



Place and train – in vocational rehabilitation

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Topics

- Some statistics
- Vocational rehabilitation
- Programs in VR and the meaning of them
- Supported Employment
- Return to work



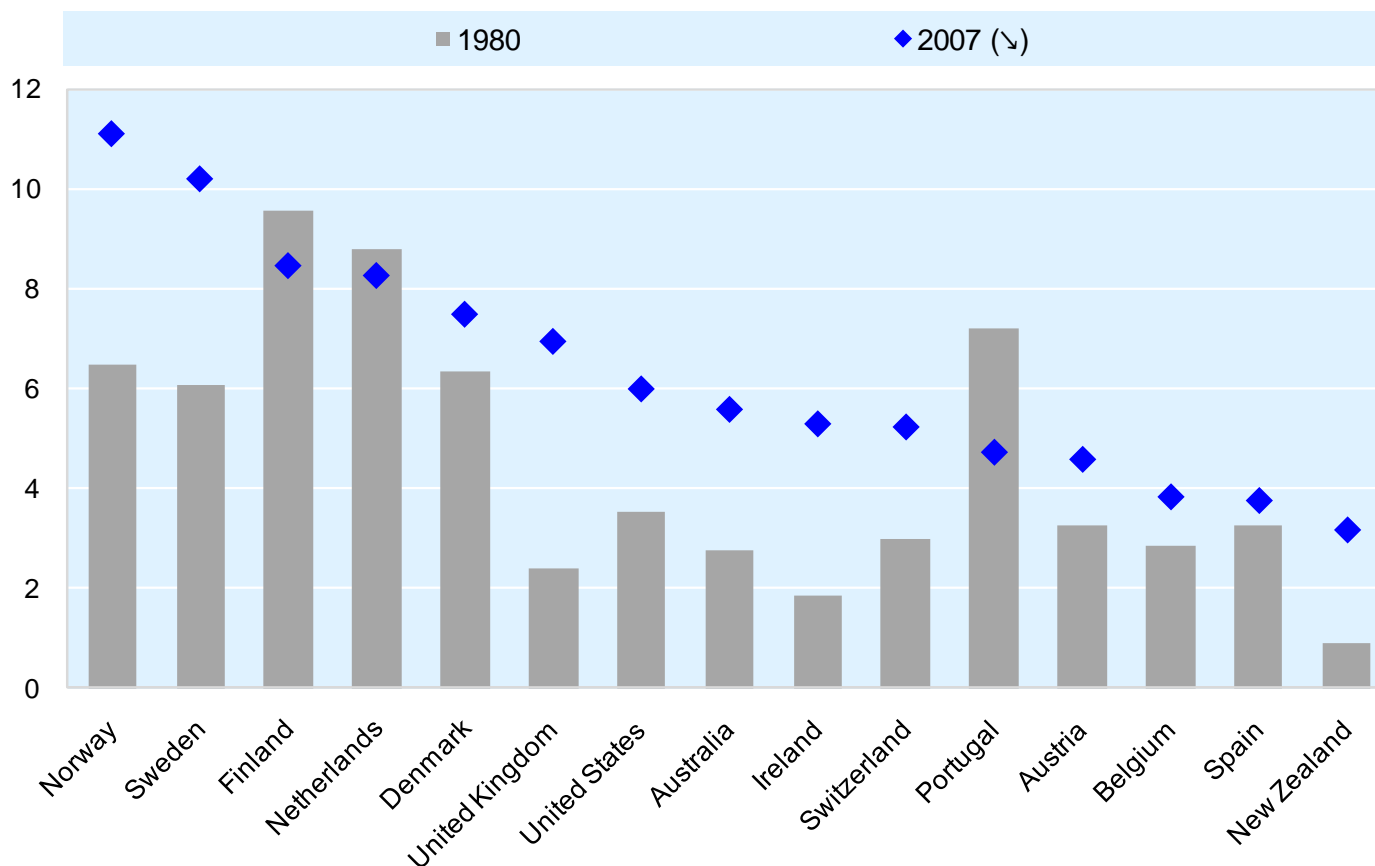
Some statistics

LONG-TERM TRENDS

Disability beneficiary rates are rising fast



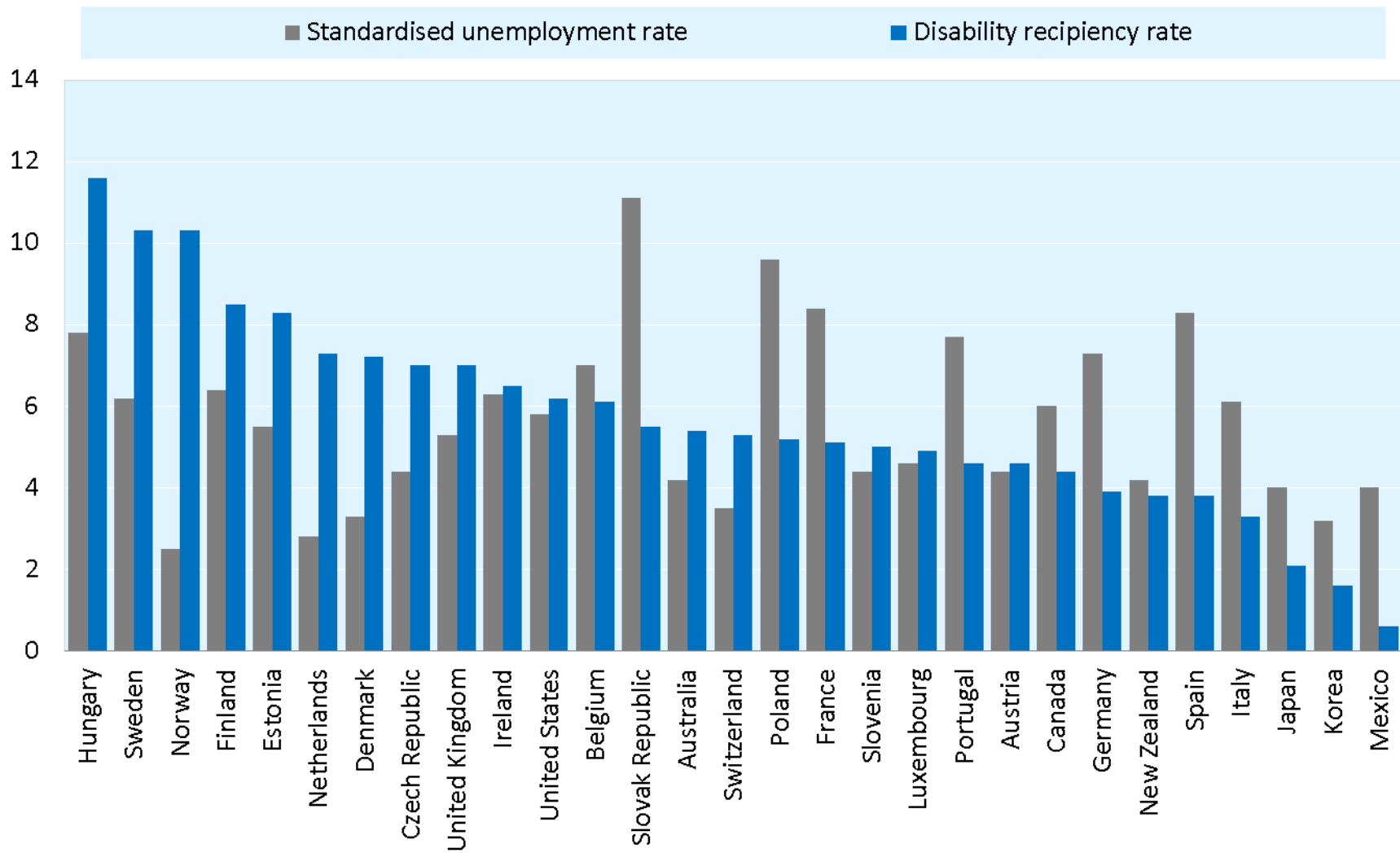
Disability benefit recipients in per cent of the population aged 20-64 in 15 OECD countries, early 1980s and 2008



Source: OECD (2010), *Sickness, Disability and Work: Breaking the Barriers*, OECD Publishing, Paris.

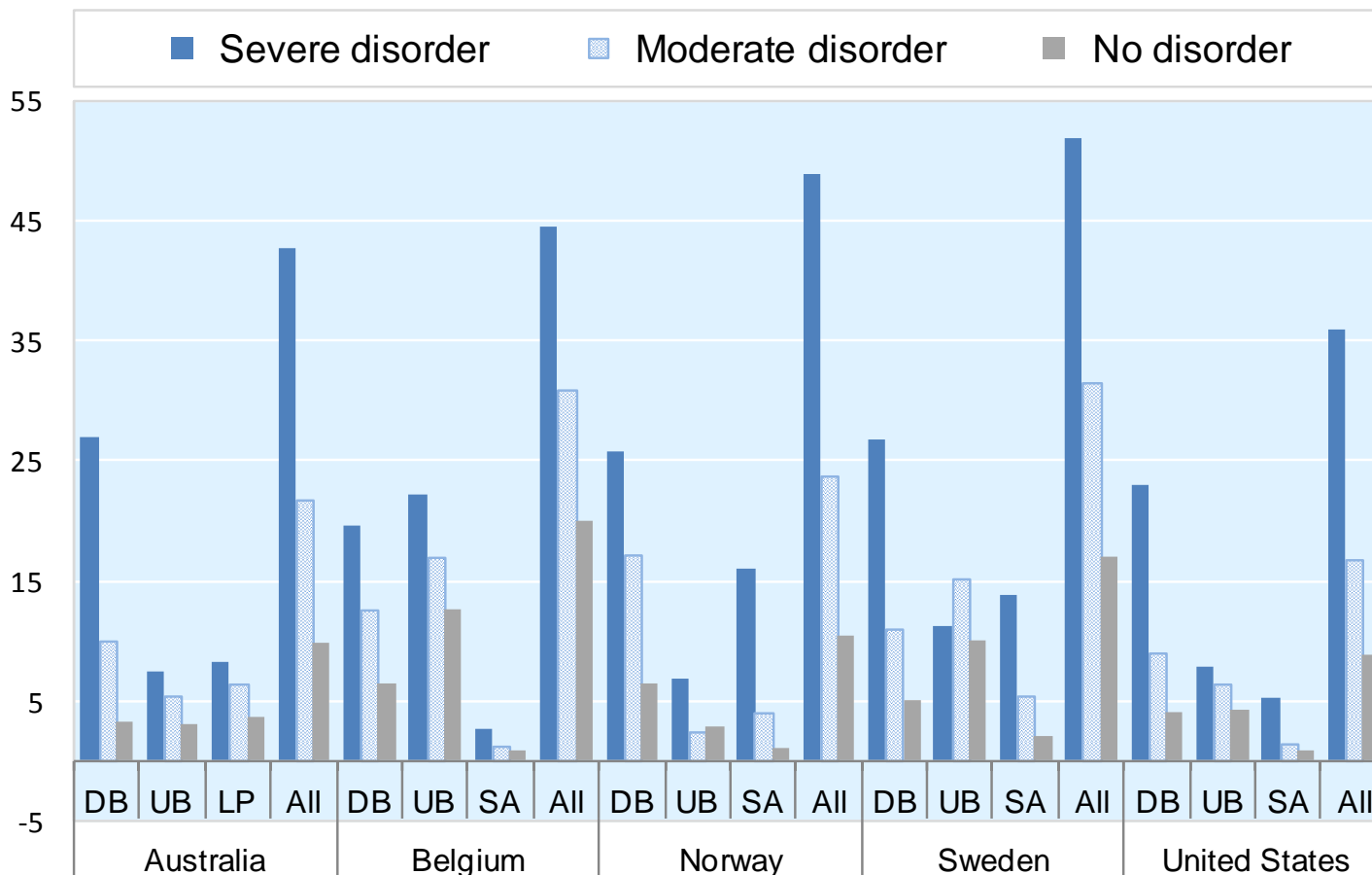
UNEMPLOYMENT AND DISABILITY

Disability is often higher than unemployment



People with mental ill-health access different benefits

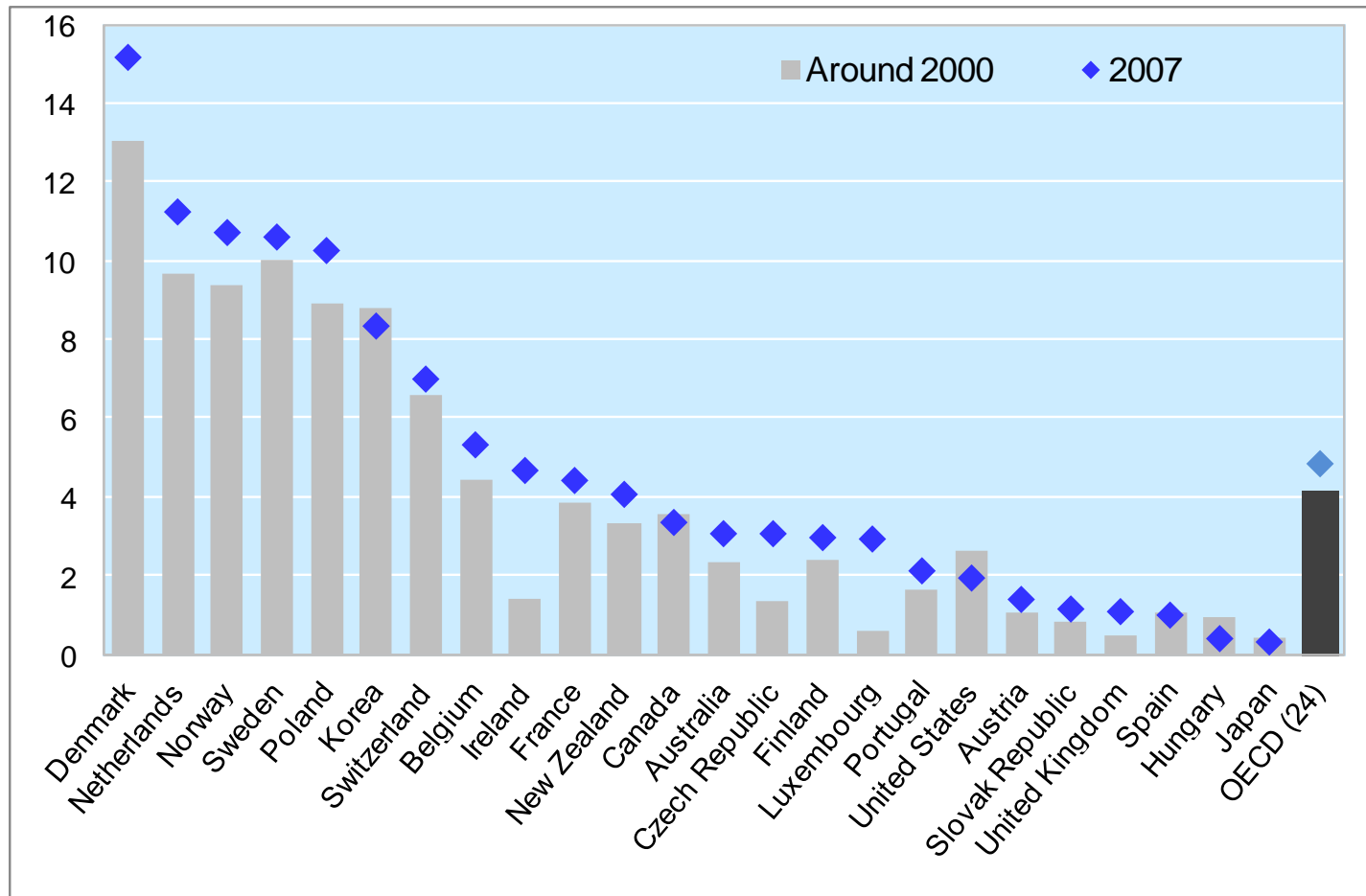
Proportion of the working-age population receiving a benefit by mental health status and by type of benefit received, latest available year



EFFECTIVE POLICIES

... but “active” spending generally remains low

Proportion of vocational rehabilitation and employment-related public spending in total incapacity-related spending, selected OECD countries, 2000-2007





Vocational rehabilitation

Vocational rehabilitation

- a multidisciplinary and multi-stakeholder process, which aims to reduce or eliminate the burden of work disability and facilitate work participation (Finger et al, 2011)
- a process whereby those disadvantaged by illness or disability can be enabled to access, maintain or return to employment, or other useful occupation (Chamberlain et al. 2009)

In practice

- The whole process of getting disabled persons back or in to work, including employment and social security programs, emphasizing output rather than assessments
- AND
- An emerging medical specialty, assessing and treating individuals often as in-patient rehabilitation, to get them back or in to work

Strengthening vocational rehabilitation

- Policymakers
- Practitioners (rehabilitation medicine)
- Researchers

- To a less extent from the disabled, and from employers

Frank AO, Sawney P. Vocational rehabilitation. J R Soc Med 2003; 96

Top-down

- A need to both increase participation in worklife, and secure income
- Disability/illness and work incapacity are not the same
- Increase in mental disability
- Attempts
 - Financial incentives
 - Legislation (work rehabilitation must be tried before disability pension can be granted or applied for)
 - More employment schemes, measures and programs
 - Supported employment and IPS

Bottom-up

- Poor outcome of medical rehabilitation
- Poor investments in vocational approaches
- Low interest in vocational training
- Low interest in work as an important life arena
- Attempts
 - Stronger vocational perspective in rehabilitation

Work participation barriers

- Individual barriers
 - Severe illness
 - Co-morbidity
 - Fear of discrimination
 - Low educational attainment
 - Lack of competence

- Work place barriers
 - Discrimination
 - Low productivity

- Structural barriers
 - Rigid programs, lack of flexibility
 - No integrated action

Traditional approach

- Train-and-place
- Pre-vocational training
- Sheltered work place
- Tends to be permanent
- Moderate effects on work participation

Integrated approach

- Place-and-train
- Supported employment
- Individual Placement and Support
- Suitable work place first
- Individualized
- Continuing support
- Stronger effects on work participation



Supported employment

The need

- People who experience mental health problems consistently say they want to work (UK 70 – 90 %)
- Work is good for health, unemployment is damaging for our health
- There is research on what works to support people with mental health problems into work
- In Europe, people with mental health problems have the lowest employment rate of any disabled group. Supported Employment services are not readily purchased and provided.

Helen Lockett, Salisbury Centre for Mental Health

For whom

- Persons with significant intellectual, emotional, and physical disabilities
- Who have obvious difficulties in getting or keeping jobs
- Developmental disabilities, later refined to include also mental disorders, neurological disorders, traumatic brain injuries, autism

History

- Sheltered workshops – adult day programs
 - No entry to ordinary working life
 - Permanent segregation

- 1970 Group models
 - Work in groups in enclaves, mobile work crew under supervision

- 1980's Individual models
 - One individual is served at a time
 - Supported Employment

- Dissemination phase
 - EUSE 1992 (European Union on SE)
 - Nordic countries, Netherlands, UK

Content

- Job coach
 - Professional vocational rehabilitation specialist

- Support provision
 - Identifying abilities
 - Identifying interests
 - Finding employers
 - Meeting employers
 - Specifying job content
 - Application
 - Employment
 - Continuous support (at least twice monthly)

- Ordinary labour market

- Team work (mental health sector)

Principle values

- Right to employment
- Competitive employment
- Self control
- Equal wages
- Focus on capabilities
- Relationships
- Supports
- Systems change
- Important for society

Wehman P. Supported employment: What is it? J Vocational Rehab 2012; 37

Long-term support

- Individual needs
- Better results with team support
- Minimum support
- For how long?

Individual Placement and Support (IPS)

- A stricter, more evidence based variety of SE
- In US studies Individual Placement and Support approach has shown better results
- High Fidelity is a key term (the degree to which a particular program follows the standard for evidence based practice)
- Emphasis on integration of vocational services with mental health treatment through frequent team member contact

Problems with SE

- Day treatment programs and sheltered work shops still prevail
- Many are insitutionalized
 - Local and national variations
 - Difficult comparisons
- Finding and supporting the employers
 - Finances (wage subsidies)
 - Knowledge (job coach, team, mental health workers, programs)

Advantages

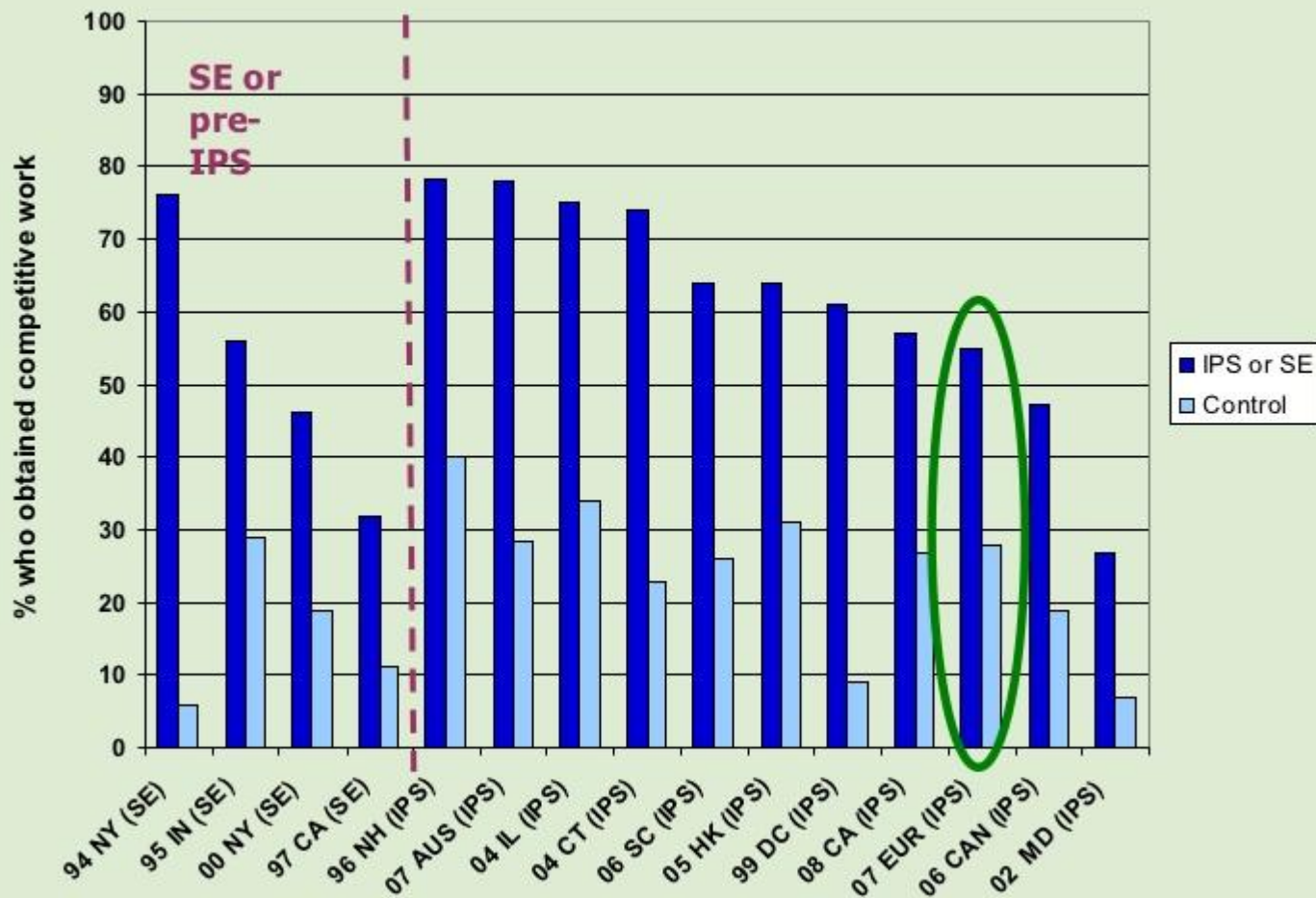
- Higher success rates
- Evidence based
- Integration
- Higher life quality

Evidence base for Supported Employment

- RCTs on Supported Employment
- Cochrane Systematic Review (2001)
 - This systematic review found that people who received Supported Employment were significantly more likely to be in competitive employment than those who received Pre-vocational Training (at 12 months: 34% were employed in Supported Employment compared with 12% in Pre-vocational Training). There is no clear evidence that Pre-vocational Training is effective.

Crowther R, Marshall M, Bond GR, Huxley P. Vocational rehabilitation for people with severe mental illness. Cochrane Database of Systematic Reviews 2001, Issue 2. Art. No.: CD003080. DOI: 10.1002/14651858.CD003080

Source: Latimer, adapted from Gary Bond



Principles for RCT in supported employment

(Corrigan 2008)

- Decisions on training are taken by client
- Integrated vocational and medical rehabilitation
- Individualized according to client's preferences
- Early start with job seeking
- Support: no time limits
- Team based efforts



Return to work

Other evidence-based types of vocational rehabilitation

- Pain conditions
 - Multimodal rehabilitation
 - CBT + physical training/physiotherapy
 - Multidisciplinary behavioural programs
 - Functional restoration programs

- Other conditions
 - Multidisciplinary interventions
 - CBT + fitness and health programs

Chamberlain MA et al. Vocational rehabilitation: an educational review. J Rehabil Med 2009; 41: 856-69

Vocational rehabilitation and ICF

- Eumass core set for disability evaluation 2008
 - «social security» core set
 - 20 items

- ICF Core Set for vocational rehabilitation 2011
 - «clinical» core set
 - Comprehensive core set (90 items)
 - Brief core set (13 items)
 - An international standard for measurement and report concerning functioning in individuals in VR

Monitoring return to work

- A proposition for OECD?
- Indicators for return to work
- A EUMASS proposal?

Final remarks

- Increase in mental health problems as cause for disability benefits in Europe, especially among the young
- Social security and labour administrations have a central responsibility, and should initiate and coordinate action
- Prominent lack of well-designed scientific studies on vocational rehabilitation for persons with moderate mental disorders

References

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