

# **The Impact of a Mental Health Vocational Service on Community Wellbeing**

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The aim of this paper is to describe the impact that a voluntary organisation has had on community wellbeing by enabling people with mental health problems to find or stay in work, voluntary work or education and training. The Way2Work project has been operating for over 4 years in the St Albans district, supporting people over the age of 16 experiencing mental health problems that are eligible to work in the UK. Quantitative data has been collected along with qualitative data from service users and case studies.

The project has received 514 referrals and 239 clients have been assisted into paid or voluntary work, education or training. Clients report that the project has helped them to improve their self-esteem or confidence in relation to work. They value the practical support in areas such as interview skills. Some clients report welcoming the empathy, acceptance and encouragement that they had received and the ability to work unpressurised at their own pace. Mind in Mid Herts works in partnership with Hertfordshire Partnership Foundation Trust to deliver the project. This increases client choice as services and activities from both organisations can be accessed and enables an integration of social and clinical interventions.

In this way, the data gathered indicates a project involving a voluntary organisation that has over the course of four years been effective in supporting people in the community with mental health problems to access paid or voluntary work as well as education and training.

## **Introduction**

The rate of employment for disabled people with mental health problems is lower than that for the population as a whole and that for all disabled people. It is 20% compared with 50% for all disabled people and 80% for the population as a whole (Disability Rights Commission, 2006).

The type of barriers to getting and keeping employment that have been identified include:

- reduced confidence and self-esteem;
- fears about being able to cope with work;
- concerns about disclosure, employers' attitudes and explaining gaps in employment;
- concerns about finance and work;
- lack of skills, experience or qualifications, and;
- stigma and discrimination.

(Social Exclusion Unit, 2004; (National Institute for Adult Continuing Education, 2003) cited in Hurford, (2007))

Enabling people with mental health problems to return to work promotes social inclusion for those who are at risk of being marginalised and places returning to work within the recovery process. Work can be seen as a source of income, positive social recognition, social integration and identity (Warr, 1987; Pettifer, 1993). It has been proposed that not working as a result of ill health can have a negative effect on identity as a result of others' perceptions (Dale Stone, 2003). Kennedy Jones *et al.* (2005) found that for people with mental health problems paid work provided feelings of achievement, helped to reduce some symptoms, provided routine, led to an improved assessment of abilities and more social contact. Where people with mental health problems are not participating in paid work, they may engage in other types of activity to meet needs that work might be able to meet, such as being active, social involvement and doing something that others value (Craik and Pieres, 2006; Hvalsoe and Josephsson, 2003). Studies have shown that people

with mental health problems want to return to the workplace (Grove, 1999).

The needs of people with mental health problems in relation to work have been recognised in Government policies and guidance. The National Institute of Health and Clinical Excellence (NICE) guidance on interventions for schizophrenia (NICE, 2002) states that interventions should include supported employment and work related activities if the client has expressed a desire to get a job. The *National Service Framework for Mental Health* (Department of Health, 1999) states that within the Care Programme Approach (CPA) social inclusion must be addressed. Department of Health commissioning guidance states that support around work should be part of the CPA process (Department of Health, 2006).

The Social Exclusion Unit (2004) identified two models of employment support as being the most effective. These are supported employment and Individual Placement and Support (IPS). Research indicates that the IPS model produces the best results (Rinaldi *et al.*, 2008). Supported employment is now considered an evidence based practice (Henry, 2005). IPS builds on supported employment by bringing together employment support with clinical input (Social Exclusion Unit, 2004). The key features of IPS are:

- achieving paid employment in a mainstream environment;
- if someone wants to work then they will be supported to do so;
- fast job search with little pre-vocational training;
- vocational support is linked to clinical interventions;
- priority is given to the preferences of the client and the availability of choice;
- support is not time limited and should be adjusted to the client's needs, and;
- advice on benefits should be available.

(Social Exclusion Unit, 2004; Hurford, 2007)

An independent evaluation of the IPS based Way2Work project by Hurford (2007) identified that outcomes and service user feedback indicated that the project had been a success. The evaluation found that the involvement of a voluntary organisation was 'was strongly appreciated by service users for its welcoming feel and accessibility' (Hurford, 2007, p.6).

It could be suggested therefore that it is worthwhile for the voluntary sector to be involved in the delivery of vocational support to people experiencing mental health problems and therefore that it is important to gather data on projects' effectiveness in order to share experiences and best practice.

## **The Way2Work Project**

The following sections focus on how the Way2Work project operates and the outcomes that have been achieved.

### **Service users**

The Way2Work project is available to people in the St Albans and Harpenden area aged over 16 years who are experiencing mental health problems and who are eligible to work in the UK. People can refer themselves or can be referred through secondary care services, primary care services (such as IAPT therapists), General Practitioners and other voluntary organisations and agencies. Since the start of the project in February 2005, 514 people have been referred. The sources of referral can be seen in Table 1.

**Table 1. Sources of referral for the Way2Work project**

<b>Referral source</b>	<b>Number of Way2Work referrals</b>
Self	8
Secondary Care	385
Primary Care	109
Other agencies (1)	13

(1) For example, housing associations, Jobcentre Plus

In this way the project supports people with a range of mental health issues and needs. It can also be a resource for people who are not receiving benefits, or who would prefer not to access statutory services or who feel that they need further resources to complement what they are receiving through statutory services.

### **The Way2Work service**

The aim of the service is to enable people with mental health problems to find or stay in paid work, voluntary work or education and training. The service is run in accordance with the Individual Placement and Support (IPS) approach. A client has the choice of a range of support opportunities: one to one support; group work; mentoring; work placements and volunteering, and; other Mind in Mid Herts activities. Underlying these support options, and in accordance with the IPS approach, is close liaison with the providers of clinical interventions.

#### **One to one support**

Individual, one to one support with the client involves tackling issues such as CVs, application forms, confidence, anxieties around the job search and application process, information on benefits as well as signposting towards other agencies and activities within Mind in Mid Herts. The client might also receive support in setting personal goals, including strategies for improving wellbeing, motivation and time management skills.

#### **Group support**

A six week programme provides a supportive and friendly atmosphere in which participants can openly discuss and work through areas of concern around employment. The programme aims to raise confidence and provide participants with the necessary skills to enable them to progress to work or further education and training.

#### **Mentoring**

Volunteers provide one to one mentoring over a longer term. They can be there to listen, encourage and motivate as well as to offer guidance regarding appropriate resources and job searching. Volunteers enable the

local community to be involved in supporting people with mental health problems. They widen the range of skills, experiences and backgrounds that can be brought to the services provided.

### **Work placements and volunteering**

Mind in Mid Herts can now offer voluntary work placements within its social enterprise café, providing the chance to gain new skills and experience. Way2Work clients can also become volunteers in other areas of Mind in Mid Herts's work, for example, administration.

### **Mind in Mid Herts activities**

Way2Work clients are able to access the range of activities that Mind in Mid Herts offers. The courses, social group activities and exercise programmes can often be for clients the first step towards returning to work.

### **Integration with clinical services**

The Way2Work project is run jointly by Mind in Mid Herts and Hertfordshire Partnership NHS Foundation Trust. This partnership enables an integration of social and clinical interventions. Vocational support can be delivered in parallel with clinical interventions such as CBT and can be readily accessed at any stage of recovery. It can include liaison with clinicians, such as psychiatrists, psychologists, care coordinators or social workers, involvement in CPA meetings and accessing care plans or risk assessments.

### **Job retention**

Way2Work also offers support to clients to remain in their job or to return to their job after a period off work. This can involve liaising with the employer, trade unions and health or social care providers. It may also include raising employers' awareness of mental health issues and their legal responsibilities.

These services are delivered by two Employment Consultants at Mind in Mid Herts (equalling a full time post), a full time Vocational Advisor and

two Support Time and Recovery workers, all from Hertfordshire Partnership NHS Foundation Trust. In line with the IPS approach, there is fast access to the service and a waiting list is not operated.

## **Results**

The outcomes of the Way2Work project have been captured through quantitative data, clients' feedback on their experiences and case studies.

Since it started, Way2Work has received 514 referrals and has placed 239 people into meaningful activity. Table 2 shows the referral activity over the four years of the project. Clients may not have been registered for a number of reasons: they have been offered an appointment and are waiting to be seen; they may have decided not to use the service after the initial interview, or; they did not attend the initial appointment.

**Table 2 Referral activity since 2005**

	<b>2005/2006</b>	<b>2006/2007</b>	<b>2007/2008</b>	<b>2008/2009</b>
<b>Referrals</b>	127	128	124	135
<b>Registrants</b>	101	115	98	83

Table 3 provides information on placement activity over the four years. The figures for each year include placements from clients referred in previous years.

**Table 3 Client placement destinations since 2005**

	2005/2006	2006/2007	2007/2008	2008/2009
<b>Part –time work</b>	3	8	16	13
<b>Full – time work</b>	1	6	12	13
<b>Education</b>	12	10	19	21
<b>Work trial</b>	10	4	3	1
<b>Volunteering</b>	9	25	17	25
<b>Other</b> (1)	6	5	0	0
<b>Total</b>	41	58	67	73

(1) Includes supported permitted work and self-employment.

Feedback on clients' experiences of the Way2Work project is sought through questionnaires distributed to a sample of registered clients, ensuring a mixture of open and closed cases as well as Mind in Mid Herts and Hertfordshire Partnership Foundation Trust cases.

Clients have indicated that they welcome the empathy, support, encouragement and acceptance that they receive. They find the practical support in areas such as confidence building and interview skills useful. In addition they welcome the opportunity to talk things through and the ability to work at their own pace and not feel pressurised. Clients report achieving new insights into their situation and a sense of possibilities. The service can have a positive effect on self esteem and confidence. Clients have expressed that what they want from a vocational service is advice, employment expertise and knowledge as well as regular contact and support.

#### Case study

Hannah was referred to the Way2Work project at a stage when depression and social anxiety had significantly affected her participation in meaningful occupation. Social experiences made her very anxious and she would try to avoid social contact, including avoiding using the telephone and going to the shops. She had had a breakdown at university and was

unable to complete the course.

Hannah started by working one to one with an employment consultant. Her aim was to address the low confidence and social anxiety that she perceived were preventing her from thinking about getting a job. She joined an art class and completed a confidence building course with Mind in Mid Herts. She also undertook voluntary work. Hannah decided to see a mentor. This enabled her to discuss problems and to set herself weekly tasks that moved her towards her goals.

Hannah has gone on to share her experiences of mental health problems through talks to small groups as well as public speaking at larger events. She has continued doing voluntary work through which she has developed new skills and knowledge. She obtained a part time job working with animals during which Way2Work was able to provide her with continued support.

## **Conclusion**

The levels of placement and the nature of client feedback support the conclusion that Individual Placement and Support model is an effective approach to enabling people with mental health problems to gain or stay in work (Social Exclusion Unit, 2004; Rinaldi *et al.*, 2008). The number of referrals and its relative constancy over the four years of the project indicates a continued need for specialist employment support for this group of people. Clients indicated that they welcomed, for example, the encouragement and acceptance they received as well as the ability to work at a pace they set themselves. These findings are consistent with what it is envisaged that third sector organisations can bring to the delivery of services, such as their closeness to communities, their user focus, specialisation, expertise, flexibility and ability to meet complex needs, qualities which the Government has encouraged public sector bodies to draw on by commissioning services from voluntary and community organisations and social enterprises (HM Treasury and Cabinet Office, 2007; Department of Health, 2000; Department of Health, 2005).

The Way2Work project is now well established and provides a base upon which to build even more effective vocational support services for people with mental health problems. The development of the service could be in the form of taking the model to other geographical areas, developing the group work programme, continuing to involve volunteers in the delivery of the service and pursuing social enterprise opportunities, at the same time as sharing experiences with other employment projects to learn from best practice. In addition there continues to be the need to work with employers to promote opportunities for people with mental health issues and to reduce the stigma surrounding mental health.

## **References**

Craik, C. and Pieres, Y. (2006) Without leisure... 'It wouldn't be much of a life': the meaning of leisure for people with mental health problems.

*British Journal of Occupational Therapy*. **69**(5), 209-216.

Dale Stone, S. (2003) Workers without work: injured workers and well being. *Journal of Occupational Science*. **10**(1), 7-13.

Department of Health (1999) *National service framework for mental health: Modern Standards and Service Models*. London: Department of Health.

Department of Health (2000) *The NHS Plan*. London: The Stationery Office Limited.

Department of Health (2005) *Independence, well being and choice*. London: The Stationery Office Limited.

Department of Health (2006) *Vocational services for people with severe mental health problems: Commissioning guidance*. [s.l.]: Department of Health.

Disability Rights Commission (2006) *Disability Briefing* [online]. [s.l.]:

Disability Rights Commission. Available from:

[http://83.137.212.42/sitearchive/DRC/PDF/10\\_783\\_Disability%20Briefing%20%20March%20%202006.pdf](http://83.137.212.42/sitearchive/DRC/PDF/10_783_Disability%20Briefing%20%20March%20%202006.pdf) [Accessed 13 July 2009].

Grove, B. (1999) Mental health and employment – shaping a new agenda. *Journal of Mental Health*. **8**, 131-138.

Henry, A. D. (2005) Employment for people with serious mental illness: barriers and contemporary approaches to service. *OT Practice*. **10** (5), CE1 – CE8.

HM Treasury and Cabinet Office (2007) *The future of the 3<sup>rd</sup> sector in social regeneration: final report*. Cm 7189. London: The Stationery Office Limited.

Hurford, H. (2007) *Way2Work. Mental Health and Employment* [online]. [s.l.]: Research and Development in Mental Health. Available from: <http://www.rdmh.org.uk/pdfs/Way2Work.pdf> [Accessed 13 July 2009].

Hvalsoe, B. and Josephsson, S. (2003) Characteristics of meaningful occupations from the perspectives of mentally ill people. *Scandinavian Journal of Occupational Therapy*. **10**, 61-71.

Kennedy-Jones, M., Cooper, J. and Fossey, E. (2005) Developing a worker role: stories of four people with mental illness. *Australian Occupational Therapy Journal*. **52**, 116-126.

National Institute for Adult Continuing Education (2003) Mental health and social exclusion SEU consultation document. A commentary and response from NIACE [online]. Leicester: NIACE. Available from: <http://archive.niace.org.uk/Organisation/advocacy/SocialExclusion/SocialExclusion.htm> [Accessed 21 July 2009]. Cited in Hurford, H. (2007) *Way2Work. Mental Health and Employment* [online] [s.l.]: Research and Development in Mental Health. Available from: <http://www.rdmh.org.uk/pdfs/Way2Work.pdf> [Accessed 13 July 2009].

National Institute for Clinical Excellence (2002) *Schizophrenia. Core interventions in the treatment and management of schizophrenia in primary and secondary care*. London: National Institute for Clinical Excellence.

Pettifer, S. (1993) Leisure as compensation for unemployment and unfulfilling work. Reality or pipe dream? *Journal of Occupational Science: Australia*. **1**(2), 20-26.

Rinaldi, M., Perkins, R., Glynn, E., Montibeller, T. Clenagh, M. and Rutherford, J. (2008) Individual Placement and Support: from research to practice. *Advances in Psychiatric Treatment*. **13**, 50-60.

Social Exclusion Unit (2004) *Mental Health and Social Exclusion* [online]. London: Office of the Deputy Prime Minister. Available from: [http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/publications\\_1997\\_to\\_2006/mh.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/mh.pdf) [Accessed 13 July 2009].

Warr, P. (1987) Job characteristics and mental health. In: Warr, P. (ed.) *Psychology at work*. 3<sup>rd</sup> ed. Harmondsworth: Penguin Books. pp.247-268.