Far and away the best prize that life offers is the chance to work hard at work worth doing.
—Theodore Roosevelt, 1903

Abstract Occupational dysfunction is one of the most devastating and disabling consequences of severe mental illness. Supported employment (SE) is an evidence-based practice for assisting clients with severe mental illness to find and keep competitive jobs in the community. The key elements of SE include rapid, individualized job searching, job-based assessment, benefits counseling, time-unlimited job support, and integration of vocational and mental health services. Further, any client who wants to participate is eligible for SE services, and all services are based on the client’s individual preferences.

Keywords Psychosis • Psychosocial intervention • Schizophrenia • Vocational rehabilitation

Definition and Background

Supported employment is a form of work rehabilitation that helps clients obtain competitive work (i.e., jobs that pay minimum wage or higher, that are available to any individual, regardless of disability status, and where disabled and nondisabled coworkers work together). The manualized form of supported employment, Individual Placement and Support (IPS), was developed by Becker and Drake (2003).

Supported employment programs provide clients with rapid, individualized job placement in competitive work. Placement is followed by on-the-job training as needed and ongoing, time-unlimited support from the employment specialist. Support can consist of any counseling, training, or coaching the client needs to keep the job. Assessment of the client is continuous and is based on experience in real-world jobs, rather than artificial settings. Supported employment programs are integrated
within mental health care, such that the employment specialist is part of a multidisciplinary treatment team. As this is a community-based intervention, the employment specialist often conducts meetings in the client’s setting of choice (e.g., library, career center, coffee shop, home) to focus on client strengths and rehabilitation rather than “patienthood.” Work rehabilitation and employment can result in greater income, community integration, and improvement in symptom severity, increased self-esteem, and quality of life (Bond et al., 2001).

Supported employment is an evidence-based practice in psychiatric rehabilitation, with multiple randomized controlled trials and meta-analyses demonstrating its effectiveness over conventional vocational rehabilitation (Bond et al., 2001, 2004; Cook et al., 2005; Twamley et al., 2003).

**Purpose**

Supported employment focuses on improving the clients’ occupational status.

**Method**

**Candidates for the Intervention**

Clients with psychiatric disabilities who want to return to work are good candidates for supported employment. Supported employment programs do not exclude clients for reasons of “work readiness,” diagnosis, substance use history, legal history, or level of disability (Bond, 2004).

**Epidemiology**

Although most individuals with psychiatric illness want to work, employment rates are only 10% to 25% (Latimer et al., 2004). With the assistance of supported employment 51% to 55%, of clients who want to work can obtain jobs (Cook et al., 2005; Twamley et al., 2003).

**Settings**

Supported employment is most commonly used in outpatient psychiatric settings. Any client with a stated goal of working should be given supported employment.
The Role of the Occupational Therapist

The occupational therapist (OT), referred to in supported employment as the employment specialist, is responsible for delivering vocational services. The employment specialist typically has a bachelor’s or master’s degree and provides services to a caseload of 20 to 25 clients. In addition to the phases described above, the employment specialist may also provide transportation to interviews and attend interviews with the client, depending on the client’s preference for disclosure.

Results

Clinical Application

Supported employment programs consist of the following phases: (1) initial assessment: discussion of the client’s job skills, past employment experience, current employment goals and preferences, and benefits counseling; (2) job searching: collaborative effort to create a résumé, complete applications, and prepare for interviews; and (3) time-unlimited follow-up support: the employment specialist provides ongoing support as needed, and checks in regarding stressors, symptoms, or any problems at work.

How the Intervention Eases Impairments, Activity Restrictions, and Participation Restrictions

Severe mental illness is associated not only with psychiatric symptoms but also with cognitive impairment, including difficulty with attention, learning and memory, and problem solving. Employment specialists assist clients by helping them find jobs that are a good match for their energy level, their ability to cope with various job stressors, and their cognitive strengths. Once the client obtains a job, the employment specialist can help the client trouble-shoot symptom exacerbations and cognitive problems on the job. For example, the employment specialist might help a client who hears voices learn to ignore the voices in order to maintain attention on job tasks. The integrated nature of supported employment and mental-health-supported employment allows the employment specialist to work closely with other providers to help the client navigate medication adjustments or participate in other psychosocial treatment.

Evidence-Based Practice

The effectiveness of supported employment has been well established in the literature. Cook et al. (2005), in a multisite trial, found that supported employment resulted
in greater placement in competitive work and greater earned income. In addition, a meta-analysis of 11 randomized controlled trials of vocational rehabilitation in schizophrenia and other psychotic disorders showed that 51% of supported-employment participants obtained competitive work, compared to only 18% of conventional vocational rehabilitation clients (Twamley et al., 2003). A 10-year follow-up study showed that one third of supported employment clients worked at least 5 years during the follow-up period (Salyers et al., 2004).

Discussion

Possible Criticism/Limitations

Despite numerous empirical studies of supported employment and the participants receiving services, few client predictors (e.g., diagnosis, age, gender, education level, co-occurring disorders) have been linked to better outcome. Thus, it is difficult to assess who would most benefit from a supported employment program. Although supported employment works best to help people with severe mental illness obtain competitive work, up to half of clients with severe mental illness do not work.

Common obstacles may include fear of losing disability benefits, comorbid medical illness, psychiatric symptom exacerbation, lack of motivation, or cognitive problems that interfere with job hunting. Among those who do work, job tenure is often brief (3 to 5 months) and unsatisfactory job endings are common (e.g., quitting or being fired without being hired elsewhere) (McGurk et al., 2005). Unskilled job placements are also common in supported employment programs, which may contribute to short tenure and job attrition.

Cost-Effectiveness

The annual cost of supported employment is $2000 to $4000 per client, which is similar to that of conventional vocational rehabilitation (Bond et al., 2001). A possible cost offset includes lower utilization of mental health services, such as day treatment among clients participating in supported employment (Bond et al., 2001).

Recommendations for Further Research

To improve the efficacy of supported employment programs, researchers are examining modifiable targets to enhance services. Current research efforts are aimed at augmenting supported employment with cognitive interventions to compensate for
neuropsychological deficits commonly seen in severe mental illness (McGurk et al., 2007; Vauth et al., 2005; Wexler and Bell, 2005). Razzano et al. (2005) examined clinical factors that may affect employment among individuals with severe mental illness, and found that poor self-rated functioning, negative psychiatric symptoms, and recent hospitalization were associated with failure to obtain competitive work. These findings suggest that amelioration of negative symptom severity may increase the likelihood of job placement. Both cognitive remediation and psychiatric treatment will continue to be examined as interventions to improve vocational outcomes in individuals with severe mental illness.

References


