Don’t tell me I’m dreaming:
The importance of employment for people with first episode psychosis
We provide integrated and other employment support services for:

**South Auckland**
MSD Mental Health Employment Services (MHES), Counties Manukau community health centres, Department of Corrections.

**Waikato**
Work and Income, all Waikato DHB adult community mental health teams, MSD Mental Health Employment Services (MHES), Department of Corrections.

**Taranaki**
All Taranaki DHB adult community mental health teams, AOD services, Department of Corrections.

**Whanganui/Manawatu**
Department of Corrections, Whanganui DHB.

**Wellington**
Capital and Coast DHB, Department of Corrections, Newtown general practice.

**Rotorua**
All Lakes DHB adult community mental health teams, Work and Income, Department of Corrections.

**Taupo**
Community mental health team, Department of Corrections.

**Auckland**
All Auckland DHB community mental health centres, Department of Corrections.

**Tauranga**
Department of Corrections, Work and Income.
Labour force participation

Average employment rate

- General population
- Psychological distress
- People with disabilities
- MHCs (primary care)
- MHCs (secondary care)

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What's employment got to do with us?

"Medication is only part of the required treatment – studies have shown that an early functional recovery is more predictive of a long term full recovery than symptomatic recovery alone"

Alvarez- Jimenez at al 2012
What are the top 5 goals of young people with first episode of psychosis?

1. Employment
2. Education
3. Housing
4. Relationships
5. Health

(Iyer et al., 2011; Ramsey et al., 2011)
‘The model of getting better first and then returning to work is unsuccessful and unhealthy’

Source: Australasian Faculty of Occupational and Environmental Medicine (2010)
“The employment sector alone cannot solve this problem, nor can the mental health sector. Both sectors need to address this issue jointly.”

Source: OECD (2014)
OECD, 2014 Mental health and work

There is increasing evidence on the need to integrate health and employment services because research has shown:

1. ‘Employment is generally good for health and unemployment detrimental
2. Mental health treatment on its own does not improve employment outcomes
3. Mental health treatment is more effective for people who are employed’.
Individual Placement with Support

- Open access
- Rapid job search
- Individually tailored
- Focus on competitive employment
- Integrated employment and clinical support
- Financial guidance
- Ongoing support to employee and employer
- Job development
Competitive Employment Rates in 20 Randomized Controlled Trials of Individual Placement and Support


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# The IPS-25 fidelity scale

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<td>11.. Executive team support</td>
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**1. Caseload size**

**4. Integration with mental health treatment – team assignment**

**17. Job development – frequent employer contact**
“I know what the evidence says (FOR IPS), I just don’t believe it or think it applies to any of my clients”

OT, commenting during a fidelity review in New Zealand.

“What we really need is more sheltered workshops because that’s the level (...ability) of our client group”

Consultant Psychiatrist, commenting during a fidelity review in New Zealand.

“So I said to her I’d really like to go back to school and get a job, and she said ‘with your condition? You’re dreaming love. The best thing you can do is just rest’”

Client recounting a conversation with a relative

excerpt from Tell them they’re dreaming (2014)

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Changes in attitudes

“I’m a bit embarrassed really. When the employment specialist first came to our team I thought, what are they here for? We work with people who are really ill, you know? But they showed me I was wrong. I refer people now who say they want to work even if I think it’s impossible for them to ever get a job as I’m constantly proved wrong”.

Psychiatric Nurse
IPS in New Zealand

- IPS has been available in New Zealand for approx. 10 years
- In Health Policy since 2012 - “DHBs will increase access to employment specialists delivering evidence-informed individual placement and support services…”
- New Zealand Health Strategy 2016 - Collaborate with other government agencies to implement an evidence-based programme of vocational rehabilitation to keep people with long-term conditions in employment.

(NZ Heath Strategy, 2016 Roadmap of actions, 8g and p 32, Ministry of Health, 2012. Rising to the Challenge)
Failure to provide the right education and employment support creates lifelong socioeconomic disadvantage and ultimately prevents a person achieving their full potential.

Royal Australian and New Zealand College of Psychiatrists Guidelines for the management of schizophrenia (2016)
What can we do about it?

- Put in a proposal to planner and funders
- Change a vacant FTE position
- Stop funding services that aren’t as effective and utilise that money
“In following people for 30 years and then following patients who are in dozens and dozens of research studies that are sent around, it’s totally clear to me at this point that there’s nothing about medications or psychotherapies or rehabilitation programs or case management programs or any of the other things that we study that helps people to recover in the same way that supported employment does.” (Drake, 2008)

Bob Drake, Professor of Psychiatry, Dartmouth Medical School
Thank you

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IPS Implementation Manager, Workwise
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Te Pou
Improving services – Evidence-based supported employment
http://www.tepou.co.nz/ebse