

Exploration of approaches used to address the low employment outcomes of adult mental health service consumers in Australia

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This evidence-based review has been prepared by masters-entry students as part of Occupational Therapy Field Practice 4 at the University of South Australia. Due to limitations of assignment requirements reviews are limited in terms of number of evidence sources. Conclusions and implications for clinical practice reported are provisional based on the evidence identified in this review and should be contextualized to local practice, clinical expertise and patient values. For further information on the review process please contact

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Introduction

The benefits of employment go beyond the simple provision of income for people. Work provides individuals with a sense of purpose and identity, supplying opportunities for social interaction, community engagement, and self-development (Moore, 2013). For people with mental health issues in particular, employment has been shown to markedly improve their psychological health and well-being (Stirling et al. 2018). It has been linked to symptom reduction, improved feelings of ‘connectedness’ within their communities, building self-confidence and reducing the incidence of relapses (Stirling et al. 2018). However, despite a consistently expressed desire to engage in work, people with a mental illness have significantly lower employment rates than those without a mental illness (Waghorn et al. 2012). This is even more so true for those who have a severe mental illness (SMI) (Lee et al. 2012). Factors that act as barriers to their participation in the workforce can be both internal (e.g. experiencing psychiatric symptoms, significant lack of motivation) and external (e.g. health professionals may perceive participation in employment as a potential stressor and not support it, labour market pressures limiting the availability of suitable work, stigma) (Waghorn et al. 2009). Therefore, it is crucial that mental health services are implementing frameworks that seek to address, and ultimately improve, the employment outcomes of their consumers.

Thus, this review seeks to explore the approaches that are currently being used to assist this vulnerable population in gaining employment within an Australian context. The overarching research question is as follows: What approaches are being used to address the low employment outcomes of adult consumers accessing mental health services in Australia?

Method

Four databases linked to health research (Medline, Ovid Emcare, PsycINFO and Scopus), were searched from the start of data records to September 2021. Searches were formulated using the PICO approach (see Table 1 for an overview). This structures clinical questions in terms of the Population, Intervention, Comparison and Outcomes (see entire Medline search strategy in Appendix 1). Subsequently, a grey literature search was also completed in September 2021 where ResearchGate and the first five pages of Google (i.e. approximately 50 results) were screened.

Table 1: Selected PICO and examples of search strategy key words

PICO Terms	Description	Keywords
Population (P)	Adult consumers of mental health services in Australia.	“Adult” and variations of “mental health”.
Intervention (I)	Approaches that address (and seek to improve) low employment outcomes.	“Approach*” and “strateg*”.
Comparison/Comparator (C)	No clear comparison as aim is to explore currently available approaches being utilised within mental health services in Australia.	No key words were utilised for comparator.
Outcome (O)	Address/improve employment outcomes (i.e. gaining employment).	Variations of employment, such as “work”, “vocation” or “job”.

Articles were imported into Endnote X9™ (Thomson Reuters, USA) and any duplicates were removed. The titles and abstracts of articles were screened against eligibility criteria, before full-text copies were retrieved. Articles were eligible if they explored approaches that sought to address and improve the employment outcomes of adult consumers accessing mental health services in Australia. Articles were excluded if they were solely focused on child, youth or adolescent consumers, if they considered employment outcomes in a non-Australian context, if they solely focused on evaluating another particular aspect of the

approach (e.g. cost effectiveness, protocol evaluation etc.) and if they were not published in English.

Appendix 2 presents a flowchart of the full screening process. The four articles that were selected not only met the eligibility criteria but also provided a snapshot into how the approaches were currently being used in Australia. Following their selection, they were also critically appraised using both the Critical Appraisal Skills Programme (CASP 2018) and the Mixed Methods Appraisal Tool (MMAT 2018). CASP checklists are known to be succinct and easy-to-use, and were selected for use as they provide critical appraisal tools for a wide range of evidence types (i.e. qualitative, cohort, systematic reviews) (Nadelson & Nadelson 2014). The MMAT was selected as it has been designed specifically to appraise empirical studies using mixed methods (i.e. an evidence type CASP does not cover) and is routinely tested for improvement (Hong et al. 2018). Table 2 lists the four selected articles and their respective critical appraisal tools.

Table 2: Selected Studies and Critical Appraisal Tools

Study	Critical Appraisal Tool
“Implementation of the enhanced intersectoral links approach to support increased employment outcomes for consumers of a large metropolitan mental health service” by Chang et al. 2016	CASP (2018) Cohort Study Checklist
“What is needed to deliver collaborative care to address comorbidity more effectively for adults with a severe mental illness?” by Lee et al. 2012	CASP (2018) Systematic Review Checklist
“Vocational support in mental health service delivery in Australia” by Petrakis, Stirling & Higgins 2019	MMAT (2018)
“Evidence-Based Supported Employment for People with Psychiatric Disabilities in Australia: Progress in the Past 15 Years” by Waghorn et al. 2020	CASP (2018) Cohort Study Checklist

Results

The most prominent approach, referenced in three of the four selected articles (Waghorn et al. 2020; Petrakis, Stirling, & Higgins 2019; Chang et al. 2016) was the Individual Placement and Support (IPS) approach. It is recognised as the most evidence-based approach, both internationally and in Australia, towards improving the employment outcomes of people with psychiatric disabilities (Waghorn et al. 2020; Petrakis, Stirling, & Higgins 2019). The way IPS was incorporated into mental health services varied across the papers. However, the co-location of employment service staff within community mental health teams, with capped caseloads for the employment specialists was its most common representation (Chang et al. 2016). Some sites also established IPS within Disability Employment Services (DES), a national service delivery network, where partnerships are formed with community mental health teams (Waghorn et al. 2020; Petrakis, Stirling, & Higgins 2019).

The articles also highlighted other supported employment models that incorporated similar principles but do not necessarily use the IPS program name (Lee et al. 2012). However, the key feature they all seemed to share was that mental health clinicians work alongside vocational specialists to secure suitable employment before addressing barriers to sustaining the work (Lee et al. 2012). One emerging approach in particular was the enhanced intersectoral link (EIL) (Chang et al. 2016). This approach has managed to improve the employment outcomes of people with SMI that are in line with IPS project rates internationally (63.3%) and can be implemented when IPS may not be an option (Chang et al. 2016). A more detailed overview of the study characteristics of the four selected articles is presented in Table 3.

The critical appraisals of the studies provided mixed results. Overall, the quality was passable, with each of the studies addressing focused issues, incorporating satisfactory

follow-up procedures, appropriate reporting of results and implications for practice.

However, various key elements did seem to be missing. For example, Lee et al. 2012, Chang et al. 2016, and Waghorn et al. 2020 all failed to identify study limitations (i.e. Petrakis, Stirling & Higgins 2019 identified but did not elaborate) or potential biases that may have impacted the process and evaluation of their implemented programs. This is worth noting, particularly when it comes to considering the reliability of their results.

Table 3: Study Characteristics of four selected articles

Study Characteristics	STUDIES			
	<i>Chang et al. 2016</i>	<i>Lee et al. 2012</i>	<i>Petrakis, Stirling & Higgins 2019</i>	<i>Waghorn et al. 2020</i>
<i>Australian State(s) studies were conducted in</i>	New South Wales.	Victoria and New South Wales.	Victoria, Tasmania, New South Wales and Australian Capital Territory.	Victoria, New South Wales, Queensland, Western Australia, South Australia, Northern Territory, Tasmania
<i>Population</i>	60 consumers accessing a mental health service in Sydney. 22 females and 38 males.	Described examples of various consumers from different agencies. Most prominent was 43 consumers accessing a mental health service.	136 consumers spread over two agencies. 33 females and 103 males.	Australian mental health services in the above states that were implementing the IPS approach.
<i>Approaches described/evaluated</i>	Enhanced Intersectoral Link (EIL).	Supported Employment Models.	Individual Placement and Support (IPS) approach.	Individual Placement and Support (IPS) approach.
<i>Outcome Measures</i>	Employment placements and duration of these (i.e. amount of weeks they were employed).	Attainment of competitive employment.	Employment outcome (i.e. 1, 2 or 3+ jobs) and whether it was competitive or non-competitive employment.	Percentages/Amounts of consumers who were able to gain employment through the various IPS programs.
<i>Results</i>	38 participants achieved an employment placement (63.3%) and this is in line with IPS project rates internationally. Average duration of	(For the employment section) 33 consumers gained employment, of which 20 were still employed at the conclusion of the evaluation period.	63 participants gained an employment outcome, 31 of which sustained a competitive employment role. Overall, 92 employment placements were	Most program saw an average of 53%-61% of consumers gaining competitive employment. However, there is a clear disparity between the funding for youth and adult

	placement was 10.9 weeks.		achieved. 24 of the participants still held their employment at the conclusion of evaluation period.	mental health services (in youth's favour).
Take-home message	The employment outcomes of consumers accessing mental health services are improved by the EIL approach. This can be implemented when IPS may not be an option, particularly because it does not need the same degree of formal service agreements that IPS does.	Supported employment models are identified as the most effective intervention in terms of promoting employment participation for those with a SMI.	Contributes to body of Australian (and international) literature that supports IPS as an effective evidence-based approach, which improves the employment outcomes of adult mental health service consumers. IPS can also be provided as a routine occupational intervention.	IPS approach is effective in improving employment outcomes, but there are numerous barriers that still need to be addressed (i.e. particularly in terms of policy changes at a state and federal level to better support the distribution of this approach).

Discussion

The dominant approach being used to address the employment outcomes of adult consumers accessing mental health services in Australia is the IPS approach. While its integration can present differently within services, its key principles are consistently upheld across them all (Waghorn et al. 2020; Petrakis, Stirling, & Higgins 2019). Other models (i.e. EIL) that fall under supported employment principles, have also been successful in gaining competitive employment for their consumers, most notably when IPS programs may not currently be a feasible option (Chang et al. 2016; Lee et al. 2012).

While these approaches are being utilised and are achieving positive employment outcomes for adult mental health consumers, their implementation (i.e. especially for IPS), is still not as consistent and widely spread as it could be (Stirling et al. 2018). Due to the structure of the Australian mental health services (i.e. funded by the state) and employment services (i.e. federally funded), co-location can often be very challenging, particularly in rural settings, and may not always be necessary (i.e. with EIL) (Sherring et al. 2010). Likewise the

capping of caseloads for employment specialists within mental health services can often create financial disincentives (Waghorn et al. 2007). Additionally, adult mental health services are typically funded for short-term mental health outcomes (i.e. stabilisation of acute illness) and do not yet include responsibility for vocational rehabilitation (Morgan et al. 2017). Therefore, if policymakers actively sought to fund organisations that provide both mental health services and vocational support, and encourage employment services (i.e. like the DES) to adopt evidence-based practices, the current landscape for adult mental health consumers could greatly improve (Waghorn et al. 2020; Waghorn & Hielscher 2015). This could also be supported by stakeholders from all levels (i.e. national, state, organisational, community), advocating and promoting the importance of employment in supporting a person with a mental health illness' recovery, and its subsequent inclusion within routine service provision (Waghorn & Hielscher 2015). Occupational therapists in particular would be well equipped to provide clinical leadership in this area and establish these intersectoral service partnerships effectively (Change et al. 2016).

Additionally, greater dedication and time needs to be targeted towards the evaluation of current partnerships being implemented within mental health and employment services, particularly as failure to do so can jeopardise the future of these collaborations (Waghorn et al. 2020). In light of this, further research would do well to properly collate, ideally through a systematic review, the outcomes of supported employment programs, to better gauge their current effectiveness and how they might be improved to ensure best practice is being upheld (i.e. particularly if structural and policy changes are required) (Stirling et al. 2018).

It is also important to note that, rather than a comprehensive overview; this review presents a snapshot, and in no way encompasses the full range of approaches that are currently being implemented in Australia. There may well be lesser-known approaches, which are comparably successful, that this review may have missed. Similarly, the varied

quality of the selected articles does mean results should be interpreted with caution (i.e. studies do contain missing data that may have impacted their conclusions). However, this simply re-emphasises the need for a closer inspection of this research area.

Clinical Bottom Line

Overall, collaborative supportive employment approaches are effective in improving the employment outcomes of adult consumers accessing mental health services. However, the current funding and structure of adult mental health services often hinders the adoption of these evidence-based practices. Future research should strive to investigate and evaluate the ongoing implementation of these programs (i.e. and their effectiveness) to encourage structural and funding changes in the future. Clinically, health professionals can advocate for the importance of employment outcomes, by proactively seeking to establish these intersectoral mental health and employment partnerships. In particular, occupational therapists, whose profession emphasises the importance of engaging in meaningful and valuable occupations (e.g. such as work), would be well suited to take active roles in the provision of these programs (Chang et al. 2016). As a result, these changes will hopefully see an improvement in the employment outcomes of this willing but often economically isolated group of consumers.

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Appendices

Appendix 1. Search Strategy for MEDLINE

Database(s): Ovid MEDLINE® All 1946 to September 23, 2021

# ▲	Searches	Results
1	exp Employment/ or employ*.mp. or unemploy*.mp. or work*.mp. or vocation*.mp. or return to work.mp. or Job*.mp. or reemployment.mp. or employment outcome*.mp. or employment support.mp. or supported employment program*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	2437069
2	(Mental health* or Mental health illness or mental health disorder* or mental health c* or Serious mental illness or SMI or mental illness* or mental health service* or psychiatric service* or psychiatric*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	493395
3	(Approach* or strateg*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	3027192
4	1 and 2 and 3	17777
5	4 and Australia*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	941
6	5 and adult*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	411
7	limit 6 to english language	409

Note: Subject headings are followed by a “/” icon.

Appendix 2. PRISMA Flowchart of Study Selection

