

MI Fellowship™ practice framework: Employment

People with a mental illness want to work. Employment offers a valued social role, provides social and economic benefits and is a potent enabler of recovery. However, few people with a mental illness, particularly those with a psychotic disorder, are engaged in the paid workforce. The recent Survey of High Impact Psychosis reported that only 21.5% of people with psychotic disorders were in paid employment, with most in part-time or casual roles¹. We know that serious mental illness impacts on people's educational and vocational opportunities, and that stigma held by employers, health professionals and the community contributes to low employment rates.

1.1 MI Fellowship's employment principles

MI Fellowship believes all people with a mental illness can work when provided with the right support to get and keep a job. Helping people identify and realise their employment aspirations is a key component of all our programs. We focus on:

- helping people find work that is fairly paid and reflects their interest and skills
- assisting people to develop skills and supportive networks to help them keep their job
- engaging employers, families and friends in supporting people with mental illness to work.

1.2 Evidence base for MI Fellowship's employment approach

There is a well established evidence base supporting the Individual Placement and Support (IPS) model as the most effective approach to helping people get and keep a job².

There are eight elements of this model:

- 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.
- Benefits counseling is included³

There is emerging evidence that employment outcomes, in particular tenure, are improved when natural supports are engaged to assist the person to get and keep a job and supported education is provided to support and build job skills^{4,5}.

¹ Morgan, V.A., et al., 2011. People living with psychotic illness 2010: Report on the second national survey. Australian Government.

² Bond, G.R, et al, 2008. An update on randomised controlled trials of evidence based Supported Employment, *Psychiatric Rehabilitation*, 31, pp.280-290.

³ <http://www.dartmouth.edu/~ips/page29/page31/page31.html>

⁴Roberts, M.M., et al., 2010. A study on the impact of social support development on job acquisition and retention among people with psychiatric disabilities. *Journal of Vocational rehabilitation*, 33, pp.203-207.

⁵ Murphy, A.A., et al, 2005. Enhancing Individual Placement and Support: Promoting job tenure by integrating natural supports and supported education. *American Journal of Psychiatric Rehabilitation*, 8, pp. 37-61.

1.3 Features of MI Fellowship's employment approach

MI Fellowship works with people to:

- identify work aspirations
- identify and activate social networks that will help the person get and keep a job
- engage with employment services that utilise the IPS model and could also help in finding work
- support people in job search, job getting and keeping and career progression.

As peer led strategies are particularly effective in supporting recovery, they will be used to assist people to develop, plan for and realise their employment aspirations.

MI Fellowship works with employers and to provide education about mental illness and support them in creating a supportive workplace.

MI Fellowship provides education and support to families and natural supports to enable them to be positive contributors to the individual's working life.

Community Recovery Model

People affected by mental illness have the right to create a good life: making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

MI Fellowship's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

- promote recovery and positive change for people with mental illness
- assist families and friends to build resilience
- create welcoming communities.



family and friends

- We understand mental illness
- We know what helps recovery
- We look after our own wellbeing

Individual

- I can take charge of my life
- I feel connected to people
- I am part of my community

Community

- We include people with mental illness
- We stand up for equal rights
- We create opportunities for people