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The menu approach to supported employment for individuals with severe and persistent mental illness: Outcomes in an Oregon community based program

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Disciplines
Medicine and Health Sciences | Occupational Therapy | Rehabilitation and Therapy

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The Menu Approach to supported employment for individuals with severe and persistent mental illness: Outcomes in an Oregon community based program

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Keywords: Mental illness, supported employment, Menu Approach, individual placement and support

1. Introduction

1.1. Unemployment and mental illness

Exclusion from employment has serious potential implications for individuals diagnosed with serious mental illness (SMI) [1,13,14,21,26]. In addition to the financial implications, employment may provide opportunities for individuals to improve self-esteem, reduce symptoms, reduce relapse, and reduce dependence [13,26]. Davis and Rinaldi [14] identified that unemployment leads to decreased social contact, increased apathy, increased difficulty with decision making and daytime structure, and increased risk of suicide.

In a small qualitative study of the benefits of work for individuals with SMI from the consumer’s perspective, Auerbach and Richardson [2] identified that work contributes positively to the individual’s self-identity and that, from the consumer’s perspective, it provides an “...antidote, a way to organize their lives and to feel better” (p. 268). They also found that, from the consumer’s perspective, work provided opportunities for personal growth and the attainment of competencies in life skills. The recognition of the negative effects of unemployment and the positive effects of employment for individuals with mental illness has led to the development of several models used to provide em-
ployment services to individual’s diagnosed with SMI, collectively described as supported employment [29]. The unemployment rates for individuals with serious mental illness (SMI) have been among the highest of any identified group in the United States with estimates ranging from a low of 75% to a high of 92% [2,13,14,21,28,29]. Crowther et al. [3] concluded that despite the high rate of unemployment, evidence from numerous sources showed that most individuals with psychiatric disabilities wanted to work. In addition to individual’s with mental illnesses desire to work, Salyers et al. [31] identified; “The President’s New Freedom Commission on Mental Health, the Surgeon General, the National Alliance for the Mentally Ill, and the National Institute of Mental Health have identified the importance of employment as an outcome of mental health rehabilitation” (p. 302).

Auerbach and Richardson [2] explained that work contributes to personal identity, provides organization to daily life, and helps individuals with mental illness to feel and be perceived as more “normal” with a productive future. Unemployment, on the other hand, contributes a lack of structure with increased negative feelings about oneself which are supplemented by negative perceptions from society as a whole. Honey [21] summarized that work “... increases confidence, self-esteem, and feelings of being productive and normal; affords social status, independence, and financial security; promotes social interaction, community participation, and personal and professional growth; ensures purposeful use of time; supports mental health; and offers challenge, stimulation, and personal satisfaction” (p. 381).

The National Mental Health Association (n.d.) identified that supported employment, originally developed for individuals with developmental disabilities, has been adapted to meet the needs of individuals diagnosed with SMI. Several models have been developed, including Individual Placement and Support (IPS) [6,15] and the Menu Approach [10]. The above models share the common goals of:

- Pay is at least minimum wage but preferable at the prevailing wage.
- People with and without disabilities work together in an integrated setting.
- Support is ongoing and provided as needed.
- Services are individualized.
- Job selection is based on a person’s preferences and skills.
- Competitive employment is the goal (National Mental Health Association, n.d., Critical Goals for Supported Employment section).

Although the models share common core goals, there is much debate over the method for achieving the goals. To date, most of the research into supported employment has focused on the IPS model [7,8,28]. In fact, Bond et al. [8] stated; “we do not view this approach as a distinct supported employment model. Instead, it is intended as a standardization of supported employment principles in programs for people with severe mental illness...” (p. 314). The primary goal in IPS, to the exclusion of other goals that are not employment related, is achievement of competitive employment [1,6–8,13,28]. Auerbach and Richardson [2] pointed out however, that this emphasis on competitive employment limits resources and options for individuals who do not have an employment goal or the ability to succeed in competitive employment.

In contrast to IPS, the Menu Approach seeks to provide supportive services to all individuals with mental illness regardless of the individual’s desire or ability to work. According to Chandler et al. [10], the Menu Approach has four primary guiding principles;

1. Work offers many benefits besides a means to “pay the bills.”
2. Virtually all consumers can participate in and benefit from meaningful paid work.
3. Consumers should be able to choose from a “menu” of employment options.
4. Multiple trials of different kinds of paid work are an important part of developing longterm employment in competitive settings (p. 24).

The Menu Approach has not been well studied however, so it’s very difficult to do an accurate comparison between IPS and the Menu Approach of outcomes achieved in employment for individuals with SMI.

At this time, there is disagreement as to which model may provide the best service to individuals with SMI. In an extensive review of the literature for The Cochrane Collaboration, Crowther et al. [13] concluded that “data suggested that Individual Placement and Support was an effective form of Supported Employment, but were insufficient to say whether it was more effective than other less carefully specified forms of Supported Employment” (p. 12). Advocates of the IPS model have done a thorough job in establishing its effectiveness in comparison to standard treatment that doesn’t have a competitive employment focus, but also conceded that other models have not been well studied at this time [7,8].
2. Objective

The purpose of this study was to evaluate outcomes of a Menu Approach based vocational program, the Abacus program, in a community mental health setting in the Pacific Northwest. The Abacus Program provides vocational, psycho-educational, and psychosocial services to individuals with SMI. Vocational service options include: a comprehensive vocational assessment (consisting of a 30 day trial work experience, paid at minimum wage, and occupational therapy evaluation), vocational skills training, job search assistance, job placement assistance and training, and on-going vocational supports to maintain employment. Within the Abacus program, psycho-educational and psychosocial services are grouped under the title of illness management and recovery (IMR) services and include classes on various topics such as: symptom management and recovery, smoking cessation, conversation skills, anger management, etc. Also included in IMR services are group social skills training, co-occurring disorders (SMI and substance abuse/addiction) treatment groups, and leisure/recreational skills building groups.

Establishing a reliable and diversified pool of research into the various models of supported employment will help to identify best practices and evidence based practices that are available to consumers and clinicians addressing the unemployment problem within the community of individuals diagnosed with SPMI. In addition to employment outcomes for clients seeking competitive employment, the current study also compared the number of clients being served by the Abacus Program in general (all of whom have been offered the opportunity to develop vocational goals) to the number of clients served through the vocational program in order to determine whether or not the assertion identified earlier, that most individuals with mental illness want to work, is true in this setting.

3. Method

3.1. Design

This study employed a summative evaluation design in order to determine the effectiveness of vocational services at the Yamhill County Abacus Program, a Menu Approach based vocational program for individuals with severe and persistent mental illness in the Pacific Northwest region of the United States that works cooperatively with the Office of Vocational Rehabilitation (OVRS) to provide vocational services to individuals with SMI. Summative evaluation designs determine effectiveness of interventions and approaches [11]. Existing Abacus Program records were reviewed to identify subjects who had participated in the vocational program between the years 2000-2006. Rates of successful competitive employment and employment trends were identified.

3.2. Subjects

The subjects in this study were drawn from mental health clients who were served by the Yamhill County Abacus program from 2000–2006. To be eligible for this study, participants must have engaged in vocational services at the Abacus program from 2000–2006, must have been 18 years old or older during the study period, and must have had a diagnosis of serious mental illness (schizophrenia, bi-polar, or major depression with psychotic features). Data indicating the number of client’s served overall at the Abacus program during the study period was also gathered to determine whether or not a majority of clients served sought employment, as indicated in the prior literature.

Exclusion criteria included individuals who were already employed at the time of entry to the program who were looking for support to maintain their current employment rather than assistance in getting a job. Individuals served by the Abacus program who did not have a diagnosis of serious mental illness were not eligible for this study.

3.3. Data collection

The Abacus program produced monthly reports of vocational services provided each month which were used for the initial identification of study participants. In addition to the monthly reports, the Abacus program coded services provided as being either vocational (VOC) or illness management and recovery (IMR). A search of the Abacus program computerized records based on the coding of VOC was used to ensure that all vocationally based services provided were accounted for as study participants were identified. To ensure confidentiality, each participant was randomly assigned a number which identified them during data analysis, thus eliminating the direct identifier of the client’s name within study data. General demographic information (gender and age) was collected during initial participant identification. All data was collected from existing records and no direct client contact occurred.
All records were reviewed by the primary investigator and a student from the local school of occupational therapy who was at the Abacus Program on Level II Fieldwork at the time of the study. Data collected from the file review consisted of age, gender, diagnosis of participants, number of months from initial intake into vocational services to placement in employment, general description of employment achieved (i.e., clerical, janitorial, retail, etc.), tenure in employment, and whether or not ongoing vocational supports were accessed. For the purposes of this study, the definition for employment was a job that paid at least minimum wage that was available to anyone in the general public and that people with disabilities worked along side people without disabilities.

3.4. Data analysis

Reliability of data was checked by cross referencing monthly and yearly reports with daily notes in the computerized files before analysis. In addition, reliability was further strengthened by having the OT student randomly code 25% of the data which was then compared to the coding of the primary investigator for consistency of interpretation. Data was coded and entered into the computer program Statistical Package for the Social Sciences (SPSS) 15.0 in order to examine the outcomes of the program. Calculations provided statistics regarding number of individuals provided with service vs. number of clients who obtained competitive employment during the study period. A statistical breakdown of the number of pre-employment evaluations, time in job search, types of employment achieved, duration of employment, and usage of on-going employment supports was developed in order to describe the program employment outcomes.

4. Results

Reliability checking revealed that the primary investigator and the student investigator were in agreement overall at a rate of 95% after file review, with three instances of conflicting information. Conflicting information consisted of two instances of disagreement as to whether or not the client met SMI criteria and one case in which the primary investigator identified an instance of employment that the student investigator didn’t identify within one file.

During the study period, the Abacus Program served 264 clients. Of the clients served, 171 received vocational services, including those excluded from the current study, with 47 participating in only vocational services and 124 involved in both vocational services and other IMR services of a non-vocational nature. Within the 264 clients served by the Abacus Program, 93 did not participate in any vocational services and were only served in IMR services.

There were 140 cases of vocational services that met study criteria during the study period resulting in 83 successful instances of employment (59%) with 74 pre-employment evaluations performed (60%). Of those who became employed, 82% of clients took advantage of on-going vocational support services provided by the Abacus Program. Job search lasted from a minimum of less than a week to a maximum of 54.0 weeks. The mean job search was 13.9 weeks with a median of 10.0 weeks. The total number of weeks devoted to job search was 1207.0 weeks. Job search services were provided based upon client needs and varied from limited “behind the scenes” assistance, completing applications and interview training, to representing the client with employers and negotiating employment terms.

Results of the study revealed that the most common reason for not obtaining competitive employment through the Abacus Program was client choice, equaling 40.4% of those who did not obtain competitive employment. The second most common reason for not obtaining competitive employment was physical medical issues preventing the client from continuing work, 17.5% of those who did not become employed. Only 7.0% of the clients who participated in an assessment were determined to be competitively unemployable by the Abacus Program at the time of assessment while 8.8% were determined employable but employment was not achieved despite extensive job search efforts. Reasons and rates for non-employment outcomes are summarized in Table 1.

Once employed, job duration lasted from a minimum of less than a month to a maximum of 75.0 months. The mean job duration was 9.0 months with a median of 4.0 months. The total number of months worked by all clients was 717.0 months. The types of jobs obtained by Abacus clients covered a wide range of employment types but primarily consisted of entry-level positions. The largest percentage, 16.9%, became employed performing janitorial work while two types of employment, general labor helper and human services worker, were tied at 9.6% each. The different jobs obtained by Abacus clients are summarized in Table 2.
Table 1

<table>
<thead>
<tr>
<th>Reason for non-employment</th>
<th>Number of clients</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Choice</td>
<td>23</td>
<td>40.4</td>
</tr>
<tr>
<td>OVRS Closed as “Unemployable”</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>OVRS Closed After Expenditure Job Search</td>
<td>5</td>
<td>8.8</td>
</tr>
<tr>
<td>Served by Other Agency</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Incarceration</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>Moved</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>Physical Medical Issues</td>
<td>10</td>
<td>17.5</td>
</tr>
<tr>
<td>No Work Visa (Illegal)</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Accepted Volunteer Position</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td>Went to School</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Psychiatric Hospitalization</td>
<td>1</td>
<td>1.8</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>1</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Job type</th>
<th>Number of clients</th>
<th>Percent of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Worker</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Auto Detailer</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Industrial Cleaner</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Pizza Delivery</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Stocker</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>General Labor Helper</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Dishwasher</td>
<td>7</td>
<td>8.4</td>
</tr>
<tr>
<td>Janitor</td>
<td>14</td>
<td>16.9</td>
</tr>
<tr>
<td>Human Services Worker</td>
<td>8</td>
<td>9.6</td>
</tr>
<tr>
<td>Laundry</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Cook</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Truck Driver</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Customer Service</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Machine Operator</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Carpet Cleaner</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Janitorial Supervisor</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Secretary</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Painter</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Data Entry</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Lube Tech</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Gas Station Attendant</td>
<td>2</td>
<td>2.4</td>
</tr>
</tbody>
</table>

5. Discussion

The purpose of the current study was to determine outcomes for a Menu Approach supported employment program. Roberts and Pratt [30] identify that one of the difficulties in comparing the differing outcomes in employment program studies is the variation of inclusion criteria for the various studies. Although all the studies they analyzed used the same definition of competitive employment, there was a variation in outcomes ranging from 20%–78% success in the employment rate of study subjects. Roberts and Pratt [30] concluded that “a close examination indicates that, for most of these studies, the greater the pre-screening of participants, the higher the competitive employment rates for those in the SE [Supported Employment] condition” (p. 178).

The inclusion criteria for the current study included common criteria such as the presence of a major mental illness, unemployment during the study period, and age of at least 18 years old at the time of services. Study participants were required to be willing to seriously consider the possibility of competitive employment in order to begin a vocational evaluation but they were not required to commit to competitive employment until after completing the evaluation. As clients were not required to have a goal of competitive employment at entry to the program, many determined after the initial assessment of job readiness that they were not currently ready for competitive employment and thus chose to conclude services or engage in pre-employment preparatory services without immediately seeking competitive employment.

The majority of the studies identified by Roberts and Pratt [30] use desire for competitive employment as inclusion criteria for outcomes research but the current study didn’t require a committed desire for competitive employment until after the assessment was concluded. Of those who engaged in vocational services at the Abacus Program, 73% were involved in both vocational and IMR services while only 27% were engaged in vocational services exclusively. Recent research has favored an integrated approach to treatment in which vocational services and mental health services are provided within the same agency [12,16,22,27,32]. Future research needs to identify what aspects of an IMR program support employment outcomes. In addition, methods to further integrate vocational and IMR services need to be developed in order to enhance outcomes.

6. Conclusions

The data clearly show that the Menu Approach to supported employment produced a high percentage of successful employment outcomes when compared to
the range of success reported by Roberts and Pratt [30]. The subject of inclusion criteria for outcome studies of supported employment programs is just beginning to garner attention but deserves further study in order to truly determine which approaches to supported employment are best in a given situation. In addition, further study needs to be conducted to determine what percentages of individuals are not being served in programs that require a goal of competitive employment for participation. The current study demonstrates that the all-inclusive Menu Approach is an effective approach and that it deserves further research in order to determine whether or not the outcomes are unique to the Abacus Program or if they can be replicated in other programs using the Menu Approach.

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References


