funding priorities.

Not to involve service users runs the real risk of missing the point

Service users are the key partners in this process. Their successful involvement requires flexibility and communication, whilst addressing the need for:

- Information
- Training

- Support
- Payment
- Power and influence in the decision making process.

For guidance on how to involve users see the Further Information section.

Payment for work undertaken is a difficult issue, but it has become unacceptable to expect service users to be the only people present at planning forums who receive no financial recognition of their contribution. Protocols on the method and amount of payment are being developed in many areas, and there are guidelines now available on how payments can be paid to benefit claimants, listed in Further Information.

The necessary shift in the balance of power between mental health professionals and service users can be partly addressed by ensuring there are a sufficient number of users (see the Aberdeen 50:50 approach, Chapter 5), and partly by addressing all the relevant information, training, pay and support issues. Equally important is a commitment on behalf of all concerned to work towards change. It may be necessary to develop capacity in the local user movement, to ensure small groups are not either overwhelmed or acting in isolation of the wider service user population.

What makes for success in a partnership approach? Clearly it helps if people like each other, and are determined to make a success of their partnership. However, it takes a lot more than this to have lasting results and 'Working Together' (Pozner et al, 2000) lists the critical success factors. Above all, adequate resources, management and co-ordination are needed to secure continued success.

The strategy shows where you plan to go and how you plan to get there

These five things could usefully be included in the strategy:

1. The values, jointly developed, that will underpin service provision

2. A map of what is in place already

3. An assessment of local needs

4. A vision for future services, with the constellation of services that will meet local needs, addressing gaps and refocusing services where necessary

5. An Action Plan, with milestones, target dates, and plans on how to achieve these.

Examples of employment strategies are an excellent aid to developing your own, and one example can be found in Appendix II. Here an extract from Northern Birmingham's strategy sets out their 'vision' for future services:

> **Our vision: work is part of Recovery, and Recovery is our business**
> - Accept our responsibility to be involved in this.
> - Realise individual potential via a 'Can Do' culture and an 'aspirations-led' service.

- Provide access to a range of opportunities, with support from a central point of co-ordination, and clearer pathways identified to employment and training opportunities.
- Develop the role of generic 'Employment Support Workers' in each Community Team.
- Re-affirm the role of existing Employment Service projects and potential 'social firms'.
- Clarify the role of Occupational Therapy in the area of pre-vocational and life skills, relapse prevention and job retention.
- Continue to build on partnership working – locally, nationally, and internationally.
- Pursue new funding opportunities with credible and deliverable business plans.

The fundamental principles underlying effective service provision are set out in 'Working It Out' (Pozner et al, 1996). These have not changed over time, but each area will want to determine its own priorities. In the socially, economically and historically divided city of Manchester, stakeholder days brought many staff and users together from across the city in a way that had never happened before, and they established some common principles:

> **What do we need from a City wide Activity Service?**
>
> *Comprehensive flexible continuum*: art, leisure, living skills, education, employment, out of hours service for workers, from hospital ward/ day centre to work
> *Equality and consistency*: equal access across the city for different cultures, groups, ages, people with children, for all levels of support needs, illness, medication.
> *User participation & involvement*: determining own individual needs and services
> *Variety of organisations*: statutory, voluntary, user led, community based
> *Joint working and networking*: across the city, with smaller working groups
> *Real jobs*: link with and educate employers, start with user employment in the NHS
> *Individually tailored action plans and support*: flexible, with frequent reviews
> *Health promotion*: in workplaces & schools, avoid dependency in services'
> (Extract from the feedback report on Manchester Stakeholder Day, September 1999)

Once the strategy is complete, based on sound evidence, setting out a positive and achievable vision, it becomes a tool and guide for staff and service users. It portrays the vocational support system which extends throughout the service, it shows how staff and service users can access it, and it illustrates the spectrum of opportunities that will be available, in due course, to meet every individual need. The partnership that has hopefully been established in the course of developing the strategy can work together to implement it, with a common purpose, promoting opportunities to work towards recovery.

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Benefits

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Both available from: Disability Alliance 88-94 Wentworth St., London E1 7SA 020 7247 8776

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Scott J. (2001-2) *Payments and the benefits system: A guide for managers paying survivors and service users involved in improving mental health services* £15 + £1 pp. Price includes updates in 2002.
Available from IAHSP, King's College London (see back cover)

WorkNet provides up to date information on benefit regulations and their implementation.

Direct Payments

Pilot project developing direct payments in five sites Contact Deborah Davidson, IAHSP (address on back cover) 020 7848 3770

User involvement in research, planning, and delivery of services

Good Practice Guide ~ Involving Service Users & Carers in Local Implementation Teams (2001) Available from NWMHDC website (see above)

Survivor Research Network
DIY Guide to Survivor Research: Contact Mental Health Foundation (see above)

The Pathfinder User Employment Programme (2000) Also *Progress Report (2001) Available from South West London & St.Georges Mental Health NHS Trust (see above)*

Valuing Experience: 13 people who have used mental health services talk about their work as an 'expert by experience' Available from Institute for Applied Health & Social Policy (see back cover)

Other Useful Organisations

AfSE (Association for Supported Employment)
C/o Barrowmore Industries, Barnhouse Lane, Barrow, Nr.Chester CH3 7JA
Contact: Tom Jackson 01829 740391

Antenna Outreach Service 9 Bruce Grove, London N17 6RA 020 8365 9537
Contact: Norma Johnson

Avon and Wiltshire Mental Health Partnership NHS Trust,
Work Development Team, 1, Colston Fort, Montague Place, Kingsdown, Bristol BS6 5UB Contact Roger Butterworth or Jo Dean 0117 924 8824

Disability Rights Commission: Helpline 08457 622633 www.drc-gb.org

Employers Forum on Disability, Nutmeg House, 60 Gainsford St., London SE1 2NY www.employers-forum.co.uk 020 7403 3020

ENABLE, Shropshire County Council, Hartleys Business Centre, Monkmoor Rd., Shrewsbury, Shropshire SY2 5ST Contact: Jonathon Allen 01743 340 035

Friendly Firm, Edward Parry Centre, Radford Avenue, Kidderminster DY10 2BP Contact: Les Rising, Employment and Training Officer 01562 513937

Government departments (Health, Work & Pensions) There are websites with research, policy documents, announcements and funding streams: www.doh.gov.uk; www.dwp.gov.uk; www.employmentservice.gov.uk; www.ukonline.gov.uk

HARP, Zion Resource Centre, 339 Stretford Rd, Manchester M15 4ZY

Life in the Day Journal published by: Pavilion Publishing, 8 St.Georges Place, Brighton, East Sussex BN1 4GB 01273 623222

Mental Health and Employment Research Network For information contact Bob Grove or Patience Seebohm at the IAHSP (address on back cover) 020 7848 3770

Mental Health Foundation, 20 - 21 Cornwall Terrace, London NW1 4QL www.mentalhealth.org.uk 020 7535 7400

Moving On, St. Wilfred's Enterprise Centre, Royce Road, Hulme, Manchester M15 5BJ Contact: Zeph Gibbons 0161 226 6620

Network Employment, Mersey Care NHS Trust, Mossley Hill Hospital, Park Ave, Liverpool L18 Contact: Colin Goodwin 0151 250 6078

North West Mental Health Development Centre www.nwmhdc.co.uk Adamson House, 1st Floor, Pomono Strand, Manchester M16 OBA 0161 873 7444

Printability Scotland Ltd., 12 John St., Aberdeen AB25 1BT 01224 618450

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Social Firms UK, Kingsfield Centre, Philanthropic Road, Redhill, Surrey RH1 4DP www.socialfirms.co.uk 01737 764021

South West London & St.George's Mental Health NHS Trust
Springfield University Hospital, Tooting, London SW17 7DJ.
Contact: Miles Rinaldi, Vocational Services Manager 020 8682 6929
User Employment Programme 020 8682 6308

START Studios, High Elms, Upper Park Rd, Victoria Park, Manchester M14 5RU

Workability, Northern Birmingham Mental Health NHS Trust, 71 Fentham Ave, Erdington, Birmingham B23 6AL 0121 623 5512

WorkNet, 15 - 19 Broadway, London E15 4BQ 020 8215 2444
A network of people interested in promoting employment for people with mental health problems. WorkNet is a partnership between Mind, King's College London and OUTSET Consultancy Service

Appendix 1 Assessment Form (reduced print & spacing)

SOUTH WEST LONDON & St GEORGE'S MENTAL HEALTH NHS TRUST
WORK / EDUCATION ASSESSMENT

Interview with Client

Note: This is not a blueprint for an interview. The aim is to collect as much information as possible in order to be able to construct an employment plan. Do feel free to ask additional questions/omit parts that are irrelevant.

Name:
Address:
Type of accommodation: Living arrangements:
Date of Birth:
Keyworker: Date of Interview: Interviewer:

The purpose of this interview is to think about you work/education preferences, goals, experience and skills, and work out ways in which we might help you. It is not a job interview or a test and the information is confidential – it will not be given to potential employers without your permission.

CURRENT GOALS

Have you thought about working?
- What sort of work would you like to do?
- What interests you about this job?
- What do you think it involves?
- Have you tried to do it?
  - If so, what happened:
  - If not, what has been holding you back?

Have you thought about going to college, studying or training?
- What might you like to do?
- What interests you about this?
- What do you think it would involve?
- Have you tried to do it?
  - If so, what happened:
  - If not, what has been holding you back?

How do you feel about:
- Getting an ordinary job (open employment)?
- Voluntary work in the local area?
- Working in a place specially designed for people with mental health problems?
- Going to college or doing a training course?

WORK AND EDUCATION BACKGROUND

Tell me about school:
- What subjects did you like?
- What subjects did you dislike?
- What were you good at?
- Did you like school in general?
- Did you have any difficulties at school?
- Did you pass any exams?
- At what age did you leave?

Have you done any courses, education or training since you left school?
- What did you do?
- When?
- Did you like it?
- Did you have any difficulties?
- Did you finish the course?
- Did you get any qualifications?

Tell me about any jobs that you have had? (include paid, voluntary and sheltered work)

Company	Job/position	Start date/ Finish date	What you liked/ did well at?	Any difficulties/ things you disliked?	Reason for leaving

Tell me about any hobbies or interests you have had in the past:
- What? When did you start/stop doing it? Why did you stop? What did you like/dislike about them?

Have you ever been a member of any clubs or organisations?
- What? When did you start/stop? Why did you stop? What did you like/dislike about them?

Any other achievements?

CURRENT ACTIVITIES AND ADJUSTMENT

What do you do on an average day at the moment?
Where and when do you go out?
Tell me about any hobbies or interests you have now?
- What? How long have you done it? What do you like/dislike about it?

Have you ever been a member of any clubs or organisations?

What? How long have you been a member? What do you do? What did you like/dislike about it?

Have you got any physical health problems?

If so, what are they? How do they affect you? What do they stop you doing? Are you receiving treatment for them? Is this treatment effective?

Have you got any mental health problems?

If so, what are they? How do they affect you? What do they stop you doing? Are you receiving treatment for them? Is this treatment effective?

Do you know when you are becoming unwell?

How do you know? What do you do?

Do you have many friends or family members you are in contact with?

Do you find them understanding/supportive? What do you think they would feel about you trying to get a job/going to college?

WORK SKILLS AND INTERESTS

There are lots of skills that you needs when you go to work or college. I want to go through some of them now.

	How good do you think you are at this?	Do you think you need to improve this?
Literacy – Reading, writing, spelling		
Numeracy – Adding up, dealing with numbers		
Physical fitness		
Communication - Getting on with other people Talking to people you know Talking to strangers		
Using the telephone		
Time keeping – Getting to work on time, leaving on time		
Endurance – Sticking at things		
Reliability – Doing what you say you will do on time		
Concentration		
Making decisions		
Being supervised - told what to do		
Learning new things		
Looking after yourself, dressing smartly		
Coping with pressure or stress		

Would you prefer to work:

On your own or in a group (any preferences about with whom – gender, age etc.)?

Indoors or outdoors?

In a large or a small workplace?

Sitting down, standing up, or moving around?

In a noisy or a quiet place?

With familiar tasks or with new and varied tasks?

Being told what to do, or left to your own initiative?

Practical tasks, working with machinery, working with people, other?

Behind the scenes or in the public eye?

Part-time or full time?

Regular hours or shift work?

Any other work preferences?

What sort of problems do you think you would have:

Getting a job?

Keeping a job?

Getting on a course?

Finishing a course?

How might you go about trying to find work or a college course?

Would you like any help in finding and getting work/a course? What sort of help would you like?

If you were to get a job, or start on a course, would you need any help to do the job/course? What sort of help would you like?

OTHER WORK RELATED FACTORS

How confident are you about:

Using public transport? Do you have a bus pass/travel card?

Going out alone in familiar areas?

Finding your way in new places?

Do you have a car/driving licence?

Do you drink or use drugs?

If so, when? How much? Might it interfere with your work?

What would you expect to get from work/studying?

(money, meeting people, qualifications, something worthwhile to do, confidence, a sense of satisfaction and personal fulfilment)

Any other comments:

Appendix II South West London & St.Georges Mental Health NHS Trust
Executive Summary ~Vocational Services Strategy May 2001

The Current Situation

The National Service Framework for Mental Health (DoH, 1999) contains a number of targets in which work is important.

- Standard 1 requires health and social services to "combat discrimination against individuals and groups with mental health problems and promote their social inclusion". Work is central in promoting such inclusion, a fact recognised in all recent government policy.
- Standard 5 requires that care plans for people with more serious mental health difficulties include "action needed for employment, education or training or another occupation."
- Standard 7 requires that local health and social care communities minimise suicides among people with mental health problems. Given the link between unemployment and suicide, provision of effective vocational services have an important contribution to make.

The 1998 Labour Force Survey shows that 88% of people with mental health problems are unemployed. Local data shows that unemployment rates among people with longer-term mental health problems increased steadily during the 1990s, despite a decreasing rate of general unemployment for the majority of that period.

There is increasing research evidence which demonstrates that a large proportion of people with serious mental health problems can, with support, gain and retain open employment. Research clearly shows that segregated sheltered workshops are relatively poor at enabling people to return to open employment (Crowther et al, 2001). Despite their intention to help increase people's confidence and skills and thus enable them to move on to employment, there is evidence that they often confirm a person's belief that they would not be able to manage in open employment and move-on rates have been universally poor (Pozner et al 1996; Grove, 1999, 2000). There is strong evidence in favour of 'supported employment', especially the systems developed by Drake and Becker (1993, 1996; Bond et al, 1997, Crowther et al, 2001) over other approaches such as sheltered workshops and clubhouses.

Current work focused social policy, with initiatives such as the extension of the New Deal for Disabled People, the merger between the Employment Service and Benefits Agency, Welfare to Work for Disabled People Joint Investment Plans, the Disability Discrimination Act and the review of Employment Service Supported Employment Programme, offer a context favourable to the development of vocational services for people with mental health problems.

Future Direction

Comprehensive vocational services for people with mental health problems clearly involve multi-agency partnership working. Six principles underlie the provision of vocational services within the Trust:

1. *Inclusion:* Every person with a mental health problem can work given appropriate support.
2. *Community participation:* Wherever possible attempts should be made to enable people to access open employment and other mainstream opportunities.
3. *Responsibility:* Health has a specific role to play in the provision of employment and training services. Vocational issues must be integrated into the work of all clinical teams for working age adults.
4. *Partnership:* There needs to be a planned and strategic range of services that are co-ordinated and offered in partnerships involving both statutory (Health and Social Care, Local Authority, Department for Education and Employment) and independent sector agencies.
5. *User Involvement:* Service user involvement and choice are central to the development of services. However, local employers and colleges should also be seen as 'users' of services which aim to increase access to employment and education: their support needs must also be considered.
6. ***Equity:*** A full range of vocational opportunities should be available to people with mental health problems living in each of the five boroughs served by the Trust that are accessible and acceptable to all sectors of the local working age client population.

The Trust should have three primary roles in the provision of vocational services for people who have mental health problems:

1. *Exemplar Employer:*
   The NHS is the biggest employer in Europe. The Trust has an important role as employer, as well as service provider, in the provision of employment opportunities for people with mental health problems.

2. *Bridge Builder:*
   - *Facilitating Access to Open Employment and Mainstream Education/Training Opportunities:*
     Wherever possible people should be assisted to access ordinary jobs and courses in the local community, including the provision of support to gain and retain employment/education.
   - *Facilitating Access to Specialist Mental Health Vocational Opportunities in the Local Community:*
     Where it is not possible for a person to access open employment and educational opportunities because of the extent of their support/supervision needs, access to supported opportunities is important (social firms, social enterprises, sheltered work experience and workshop facilities, etc.).
   - *Ensuring that Vocational Issues are Included in the Care Planning Process and Support Offered by Mental Health Team*:
     Vocational assessment and planning must form a core part of the help provided by clinical teams: this may involve direct support or assistance to access other local providers.

3. *Provider/Funder of Specialist Employment and Sheltered Opportunities in the Social Economy.*
   For those with the highest supervision and support needs, which cannot be met by other agencies, and those subject to legal and/or security restrictions that prevent them using community based facilities, work and educational opportunities should be provided by the Trust. These should include partnerships with independent sector organisations.