

Supporting young people with mental health problems into employment

A rapid review of the evidence



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Introduction

The Preparing for Adulthood programme is commissioned by the Department for Education to support local areas to use best practice in transition to adulthood when implementing the SEND reforms. It is delivered by the National Development Team for Inclusion (NDTi) and the Council for Disabled Children.

As part of the programme the Preparing for Adulthood team is working on a project to develop a framework of good practice to support young people with mental health problems (including social, emotional and behavioural difficulties) into employment. As part of this project, a rapid review of the evidence on what works to support young people with mental health problems into work was carried out. Though by no means comprehensive in its coverage, we found many useful pieces of research and this paper therefore, provides a summary of the evidence we found.

As the evidence specifically on supporting young people with mental health problems into employment is relatively limited, the review also looked at the evidence on supporting people with mental health problems in general into employment, as well as the evidence on supporting young people or young people with disabilities into employment, in order to inform and add to the evidence.

Findings

1) What works to support people with mental health problems into employment?

The evidence on what works to support people with mental health problems in general into employment is robust and well-established.

In 2001 a review of evidence comparing supported employment (the 'place then train' model described in more detail in the Appendix), pre-vocational training ('train then place'), and standard care was conducted. Eighteen high quality randomised controlled trials (RCTs)¹ were identified. In terms of the numbers gaining employment, earnings and number of hours worked, supported employment was found to be more effective than pre-vocational training in helping people to obtain competitive employment. In addition the review found no clear evidence that pre-vocational training was effective (Crowther et al., 2010). This review was updated in 2008 – 11 RCT studies which looked at the effectiveness of Individual Placement and Support (IPS) models of supported employment were identified (see Appendix for a more detailed description of IPS). The review found that in these studies those on IPS consistently had better job outcomes than controls. The review concluded:

"The number, consistency, and effect sizes of studies of evidence-based supported employment establish that it is one of the most robust interventions available for persons with severe mental illness." (Bond et al., 2008, p288).

Although many of the studies included in these reviews were US based, an RCT conducted in six European countries including the UK found that IPS was more effective than vocational services for every vocational outcome measured (Burns et al., 2007).

It is well established, therefore, by numerous reliable studies, that the IPS model of supported employment works to support people with mental health problems into paid employment, and is more effective than 'train then place' and other types of employment support.

2) What works to support *young people* with mental health problems into employment?

While the evidence on what supports people with mental health problems into employment is now well established, there is less research which has looked specifically at what works to support *young people* with mental health problems into employment.

While it is reasonable to assume that the findings from the studies reviewed above are applicable to young people, it also needs to be recognised that there are additional factors at play for young people – they may be entering into paid employment for the first time, they do not have the work history or work contacts that older people may have and they may be considering education in order to improve employment opportunities.

From looking at what works to support young people in general, and young people with other disabilities, as well as the research specifically on what supports young people with mental health problems into employment, the evidence suggests that the following additional factors may be particularly relevant for young people: (i) support into education, (ii) work experience in various forms, and (iii) the role of family and social contacts.

¹ An RCT is a study in which people are randomly assigned to two or more groups to test an intervention. The experimental group receives the treatment being tested, the comparison or control group receives an alternative treatment, a placebo or no treatment. This type of study is widely accepted as a thorough, reliable and robust research study.

(i) *Supported education*

A review of the literature on young people experiencing first episode psychosis and employment notes several studies which have adapted the IPS model to include support into education, as well as support into employment for young people, in recognition that for young people completion of education is of equal priority to gaining employment (Rinaldi et al., 2010a).

One evaluation of the impact of an IPS intervention, adapted to include supported education, which was carried out with 166 young people, found that the IPS approach combined with supported education was effective at enabling a significant proportion of young people with a first episode of psychosis to gain or retain open employment and mainstream education (Rinaldi et al., 2010b) (see Appendix for a more detailed description of supported employment).

A report of the implementation and preliminary results of a supported education programme which complemented a supported employment programme, found that the availability of both supported education and supported employment programmes seemed to benefit young clients of mental health services (Robson et al., 2010). Robson et al concluded that supported education and supported employment programmes, when provided together, have the potential to enhance the career prospects of young people with severe mental illness. Similarly, a study of the outcomes of an intervention which adapted the IPS model to integrate supported employment and supported education produced better work outcomes for homeless young people compared to standard services (Ferguson et al., 2011).

A review which looked at the evidence for various types of vocational support and assistance for young people with psychiatric conditions concludes that the traditional focus on pre-vocational skills training, life skills or general rehabilitative programmes cannot be justified and should be replaced by evidence-based practices such as supported education and supported employment (Lloyd & Waghorn, 2007).

Although this research specifically on young people with mental health problems is far more limited than the research on people with mental health problems in general, the evidence available indicates that for young people the established and proven IPS model benefits from being adapted to include supported education.

(ii) *Work experience*

Research shows that one of the strongest predictors for work outcomes for adults with mental health problems is having a good work history (Rinaldi et al., 2010a). In a study which looks at the predictors of employment outcomes for people with severe mental illness it was found that those who had worked for at least one month in the previous five years were more than twice as likely to enter competitive employment as those who had not. The study also found that they obtained their first job more quickly and were more likely to work for more hours (Catty et al., 2008). This suggests that experience of work is a key factor in good employment outcomes for people with mental health problems.

There is some debate over whether this is more or less relevant for young people.

On one hand it has been suggested that having an employment history may be less important for young people as few employers would expect it of a young person (Rinaldi et al., 2010b).

On the other hand however, drawing on research which looks at what helps young people and young people with disabilities gain employment, the evidence suggests that part-time work and organised work experience prior to leaving education, may lead to better employment outcomes.

For example, a review of evidence of young people's transition into employment, while noting the limited research in this area, found that what does exist indicates that workplace engagement (part-time work, work experience, employer involvement in the education system, vocational and educational training programmes) prior to post-study employment offers a range of benefits for young people (Oxenbridge & Evesson, 2012). A review of the evidence of the impact of work experience found good evidence to suggest that undertaking part-time work while studying is positively related to reduced risk of NEET² status after education has been completed (Mann, 2012). A longitudinal study of Australian young people found that part-time work during secondary school reduced the likelihood of post-school unemployment and reduced the amount of time spent in unemployment in the early post-school years (Robinson, 1999). In his review Mann refers to a UK survey which found that there was a relationship between the volume of school mediated employer engagement activities and the reduced likelihood of adult NEET. He also found evidence to suggest that a significant proportion of young people get offered employment following work experience, and that work experience provides young people with important career related networks (Mann, 2012). A study which looked at what works to support young people with learning disabilities into employment found that access to individually tailored and flexible work experience, with on-the-job personal support when needed can contribute to better job outcomes (Beyer et al., 2008).

Another form of work experience which may support young people with disabilities into work is supported internships. Supported internships have been found to have positive outcomes for young people with learning disabilities (CooperGibson Research, 2013, Kaehne, 2014), but we do not know whether this applies equally to young people with mental health problems.

Although employers may not expect an employment history, experience of work provides young people with important skills, knowledge and confidence about being in the workplace. A study of transition age young people with mental health problems found a difference in attitude towards employment between young people who had been consistently employed, and young people who had been inconsistently employed. The consistently employed young people had acquired self-awareness, professionalism and work-place knowledge, while the inconsistently employed described worries about controlling emotions or behaviours on the job (Vorhies et al., 2012).

Although we did not identify studies which looked at the relationship between work experience and job outcomes for young people with mental health problems, this wider evidence indicates that gaining work experience while in education may be an important factor in achieving better job outcomes. This may have particular implications for young people with mental health problems whose opportunity for part-time work and work experience may have been disrupted by the experience of mental health problems.

2 Young people 'not in education, employment or training'

(iii) *Family support and social contacts*

One final factor to consider is that many young people gain job leads through family and friends. Burchardt's (2005) research on the employment aspirations of disabled young people (including young people with mental health problems), emphasised the strong influence of parents, and found that people relied on parents and other family members for advice, practical support and lobbying power during their time at school and beyond. As highlighted by Rinaldi et al (2010a), a particular issue for young people with mental health problems is that this form of job support diminishes with onset of psychosis, and is replaced by low expectations, caution around potential stress related to work and concerns about relapse. In addition to the other forms of support, Rinaldi et al suggest that families need to be encouraged to use their contacts and return to their natural roles of facilitating access to jobs (Rinaldi et al., 2010a).

Conclusion

This review of the evidence has noted the convincing and reliable evidence that the IPS model works to support people with mental health problems into employment.

While there is much more limited evidence about what supports *young people* with mental health problems into employment, drawing on the evidence that is available and wider evidence some additional factors have been identified.

The evidence suggests that by integrating supported education into the IPS model, and by taking a wider definition of employment to include work experience placements, part-time work and internships, the IPS model can be adapted and more directly applied to support young people with mental health problems. Rather than being incompatible with the IPS model, this recognises that for young people real jobs may also include work experience or internships, and that education can be as important for long-term employment outcomes.

This support can also be complemented by recognising and encouraging the importance of existing family and other social contacts and networks in accessing jobs.

Definitions:

Supported employment – This is a model of support which is based on the notion that anyone can be employed if they want paid employment and sufficient support is provided. Supported employment is based on six principles: customer engagement, vocational profiling, employer engagement, job matching, in-work support, and career development. A key aim of supported employment is to secure 'employment and training' rather than 'training then employment'. This means that a participant gets a job from the beginning and learns skills on the job. This is sometimes referred to as 'place then train' as opposed to 'train then place' which refers to job preparation support (BASE, 2014).

Individual Placement and Support (IPS) – This is a model of supported employment particularly designed for people with mental health problems. The IPS principles are: it aims to get people into competitive employment, it is open to all those who want to work, it tries to find jobs consistent with people's preferences, it works quickly, it brings employment specialists into clinical teams, employment specialists develop relationships with employers based upon a person's work preferences, it provides time unlimited, individualised support for the person and their employer, and benefits counselling is included. As with supported employment the emphasis is on 'place then train' rather than 'train then place' (Centre for Mental Health, 2014).

Supported education – This model extends the principles of IPS to include fulfilling educational goals along with support to gain employment. The supported education principles are: a goal of participation in mainstream education, assistance is individualised and based on individual preferences, assistance is aimed to achieve rapid enrolment and commencement of formal study, whenever possible communication is established between mental health service and support at educational institution, and ongoing support for education as well as employment goals is provided (Robson et al., 2010).

Supported internship - A structured study programme for 16 to 24 year olds where the majority of the learning takes place in the workplace and is tailored to the individual needs of the young person, equipping them with skills they need for work so that they can achieve sustainable paid employment (CooperGibson Research, 2013).

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