

The Aspiring Workforce

Employment and Income for People
with Serious Mental Illness



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada



Report led by researchers at the Centre for Addiction and Mental Health, University of Toronto, and Queen's University.

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research team

Supported Employment: A Review of the Literature and Canadian Perspectives

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executive summary

A disproportionate number of people with serious mental illness in Canada are unemployed, or detached from the labour market, and the numbers of people with mental illness transitioning onto disability income support programs are rising. Many of our current ways of thinking about the work capacity of people with mental illness, and acting upon the problem, are ineffective. Systemic forces can lead to the employment marginalization of people who have skills and expertise to contribute to the Canadian economy and workforce.

We urgently need a national program of action to change this situation. There are effective ways to increase employment; this is a problem that has solutions. There is no one answer, but instead, a system of responses are required to effectively improve this issue.

In September 2009, the Mental Health Commission of Canada (MHCC) contracted the Centre for Addiction and Mental Health to undertake “The Aspiring Workforce” research project, in collaboration with researchers from the University of Toronto and Queen’s University. The intent of the project is to identify existing and innovative practices that will help people living with serious mental illness to secure and sustain meaningful employment and/or a sustainable income.

The term “Aspiring Workforce” describes those people who, due to mental illness, have been unable to enter the workforce, or who are in and out of the workforce due to episodic illness, or who wish to return to work after a lengthy period of illness. These people are as diverse as other Canadians in their life experiences and identities, and come from all regions and cultural and linguistic groups across Canada. But, like any other Canadian, they share a desire and need for meaningful employment and a sustainable income.

Canadians living with significant mental health issues experience high rates of unemployment. The “Aspiring Workforce” project is built on the understanding that access to work and to disability income support are intricately related for people with significant mental illnesses. Evidence from research shows that access to work can be improved through the use of supported employment programs. Supported employment is often provided by a variety of mental health professionals to help people find work that they are interested in, in the regular labour force, with ongoing support to help people within their jobs.

Beyond supported employment, there are a variety of innovative approaches to creating employment opportunities. A good example of this is the social business approach, which uses market strategies to create jobs for

people with serious mental illness. By marketing quality goods and services to the Canadian public, social businesses provide an avenue to increase the profile of the aspiring workforce as contributing and capable.

Disability income benefits provided by a range of governments (federal, provincial and territorial) and private providers are also important. Many people from the “Aspiring Workforce” may need to move in and out of the workforce and onto benefits due to the episodic nature of their mental health problems. Developing programs that are flexible and coordinated is important to ensure that people have a living income, whether from disability benefits, employment income or a combination of these sources.

Entering the workforce often has a spider web effect on financial and other supports – once people begin to work, they can experience clawbacks in their disability income assistance, they may lose their health care benefits, and their rent may increase if they participate in a rent-geared-to-income program or receive rent subsidies. If they need to stop working, it may take long periods of time to undo the effects that working has caused on their benefit eligibility, placing them at risk of homelessness, or in other precarious situations

The Problem

- Up to 90% of Canadians with serious mental illness are unemployed.
- The skills and talents of people with serious mental illness are often not recognized; their potential contribution to economic and civic life is wasted.
- The barriers to employment for people with serious mental illness include: stigma and discrimination, income security policies that penalize (or fail to sufficiently reward) earned income, and inadequate sustained support for people in getting - and keeping - a job.

We Know That...

- People with a job are healthier, have higher self-esteem, and have higher standards of living.
- There is overwhelming evidence that most people with serious mental health problems have skills and expertise to offer to the labour market - they can work, and want to work.

The Economic Cost

- Randomized controlled trials tell us that people with mental illness who work use far fewer hospital and other health services than those without employment.
- Approximately \$28.8 billion is spent each year in disability income support.
- Increasing employment will greatly reduce these costs.

The Human Cost

- A lack of work has been linked to stress and psychological instability, problems with self esteem, relational conflicts, substance use, and other more serious mental health concerns.
- Unemployment is associated with a twofold to threefold increased relative risk of death by suicide, compared with being employed.
- Mental health consumers, families, and clinicians can testify to the impact of employment on health and well-being.

The Answers

The right employment supports – Not all employment supports are equal. The evidence tells us that rapid job placement models with long-term help to maintain employment is more successful and cost-effective than pre-vocational activities. Supported employment is an innovative rapid job search model that has proven very effective.

Alternative employment options – Social enterprise has a track record of creating meaningful employment for people with mental illness. These businesses are often owned and operated by those who have received mental health services.

The right incentives – Well designed government programs can promote independence. People receiving social assistance and disability supports who work should not be subject to punishing disincentives. Working should make economic sense.

The right information – Arming people with mental illness who want to work with the knowledge of the rights and supports they have access to in the workplace leads to greater chance of success.

Recommendations

A paradigm shift de-stigmatizing people with serious mental illness

We need to re-conceptualize the relationship between work and mental health consumers.

Collaboration among different sectors

As the issue at hand spans multiple ministries and multiple stakeholders/actors, the importance of partnership and coordination is integral to the process of increasing labour market attachment for people with mental illness. Federal and provincial governments, mental health service providers, community organizations, and employers, and people with mental illness themselves, all need to be at the table moving forward.

Removing disincentives to return to work

Our current income support systems create barriers, with few incentives for returning to work. Those receiving disability income supports fear exiting these programs - once a person begins to work, their financial situation may become precarious and can actually worsen. We need to ensure there is sufficient incentive in returning to work, allowing disability income support programs to serve as a safety net. We also need to make it easier to find information about employment benefits available through disability income support programs.

Use existing best practices while continuing to innovate

There are best practices and we should use them. We know supported employment works, and there is growing evidence of the potential of social businesses - but access to these opportunities is limited and they need more and stable funding. A commitment to invest in the development and testing of new strategies is also required.

Early intervention

The longer a person spends away from the labour market, the more difficult it is to return. We need to ensure supports are offered early, to reduce long term detachment and encourage career development.

System capacity building

Compared to other OECD countries, Canada ranks 27th of 29 countries surveyed on public spending for disability-related issues, and provides the second to lowest compensation and benefit levels. Reforms will require additional resources and funding in order to effectively expand labour force participation. This is not only beneficial for the success and wellbeing of those with mental illness - there is also a cost benefit to putting resources into the right employment supports.

Knowledgeable consumers

The Aspiring Workforce (AW) study seeks to identify ways of helping consumers become workplace savvy. We acknowledge that success requires both the employee and employer to be on board. Interventions discussed in the AW project address the needs of both.

introduction

Over 60 years ago, a profound shift took place with regards to mental illness in Canada. The perception that people with mental illness were violent, helpless, or a risk to society began to be questioned. Soon the foundations of an old system that had treated people as second class citizens, taken away their rights, and relied on long periods of institutionalization began to crumble.

In 1963, the CMHA's seminal work *More for the Mind* redefined mental illness as "an illness like any other." With this new vision, long-stay mental hospitals began to appear anachronistic, and indeed, actively harmful to their patients. The ideal became to move treatment into general hospitals and outpatient programs.

Deinstitutionalization swept across Canada, and by the mid-1970s there were massive closures of inpatient beds and even entire mental hospitals. Closures eventually topped 70% of all designated hospital beds for the mentally ill.

The new approach recognized that people with mental illness have the capacity to live in the community, although exactly how they should be supported to do so was not fully specified. It began to be recognized that mental illness is not all-encompassing and all-defining, and it became more common to hear someone described as a person with a mental illness rather than as a mental patient. Capacity was increasingly recognized in clinical work, and many people with mental illness began to prove that they could be successful in community life, resourceful, and able to take care of themselves even in difficult situations.

This move towards seeing people with mental illness through a new lens was one of a number of fundamental social changes in the second half of the 20th century. Many groups, including women, racial minorities, Aboriginal people, the physically disabled, and others, began to make progress in breaking down old stereotypes and prejudices. In most cases, the struggles are ongoing, but substantial progress has been made. For people with mental illness, the process of being seen as members of the community, rather than people who should be isolated from the community in institutional settings, also got off to a promising start in most parts of Canada.

Many thousands of Canadians with mental illness have benefited from living in the community. Mental health systems see comparatively little of them, and primary healthcare staff often provide the bulk of their care. But for those with the most challenging illnesses, problems began to emerge. Life expectancies started to drop, homelessness rose, and many people with mental illness found themselves returning to institutionalization, but in jails and prisons

rather than in hospitals. Eventually, it was recognized that not enough planning had been done to ensure that the supports were in place to ensure a successful life in the community for people with mental illness. Closing beds had been the easy part - it was much harder to ensure that people were able to thrive in community settings. In hindsight, deinstitutionalization was only the first part of a much more complex process. The larger challenge, and the more important goal, turned out to be the full inclusion of people with mental illness in Canadian society. For many, this remains elusive - many people with mental illness continue to experience challenges in employment, income, housing, and other areas. The revolutionary changes that began with deinstitutionalization are not yet finished.

We have learned from the mistakes of the past, and from our successes, as well. There is now a very rich base of knowledge about mental illness. We have developed a greater understanding of illnesses and of appropriate support models. The idea of recovery has taken hold, and the voices of consumers and families are more often heard.

We now find ourselves at a critical point. Looking ahead, there are challenges but also signs of progress. There is support for innovation and new ideas in health care and mental health care. Many provinces and territories are working on or have recently completed mental health reform strategies. In 2012, the Mental Health Commission of Canada released Canada's first ever Mental Health Strategy for Canada "Changing Directions Changing Lives". The Strategy emphasizes the creation of mentally healthy workplaces that enable full participation of people living with mental health problems and illnesses in the workforce. Within the national strategy and provincial and territorial strategies, priority is being placed on thinking creatively, reframing problems, and developing innovative solutions.

Now is the time to complete the job started many years ago. Consumers, families, professionals, policy makers and planners are committed to change. With these powerful ingredients - experience and lessons learned on one hand, and renewed commitment to change on the other - the time is right to move towards full inclusion for people with mental illness. Although points of debate remain, the concepts of inclusion and recovery have created an unprecedented degree of agreement about the solutions that are needed. Full lives in the community, characterized by acceptance and dignity, are clearly possible.

There are many factors that need to be in place to realize this goal, from good treatment to various kinds of community support. The MHCC is issuing studies in a number of key areas; a full review of housing has already been issued

(Turning the Key; Mental Health Commission of Canada, 2012). But housing is only the beginning, and other pillars of community life need to be put in place. Employment is central among these and people with mental illness who can and want to work can be thought of as an Aspiring Workforce. Fortunately, many thousands of people with mental illness do work and have benefitted from modern treatments, improvements in human rights, and better employer attitudes. But this good news does not apply to everyone. Many people with mental illness can work, but are not doing so. Why?

This group of reports, brought together under the Aspiring Workforce title, tries to uncover some answers. It looks at five areas: the kinds of support services that help people join the workforce; the incentives to returning to work; the development of special social businesses that combine business and social missions to create employment; the kind of social assistance programs that encourage and support people in returning to work; and the know how that that is needed to succeed in the workforce. In each of these areas, the potential is very positive and exciting.

When deinstitutionalization began in the 1950s, it was driven by the idea that things were fundamentally wrong and that everyone would benefit if changes were made. “Everyone” meant at least the patients, the staff, families, and the taxpayer. It was powerful because of the groups that would win and the fact that it fit with bigger social issues like human rights. The result was profound change.

Helping the aspiring workforce to become engaged in employment is exactly the same kind of issue. Everyone is a winner if we make the right changes. At the broadest level, Canada, despite the recent economic downturn, will need a skilled workforce for a future that will likely see labour shortages in many areas. No country can now afford to have productive citizens sitting idle because of poorly designed health and social programs. Social service programs, particularly disability income programs, can no longer afford rising case loads and increasing costs. Mental health problems are now the leading cause of disability claims in Canada and the OECD countries. Health systems can no longer afford the damage to people’s mental health caused by exclusion from the workforce.

If everyone will benefit from change, why has it not occurred? Surprisingly, the answer is not because we do not know what to do. Here are some of the things revealed in this study:

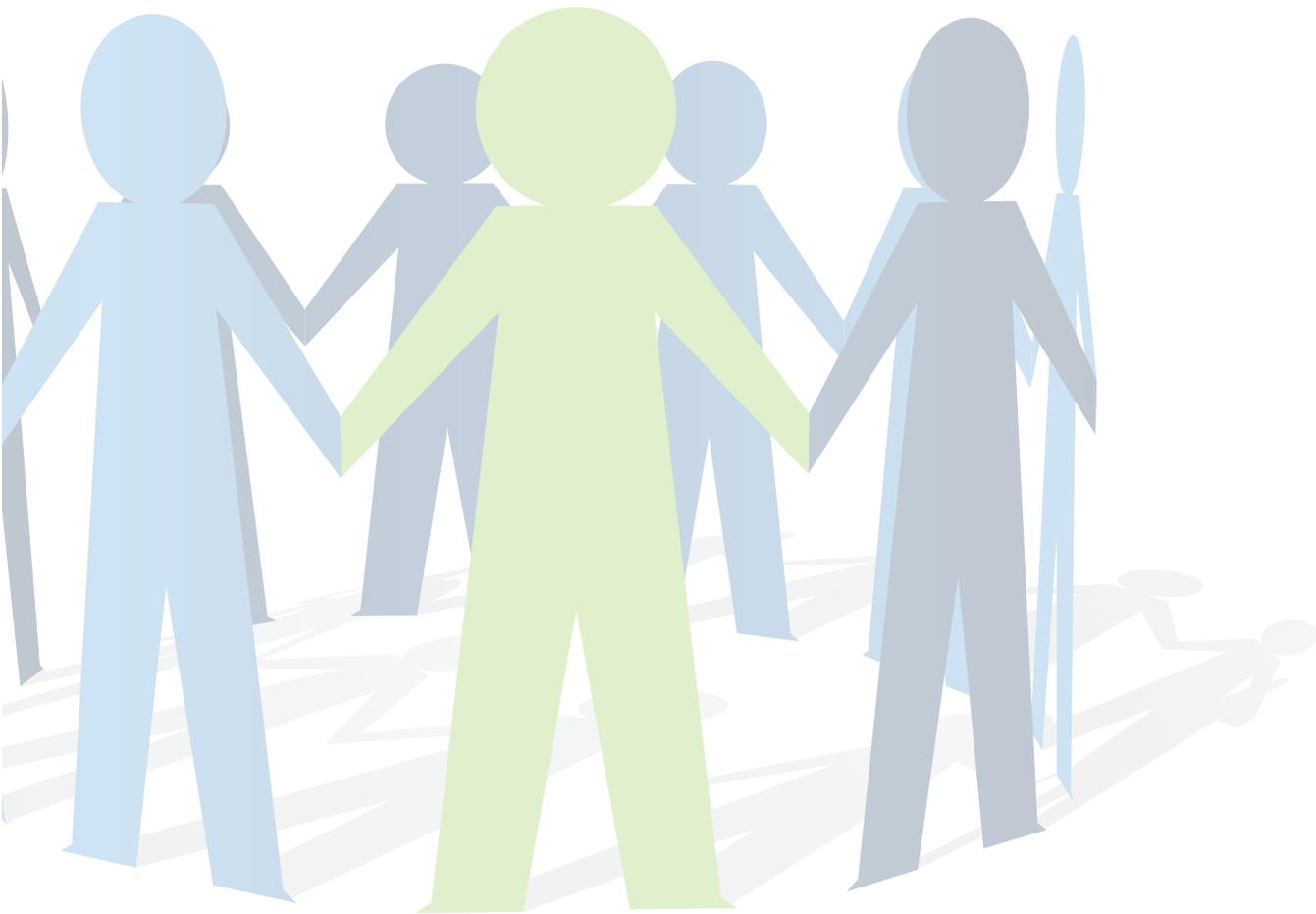
1. How to effectively provide services for people who want to work, and which services are likely to be most helpful
2. What systematic incentives and disincentives exist in returning to work

3. How to develop social businesses that as part of their mission provide jobs to people with mental illness
4. How to provide disability pensions that also focus on a person’s capacities and ability to work
5. The key things people need to know about succeeding at work

The good news is that Canada has many examples of success in at least some of these areas. We are not starting from square one.

This report speaks to the five areas above. In each case, the background issues and current situation are covered. The exciting things we know and can apply are outlined. Taken together, they are a sourcebook for action. The next step will be to build consensus at the national, provincial, and territorial levels to move forward. If we do this, we can predict a new generation of capable employees enriching workplaces across Canada, and by so doing having better mental health themselves.

Supported Employment: A Review of The Literature and Canadian Perspectives



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summary

Supported employment (SE) is an approach to helping people find and keep jobs in the community. This approach is based on the assumptions that: persons with severe mental illnesses (SMI) have the rights and capabilities to contribute to society through work; every individual can be gainfully employed if provided with the proper supports; and each person has something unique to offer. This project examined what is known about Supported Employment to date, with a particular focus on SE in Canada. It had several components: a) content analysis of literature on SE; b) interviews with consumers of SE services; and c) a survey of SE service providers. A fourth component was the compilation of an inventory of SE services in Canada, which is a stand-alone document, separate from this report. (See Appendix A)

Based on findings from the literature, client interviews, and service provider survey results we offer the following key messages/recommendations.

Recommendations for Supported Employment Programs

1. Fidelity to the Supported Employment model should be a goal of Supported Employment programs.
2. Supported Employment programs should provide vocational and social skills training and cognitive training for their clients where the need exists.
3. Supported Employment programs should ensure that jobs are well matched to clients' interests and career goals.
4. Supported Employment programs should seek out not only part time, temporary jobs, but also those that are full time with benefits.
5. Supported Employment programs should consider family and peer support as components of their services.
6. Supported Employment programs should address job accommodations together with clients and employers.
7. Continuous evaluations should be used to assess individuals' needs and help individuals adapt to workplace environments and vice versa.
8. Anyone who chooses to be in the Supported Employment program should be able to be enrolled in it and support should be offered on a

time unlimited basis.

9. Employment services should be integrated with mental health services
10. Supported Employment administrators, managers and staff must demonstrate commitment to Supported Employment and leadership in Supported Employment.
11. Supported Employment programs must address staff training, education and attitude development.

Recommendations for Policymakers and Funders

12. More funding is needed to increase the number and capacity of Supported Employment programs. Results based funding vs payment for service undertaken needs further discussion and research.
13. Training and education for Supported Employment program developers and staff is needed. Staff members who work in Supported Employment programs should be required to have knowledge and training in business and/or in public relations, in addition to social services, in order to assist their clients.
14. Anti-stigma initiatives and employer awareness/ education of employment possibilities for persons with mental illness should be developed, implemented and promoted in workplaces.
15. Opportunities for networking and partnering with the multiple stakeholders involved (employers, Supported Employment programs, policymakers, consumers, families) should be facilitated.

Recommendations for Researchers

16. Research is needed on employer incentives for hiring people with mental illness, particularly during times of economic instability.
17. Disincentives to employment must be further researched and addressed (i.e. public income support)
18. Further research is needed in the area of diversity and Supported Employment.
19. Further research on the cost/benefit ratio of Supported Employment to the social and health systems is needed.

executive summary

This project examined what is known about Supported Employment (SE) to date, with a particular focus on SE in Canada. It had several components: a) content analysis of literature on Supported Employment; b) interviews with consumers of SE services; and c) a survey of SE service providers. A fourth component was the compilation of an inventory of SE services in Canada, which is a stand-alone document, separate from this report. Based on findings from the literature, client interviews and service provider survey results we offer the following key messages/ recommendations.

For Supported Employment Programs

1. Fidelity to the Supported Employment model should be a goal of Supported Employment programs.

Critical components of SE programs should be implemented rather than changing the components and the SE model to meet local conditions (Becker, Xie, McHugo, Halliday & Martinez, 2006). Becker, Smith, Tanzman, Drake and Tremblay (2001) studied competitive employment outcomes for 2,639 clients at ten mental health centres. They found that higher competitive employment rates were strongly correlated with overall program fidelity.

2. Supported Employment programs should provide vocational and social skills training and cognitive training for their clients where the need exists.

Providing clients training in marketing themselves, job-seeking skills, and portfolio building increase the client's chances of vocational success (Tschopp et al., 2007). Cognitive skills training has also been found to promote positive outcomes; McGurk and Mueser (2006) found that when employment specialists use strategies to target cognitive deficits, clients achieved longer periods of work. Tsang, Chan, Wong and Liberman (2009) found that clients participating in integrated supported employment (ISE), which involves social skills training with SE, had higher employment rates and longer job tenure.

3. Supported Employment programs should ensure that jobs are well matched to their clients' interests and career goals.

When services are individualized and jobs are matched to client goals and interests, outcomes are improved. When clients identified preferences for jobs prior to the beginning of the SE program and found jobs that matched these preferences, they were able to remain at the job for a longer duration of time than clients whose preferences did not match (Becker, Drake, Farabaugh & Bond, 1996). Bond's (2004) review of SE literature states that studies generally found longer job tenure for clients who obtained jobs that match their preferred occupations. Some interviewees suggested SE should increase support for professionals with mental illness, so that their interests and skills can be supported and utilized.

4. Supported Employment programs should seek out not only part time, temporary jobs, but also those that are full time with benefits. Research found that less than 1 in 5 jobs offered any type of insurance and 1 in 4 jobs offered paid leave (Gold et al., 2006). Lucca, Henry, Banks, Simon and Page (2004) report 4.1% of client jobs had benefits, health insurance, or vacation pay.
5. Supported Employment programs should consider family and peer support as components of their services.

Collaboration with friends and family with the client's permission can help support the client through the employment process (Leff et al., 2005; Rimmerman, Botuck, and Levy, 1995). Marrone, Balzell, and Gold (1995) and Tsang, Chan, Wong, and Liberman (2009) address not only family supports but also peer supports. Peer support seems to help people feel less alone in their struggle to find employment and in keeping up their motivation for pursuing work. Positive group discussions on such topics as the benefits of being employed made clients feel that their pursuits are worthwhile (Bell, Lysaker & Bryson, 2003).

6. Continuous evaluations should be used to assess individuals' needs and help individuals adapt to workplace environments and vice versa.

Routinely completing job satisfaction surveys is important, especially during the first few months of clients' employment. This can assist with interventions and creation of supports to achieve a longer job tenure (Resnick & Bond, 2001). Other types of continuous assessments include situational assessments to help clients overcome barriers and challenges during employment (McGuire, Bond, Evans, Lysaker & Kim, 2007).

7. Supported Employment programs should address job accommodations together with clients and employers.

Study results have found a significant positive relationship between job retention and the number of job accommodations made (Fabian, Waterworth & Ripke, 1993).

8. Anyone who chooses to be in the Supported Employment program should be able to be enrolled in it and support should be offered on a time unlimited basis.

Support in all aspects of the client's life (collaboration with other community supports) should be provided - vocational (McGurk & Mueser, 2006), including furthering education (Henry & Lucca, 2004); social (Tsang, Chan, Wong & Liberman, 2009), and assistance with negotiating job accommodations (Gowdy, Carlson & Rapp, 2003), amongst other forms of support.

9. Employment services should be integrated with mental health services.

Employment counsellors should be part of regular client team meetings. Integration of mental health services and the SE program has been shown to benefit consumers, resulting in better employment outcomes and program success (Drake, Becker, Bond & Mueser, 2003; Waghorn, Collister, Killackey & Sherring, 2007). Co-operation between the vocational specialist and clinicians ensures comprehensive support for clients (Johnson et al., 2009).

10. Supported Employment administrators, staff and organization must demonstrate commitment to and leadership in Supported Employment.

Characteristics of top-level staff should include people who have strong business and clinical supervision skills (Marshall, Rapp, Becker & Bond, 2008).

11. Supported Employment programs must address staff training, education and attitude development. Barriers to effective delivery of the SE program arose from staff's own attitudes and expectations regarding clients' histories and abilities (Tschopp et al., 2007).

For Policymakers and Funders

12. More funding is needed to increase the number and capacity of Supported Employment programs. Inadequate funding for Supportive Employment (SE) programs is a critical barrier in implementing and executing SE (Van Erp et al., 2007). Fee for service vs. results based funding needs further discussion and research.

13. Training and education for Supported Employment program developers and staff is needed. Staff members who work in SE programs are required to have knowledge and training in business and in public relations in order to assist their clients (Helms, Moore, Powell & Gould, 1990).

14. Anti-stigma initiatives and employer awareness/ education of employment possibilities for persons with lived experience of mental illness should be increased.

In general, there is a lack of awareness about SE by the business community. Not only does stigma negatively impact obtaining competitive employment, but it also negatively impacts negotiating accommodations (Gowdy, Carlson & Rapp, 2003). SE should promote examples of successful clients to employers.

15. Opportunities for networking and partnering with local employers are needed.

For Researchers

16. Research is needed on employer incentives for hiring people with lived experience of mental illness, particularly during times of economic instability.

Competitive employment rates for SE clients are related to the local labour market trends; poor labour market trends in a local area is a major barrier to the efficacy of SE programs.

17. Disincentives to employment must be further researched and addressed (i.e. public income support).

Service providers and consumers pointed to financial disincentives as a limitation to achieving full potential in SE.

18. Further research is needed in the area of diversity and Supported Employment.

There is some evidence of decreased effectiveness of SE with culturally, ethnically, and racially diverse groups of individuals. (Fabian,1992a).These findings may in part be explained by the barriers experienced by minority groups including racial discrimination, lack of fluency in English, lack of an ethnically diverse staff to engage minority group clients, and clients expecting jobs to be short-lived (Alverson et al, 2006; Drake, Becker, Bond & Mueser, 2003).

19. Further research on the cost/benefit ratio of Supported Employment to the social and health systems is needed.

full report

Supported employment (SE) is an approach to helping people find and keep jobs in the community. This approach is based on the assumptions that: persons with severe mental illnesses (SMI) have the rights and capabilities to contribute to society through work; every individual can be gainfully employed if provided with the proper supports; and each person has something unique to offer.

Supported employment programs typically provide individual placements in competitive employment – that is, community jobs paying at least minimum wage that any person can apply for – in accord with client choices and capabilities (Bond et al, 2001). Support is seen to be an important enabler that may be required on a long-term basis. The emergence of supported employment has dramatically changed the lives of many individuals with SMI who were often previously denied access to a variety of employment opportunities.

This project examined what is known about Supported Employment (SE) to date, with a particular focus on SE in Canada. It had several components: a) content analysis of literature on SE; b) interviews with consumers of SE services; and c) a survey of SE service providers. A fourth component was the compilation of an inventory of SE services in Canada, which is a stand-alone document, separate from this report.

Evidence from the Literature

This project set out to examine evidence that addresses many unanswered questions in the field of SE, including: 1) What impact do labour market trends have on the effectiveness of SE? 2) How lasting are the effects of SE? 3) What levels and types of employment are targeted by SE? 4) What are the characteristics of people who benefit most from SE? 5) What is the ideal nature of ‘support’ that must be provided within the SE model? 6) Has SE been evaluated with respect to the extent to which it employs a diversity perspective? 7) What is the role of peer support in SE?; 8) What is known about the economic and social costs and benefits of SE? 9) What are the personal benefits to those who use SE? 10) What are the best practices within the SE model? and 11) What are the barriers to effective SE implementation? To address these questions, we conducted a content analysis of extant

literature and extracted relevant data.

1) Impacts of Labour Market Trends on Supported Employment Efficacy

Current literature demonstrates that labour market trends are linked with SE efficacy rates in an inverse relationship where high unemployment rates result in lower employment rates for SE clients; that is, generally low employment in an area is associated with low employment rates for SE clients (Becker, Xie, Hugo, Halliday & Martinez, 2006; Bond et al., 2007a). People with severe mental illness (SMI) who access SE services and who live in areas with high unemployment rates are less likely to work. This finding has been documented in numerous studies (Cook & O’Day, 2006; Kolesti, 2009). Henry and Lucca (2004) found that a weak local economy was a barrier to the efficacy of SE programs. McGaughey and Mank (2001) also found that state employment rates appeared to predict SE employment rates, especially in states with lower income and lower funding per-capita ratios. Chronically high unemployment rates in Canada (as in Europe) are noted to be possible obstacles to SE success (Latimer et al., 2006). In contrast, during an SE observation period in Massachusetts, increased job attainment rates and duration of employment were associated with a robust economy at that time (Lucca, Henry, Banks, Simon & Page, 2004). Therefore, it can be stated that poor labour market trends is a major barrier to the efficacy of SE programs.

2) Longevity of Effects of Supported Employment

Most follow-up studies on Supported Employment have a one-to-two year follow-up period, although there are a few that follow participants for a longer period of time. In one longitudinal study, Salyers, Becker, Drake, Torrey and Wyzik (2004) showed that 92% of SE clients had worked over a ten-year period, with 47% of participants employed at the time of the ten-year follow-up interview and 31% who reported working sporadically over the ten-year period. The average job tenure was 32 months. This study reveals that long-term effects of SE can persist beyond one to two years. Consistently, across studies, participants in SE programs worked longer than other groups. A review of 11 randomized controlled trials of high

fidelity SE programs conducted by Bond, Drake and Becker (2008) revealed that the longest job held for those receiving SE was 22 weeks as compared to 16 weeks for those in the control group (based on six studies that reported this outcome). Burns et al. (2007) monitored clients who participated in SE programs over 18 months and demonstrated a longer job tenure (average of 214 days) compared with clients who participated in other vocational services (average of 108 days). Cook et al. (2005) found that the advantages of SE increased over a 24 month study span; 55% of participants in their SE experimental group obtained competitive employment compared to 33% of the comparison group, and 51% of the experimental group worked more than 40 hours in a given month compared to 39% in the comparison group. It appears that longevity of effects is influenced by several factors:

Skills training:

Clients who participated in transitional employment prior to SE had longer job tenure compared to clients who left training early to find employment on their own; 44 weeks compared with 2.5 weeks (Tan, 2009). In one study, incorporating skills training into the SE program to support clients in finding their first jobs allowed them to achieve a longer job tenure; 336.1 days compared with 114.7 days with previous SE programs and 288.5 days for the control group with no SE or skills training (Mueser et al., 2005). Tsang, Chan, Wong and Liberman (2009) found that clients participating in integrated supported employment (ISE), which involves social skills training with SE, achieved 78.8% employment rates and an average of 23.84 weeks job tenure. These rates are higher than clients who participated in the individual placement and support (IPS) programs that have just over 50% employment rates and job termination for more than 50% of clients within 6 months. ISE rates are also higher than the traditional vocational rehabilitation groups that have less than 20% employment rates and higher placement within sheltered jobs (Tsang, Chan, Wong & Liberman, 2009).

Cognitive training:

McGurk and Mueser (2006a) found that when employment specialists used strategies to target cognitive deficits, clients achieved longer periods of work. A four-year follow-up study found that of 30 participants, 12 (40%) obtained competitive employment during the first two years of the SE program, the average length of employment being

447 days (McGurk & Meuser, 2006b). At the three-four year mark, nine of these participants remained employed with supports, four became unemployed and one continued to work without supports. Of those unemployed during the first two years, 11 remained in the program but remained unemployed, three left the program and remained unemployed and one worked sporadically without supports over the three to four year period (McGurk & Meuser, 2006b).

Funding models:

In terms of longevity effects related to funding, clients who were in programs with results-based funding had higher job tenures, 21% (nine months of continuous employment) compared with 5% for clients funded under fee-for-service models (McGrew, Johannesen, Griss, Born & Katuin, 2005). However, once employed, clients under fee-for-service models were also able to maintain employment for at least 60 days as the results-based funding clients demonstrated (McGrew, Johannesen, Griss, Born & Katuin, 2005).

Job Matching:

Bond's (2004) review of SE literature states that studies generally found longer job tenure for clients who obtained jobs that match their preferred occupations. This could reflect the enjoyment people get from work and the importance of meaningful employment (Mueser, Becker & Wolfe, 2001).

3) Levels and Types of Employment Targeted by Supported Employment

Level of Employment

Supported Employment emphasizes competitive employment, defined as "any paid job at market rate for which anyone can apply, and not controlled by the service agency" (Wong et al., 2008). Consistent with principles of SE, the wages of the clients' jobs were found to be at least minimum wage (Oldman, Thomson, Calsaferrri, Luke & Bond, 2005; Salyers, Becker, Drake, Torrey & Wyzik, 2004; Van Erp et al., 2007). Clients were found to have obtained jobs in competitive settings and performed the same jobs as co-workers without mental illnesses (Zito, Greig, Wexler & Bell, 2007).

Most of these jobs were entry-level positions (Lehman et al., 2002) that did not require technical skills, high levels of education, or previous work experience (Gold et al., 2006; Wong et al., 2004; Wong, Chiu, Chiu & Tang,

2001). Fabian and Wiedefeld (1989) found that 60% of all jobs were entry-level positions; however, 70% of clients had at least a high school diploma. In the same study, 12% of clients were placed in skilled positions, which are jobs that are higher than entry level (Fabian & Wiedefeld, 1989). Four clients in one study were able to obtain jobs in a professional or semi-professional sector (Fabian, Waterworth & Ripke, 1993).

Employment Characteristics

Research demonstrates that the nature of clients' employment attained through SE is both part-time and full-time; in one study, 61% of clients obtained full-time jobs (Oldman, Thomson, Calsafferri, Luke & Bond, 2005) and in another, half of the clients employed had full-time jobs (Trotter, Minkoff, Harrison & Hoops, 1988). In contrast, a study by Blitz and Mechanic (2006) reported that 80% of clients who found jobs were employed part-time. Van Erp et al. (2007) also cited that more jobs were part-time employment. Furthermore, some part-time jobs were obtained on a short-term basis (Lehman et al., 2002). It is notable that in some cases, it is the client's preference that employment is on a part-time basis (Chan, Tsang & Li, 2009).

Most jobs obtained by clients were temporary, although some clients are able to obtain permanent, full-time positions (Van Erp et al., 2007). Pirttimaa & Saloviita (2002) reported that the mean length of most work contracts was 13 months. Some SE staff discouraged clients from obtaining seasonal employment, as noted by Perkins, Born, Raines and Galka (2005); however, other staff used time-limited positions to assist clients who were fearful of work or had little previous work experience (Carlson, 2007). Most of these part-time, short-term jobs do not offer insurance or paid leave. Less than one in five jobs offered any type of insurance and one in four jobs offered paid leave (Gold et al., 2006). Lucca, Henry, Banks, Simon and Page's study (2004) reports 4.1% of client jobs had benefits, health insurance, or vacation pay.

Types of Jobs

There is a wide variety of jobs obtained by clients in SE programs. Many of the jobs obtained are within the retail, service, general labourer, and clerical sectors. Examples of job positions were extracted from studies and are listed in Appendix B.

4) Characteristics of people who benefit from SE

Intrinsic Characteristics

Many intrinsic factors, such as a client's personal attitudes and beliefs, have been associated with people who benefit from SE. Clients who were active in seeking work and who showed interest and motivation in their employment searches were more likely to find and maintain jobs (Alverson, Carpenter & Drake, 2006; Blitz & Mechanic, 2006; Liu, Hollis, Warren & Williamson, 2007). Moreover, clients who believed they were ready to look for work demonstrated improved psychological well-being throughout SE (Liu, Hollis, Warren & Williamson, 2007).

Some literature suggests that people who have a positive attitude, who are accepting, and who demonstrate self-responsibility and reciprocity have the greatest job success (Dorio et al., 2002). The clients who were more flexible, open minded, and more willing demonstrated greater job retention (Dorio, 2004). In addition, an awareness of personal abilities and goals was important to obtaining employment (Koletsis, 2009). Clients who had high self-efficacy scores were also more likely to obtain employment and maintain employment (Blitz & Mechanic, 2006; Regenold, Sherman & Fenzel, 1999). Liu, Hollis, Warren and Williamson (2007) found that clients who had a better self-image benefited more from SE. Clients were able to maintain their jobs longer when they demonstrated competent social skills (Mak, Tsang & Cheung, 2006).

Demographics

There were mixed findings on demographic factors of clients who benefit from SE. Xie, Dain, Becker and Drake (1997) found that factors such as age, sex, race, social relationships were not critical determinants of job tenure; however, other researchers found that differences in age, gender, and education affect SE outcomes.

Age:

Results regarding the relationship of age to SE benefits vary. Some researchers found that younger participants, particularly those under the age of 35, had better employment outcomes (Cook, 2007b; Cook & O'Day, 2006; Danley, Sciarappa & MacDonald-Wilson, 1992; O'Brien, Price, Burns & Perkins 2003; Pandiani, Simon, Tracy & Banks, 2004). According to Pandiani, Simon, Tracy, and Banks (2004), employment rates and age had an inverse relationship where 45% of clients

ages 18-34 years succeeded in obtaining employment, 32% of clients ages 35-49 years succeeded in obtaining employment, and 15% of clients ages 50-64 years succeeded in obtaining employment. However, Shafer and Huang (1995) found that older clients aged 40-49 years of age had longer job tenure compared to the younger cohorts. Age was found to be positively related to the number of weeks worked where the older the client, the longer the job tenure (Evans, 2004). Rimmerman, Botuck, and Levy (1995) reported differences between ages of women and men. They found that women had a higher probability of being employed when they were between the ages of 30 and 45 years, whereas men had a greater chance of being employed when they were under the age of 35 years. Gender: Male clients were more likely than female clients to obtain jobs (Wong et al., 2000; Wong et al., 2004). Males might be more likely to obtain jobs because of the physical nature of some of the service-orientated jobs available in the market (Wong et al., 2000). Male clients were also more likely to work for more hours than female clients (Burke-Miller et al., 2006; Cook & O'Day, 2006; Rinaldi et al., 2004). Education: Clients with at least a high school education had better employment outcomes (Burke-Miller et al., 2006; Cook & O'Day, 2006; Twamley et al., 2005). In one study, 82% of clients who obtained employment had an educational level of high school or higher (Blitz & Mechanic, 2006). Clients with at least a high school degree were also more likely to stay in the SE program and treatment (Cook, 2007b; Harding, 2008). The association of low skills/ education and poor outcomes was demonstrated in a Dutch study that showed that there was high unemployment among low-skilled SE worker clients (Van Erp et al., 2007). Vocational rehabilitation should address the need for supporting client's completion of secondary and post-secondary education (Burke-Miller et al., 2006).

Employment History:

Past employment experiences may affect the extent to which clients benefit from SE. In some research, the best predictor of employment status was found to be employment history (Danley, Sciarappa & MacDonald-Wilson, 1992). Clients who had worked in the past benefited more from SE than clients who had no employment history (Blitz & Mechanic, 2006; Burke-Miller et al., 2006; Xie, Dain, Becker, & Drake, 1997). In particular, clients who had a prior work history of one or more years were more likely to benefit from SE (Bond, 2001; Cook, 2007b, Cook & O'Day, 2006; Danley, Sciarappa & MacDonald-Wilson, 1992; McGurk

& Mueser, 2006a; McGurk, Mueser, Harvey, LaPuglia & Marder, 2003). Clients who worked recently were more likely to attain competitive employment (Regenold, Sherman & Fenzel, 1999; Twamley, Narvaez, Becker, Bartels & Jeste, 2008).

Cognitive and Mental Health Characteristics:

In terms of cognitive functioning, higher levels of executive functioning (including problem solving, planning, and multitasking), memory, attention, information processing, and psychomotor speed are characteristics that are associated with a greater number of hours worked and higher wages earned (McGurk & Mueser, 2006a). In one study, increased cognitive functioning was associated with increased job tenure with clients who had a severe mental illness (Gold, Goldberg, McNary, Dixon & Lehman, 2002), but the same study did not find an association between cognitive functioning and job attainment. Other studies found higher functioning clients achieved better employment outcomes (Cook, 2007b; Lucca, Henry, Banks, Simon & Page, 2004). Clients who had higher executive functioning benefited more from the SE program with higher salaries and higher number of hours worked (McGurk et al, 2003).

Clients who had a lower level of psychopathology were more likely to attain employment (Regenold, Sherman & Fenzel, 1999). Similarly, clients with fewer recent psychiatric hospitalizations and fewer negative mental health symptoms were more likely to benefit from the SE program by demonstrating increased hours of work per month and obtaining competitive employment (Cook, 2007b). Those who had more opportunities for stable adjustments to their psychiatric conditions over time also benefited more from the SE program (Trotter, Minkoff, Harrison, & Hoops, 1998).

Earlier onset and diagnosis of a mental illness was found to have better employment outcomes than for clients who were diagnosed later in life (Rimmerman, Botuck & Levy, 1995; Trotter, Minkoff, Harrison & Hoops, 1998). Rimmerman, Botuck and Levy (1995) found that clients who were diagnosed with a mental illness prior to 20 years of age were two times more likely to be employed than clients with a later, adult onset.

A few studies addressed diagnostic groupings and their relationship to outcomes. O'Brien, Price, Burns and Perkins (2003) found that those with bipolar affective disorder were more likely to return to activity compared with other diagnostic groups. Another

study reports that individuals who have a diagnosis other than schizophrenia and no other physical health conditions benefited from SE (Cook, 2007b). Still another study found that clients with dual disorders can benefit from SE because employment helps to motivate and support them in changing old patterns to build a healthier life (Becker, Drake & Naughton, 2005).

Other Characteristics:

When clients identified preferences for jobs prior to the beginning the SE program and found jobs that matched these preferences, they were able to remain at the job for a longer duration of time than clients whose preferences did not match (Becker, Drake, Farabaugh & Bond, 1996). Clients were also more likely to benefit from the SE program if they were more integrated within the workplace culture (Banks, Charleston, Grossi & Mank, 2001).

Other characteristics of people who benefit from SE relate to supportive families, communities, or workplace supports. Significant partners and/or family members provide emotional and/or social support to clients (Alverson, Carpenter & Drake, 2006). Clients who had family members with positive and supportive attitudes towards them ended up spending more time within the community (Oka et al., 2004). Clark, Dain, Xie, Becker and Drake (1998a) found that people who were not yet enrolled in income support programs demonstrated better results with the SE program.

5) Types of Support Offered Through the SE Model

The types of support offered through SE can largely be divided into two categories: vocational and psychological/emotional. In SE, where ideally, “rehabilitation is treated as an integral component of mental health treatment rather than a separate service” (Burns et al., 2009, p. 955), clients are offered professional support by employment specialists and mental health workers to ultimately reach the goal of competitive employment.

Vocational support

The types of vocational support in helping clients achieve competitive employment include: assisting in job development, offering personalized employment services, and on-going follow-up. Rather than going through lengthy pre-employment training and assessments, SE clients are able to obtain jobs in a

direct and quick manner (Burns et al., 2009; Cook et al., 2007; Drake, Skinner, Bond & Goldman, 2009). SE staff help clients in the identification and development of their job interests (Gervey & Kowal, 2005; McGurk & Mueser, 2006b). Staff assist clients in job searches according to client preferences, strengths, and experiences rather than depending on what jobs are available or staff’s clinical judgements (Bond, Alverson, Xie & Drake, 2007a; Tsang, Chan, Wong & Liberman, 2009). Staff members in SE programs then assist the clients in succeeding at the job or in moving on to another job (Drake, Skinner, Bond & Goldman, 2009). Individualized assessments assist in the initial process of SE, and the goal is to achieve a rapid job placement in an area of the client’s choice within a workplace that is integrated into the community’s economy (Henry, Lucca, Banks, Simon & Page, 2004). As the onset of SMI is typically a time in a person’s life where their education or career is disrupted, SE program supports should be aimed at providing supplemental education and training to allow clients with SMI to gain competitive employment skills (Henry & Lucca, 2004). Providing clients with relevant education or training should be personalized according to their individual needs (Nuechterlein et al., 2008). The transition to work was smoother for some clients after engaging them as students first because the role of being a student has positive effects on domains such as self-esteem and empowerment (Hutchinson, Anthony, Massaro & Rogers, 2007).

Providing clients training in marketing themselves, job-seeking skills, and portfolio-building increase the client’s chances of vocational success, especially for clients who have SMI and a criminal history (Tschoop et al., 2007). Job finding assistance is offered in many different ways. Preparation for job interviews and/or arranging meetings with employers is an example of job finding assistance (McGurk & Mueser, 2006b). Job finding assistance can include helping clients find job postings in newspapers or through networking. Staff members also assist in helping clients prepare resumés and job applications through individual sessions (Gervey & Kowal, 2005). Reviewing past records, communicating with guardians or other involved parties, and observing the individual in real or simulated work settings are other helpful ways to assist the client determine their preferred employment (Jones Perkins & Born, 2001).

The provision of supports and training for finding, entering and keeping work is an important aspect of SE (Cook et al., 2007). SE programs offer continued assistance and follow-up support both on and off the work site (Fabian, 1992a). They assist with coordination of employment through contacts with the employers, job-related problem-solving skills, supports for carrying out the work, and client feedback (McGurk & Mueser, 2006b). The client is encouraged to engage in the entire employment process and is encouraged to attend educational courses to help find or keep their jobs (Rinaldi et al., 2004). Simultaneously, staff provide the client information on welfare benefits, address client's additional concerns, and help ensure their adjustment to work in order to help clients achieve a longer job tenure (Rinaldi et al., 2004).

The SE Model offers support that is adapted to meet the needs of the individual client prior to and after employment is obtained (Killackey, Jackson & McGorry, 2008). Weekly job retention groups are offered to clients by some programs (Fabian, 1992b). If jobs are terminated for any reason, SE staff help clients find another job and also help them recover from their loss of employment (Wong et al., 2008). Services are adjusted to match with individual clients' changing goals and skill sets. The SE model is aimed at helping clients enhance enthusiasm and job skills to find new jobs after previous job terminations (Gold et al., 2006). Supports can be gradually withdrawn depending on the readiness of the individual client (Furlong et al., 2002).

The SE program also works with the vocational setting to help the client with negotiating job accommodations if necessary (Gowdy, Carlson & Rapp, 2003). This involves advocating for client needs with employers (Mowbray, McCrohan & Bybee 1995). Job accommodations include, but are not limited to, re-arranging work schedules, modifying client duties (Auerbach & Richardson, 2005), or modifying workplace procedures and/or rules (Fabian, Waterworth & Ripke, 1993). Blitz and Mechanic (2006) reported accommodations such as allowing for a more flexible schedule and the presence of a job coach on site. In some cases, providing education or training to employers and co-workers may be necessary. There are remediative or compensatory supports recommended by McGurk, Mueser, and Pascaris (2005) that are specific to clients with cognitive impairments; remediative supports are aimed at improving the client's functioning in the workplace and

compensatory supports are aimed at using the client's environment to help them complete employment tasks.

Psychological/Emotional Support

Psychological and emotional supports are offered within the SE model through counseling, mental health treatment, and support networks. Counseling supports aim to reduce stress and encourage client adaptation to the job (Tsang, Chan, Wong & Liberman, 2009) and can assist in the development of self-management strategies. Counselling methods include reviewing strategies that helped or did not help during previous stressful situations and identifying behaviours or thoughts that indicate stress (Marrone, Balzell & Gold, 1995). Counselling addresses not only job task issues, but also co-worker relationships (Becker & Drake, 1994). Staff members may support the client through cases of harassment at work or interpersonal conflicts (Auerbach & Richardson, 2005).

Counselling can be group-based or individual, and can be provided on or off the job-site (Leff et al., 2005; Mowbray McCrohan & Bybee 1995). Other important factors in helping clients to maintain employment include support in setting realistic goals and encouraging patience with the employment process (Dorio et al., 2002).

Out-of-office clinical care provided by a team of mental health staff is available to help the client handle mental health issues during the SE program (Macias et al., 2006; Macias et al., 2008). Supports are offered within a "team" setting with vocational specialists working with mental health staff and therapists (Becker & Drake, 1994). The team of staff within the community provides support in the areas of daily living, substance abuse intervention, medical care, and crisis intervention throughout the SE program (Macias et al., 2006; Macias et al., 2008). Clients' personal mental health concerns are continuously addressed throughout the program (Fabian & Wiedefeld, 1989).

Some SE programs use the client's personal support networks and collaborate with friends and family to help support the client through the employment process (Leff et al., 2005). Fabian and Wiedefeld (1989) noted that upon entry into the SE program, clients are oriented to the SE model and information is provided to family members. Clients are encouraged to identify people in their life who they can count on to provide them with support (Marrone, Balzell & Gold, 1995). With

the clients' permission, staff can recruit their family and friends to aid with clients' vocational development, in addition to liaising with employers (Gold et al., 2006). Rimmerman, Botuck and Levy (1995) cited an SE program using regularly scheduled conferences with family members and/or caregivers to support clients. These natural supports for clients can be educated through the SE program to assist the client in reaching their vocational goals (Nuechterlein et al., 2008). Marrone, Balzell, and Gold (1995) and Tsang, Chan, Wong, and Liberman (2009) address not only family supports but also peer supports. Peer supports are discussed in more detail in Section 7 of this report.

6) Diversity Perspectives and Supported Employment

There are mixed reports in the literature on the effectiveness of SE with people with different cultural, ethnic, and racial backgrounds. While some studies find no differences in employment outcomes across diverse groups, others suggest that differences do exist.

O'Brien, Price, Burns, and Perkins (2003) found no differences in return to work status according to ethnicity. Similarly, Macias, DeCarlo, Wang, Frey, and Barreira (2001) found that clients in minority groups and non-minority groups worked a comparable length of time and had similar return to work outcomes. Other research shows some clear differences in vocational outcomes in SE across diverse groups. For example, research by Shafer and Huang (1995) found clients in minority groups were more likely to become employed than non-minority groups. SE models such as Individual Placement & Support (IPS) were found to be more effective than the Psycho-Social Rehabilitation (PSR) and traditional vocational programs models for Latino and African-American clients at improving vocational outcomes (Bond, 2001; Mueser et al., 2004). However, there is also some evidence of decreased effectiveness of SE with culturally, ethnically, and racially diverse groups of individuals. Fabian (1992a) found that within the first month of employment, 14% more minorities were found to have terminated their employment compared with non-minorities. These findings may in part be explained by the barriers experienced by minority groups including racial discrimination, lack of fluency in English, lack of an ethnically diverse staff to engage minority group clients, and clients expecting jobs to be short-lived

(Alverson et al, 2006; Drake, Becker, Bond & Mueser, 2003).

In addition to differences in vocational outcomes, attitudes towards work and demographic characteristics of SE clients have been examined to a limited degree. One study reports that Puerto Ricans and African Americans looked for jobs more actively as compared with Euro-Americans in SE programs (Alverson, Carpenter & Drake, 2006). Alverson et al. (2006) found minority group clients tended to have a greater involvement in "networks of reciprocity", defined as reciprocal relationships with kinship networks and significant others, and were more active job seekers. The abovementioned study by Macias et al. (2001) found that, even though clients in minority groups often did not initially have an interest in work, they were more likely to accept a job as compared with Caucasian clients. A positive outcome of SE for clients in minority groups is that they indicated they had a higher quality of life than they did prior to SE (Fabian, 1992b). It was also found that minority group clients worked more hours per month, although they attained less competitive employment compared with Caucasians after a five-year study of SE programs (Burke-Miller et al., 2006; Cook, 2007). When minority clients are not part of a SE program, they experience a difficult time attaining a job (Clark, 1998). Overall, the research suggests that, although there are some barriers for clients in minority groups, it is still effective in enabling these clients in obtaining employment.

7) Peer Support and Supported Employment

Peer support, as defined by Marrone, Balzell and Gold (1995), is a "voluntary bonding of a group of people who see themselves as sharing common problems" (p. 708). In SE, support from peers can be found in the form of group discussions (Bell, Lysaker & Bryson, 2003), "job clubs," or self help groups using telephone, internet, and/or newspaper resources that assist clients with the job search process (Johnson et al., 2009). Peer support seems to help people feel less alone in their struggle to find employment and in keeping up their motivation for pursuing work. Positive group discussions on such topics as the benefits of being employed made clients feel that their pursuits were worthwhile (Bell, Lysaker & Bryson, 2003). Feedback presented in a group setting can lead to goal setting, group problem-solving, and support which may increase the worker's sense of motivation and purpose (Bell, Lysaker & Bryson, 2003). Seeing other people

with a mental illness obtain competitive employment was reported to be encouraging for clients (Liu, Hollis, Warren & Williamson, 2007). Henry and Lucca (2004) agreed that support from other clients, as well as seeing peers succeed, helped encourage clients in obtaining their own employment. Seeing peers try hard, even with no guarantee of finding a job, helped clients realize that there were others also struggling with the social consequences of having a mental illness (Liu, Hollis, Warren & Williamson, 2007). Clients enjoyed being able to make social contact with people in similar situations (Johnson et al., 2009).

Although research in this area is limited, peer support appears to be associated with improved job attainment and better ability to deal with the stresses of work.

Blitz and Mechanic (2006) found that, for those clients who succeeded at obtaining employment, a greater percentage reported that they had participated in support groups. After obtaining employment, clients may be encouraged by self-help groups, coworker supports, and solidarity among peers in maintaining their employment (Auerbach & Richardson, 2005). Clients who had adult friends with and without mental illnesses showed positive employment outcomes by benefiting from the different types of support through seeking mutual initiation of interaction with them at least twice per month (Alverson, Alverson, Drake & Becker, 1998). In a study on long term trajectories of employment for adults with mental illness, 32% of participants found working with other consumers of SE was helpful (Becker, Whitley, Bailey & Drake, 2007). Another article described that clients living in supported housing where SE was offered had increased competitive employment rates from 13% to 54% within two years (Gao, Waynor & O'Donnell, 2009). This program found that once the clients within the group home had established a higher expectation for employment, they were effective in encouraging and supporting their peers in maintaining and obtaining employment (Gao, Waynor & O'Donnell, 2009). Peer support also helps individuals deal with some work stresses. In one study, seeing peers accept criticism on personal presentation helped clients accept criticism themselves. They were able to benefit from feedback at work because the feedback was perceived to be less threatening and easier to receive (Bell, Lysaker & Bryson, 2003).

Some literature discusses peer support in the form of natural support at the workplace provided by co-workers, rather than by other clients or staff from SE programs (Marrone, Balzell & Gold, 1995). Support from

co-workers includes helping someone learn a task, listening to problems, and covering up for mistakes (Marrone et al., 1995).

Peer support can also be delivered through peer support specialists. Some research reports that peer support specialists are important for clients where follow-through is an area of difficulty; for example, helping the client identify the difference between work as a concept and actually working (Mowbray, McCrohan & Bybee, 1995).

8) Economic and Social Costs and Benefits of Supported Employment

Economic and Social Costs

There are costs to individuals participating in SE, to programs and to employers. Participants who obtain a job often lose other financial supports, and the loss of government support was found to be one of the most common costs of obtaining employment (Larson, 2007a). While most consumers continue to receive social security benefits during their SE (Salyers, Becker, Drake, Torrey & Wyzikm, 2004), many do decrease their reliance on benefits. One study found that by the end of the SE program, 25% to 55% of clients no longer used benefits as their primary source of income (Killackey, Jackson & McGorry, 2008). Another found that clients who participated in SE earned wages that were 2.15 times higher than clients in alternate programs (Noble, Conley, Banerjee & Goodman, 1991). Further research is needed into the financial impact of this transition.

Costs of SE program have been reported to be as much as 83%-91% higher than the costs of alternate programs (Noble, Conley, Banerjee & Goodman, 1991), but it is unclear whether these are short term costs. Conley, Rusch, McCaughrin and Tines (1989) reported that during the first year of operation, the economic benefits were calculated to be less than the costs. Long-term studies need to be completed to examine the longer-term economic costs of SE for the program itself and for the community on a larger scale.

Job accommodations were perceived to be a cost for employers. One study reports that over one third of the job accommodations required a reallocation of co-worker or supervisor time, job duties, or other indirect expenditures (MacDonald-Wilson, Rogers, Massaro, Lyass & Crean, 2002). One to 48 hours per month, and

an average of nine hours of extra time per month, was expended by co-workers of clients in SE programs for 12% of the job accommodations required (MacDonald-Wilson, Rogers, Massaro, Lyass & Crean, 2002).

Economic and Social Benefits

There are many economic and social benefits associated with SE. Clients gain income and competitive employment, and experience fewer hospitalizations. The program benefits as it experiences better outcomes, and communities benefit as participants of SE programs demonstrate more social involvement within their communities. Employed clients in SE programs most commonly reported an increase in their monthly incomes (Larson, 2007a). Clients in SE programs were able to hold competitive jobs, earn more income, and maintain longer job tenures than others (Wong et al., 2008). As clients within SE programs receive regular income from being engaged in competitive employment, there may be a decreased financial need from social assistance and family members (Sobowale & Cockburn, 2009).

Benefits to programs are also documented in the literature. According to an 11-year large-scale program evaluation, successful SE services, as measured by employee satisfaction and employer satisfaction, took less than one year from initiation of services to termination of services (Perkins, Born, Raines & Galka, 2005). Overall, the costs for SE programs were found to be less than for sheltered workshops or day programs. The evidence for SE compared to alternative programs is strong; however, there is variability in the cost and implementation of different SE programs, and therefore the evidence for overall economic benefit is inconclusive (Schneider, 2003). In a study conducted in 1993, there was an average of \$0.91 in returns for every \$1.00 invested throughout a four-year period. When broken down year by year, economic cost benefits increased each succeeding year and by the fourth year, the benefits had exceeded costs at \$1.09 (Rusch, Conley & McCaughrin, 1993).

Societies and communities benefit from increased employment and participation rates associated with SE. In one study, over 40% of clients in SE were consistently competitively employed and the total number of clients who were competitively employed grew steadily over time (Drake, Becker, Goldman & Martinez, 2006). In another study, employment rates increased to 54% 24 months post-implementation

of SE services and the rate remained consistently above 50% (Gao, Waynor & O'Donnell, 2009). Another study found similar results, where more than 50% of clients maintained competitive employment at the 18 month follow-up (Mueser et al., 2005). The job turnover rate was found to be at a low of 1.5 jobs per client at that point in time (Mueser et al., 2005). There are also examples of clients participating more in the community, either through new work connections or new community activities (Torrey, Mead & Ross, 1998). Economic and social benefits of SE are also gleaned through improvements in illness management (Becker, Whitley, Bailey & Drake, 2007), resulting in lower health care needs. SE clients reported a reduction in illness symptoms, increased instrumental skills, and increased self-esteem (Bedell, Drasing, Parrish, Gerver & Guastadisegni, 1998). There is some evidence that SE clients experienced shorter and fewer hospital stays (Morrow, 2009). In one study, 47% of clients had a reduction in costs for psychiatric treatments, and community support/rehabilitation service costs reduced by 24% (Danley, Sciarappa, & MacDonald-Wilson, 1992).

9) Clients' Personal Benefits from Supported Employment

SE was found to have personal benefits for clients in many different domains. These domains include improved self-concept (Morrow, 2009), expanded social networks (Larson, 2007), improved quality of life (Browne, 1999), improved health (Salyers, Becker, Drake, Torrey & Wyzik, 2004), and increased financial/vocational resources (Koletsi, 2009).

Improved Self-Concept

The literature demonstrates that, for clients who participate in SE, self-esteem improves (Drake et al., 1999; Hutchinson, Anthony, Massaro & Rogers, 2007; Koletsi, 2009; Latimer, et al., 2006; Mueser et al., 1997). Koletsi (2009) explains that increased self-esteem may be due to the coping strategies that clients develop, which help them through adversities and enable them to overcome barriers and obstacles. A higher sense of confidence leads to higher self-esteem for those who participate in SE programs (Marrone, Balzell & Gold, 1995). The more self-confident, the more hopeful clients became about the future (Salyers, Becker, Drake, Torrey & Wyzik, 2004).

Daily structure, gaining independence, and a sense of self-satisfaction enabled improved self image for SE clients (Koletsi, 2009), which in turn facilitated improved psychological well-being (Liu, Hollis, Warren & Williamson, 2007). Salyers, Becker, Drake, Torrey, and Wyzik (2004) found not only an improvement in self-image, but also an improvement in self-worth, in clients who participated in SE programs. Clients had a sense of purpose which then had a self-perpetuating effect (Bell, Lysaker & Bryson, 2003; Henry & Lucca, 2004). Furthermore, self-efficacy also increased for clients in SE programs (Chan, Tsang & Li, 2009). The effects of improved self-concept appears to carry over into all areas of one's life as clients experience an increased sense of control and confidence in undertaking the social, health-related, and vocational areas of their lives. Clients reported that being employed provided them with motivation in their mental health recovery (Becker, Drake & Naughton, 2005) and a sense of "normalcy", competency, and productivity (Auerbach & Richardson, 2005).

Expanded Social Life

Clients in SE programs reported that they were able to build relationships with others, thereby expanding their social networks (Bell, Lysaker & Bryson, 2003; Marrone, Balzell & Gold, 1995; Koletsi, 2009; Larson, 2007; Sobowale & Cockburn, 2009). An expanded social life was found to reduce boredom and loneliness (Koletsi, 2009; Salyers, Becker, Drake, Torrey & Wyzik, 2004). Not only was there an expansion in social relationships; some clients also experienced greater satisfaction within their social relationships (Browne, 1999).

Improved Quality of Life, Mental Health, and Well-Being

The process of being engaged in job training or being at work improved the client's health status, both physically and mentally. Clients reported an increase in life satisfaction (Morrow, 2009; Twamley, Narvaez, Becker, Bartels & Jeste, 2008) and quality of life (Browne, 1999; Cook, 2007). Moreover, personal well-being improved (Chan, Tsang & Li, 2009). In general, clients in SE groups had improved health and overall well-being (Burns et al., 2009; Larson 2007) as compared to people who did not participate in SE. Clients in the SE groups also experienced less stress (Kukla & Bond, 2009; Larson, 2007) and had greater gains in overall global functioning (Clark, Dain, Xie, Becker & Drake, 1998; McGrew, Johannesen, Griss, Born & Katuin; Mueser et al., 1997).

The ongoing support for mental health recovery provided by health professionals allowed participants to focus on their integration into the workforce while improving their mental health. Improvements in mental health, memory, and problem solving skills were found by Larson (2007). Clients reported fewer symptoms of mental illness such as depression and thought disorder (Koletsi, 2009; McGurk, Mueser, Feldman, Wolfe & Rascaris, 2007; Mueser et al., 1997) and experienced improvements in general psychological well-being (Liu, Hollis, Warren & Williamson, 2007). Clients in SE programs also had improved mental status and increased drug compliance (Wong, Chiu, Chiu & Tang, 2001). Overall, both mental and physical health improved with SE (Sobowale & Cockburn, 2009). Quality of life, mental health, and well-being were all found to have improved for clients in SE groups.

Improved Financial Resources

Another clear benefit of SE for clients was in the area of finances. Many clients were satisfied with their finances and earnings through the SE program (Browne, 1999; Clark, Dain, Xie, Becker & Drake, 1998). Clients were able to gain financial independence (Larson, 2007; Torrey, Becker & Drake, 1995), and satisfaction with finances also improved (Fabian, 1992b). Some were also able to alleviate poverty (Cook, 2007). Earning income was one of the largest incentives to continue working (Koletsi, 2009). Some clients were able to obtain improved housing (Larson, 2007) and maintain stable housing (Morrow, 2009).

Improved Vocational Adaptation and Skills

Through the job coaching and skills training provided by vocational specialists of SE, participants displayed improved job-related skills and better adaptation at work (Marrone, Balzell & Gold, 1995). Larson (2007) found that clients in SE programs had increased work-related skills. SE clients developed higher expectations regarding their ability to manage their mental health and gain/retain employment (Rinaldi & Perkins, 2007). Clients' job satisfaction increased after participating in SE (Bond et al., 2007; Fabian, 1992b). In other domains, clients who had non-psychotic mental illnesses reported they placed a greater value on work and were also able to better manage household tasks (Noble, Conley, Banerjee & Goodman, 1991).

Socially, clients did not feel isolated from the workplace (Rollins, Mueser, Bond & Becker, 2002). Oka et al. (2004) found that there was a significantly greater improvement in clients' social adjustment after going

through a SE program.

The more SE program services that clients received, the better employment outcomes they obtained (Cook, 2007). Furthermore, clients' satisfaction with vocational services also increased (Clark, Dain, Xie, Becker & Drake, 1998; Mueser et al., 1997).

10) Best Practices within the SE Model

A number of best practices were documented in the literature, and are described below.

Ongoing Supports of Many Types are Needed

A critical component of SE is that supports are to be on-going, time unlimited, and dependent on client needs (Morrow, 2009). The availability of supports was essential to creating a sense of comfort and security for clients within the SE program (Johnson et al., 2009). The more employment services clients received, the better the employment outcomes that were achieved (Cook & O'Day, 2006). Frequent contact with SE staff helps to sort out any employment concerns clients might have (Rogers, MacDonald-Wilson, Danley, Martin & Anthony, 1997). Job coaching and job preparation services are crucial to the maintenance of employment (Tan, 2009).

Emotional support is an important aspect of providing supports to clients that influences the SE program effectiveness. Provision of emotional support by SE staff was a key component in handling clients' employment issues (Rogers, MacDonald-Wilson, Danley, Martin & Anthony, 1997). It was also important in highlighting the importance of the one-to-one relationship between the SE staff person and the participant in an effective SE program. Supports offered were flexible and client-centred (Sobowale & Cockburn, 2009).

Accommodations and Attention to the Workplace Environment

The workplace environment has been shown to affect SE program effectiveness related to employment outcomes. Clients of SE programs identified that their working environments affected their employment. It is important for a workplace culture to value individual differences, especially for people who are shy or quiet (Secker, Membrey, Grove & Seebohm, 2003). It is also important for the workplace culture to show concern for employees' welfare so that clients are not singled out from other employees (Secker et al., 2003). Study

results have found a significant positive relationship between job retention and the number of job accommodations made (Fabian, Waterworth & Ripke, 1993). The greater number of job accommodations, the longer the client remained in employment. Successful job accommodations can be achieved through employer education and job coaching interventions (Fabian et al., 1993). Job coaching or field mentoring specialists can improve job development with clients as part of the SE program (Carlson, 2007).

Supported Employment Services Should Be Individualized to Target the Individual's Clinical Needs and Preferences/Interests

SE programs should focus on individualized, client-centred approaches (Jones, Perkins & Born, 2001). A client-centred approach takes into consideration the consumers' interests and types of supports they will need during employment and allows the client to receive personally appropriate types of support at different times throughout the SE process (Johnson et al., 2009).

Matching the type of job to the client's experiences, interests, and goals is important in the SE program's effectiveness (Johnson et al., 2009; Mak, Tsang & Cheung, 2006). When there is a good fit between the client and the job, employment becomes more meaningful and enjoyable. This increases the motivation for clients to continue with the job and more willing to try to handle conflicts or barriers that arise and further develop their job-related skills (Mueser, Becker & Wolfe, 2001). Clients should be encouraged to get involved at the beginning of the SE program to identify their preferred job environment, hours, wages, job tasks, and supports (Rogers, MacDonald-Wilson, Danley, Martin, & Anthony, 1997). SE services and clinical interventions should be tailored to meet the client according to his/her specific impairments and barriers to employment, especially in cases where he/she is unable to maintain employment or work as many hours as he/she would like (Campbell, Bond & Drake, 2009). The SE program must have an awareness of the special needs of clients who have physical or cognitive impairments and also be aware of technologies or equipment that might be required to help them have vocational success (Cook et al., 2007). Clients with clinical impairments may require supports to assist with improving function, promoting medication adherence, or reducing hospitalisations (Razzano et al., 2005). A study conducted by Fabian, Waterworth, and Ripke (1993) suggested that clients

with severe mental illnesses (SMI) require highly individualized accommodations that are mostly non-physical in nature.

Job shadowing, informational interviews and spending time with the client can help employment specialists identify client preferences (Johnson et al., 2009). Scheduling regular follow-up sessions with clients who have an SMI results in greater employment success (Hanrahan, 2006). The follow-up process can also integrate skills training and skills generalization to allow for enhanced social competence of clients and therefore better program outcomes (Tsang, Chan, Wong, & Liberman, 2009). Follow-up can be arranged early in the SE process with employers to lay the groundwork prior to the client beginning work (Quimby, Drake, & Becker, 2001).

Continuous Evaluations Should Be Used To Assess Individuals' Needs and Help Adapt the Individuals to Workplace Environments

Clients' level of preparedness should not only be evaluated at the beginning of the program, but it should be continuously evaluated throughout the SE program, especially for clients who had not had vocational success (Liu, Hollis, Warren & Williamson, 2007). Job site visits to assess the client's work performance and recommend necessary supports can benefit SE program effectiveness. These visits were conducted within and beyond work hours in a study completed by Liu et al. (2007).

Routinely completing job satisfaction surveys is important, especially during the first few months of clients' employment. This can assist with interventions and creation of supports to achieve a longer job tenure (Resnick & Bond, 2001). Other types of continuous assessments include situational assessments to help clients overcome barriers and challenges during employment (McGuire, Bond, Evans, Lysaker, & Kim, 2007).

Assessments and evaluations do not need to be conducted in a formal manner. Feedback on specific work performance, such as interpersonal behaviours, can benefit people who have mental illnesses (Bell, Lysaker, & Bryson, 2003). For clients who have persistent mental illnesses, intensive follow-up support during the first few months of employment is critical in job retention and adjustment to work (Wong, Chiu, Chiu, & Tang, 2001). Feedback and follow-up support can be provided on an as-needed basis that is tailored

to the client's individual needs, whether through in-person meetings or telephone calls (Cook & Razzano, 1992).

Integration of Mental Health Care with Employment Services

Integration of mental health services and the SE program has been shown to benefit consumers, resulting in better employment outcomes and program success (Drake, Becker, Bond, & Mueser, 2003; Waghorn, Collister, Killackey, & Sherring, 2007). Co-operation between the vocational specialist and clinicians ensures comprehensive support for clients (Johnson et al., 2009) and increases success on the job (MacDonald-Wilson, Revell, Nguyen & Peterson, 1991). Mental health teams and employment specialists that work together increase the effectiveness of the SE program (van Erp et al., 2007). Integration enables staff members to have a good understanding of multiple service systems and allows for clients to bypass complicated referral pathways (Marrone, Foley & Selleck, 2005). When a client's clinical presentation is taken into consideration, the SE program becomes more effective in developing vocational plans (Drake et al., 2003). Difficulties that vocational specialists have regarding clients who have SMI can be quickly addressed by an integrated team of mental health clinicians (Quimby et al., 2001).

Integration of services also resulted in greater success in the retention of clients. The diversity of different specializations of staff was found to be helpful in re-engaging clients who temporarily stopped using services due to hospitalization or other personal issues (Drake et al., 2003).

Communication difficulties between the different agencies and professionals decreased when SE staff and mental health staff were integrated (Drake et al., 1999). Difficulties in transitioning into another program for clients was decreased when the mental health program was integrated with the SE program because of better communication between mental health staff and vocational staff (Drake et al., 1996a). Communication and sharing information on a frequent basis between vocational specialists, mental health staff, and the clients enabled them to support the same plan (Drake et al., 2003). Frequent interagency meetings were associated with greater success in initial job placements (Hanrahan, 2006).

Administrators, Staff and Organization Must Demonstrate Commitment to and Leadership in SE

The top-level administrators and managers need to be fully committed to the SE program prior to program implementation (Marshall, Rapp, Becker, & Bond, 2008). For example, it is recommended that programs whose practices contradict SE principles, such as agency-based employment, be discontinued by top-level administrators (Marshall et al., 2008). Leadership within the SE program is essential in monitoring progress and facilitating the implementation of the SE program; organizations that are committed to promoting work within a setting that has measurable goals, and that include the involvement of both clients and staff in the process, increase client's employment success (Gao, Waynor & O'Donnell, 2009). Leaders are required to make necessary administrative changes, manage the staff, handle budget pressures, and build relationships among the team as well as within the community (Marshall et al., 2008). Top-level staff should have strong business and clinical supervision skills (Marshall et al., 2008). Top level-administrators and managers must be able to hire staff with strong clinical skills and experience in working with people who have mental illnesses (Marshall et al., 2008). They must also be prepared to remove staff members who do not meet a clear set of performance standards (Marshall et al., 2008). Particularly valuable leaders are those who are committed, dedicated, and enthusiastic towards the SE programs (van Erp et al., 2007). SE staff should have strong leadership skills in order to implement the SE program (Marshall et al., 2008). SE staff should possess are strong counseling and relationship building skills (Tschopp et al., 2007). It is essential to hire staff members who believe in recovery and the principles of the SE program (Marshall et al., 2008). SE staff are required to communicate with clients, family members, clinicians, employers, and other people within the community. They must be skilled and comfortable in interacting with all of these individuals or groups of individuals (Rogers, MacDonald-Wilson, Danley, Martin, & Anthony, 1997). Organizations that had a higher percentage of SE staff per number of clients provided greater access to SE services (Becker, Xie, McHugo, Halliday, & Martinez, 2006).

Fidelity to SE Model

Although previous sections of this report indicated a correlation between low employment outcomes and areas with high unemployment rates, Becker et al. (2006) urge SE programs to “resist falling

into the trap of low expectations for employment outcomes in areas of high unemployment and focus on high fidelity implementation” of SE (p.311). Becker, Smith, Tanzman, Drake, and Tremblay (2001) studied competitive employment outcomes for 2,639 clients at ten mental health centres. They found that higher competitive employment rates were strongly correlated with overall program fidelity and with two program components; namely, providing services in the community as opposed to providing them in the clinic, and using full-time employment specialists as opposed to staff with mixed roles. Critical components of SE programs should be implemented rather than changing the components and the SE model to meet local conditions (Becker et al., 2006).

11) Barriers To Implementing Supported Employment

Inadequate Funding and Financial Support

Inadequate funding for SE programs is a critical barrier in implementing and executing SE (Van Erp et al., 2007; Gervey, Parrish, & Bond, 1995a). The values and principles of SE are not yet well-known to funding agencies and funding sources. Buy-in from government and funding agencies are paramount to the initiation and sustainability of SE. Securing funding is one issue; deciding on the type of funding is another issue that is to be considered. The dilemma regarding fee-for-service funding versus results-based or outcome-based funding was reflected in several studies. In a fee-for-service (FFS) system, employment programs are reimbursed for each unit of service provided regardless of the outcome (Brooke, Green, O'Brien, White & Amerstrong, 2000), whereas results-based funding directly links pay incentives to clinical performance and outcomes (Corden & Thornton, 2003; Garber, 2005; Novak, Mank, Revell & O'Brien, 1999).

One study suggests that the fee-for-service reimbursement scheme is preferred by staff members over results-based funding (McGrew, Johannesen, Griss, Born & Katuin, 2005). The results of a six-month follow up indicated that staff members had an increased tendency to work with clients when billing under FFS because they were reimbursed for their time spent with the client.

Knowledge and Attitudes amongst Service Providers

Lack of training and knowledge of staff members who facilitate SE programs poses a major barrier to

implementing and executing SE programs. Literature on this topic shows that there is a lack of experienced and qualified staff members in the workforce (Helms, Moore, Powell, & Gould, 1990). Some service providers lack the knowledge and training in SE programs, and some are also skeptical of the SE model (Resnick & Rosenheck, 2009; Wong et al., 2008). Staff members who work in SE programs are required to have knowledge and training in business and in public relations in order to assist their clients (Helms, Moore, Powell & Gould, 1990). In a study completed by Quimby, Drake, and Becker (2001), staff members did not know how to assist clients' efforts to take on greater responsibilities. With a lack of knowledge by staff, they feared moving away from a sheltered workshop model towards the SE model (Helms et al., 1990). Fear of adopting the SE model can cause resistance and other negative attitudes from staff. Staff had concerns and misperceptions regarding SE funding; this seemed to drive other negative staff attitudes (McGrew, Johannesen, Griss, Born, & Katuin, 2007). Staff and clients do not necessarily believe that SE is the most meaningful rehabilitation strategy, because they are familiar with other alternatives (Wong et al., 2008). In some cases, it was not only staff and clients with negative attitudes, but program leaders also had a limited view of who is able to work and did not believe in some consumers' ability to work (Gowdy, Carlson & Rapp, 2004). The belief that long-term follow-up was always available was also a concern for staff members (Henry & Lucca, 2004).

Barriers to effective delivery of the SE program arose from staff's own attitudes and expectations regarding clients' histories and abilities (Tschopp et al., 2007). Narratives from staff members focused on client failures, and therefore, staff did not acknowledge that staff members themselves also have responsibility and involvement in the SE program (Gowdy, Carlson, & Rapp, 2004). Negative staff attitudes regarding the vocational capacities of clients with SMI seem to be a self-fulfilling prophecy (Mowbray, McCrohan, & Bybee, 1995). During the execution phase of SE, mental health treatment staffs' disincentive beliefs (i.e. lack of on the job supports, low chances of obtaining jobs, stigma in the workplace, and higher risk of danger for people with SMI in the workplace) were associated with lower employment rates after six months of program implementation (Hanrahan, 2006). Resistance from staff members slowed the ability of achieving full implementation of the SE program at pilot sites (Marshall et al., 2008).

Another barrier related to staff is that they lacked the resources required to execute SE. Staff reportedly lacked the skills and confidence to meet with employers and interact with the business community (Carlson, 2007; Helms, Moore, Powell, & Gould, 1990). Many of the staff members felt uncomfortable working closely with employers to assist with client job development (Rapp et al., 2008). Some also lacked the means of transportation to support clients (Helms et al., 1990). They were familiar with other vocation alternatives, such as sheltered workshops, activity centres, and agency-run businesses (Wong et al., 2008). SE staff had difficulties implementing individualized job searches and helping clients identify preferences and needs (Carlson, 2007).

Finally, there appeared to be a disconnect between staff and client views, and sometimes between views of different mental health care professionals. Staff might be unaware of or minimize the emphasis on a client's motivational stage of change. The staff's intentions and the client's intentions could be different regarding the need to work and the role of SE in recovery (Casper & Carloni, 2007). Therapists were not always supportive of SE staff and clients' goals for employment (Gowdy, Carlson, & Rapp, 2004). Therapists had different views regarding the value of work and the ability of clients to participate in SE. Some therapists considered working to be a stressor, which could cause instability within the client's clinical treatment. The discrepancy between therapists' views and staff views of work readiness and the value of work is another barrier to the implementation and execution of SE (Quimby, Drake, & Becker, 2001).

Challenges to SE Program Management

A lack of time for program leaders to manage the SE programs presented barriers to SE program success (Van Erp et al., 2007). A lack of strong leadership is also a barrier in executing SE programs (Marshall et al., 2008). Roles among SE staff, case managers, and therapists need to be clearly established as role conflict and role confusion can hinder the implementation and execution of SE programs (Trochim, Cook, & Setze, 1994). Another barrier with regards to program leaders is the lack of managerial action in connection to work-related outcomes or tracking work performance (Gowdy et al., 2004). Program leaders need to assist the staff in overcoming obstacles. It was found that staff had a difficult time implementing individualized job searches because there was too much dependence

on the mental health centre for job placements (Carlson, 2007). Program leaders need to develop a strategy to overcome potential barriers to the implementation and execution of SE.

Challenges of Screening and Follow-up

Screening and acceptance of referrals is another point at which SE programs experience challenges. Some referral sources to SE programs are hesitant because they perceived the mental health system as overly protecting clients (Marrone, Foley, & Selleck, 2005). When referrals are made, some teams want to restrict clients to only the ones who had the best job prospects; some teams wanted to screen out difficult clients (Mowbray, McCrohan, & Bybee, 1995). SE programs should accept clients with various degrees of mental illness. Research suggests that “greater inclusiveness yielded higher employment rates” (Hanrahan, 2006, p. 250). This implies that SE programs do not benefit from excluding clients who have SMI or who they assume are not ready to work (Hanrahan, 2006). Gervery, Parrish, and Bond (1995) also point out the fact the SE programs should be careful not to exclude clients with SMI in order to try to meet placement and retention rates set by the funding agencies or to change the length of SE services to accommodate fee schedules. Once the referrals were accepted, there was a lack of interventions that seemed to work or the interventions appeared to be irrelevant to work, particularly in an inpatient setting (Henry & Lucca, 2004).

Contextual Barriers

Latimer et al. (2006) noted that in Canada, there are two environmental barriers: chronically high unemployment rates and lack of economic incentives for individuals to work more than a few hours per week. These themes are prevalent in the literature. The labour market within a community can present barriers to SE (van Erp et al., 2007). Not all programs are able to provide full-time employment to all of the clients because of seasonal lay-offs and/or slow-downs (Morrow, 2009). Moreover, studies documented that much of the employment was based on availability and not client preference, as clerical jobs were harder to obtain than food industry and maintenance jobs (Gervery & Kowal, 1995b). Clients were also concerned with the low wages of entry-level job placements, which served as a barrier to SE programs (Helms et al., 1990).

Some disability policies also presented as barriers (van Erp et al., 2007). Removing selectively some work disincentives (i.e. public income support) may help increase participation among clients who have mental illness (Slade & Salkever, 2001).

In general, there is a lack of awareness about SE by the business community. Employers demonstrated a lack of interest and provision of job options for the clients (Helms et al., 1990). Employers were also concerned with the clients’ ability to get along with co-workers, clients’ potential productivity levels, and the turnover rate (Tschopp et al., 2007). Potential employers for clients in the SE program are concerned for their own businesses; therefore, it is difficult to execute SE in order for clients to obtain permanent jobs. Stigma within the community towards people who have mental illnesses poses a barrier for the execution of SE programs. Societal stigma and ignorance can prevent clients from obtaining competitive employment (Gowdy et al., 2004; Henry & Lucca, 2004). Society also has misperceptions regarding the association between violence and SMI (Tschopp et al., 2007). Stigma towards clients with SMI and criminal offenses, in particular, presents a barrier to successfully gaining employment (Tschopp et al., 2007). Some employers in the community made generalizations regarding employing clients with SMI from individual, isolated, negative experiences (Tschopp et al., 2007). Not only does stigma negatively impact obtaining competitive employment, but it also negatively impacts negotiating accommodations (Gowdy, Carlson & Rapp, 2003). Promoting positive change in community attitudes towards people who have mental illnesses by educating and providing the community with knowledge regarding mental illness can help alleviate stigma and decrease environmental barriers for SE programs.

Client Barriers

In a study completed by Tschopp et al. (2007), clients reported there were personal limitations in addition to contextual and policy limitations. Not all clients had the desire to work. Many clients expressed medical and psychological reasons why they were unable to work (Marrone, Foley, & Selleck, 2005). Some clients of the SE programs had low expectations of themselves (Henry & Lucca, 2004) while others lacked the motivation and/or they were afraid of working (Gowdy et al., 2004). Clients feared work pressure and had poor dependability and attendance (Helms, Moore, Powell & Gould, 1990).

There were also tensions over managing the money that resulted from employment. Clients were upset that the money they earned was managed by another party, and therefore did not want to continue working. The reason cited for having a third party manage the client's income was to prevent the clients from spending money on drugs and compromising their mental health (Quimby, Drake, & Becker, 2001). However, when the client's income was removed from them, their sense of accomplishment and self-worth diminished; these issues were not addressed by staff members (Quimby et al., 2001).

interviews with consumers of SE services (consumer participants)

Interviews were conducted with consumers of SE services to explore their SE experiences and the components that were most helpful to them, as well as perceived gaps in services. Interviewees were individuals with lived experience of mental illness using SE employment services, at various stages of the SE process (pre-employment, employed, between jobs, etc). Telephone interviews were conducted, tape recorded, and transcribed. A thematic analysis was conducted to identify key characteristics of SE. The following section is a synthesis of data collected from the consumer interviews regarding SE services, components and perceived gaps.

Participants

Twenty-one participants were interviewed, 11 males and ten females. The participants were selected from a range of provinces/territories. A summary of interviewee's responses follows.

Province	Number of Participants
Ontario	9
British Columbia	3
Manitoba	2
Alberta	2
Nova Scotia	2
Newfoundland	2
Saskatchewan	1

Services Provided within Supported Employment (SE) Programs

A basic principle underlying service provision is that clients are encouraged to move at their own pace and are supported through the steps. Also, employment counsellors assist clients to find jobs according to client preferences, strengths, and work experiences. A client-centred approach is important to enable the client to choose the speed of the process to fit their needs and recovery process. Pre-employment preparation is a prominent service provided within SE programs, and consists of several components. SE programs help clients identify job interests and support them through the job search/interview/ placement stages. Resumé and cover letter

preparation involves looking at examples of resumé and cover letters, updating clients' existing resumé, CV building, and emailing clients with resumé tips. Job search assistance includes helping the client access and use job banks, providing the client with job search websites, emailing job links to the client, and actively searching for a job for the client utilizing the SE program's existing employer connections. References are provided by the staff of the program when the client has few or none, or they help the clients decide which employers to utilize and contact for references. Knowledge is exchanged regarding information on job qualifications/requirements and which jobs would be appropriate for the client to apply for, as well as knowledge about how work affects government assistance programs. Access to work-related supplies is provided by helping clients gain access to funds to purchase new clothing, uniforms, and/or supplies needed to begin employment. Support groups are available for clients to learn job search strategies from one another. Clients enjoy being able to make social contact with people in a similar situation.

Support is provided throughout the entire interview process. Pre-interview preparation involves going over the types of questions the client may be asked, role-playing and mock interviews, coaching, and identifying difficult aspects of the interview process and ways of overcoming them. Also, physical assistance is provided by driving the client to their interview, going to the interview, and waiting outside.

Services also address ways of coping with the stress of preparing for work. Clients are offered relaxation techniques, anxiety management, and social support in order to face the stress of the interview process. Employment enhancement workshops are also available to target self-esteem, self-confidence, stress management, time management, anger management, and work balance. Also, aid in recovering from a job loss due to mental illness is provided to encourage the client to find and keep another job.

SE programs also provide training in specific skills. This may be achieved through volunteer placements, including partially compensated volunteer positions,

job placements/trials, and enrollment in work experience programs. The aim of these experiences is to gain new skills/experience, to build the client's resumé, to increase employability, and allow clients to determine if the position is a good fit for them. Further, access to vocation-related education programs is available in order to upgrade the client's education and skills (eg. computer courses needed to gain employment in an office environment, courses needed to obtain security license). Funding is provided or located in order to participate in these programs or to cover transportation costs to placements or programs. Workshops offered by some programs enhance the client's skills through art therapy, photography classes, cooking classes, and spirituality.

Job retention efforts aid in clients keeping work. Continuous assessment is an important aspect. It involves continuing contact with the client after employment is obtained and adapting support to the needs of the individual. Services are adjusted to match clients' evolving job aspirations and enhanced acquired job skills. The employment counsellor plays a prominent role in encouragement and support while the client is in the workplace; they provide on-site job coaching, give advice on approaching particular situations and discussing problems with the employer, negotiate accommodations before and after the job has begun, offer ongoing support, call employers to see how the clients are doing on the job, and arrange regular progress meetings. Contact with the employer increases communication in order to fix problems before they arise.

Also, there are support groups that clients can attend in order to discuss issues and support each other.

Benefits of Participating in SE Programs

There are many benefits from participating in SE programs that clients addressed. A frequent response was that confidence and self-esteem improved from program involvement. This improvement was achieved through several means. One way was that employment counsellors provided examples of successful people who had been through the same process. Another way was the opportunity for clients to exercise their skills, and thereby come to realize that they do have skills to offer to an employer; they then began to feel that they are contributing to society and their community, and they gained independence. SE also improved mental health and well-being; clients reported fewer mental illness symptoms (i.e. depression, anxiety) and generally being emotionally healthier. Participants

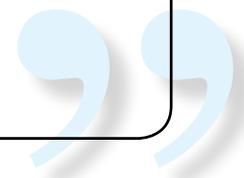
felt that in SE they are given the ability to manage their illness and move ahead; they are encouraged to acknowledge the limitations of their mental illness, but to move on to accommodate it while still obtaining goals and being healthy in every aspect. They also reported improvements in memory and problem-solving skills. In addition, consumer participants reported that SE helps to reduce fear and normalize anxiety (e.g. clients were told that everyone feels nervous in interviews). Clients are provided with effective strategies for coping with stress and are encouraged to address the impact that stress has on their illness. This increases feelings of competency and productivity. Some participants reported the process to be easier than expected.



“Really, the most valuable part about it was just being supported during those steps and learning those steps because doing those things isn't what's challenging for me, what's challenging for me was having the confidence to do them.”

“She came, took me to the interview and just the fact that I knew she was out there and rooting for me was good enough for me. That's what I needed to know, that I had somebody that was on my side.”

“They will step in, they will back you up, they will help up and support you so you can continue keeping your job and they work along with the employers.”



Another significant benefit was the vocational advantage that was offered through the knowledge and support provided by the employment counsellors (see also “Most Helpful Role of the Employment Counsellor”). Employment counsellors have contacts to job positions, can access client's case history to appropriately meet needs, provide effective resume

writing, are available for appointments when needed, have the ability to search the web and have access to it, guide the client step-by-step throughout the process, are non-judgmental, act as if they have all the time in the world to help, and they do some of the leg work that makes the process easier and less overwhelming. Some clients reported that simply knowing someone is there to support them is very helpful and that they enjoy being looked at in a new light. Participants felt they benefited from being able to determine their needs, preferences, and strengths, and to have the process matched accordingly.

Participants reported that SE provides them with a sense of purpose and structure. SE gives them a reason to wake up every day and gives them something to do. They feel that they are able to give back to the community, and enjoy having daily structure and stability. Integration into work also enables them to socialize; they meet new people and build relationships with others, as well as expand their social networks. “Economic power” is an essential benefit to many clients because many have been out of work for a long time. They are more satisfied with their finances and earnings, and enjoy increased economic security (i.e. being less reliant on social assistance) as well as having disposable income for such things as recreation.

Limitations of Supported Employment Programs

Most consumer participants found it difficult to offer limitations in their discussions of their experience with SE programs. However, some participants did state that it was difficult finding employment because employers were hesitant to hire people with mental illness. Also, some suggested there is a lack of support for self-employment for clients who want to start and own their own businesses. One participant proposed that there was a lack of support for clients who have completed post-secondary education because professional jobs were difficult to find using the SE resources.

Compensation is a limitation. Clients are unable to work over a certain number of paid hours because it affects their eligibility for income supports and/or reduces the amount of social assistance they are allocated. On the other hand, some participants stated that wages paid in the partially-paid volunteer or work experience are too low. Lastly, according to some participants, employment counsellors are very busy and their time is limited. They are also not available on weekends.



“Yeah [SE] is to find work but the goal is really more to develop the confidence and skills that you need to believe that you can find work”
“Well, it just gave me confidence and the abilities, and just to realize that I could function and I could do a job the same as anyone else.”

Most Valuable Aspects of Supported Employment Programs

There are three main aspects of SE that consumer participants identified as most valuable - the importance of the employment counsellor; a support system; and self-discovery leading to new opportunities.

The employment counsellor checks in with the client regarding difficulties, helps clients deal with people in authority (e.g. social service worker, employer), is understanding, walks through all of the steps, helps develop the client’s communication skills, explains how to go about finding work and the effects of working/ income on government assistance, and helps the client integrate into the workplace.

The support system consists of several elements. There is communication between staff members and employer so everyone is on the same page; there is teamwork between different staff members within the program; and there is support in accessing and exploring different types of work as well as training and education programs. This support system creates confidence, builds good relationships between client and counsellor, provides consistency and trust, guides the client, and enables clients to feel that they are not alone. Participants reported that they like the counseling aspect of the SE and feel no pressure. Many consumer participants reported that SE opens their eyes to different employment opportunities and leads to self-discovery. Clients are encouraged to discover their basic skills, interests, and needs and to create and explore different opportunities based on these skills. SE opens doors that would not have been available previously so the client can see the

bigger picture, and see a future that involves working. Participants reported that they are able to have hope and can see meaning in their lives.

“Very few people were willing to take on us... I think it's very much still a stigma filled workplace”

“The only thing that they couldn't really help you with that I might have been interested in was self-employment... Umm they weren't really equipped to explore that option I guess”

Most Helpful Services and Supports Provided by the Employment Counsellor

In response to the question, “What did your employment counsellor do that was most helpful to you?” participants identified the following “most helpful” services and supports that the employment counsellor provides:

- Identifies the client's strengths and helps overcome barriers: employment counsellors assess what the client's skills are, matching appropriate job positions with their skills/abilities and interests; explore strategies to overcome barriers; and go to the job to point out possible improvements.
- Provides new opportunities to clients: suggest or finds work that the client would never have found or thought of as an option; open up new areas of work through training programs and community connections; clients are successful because counselors help them modify the types of jobs they are looking for and give them new and attainable suggestions.
- Practical support with work-related issues: make phone calls together, help prepare for the interview, provide rides to the interview, attend the interview, go to the job with the client until comfortable, help the client through the process from beginning to end, hold progress meetings and updates, communicate with the employer, advocate for the client, and communicate with various people to obtain services (e.g. social service workers, welfare).
- Emotional support: provide pep talks,

encouragement, and confidence; are helpful; support the client through the interview process; are very respectful, dedicated and compassionate; provide mentorship; build a good relationship/ friendship with the client; explain that everybody gets stressed and client has to learn to deal with stress; are available for appointments to talk; provide advice on how to approach certain situations; give reminders about how good the employer has been in the past and not to overreact; and give clients a reality check about what it will be like to enter the workplace again and how to deal with other employees' discrimination.

“Having direct and constant access to [employment counsellor] I think is paramount to getting into [the workplace]”

“I wouldn't have known where to start for a job; I wouldn't have known what kind of job to look for... I wouldn't have known what was available. And they opened doors for me. They got me in doors that by myself, I wouldn't have got in... I don't think I could have been successful at what I'm doing without the supportive staff.”

Are Work Goals Met in Supported Employment Programs?

Interview participants claimed that most of their goals were met or exceeded. Some did not have specific goals to begin with, and those individuals reported that when they came to the SE program, they were encouraged to identify some and create new ones. One client who was in the initial process of finding work stated that his goals have the potential of being met within the program.

A common goal that clients had was finding work that benefits and interests them. Participants reported that this goal was met because there was flexibility around the client's recovery plan to find work that suited their needs and abilities. Other goals that were met include: monetary goals leading to financial security, higher

wages, benefits (especially life insurance which is difficult to acquire for individuals with mental illness), and pension; social goals such as being more involved with social outings associated with the workplace and meeting new people; job retention goals leading to keeping work for longer than previous positions; and integration into the workforce. Also, when these goals were met, clients were guided through the process of making new goals. Many consumer participants reported that because SE exceeded their expectations and initial goals, they were able to separate their own mental illness from the stigma and prejudices that come with it.

“We met on a few occasions and we went over things but then there was a crunch where... I wasn't sure I was ready and I had all these doubts... and without him I don't think I could've just gone ahead... He really was able to tackle that stuff”
“They also helped me understand what it would be like dealing with, not just my employer, but fellow employees. And how they would see stigma and how they would or may not accept me once the word got out.”

Recommendations for Other Supported Employment Programs

Consumer participants recommended aspects of their current programs that were successful and also offered suggestions to make improvements. Participants emphasized the importance of the following existing components of SE:

- not putting pressure on clients to take on more than they are ready for
- slowly integrating the client into the workplace with flexible training options
- not only help client get work, but also to develop the confidence and skills needed to get work
- provide access to a variety of positions to try out possibilities and find a good fit

- no time limitations on training, work trials, and volunteer programs
- positive encouragement and coaching throughout the whole process
- staff being easily accessible so the client can contact them if there is a problem

Clients had a variety of suggestions to improve SE programs. They included:

- train staff to understand mental illness more thoroughly
- increase opportunities for self-employment
- more support for clients to complete secondary and post-secondary education
- target the stigma towards mental illness in the workplace
- avoid reductions in government funding for the programs associated with SE
- increase support for professionals with mental illness
- provide a written report or evaluation of the client's performance at work
- communicate with the client's health care providers (i.e. doctor)
- offer opportunity to change employment counselor if it is not initially a good fit
- more work-home life balance seminars, job fairs, and workshops

“I had limited and uncertain goals on my way in, so they helped me not only meet all those but also to formulate new goals and go about meeting them so they have not only met my goals by also exceeded them.”

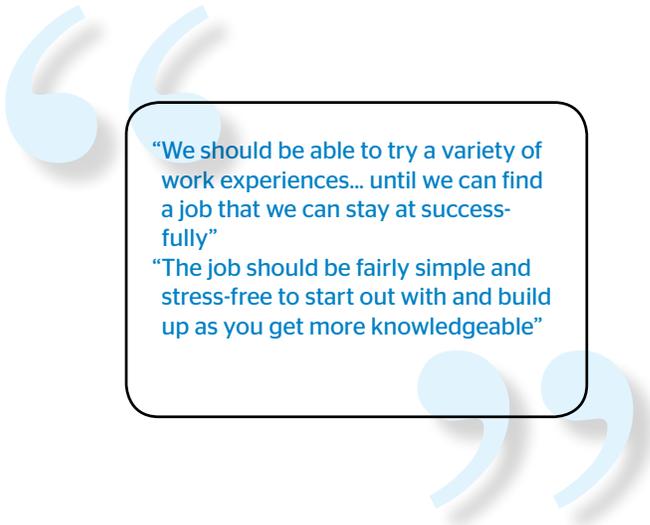
To reduce stigma, one client suggested an employer appreciation night/dinner because acknowledging the employers provides incentive for them to participate in the program and to encourage others to join as well. It also helps to network for client and employers. Showing workplace success stories can foster awareness of employers' impact on the clients' lives. This public recognition has potential for growing the

program and expanding employers' involvement. It also gives the clients a feeling of accomplishment. Other similar suggestions included more validation for the SE staff and a "day-in-the-life of someone with mental illness" seminar for family and friends for better understanding of their loved ones' illness.

Survey of Supported Employment Service Providers Research on essential elements of Supported Employment has largely been conducted in the U.S., where funding mechanisms and social structures differ from those in Canada. Therefore, the operationalization of these characteristics may not be entirely relevant to the Canadian context. We therefore conducted a survey of SE service providers, (including job coaches, vocational counselors, and employment specialists) inviting them to comment on and rank established characteristics and generate additional ones. A total of 122 frontline service providers (including job coaches, vocational counselors, and employment specialists) responded to the survey, and 98 surveys were completed fully. Survey questions and response data are provided in Appendix C.

Overall, survey results suggest that SE programs adhere to best practices outlined in the literature, albeit to varying degrees. A large majority of service providers target competitive employment as the goal and aim to match clients' interests with jobs. Less than half, however, offer benefits counseling for their clients; this appears to be a gap in service delivery as this need has been demonstrated by the tensions clients experience in the disability income system. Furthermore, there is a disconnect between what is valued by service providers and what is actually done. For example, about 75% of service providers said it was very important or fairly important for anyone who wishes to be in SE to be able to access it, yet only 56% reported that this principle is enacted in their program. Similarly, 82% felt it was very important or fairly important to offer time-unlimited support, yet only 58% reported that they do so. These discrepancies between what is valued and what is practiced may suggest that the realities of program implementation and funding prohibit true fidelity to the principles of SE and that some highly valued practices are diluted. Other survey findings point to the creativity and multiple ways in which service providers locate jobs and work with employers, and the many roles and skills that are needed to work with consumers and employers, mental health and workplaces all at the same time.

While there are many other interesting findings in the survey, a final one that is worthy of attention is the emphasis placed on eliminating stigma and lack of funding as challenges to employment.



"We should be able to try a variety of work experiences... until we can find a job that we can stay at successfully"
"The job should be fairly simple and stress-free to start out with and build up as you get more knowledgeable"

survey of supported employment service providers

Research on essential elements of Supported Employment has largely been conducted in the U.S., where funding mechanisms and social structures differ from those in Canada. Therefore, the operationalization of these characteristics may not be entirely relevant to the Canadian context. We therefore conducted a survey of SE service providers, (including job coaches, vocational counselors, and employment specialists) inviting them to comment on and rank established characteristics and generate additional ones. A total of 122 frontline service providers (including job coaches, vocational counselors, and employment specialists) responded to the survey, and 98 surveys were completed fully. Survey questions and response data are provided in Appendix C.

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that is worthy of attention is the emphasis placed on eliminating stigma and lack of funding as challenges to employment.

An Overview of Provincial Disability Programs and Work Incentives/Disincentives

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DISCLAIMER:

Any results or conclusions that may arise from this research are not the opinions of the Ontario Ministry of Community and Social Services but are solely of those who have conducted the research

main findings

All provincial disability programs have earnings recoupment⁵.

- Most provincial benefit recoupment methods proportionately adjust for earnings. As such, more is recouped from those who earn relatively more.

All provincial disability programs have some type of employment incentive program.

- Ontario and Quebec are the only provinces that offer a work-related benefit⁶.
- All provinces offer support for employment and training.
- The majority of provinces offer travel/transportation benefits.

All provincial disability programs have some type of safety net for those who leave the programs and subsequently need to return.

- Most provinces offer supplemental health benefits (e.g., prescription drug insurance where applicable, dental, vision).
- Alberta, British Columbia and Ontario are the only provinces that offer rapid reinstatement to the program.

In the Ontario Disability Support Program (ODSP), the primary types of disabilities among single adults with no children are associated with mental disorders.

- Schizophrenia-related disorders (14.8%) account for the largest percentage of types of disabilities followed by developmental disability (13.2%), musculoskeletal disorders (11.2%), mood disorders (9.5%), anxiety disorders (8.7%) and nervous system disorders (7.4%).

There is variation among recipients who are single adults with no children receiving the ODSP work-related benefit.

- The largest proportion of recipients of the work-related benefit were among those with developmental disability (9.2%) followed by sense organ disorders⁷ (7.5%), infectious disorders (7.2%), mood disorders (7.1%) and schizophrenia-related disorders (6.6%).

Among single adults with no children, median earnings exceed the ODSP work-related benefit, suggesting a positive investment.

For those with developmental disability, at the median, they earned 1.8 times more for each dollar of work-benefits. The median return was 3.8 times for sense organ disorders, 7.3 times for those with infectious disorders, 4.2 times for mood disorders and 2.8 times for schizophrenia-related disorders.

5 Recovery

6 Recipients receive a benefit when they are employed.

7 i.e., sight and hearing

full report

Purpose

The purpose of this report is to describe the types of disability benefit programs offered by the various provinces as well as characteristics of the programs that could represent incentives/disincentives to competitive employment. Using data from Ontario, the country's most populous province, Ontario Disability Support Program (ODSP) data will be used to describe the use of the work-related benefit among ODSP recipients who are single adults with no children. The information discussed in this report can inform the discussion about provincial disability programs and competitive employment of recipients of public disability programs. It will also raise questions to help direct future discussions about how benefits could be structured.

Background

People with mental disorders are more likely to either be unemployed or to have left the labour force (Bowden 2005; Ettner et al. 1997; Marwaha and Johnson 2004; Mechanic et al. 2002; Patel et al. 2002; Waghorn and Lloyd 2005). This may be related to a number of reasons including an inability to obtain or retain employment (Lerner et al. 2004), reluctance of employers to hire people with mental disorders (Scheid 1999; Nicholas 1998) or fear of losing benefits (Cook 2006).

At the same time, there is literature suggesting that unemployment may contribute to the development of mental disorders. Maier and colleagues (2006) observed that workers who were unemployed for a year experienced a significant decrease in working capacity and increase in emotional disturbance during that first year of unemployment.

In the absence of employment, most people in industrialized countries must rely on public benefits for their livelihoods. These include unemployment benefits, disability insurance and welfare programs. However, there is an association between receipt of disability benefits and unemployment. The fear of losing disability benefits has been identified as one of the barriers to obtaining and maintaining employment for clients with severe mental illness (Campbell et al.

2010; McQuilken et al. 2003). As a result, those who received benefits often have poorer employment experiences.

In a review of the literature, Cook (2006) points out that few people leave public disability benefits due to employment. It has been suggested that publicly funded benefits may inadvertently create disincentives to working. For example, people might perceive that they will be penalized for working. Or, if they become successfully employed and are no longer enrolled in a public benefits program, it would be difficult for them to re-enroll for benefits if they subsequently lose their jobs (Organization for Economic Co-operation and Development 2003).

Thus, a complex picture has emerged. While people with mental disorders are less likely to be employed, the public benefits on which they rely may also add to the likelihood of unemployment. Yet, there is also evidence that employment is associated with better mental health.

In response, public systems have been seeking ways to address the barriers to employment. This report gives an overview of the types of disability benefits programs offered by the various provinces as well as characteristics of the programs that could represent incentives/disincentives to competitive employment. As discussed below, ODSP is one of the few programs in the country that offers a work-related benefit for working in competitive employment. Using ODSP data we describe the use of the work-related benefit by ODSP recipients who are single with no children. The information discussed in this report can inform the discussion about provincial disability programs and competitive employment of their recipients.

Provincial Disability Programs and Work Incentives/Disincentives (Tables 1-5)

Each province has an income assistance program that covers people with disabilities. However, in New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island, there is only one income assistance program available (Table 1, Appendix). All of the provinces have a provision in which benefits are recouped based on earnings. Schemes

use different types of methods including sliding scales based on total amount of earnings, flat dollar exemptions and fixed percentage withholdings based on any earnings. Both the use of sliding scales based on total amount of earnings and fixed percentages withholding based on any earnings are similar to proportional taxation. That is, recipients who earn more pay more. In contrast, the flat dollar exemption is similar to a progressive tax. This means that as earnings increase, a relatively larger proportion of earnings is recouped by the disability program. Although all the recoupment schemes adjust for the amount of income earned, these reductions could be viewed as a disincentive to working depending on the amount of benefits reduced and the type of jobs that recipients are able to obtain (Tables 2-5).

At the same time, each province also offers work-related benefits which could be perceived as incentives to employment. These benefits take a variety of forms including training supports and travel/transportation benefit. However, only Ontario (\$100/month) and Quebec (\$130/month) offer competitive work-related benefits.

Most provincial programs seem to recognize the chronic and episodic nature of disability-related illnesses and the need for a safety net for those who do seek competitive employment as a primary source

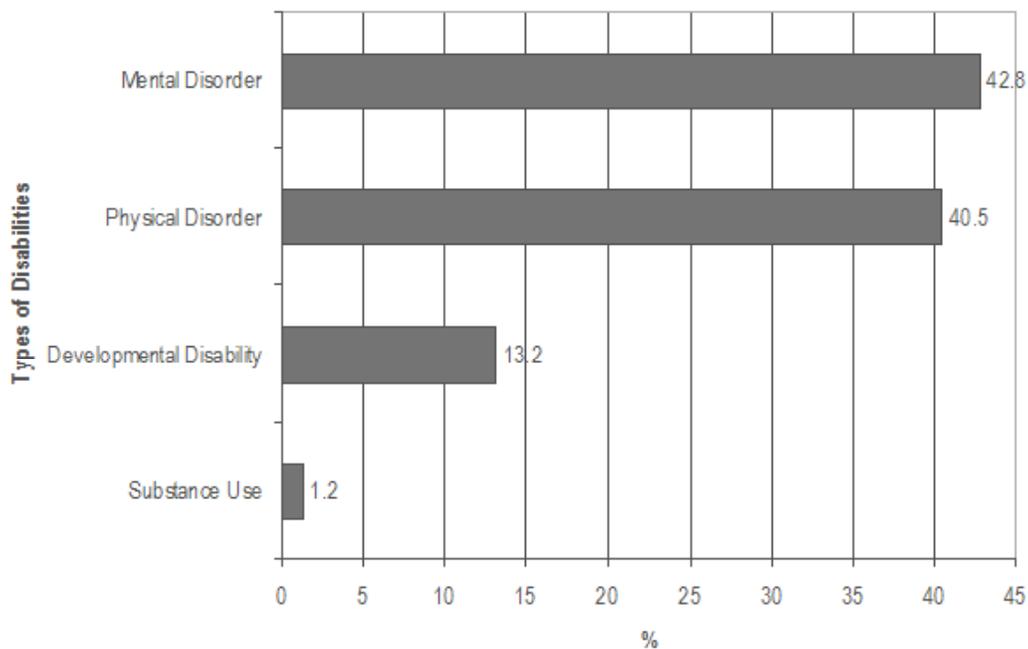
of income. As such, with the exceptions of Prince Edward Island, Quebec and Saskatchewan, provinces ensure access to supplemental health benefits (e.g., prescription drug insurance where applicable, dental, vision). However, only Alberta, British Columbia, and Ontario ensure there is rapid reinstatement of recipient status if someone leaves the program and subsequently needs to return.

Ontario Disability Support Program (Tables 6 & 7)

Using Ontario as a case example, in this section we examine uptake of the work-related benefit among recipients. The ODSP Program provides income support to Ontarians who demonstrate financial need and who have met the Ontario Disability Support Program Act's definition of disability. Data for this analysis included recipients who received ODSP benefits in March 2010 who were single and had no children. Sixty five percent of recipients met these criteria.

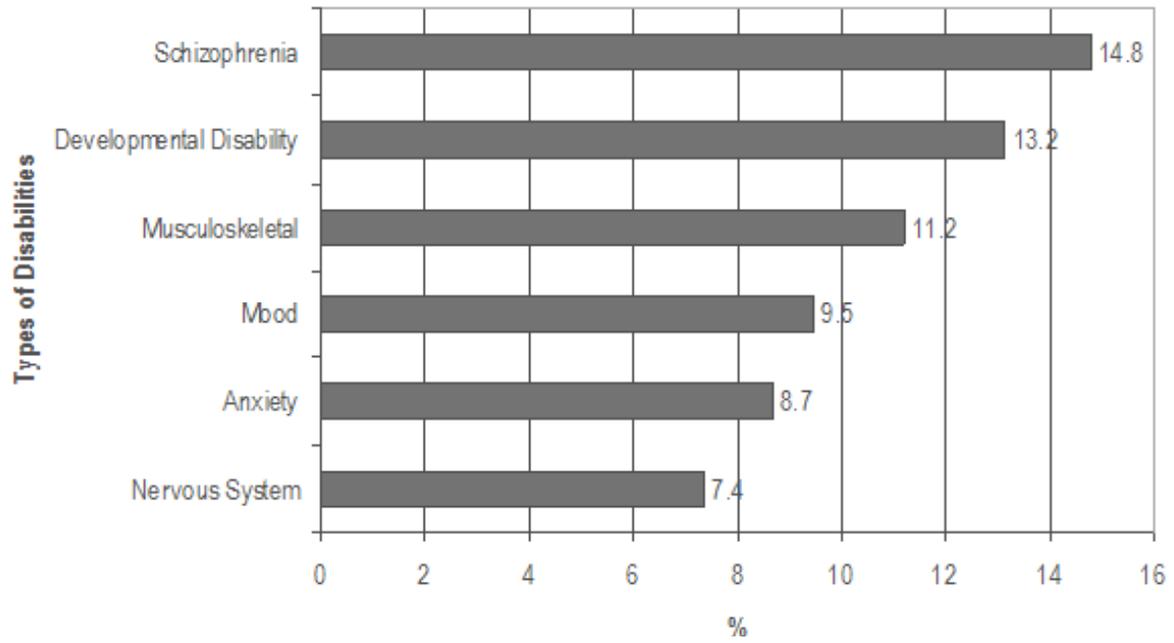
When we consider the primary types of disabilities, the greatest proportion are associated with schizophrenia-related disorders (14.8%) followed by developmental disability (13.2%), musculoskeletal disorders (11.2%), mood disorders (9.5%), anxiety disorders (8.7%) and nervous system disorders (7.4%) (Figures 1 & 2; Table 6).

Figure 1. ODSP Recipients by Types of Disabilities



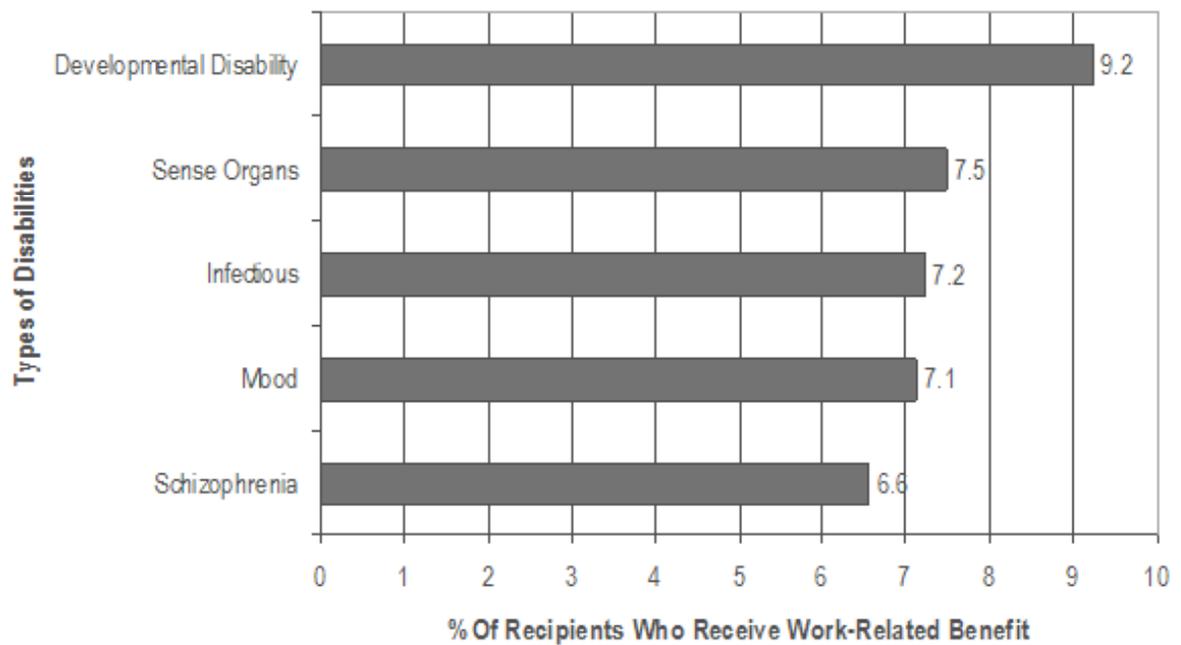
Note: Includes only recipients who are single without children.

Figure 2. ODSP Recipients by Most Prevalent Types of Disabilities



Note: Includes only recipients who are single without children.

Figure 3. Percentage Receiving Work-related Benefit Within Each Type of Disability



Note: Includes only recipients who are single without children.

ODSP also offers a work-related benefit that is available to recipients who have earnings from paid employment. Under the work-related benefit, recipients can receive a \$100 work-related benefit regardless of the amount earned. Using the receipt of this benefit as an indicator for at least one-month employment, we examined the percentage of recipients who received the work-related benefit by types of disabilities. Less than 10% of recipients in each category received the work-related benefit (Figure 3; Table 7). The largest proportion of recipients receiving the work-related benefit were among those with developmental disability (9.2%) followed by sense organ disorders (7.5%), infectious disorders (7.2%), mood disorders (7.1%) and schizophrenia-related disorders (6.6%).

Although they have the highest rate of employment, people with developmental disabilities were not among the group with the highest earnings. The monthly median earnings for those who worked and had a developmental disability were \$128 (Figure 4; Table 7). In contrast, median earnings were \$531 for recipients with sense organ disorders, \$778 for those with infectious disorders, \$464 for mood disorders and \$265 for those with schizophrenia-related disorders.

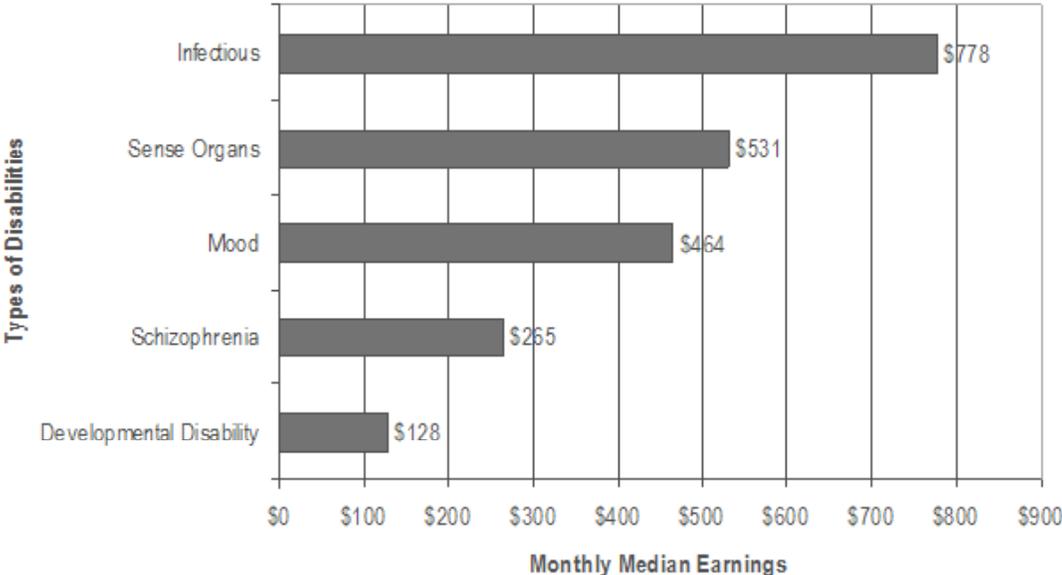
Given that the Ontario minimum wage is \$10.25/hour and assuming that all recipients who worked were paid at least minimum wage, our findings suggest

recipients were not in full-time positions (assuming a 37.5 hour work week for a full-time job). Assuming that they all received minimum wage, the total median hours would be at least 12.5 hours/month for recipients with developmental disabilities, 51.8 hours/month for recipients with sense organ disorders, 75.9 hours/month for those with infectious disorders, 45.3 hours/month for those with mood disorders and 25.8 hours/month for those with schizophrenia-related disorders.

We also examined the ratio of earnings to work-related benefit as a modified return on investment (Table 7). This approach assumes that the work-related benefit is meant to act as an incentive to obtain competitive employment. For those with developmental disability, at the median, they earned 1.8 times more for each dollar of work-related benefit.

The median return was 3.8 times for sense organ disorders, 7.3 times for those with infectious disorders, 4.2 times for mood disorders and 2.8 times for schizophrenia-related disorders.

Figure 4. Monthly Median Earnings Among ODSP Recipients Within Each Type of Disability



Note: Includes only recipients who are single without children.

conclusions

Based on different provincial plans, it is interesting to note that there is consistency across provinces in terms of benefit reduction related to earnings. Most provinces have chosen recoupment schemes that are either proportional or progressive. Nevertheless, it would be important to understand the extent to which these schemes serve as disincentives for employment and to identify the optimal structure to encourage employment.

To varying degrees, each of the provinces have attempted to develop incentives for employment and safety nets for those who fear losing their benefits if they work. However, with regard to these, there is less consistency among provinces. An important question would be to understand the proportion of recipients who use these safety nets and incentives and the effect of these benefits on employment.

Results using ODSP data indicate that there are relatively larger proportions of people who are employed among those with mood and schizophrenia-related disorders than among many of the other types of disorders. But, the median earnings for those with mood and schizophrenia-related disorders are less than for those with many of the physical disorders.

This pattern raises a variety of questions. For example, are the lower earnings related to fewer hours worked or to differences in the types of jobs? If the cause is related to differences in types of jobs, what are the differences? Should vocational programs target these differences to allow people with mental disorders to qualify for jobs requiring more training?

However, the ratio of earnings to work-related benefit indicated that earnings exceed the work-related benefit, suggesting a positive investment. These results are promising and suggest that work-related benefit incentives could have positive effects on employment. To further inform these policies, it will be important to understand the optimal level of work-related benefit to maximize the likelihood of a recipient being employed. It would also be important to understand the additional factors that influence employment. Moreover, how do the pieces of the program fit together and how does each piece contribute to achieving the program's ultimate goal?

Environmental Scan of Social Businesses



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summary

Social businesses are commercial ventures that market goods and services to the public and use this economic activity to achieve social outcomes. They have been developed to address the employment and economic disadvantage experienced by a wide range of disenfranchised people, including people with mental illness. This study included the completion of an environmental scan to identify businesses for people with mental illness across Canada and in-depth case studies of six longstanding social businesses. The environmental scan identified approximately 100 social businesses developed to create employment opportunities for people with mental illness across Canada. This suggests the presence of a solid foundation for knowledge development, sharing, and dissemination with regards to this approach.

The case studies highlighted that there is considerable variation with respect to key business features, and this poses a challenge to developing a shared understanding of social business goals, processes, and structures. It also compromises economic analysis and outcome evaluation. Several dimensions of social businesses are developed in this report, and for each of these dimensions, examples of promising practices and challenges are provided. Twelve key messages directed to policy makers, business developers, evaluators, researchers, and educators are proposed with a view to enhancing social business as a legitimate option for improving the employment prospects of the aspiring workforce. These include recommendations for the development of: a formal network of social businesses to advance consensus standards and knowledge; policies to support the dissemination and sustainability of social businesses and enable the full participation of people with mental illness; and training and research initiatives to advance best practices in the field.

executive summary

Social businesses are commercial ventures that market goods and services to the public and use this economic activity to achieve social outcomes. They have been developed to address the employment and economic disadvantage experienced by people with mental illness. This study included the completion of an environmental scan to identify businesses across Canada, and in-depth case studies of six longstanding businesses. The goal was to determine the extent to which the approach has been used, to describe the models of business development, to examine their costs and benefits, and to consider how policy might be developed to support their development. The scan identified approximately 100 social businesses creating employment opportunities for people with mental illness. Twelve key messages emerged for policy makers, business developers, researchers, evaluators, and educators, with a view to enhancing the legitimacy of social business as a viable option for improving the employment prospects of the aspiring workforce. The core ideas presented in these key messages are consolidated in the following paragraphs.

While social businesses have proliferated across Canada, and provide a solid foundation for knowledge development, sharing, and dissemination, the approach does lack a formal structure to promote communication, advance knowledge, and enable collaboration and the development of shared standards. The development of a formal network of social businesses would advance their development and growth but will require an investment of funding and resources beyond the budgets of existing social businesses.

The development of policies related to social businesses for people with mental illness is required to support the legitimacy and strategic development of social businesses. These policies could include procurement policies and practices that institutionalize financial and social support. Similarly, these businesses will require ongoing resource support to ensure their sustainability. The development of a formal network for social businesses could enable the development of consensus and shared standards around such issues as funding and sustainability.

As with other initiatives that focus on the employment needs of the aspiring workforce, social businesses are impacted by government disability income policies that constrain their workforce. Efforts to address employment disincentives in these income structures should specifically consider their impact on the individuals working in social businesses, and also on the structure and operation of social businesses. Similarly, the relationship of social businesses to the broader mental health system will need to be explicitly addressed to enable their autonomy and growth and ensure that they are guided by principles and best practices for empowerment, social inclusion, and community participation.

There are distinct competencies associated with the development and management of social businesses, not typically found within mental health systems, and these should be identified and supported through the creation of relevant training and education programs. Compared to other employment approaches in the field, the development of a social business approach has been hampered by limited systematic evaluation and research. Any effort to advance knowledge and practice will require the investment of evaluation and research resources.

Social businesses are commercial ventures that market goods and services to the public and use this economic activity to achieve social outcomes. Social businesses have been developed to address the ongoing employment and economic disadvantage experienced by people with mental illness, and in particular, those with weak labour market attachment. They are sometimes referred to as social purpose businesses, social firms, or social ventures. The social business is one approach within a larger “social enterprise” field, which aims to use innovative business and market practices to drive important and sustained social change.

Social businesses for the aspiring workforce have been in operation for more than two decades in Canada, but this employment approach has received little direct attention in the mental health field. While they are positioned within the social enterprise sector in Canada, this sector is only loosely defined and connected through national associations such as the Canadian Community Economic Development (CED) Network and the BC Centre for Social Enterprise. Such organizations provide an important resource for the field, but social businesses as they have been applied to people with mental illness have not been a focus of their attention.

This component of the Aspiring Workforce project was designed to increase our knowledge of the social business approach for people with mental illness in Canada, and to use this knowledge to develop recommendations with regards to the advancement of the approach. The study was guided by the following research questions: 1. To what extent has the social business approach been used to develop employment opportunities for people with mental illness who have been marginalized from the community labour force? 2. What social business development models exist in Canada and how do these compare to those developed internationally? 3. Which business development approaches are most cost-effective, from both an economic and social perspective, and best suited for dissemination to meet diverse Canadian contexts and conditions? 4. How can Canadian policy be developed to support the establishment, maintenance, and growth of these initiatives?

Part 1

Methods: This environmental scan was conducted with a goal of identifying as many businesses as possible that met our key criteria: a registered business open for trade in the community; has a set of by-laws; strives for financial sustainability; and has a social mission that includes hiring or training of persons identified as having a mental illness (although not necessarily exclusively). Not included in this scan are businesses that are operated to build revenues for a larger organization that provides services for people with disabilities, such as Goodwill or the March of Dimes, independent businesses that operate informally and without a defined mission or vision, or businesses that might otherwise be considered sheltered businesses by virtue of paying piece-rates or less than minimum wage equivalents to long-term employees. It does include businesses that operate on a profit-share basis where the intent is to ensure income that exceeds minimum wage through marketing efforts and efficient business management.

Businesses were identified using a network-based strategy. We located key contacts within a variety of relevant sectors and groups across Canada, including vocational service providers, disability organizations, and the Canadian Council on Social Enterprise. We asked these sources to identify social businesses that fit our criteria and to suggest names of organizations or people for further sampling. We also identified sources through online registries of social enterprises by province, Google searches, and review of academic publications and popular press articles featuring social businesses. Having identified a number of businesses, we used a snowballing approach, where respondents were asked to identify other similar businesses that they were aware of. This inventory should not be considered an exhaustive and complete list of businesses that met our criteria, but rather a listing of the businesses we were able to identify through these methods, and within the time period of September 2009 - September 2010. Some businesses may have been missed, while others may have discontinued or changed operations.

Data were collected by first reviewing the web page of the business and any available documents (e.g. annual reports, incorporation documents, etc.) or video presentations. Contacts were then made

with each social business, and when possible, a key contact person was interviewed using a standardized telephone survey. The survey items included: size of the business based on number of employees and annual revenues; legal and governance structures; the model of ownership and management; the mission and guiding principles of the business; the nature of goods and services produced; characteristics of the workforce and human resources practices, including means of recruiting and reimbursing workers; subsidy structure; relationships and partnerships external to the business; and information about financial sustainability and other indicators of success.

Interviews were used to verify and add to information gained through other sources. In cases where no one from a business could be reached, that information was noted as being unverified. Through the interviews, many additional points of interest emerged, including factors driving the creation of the businesses, philosophies underpinning the operation, factors that contribute to sustainability, and operational tensions that exist for these small businesses.

The data were summarized in tabular format and then analysed by qualitatively identifying key attributes observed within businesses, comparing these across businesses, and noting thematic trends and differences. Based on this analysis, an initial taxonomy of social business was developed. This initial taxonomy was then refined by comparing the classifications to scholarly discourse about social business in Canada and internationally.

Findings

Classification

In total, 100 businesses that employ persons with mental illness operating in 58 separate corporate structures were identified through the scan, and 66 of these could be verified through personal interview with a key informant. Many of the individual businesses operate under a larger business structure. A number of businesses that were identified were dropped from the list because they failed to meet all of our criteria, or had ceased operation. A full listing of businesses is seen in Appendix G.

Businesses are also definable according to their demographic characteristics:

Type of business activity: A wide range of business types were identified across Canada, including food production, manufacturing, and packaging. The nature of the business activity is summarized in Table 1.

Size of business: Size is a difficult characteristic to accurately determine. First, depending on the metric used, size indicators can vary from year to year and even month to month (as with seasonal businesses). Second, the methods used to compile and report data can differ greatly based on the company's approach to record keeping. One indicator of size is annual revenues generated through sales or services provided. This figure was not available for many of the businesses. Another is the number of employees. This again is problematic, as many or most companies that generate employment necessarily hire on a part-time basis, and most cannot provide hiring data in terms of full time equivalencies. The scan suggests that 1,500 employment positions have been created in these social businesses.

Table 1. Summary of Business Surveyed by Type

Type of Business	Number
Catering/Food Service	22
Recycling/Composting	9
Retail sales – floral, used clothing, general goods	7
Manufacturing & Assembly	6
Commercial cleaning/Janitorial services	5
Art Studio/Pottery	5
Printing/Photocopying/Scanning/Bookbinding	5
Assembly line work/Shredding/Packaging	3
Woodworking	4
Property maintenance/Painting/Snow removal	4
Landscaping/Gardening	3
Laundry services	2
Pet Products	2
Car Wash	2
Computer servicing/assembly	1
Moving and storage	1
Courier Services	1
Commercial Sewing	1
Business Development	1
Flyer collating/delivery	1
Collect carts in Airport	1
Bicycle Repair/Refurbish	1
Pest removal	1
Peer Job coaching	1

In terms of annual revenues, data were available for 38% of firms and ranged from just over \$4,000 to nearly \$3.4 million/annum for the previous year. Average income was \$383,981/annum. As Table 2 reveals, 48% of companies reported income of under \$100,000/annum, while almost 15% reported income over \$1 million, with the remaining 37% falling somewhere in the large range intervening. This income picture is consistent with Statistics Canada's profile of small to medium sized businesses with annual incomes falling between \$30,000 and \$500,000.

Table 2. Business Annual Incomes

Business Gross Revenues	N	%
< \$50,000	10	30
50,000 - 99,999	6	18
100,000 – 149,999	3	9
150,000 – 199,999	1	3
200,000 – 249,999	1	3
250,000 – 299,999	2	6
300,000 – 349,999	2	6
350,000 – 399,999	0	0
400,000 – 449,999	0	0
450,000 – 499,999	0	0
500,000 – 999,999	3	9
>1,000,000	5	15
	33	

Size estimates based on number of employees can be equated with business size categories outlined by StatsCan, as seen in Table 3. The 58 businesses in the catalogue for which we have these data range from 1 - 600 in size. If the one outlier, a province-wide recycler in Saskatchewan, was removed, the average number of employees for the remaining 57 firms was 28 employees. Just over 91% of companies fall into the “small” or “micro” business categories. Fewer than 7% were medium sized businesses, and only 1 large business was identified.

Table 3 Size Based on Number of Employees

Business Size by Number of Employees	N	%
Micro (<5)	10	17
Small (<100; under 50 in service industries)	43	74
Medium (100 –500 ; 50 – 500 in service industries)	4	7
Large (>500)	1	2
Totals	58	100

Disability groups served: Most of the businesses reported here employ and/or train persons with mental health disabilities only. This implies that although individual workers or trainees may have more than one disability, mental illness is at least one of their impairments. A small number hire persons from any

disability group, including people with mental health issues. Another classification included in this catalogue is businesses that exist to hire persons who are marginalized in the labour market for any reason, but who acknowledge that the majority of their workers have concerns related to mental health or addictions. This latter group of businesses is included here in order that their contributions to employment for persons with mental illnesses and their philosophical approach will be captured in future studies. A summary of businesses by target population is shown in Table 4.

Table 4 Business Employee/Member Population

Target Population	N	%
Mental Health and/or Addictions	76	76
Mixed Disability	16	16
Marginalized Groups (>50% have a disability)	8	8
Totals	100	100

Payment structure: A range of payment approaches was identified. These seem to vary based on the philosophy and approach of the organization. Those that offer primarily training or transitional employment typically pay workers a training wage that is less than minimum wage. Workers who are not trainees are paid at minimum wage or better in most businesses, the pay rate being based on experience and nature of the position (i.e. shift leader, trainer) or according to the reimbursement model in use. Some consumer-owned businesses that are specifically in the mental health and addictions sector work on a profit share model, wherein pay is based on the amount of revenue generated through the business, and payment amounts determined by accountant review, recommendations to the membership, and member voting.

Subsidy structure: Virtually all businesses in this survey have some type of subsidy, which accounts for small to large proportions of the annual budgets. Examples of subsidies include:

- In-kind support, such as: provision of space by a sponsor or partner organization; provision of managerial or supervisory staff by a sponsoring organization; volunteer staff hours (frontline, professional, supervisory); use of equipment belonging to another entity; as well as direct funding for discretionary use by the business.

- Provincial subsidy including small business support agencies such as the Atlantic Canada Opportunities Agency, Newfoundland Department of Innovations, and direct government subsidies, (as in Emploi Quebec, which provides financial support for all agencies identified in Quebec); foundation grants, e.g. provincial lottery, Ontario Trillium Foundation, Vancouver Foundation; grant support from businesses and charitable organizations; and charitable donations.

Support models: In some businesses, job coaching and employment support to workers was provided through government funding or through a partner agency. In some cases, worker support was a function of the business managers and/or trainers who are employed through the business.

Form of Incorporation: As we attempted to navigate through the challenging waters of incorporation status, we ran into some uncertainty. Some spokespersons were not sure of their status, and would report the characteristics of which they were most certain. Many businesses had non-profit status, but also had received charitable status so that they could receive donations from supporters of their mission. Cooperatives also had a mix of statuses. It seems that overall, businesses tend to register as non-profits, or to create themselves as an entity under a larger parent organization that is incorporated, and establish a separate accounting system. The choice of incorporation model seemed to be based on the approach the organization would use to generate subsidy funding.

Over half of all businesses for which incorporation status could be identified were incorporated as non-profit organizations, with or without charitable status, or within a cooperative framework. Over 25% reported existing in the framework of a larger parent organization, with cited advantages, most notably the ability to operate a range of business types, not all having to be profitable (i.e. weaker businesses subsidized by other profitable businesses), and the ability to generate funds for evolving new businesses. Cooperatives also reported this advantage. Only one cooperative reported that after an incubation period, businesses are expected to be profitable, or are discontinued. Table 5 reports our best summary of forms of incorporation and frequency.

Table 5 Incorporation Models

Form of Incorporation	N	%
Non-profit	29	44.6
Operates as subsidiary of parent organization	12	18.5
Non-profit, charity	9	13.8
Cooperative	7	10.8
Charity	6	9.2
Non-profit, cooperative	2	3.1
Totals	65	100

Distribution

The largest number of businesses was found in Ontario, followed by British Columbia and Nova Scotia. Numbers in these provinces are enhanced by the generation of several businesses by a sponsor or organizing group. For example, in Ontario, where 56 distinct businesses were identified, there are only 26 distinct organizations running the businesses. The proliferation of businesses from a single entity is reportedly driven by need (creating increasing variety and numbers of positions for the target group) as well as opportunity and entrepreneurship (the parent has gained experience and developed an infrastructure for operating a business and generating funds, and thus is in a good position to expand). In contrast, we identified few to no businesses in other provinces. Saskatchewan has one large company that holds the province-wide contract for recycling on bottles and environmental contaminants and employs people with a range of disabilities.

Table 6. Distribution of Businesses by Province, and Mix of Disability Type as per Business Mission

Location	N	%	MI	Mixed	MG
NL	4	4	3		1
NS	10	10	10		
NB	2	2	2		
PEI	0	0			
QC	10	10	9	1	
ON	40	40	33		7
MB	1	1	1		
SK	1	1		1	
AB	5	5		5	
BC	29	29	18	9	2
Territories	0	0			
	100	100	76	16	8

* MI = mental illness, Mixed = mix of disabilities, MG = marginalized groups with >50% estimated to have a disability

Businesses can be completely controlled and directed by people with disabilities, or they may have varying degrees of involvement with ownership and decision making shared with partnering organizations.

Mental illness as an organizing feature vs. part of a broader mandate: Businesses vary with respect to the way they describe the employment limitations experienced by their workforce. Some businesses describe their mandate as addressing the employment issues experienced by people with mental illness. Others operate from a broader mandate that focuses on addressing issues related to systematic employment disadvantage. In this latter group, mental illness is not a defining issue for business development or operation, although a substantive number of people with mental illness are involved in the businesses.

Other organizing structures

Business structures and operations can vary according to a range of other underlying philosophies and ideals. These variations include, for example:

Rehabilitation/training model vs. employment alternative/collective vs. hybrid model: Some businesses use work positions as training positions to provide a wide range of work-related skill development in a natural work setting. The goal is to prepare people for employment in the broader community labour force. In this way, the business is viewed as a “stepping stone” to other employment options. Others view the business as a real employment alternative, comparable to other small- and medium-sized businesses in the community. Finally, some subscribe to a hybrid model, offering both training opportunities and some long-term employment positions within the business.

Consumer-controlled and driven vs. consumer involvement: The businesses vary with respect to the extent to which ownership and decision-making is controlled by people with disabilities themselves.

Part 2

Methods:

In depth case studies of six social businesses were conducted. Each of the businesses is a legally registered business, in operation for a range of six to 22 years. The businesses are located across Canada, (Atlantic Canada, Quebec, Northern Ontario, Central Ontario, Southeastern Ontario, Western Canada), deliver a range of goods and services (landscaping, woodworking, food services, cleaning, retail store, production of adapted clothing) and represent a variety of models of business development.

A range of data collection methods were used for each case study including: interviews and focus groups with key stakeholders (workers, board members, community partners, mental health service providers); observation of the business sites and work processes; and document analysis of key written materials related to mission, bylaws, marketing, finances, work log books etc. On-site data collection was conducted. All interviews were audio-taped and transcribed. Interviews conducted in French were analyzed and synthesized: excerpts illustrating key features or concepts were translated later into English, to facilitate the analysis across cases.

Data analysis began with the development of a case-specific description for each site. Data from each site were reviewed and a summary case description was developed using the following organizing headings (if appropriate to that firm) : context, business structure, business development, operations, model and purpose, employee/participant perspectives, staff perspectives, outcomes, turning points, and emerging themes. The case description was returned to the business for review and subsequently refined. These case descriptions informed the cross-case analysis which involved the research group in comparing the businesses on a range of features and sub-features identified through single case analysis. These features included: mission (philosophy, objectives, mission); business evolution (historical development, social-political context); goods and services (product, markets, work activities); work environment (conditions, location, accommodations); relationships to formal mental health system; formal external relationships; business structure (legal structure, governance structure, labour practices); ownership/ involvement models and practices; characteristics of

the workforce and their perspectives on the business; human resources practices (payment structures, wages/benefits, policies related hiring, referrals, etc); integration with the community (how realized, community perceptions); language used to describe the business and employees; outcomes (outcome evaluation, economic outcomes including business level outcomes, financial sustainability and individual level outcomes, social outcomes at the business and individual level, personal outcomes); critical elements to success; and tensions and challenges.

Findings from the cross-case analysis were compared and contrasted with international examples of social businesses for people with mental illness. Data collection related to international initiatives included personal contacts with and visits to social businesses in the United Kingdom, Norway, Italy and the United States (New York State) and access to relevant policy documents, and a review of international scholarship in this area.

Findings

While each of the businesses demonstrated features consistent with our definition, they displayed considerable diversity with respect to central features, and this poses a challenge with respect to establishing a unified description or even a meaningful taxonomical structure. In response, our analysis was framed around various dimensions with a view to establishing meaningful “contours” that delineate and define social businesses in operation. These dimensions include those related to 1) the structures, organization, and processes underlying business development; 2) the evolution of businesses; 3) relationship to the mental health system; 4) business growth, sustainability, and outcomes.

1. Giving shape to business structures, organization and processes

A. Philosophy and expectations with regards to employment

The businesses varied with respect to the beliefs held about the meaning of the business for those with mental illness who work there. One belief is that

working in the business provides a means for personal development to prepare for employment. A second belief holds that participating in the business is a form of real employment, experienced with a supportive work environment. A third belief is the notion that the businesses provide a community of fellowship that both benefits the sense of belonging and meaningful participation among individuals working in the business and engenders a positive identity among people with mental illness and across the broader community. Finally, the social business can be viewed as a means to address the economic dependence experienced by people with mental illness and to alleviate their experiences with poverty.

These beliefs are not mutually exclusive, (and indeed businesses could be structured to operationalize more than one belief), but the central beliefs with which the business identifies impacts the organization of the business and ultimately the expected outcomes with respect to employment. Our analysis demonstrates that these social businesses identify with one of the following four distinct purposes with regards to employment expectations:

- a. The business is viewed as a vehicle for assessment and training in preparation for employment in another community business that is not a social business. The training is focused on developing work skills and behaviours relevant to the broader community workforce and is time-limited. The business receives referrals for assessment and training from the health or social sector. Workers in the social business are identified as trainees, transitional workers, or client-members.
- b. The business is viewed as a “stepping stone” to other employment opportunities that are not within a social business, but rather within the general community workforce. It is expected that through participation in the business, people with mental illness will gain the desire to seek other employment, along with work skills and behaviours. Participation in the social business is considered legitimate employment, and it is not time limited, but the expectation is that workers in the business will move on to other community opportunities. Participants are identified as workers or employees of the business.
- c. The business is viewed as a legitimate form of employment in and of itself. Movement

to employment in the broader community workforce is viewed as a legitimate option that people will choose, but it is not necessarily an intrinsic value or expectation. Workers are identified using a variety of terms, including employees, associates, and member-workers.

- d. The business offers opportunities for both time-limited assessment and training, and for legitimate continuous employment. The assessment and training period may lead to employment in the broader community workforce, or it may lead to longer term employment in the social business. Participants are identified according to their status in the business as either clients or trainees, or as workers/employees.

The underlying philosophies of the business and the expected outcomes have important implications for the income earned by workers in the business and payment structures. For example, individuals working for the purposes of vocational assessment (option a) do not receive payment, beyond covering work-related expenses. Those working as trainees (option a) are paid a training wage which is less than minimum wage, or in the case of mixed models, less than the payment received by those individuals who are considered workers or employees of the social business. In this latter case, the costs associated with individuals in assessment or training may be reimbursed by referring vocational agencies. In the case of legitimate employment, (options b and c), payment is determined either by minimum standards held within the broader community workforce or by a system of profit sharing.



A particular challenge for one of the businesses that operates as a “training” opportunity is creating a competitive advantage in a situation where the focus is on enhancing work attitudes, skills, and behaviours among workers, and the tenure of the workforce is limited to a defined training period. To meet this challenge, supervisory staff have a business, rather than a rehabilitation background, and describe their activities as creating work “mentoring” relationships. In addition, they focus on consistent attention to customer service and quality. Citing the lax standards that can be present in other retail operations, they depend on cleanliness, being courteous and responsive to customers, etc. to achieve a level of competitive advantage.

B. Philosophy and perspectives on integration

The case studies offer a complex picture of social integration and inclusion activities realized through social business. Unlike individual employment support approaches that have largely focused on integration through placement in existing workplaces within the broader community, integration in the social businesses is characterized as multi-layered, occurring at individual, business, community, and social-economic levels.

The social businesses demonstrated a wide range of positive public interactions within the broader community, including the following examples:
Selling directly to the public: Workers in the retail store business have regular contact with the public, helping to locate products and ringing in purchases and related monetary interactions. Social interactions with regular customers are a norm.

Interactions through organizational partnerships:

A café business that developed as a partnership with a local community organization has resulted in opportunities for interactions between workers from the two organizations. These have extended to interactions that are of a personal nature.

Welcoming the public to traditionally segregated mental health service sites: The woodworking business holds fairs to sell their goods on the property of the former psychiatric hospital, and the fairs are advertised within the general public.

Working side-by-side with people without lived experience of mental illness: One of the businesses operates using a model of social business where at least 30% of its workforce does not have lived experience of mental illness. The findings suggest that interactions across the workforce are largely based on ethnic and other personal demographics, rather than by experience with mental illness. Differences in the experiences of the business structure for these two worker groups were, however, noted. For example, individuals without the experience of mental illness were more susceptible to being laid off during slow periods, and given the limited opportunities and poor working conditions in the sewing industry, this was a source of considerable stress.

Interactions through membership in business organizations:

One of the businesses is within a larger corporate structure that holds membership with the local Chamber of Commerce. This connection enhances the image of the business as contributing to the local economy, and provides opportunities to attend a range of business social events. The businesses did not uniformly subscribe to the philosophy that “integration” through the businesses meant a focus on fitting into the community-based work force. For example, one of the participating businesses, a consumer-survivor operated business, is focused on a mission of creating a community of fellowship amongst employees and promoting positive self-evaluations within a community that respects and accepts differences.

Indeed, several points of tension related to community integration through social businesses emerged. For example, it was noted that some businesses had been subject to experiences of potential “exploitation” by other businesses or individuals looking to purchase products at a cost below their actual value, apparently

in response to assumptions that purchasing from the businesses was a form of charity towards people with mental illness. Similarly, there were differences with respect to the extent to which they disclosed the nature of the businesses. Disclosing that the business was a social business that created employment for people with lived experience of mental illness could be seen as either a marketing strategy or as a source of pride and a type of advocacy. Some international examples of social businesses have been open about the mission and goals of the business, developing innovative business ideas that will ensure stigma-reducing types of public contact. For example, in Italy, social firms for people with mental illness have included radio stations and casual restaurants, as well as education experiences that are “sold” to educational institutions for their programs with young people in public and post-secondary settings.

C. Organizational structure

The businesses are structured as legal entities that separate potential business liabilities from the individuals working in, or involved with, the business. They are all incorporated businesses and use one of the three following corporate legal business structures:

- i. Incorporated as a cooperative with shared capital. The business uses a form of worker-ownership and democratic decision-making processes to operate the business. The cooperative is governed by an elected board, mostly comprised of worker members of the cooperative. The structure and by-laws of the business are organized in accordance with the Canadian Cooperatives Act. Earnings from the worker cooperative are distributed among worker-members as a form profit sharing.
- ii. Incorporated as a not-for-profit corporation. Beyond meeting the costs associated with running the business and paying wages, profits are generated that are directed to meeting the social goals of the business, such as creating new employment opportunities or improving the quality of life of employees. The not-for-profit business files articles of incorporation and has a set of by-laws and an elected and voluntary board of directors for responsible governance

- iii. Incorporated as a not-for-profit corporation with charity status. The business is similar to the not-for-profit, but has applied for and received charitable status, which allows it certain tax exemptions and the option of issuing tax-deductible receipts to donors to the business. Because the use of charitable status among the businesses studied was relatively new and as yet underdeveloped, there were few examples of how this status might be used to further the goals of the business or how to engage potential donors.

The businesses vary with respect to their organization *as a stand-alone business, or one business within a larger corporative structure*. Five of the businesses studied are distinct businesses that operate within a larger umbrella corporative structure that had as at least one of its goals the creation of new employment opportunities through the development of social businesses. Decisions related to day-to-day operation are carried out at the business level, but higher-level decisions related to visioning, sustainability, and social and economic goals are carried out at the corporate level. This umbrella corporation structure creates the opportunity for planned transactions across businesses. Where corporation fees are charged to individual businesses, these funds are used to grow existing businesses and create new businesses. Individuals who participate in one business are also workers within the larger umbrella structure, with potential access to the diversified employment opportunities created within the structure.

The worth of the individual business as a financial investment to meet social goals is considered within the entire corporate structure. For example, a business that is unable to “break even” financially may be considered a worthwhile investment if it is not a large drain on the financial status of the corporation and has a particularly positive community profile, creates a large number of employment positions, or produces goods and services that reduce the costs of another of the corporation’s businesses. Decisions related to maintaining distinct businesses within a corporation can be influenced by strong historical and emotional connections to products or services produced.

For example, businesses that evolved from former vocational rehabilitation services and of a small scale and loosely organized, such as craft and gardening

activities, may have a strong historical presence and be highly valued among business stakeholders, but may have difficulty achieving profitability due to low market share.



The social business operating as a sole business is vulnerable to fluctuations in the market for their products, and subsequently, to difficulties remaining financially sustainable. Expansion into new and necessary services that emerge within its primary industry is an important growth strategy. Such diversification within an industry can create products and services that are conceptually and structurally distinct within the sole business. For example, these expanded service elements can be paid for through specialized revenue streams, have specific costs, be subject to specific policies or regulations, require specialized training, or receive a different rate of pay. This diversification and expansion provides avenues for advancement of workers into higher paying jobs requiring more skill and responsibility. Diversification can challenge the physical plan of the business (for example, requirements for storage) and administrative structures managing human, supplies/equipment and other resources.

Whether businesses are located within an overarching corporate structure with multiple businesses, or operate as a sole business, the financial well-being of the business depends on the development of a structure that focuses on both the direct delivery of goods and services and also ongoing efforts to expand and solidify markets. This means that the business structure must include human resources directed to business development, an activity that cannot be the purview of a voluntary Board or executive.

A café business has been operating within a community library for over a decade. While the financial picture of the business has improved over the years, it is not consistently reaching a “break even” point with respect to costs/revenue. The business is continued, among other reasons, because it uses goods produced by other businesses run within the larger corporate structure, and due to the belief that it creates a positive public profile that reduces the stigma of mental illness. It also serves as a prototype and a demonstration of capacity and quality for the development of other businesses in partnership with other community partners.

D. Involvement of people with mental illness within the business

This opportunity for involvement in a range of meaningful roles and responsibilities within the social business is a potential strength of the social business approach. The analysis suggests at least four distinct types of involvement. These are not necessarily mutually exclusive, and depending on the structure of the business, any individual could potentially hold multiple levels of involvement, depending on personal interests and on the structure of the business:

- a. Trainees are involved in the business for the purpose of learning and personal development related to work participation. In this way, the business provides a type of formal apprenticeship opportunity. Trainees may learn a great deal about how businesses operate, but their participation is time-limited and they generally have few opportunities to influence business development in a meaningful and ongoing way.

- b. Employees or workers are individuals who are directly involved in the production and delivery of goods and services. As with any workplace, workers will demonstrate varying levels of commitment to the goals of the organization, and interest in participating beyond their specific job(s). Indeed, they may demonstrate natural leadership qualities around matters related to production, innovation, and the social interactions within the workplace.
- c. Entrepreneurs and management reflect formalized positions that are primarily involved in business planning, decisions, innovation, accounting, and human resources, creating positive and supporting working conditions, expanding markets, diversification of products and services, leadership and influencing the involvement of others in the business, and monitoring/overseeing production. These are positions that are actively engaged with developing the potential of the business and negotiating business risks, as well as influencing involvement of others in the business,
- d. Key decision makers are individuals in formal positions related to the higher level governance, strategic planning, and visioning for the firm, for example as a member of the Board of Directors. The Board can decide to hire personnel for specific time-limited jobs, and these hirings can favour those with lived experience. For example, one Board paid for the services of an individual with lived experience to assist with website development.



One of the businesses is organized as a completely consumer-survivor run business. All employment positions, whether management and entrepreneurial or front-line work, are held by consumer-survivors. The evolution of a broad range of management positions has both met the administrative needs of the business and provided a range of jobs. Training and certification are provided to ensure that individuals can meet job demands. Consumer-survivors represent the majority of the eight-person Board, including two community members and three business employees, and thus have influence in key business decisions. The decision-making structure is democratic, and as one worker highlights, promotes a strong sense of ownership through the ranks: *“The fact that that we are member owned and operated gives us a lot of leverage for our concerns. The powers at the top know the number one person here is the guy in the grunt, the number one person is at the bottom of [the company].”*

Any evaluation of the levels of involvement available to people with mental illness needs to be placed within the context of the entire business organizational structure. For example, one of the businesses operating within an umbrella corporation is unable to offer Board level positions to workers and business managers because of the potential for conflict of interest in decision making. The Board can, however, actively seek out membership of people with mental illness who are not employed in the business. This issue is not a concern for the business operating within a Cooperative Model, because the Board of Directors is legally elected from the membership of workers.

2. Understanding businesses in relation to their evolution

The businesses evolved from specific social-political contexts that continue to influence business structure and development. All of the businesses emerged as innovations in the context of mental health systems that had few (if any) models of social business to emulate, and no or few formalized funding structures for employment opportunities for “non-program” vocational options. This context is important in understanding the current status of social businesses

within the mental health system as an increasingly recognized and accepted, but largely fringe, approach to addressing the employment marginalization of people with mental illness.

International comparisons demonstrated that in many jurisdictions, most notably across European countries, social businesses are supported by national policies that accept these organizations as legitimate means to address employment disadvantage. While these policies vary across nations, they have enabled cross-national dialogue and efforts in the field, including comparative studies (see for example, Spear & Bidet, 2005). In addition, they have supported the development of guidelines around objectives, principles, and organizing structures, as well as the development of specific tools to support development in the field.

In the absence of a formal context for social businesses in Canada, catalysts for the development of each of these businesses was a leader, or a group of leaders, able to envision and implement the ideals of social business where few examples existed and conditions were less than ideal. These leaders secured the commitment necessary for the “leap of faith” required to establish new and innovative employment entities. Leadership activities included envisioning a novel employment structure, seeking out exemplars for business structures and development, reconceptualising people as a potential workforce rather than as clients or patients with mental illness, organizing and motivating mental health service users, strategically negotiating existing structures to support innovation, seeking support from community resources well versed in business, building the support of key people who could influence the local mental health system, and developing markets for business products and services. These leaders came from a variety of backgrounds; some were community activists, some were people with lived experience of mental illness, some were family members, some were associated with the mental health system as service providers or researchers, and some were leaders in business.

Our case study businesses emerged in response to a range of “social movements,” specific socio-political contexts and events that created conditions ripe for the creation of social businesses.

1. Emerging from a movement to transform vocational rehabilitation within the mental health system
Two of the businesses developed in the context of efforts to transform vocational services, and in particular respond to provincial mandates to close the former sheltered workshops within tertiary care psychiatric hospitals. In both cases, existing workshop equipment, space, and human resources were used to create businesses. The founders of the businesses investigated and applied existing organizational business structures in the field, and redefined the relationship to the “parent” organization.
2. Emerging from mental health system transformation efforts to expand the options for employment available to people served
Two of the businesses emerged from focused efforts within existing mental health services, to develop distinct structures to evolve social businesses. In one case, a landscaping business evolved from existing experience with horticulture within a community mental health program and the creation of a distinct social enterprise foundation. The second involved securing a loan to purchase an existing retail store, and evolving a business structure directed to partnering across services for people with disability.
3. Emerging from the “mad movement”⁵ to meet the needs of consumer survivors
One of the businesses, an alternative, completely consumer-run business, developed within a local socio-political context characterized by advocacy to give voice to consumer-survivors and to actively demonstrate their strengths and capacities. In this context, one of the businesses evolved from collaborations between a community organizer

5 A movement of consumer-survivors, emerging in the Toronto area, based on the following 6 objectives: 1) to combat stigma; 2) to celebrate psychiatric survivors “as active members of Canadian society”; 3) to “present the history and culture of psychiatric survivors from the perspective of those who lived...this experience”; 4) to “link up with other marginalized groups [including] persons with disabilities, people of colour, first nations,” in “rejecting oppressive cultural stereotypes”; 5) to connect with “other community based groups to ensure visibility and acceptance of persons with psychiatric histories”; 6) to “empower those of us previously excluded, to participate in the creation and preservation of our contribution to Canadian culture.”

Adapted from Geoffrey Rheaume. (2008). A history of psychiatric-survivor Pride Day during the 1990's. Mad Pride, Bulletin 374, July 14, http://www.csinfo.ca/bulletin/Bulletin_374.pdf

and potential employees to commit to a business plan. This group approached the city mayoral office to ask for funding and at the mayor's direction made a deputation to the city's economic committee; the response was the approval of \$50,000 in start-up funds.



4. Emerging as an effort to protect funds to advance community mental health in the context of mental health transformation
In the context of a broader mental health transformation, the expectation that funds within a mental health service structure would be reduced led to the diversion of funds to the creation of a social enterprise.

It is important to note that none of the businesses studied emerged from initiatives focusing on creating employment for a broader population of marginalized people, such as those who are homeless, or transition-aged youth. This was an important path to business development for many of the businesses featured in our environmental scan. The social businesses studied continue to evolve in response to shifts in the broader mental health system. For example, the integration of addictions into mental health services, and the growing attention to youth through early intervention services are emerging areas of concern for social businesses. In addition, the ongoing reduction of mental health hospital structures impact the markets of some businesses.

With funds secured to start a social business, one initiative was highly influenced by a family member with ties to Germany and knowledge of the German approach to social firms. The founders visited options in Germany and received training in the approach. Like European social firms, the business was structured to include both those with and without lived experience of mental illness in the workforce. The selection of this approach was consistent with growing efforts of broader provincial initiatives to legitimize social enterprise initiatives, such as social businesses, through policy.

3. Relationship to the mental health system: Opportunities, risks and challenges

The nature of the relationship between businesses and the mental health system has important implications for business development, sustainability, and image. On the one hand, the mental health system, with its interest in improving the employment outcomes among people served, its attention to addressing the mental illness related issues that might compromise employment, its current focus on enabling recovery, and its many human and non-human resources, offers a potentially rich context for business development. On the other hand, specific challenges and risks related to this relationship with the mental health system were identified in the context of our case studies:

- Evolving businesses from existing vocational programs can lead to the development of commercial ventures that are based on existing knowledge and experience, rather than creating business structures to meet an identified market need.

- Resources in the form of equipment, supplies, and physical space that are transferred from the mental health system to create businesses can be obsolete and poorly suited to meet the business needs.
- Issues related to business autonomy in decision making can be compromised by relationships with mental health services that are not clearly defined and differentiated. The question of “who owns the business” emerges, even where the businesses have a distinct legal entity. A mental health service focus on reducing patient risks can compromise business decisions.
- Business development involves knowledge and a range of attitudes and skills that are not part of the competency set traditionally required of mental health workers
- Businesses associated with the mental health system vary with respect to the extent to which they integrate and utilize community resources.
- Enabling the full involvement of people with mental illness can be undermined within relationships that have historically been framed as “service provision”
- The ongoing association with the mental health system can sustain the image of the business as a “vocational service”
- The pressures that mental health service providers feel to connect individuals with lived experience of mental illness to employment can undermine their support for businesses that create long-term employment opportunities and therefore do not always have positions open.
- Businesses located within the physical plant of mental health services are not easily accessed by broader community markets, which can limit the extent and nature of the interactions with the public.
- Business development and autonomy can be compromised within the context of unionized mental health services, where certain businesses might be viewed as replacing union jobs, and employment support functions are limited by formal work contracts.
- There can be a lack of distinction between the provision of employment support and business development activities provided by mental health service providers.



One business, located within the building of a former tertiary care psychiatric hospital, is planning for a move to a community location. It is expected that the move could provide the business with a higher profile in the community, expand the market base, and enable the general public to have face-to-face contact with workers in the business. There is, however, a concern that the loss of the business presence within the hospital structure will limit the capacity of the business to positively influence and instill hope in people with mental illness who are receiving in-patient care, or who are cautious about setting employment goals.

4. Business development, growth and sustainability

A. Expanding markets and social inclusion

While each of the businesses meet its business goals through sales to the public, the nature of the markets accessed have implications for the generation of revenues and business growth as well as the achievement of social goals related to social inclusion and community acceptance. These businesses access three distinct market economies, although one business may access multiple markets:

- General public market - The businesses sell their goods and services to members of the general public, both to individuals and to for-profit businesses within the broader community. Examples include providing the services of a retail dollar store to community members or cleaning the offices of a for-profit corporation. Operating in these markets leaves businesses vulnerable to marketplace fluctuations. Access to this market provides the business with opportunities for interactions with the general public that

may promote a positive community profile for employees with mental illness.



- **Public sector market economy** - The social businesses provide services to meet defined needs within the public sector. For example, one business provides landscaping services to government funded residential units, while another fulfills a government contract to provide cleaning services for residents whose living conditions are evaluated as a high safety risk. Despite the identified needs for services, this market is constrained financially, and can limit opportunities for both market and product development. The study findings suggest that social businesses may be highly suited to meeting many public sector needs, demonstrating understanding and sensitivity to specific needs emerging in the public sector. For example, one business providing extreme cleaning services noted that they were perhaps in a better position than other companies to manage this work with the sensitivity required by vulnerable people, while a business providing adaptive clothing noted they were motivated by their social mission to provide affordable and stylish clothing for seniors living on low incomes. These markets provide opportunities for interactions in community locations, but the interactions can be largely with individuals and communities who are themselves marginalized socially and economically.
- **Markets within the mental health system** - Individuals served by the mental health system and mental health service providers provide a market for businesses. For example, a small café provides light lunches, snacks, and other refreshments to meet the needs of individuals and staff of out-patient mental health services, but also provides home-made baked goods to another social business located in a community setting. These markets are limited with respect to potential for expansion and product development. The extent to which these businesses are located within mental health services buildings limits interactions with the general public, and may sustain public stigma related to the capacity of people with mental illness for employment. On the other hand, they may serve to break down the stigma held by mental health professionals regarding employment and mental illness, and provide employment opportunities for individuals whose access to community environments is limited.

A property management company has enlisted the services of a social business to meet its landscaping and gardening needs. The property management company services properties owned by not-for-profit organizations, and using the company is consistent with its own mission of supporting individuals who have lived experience of mental illness. The company also found itself seeking new options a few years ago when the costs associated with other landscaping businesses increased, while at the same time service quality was decreasing. The [landscaping business] was starting up at the time, and presented a more socially conscious and slightly less costly option. The director of the property management company reports that if the service wasn't of high quality they would not continue the relationship.

Social status and goods and services delivered

While the businesses have found a market niche, the nature of the products and services they produce has been associated with low-status and low-income work. This has implications for the public profile of the businesses and the potential to engender negative stereotypes that have historically been associated with the work carried out by people with disabilities. The business sectors are largely of the type that is accessed by individual employment support programs for people with mental illness. Given their direct experience with the product and with the business sector, social business employees should, at least theoretically, be in a good position to be hired into jobs in other businesses in the broader community. In these case studies, two issues emerged as possible explanations for the lack of movement to community businesses delivering essentially

the same products and services. First, none of the businesses had developed explicit connections with individual employment support programs that might be in a position to enable placement and follow-along supports in the broader community workforce. Second, the social businesses were viewed as, overall, having better working conditions than matched jobs in the broader community workforce. So, for example, workers in sewing businesses are known to be vulnerable to precarious and poor working conditions. The social business was described as having a better working environment, and with their minimum wage standards for pay, the income is considered better and more stable than in contract businesses typical of this sector. In the cleaning business, it was noted that there are similar community jobs with better pay and job security, but these positions were considered attainable only through in-house social networks that “cornered” the available positions.

B. Competition and quality standards

Delivering high quality products and services is fundamental to the sustainability of the social businesses. Each of the businesses operate from the perspective that the businesses need to meet market standards for quality. In one case, where the café was established as a partnership within a local community organization, early business development was predicated on the notion that products had to be of a quality higher than the norm for similar businesses and that service delivery had to be free from disruptions. These assumptions were responses to concerns within the partnering institution that people with mental illness would demonstrate problems that would interfere with the work of the organization.

Monitoring quality standards is an important issue in these businesses, given unique challenges they experience: 1) training and support needs must be carefully considered in an organization focused on building up the skill sets of individuals returning to work after lengthy absences or where they have little work experience; 2) workers may experience ongoing impairments related to mental illness that can interfere with production quality; 3) with employees in some jurisdictions averse to working beyond the maximum capacity of their social assistance, businesses employ more workers, and this places additional challenges to meet training and support needs. While the businesses have been organized to manage these challenges internally, these challenges cannot be the external face

of the business if they are to be perceived as meeting quality standards.

C. Costs and revenues and sustainability

Like any business, a social business must cover its operating costs and expenses and fairly pay its workers to remain financially sustainable. Yet features of the social business make it particularly difficult to conduct a meaningful costs/benefits analysis. Each of the businesses studied maintain financial statements, and their statements indicate that they have reached a break-even point (or close to a break-even point) when comparing the costs incurred in the direct production of goods and services with revenues realized through sales of the good/services. However, there is inconsistency with respect to items included (and not included) as costs and revenues. Indeed, study participants noted a lack of formal agreement in the field with respect to how the complexities of their finances should be managed, noting the ambiguity present with respect to what constitutes business sustainability.

With regards to costs the following financial reporting issues emerged:

- It is not considered feasible to reach a “break-even” point if the costs of management positions (employees involved in management, training, human resources or business development positions, rather than the direct production of goods and services) are included in costs. This was the case even in those businesses where the business or its corporate structure realized profits. Where these management costs are covered by operational grants or similar grant funding, these costs can be calculated. In situations where management costs are linked to positions of mental health service providers, the actual costs are not accessible to the business.
- Where mental health service providers associated with businesses hold dual business management and employee support functions, there was not clear delineation of costs associated with each role.
- In the context of businesses developed in a relationship with mental health or social service structures, there is a lack of consistency with respect to financial reporting of space, equipment, supplies, and associated human

resources provided by the mental health service. This is perhaps less of an issue where explicit partnership terms are identified, but regardless, the costs of these items remain unknown.

- There is inconsistency with respect to payment structures and subsequently understanding the costs of labour. For example, businesses that operate using an employer-employee relationship are bound legally (with a few exceptions) to offer at least minimum wage. These businesses include the costs of this labour in their financial reports. One business noted that the increase in minimum wage rates in Ontario had a serious impact on the financial picture of the social business, and indicated that this was a common situation among small businesses in Ontario. Businesses that operate using a profit-share model establish rates of pay based on the financial status of the business. Therefore, they may break even, but they can also fall well below minimum wage rates. It should be noted that offering rates below minimum wage is legal within these business structures, but concerns were raised with respect to the impact of paying below minimum wage on acceptance of the firms as legitimate business options.
- Growing the business, through market expansion and other business development activities, is the primary means to increase revenues, yet business growth inevitably requires increased management and other infrastructure costs. This is a particular issue for businesses receiving grants or other forms of subsidy from funding organizations that expect that business development and growth will lead to a self-sustainable business.

Internationally, in jurisdictions that have embraced social firms as a means to address social exclusion from the labour market, there is an expectation that the financial resources sustaining the operation will come from a variety of sources, and that ongoing government subsidy is a central aspect to sustainability. However, the subsidy is often provided within the context of policy that provides typologies and guidelines for social firm development. In this way, the actual amount of subsidy provided as a percentage of the business costs and revenues and is variable across jurisdictions. Determining the amount of subsidy provided can be complicated by the diverse

range of models under study. For example, research undertaken by the Social Purpose Enterprise Network (Toronto) (2010) suggests that 45% of an organization's budget may come from external funding sources beyond earned income, but these findings were developed by considering a range of business types and missions.

An important and yet under-reported element of these businesses is the revenue associated with activities that are realized outside of the business itself. This is particularly the case where formal partnerships have been developed between the businesses and outside organizations. For example, a café operating in a public library was started in response to the library's need to raise funds beyond those provided through operating grants. In this case, the financial "worth" of the business might better be interpreted if these revenues (and their associated costs for the library) were integrated into annual financial reporting. Similarly, the cleaning business highlights that its "extreme cleaning" services have likely reduced public costs associated with both problematic public health issues (for example, the spread of bed bugs) and liability related to safety issues (for example, reducing dangerous situations related to hoarding behaviours), and contributed to the development of practices that deal with these issues in a manner that demonstrates respect and dignity.

D. Creating business conditions that enable personal employment and business success

The operation of these social businesses is characterized as a balance between remaining sensitive to the needs and issues facing people with mental illness in business and meeting the business goals of the firm. All of the businesses highlighted their focus on delivering high quality products and services. The businesses place an emphasis on ensuring that individuals are hired into positions that are a good match for their interests, capacities, and strengths, a strategic process referred to by one business as "putting people where they thrive". Common to all of the businesses is a sensitivity to the experience of working with mental illness, and with this, an awareness of the need to proactively create universal businesses practices that ensure sustainability of the business while responding to diverse human needs. So, for example, one business noted that springtime could be a particularly problematic time for some people

with mental illness, and subsequently, they anticipated and proactively planned for coverage during this time. Structures and practices such as these are believed to provide workplace conditions that are mentally safe and healthy. They also come with administrative costs.

Examples of business structures designed to create enabling work conditions include:

- Knowing the needs of each worker in the business in order to facilitate planning and delivery of job accommodations while meeting the productivity/service needs of the firm. For example, identifying an individual's preferred schedules, interest in providing coverage for shifts, and issues related to particular work sites, and using these to assist with individual and workforce planning.
- Administration and management positions, considered to be particularly highly stressful because of the complex social and emotional demands related to meeting workforce needs, are carefully monitored and subject to ongoing refinement to support the well-being and quality work of employees.
- Requests for accommodations are carefully evaluated to determine if the issue reflects a need for support rather than a change in the nature of the job. For example, requests for job changes based on the emotional stress associated with interpersonal conflicts may be dealt with by offering support around managing social conflict or problem solving.
- Providing flexibility with respect to time off, whether unanticipated, brief and/or extended, is the most prevalent accommodation issue. All of the businesses that consider their positions to be employment (vs. training) describe exceptional flexibility in this area, and organize their workforce to ensure adequate coverage by retaining a larger workforce and keeping rosters of individuals willing to provide immediate coverage or seeking extra shifts.
- Business managers are frequently called upon to participate in the production and delivery of goods and services when coverage issues emerge. This can lead to frustration for these workers, who can experience having little control over their own schedules.



Working against the tendency to view work-related problems as problems of mental illness, one business defines work problems as issues of poverty. This prompts a problem-solving approach rather than an accommodation approach based on mental illness. For example, a worker with hygiene problems is supported in accessing and using inexpensive “Dollar Store” products, rather than assuming the problem is an expression of mental illness.

E. The clash between income support and business goals

A prevalent theme emerging across businesses is the extent to which the poverty status, and in particular, reliance on government disability income for financial security, impacts both workers' participation in social businesses and business stability and to growth. One of the businesses explicitly identified their goal as providing their employees the opportunity achieve some economic independence from government financial assistance. Interviews with workers in businesses were filled with comments related to the extent to which they experienced their work participation in social businesses as being compromised by policies governing their pensions and difficulties with administrative practices related to these pensions. For instance, they describe limiting the hours they work based on administrative errors on the part of pension offices that could leave them without the security of stable funding. One worker participant reflected that despite the economic benefits of the added income from jobs in the businesses, the long-term financial futures of those with mental illness working in the business remained grim. For all but one of the businesses, this insecurity with respect to finances and work participation translates into a cautious workforce, with these forces weakening commitment and flexibility. One business described difficulties with directing business profits back to workers to further enhance their wealth, given that options such as financial bonuses or other resources

with financial value would leave individuals subject to pension restrictions. This business directed profits instead to organizing social events valued by the workers, and their larger corporate structure also strategically planned new initiatives to provide workers with resources and opportunities that would promote their health and well-being. For example, they created an education bursary fund and “health dollars” that could be used towards the purchase of dentures.



One business experiences few issues related to the disincentives of working posed by government disability income. In this business, over 80% of the people with lived experience of mental illness work full-time and earn minimum wages or higher based on well-defined and standardized specifications of job grade levels. Workers have the costs of their medications covered while working full-time hours. Workers are encouraged to come to work even when they experience their capacity to be less than one hundred percent. The business belief is “we prefer presenteeism to absenteeism”.

F. Achieving social outcomes

Those businesses focusing on creating real employment opportunities for people with mental illness were small businesses (employing between 4-8 people) or medium-sized businesses (employing 60-80 people). Most small businesses were part of a larger corporate structure that created many more employment opportunities. With very few exceptions, the work provided was part-time and the income earned supplemented the funds individuals received from government disability income. One business had evaluation data demonstrating that, within the larger corporate structure, some 30% of the workers were working beyond the financial “clawback” limits that existed with their provincial disability income plans. Across businesses, the average job tenure was

evaluated by business managers as good, with a core group of workers staying on the job for many years. Some smaller businesses had relatively little turnover, and this was noted to create tension within the local mental health system, which was looking to open up opportunities for other people.

Although a range of other business and social goals were described, there was, with one exception, relatively little systematic evaluation of the achievement of these goals. Businesses that offered training or considered themselves stepping stones to employment did not collect data to demonstrate actual outcomes in this area. However, interview data with business management provided anecdotal evidence that positive employment outcomes were being achieved. With one exception, businesses that considered the work offered as real employment did not keep data related to the movement of workers to other businesses, indicating that this was not a focus of their mission.

Interviews with the stakeholders associated with the business revealed a wide range of expected social benefits from participation, although there was no formal evaluation associated with any of these benefits. The perspectives of the workers themselves provided powerful feedback related to the nature of the benefits they experienced as a result of participation in the business.

These benefits included:

- The experience of mental health stability, decreased episodes of acute mental illness and intensive forms of treatment including hospitalization. One employee noted that a previous Canadian study had demonstrated decreased mental health service use associated with participation in consumer-run businesses. Features of the social business associated with this mental health stability included the experience of structure in the day, the flexibility the businesses afforded for time off for self-care related to mental health, and a reduction in social isolation.
- A sense of acceptance and empathy, and the lack of stigma associated with the need for work accommodations related to mental health issues.
- Opportunities for social interactions and developing new contacts among both peers with mental illness and members of the public.

- The positive experience of knowing that one is contributing to an initiative that is making a difference in the community
- Building confidence to pursue further formal education
- The opportunity to establish some financial savings

None of the businesses had any integrated structures and processes for evaluation or research, although three of the businesses had participated in studies conducted in partnerships with local universities. One business had a history of accessing resources provided by a local university school of business. The findings suggested that, overall, stakeholders associated with these businesses have limited access to the full range of scholarship and knowledge relevant to social businesses.

recommendations

Key Messages for Policy Makers

Key message 1: The proliferation of social businesses for people with mental illnesses across Canada provides a solid foundation for knowledge development, sharing, and dissemination. Our environmental scan suggests that social businesses creating employment opportunities for people with mental illness have proliferated across Canada, although they appear particularly concentrated in a few provinces and larger cities. This broad dissemination of a social business model, and the variety of business structures and types, suggests the presence of a foundation for knowledge sharing and creation nationally.

Key message 2: The development of a formal network of social businesses for people with mental illnesses would advance their development and growth and will require an investment of funding and resources beyond the budgets of existing social businesses.

Social businesses lack a formal structure to promote communication, advance knowledge and share their stories and learning, enable collaboration, support business growth nationally, and promote the approach as a legitimate option to improve the employment and labour force participation of the aspiring workforce. While existing national community economic development networks can be developed as an important link and resource, these broad-based organizations do not directly attend to the potential, challenges, and issues of social business for people with mental illness. The development of a formal network will require the investment of funding and resources beyond the budgets of existing social businesses.

Key message 3: The development of policies related to social businesses for people with mental illness is required to support the legitimacy and strategic development of social businesses for people with mental illness in Canada.

In the absence of formal frameworks and policies recognizing and describing social businesses as a strategy to address employment marginalization and poverty alleviation, social businesses develop in a

relatively ad hoc fashion in response to local needs and social and political contexts. In addition, the legitimacy of social business as a viable and accepted approach is compromised. While policy matters related to employment and health are largely implemented at the provincial level, policy at the national level would support the legitimacy of social businesses as a focus of policy and funding. It would legitimize direct attention to the employment needs and potentials of the aspiring workforce.

Key message 4: The establishment of procurement policies and practices that institutionalize financial and social support for social businesses is required to support efforts to develop viable social businesses for people with mental illness in Canada.

Social businesses sell their goods and services within the broader public and private sector markets. Public sector markets offer important opportunities for business development and growth. Policies established in the public sector could be established to enable social businesses to bid for and win contracts. Public sector practices that support the ability of social businesses in competing for public sector business could include toolkits that provide information about how to access and bid for opportunities. Public sector staff also need to have information about social business so that they will understand the benefits that these businesses provide to the community and the importance of supporting them.

Key message 5: Social businesses for people with mental illness require ongoing resource support to ensure sustainability and to promote business growth. Social businesses appear to hold promise as a means to address employment exclusion issues faced by the aspiring workforce, but they appear likely to depend on both market income and non-market resources such as government subsidies for their long-term sustainability. Governments and funders need to recognize the importance of subsidies or funding in ensuring sustainability. Analytic frameworks to help differentiate between multiple sources of cost and income would help to define the financial status of these enterprises.

Key message 6: Policy analysis needs to consider the impact of government disability income and other entitlements or pensions on individuals in the business and the growth and development of social businesses for people with mental illness.

The employment disincentives associated with government disability income are well known, but this study demonstrates that this impact extends beyond the individual to effect the operation of businesses. Efforts to address these disincentives should specifically consider their impact on the individuals working in social businesses, and also on the structure and operation of social businesses.

Key Messages for Those Involved in the Development of Social Businesses

Key message 7: The establishment of a national consensus on standard features for social businesses would promote development, dialogue, and shared understanding and facilitate meaningful evaluation. Social businesses in Canada are characterized as highly variable. The development of a standard set of features for social businesses could promote shared understanding, facilitate business development, allow for informed comparisons, and enable evaluation and research. These standard features should be developed to respect local features, promote creativity and innovation in business development, and enable evaluation (see attached example, Appendix H). The features proposed below emerged from discussions with those involved in social businesses, but active dialogue with the field, that includes the meaningful involvement of people with mental illness, will be essential to ensure that a sound level of agreement/consensus on these standard features is secured.

These features are specifically relevant to social businesses that are oriented to development of ongoing employment opportunities. A distinct set of features will likely be needed for those businesses that define their outcome orientation as primarily assessment and or training.

Key message 8: The development of formal partnership agreements is suggested to enable business autonomy and growth in those circumstances where relationships with mental health/social service organizations blur lines of responsibility and accountability.

Social business development that evolves from mental health services/systems requires attention and clarity with respect to the nature of the ongoing relationship with mental health services to create a structure that supports business autonomy and growth. Formal

partnerships will help to maintain the business as autonomous by identifying common interests and expectations of the multiple stakeholders, roles and responsibilities of shared human resources, conditions of resource allocation, etc. A particular concern is the capacity to create a relationship that can undergo ongoing monitoring, open dialogue, and refinement in relation to issues emerging that undermine (even if unintentionally) business autonomy.

Key message 9: Guidelines with respect to defining social business costs and revenues are necessary to enable meaningful and consistent cost-benefit analyses.

Economically, social businesses strive to be as financially self-sufficient as possible by balancing costs with revenues and generating a profit sufficient to contribute to their social missions. In this study, these social goals included creating employment opportunities for people with mental illness and increasing the wealth of people with mental illness working in the business. Determining the cost-benefits of social businesses is complicated by an array of complex relationships that involve forms of resource sharing; the receipt of financial subsidies; relationships with health or social services that include the sharing of equipment, supplies, and human resources; and the ongoing need for mental health supports for individuals working in the business. This “resource sharing” occurs in the absence of accepted guidelines for how to determine whether the business is generating sufficient income to be considered a worthwhile investment. These guidelines could, for example, provide guidance on defining actual business costs, defining costs occurring in the context of partnerships, defining business vs. mental health support costs, and accounting for subsidies in the form of operating and other grants. At this point in their development, it appears that the financial sustainability of social businesses is being evaluated with respect to the balance of revenues with the costs involved in the direct production of goods and services. Administrative/business development, worker support, and other management costs are necessary and important to the smooth functioning of businesses, and will likely require subsidized funding.

Key message 10: The field would benefit from the development of a conceptual framework to guide the development of social businesses as models of social inclusion.

Social inclusion through employment is a complex phenomenon. The findings from this study suggest the need to develop a multi-layered conceptualization of inclusion that can account for a broad range of individual and business-level interactions between people with lived experience of mental illness and the broader community.

Key Messages for Evaluation, Research and Education

Key message 11: Advancing knowledge and practice related to social businesses should be supported by systematic evaluation and research.

To date, social businesses have not had the infrastructure to support evaluation or to advance the important questions that research might address. Evaluation and research related to social business using methods and designs consistent with the philosophies and orientations of social business models should be supported.

Key message 12: There are distinct competencies associated with the development and management of social businesses for people with mental illness that should be identified and supported.

Individuals involved in social business development have largely developed related competencies on the job as they respond to emerging challenges and potentials. There are currently no formalized processes or structures in place to proactively support the development of these competencies. The potential for training in these competencies through recognized business programs in Canadian universities and colleges, and other organizations that support training in the field, should be developed.

A Legislative Model of Income Support in Canada for People with Mental Illness

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summary

We know that work is good for mental health, we know that most people with mental illness want to work and can work with the right supports, and we know that employment is the best way to fight poverty. Yet, in Canada, up to 90% of people with serious mental illness are not in the labour market, and the numbers of people with mental illness transitioning onto disability income support programs are rising. The current Canadian-policy environment often acts to exacerbate the link between disability and exclusion. Correcting this will require comprehensive changes in policies and systems. Policy reforms in a number of countries have led to improved workforce outcomes for people with disabilities - we know this can be done. Implementing this type of change will require collaboration by all sectors, including government, mental health partners, employers, and society, in order to be successful.

This research involved a comprehensive review of disability support policies across Canada and internationally, as well as interviews with key informants from multiple jurisdictions in Canada and abroad. Based on information about policies that have successfully improved workforce outcomes for people with disabilities, we bring forward the following recommendations:

- A capacity-focused paradigm shift in disability support policy is necessary. Policies must address supporting individuals in their strengths, while also addressing barriers they may face.
- Disability support policies should recognize that individuals with mental health issues often have intermittent work capacity, and provide flexibility.
- Early intervention is necessary to promote return-to-work. People should be linked with employment supports immediately upon entering the disability system
- Disability support policies should seek to reduce disincentives to return-to-work. Mechanisms should be piloted and evaluated based on their efficacy in promoting workforce attachment.
- Policies should ensure that funding is available for the development of evidence-based employment supports and opportunities - including supported employment and social enterprise formation, as well for innovative practice-based supports.
- The system capacity should be increased to allow

people receiving disability support to establish supportive relationships with case workers; this contact should include both benefits counseling and connecting clients with employers and employment services.

- Income support programs should operate in collaboration with other stakeholders, including employment support programs, mental health service providers, and employers. Interaction between policies should be examined to ensure unintended barriers are not being created.
- Experimentation and innovation in disability support provision, employment support provision, and other services should be encouraged to develop new best practices for engaging people with mental health issues in the workforce on an ongoing basis.
- Effective communication strategies need to be developed alongside reforms. It is critical to recognize that reforms cannot succeed without clear communication to those who are affected, in order for the benefits of positive change to be reaped.

executive summary

We know that work is good for mental health, we know that most people with mental illness want to work and can work with the right supports, and we know that employment is the best way to fight poverty. Yet, in Canada, up to 90% of people with serious mental illness are not in the labour market, and the numbers of people with mental illness transitioning onto disability income support programs are rising. The current Canadian policy environment often acts to exacerbate the link between disability and exclusion. Correcting this will require comprehensive changes in policies and systems. Policy reforms in a number of countries have led to improved workforce outcomes for people with disabilities - we know this can be done. Implementing this type of change will require collaboration by all sectors, including government, mental health partners, employers, and society, in order to be successful.

The purpose of this research was to create recommendations for a system of disability supports that will best support the workforce attachment of people with serious mental illness. Methods were a comprehensive review of disability support policies across Canada and internationally, as well as interviews with key informants from multiple jurisdictions in Canada and abroad.

the current environment

Currently, a disproportionate number of people living with mental illness are using disability income support systems. The Organisation for Economic Cooperation and Development (OECD) has noted there is almost double the risk of poverty for Canadians with a disability compared to the non-disabled population. Mental health conditions are a rising cause for entering disability support programs in Canada, with the percentage of Canada Pension Plan-Disability (CPP-D) recipients with a mental illness having increased from 12% in 1990 to 28% in 2008. Similar findings have been noted across many disability income support programs.

Disability income support programs were not designed with mental illness in mind and don't often work well for people with mental illness. Many programs draw a defining line between those who can work and those who cannot work, without creating space for those with intermittent work ability - common for people with episodic mental health conditions. Poorly designed income support systems can act as poverty traps that do not allow people to fully benefit from periods of good health, and instead cause people to remain distant from the labour market even when they want to work, and are capable of working and contributing to the economy. To address the unique challenges of people with serious mental illness, disability income support systems need to be flexible and individualized in order to allow people with serious mental illness the opportunity to participate in the labour market

the aspiring workforce

The most critical reform needed in incentivizing a return to work is the removal of disincentives to doing so. Many of the disability income support systems in place in Canada are passive in nature - they do not take appropriate measures to help program recipients return to work, and actually create disincentives to return to work. People receiving disability supports are sometimes fearful about entering the workforce due to the lack of coordination among disability systems, which can worsen a person's situation after entering the labour market. Entering the workforce often has a spider web effect on financial and other supports - once people begin to work, they can experience clawbacks in their disability income assistance, they may lose their health care benefits, and their rent may increase if they participate in a rent-geared-to-income program or receive rent subsidies. If they need to stop working, it may take long periods of time to undo the effects that working has caused on their benefit eligibility, placing them at risk of homelessness, or in other precarious situations.

Through a national survey, we asked members of the Aspiring Workforce to provide insight on options for system reform, based on their own experiences of using income support programs for people with mental illness. They provided us with the following suggestions for incentives to return to work:

- Raising allowances for earnings exemptions
- Putting in place more supports to develop skills and access training
- Increasing disability income support rates to reflect today's higher cost of living
- Providing assistance with finding meaningful jobs
- Reducing red tape in the application and receipt processes
- Enabling options for gradual re-entry into the Workforce
- Offering ongoing psychosocial rehabilitation programs
- Implementing rapid re-entry onto disability support for former recipients who become unemployed
- Being open and accepting of people with mental illness who need disability support
- Connecting recipients to budget counseling services

- Allowances for transportation, child care, clothing

Individualized supports, combined in a way that is designed to accommodate each person's unique needs and circumstances, are critical in supporting work return for the highly diverse Aspiring Workforce population

current trends

A FOCUS ON CAPACITY

A paradigm shift is currently underway in some OECD countries that seeks to change the sometimes fear-inducing nature of the current disability assessment process. There is a growing trend towards a model that, in the eligibility assessment process, focuses on assessing function and capacity, rather than diagnosis and incapacity, while addressing barriers to employment. If put into place carefully, this holistic approach to assistance can lead to an easier transition into work when a person is ready, without creating the fear of losing assistance. While there are still uncertainties about how best to design and implement capacity-focused programming, this trend is a promising move towards supporting the full inclusion of people with disabilities.

While we commend jurisdictions that are moving towards this capacity-focused approach, we acknowledge the challenges in implementing this model. We recommend that moves towards a capacity-based assessment system be considered, but with some cautions.

The level of income assistance provided cannot be directly tied to the level of work capacity an individual is assessed for. The reason for this is two-fold. First, tying assessed capacity to level of income assistance creates an incentive to be deemed incapable of working in order to receive a higher level of financial support. Second, it places employment expectation solely on the individual, and as we know, for a person with mental illness, being assessed as capable of minimal work does not mean it is possible to find minimal work. If individuals currently receiving disability income support are re-assessed under a new system, it must be clear that they will not simultaneously be re-assessed for financial support, allowing for safety, and minimizing fear, in expressing work ability and desire.

While it may seem logical to provide less financial support to someone who is capable of working, the complexity of systemic barriers must be considered in order to see program success. If carried out thoughtfully, there is a cost savings that will occur naturally as people begin to enter the labour market and exit income support programs.

Also essential to program success, work capacity assessors must have adequate training in order to evaluate an individual holistically and empathetically; a person must be considered within many contexts, including that of the current labour market. Assessors should collaborate with employment support providers and employers in order to best support interventions. A work capacity assessor must be seen as a source of support, rather than an authority figure.



recommendations

Based on the information that members of the Aspiring Workforce have given us about their experiences with disability income supports, and information about policies that have successfully improved workforce outcomes for people with disabilities in Canada and internationally, we bring forward the following recommendations:

A capacity-focused paradigm shift in disability support policy is necessary. Policies must address supporting individuals in their strengths, while also addressing barriers they may face.

Disability support policies should recognize that individuals with mental health issues often have intermittent work capacity and provide flexibility. Early intervention is necessary to promote return-to-work. People should be linked with employment supports immediately upon entering the disability system

Disability support policies should seek to reduce disincentives to return-to-work. Mechanisms should be piloted and evaluated based on their efficacy in promoting workforce attachment.

Policies should ensure that funding is available for the development of evidence-based employment supports and opportunities - including supported employment and social enterprise formation, as well for innovative practice-based supports.

The system capacity should be increased to allow people receiving disability support to establish supportive relationships with case workers; this contact should include both benefits counselling and connecting clients with employers and employment services.

Income support programs should operate in collaboration with other stakeholders, including employment support programs, mental health service providers, and employers. Interaction between policies should be examined to ensure unintended barriers are not being created.

Research and innovation in disability support provision, employment support provision, and other services should be encouraged to develop new best

practices for engaging people with mental health issues in the workforce on an ongoing basis.

Effective communication strategies need to be developed alongside reforms. It is critical to recognize that reforms cannot succeed without clear communication to those who are affected, in order for the benefits of positive change to be reaped.

full report

We know that work is good for mental health, we know that most people with mental illness want to work and can work with the right supports, and we know that employment is the best way to fight poverty. Yet, in Canada, up to 90% of people with serious mental illness are not in the labour market, and the numbers of people with mental illness transitioning onto disability income support programs are rising (Marwaha & Johnson, 2004; Miranda, 2011). Rather than support inclusivity, the current Canadian policy environment often acts to exacerbate the link between disability and exclusion. Correcting this will require comprehensive changes in policies and systems. We have seen policy reforms leading to improved workforce outcomes for people with disabilities in a number of countries – we know this can be done. Implementing this type of change will require collaboration by all sectors, including government, mental health partners, employers, and society, in order to be successful.

This report assesses Canadian sickness and disability policies from multiple perspectives. It first describes the relationship between income and mental health. Secondly, it documents the factors shaping policy development with respect to persons with mental illness and other disabilities. It then profiles the participation of persons with mental illness and other disabilities in the Canadian workforce, and outlines the main barriers to labour force participation. The report then discusses the roles and responsibilities of federal and provincial governments, employers, and the third sector; programs for persons with mental illness; and how working affects mental illness. Finally, the report outlines strategies for reform, providing several international examples.

Methodology

A multi-method approach was used to develop a legislative model of income support in Canada for people with mental illness that included key informant interviews, a literature search and review, a consultation session with an expert from the Organisation for Economic Co-operation and Development (OECD), and the development and distribution of a questionnaire to persons with mental illness in Canada.

Key Informant Interviews | Semi-structured interviews were conducted with policymakers and experts on disability income programs. Interviewees were asked about the disability income programs in their regions. Specifically, questions assessed the opportunities and barriers to meeting the basic costs of living and promoting labour market involvement, challenges with program interaction, employment supports and services offered, and any diversity-related considerations that the programs acknowledge.

Members of the research team and the Employment Support and Development Team of the Community Support and Research Unit conducted the interviews between November and December of 2011, either in person or by phone. Seventeen interviews were conducted in total for this section of the project. Analysis was conducted on the verbatim interview transcripts.

Literature Review | Both academic (e.g., published research studies) and gray literature (e.g., unpublished reports and raw data, government documents) were reviewed. The majority of literature reviewed was gray literature found online through the websites of governments and non-governmental organizations. Gray literature was reviewed for every province and territory in Canada, as well as internationally with a special interest in Australia and the United Kingdom. Policymakers, who participated as key informants during this project, were essential to the identification of literature in their respective provinces/territories. Keywords searched for as part of the academic literature review included, but was not limited to: mental health, employment, disability, income support, disability benefits, employment supports, poverty, policy, Canada, work incentives, work disincentives, and early intervention.

OECD Consultation | In March of 2011, we invited Veerle Miranda from the Organisation for Economic Co-operation and Development to the Centre for Addiction and Mental Health in Toronto, Ontario to present on the changing paradigms and international trends in sickness, disability, and work. The presentation, the PowerPoint slides for which can be found in Appendix N, discussed the challenges faced by disability benefit systems among OECD countries with a focus on the

implications for people with mental illness.

Workplace Know-How Questionnaire | The questionnaire, which was originally developed for Section Six, was expanded to assess peoples' experiences with income support programs and determine their recommendations for improving them. A total of 324 participants completed the questionnaire. For more information on the questionnaire, please see the methodology in Section Six.

“This migration of citizens from producing to consuming status increases the economic burden on producing citizens and in the long run - as welfare's history has established - fails to benefit the dependent population, enticed as it has been away from the economic opportunity that could produce more mainstream income levels.” (August, 2009)

The Relationship between Poverty, Employment, and Mental Illness

A disproportionate number of people living with mental illness are using disability income support systems (Centre for Addiction and Mental Health, 2003). People who rely on disability income to support themselves have become increasingly poor since the mid 1990s (Turning the Key, 2012). In a 1993 study, Carling found that people with mental illness were spending up to 80% of their income on rent; highlighting poverty as a major issue faced by this group. As many disability income programs across Canada provide incomes that do not meet the costs of living, few people with serious mental health challenges are able to access adequate housing and other basic needs (Forchuk, Nelson, & Hall, 2006). The Organisation for Economic Cooperation and Development (OECD) has noted there is almost double

the risk of poverty for Canadians with a disability compared to the non-disabled population (Miranda, 2011). For a comparison of poverty rates and poverty risk ratios among persons with and without disabilities by country, please see Figure 1 in Appendix L.



A key informant pointed to the fact that it is difficult to pay for basic necessities under current income support rates. They noted this problem is magnified in Northern Canada due to increased living costs.

The economic and social conditions in which people live are now being recognized as important determinants of individual health, with income emerging as the most critical factor (Turning the Key, 2012). The dire living conditions that people with low incomes experience have a powerful influence on their physical and mental health. With a few exceptions, the poor experience the highest rates of illness and premature death (Mikkonen & Raphael, 2010; Bryant 2003). The poorest 20% of Canadians have 128% more mental and behavioural disorders when compared to the wealthiest 20% of Canadians (Lightman et al., 2008).

The intention of creating a welfare system in Canada was to establish a line - a minimum standard of living - to ensure no member of society would suffer the consequences of poverty regardless of their circumstances or social context (August, 2009). But the reality of welfare in Canada is that many recipients are living in poverty, or are at risk of poverty.

Research shows that adequate financial supports are essential for successful community integration of people living with mental illness (Carling, 1993; Forchuk et al., 2006; Tanzman, 1993). Yet, compared to other OECD nations, Canada (Mikkonen & Raphael, 2010):

- Ranks 27th of 29 countries surveyed on the percentage of public spending for disability-related issues

- Provides the second to lowest compensation levels⁵
- Has some of the strongest restrictions on receiving disability benefits

The result of this leads us to the current status of disability in Canada - many people with serious mental illness in Canada who rely on disability support as their primary source of income find themselves either living in poverty or at risk of it.



The poorest fifth of Canada's population face a staggering 358% higher rate of disability compared to the wealthiest fifth (Lightman, Mitchell, & Wilson, 2008).

Many key informants in our study acknowledged the inadequacy of financial supports being provided to recipients of many income support programs, stating it is not a sufficient amount for people to maintain a minimum standard of living.

Rising Numbers on Disability Income Support

The OECD has noted that mental health conditions are a rising cause for entering disability support programs in Canada (Miranda, 2011). The percentage of Canada Pension Plan-Disability (CPP-D) recipients with a mental illness has increased from 12% in 1990 to 28% in 2008; see Figure 2 in Appendix L (Miranda, 2011). The increase far surpassed that of any other medical disability category. Manulife Financial Group reported that 30% of their insurance claims are for reasons relating to mental illness; in addition, a recent study

⁵ Compensation levels were determined by the OECD by scoring ten sub-dimensions: (1) coverage, (2) minimum disability level, (3) disability level for a full benefit, (4) maximum benefit level, (5) permanence of benefits, (6) medical assessment, (7) vocational assessment, (8) sickness benefit level, (9) sickness benefit duration, and (10) unemployment benefit level and duration. For more information on the compensation scoring, see Annex 2: Classification for the Policy Typology in Transforming Disability Into Ability (Organisation for Economic Co-operation and Development, 2003).

confirmed that psychiatric claims are now the fastest growing category of long-term disability in Canada (Manulife Financial, 2010; Wilson & Joffe, 2000).

Numbers are growing rapidly as more and more people with mental illness transition onto disability income support. Many people who are receiving disability income supports due to a mental health condition are capable of work and want to work, but do not have the appropriate supports to enable them to securely attach to the labour market. This is problematic for the following reasons:

- Lack of employment is detrimental to individual well-being and recovery
- Current disability assistance systems were not designed with mental illness in mind and don't work well for people with mental illnesses (Miranda, 2011)
- The greater the period of time a person spends detached from the labour market the more difficult it is to return to employment
- People on the disability benefit system can become trapped in poverty
- The rate of people leaving long term disability income programs in Canada is less than 1% (Miranda, 2011)



Key informants confirmed similar statistics for some provincial disability support programs including Ontario and Manitoba. The percentage of Manitoba's Employment and Income Assistance Program's Persons with Disabilities caseload who have mental illness has increased from 37.6% in 1999 to 45.5% in 2011 (Government of Canada, Human Resources and Skills Development Canada; 2011a).

Low Numbers Leaving Disability Income Support

Many people with mental illness have intermittent work capacity due to the episodic nature of mental health conditions, causing them to face unique challenges with work ability. Most disability income support programs are designed to fully disengage people who cannot work from the labour market (Miranda, 2011). Some definitions of disability draw a defining line between those who can work and those who cannot work, without consideration for those who can work, but only at times. Poorly designed income support systems are poverty traps that do not allow people to fully benefit from periods of good health, and instead cause people to remain distant from the labour market even when they are capable of working and contributing to the economy (Stapleton & Tweddle, 2008).

Some federal and provincial disability income programs have strict eligibility criteria that can lead to great difficulty in accessing supports. Applicants must undergo an extensive assessment process to prove the severity of their illness and inability to work. This can lead to apprehension about expressing any ability to work, fearing disqualification from the program, or the ability to re-access the benefit after exit were it needed again. This is especially problematic for those with mental illness, due to the unique nature of episodic disabilities wherein a recipient may have intermittent work capacity. Some programs have implemented rapid or auto reinstatement procedures, allowing ease in re-obtaining benefits after program exit if required. However, this service is often underutilized due to participants' lack of information and understanding, coupled with mistrust of the system.

Another reason that people receiving disability supports are sometimes fearful about entering the workforce is the lack of coordination among disability systems, which can worsen a person's situation after entering the labour market. This is because entering the workforce has a spider web effect on financial and other supports – once people begin to work, they can experience decreases in their disability income assistance, they may lose their health care benefits, and their rent may increase if they participate in a rent-geared-to-income program or receive rent subsidies.

If they need to stop working, it may take long periods of time to undo the effects that working has caused on their benefit eligibility, placing them at risk of

homelessness, or in other precarious situations. In provinces and territories that separate the disability income support program from the general social assistance program, the disability benefit is often substantially higher than the general social assistance rate, potentially creating an incentive to being classified as 'disabled.' Powerful examples are British Columbia, Ontario, and Alberta where a person on disability benefits can receive roughly 150-175% of the monthly rate of someone receiving general social assistance. For provinces that do not offer separate programs, there is often still additional financial support provided to those who qualify as disabled.

When program design challenges are coupled with the extensive effort required in proving an inability to work in order to qualify for assistance, the unintended consequence is the creation of disability income support dependence. Recipients' fear of losing assistance can lead to reluctance to demonstrate an ability to work. Many people, who are able to work intermittently or in a minimal capacity, feel it is safer for them to hide any ability to work. The OECD has noted the rate of people leaving long-term disability income programs in Canada is less than 1% (Miranda, 2011). For a complete listing of the percentages of recipients who leave long-term disability benefit programs among the OECD countries, see Figure 3 in Appendix L.



A key informant noted the deeply-rooted nature of fear in returning to work, for disability income recipients. Despite efforts being made to correct policy flaws in some provinces, disability income recipients do not maintain a sense of trust in the system and do not feel secure in seeking work.

A key informant noted lack of adequate communication and access to information were prominent barriers to disability income recipients' participation in return-to-work programs and initiatives.

A key informant noted lack of portability of disability supports as a barrier to income support program exit for recipients in Nova Scotia. The majority of supports for people with disabilities are attached to the income support program.



Consider an example from a province offering rent-geared-to-income. A woman with mental illness receiving provincial disability income assistance is able to find work and has an income increase for a period of one month. She is living in rent-geared-to-income housing and is assessed for a rent increase to market rent for a three-month period - a standardized procedure. Her work capacity decreases during the second month, and her income decreases to the standard disability assistance rate. She is still required to pay market rent until re-assessment of her income occurs at the end of the three-month period. She cannot afford market rent based on monthly disability assistance rates. She is now at risk for eviction and consequently, homelessness.



A key informant noted that the two major reasons for a recipient leaving the Ontario provincial disability income program were (1) becoming eligible for old age security pension by aging, or (2) death. People otherwise generally do not leave the program.

Incidence of Disability and Labour Market Participation Rates

In 2006, approximately 4.4 million Canadians living in households reported having a disability. This translates to a disability rate of 14.3%, including 2.3% who reported having a psychological disability (Statistics Canada, 2008a). Disability rates vary across the country; Quebec reports the lowest rate of disability at 10.4% while Nova Scotia reports the highest at 20.0%. For a complete listing of disability rates among the provinces and territories, please see Graph 1 in Appendix L. Of those reporting a disability, 14.3% reported a psychological disability, with more women than men reporting a psychological disability (Statistics Canada, 2008a). This translates to 589,470 adults reporting a mental health related disability. According to the Participation and Activity Limitation

Survey (Statistics Canada, 2008b), 2,457,350 persons with disabilities between the ages of 15 and 64 could have participated in the labour force. Of this group, 51.3% were employed, 43.9% were not in the labour force, and 4.9% were unemployed. In contrast, among those without disabilities, 75.0% were employed, 20.0% were not in the labour force, and 5.0% were unemployed.⁶

The unemployment rate was 10.4% for persons with disabilities, compared to 6.8% for the population without disabilities. Both the severity and the type of disability affect outcomes in the labour force. People with severe/very severe disability have higher unemployment rates than those with mild disability or without disability (Marwaha & Johnson, 2004).

The Disability Income Programs in Canada

The nature and severity of mental health disability, how a person became disabled, and a person's attachment to employment are all factors that will determine eligibility for specific disability income security sources. Some disabled working-age Canadians may qualify for benefits from more than one source. Some programs allow 'stacking' of benefits (i.e., benefits from one program can be added to those from another),

while others offset benefits (i.e., reduce benefits in one program as they are received from another). Disability benefit amounts differ by program and degree of disability, and benefit amounts in a number of programs are low by OECD standards, exposing persons with disabilities to poverty. This section will discuss the seven disability income programs in Canada: Canada Pension Plan-Disability, Employment Insurance Sickness Benefit, veteran's benefit for disability, tax measures, provincial and territorial social assistance disability benefits, workers' compensation benefits, and employment-based long-term disability plans.



Consider the following scenario. On a weekday morning, three different women experience their first major mental illness episode. Each woman is now considered disabled as a result of these episodes. One is precariously employed as a restaurant server; another is an insurance company manager with ten years of employment tenure; the third is employed as a counsellor whose episode was directly related to on the job trauma. As an illness arising in the course of employment, the third woman would be eligible for workers' compensation benefits. The second woman would very likely have an employment-based long-term disability plan. The first woman would not be eligible for workers' compensation and as a precariously employed worker in the service industry, may not have a long-term disability plan.

In 2009-10, \$28.8 billion in disability income security benefits were paid out by a total of seven sources; see Figure 4 in Appendix L for a breakdown of expenditures by disability benefit program (Stapleton, 2012). Jurisdiction over disability income security

⁶ Statistics Canada (2008) defines the "labour force" as persons who are either employed or unemployed (i.e., either working or willing to work). Individuals not in the labour force are without paid work nor self-employed, are not actively looking for paid work, are not on a temporary lay-off and expected to return to their job, and do not have arrangements to start a new job in the next month. For example, retired individuals are not in the labour force

policy is divided between programs delivered by the federal government and those under the jurisdiction of provincial governments. The federal government has jurisdiction over the income taxation system, Employment Insurance (EI), the Canada Pension Plan (CPP) and disability benefits for veterans of the Canadian Armed Forces. Provincial governments have jurisdiction over disability income security provided through social assistance programs, workers' compensation schemes, and the regulation of disability insurance plans provided by the for-profit life and health insurance industry.

Canada's disability income programs define disability differently, and have different rules and practices regarding workforce participation.

Workers' compensation is paid based on disability as a result of a physical or mental injury that occurs in the workplace. The program has systems in place to help rehabilitate the person who has incurred the workplace injury or disability. Workers' compensation is also often paid on a non-permanent basis.

- In 2009-10, Canada's provincial workers' compensation agency expenditures on short- and long-term income security benefits were approximately \$5.5 billion. Expenditures on health care services are excluded from this estimate.

Provincial and territorial income programs provide to low-income adults based on a complex set of rules, but the qualifying definition of disability usually involves a permanent, medical, and severe disability resulting in an inability to perform activities related to normal living. This will still mean that some eligible persons can work, and work is encouraged by these programs. However, earned income results in a partial reduction in benefits.



Some provincial income programs do not consider mental illness to be a disability. A key informant noted the word 'disabled' does not accurately label people who have issues with their mental health, but are capable of working.

- In 2009-10, provincial and territorial government social assistance expenditures for persons with disabilities were estimated to be \$8.5 billion.



Data on social assistance expenditures for persons with disabilities from Quebec, Ontario, and Alberta bring us to an average of 37% spent on mental illness. If this rate is comparable to other jurisdictions in Canada, conservatively rounding down to one third (33%), this translates to an estimate of \$2.8 billion in spending on mental illness.

Employment insurance and some disability benefits in the private sector, as well as government employee benefits, are time-limited. This means that persons who have a longer-term disability must enroll in other income support programs if their personal resources are insufficient to meet their needs. These programs usually terminate when a person returns to work.

- For 2009-10, Employment Insurance Sickness expenditures totalled \$1 billion; an increase of approximately 19% since 2005-06. Between January and June 2011, 130,640 Canadians received EI Sickness Benefits.
- In 2009-10, long-term disability plans provided by insurance carriers had benefit expenditures of \$4.4 billion, and short-term disability plans had expenditures of \$1.1 billion.



30% of long-term disability expenditures, and 24% of short-term disability expenditures, were for mental illness. This translates to \$1.3 billion in spending on mental illness.

Disability Tax Credits generally do not consider the ability to work in their eligibility requirements. Payments are based on income reported on a tax return and meeting the definition of disability as verified.

- The RDSP (Registered Disability Savings Plan) was established in December 2008. The number of registered plans has not yet been reported, though program expenditures for 2009 were estimated to be less than \$2.5 million.

Canadian Pension Plan benefits: Disability benefits (CPP-D) and Quebec Pension Plan - Disability (QPP-D) provide eligible contributors with a basic level of earnings replacement when they can no longer regularly work at any job due to a severe and prolonged disability. CPP-D and QPP-D is cancelled when a work return is successful.

- In 2009-10, program expenditures for CPP-D and QPP-D combined were \$4.3 billion.



28% of CPP-D expenditures, and 30% of QPP-D expenditures, were for mental illness. This translates to \$1.2 billion in spending on mental illness.

Military benefits recognize service with the armed forces and a disability incurred while in service.

- During 2009-10, Veterans' Affairs expenditures on disability benefits were \$2 billion. There were 177,721 recipients during this period.

Persons with disabilities who have insufficient income when they return to work retain Disability Tax Credits and the Working Income Tax Benefit for persons with a disability and may continue to receive social assistance. Social assistance programs may extend health benefits for persons who return to work, while most other disability payments (CPP, EI, private sector programs) do not continue benefits once the person has returned to full-time employment.

The following chart depicts the percentage of spending on mental illness versus spending on other disabilities, for programs that we were able to obtain data from. Across the board, almost one third of disability spending from income programs across Canada are for mental health-related reasons.



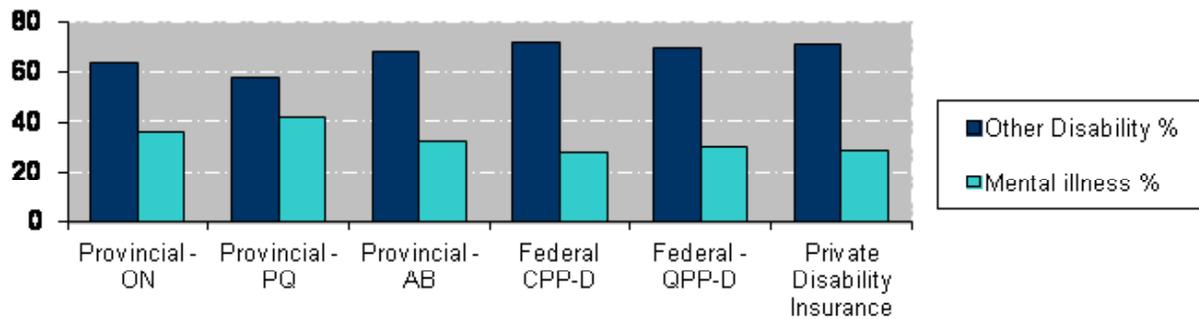
A key informant told us that CPP-D was not intended to be a full source of income for people with disabilities. But despite this, it represents 50% of income for half of their beneficiaries, and 100% of income for seventeen percent of their beneficiaries.

Canada's income security programs for persons with disabilities also vary in their objectives:

- Many insure against job loss due to disability or sickness (private plans, EI, worker's compensation, public automobile insurance where applicable);
- Social assistance provides a base income to persons with disabilities who do not have alternate resources;
- Most Disability Tax Credits are paid based on income without regard to work with the exception of the Working Income Tax Benefit for the Disabled;
- Military benefits and workers' compensation also compensates people when they sustain a service or workplace injury.

With the exception of most disability tax credits, each of the program types has stated goals to assist recipients in a return to work. Some pay benefits when a work return is sustained while others do not based on their mandate. For a complete description of the four federal jurisdiction programs and the three disability income security schemes under provincial jurisdiction, see Appendix I (even more information can be found in appendices J and K).

Spending on Mental Illness vs. Other Disabilities %



Statistics in Relation to the Aspiring Workforce

The Aspiring Workforce refers to those individuals who have, due to mental illness, never been attached to the labour market, have been out of the labour market for a long duration of time, or are in and out of the labour market due to the episodic nature of their illness. This group of people may be considered to be people with severe or serious mental illness. Through our search for statistics, in some cases we were able to find statistics that spoke to serious mental illness, in some cases we were able to find statistics that spoke to mental illness generally, and in some cases we were only able to find statistics that spoke to disability broadly. There are however many different definitions of severe or serious mental illness, as well as different legislative definitions of mental illness and disability.

In relation to the different income support programs that serve people with mental illness across Canada, there is little consensus on who is considered to be a person with a disability, and in particular, who is considered to be a person with a mental illness. With this in mind, statistics across Canada are not easily comparable. In general, however, we found that - across definitions - numbers of people with mental illness who are attaching to income support provisions, and consequently, public spending for this population, is rising.

Program Interaction and Order of Payment

Each of the disability income security programs have:

- A specific mandate based on their original charter;
- Entrenched funding and governance regimens; and
- Distinct philosophies related to both income support eligibility and labour force development.

Programs can receive their mandates from different levels of government, as well as the private sector. Accordingly, the full array of programs often does not easily come together in ways that make the whole of the system accessible to all persons with disabilities.

There is a continuum of disability income programs in terms of order of payment. That is, some programs pay without taking into account whether the recipient is also accessing other programs. These programs are sometimes called 'first payers' (e.g., CPP-D). Other programs, like provincial and territorial social assistance and EI Sickness Benefit, take all other payments into account and deduct them from the benefit amount for which someone is eligible.

On one end of the continuum, a person with a disability could receive veteran's disability benefit, CPP-D, and worker's compensation (to the extent that various jurisdictions allow it), and each of those payments would stack, one on top of the other. At the other end, a person with a disability could receive a payment from CPP-D that is partially abated by their workplace pension, partial workers' compensation, and still need help from social assistance.

The circumstances of a person's disability and the levels of contributions they have made through payroll taxes and other contributions can greatly affect the amount of money they will actually receive from these programs. However, the employment supports and other supports and services that each program provides would still be available to the applicant. In general, income programs can offset each other but supports and services do not.



Consider a scenario involving two veterans. Veteran A suffers from post-traumatic stress disorder and became ill again during the course of a civilian job. Veteran A applied for and received veterans' disability benefits, CPP-D, and Workers' Compensation, all of which stack together. Veteran A is now receiving a fair and adequate sum of \$30,000 a year. Veteran B was not disabled during combat and following retirement from the Canadian Armed Forces was employed in the civilian labour force. His employer provided a long-term disability plan. Following a decade of employment, Veteran B became ill from depression and applied for long-term disability benefits, CPP-D benefits, and social assistance benefits. The long-term disability benefits are deducted by CPP-D and social assistance, leaving Veteran B with an annual benefit income of \$12,000.

Current Policy Environment

Although there is a general social trend towards inclusivity, there are a number of barriers that impede the full integration and acceptance of persons with mental illness in contemporary society. These barriers include:

- **Negative public opinion towards the cost of integrating public institutions (Dean, 2011);**
- **Public beliefs that persons with disabilities may not be able to perform job functions and possibly negatively impinge on Canada's productivity (Gunderson, 2008; Prince, 2007);**
- **Public resistance to the rights movement (Ignatieff, 2001);**
- **Negative attitudes towards the cost and social dislocation related to disability accommodation (Gunderson, 2008; Prince, 2007); and**

- **Globalization and competition in the business environment, where there is a strong belief that market forces should determine outcomes and that market intervention (such as disability accommodation in the workplace) could or does impede growth.**

Despite these barriers, there are persistent trends resulting in the creation of opportunities for persons with mental illness in terms of their accommodation into the mainstream of society and by extension the labour force and workplace. These include:

- **Growing awareness of labour market demand and the need for all possible participants in the labour market - the OECD notes that growth in the number of working age adults in the first 50 years of the twenty-first century will be 19 times slower than the last half of the twentieth century (Keeley, 2007);**
- **Greater realization that our workplaces can be more accommodating, as increases in the economic importance of the service and information sectors render disabilities less significant;**
- **Sector-sponsored, inclusive community approaches that recognize infrastructure needs (e.g., workplace accommodations and flexible work schedules);**
- **An aging population and the convergence of accommodation requirements for the disabled and elderly populations; and**
- **Increases in the level of educational attainment among persons with disabilities.**



In 2012, the Mental Health Commission of Canada released Canada's first ever Mental Health Strategy. Strategic directions of this report include fostering recovery and removing barriers to education and work, and providing access to a full range of services, treatment, and support - including employment supports.

Federal Disability Agenda

In October 1998, the federal, provincial, and territorial governments released *In Unison: A Canadian Approach to Disability Issues* (Council of Canadians with Disabilities, 1998). *In Unison* outlined a shared vision that promotes full citizenship for Canadians with disabilities, including mental illness. Based on the values of equality, inclusion, and independence, it addresses three major areas of concern for persons with disabilities: employment, income, and disability supports. Recommendations in the report established common goals among the federal, provincial, and territorial governments with regard to long-term policy directions in the disability arena.

To ensure sustained progress towards the full participation of persons with disabilities the Government of Canada has outlined priorities for action within its own departments and agencies, with the provinces and territories, and with the disability community and other partners (Government of Canada, Human Resources and Skills Development Canada, 2011b). These priorities for action are based on:

- Fulfilling its commitment of working towards the full participation and inclusion of persons with disabilities;
- Engaging the disability community and all sectors of Canadian society in action on disability issues;
- Recognizing that real progress is achieved by sharing responsibility and a commitment to action; and
- Working towards clear outcomes that are linked to these priorities.

In 2003, the Ministers responsible for social services approved the *Multilateral Framework for Labour Market Agreements for Persons with Disabilities* (Government of Canada, Human Resources and Skills Development Canada, 2011c). This framework reaffirms the commitment of governments to work towards ensuring that persons with disabilities can participate successfully in the labour market.

Other items on the federal disability agenda include the following:

- In 2006, the government committed to the introduction of a *Canadians with Disabilities*

Act to improve access to services for Canadians with disabilities. This act is intended to improve accessibility within the federal jurisdiction in order to promote equal opportunity and full participation for persons with disabilities. As of February 2012, the act has not yet been introduced.

- In 2007, the federal budget announced new annual investments of \$500 million over six years for new Labour Market Agreements to be developed with provinces and territories. These new agreements would expand access to training opportunities and labour market programming to people who do not currently qualify for training under Employment Insurance, including under-represented groups such as persons with disabilities.
- The 2008 federal budget outlined further commitments to assist persons with disabilities with their education. Work is underway to streamline and modernize the Canada Student Loans Program, including the Canada Access Grant for Students with Permanent Disabilities.
- Expected to be released in the fall of 2012, the Mental Health Commission of Canada, along with CSA and BNQ, is working on the development of a National Standard on Psychological Health and Safety in the Workplace. This voluntary standard is intended to provide guidelines for employers to improve the psychological safety and health of their working environments.

A Legislative Model of Income Supports with Mental Illness in Mind

We know disability income support systems in Canada were not designed with mental illness in mind, and they do not work well for many people with mental illness. By design, some income support systems completely detach people from the labour market with qualification criteria based on incapacity to work (Stapleton & Twedde, 2008). We know that many people with mental illness want to work, and can work with the right supports. The designs of many of the current systems, however, may actually hinder rather than ease a transition into employment. In order for income support systems to work for Canadians with mental illness, programs need to consider the episodic nature of many mental illnesses. This may require a person to work at partial capacity, or transition on and

off of income supports regularly. In addition, being assessed with having the capacity and desire to work does not guarantee that people with mental illness will be able to find work. Assuming so would be ignorant to the systemic barriers to employment faced by people with mental illness and neglectful of the labour market trends.

Many disability income support systems in Canada fail to create adequate services and supports for their recipients. The reason for this is the primary goal is often to fill financial deficiencies without acknowledging the systemic barriers to an individual being able to best utilize their strengths and abilities towards earning income in the labour market. Income supports were to be utilized as a short term safety net, but instead are often the sole source of livelihood for many people's lives - because of this supports need to cover the costs of basic needs. To address the unique challenges of people with serious mental illness, disability income support systems need to be flexible and individualized in order to allow people with serious mental illness the opportunity to contribute to the economy by participating in the labour market. Potential employees and employers would both benefit from systems that embody respect for the capacity of people with serious mental illness, and better support these capacities.



In Ontario, a commission to review social assistance and disability support was created, and worked alongside community organizations to highlight challenges and produce recommendations on reform.

Incentivizing a Return to Work

We recognize the dilemma in ensuring systems offer adequate wages, and fair wages, while still incentivizing pathways to employment. Of particular note for discussion is an issue of equity when comparing the supports provided to individuals receiving income assistance to those in low-income

employment who are not attached to an income program. An option to address this issue is the provision of additional supports (e.g. medical benefits) to all low income citizens.

From the literature, it is clear that there are many different opinions on how to incentivize a return to work, from the increase of earnings exemption levels (Krupa, Kirsh, Gewurtz, & Cockburn, 2005) to the removal of systems distinguishing disability from general social assistance (August, 2009). The most critical reform needed in incentivizing a return to work is the removal of disincentives to returning to work. Many of the disability income support systems in place in Canada are passive in nature - they do not take appropriate measures to help program recipients return to work, and actually create disincentives to return to work. Krupa et al. (2005) note "without a clear framework for addressing income support as a mediating factor for work, the pattern in the field has been to explain the marginalization of persons with serious mental illness from the labour market as a result of chronic and profound disease processes thereby promoting the stigma of incapacity, or as evidence of employment discrimination."



Fear of losing benefits or one's disability status as a result of working was a serious issue noted by respondents to our survey. In more extreme cases, respondents saw returning to work as futile due to the believed loss of income that would occur from reduced disability income support.

Several provinces including Nova Scotia and New Brunswick are in discussion surrounding the issue of equity and available supports for low-income employees who are not attached to income support programs, to prevent fear in program exit.

We have seen that people with comparable degrees of illness can wind up with very different financial outcomes based on the programs and supports they are able to attach to, and many can become trapped in poverty. While the benefits of return to work may seem natural in this circumstance, at times, returning to work can actually cause a person to wind up with less due to clawbacks, benefit policies, and uncoordinated systems. Instead of programs supporting people to return to work, they are creating fear of returning to work (Stapleton, 2010).

“Sometimes it is not worth it to work because they [disability income support programs] take so much money from your cheque.” - Aspiring Workforce survey respondent

Some provinces and territories have already undergone reforms to reduce disincentives to return to work. For example by the provision of work-related benefits, earning exemptions, access to drug and other benefits and supports for a period of time after program exit, and rapid reinstatement procedures to allow ease in reattaching to income support after program exit.

Through a national survey, we asked members of the Aspiring Workforce to provide insight on options for system reform, based on their own experiences of using income support programs for people with mental illness. They provided us with the following suggestions for incentives to return to work:

- Raising allowances for earnings exemptions
- Putting in place more supports to develop skills and access training
- Increasing disability income support rates to reflect today’s higher cost of living
- Providing assistance with finding meaningful jobs that fit the needs of disability recipients who wish to return to the workforce
- Reducing red tape in the application and receipt processes

- Enabling options for gradual re-entry into the workforce
- Offering ongoing psychosocial rehabilitation programs
- Implementing rapid re-entry onto disability support for former recipients who become unemployed
- Being open and accepting of people with mental illness who need disability support
- Connecting recipients to budget counselling services
- Allowances for transportation, child care, clothing
- Individualized supports



A key informant noted that CPP-D offers two levels of expedited reinstatement. If a recipient exits the support program and needs to re-enter it within a three-year period, they only require a note from a physician and do not need to fill out an application form. If they are outside of the three-year period, they fill out an application form, but it is ‘fast-tracked’ for quicker processing.

A key informant stated in New Brunswick, if a person exits provincial income assistance for employment, they are able to retain their health benefits for three years. In addition, New Brunswick is working towards instating a health benefit program for non-insured people who may receive low wages from employment that does not provide health benefits.

Active disability policies must have the goal for restoring or developing human capacity (August, 2009). It is clear that system reform is needed in order to reduce disincentives to returning to work, and there are many ideas on how this can be done. In order to establish the ideal revisions for best incentivizing a

return to work, we need collaboration between all invested stakeholders.



A key informant noted the inequity issues that can exist in program interaction in Ontario. A dollar earned from CPP-D is fully deducted from provincial disability income rates, a dollar earned from employment is 50% deducted, and a dollar from an RDSP is not deducted.

Coordination between Programs and Supports

Improved coherence in disability programs could simplify benefit administration, provide fairer treatment of persons with mental illness, and increase participation in work and/or community activities. There are significant challenges in coordinating and aligning the goals and the administration of disability income security programs in Canada. The system, which has evolved over 100 years, has been described ‘as a system with many different payers and no central administration’ (Campolieti & Lavis, 2000).

“From an organizational perspective, the people doing the hiring, job description, job design, aren’t talking to the people doing the benefits and disability management design, aren’t talking to the people doing the organization development and wellness...” - Key informant

The fragmentation of disability income security programs in Canada has a number of consequences. Programs expend considerable administrative effort in adjudicating the eligibility of claimants, especially when the claimant may be eligible for benefits from more than one program (Longfield & Bennett, 2003). Differences in eligibility, definitions of disability, and benefit amounts across programs too frequently result in different benefit outcomes for persons with similar degrees of impairment, raising concerns about equity. Some programs allow for benefits from another program to be added without deductions while others deduct benefits received on a dollar-for-dollar basis.

There are also different rules about income derived from a partial return to work. Programs also differ in the type of condition covered, and most are not designed for episodic conditions like mental illness. Outcomes for workers and their families can vary dramatically depending on program eligibility, leaving some with little or no benefits and limited access to services to assist with reintegration into the workforce.

The distributed responsibility for disability income security policy in Canada creates significant obstacles to reform. A recent OECD report on Canada’s disability policy system notes that “the plethora of benefits and employment supports for persons with disabilities is complex and has often come about as a result of federal and provincial attempts to address gaps in core federal insurance programs that cannot easily be amended” (Kim, Gomes, & Prinz, 2010). The report’s recommendations include a call for better coordination among programs, a more client-oriented approach to program design and delivery, and provision of earlier access to supports that could facilitate re-integration to the work force. These reforms could improve the efficiency of benefit programs, achieve better participation of disabled persons in the workforce, and provide greater equity in the amount and duration of income security benefits.



Key informants noted the need for more collaboration between programs for people with intersecting diversity needs including the need for coordination between disability programs and language programs.

Arising from key informant interviews we learned discussions are underway between CPP-D and provincial programs to determine ways in which the programs can potentially align.

- Sweden: a sickness benefit is initially paid for a period of 90 days in which a person is given time to resume their existing job, possibly with some modification in duties. In the next 90 days, if workers cannot perform their previous jobs, they are expected to accept another job in the same business or to try out another job with another employer. After 180 days, clients are assessed against all jobs in the labour market.

Two countries that implemented a capacity-focused shift in the disability assessment process and underwent evaluations are Australia - where it was implemented with some success, and the United Kingdom - where it has been described to have major concerns.

Shifting the Focus to Capacity

A paradigm shift is currently underway in some OECD countries which is a move away from the fear-inducing nature of the current assessment process. As we have seen, disability income recipients must go through an extensive process to prove the severity of their disability which leads to a reluctance to then display any capacity to work. This shift moves away from a disability-focus to an ability-focus during the income support assessment process, working to address barriers to employment while supporting strengths. If put into place carefully, this holistic assessment approach can lead to an easier transition into work when a person is ready, without the fear of losing assistance.

Some examples of countries undergoing this change that have not yet been evaluated include:

- Denmark: focuses on the person's functions and the possible jobs the person can still perform. A comprehensive individual resource profile is put together covering a range of health, social, and labour-market experience.
- Netherlands: centres on the person's functional abilities which are matched to job requirements in order to determine the earnings capacity based on hypothetical jobs in the economy.

United Kingdom: Why didn't it work?

The UK introduced the Work Capability Assessment (WCA) in October of 2008.

An evaluation of the WCA process in the UK determined several significant issues in the implementation of a capacity-focused shift, and it was highly criticized by many. The major flaws in the program design were the re-assessment of individuals who were already receiving benefits, the tying of work capacity to benefit level, and the lack of communication in properly informing clients of the changes.

The evidence from the evaluation has highlighted problems at each stage of the WCA process. Clients were assessed along a continuum of incapacity to capacity which was directly tied to the amount of benefits they would be receiving, creating fear in being assessed as closer to the capacity end of the spectrum. The evaluation found a lack of communication about the new process to recipients, which created fear rather than relieved fear, particularly for clients experiencing re-assessment - they did not understand why they were being re-“tested” for receipt of their income and felt as though they were in trouble. Being found ‘fit’ to work was perceived by applicants as a ‘failure’ of the test. Results from the evaluation also noted a lack of appropriate staff training, empathy, and support in the assessment process and mechanistic procedures (short time limits, close ended questions). Additionally, the healthcare assessment, called the Atos, acted essentially as the sole driving factor behind an individual's overall assessment.

Australia: How it worked

Australia introduced the Job Capacity Assessment (JCA) program in July of 2006.

In an evaluation by Australia's Department of Human Services and Centrelink, the first 100 referrals were examined. At the time of referral, over 80% of recipients were on income support with no earnings. After 12 months, this was reduced to around 30%; see Figure 6 in Appendix L. Additionally, around 70% of clients had earnings or were no longer receiving disability benefits, most likely due to employment. Success rates can be attributed to the combination of the JCA program and the employment service program.

This innovative model shows promise in increasing labour market attachment and reducing disability income support dependence. However, there are areas of concern in the implementation and design of the program. In 2008, the Association of Competitive Employment National Network completed a report offering recommendations for improving the JCA. The review noted that because the provision of benefits is directly tied to work capacity, being assessed with a certain level of capacity to work can cause people to be entered into a different streams of programming in which they will receive less monthly financial support, experience higher penalties on earnings, and have higher expectations placed on them to find a job (Association of Competitive Employment, 2008). This may create an incentive to prove an inability to work.

These are two examples in a growing trend towards a model that focuses on function and capacity, rather than diagnosis and incapacity, while addressing barriers to employment. While there are still flaws in the design and implementation of this new paradigm, it is a promising move towards supporting the full inclusion of people with disabilities.

Moving towards a capacity-focused approach in Canada

While we commend countries that are moving towards this capacity-focused approach in disability income assessments, we acknowledge the challenges in implementing this approach. We recommend a capacity-focused paradigm shift with the following considerations.

The level of income assistance provided cannot be directly tied to the level of work capacity an individual is assessed for. The reason for this is two-fold. First, it creates an incentive to be deemed incapable of working in order to receive a higher level of financial support. Second, it places employment expectation solely on the individual, and as we know, being assessed as capable of minimal work does not mean it is possible to find minimal work. If individuals currently receiving disability income support are re-assessed under newly modified capacity-focused assessment models, it must be clear that they will not simultaneously experience re-assessment of their level of financial support, allowing for safety, and minimizing fear, in expressing work ability and desire.

While it may seem logical to provide less financial support to someone who is capable of working, the complexity of systemic barriers must be considered. If carried out thoughtfully, there is a cost savings that will occur naturally as people begin to enter the labour market and exit income support programs. Our goal must be focused on long-term labour market attachment instead of short-term goals that are unsustainable.

Finally, work capacity assessors must have adequate training in order to evaluate an individual holistically and empathetically; a person must be considered within many contexts, including that of the current labour market. Assessors must collaborate with employment support providers and employers in order to best support interventions. This must be seen as a supportive relationship, rather than simply a gathering of information.

Some jurisdictions in Canada are already moving towards a capacity-focused approach.

Nova Scotia underwent major reforms in their income support system in 2001 to address concerns over the adequacy of income assistance rates, the absence of province-wide minimum standards, and the need to remove barriers to work. This led to the consolidation of their two distinct income programs and their Employment Support Services (ESS) program. This new legislation not only created a province wide standard of care but also led to a re-design of the organization and delivery of services to provide an improved support system.

The key features of their integrated services model include:

- Eligibility based on need;
- Introduction of standardized rates applicable to all clients in Nova Scotia, with additional support provided based on individual need rather than categorical qualification;
- Enhanced employment supports, including child care and transportation;
- Equal access to special needs supports;
- Enhanced transitional benefits to support movement towards employability; and
- For persons with a disability, a focus on employability rather than disability.

Clients who apply for Social Assistance are required to participate in ESS and undergo the Nova Scotia Employability Assessment (NSEA) if no significant personal or medical barriers are seen to have an impact on their ability to develop and implement an employability plan. The results of the assessment are used to work with client in developing an employment action plan that caters to their individual needs based on their personal assets and existing career development practices. Areas of focus include confidence, motivation, awareness, and physical and mental health. It also is the responsibility of the ESS staff worker to ensure that clients receive the financial and other special supports required to carry out the employment action plan and can include career/life planning, support for employability-related special needs, skills development, job search services, job development services, direct job placement, and entrepreneurship.



A review of the ESS was carried out in 2007 which highlighted positive results – more clients are entering the labour force. Clients in the study indicated that they experienced improvements in their quality of life, as well as their ability to successfully obtain employment, higher levels of education, and generate income.

The program is not without its barriers. Primarily, the existence of a disability can potentially exempt a person from participation in the ESS, which overlooks their ability to contribute to the labour market. In addition, there is still some confusion over how to best implement a capacity-focused environment while at the same time assisting people to overcome their barriers. This challenge is being addressed through engaged training in capacity-focused assessments.

An Individualized Approach to Income Support

Income support programs need to work closely with their recipients to develop work-benefit plans that will provide income support, as well as strategize for how to return to the labour market (i.e., determine what is needed). The case manager-client relationship must be fostered to establish trust and empathetic support, which will require additional resources. Merely looking after the financial needs of disabled people through the provision of income support benefits is insufficient as it systematically and inherently excludes many individuals from the labour market. Research also shows the intersectionality of multiple diversities is more likely to compound barriers; a consideration that is often overlooked in service provision (Pal, 2011).

Each person should be entitled to a participation plan adapted to individual needs and capacities, as well as sufficient income support based on real need that is not tied to their level of established capacity. This plan could offer rehabilitation and vocational training, job search support, specific diversity needs, additional income or other benefits, and the possibility of different forms of employment (e.g., part-time). It could also contain activities that are not strictly considered work, but contribute to the social integration of the person (e.g., volunteering). More permanent, on the job support is necessary for many persons with mental illness participating in the labour market. Support measures, such as individual job searches and personal help for work related and social activities, appear to have strong potential.



A key informant spoke to the difficulty in managing caseloads. The opportunity to develop employment plans with each person can be extremely limited.

A key informant noted income support programs are generally not designed to be sensitive to cultural, gender-specific, age-related, or other diverse needs.

In Nova Scotia, an individual receiving income support and their case worker work together to determine an appropriate return to work action plan including supports to help them move forward. There is no prescribed path for the nature of how the participation is exercised; it is a negotiated and individualized process that varies from person to person.

Employment Supports

Putting resources into the right employment supports would create the highest chances for success. The OECD notes only employed people with disability can reach the average income of the working age population. Yet, in Canada, less than 4% of spending in disability goes to vocational services. This is a lower rate than most other OECD countries; see Figure 5 in Appendix L for a complete listing of countries' vocational rehabilitation and employment-related public spending (Miranda, 2011). While there are employment support programs in place in every province and territory, knowledge and access to them for people with mental illness is limited.

An indicator of the role of work in well-being is clear when looking at job loss - research has shown that job loss can act as causal trigger to the onset of mental health problems (Lucas, Clark, Georgellis, &

Diener, 2004; Vinokur, Schul, Vuori, & Price, 2000). In further research, a lack of work has been linked to stress and psychological instability (Wilson, 1996), and specifically problems with self-esteem, relational conflicts, substance abuse, and other more serious mental health concerns (Blustein, 2006; Feather, 1990; O'Brien, 1986; Stearns, 1995). Through employment, people experience higher levels of self-esteem and autonomy (Mueser et al., 1997; Bond, Resnick, Drake, Xie, McHugo, & Bebout, 2001). With these changes comes a reduction in symptoms (Mueser et al., 1997; Bond et al., 2001; Burns et al., 2009) naturally followed by a reduction in the use of costly mental health services (Bell, Lysaker, & Milstein, 1996; Bush, Drake, Xie, McHugo, & Haslett, 2009; Di Masso, Avi-Itzhak, & Obler, 2001). This is not only beneficial for the success and well-being of those with mental health disabilities; there is also a cost-benefit to putting resources into the right employment support for people with disabilities.



Consider this example: In 2002, in an Ontario-based study, Rush & Dale calculated the amount of funds returned to Ontario Disability Support Program (ODSP; i.e., paid back) from reductions in income support as a result of recipients' earnings from work after participation in an employment support program. The extrapolated annual earnings of persons with disabilities using services of a community agency (geared towards assisting people with disabilities in finding employment) were \$7,278 per person. The corresponding reduction of ODSP payment was \$3,582 per person per year. When calculating the total payback for all participants in Southwestern Ontario, the study concluded a \$3,467,666 was paid back to ODSP through employment in a single year. The study also did not account for the economic value of outcomes associated with improved quality of life in the larger community. This would no doubt significantly increase the benefit to cost ratio in Southwestern Ontario.



Consider this example showing reduced mental health service use: Bush et al. (2009) calculated the annual outpatient service and institutional stay costs over ten years among 187 participants in a co-occurring disorders study. The study compared a group working steady hours with a group working minimally. They found a decline in the use of outpatient services for the steady work group at a significantly greater rate than for the minimum work group. Over the ten years, cost in the minimum-work group exceeded that in the steady-work group by \$166,350 per person.

The OECD also notes the average cost of disability benefits is significantly higher than the average cost for employment supports and training, suggesting employment supports to be an investment that will pay for themselves (Organisation for Economic Co-operation and Development, 2003a).

The need for employment supports is clear. Intrinsic to this concept is the need for not just any employment supports, but for the right employment supports (see other sections of this report for descriptions). Supports need to acknowledge the context of the current labour market economy as one that is less

stable and offers more temporary employment opportunities (Organisation for Economic Co-operation and Development, 2010). In addition, there is a need for direct and immediate connection to employment supports to prevent long-term disability income support attachment. We also need to replace ineffective vocational supports with evidence-based practices or practice-based innovations in order to create pathways to successful employment for people with mental illness.



A key informant spoke to the clear rationale in putting resources into effective employment supports when considering the cost of people detaching from the labour market for the remainder of their lives.

Early Intervention

In Canada, as well as the majority of OECD countries which have data available, only 1-2% of all beneficiaries of disability income support leave annually for reasons other than death or retirement (Miranda, 2011). In addition to this alarming statistic, mental illness has been noted among OECD countries to be a highly prevalent cause for disability income support claims among younger adults (Organisation for Economic Co-operation and Development, 2010). The OECD suggests policy change will have more influence when geared towards helping people to stay in the labour force and preventing them from having to transition onto disability supports. The best way to prevent long term reliance on disability income supports is by early intervention (Miranda, 2011).



“As soon as a person becomes disabled, a process of tailored vocational intervention should be initiated, including job search assistance, rehabilitation, and further training. Where possible, such measures should be launched while the person is in an early stage of a disease or a chronic health problem” (Organisation for Economic Co-operation and Development, 2003b).

In 2008, a study by Killacky, Jackson, and McGorry examined the benefits of a vocational intervention with 41 participants experiencing first episode psychosis. Individual Placement and Support (IPS), as a vocational intervention (VI), was compared to mental health treatment as usual in a control group. Results showed 13 out of 20 participants in the VI group were working at six months, while only two of 21 participants in the control group were working. Additionally, the VI group showed a dramatic decline (25%) in the use of benefits as their primary source of income while rates remained the same for participants in the control group.

There are two points of contact when considering early intervention in the prevention of disability income support reliance: (1) at the onset of disability, and (2) at the point of transition onto benefits. We found international examples of countries that are working to address this issue through innovative strategies to promote remaining in the labour force, as well as

mechanisms of connecting employment supports directly to disability income supports.

Innovations at the onset of disability:

- Germany and Sweden: early “in work” invention where rehabilitation schemes are designed to kick in early.
- Norway: active sick leave is designed to prevent long-term disability by combining sickness absence with one of two types of intervention: (1) adjustment of tasks at the regular workplace or (2) vocational rehabilitation.
- Denmark, France, Portugal, Sweden, and Switzerland: introduced a specific benefit that is paid during the rehabilitation period (Organisation for Economic Co-operation and Development, 2003a).

Innovations at the point of transfer onto disability supports:

- Denmark, Sweden, and the Netherlands: created a one-stop shop service for people on disability income support to improve co-operation and co-ordination between the benefit and employment support systems. A number of other countries are using this model to ensure people with disabilities receive employment service at the right time (Organisation for Economic Co-operation and Development, 2008, 2009).
- Australia: uses the Job Capacity Assessment process that assesses a person’s work capacity along with their incapacity, and offers an immediate connection to employment support for every person who is deemed as having any capacity to work. The combination of these assessments and their employment support program has been shown to be highly successful in getting people back into the workforce. We will discuss this in detail in the following section.

In addition, an immediate connection to employment supports can and should include an immediate connection to employers.

Inclusion of Employers



“In the next 10 years, when you say you have a disability, it will just mean that I work differently than you do” (Deloitte, 2010)

Employers play an important role in integrating persons with mental illness into the labour force. They have specific legal obligations towards employees with disabilities under two regimes: human rights and employment equity. Employers are involved in all aspects of managing disabilities in their workplaces, from prevention and training to rehabilitation, accommodation, and preparation for employees’ return to work. In addition, many employers provide income support to employees with disabilities through their participation in private disability insurance programs. We are aware of the challenge many people with disabilities, mental illness in particular, face when it comes to employment. Stigma and discrimination are widespread, and companies lack knowledge on how to recruit and accommodate people with mental health challenges.

A priority issue is the expectation for people with mental illness to acquire jobs when employers may not have sufficient knowledge and resources in promoting an inclusive environment. In a study by Krupa et al. (2005), the researchers note that “the documentation offers inconsistent definitions, few direct examples of how [serious mental illness] presents as disability in the workforce, and few examples of accommodations relevant to mental illness in general. Even with the best of intentions, employers experience confusion regarding their obligations to accommodate, the ways of meeting these obligations, and guidance on how best to accommodate persons in ways that are less concrete than building a ramp” (Krupa et al., 2005).



Guarding Minds at Work is an initiative funded by Great West Life that helps promote psychological health and safety in the workplace. The program offers easily accessible resources to employers addressing common psychological risk factors.

Several countries offer promising innovation in the coordination of services:

- **Netherlands:** Recipient of benefits and their employer are both given a “job coach” in order to ensure a good work environment as well as adequate support and services
- OECD countries in Europe and **Asia:** Employment quotas, some with payment required when quota unfulfilled by companies
- **Italy:** employers were recently made responsible for assigning the disabled person equivalent tasks
- **Sweden:** employers must provide reasonable accommodation in the workplace, or if possible, a different job in the company
- **France:** employers with at least 5,000 employees are obliged to offer training to make sure that persons who become injured or disabled can keep a job in the same company

In order to foster the connection between employers and potential employees with mental health issues efficiently, we need practical and accessible tools and supports to manage relationships. This can be viewed as a two-part process: (1) connecting employers with people who can and want to work, and (2) supporting that connection.

There are signs of hope and promise in the merging of the social services and employers within Canada as well. Champions are emerging within the business sector as there is growing awareness of the incentives for employers when it comes to the inclusion of people with disabilities in the labour force. Employers are beginning to recognize there is a strong business case for supporting the inclusion of people with disabilities in the workplace.

Deloitte, one of Canada’s leading professional services firms, held a series of roundtable discussions across Canada in 2010 with participation from businesses, community-based diversity and disability organizations, the disability community, and Deloitte partners. Arising from the discussions were clear incentives to recruit people with disabilities.

- **Future skilled worker shortages:** workers are getting older and there are fewer skilled people in the current labour pool as jobs become available
- **Reflecting the marketplace:** customers are becoming more heterogeneous and companies need to reflect the markets they serve to better serve and understand them
- **Cost-benefit:** millions of dollars can be saved every year in hiring and training costs by hiring employees with disabilities due to higher rates of productivity and job retention (Deloitte, 2010)

Resulting from the series of roundtables, a list of recommendations to employers was drawn up, which included the recommendation to partner with local community organizations in order to network and create strong connections. This partnership would allow for alternative recruitment methods, innovative accommodation strategies like job carving - allowing a person with a disability the opportunity to do the portion of the job they are capable of and reassigning what they cannot do, and creating supported internship programs.

Collaboration by partnering with employers is crucial to the success of people with mental illness in the labour market.

Communicating Innovation and Reform

At every level of government, policymakers are thinking about how to support people with mental illness in returning to work. We have made recommendations for system reform in our study

but it is critical to recognize that reforms cannot succeed without clear communication to those who are affected. Without this transfer of knowledge, the benefits of positive change can't be reaped which may prevent more positive change from occurring. Instead of progressing we may be more likely to reach standstills due to perceived failed measures.

- Disability income support recipients are often afraid to trust rapid reinstatement policies, and prefer not to exit programs for fear that they will have to go through an extensive process to determine eligibility again
- When the U.K. implemented a capacity-focused paradigm shift, it was poorly communicated, and people felt the changes were attacks rather than support measures
- In many programs, there have been changes made to health benefit policies that allow individuals to retain benefits for a period of time after program exit. However, many people remain unaware of this and are under the assumption that they will lose their benefits if they gain employment



A key informant spoke of the stark contrast between public perception of policies, and how they actually work. The cultural divide and negative 'reputation' of income support systems create a major barrier to supportive policy reforms.

It is not easy to get new knowledge into a community that has been oppressed and marginalized. There is uncertainty and apprehension in the system and without properly addressing the full impact of change, we will be trapped in endless cycles of failed programs and policies while the numbers of caseloads grow. In a study by Korzycski, Korzycski, and Shaw (2008), findings showed that gaps in knowledge transfer hindered and prevented persons with mental illness from assuming control and making informed decisions when it came to returning to work. Often, out of response to this, communication works better through the utilization of peers with lived experience.

"Nobody tells you anything... it is just left up to me to find all of the information."
- Disability consumer in Korzycski et al. (2008) study

Due to the history of strict program regulations, many people with serious mental illness who receive disability income supports are fearful and often feel attacked. Distrust in the systems run deep, and it will take comprehensive communication strategies that are well thought out to break through these walls and allow people to take advantage of progress when it occurs. We need to ensure people have the knowledge and access to improve their lives with the means that are available. When changes are made, alongside that needs to be a plan to effectively and honestly - without overstatement or understatement - communicate that change.

Framing and transferring knowledge in user-friendly formats is a key requirement to overcome the barrier of inadequate access to resources (Korzycski et al., 2008). In addition to this, collaboration with people who act as sources to policy information is essential. When reforms are made to policy, a key community requiring knowledge transfer is the peer support worker community - this community is often better trusted by recipients so it is critical to ensure they have up-to-date information. Another important group is the case worker - this is often the main gateway for a person receiving income support to the program rules and restrictions and knowledgeable and sufficiently trained caseworkers are essential for the communication of policy changes. Change always occurs within a context that has direct impact on how the change will play out - we can ask for change, but we also have to prime the context for that change.

conclusions and recommendations



A key informant in Nova Scotia highlighted the need for easy access to policy information. One method they have implemented to address this is to make income support policy rules and regulations readily available online to allow for direct access to information.

Disability income support programs were not designed with mental illness in mind and don't work well for people with mental illness (Miranda, 2011). Programs that were meant to be systems of last resort are now the livelihood for many; and rates are not adequate to maintain the basic costs of living. Uncoordinated qualifications and definitions of disability in income support programs leave people with similar degrees of impairment at very different ends of the spectrum. Disability income assessments are incapacity-focused and most do not create space for intermittent work ability. There is too little systematic early identification and intervention, distancing people with mental illness from the labour market - in many cases for the duration of their lives.

Critical policy decisions, with a move towards a more coordinated, client-oriented system of disability program and supports, are essential and require the collaboration of all stakeholders. It is not easy to get new knowledge into a community that has been oppressed and marginalized. Findings from a study by Korzycki, Korzycki, and Shaw (2008) showed that gaps in knowledge transfer hindered and prevented persons with mental illness from assuming control and making informed decisions when it came to returning to work. Often, out of response to this, communication works better through the utilization of peers with lived experience.

What we need is a solid foundation; the provision of adequate financial supports with facilitated re-entry

for disability benefit recipients to create a safe fallback for those who want to enter or re-enter the workforce. We need a focus on prevention; early intervention supports providing an immediate connection with employment services or education to limit distance from the labour market. We need a paradigm shift; an individual should be assessed as a whole, and provided with the appropriate supports reducing fear in displaying capacity, or assumptions of incapacity - and with this the proper training of assessment providers is needed to ensure supportive relationships and appropriate assistance in addressing barriers and nurturing strengths. We need innovation; a safe ground for programs to be piloted and assessed based on their efficacy in promoting workforce attachment. We need coordination, collaboration, and partnership between income support programs, community organizations, mental health service providers, employers, educators, and people with mental illness. We need strategic communication; when policy changes occur, there need to be simultaneous plans in place to effectively and honestly communicate all details of how this translates for disability income recipients in order to re-establish trust in the system. Some of the recommendations we have developed will require additional financial investments, some will require a relocation of resources, and some will require the changing of mindsets and deeply-rooted ideas about disability. We believe that implementation of these recommendations will benefit all players, economically, mentally, and socially.

From the results of our study, we recommend:

<p>A capacity-focused paradigm shift in disability support policy is necessary. Policies must address supporting individuals in their strengths, while also addressing barriers they may face.</p>	<p>Disability support policies should recognize that individuals with mental health issues often have intermittent work capacity, and provide flexibility.</p>	<p>Early intervention is necessary to promote return-to-work. People should be linked with employment supports immediately upon entering the disability system</p>
<p>Disability support policies should seek to reduce disincentives to return-to-work. Mechanisms should be piloted and evaluated based on their efficacy in promoting workforce attachment.</p>	<p>Policies should ensure that funding is available for the development of evidence-based employment supports and opportunities - including supported employment and social enterprise formation, as well for innovative practice-based supports.</p>	<p>The system capacity should be increased to allow people receiving disability support to establish supportive relationships with case workers; this contact should include both benefits counseling and connecting clients with employers and employment services.</p>
<p>Income support programs should operate in collaboration with other stakeholders, including employment support programs, mental health service providers, and employers. Interaction between policies should be examined to ensure unintended barriers are not being created.</p>	<p>Experimentation and innovation in disability support provision, employment support provision, and other services should be encouraged to develop new best practices for engaging people with mental health issues in the workforce on an ongoing basis.</p>	<p>Effective communication strategies need to be developed alongside reforms. It is critical to recognize that reforms cannot succeed without clear communication to those who are affected, in order for the benefits of positive change to be reaped.</p>

Workplace Know-How

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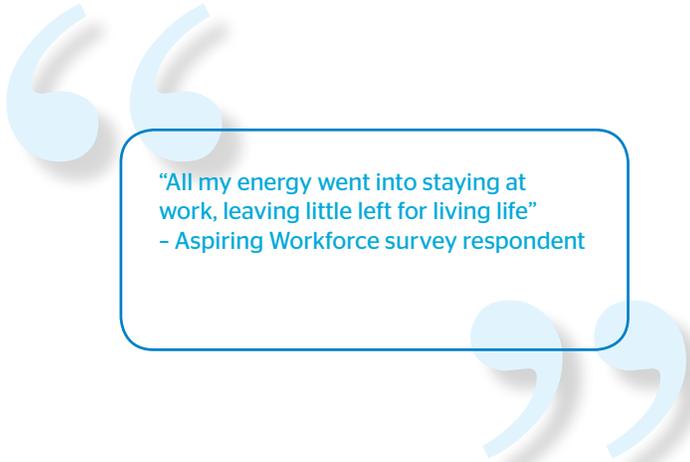
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summary

Objective: The purpose of this research was to determine the full array of support services that a member of the Aspiring Workforce would require in order to successfully enter and keep employment, and build a career. Methods employed included a survey of Aspiring Workforce members, key informant interviews, and a comprehensive literature review.

Findings: In order to best support the Aspiring Workforce in maximizing their capacities and developing careers, a holistic approach that encompasses a broad range of supports and services is required. We call this “workplace know-how.” Long-term attachment to employment is linked to job satisfaction, and employment supports must help people with mental illness find not just ‘a’ job, but the ‘right’ job.



“All my energy went into staying at work, leaving little left for living life”
- Aspiring Workforce survey respondent

Our study identified the following key domains as particularly important areas of “workplace know-how” that are critical to the success of people with mental illness:

Evaluation of the self and workplace, and strategies for managing a working life | Individuals are empowered in managing their working life if they can assess their strengths and limitations, areas of needed additional support, the impact of work on other areas of their life, including the impact on their mental health, and the type of environments in which they can best achieve success. Additionally, people need to understand the role of workplace elements that may be allies, such as human resources or unions, as well as available benefits and supports.

Implications of disclosure, working within stigma and discrimination, and self-advocacy | Whether or not to disclose mental illness is an important and complex issue to consider when entering employment. Stigma and discrimination still widely exist in the workplace and the intersectionality of multiple barriers can compound this. People need to be aware of what discrimination, harassment, and bullying look like, and what to do if they experience it. People also need to understand their rights in the workplace and how to advocate for accommodation or access supportive programs.

Conventional job search skills in relation to mental illness | In resume-writing and interviewing, a key strength survey respondents noted was the ability to learn how to account for gaps in employment history related to their illness. Financial literacy skills are also essential, as they may be faced with new decisions about budgeting, saving, investing, and balancing earned income against social assistance and disability income support regulations.

Career development and education | Respondents told us they had better success in jobs they felt passionate about; they wanted to find the ‘right’ job, rather than just ‘a’ job. Both education and training opportunities for entering or returning to work and counselling to help develop long-term goals related to work are valuable elements to establishing long-term goals and building careers.

Building a strong support system and negotiating social relations | A paramount factor in maintaining employment is a strong support network, which can include family, friends, co-workers, and/or peers. It is beneficial to everyone, particularly people with limited work experience, to learn effective strategies to create positive workplace relationships.

executive summary

Introduction

Many programs offer supports for people with mental illness in returning to work, and some have been extremely successful. However, the primary definition of success for most programs is simply the obtainment of any job, without considering personal goals and long-term job attachment. The Aspiring Workforce project defines “workplace know-how” as the knowledge and skills that people with serious mental illness need for the creation of a working life, including finding and keeping work, and ongoing career and educational development. The purpose of this research was to determine the full array of support services that a member of the Aspiring Workforce would require in order to successfully enter and keep employment, and build a career.

Methodology

This study used three methods to understand the components of “workplace know-how” and the supports that would be most beneficial to members of the Aspiring Workforce in helping them to achieve employment success and career development.

A review was completed of the published and grey literature, and semi-structured interviews were conducted with six key informant experts in the area of workplace programs related to supporting individuals with mental illness. The literature and interviews were used to collect information on the promising practices in entering the labour force or returning to work for members of the Aspiring Workforce.

Additionally, a questionnaire was created to better understand the experiences of members of the Aspiring Workforce, and learn what these individuals perceived to be most important in finding and keeping employment. 323 individuals completed the questionnaire, of whom 159 met the criteria for identification as members of the Aspiring Workforce:

1. Self-identification as a “person who has a mental health problem and/or who has used mental health services”;
2. A history of unstable employment (i.e., being in-

and-out of the workforce) or unemployment for the past ten years; and

3. Under the age of 55 if “unemployed and not looking for a job.”

Findings

Job satisfaction was quite low among the surveyed Aspiring Workforce population. Just over half were currently employed; a number of whom had held their current job for less than a year. Of the 44.7% of respondents who were unemployed, two-thirds were actively looking for a job. Almost 90% of the sample reported being in-and-out of work in the last ten years, with either long (66.7%) or short (22.6%) gaps between jobs. The remaining respondents (10.7%) had been unemployed throughout this period. Over 100 respondents (78.2%) had been out of work for a period of two or more years since 2001. The average duration of individuals’ longest absences from the workforce during this time was 3.9 years. The Aspiring Workforce reported feeling generally at risk of losing their current job or having felt at risk in their most recently held jobs.

“My mental illness has affected the workload that I am able to effectively handle. For this reason, there’s a great deal of prioritizing between school, work, and other aspects of life”
- Aspiring Workforce survey respondent

From the results of our study we have determined a comprehensive array of supports for organizations that seek to promote workplace know-how:

SELF EVALUATION | Individuals must be able to assess their own personal strengths and limitations and areas of needed additional support or training. People must also know themselves in relation to their illness

- knowing when they are and are not capable of work, understanding their own needs for accommodation, and knowing the type of environment in which they can best achieve success.

SELF ADVOCACY | Knowledge of rights in the workplace was identified as crucial for people returning to work. Job coaches, employment support programs, unions and human resources professionals can all be allies in this regard, but it is also important for individuals to learn how to effectively communicate with employers about their rights. Many people lack knowledge about the Canada Human Rights Act, provincial Human Rights Acts, labour laws, and employers' obligations under these laws. People need to know where to access this information and to understand how to file a complaint, advocate for accommodation, or access supportive programs.

SYMPTOM AND ILLNESS MANAGEMENT | Illness self-management in relation to employment was seen as the most important need in entering or returning to work, with 63.8% of respondents ranking it as one of the five most valuable supports. Illness self-management includes awareness of one's own illness and symptoms, as well as how to prevent relapse or minimize episodes. Components of illness self-management include understanding triggers, medication management, self-help strategies, and being aware of available mental health services and supports.

ORGANIZATIONAL STRUCTURE ANALYSIS | The Aspiring Workforce emphasized the importance of having a supportive and understanding employer. Workplace accommodations based on needs (e.g., flexible schedules, adjustment of duties) were among the top five most essential supports in returning to work. Respondents also spoke of the importance of positive relationships with coworkers and employers, and a friendly and healthy workplace environment as factors that were helpful in sustaining employment. However, these may not be areas in which a member of the Aspiring Workforce has control in shaping. People then need to be able to assess the suitability of the workplace culture regarding such issues, including the level of mental health literacy in the workplace, the willingness to accommodate, the existing levels of stigma/discrimination, and personal fit. This may also include an understanding of the role of human resources, unions, management, work groups, and other potential workplace support systems, as well

as understanding available benefits, supports, and accommodations.

CONVENTIONAL SKILLS | Having long gaps in employment was described as a major challenge in returning to work. The Aspiring Workforce spoke of the difficulties that arise in writing résumés and answering interview questions about their employment histories as a result of gaps related to their mental illness. Another set of practical skills essential for the Aspiring Workforce is financial literacy skills, as people may be faced with new decisions about budgeting, saving, investing, and balancing earned income against social assistance regulations.

CAREER DEVELOPMENT | More than 60% of survey respondents selected education and training opportunities for entering or returning to work as one of the top five most important supports. Counselling to help develop long-term goals related to finding a job and building a career was also among the top five most essential supports in returning to work.

IMPLICATIONS OF DISCLOSURE | Whether or not to disclose mental illness is an important and complex issue to consider when entering employment, and it may need to be re-considered often, for each individual. In order to be accommodated, employees must make their accommodation needs known. However, stigma and discrimination still widely occur in workplace settings, causing many study participants to feel that it was better to not disclose mental health related issues.

WORKING WITHIN STIGMA AND DISCRIMINATION | 62.9% of the Aspiring Workforce members who participated in this study had experienced discrimination in finding and/or maintaining a job, 89.4% of which reported facing discrimination based on their mental illness. It is important for individuals to understand where and how stigma and discrimination play out on both direct and systemic levels, and strategies for dealing with discrimination. People need to be aware of what discrimination, harassment, and bullying look like, and what to do if they occur in the workplace.

BUILDING A STRONG SUPPORT SYSTEM | The Aspiring Workforce reported a number of determinants critical to helping people keep employment. A paramount factor was a strong support network. Survey respondents noted a variety of sources that could form support networks, the most common of which

conclusions

included family, friends, co-workers, and peers. Also important to some respondents was support received through their faiths and religious communities.

NEGOTIATING SOCIAL RELATIONS | Preparing people with disabilities for labour market participation often neglects to attend to the importance of understanding workplace culture. It is beneficial to everyone, particularly people with limited work experience, to learn effective strategies to create positive supervisory and co-worker relationships. Soft skills like good communication, use of professional language, and friendliness were considered by respondents as essential in finding and maintaining a job.

STRATEGIES FOR MANAGING A WORKING LIFE | People noted the need to prepare for the best and worst case scenarios in advance. Members of the Aspiring Workforce need to think of the 'what ifs' and create action plans to meet these contingencies. It is also essential to understanding the effects of working on other parts of one's life (e.g. impact on raising children, social life, etc.)

ACKNOWLEDGING DIVERSITY AND WORKING WITHIN IT | It is important to understand how the intersectionality of multiple barriers can impact working and social life; the limitations of available supports; how different supports may or may not be helpful depending on the characteristics of one's personal situation; and learning how to most effectively use or stack available services and supports.

In order to best support the Aspiring Workforce in maximizing their capacities and developing careers, a holistic approach that encompasses a broad range of supports and services is required. It is critical to acknowledge that long-term attachment to employment is linked to job satisfaction, and with this, employment supports must help people with mental illness to find the 'right' job with acknowledgement of the social contexts. From the results of our study we have determined a comprehensive list of supports that promote workplace know-how for the Aspiring Workforce. We hope this offers a basis of information to organizations that seek to promote workplace know-how to allow people with mental illness to thrive in their future careers.

full report

Introduction

People with serious mental illness often lack strong ties to the labour force due to long gaps of unemployment. The term, “Aspiring Workforce” describes those people who, due to mental illness have been unable to enter the workforce, who are in and out of the workforce due to episodic illness, or who wish to return to work after a lengthy period of illness. For this population, considerable barriers stand in the way of entering or returning to employment. When they are able to secure a job, the jobs are often low paying, under-stimulating, and do not have potential for career advancement. Systemic marginalization forces members of the Aspiring Workforce to remain as outsiders, compromising their access to equitable employment opportunities, and undermining their belief in their own capacity to succeed in the labour market (Krupa, 2011).

Programs offering supports for people with mental illness in returning to work do exist, and many models have been extremely successful. However, the primary definition of success for most programs is simply the obtainment of any job, without considering personal goals and long term attachment - i.e. the right job. We define “workplace know-how” as the knowledge that people with serious mental illness need for the creation of a working life, including finding and keeping work, and ongoing career and educational development. We also acknowledge that people are located within social contexts and workplaces where mental illness may or may not be understood or respected, creating the need for self-advocacy to be a part an ideal model.

With this definition in mind, we sought to determine the full array of support services that a member of the Aspiring Workforce would require in order to successfully enter and keep employment, and to build a career.

Methodology

Workplace Know-How Questionnaire | A questionnaire was created to better understand the experiences of the Aspiring Workforce and learn what they perceived to be most important in finding and keeping employment. Domains assessed by the

questionnaire included: demographic information (e.g., gender, age, status in Canada), job status and recent history, challenges faced in finding and maintaining employment, supports needed to return to work, and recommendations for improving disability income support programs. The 23-item questionnaire was developed using Checkbox v4.71.47, and was made available online and as a printable PDF document. The questionnaire could be completed in either English or French. Both the online and PDF versions of the questionnaire were distributed to the project’s advisory committee and through a database created by the research team of the Canadian Mental Health Association’s provincial divisions and regional branches. All recipients of the questionnaire were asked to forward it on through their respective networks. The online questionnaire was accessible from October 20, 2011 to December 31, 2011. The printable PDF version was distributed along with the web links to the online questionnaire, however, hardcopy questionnaires were accepted up until the point of data analysis.

The questionnaire included both quantitative and qualitative components. For analysis of the quantitative data, the Statistical Package for the Social Sciences (SPSS) Version 15.0 was used. The following statistical tests were used during the data analysis phase: descriptive statistics, crosstab analyses with chi-square tests of association, and independent-sample t-tests. NVivo 9.0 was used to analyze the qualitative data. Coding queries were primarily used to identify the data’s common themes.

A total of 324 participants completed the Workplace Know-How Questionnaire. One participant was excluded from data analysis for not answering any of the 23 questions. Of the 323 respondents, 92.0% self-identified as a person with a mental health problem and/or having used mental health services. Twelve provinces and territories were represented in the sample.

Half of the sample comprised of individuals who would not be considered to be apart of the ‘Aspiring Workforce.’ Almost 70% of participants in the sample were currently employed and approximately 40% had been for all or most of the last ten years. As the

questionnaire was created to be applicable to any individuals with a mental illness (with or without a history in the workforce), several questions were used to identify respondents who had the characteristics of the Aspiring Workforce population. The population was comprised of participants who met the following three conditions:

4. Self-identification as a “person who has a mental health problem and/or who has used mental health services”;
5. A history of unstable employment (i.e., being in-and-out of the workforce) or unemployment for the past ten years; and
6. Under the age of 55 if “unemployed and not looking for a job”

From the sample, 159 respondents met the requirements for the Aspiring Workforce population. Most participants were in the age ranges of 31-42 (31.4%) and 43-54 (42.8%) while a few were between 18 and 30 years of age (13.8%) and over the age of 55 (11.9%).

Literature Review and Program Scan | Literature reviewed included academic (e.g., published research studies, reviews of literature) and gray literature (e.g., unpublished reports, government documents). Keywords used in searches of academic literature databases included, but were not limited to mental health, mental illness, employment, workplace, disclosure, stigma, discrimination, illness self-management, education, career development, support system, social support, peer support, unions, human resources, and support. Gray literature searches were conducted through the websites of governments, non-governmental organizations, and community mental health and employment agencies. Additionally, relevant literature was identified with the assistance of the project’s advisory team and key informants. A scan for programs/services across Canada that assist people with mental illness in returning to work was also conducted. While many were identified, this report discusses only a few innovative example practices.

Key Informant Interviews | Semi-structured interviews were conducted with experts in the area of workplace programs related to supporting individuals with mental illness. Interviews were approximately 30 to 60 minutes in length and were used to collect information on the promising practices in entering the labour force or returning to work for members of the Aspiring

Workforce. The interview questions addressed how each program attached people with mental illness to the labour market; its history, funding source(s), successes, and challenges; and the number and type of clients who utilize the service.

Interviews were conducted by members of the research team and the Employment Support and Development Team of the Community Support and Research Unit either in person or by phone. Interviews for this aim were conducted in November and December of 2011. Six interviews were conducted in total for this aim of the project. Interviews were transcribed and then analysis was conducted on the verbatim transcripts.

Job Status, History, and Satisfaction

Job satisfaction was very low among the surveyed Aspiring Workforce population. Just over half were currently employed; a number of which held their current job for less than a year. In contrast, 44.7% of respondents were unemployed, two-thirds of whom were looking for a job. Almost 90% of the sample reported being in-and-out of work in the last ten years, with either long (66.7%) or short (22.6%) gaps between jobs. The remaining respondents (10.7%) had been unemployed throughout this period. Over 100 respondents (78.2%) had been out of work for a period of two or more years since 2001. The average duration of individuals’ longest absences from the workforce during this time was 3.9 years. The Aspiring Workforce reported feeling generally at risk of losing their current job or having felt at risk in their most recently held jobs.



A key informant noted the Individual Placement and Support (IPS) model has the goal of helping people into competitive jobs based on their interests and passions; the model promotes finding the ‘right’ job rather than ‘any’ job, a goal that distinguishes the model from traditional vocational training.

One issue that was noted for some members of the Aspiring Workforce was working under poor conditions. While a number of respondents mentioned that past jobs were too demanding, which factored into their eventual loss of the job, others noted that their jobs were under stimulating. For these individuals, jobs that weren't intellectually challenging were worth losing and acted as factors in past job losses.

Stigma and Discrimination

Stigma has been identified in the literature as one of the major factors associated with the under-employment of people with mental illness (Krupa, 2011; Dewa, Burke, Hardaker, Caveen, & Baynton, 2006; Stoneman & Lysaght, 2010). Many employers are still reluctant to hire or to promote individuals with histories of mental illness (Dewa et al., 2006).



A key informant noted the lack of recognition for labour force discrimination in most employment support models.

Some models, like the Wellness Recovery Action Plan (WRAP), are flexible to diverse needs. The model is based on adult learning principles, and recognizes that participants learn in many different ways. WRAP has also been translated into several languages and braille.

Stigma and discrimination in the workplace was also one of the main challenges described in entering or returning to work by survey respondents. Most participants noted stigma and discrimination as a broad challenge in relation to their mental health, while some respondents went further to discuss the specific facets of it. From being targets of bullying and passive aggressive behaviour to conflicts of interest, the survey respondents noted numerous relationships with employers that were problematic. One respondent was fearful of “being stigmatized or seen as someone who is substandard because of [their] need for

‘exceptions’ (mainly workspace needs and flexible hours).” Some respondents noted that once their mental illness had become known in the workplace, they had been let go. One respondent also noted that it was not their current mental health that was the issue but their psychiatric past that contributes to job loss. Because of past involvement in the justice system, the respondent’s mental health history is accessible through criminal record checks. With such checks a common prerequisite to obtaining employment, this presents a difficult barrier for the respondent to overcome and may force unwanted disclosure.



A key informant suggested it was a significant oversight to design employment models by looking at people with mental illness with the assumption that that was their only obstacle towards participating in the labour force and building careers.

Findings showed that 62.9% of the Aspiring Workforce had experienced discrimination in finding and/or maintaining a job. 89.4% of those reported facing discrimination based on their mental illness.

“...People are afraid. They don't understand [mental illness] and don't want to be educated. They don't want to realize it is the same as diabetes or epilepsy.”

- Aspiring Workforce survey respondent

“Lost my previous job because I have kids and am single... my work didn't accommodate my hours when [I] had problems with my kids.”

- Aspiring Workforce survey respondent

Research shows the intersectionality of multiple diversities is more likely to compound barriers; a consideration that is often overlooked in service provision (Pal, 2011). Questionnaire participants were also asked about other forms of discrimination they faced. The most common were age and gender. Also noted were weight-based discrimination, sexual orientation, physical impairment, and family status.

Illness Self-Management, Self-Evaluation, and Managing a Working Life

Illness self-management was another domain the Aspiring Workforce believed was crucial to consider when looking for and returning to work. Illness self-management refers to an individual's understanding of their own illness, management of daily life tasks, and sense of personal responsibility for the planning of one's life and recovery (Copeland, 2001; Nagel, Thompson, 2008; Fisher, Brownson, O'Toole, Shetty, Anwuri, & Glasgow, 2005). A person must live within their illness on a daily basis; thus, personal understanding and responsibility must come from within in order to progress through recovery (Shea, 2009; Leete, 1989).

Illness self-management in relation to employment was seen as the most important need in entering or returning to work, with 63.8% of respondents ranking it as one of the five most valuable supports; see Table 1 in Appendix P for a complete listing of the support rankings. In particular, the anxiety and fear that came along with going back to work (e.g., when finding a job, handling the interview, coping with mental health in the workplace) was most often noted as a challenge in returning to work by respondents. Similarly, the stress that comes along with going back to work was also regularly noted as a barrier faced.



Ensuring self-evaluated readiness including awareness of the pressures of working and having a schedule, as well as coping with stress and symptoms were noted by a key informant as essential to returning to or entering work.



“Managing anxiety in the workplace has been my biggest challenge as there are no free resources or counseling in my community beyond [those that treat the] acute symptoms of an illness.”
- Aspiring Workforce survey respondent

“There have been a few times where I was offered an interview but I could not go due to anxiety.”
- Aspiring Workforce survey respondent

“My mental illness has affected the workload that I am able to effectively handle. For this reason, there's a great deal of prioritizing between school, work, and other aspects of life.”
- Aspiring Workforce survey respondent

“All my energy went into staying at work, leaving little left for living life.”
- Aspiring Workforce survey respondent



Being able to balance work and recovery is important, and so too is recognizing the situations that can aggravate symptoms. Survey respondents mentioned that in order to cope with workloads and stress, people must be aware of the impacts of the job demands and have strategies for dealing with them. Simply knowing whether or not you can handle full-time work was also noted to be a critical self-evaluation skill. Other members of the Aspiring Workforce spoke of their mental health issues as forcing them out of a job due to not being able to cope with both simultaneously. Employment can jeopardize the relationship between health and other factors of life that must be considered and planned for.

For some members of the Aspiring Workforce, staying healthy and keeping a job could only be done by having time to address their mental health needs. This consisted of being able to see their psychiatrist or psychologist, as well as ensuring that they had the right medicine.

An important and related concept is that of self-efficacy - a confidence or belief in one's own capacity to undertake the complex behaviours required for

managing a working life (Gallagher, Donoghue, Chenoweth, & Stein-Parbury, 2008). A recent study found that people with severe mental illness had much lower self-reported scores of self efficacy as compared to those with severe physical illness (Gallagher et al., 2008).

Findings from the workplace know-how survey showed that insecurities were a highly prevalent barrier that respondents had faced when entering or returning to work. The lack of confidence in the Aspiring Workforce presents a considerable challenge to overcome when entering the labour market. Respondents recognized the need to be confident in their ability, part of which included knowing their own limits and setting healthy and realistic goals. Members of the Aspiring Workforce spoke of how it was their drive, positive attitudes, and work ethic that were critical in keeping good standing at a job.

Planning for the bad times is just as important as planning for the good times. Preparing mentally for situations that can induce stress, learning to behave in ways that promote mental wellness, recognizing the symptoms of stress, preparing for ways to cope with the stress, and having a strong support system in place (Barbic, Krupa, & Armstrong, 2009; Fisher et al., 2005; Leete, 1989; Cook et al., 2009) are throughout the literature as risk prevention strategies, and all essential for the Aspiring Workforce population.



A key informant noted the need to focus more on providing ways that people can build self-esteem and confidence, and learn to market themselves.

A key informant noted a gap in employment programs was how to support people when persistent symptoms get in the way of their success.

A key informant told us of a feature of both the WRAP and Bridges models – the creation of crisis plans, learning early warning signs symptoms, or being able to predict a breakdown. There is an emphasis on proactive measures a person can do to maintain their job, and to deal with periods of exacerbation or stressful periods at work.

Conventional Job Search Skills

When looking for a job, the Aspiring Workforce felt that it was important to keep several things in mind and take measures to make themselves more competitive applicants. Ensuring that one's résumé is up-to-date and tailored for the job was a priority among respondents. Having long gaps in employment was mentioned as a major challenge in returning to work. The Aspiring Workforce spoke of the difficulties that arise in writing résumés and answering interview questions about their employment histories as a result of the gaps that were related to their mental illness. Many respondents were wary that this could be raised by employers during any job interview and was something they wanted to be able to account for without disclosing their history of mental illness.

One respondent was of the opinion that he had “nothing to show” for his employment gaps. In turn, this perspective can foster feelings of hopelessness following unsuccessful attempts to re-enter the workforce that ultimately create “a hidden group of discouraged, unemployed people who not only no longer look for work, but fall further into the cracks of society and despair.”

“Put [on] a mask... and lie about a nine-year hole in my résumé.”

- Aspiring Workforce survey respondent

“I had big gaps in my résumé. I also had to have a cover story for these gaps that did not involve revealing my mental illness.”

- Aspiring Workforce survey respondent

“I needed to have an amazing résumé so that people would see beyond my disability.”

- Aspiring Workforce survey respondent

“Find someone, perhaps a counsellor or employment counsellor with whom to debrief with after interviews, and work through things you might have been caught off guard with and you need to work out a better sounding answer.”

- Aspiring Workforce survey respondent

Interview preparedness was another area that Aspiring Workforce survey respondents recognized as crucial to finding a job. Respondents cited a variety of factors that could determine one’s level of readiness for an interview, including learning what to expect (e.g., what questions might be asked), dressing appropriately, being on time, and having a good understanding of the job expectations beforehand. Feeling comfortable and confident was considered an essential precondition to the job interview by participants. For those who needed to improve their interviewing skills, seeking assistance from employment support agencies was thought of as crucial. These agencies can also play a supportive role following difficult and/or unsuccessful

job interviews while also being helpful for future ones.

Financial literacy is also important for members of the Aspiring Workforce, who may be faced with new decisions about budgeting, saving, investing, and balancing earned income against social assistance regulations. Canada’s Task Force on Financial Literacy (2010) defines financial literacy as “having the knowledge, skills and confidence to make responsible financial decisions.”

Respondents of our survey felt that it was important to consider how a job might impact disability benefits. The financial literacy needs of individuals with mental illness may be different from those without mental illness. Individuals with disabilities (including mental illness), more so than those without, must “plan for the future around factors that do limit or may limit their activity” (Social and Enterprise Development Innovations, 2008). Individuals with disabilities in the workplace may be receiving government benefits or transitioning from government benefits, and therefore require information about benefit eligibility and benefit interactions – systems that have often been described as notoriously difficult to understand and navigate (Stapleton, 2010; Stapleton & Procyk, 2010). Woodside and Krupa (2010) note that individuals with late-onset mental illness often have no experience with income support programs, and may not even be aware of their entitlements through company insurance and government employment insurance plans. Further evidence for this comes from Shillington (2011) who notes that individuals frequently do not receive government benefits for which they are eligible, indicating that there may be gaps in financial literacy related to program awareness, eligibility awareness, and comprehension of forms and documents.

Survey respondents also mentioned the importance of being aware of economic trends (e.g., in the labour market) and new approaches to finding employment, which can be helpful in returning to work. This includes being aware that economic downturns will produce more applicants for job positions and that unsuccessful applications are not a result of an inability or lack of skills. Also, technological and social media advances have transformed the way most people find, access, and apply to jobs. Members of the Aspiring Workforce note that taking advantage of the new methods can be advantageous during the job search.



The Individual Placement and Support (IPS) model of supported employment explicitly recognizes benefits planning as an essential part of the employment decision-making process.

In Calgary, the Money Matters program, a partnership of Momentum and Calgary Alternative Support Services, provides financial education and one-on-one support in financial planning for people with mental health or addiction challenges. Participants are assisted in developing and implementing plans to set financial goals, developing a budget, paying down debt, improving their credit rating, and establishing savings (Momentum, n.d.).

Training, Education, and Career Development

Many people with mental health problems experience an onset of illness in adolescence and early adulthood causing many to leave school or other opportunities prior to their peers. For this group of individuals, access to educational opportunities is very important. For those who experienced the onset of illness in adult life, re-training may also be needed in preparing for desired career directions (Stoneman & Lysaght, 2010).



Supported education was noted by a key informant to be an essential support to members of the Aspiring Workforce.

A key informant stressed the need to talk less about jobs and more about careers. Employment programs were noted to have limited capacity and resources, often needing to focus on placing people into 'any' job, rather than the right job.

“Strategies to achieve employment are constantly changing. While many places have the same old suggestions (apply everywhere you can, look through online sites, etc.), newer ways of finding jobs come about and programs designed to help people find work should recognize that (such as the creation of LinkedIn, the constant creation of new databases etc.)”
- Aspiring Workforce survey respondent

More than 60% of survey respondents selected education and training opportunities for entering or returning to work as one of the top five supports they considered to be most important. When looking for a job, respondents felt it was important to know of and have the skills applicable to one's field of interest, and be able to highlight them to prospective employers. This included both expertise and education specific to the job as well as conventional skills (e.g., computer literacy). In some cases people felt that if their abilities in any given area were rusty or underdeveloped, it would be valuable to find resources to help redevelop those skills. Respondents also noted that there was a lack of training opportunities to improve their skill set.

Supported education takes a rehabilitation approach to providing assistance, preparation, and supports to those with psychiatric disabilities who wish to pursue post-secondary education or training (Mowbray & Megivern, 1999). In Toronto, George Brown College's Augmented Education model combines elements of supported employment, such as job coaching,

with supported education techniques including instruction over a longer period of time, additional tutorial sessions, and make-up tests and classes. The curricula offered in the Augmented Education program prepare people for competitive employment by providing training that is in-line with industry-recognized apprenticeship standards. The graduation rate of students in Augmented Education programs is similar to that for the college overall, and employment outcomes for these students are comparable to the employment outcomes generated by supported employment/individual placement and support (IPS) programs.

Some Aspiring Workforce survey respondents also discussed the importance of finding meaningful work. The degree to which the job fit their interests and passions greatly affected their retention of it. One respondent noted that she was not after “just a paycheck” but rather a job that appealed to her. Counselling to help develop long-term goals related to work was noted by respondents to be among the top five most essential supports in returning to work.

“Finding work that I am excited and passionate about”
- Aspiring Workforce survey respondent

and managers was stressed. The same relationship characteristics were described as important with coworkers; however, respondents also mentioned the value of being able to form social relationships with their colleagues. Conversely, being able to overlook negative workplace dynamics and conflicts, and focus on the job at hand was also helpful to some respondents. Soft skills like good communication, use of professional language, and friendliness were considered by respondents as essential in finding and maintaining a job.



Another key informant pointed to the importance of social education including the idea of being a member of a team, and how ‘small talk’ and socializing may play out in the workplace, for those with limited employment experience.

A key informant noted that people don’t just want to learn how to manage their own illness, but also manage their relationships with other people. How people react to their illness in the workplace is a major concern.

Social Relations

Preparing people with disabilities for labour market participation has mainly focused on the conventional aspects of the workplace. This approach neglects the nuances of workplace culture that must be learned on site (Akabas, 2002). It is beneficial to everyone, particularly people with limited work experience, to learn effective communication strategies to create positive supervisory and co-worker relationships.

Relationships with employers, and conflicts of various kinds, were noted to be a factor in job terminations. Open and honest communication between employees

of mental illness. A positive work environment that stresses respect and non-judgment was also discussed.

“Be there on time. Call in if you cannot go in to work. Respect the people that you work for. Communicate with you boss and other employees.”

- Aspiring Workforce survey respondent

“Open and honest communication with my boss has been essential.”

- Aspiring Workforce survey respondent

“Having an open-minded and emotionally available boss who will listen to my ideas and concerns and act on suggestions where necessary.”

- Aspiring Workforce survey respondent

“Working for an organization which makes accommodations for my mental health problem, i.e. being able to take time off work to see my psychiatrist and case worker.”

- Aspiring Workforce survey respondent

“Flexible responsibilities that I can control such as light responsibilities on a difficult day and heavier responsibilities on a good day”

- Aspiring Workforce survey respondent

Organizational and Job Analysis

Respondents were conscious of the consequences of working for an inflexible employer and the importance in taking measures to prevent this wherever possible (e.g., doing research on an organization or employer prior to a job interview). The Aspiring Workforce emphasized the importance of having a supportive and understanding employer. Workplace accommodations based on needs (e.g., flexible schedules, adjustment of duties) were noted to be among the top five most essential supports in returning to work. Respondents also spoke of the importance of positive relationships with coworkers and employers, and a friendly and healthy workplace environment as factors that were helpful in sustaining employment.

Work demands and unreasonable expectations, with or without the proper training, was a serious problem noted by the Aspiring Workforce. Demands of the job were aggravated further when respondents were concerned with letting down their employers. A significant issue raised was a lack of understanding of mental illness among employers that worsened the work situations of the Aspiring Workforce. For example, one respondent described her supervisors as believing she was “just taking ‘time off’ for the heck of it” as the employer was not informed about and understanding

Managers are key to managing mental health; they are at the junction where the company’s values meet the workers’ values. The company relies on managers to translate its philosophy and goals, and to inspire workers to embrace and identify with those goals (Dewa et al., 2006). When properly informed, managers and supervisors are able to identify and address mental health issues more effectively.

In the fall of 2009, the Mental Health Commission of Canada undertook a project to improve mental health care in the workplace. The project will target employers in Canada to investigate ways to enhance the three levels of workplace mental illness prevention and to develop a shared or collaborative care model for mental health services and prevention through the workplace.

Research has identified managerial training as a primary component in disability management programs for mental illness (Dewa et al., 2006). It has been observed that manager training can produce a positive effect on decreased worker distress (Dewa et al., 2006). There is also a strong business case for educating managers about early detection and treatment of mental illness, as well as teaching them to manage disability and return to work (Dewa et al., 2006).



Some important items in entering employment were noted by a key informant to be out of individual control - for example a welcoming atmosphere, a manager who is aware of their responsibilities, an employer that has experience in re-integrating people into the team or doing follow-ups and check-ins.

A key informant spoke of the need for education and training of managers, supervisors, union leads, and human resource representatives on mental health concerns and workplace rights. In an organization, these key players have the access and opportunity to resolve issues and engage parties in a meaningful way to best support job retention.

In addition to managers, there are other potential on-site supports, such as unions or workplace human resources departments. By establishing proper communication within the workplace, unions can work to reduce stigma experienced by workers with disability by educating the workplace to be sensitive to mental health needs, and help with workplace expectations by providing accommodation and other types of support (Akabas, 2002). Accommodation is more than just a policy and process. It is represented when a workplace culture fully accepts, supports, and includes diversity. Unions play an important role in ensuring that the accommodation process is collaborative and effective (Mental Health Works, n.d.).

Successful integration of people with disabilities into an organization can also rely heavily on the human resources department. Human resource professionals can take the lead on implementing workplace diversity initiatives including staff training, seminars, affinity groups, and management accountability (Konrad & Deckop, 2001). They have been noted to be the primary source of information and assistance in the

implementation of appropriate accommodations and job modifications, playing a pivotal role for people with disabilities in the workplace (Unger & Kregal, 2002; Unger, Wehman, Yasuda, Campbell, & Green, 2002). As well, complaints about organizational standards, practices, and staff behaviours are generally routed through human resource professionals. This can include complaints related to equal opportunity, affirmative action violations, bullying, accommodation, violations of disability legislation, and discrimination (Unger et al., 2002).

The effectiveness of managers, unions, and human resources on the integration of people with mental illness relies on the knowledge and resources available to personnel, their mandate within the organization, and the culture of the workplace. An essential skill is the ability to analyze a workplace culture in order to understand the informal and formal relationships that exist (Granger & Gill, 2000). This may include a wide range of policies and procedures surrounding topics like hours, uniforms or language expectations, and appropriate behaviour (Granger & Gill, 2000). The empowerment derived from possessing an ability to analyze job descriptions, assess the need (or not) for accommodations and assess whether or not disclosure would be necessary, allows people the invaluable skill of being able to determine whether or not a job is a suitable match for them (Granger & Gill, 2000). During the process of applying for a job, Aspiring Workforce survey respondents highlighted the value of doing research on the job, workplace, and employer to ensure that the job would be a good fit. Being able to discern an organization's policies on mental health was also considered crucial by the Aspiring Workforce.

“I felt it was important to know if the employer would make accommodations for my mental health problem, i.e. being able to take time off work to see my psychiatrist and case worker.”
- Aspiring Workforce survey respondent

Advocacy

The Canadian Human Rights Act requires employers, service providers, and unions to fulfill certain roles, in ensuring equity in the workplace. They have a duty to periodically review corporate policies, procedures, and activities in order to identify and remove any discriminatory barriers; educate employees and applicants of their right to accommodation and create an environment in which accommodation needs can be communicated; remind managers, supervisors, and client service personnel of their responsibilities regarding accommodation; and implement, with the agreement of the person requesting accommodation, measures that result in the least disruption to operations, while meeting the needs of the person requesting accommodation (Government of Canada, Department of Justice, 2008). A U.S. study reported that people with psychiatric disabilities are often unaware of their rights and do not know how to begin a discussion about accommodation with their employer (Granger & Gill, 2000).



A key informant noted all workers need to learn advocacy in the workplace to ensure fair treatment. This is particularly needed for people with disabilities, including mental illness.

A key informant pointed to the necessity of having awareness of what discrimination, harassment, and bullying look like, and what to do if they occur in case they are encountered in the workplace - whether or not disclosure is chosen.

Respondents of our survey deemed knowledge of rights in the workplace as crucial for people returning to work. Job coaches, employment support programs, unions and human resources professionals can all be allies in this regard, but more important is for individuals to learn to effectively communicate

with employers on their own (Granger & Gill, 2000). Learning to assert oneself effectively is crucial in developing a career and negotiating the power relationships that exist in the workplace (Granger & Gill, 2000).

Disclosure

Whether or not to disclose mental illness is an important and complex issue to consider when entering employment, and it may need to be re-considered often, for each individual.

In order to be accommodated, according to the Canadian Human Rights Act, employees are responsible for making their accommodation needs known. Employers and prospective employees both have obligations in designing accommodation plans, as both parties must cooperate for effective accommodation to occur. Employees need to request accommodation measures, provide sufficient information for the employer to determine accommodation options, and if possible, suggest the types of accommodation that would be most appropriate.

In a discussion paper by Deloitte (2010) that brought many players from the private and non-profit sectors to the table, along with consumers, the importance of disclosure was highlighted. Employers involved in the roundtable discussions felt it imperative that employees disclose their illness in order for employers to best accommodate their needs and allow them to succeed in the workplace.

However, there are as many arguments against disclosure as there are for it. Stigma and discrimination still widely occur in workplace settings, creating fear in employer reactions' to disclosing a mental health issue (MacDonald-Wilson, Russinova, Rogers, Lin, Ferguson, Dong, & MacDonald, 2011). People are also afraid of being treated differently, or as though they are incapable of producing comparable work (Canadian Mental Health Association, 2005). Cultural environments are a major factor in reasons not to disclose, including the idea of being someone who 'complains' or needs 'special treatment', or being seen as a source of gossip (MacDonald-Wilson et al., 2011). Negative past experience may also be a factor in choosing not to disclose (MacDonald-Wilson et al., 2011). Many respondents to our survey felt that it was better to not disclose mental health related issues.

“It’s best not to disclose your mental health diagnosis. It’s important to be professional, upbeat, and persistent. You can structure your résumé to minimize the gaps between jobs.”

- Aspiring Workforce survey respondent

“Only if it is a safe environment, disclose your [mental health] issues. Otherwise, don’t as they can be used against you.”

- Aspiring Workforce survey respondent

MacDonald-Wilson et al. (2011) highlighted a number of reasons for choosing to disclose or not disclose a mental illness and ways that disclosure may play out in a work environment. For a full list of reasons to disclose or not disclose, see Chart 2 in Appendix P. The authors also note the different ways disclosure can occur such as:

- Full disclosure: people reveal their mental health background to everyone in the workplace, viewing it as a part of their identity
- Selective disclosure: people share their mental health background with a specific group of people, or share specific information with people
- Strategically timed disclosure (sub-category of selective disclosure): people disclose their mental health background only after having the opportunity to develop strong working relationships or demonstrate their capabilities
- Targeted disclosure: disclosure is used as a strategy to obtain employment, if it is a job that is targeted towards individuals with lived experience.
- Non-disclosure: people keep personal information about their mental health background private.
- Inadvertent disclosure: a person’s mental health background is publicized without the individual intentionally deciding to disclose.
- Forced disclosure: people are required to tell their employer about their mental health background or need for accommodations.

Members of the Aspiring Workforce should weigh the benefits and disincentives to disclosing illness in the workforce, and the different ways disclosing can occur. With organizational analysis skills, a person can be better suited to make a decision on whether or not to disclose, by being able to grasp how disclosing may play out in a potential position. Granger & Gill (2000) note after people understand the reasons to disclose and reasons not to, the ability to apply this knowledge to specific employment situations is essential in order to make an informed decision.

Social Support

The Aspiring Workforce reported a number of determinants critical to helping people keep employment. A paramount factor was a strong support network. Survey respondents noted a variety of sources that could form support networks, the most common of which included family, friends, co-workers, and peers. Also important to some respondents was support received through their faiths and religious communities. The benefits of a strong support network are well documented.

Strong social support has been identified as a natural buffer against workplace related problems and stresses (Manlove, 1994), and has been tied to reduced role conflict (Beatty, 1996), lower rates of burnout (Um & Harrison, 1998), a sense of stability and belonging (Cohen & Wills, 1985), psychological well-being at work and lower work stress (House, 1981) and greater job satisfaction (Um & Harrison, 1998). Additionally, a recent study of the work-related effects of social support demonstrated that people’s intentions to leave a job were related to level of support (Nissly, Mor Barak, & Levin, 2005). Workers with higher social support were less likely to consider leaving than workers with lower support. The authors recommend that in order to build a supportive work network, implementation of regular support meetings among peers and other forms of team development would be advantageous (Nissly et al., 2005).

Peer support is defined as an exchange of knowledge or experience, or an offering of social or practical assistance, between people with lived experience of mental illness (Coatsworth-Pospoky, Forchuk, & Ward-Griffin, 2006). Because it is provided by individuals with ‘insider expertise’ in mental illness, peer support can provide a high levels of empathy and understanding (Chinman, Weingarten, Stayner, &

Davidson, 2001; Meehan, Bergen, Coveney, & Thornton, 2002; West, 2011). Peer support can also counteract stigma (Kirby & Keon, 2006), provide motivation and hope (Campbell, 2007; West, 2009), encourage critical reflection on services (i.e., moving beyond a 'medical model' of mental health services; West, 2011), and expand social support networks (Coatsworth-Pospoky et al., 2006; Deegan, 2006; Kirby & Keon, 2006).



A key informant to our study mentioned the importance of having peer support because people don't understand what it is like for an individual with mental health difficulties in work settings.

Bridges and WRAP were two illness self-management programs noted by a key informant to be run peer-to-peer. The programs focus on managing wellness, choosing goals, and feeling comfortable emotionally and socially. Neither focus solely on employment, but both have had segments devoted to employment.

Higher levels of social support within the workplace have been shown to be directly related to high job control, low depression, and high job performance (Park, Wilson, & Lee, 2004). An affirming and accepting environment promotes meaningful social participation and reduces the effects of stigma (Rebeiro, 1999). Peer support provides an outlet for managing negative affect, thus, breaking down stigmatizing barriers by normalizing what is deemed "abnormal" or "atypical" because of other people's discomfort (Dass & Gorman, 1985).

In 2008, the Mental Health Commission of Canada began a project to enhance the use of peer support through the development of Guidelines for Practice and Training. The project is designed to encourage a shift in societal attitude toward mental illness through the use of targeted peer-based strategies. Developing guidelines of practice and training will provide essential frameworks to enhance the credibility of peer

based services. For more information on this project, please visit the Mental Health Commission of Canada's website.

"Talking and venting about things with others and having them tell me I can go on and do it."

- Aspiring Workforce survey respondent

People benefit greatly from the provision of a safe environment to compare personal experiences and exchange plans and solutions to on-the-job problems (Granger & Gill, 2000). One way to create a safe environment is through the development of affinity groups (i.e., employment-based peer support groups). Affinity groups are a valuable resource in workplaces that can represent the interests of members with their employers, promote disability education and outreach in the organization, advise employers on accommodation policies and implementation, participate in sensitivity and awareness training, and act as an effective recruitment tool to bring qualified job applicants with disabilities into the organization (Jennifer Brown Consulting, n.d.).

An innovative affinity group called the Unusual Suspects was created at the Centre for Addiction and Mental Health (CAMH), in Toronto, Ontario. It consists of CAMH employees with mental health or addiction histories, who meet regularly with the assurance of confidentiality - only about 50% of the members have disclosed their status.

During CAMH's monthly new employee orientation, new recruits are informed about this initiative and are provided with contact information for the group should they wish to join (Centre for Addiction and Mental Health, 2008). A coordinator, who is a member of the Unusual Suspects, is also available to anyone with a mental health or addiction history who wants to compete for a position with CAMH. The coordinator meets with the individuals, discusses the culture at

CAMH, and reviews their skills and potential for work. All those applying through this program, submit their résumés directly to ensure confidentially (Centre for Addiction and Mental Health, 2008).

More than 100 people have successfully attained jobs through this initiative. Future plans include providing mental health literacy through small in-house services, outlining the various roles and responsibilities in the accommodation process, and developing a recognition award for CAMH's healthiest workplace teams (Centre for Addiction and Mental Health, 2008).

Innovative Employment Support Programs

Throughout the process of our study, we found several innovative employment programs that are working to provide such comprehensive supports and services. We will highlight some of these innovations here.

L'Arrimage | Montreal and Laval Quebec

L'Arrimage is a Supported Employment Service for people living with severe mental health problems. L'Arrimage assists people in integrating into the job market by providing a holistic range of services and long-term ongoing support.

Included in the program's services are preparing resumes and cover letters, determining eligibility to various subsidy or training programs, recruiting potential employers, negotiating workplace accommodations, career development, labour market information, and personalized employment integration plans. L'Arrimage recognizes the stress and anxiety of integrating into a new job and employment counsellors coordinate with mental health professionals to offer regular, personalized follow-ups to encourage job retention and help clients to become autonomous.

Acces-Cible SMT (santé-mentale-travail) | Montreal Quebec

Acces-Cible SMT (santé-mentale-travail) is a community organization in Montreal, Quebec that focuses on helping people with mental health issues obtain and maintain jobs, fully integrate into the workforce, and/or return to previously held positions. The program's person-centred philosophies include helping to empower people, nourish their potential, and respect that the employment process is not a linear process. It is a 24 to 32 week long course that includes a training period and an employment seeking

period. After obtaining employment, follow-up occurs based on individual need.

Program objectives include helping a person to develop confidence and self-esteem, improve interpersonal communications, identify barriers and difficulties and develop appropriate strategies to address them, utilize a career development perspective, and ensure satisfactory conditions of employment, amongst others.

Workplace Diversity Employment Office - Disability Services | Whitehorse Yukon

Workplace Diversity Employment Office - Disability Services, in Whitehorse, Yukon provides various supports for clients with disabilities including mental illness who are seeking to find employment within the Yukon Government. The program was created with the intention of making the Yukon public service more representative of the population it serves.

A variety of training opportunities are offered including informal discussions on hiring processes, experience-based tips on interviewing, computer training and other skills upgrades, support services to help integration into government workplace culture and on-the-job training and support.

Prefer | Toronto Ontario

Prefer is a new peer support worker initiative from Toronto, Ontario that incorporates multiple models and training programs, as well as additional supports based on individual preference. Prefer trainings are free and encompass WRAP, facilitator training, crisis intervention, discrimination training, challenges of working in traditional systems, trauma informed education, resume workshops and job readiness. Innovative community partnerships allow them to offer training programs that they may not have the resources to offer directly.

Prefer uses a strengths-based approach, and objectives include assisting participants with supports based on individual need. This may include advice on disclosure, how to cover up gaps in a resume, and benefits counselling, Prefer puts effort into reaching out to diverse communities, including the Aboriginal population, people with physical disabilities, the LGBT community, and many culturally diverse communities. Prefer also offers ongoing support to participants, as well as support to organizations that will be hiring peer

conclusions and recommendations

support workers.

PACT Employment Services | Vancouver British Columbia

PACT Employment Services, a part of Coast Mental Health in Vancouver British Columbia, provides individualized and confidential employment counselling sessions for people with mental illness.

Services include providing clients with information in regards to the current labour market, research on employers, assistance in determining eligibility for training funds, assistance in developing networking skills, professional interviewing techniques, and targeted resume and cover letter writing. On going support is offer pre and post employment.

In order to best support the Aspiring Workforce population in maximizing their capacities and developing careers, a holistic approach that encompasses a broad range of supports and services is required. It is critical to acknowledge that long-term attachment to employment is linked to job satisfaction, and with this, employment supports must help people with mental illness to find the 'right' job with acknowledgement of the social contexts. From the results of our study we have determined a comprehensive list of supports that include the concepts of self evaluation, practical skills, symptom and illness management, organizational structure analysis, informed decision making on disclosure, negotiating social relations, advocacy, support systems, career development, working within stigma, and issues relating to diversity. We hope this offers a basis of information to organizations that seek to promote workplace know-how to allow people with mental illness to thrive in their future careers.

We acknowledge that success requires both the employee and employer to be on board. The mandate of this study is to focus on the individual, but we recognize that individuals exist within a social context that includes the workplace and the employer.

Aspects of each recommendation fall into three categories:

1. Those that are common to all job-seekers, and require little customization for Aspiring Workforce members;
2. Those that are common to all job-seekers, but require important additional considerations for members of the Aspiring Workforce; and
3. Those that are Aspiring Workforce-specific.

It is also important to note that all recommendations are made with the underlying assumption of on-going support, not solely focused on obtaining employment, but also, sustaining employment.

Our recommendations for supports and services for programs that seek to promote workplace know-how for the Aspiring Workforce are:

<p>Self evaluation: developing self awareness is crucial to understanding personal strengths and limitations and where you might need additional support or training; knowing when you are able to work and when you are not; understanding what kinds of environments you can become successful in, and understanding how you are presenting yourself to others. These skills will also come into play in other aspects of workplace know-how.</p>	<p>Self advocacy: being aware of what you are entitled to, and what your rights are is essential; knowledge about the Canada human rights act, provincial acts, employment acts, labour laws, and what employers are obligated to do and are not obligated to do; options on filing a complaint or requesting accommodation, and staying up-to-date on rules/ restrictions of disability income support programs.</p>	<p>Symptom and illness management: awareness of your own illness and symptoms, and where you are in your recovery is important; this may include how to prevent relapse, detect and minimize oncoming episodes; understand triggers, getting to know the local after-hours mental health services and other available supports, medication management, counselling and other treatments.</p>
<p>Organizational structure analysis: this may include understanding available benefits, how to access workplace supports and what they can do for you (e.g. human resources, unions), understanding the job description, workplace culture, personal “fit”, level of mental health literacy in the workplace, their willingness to accommodate, the existing stigma/discrimination.</p>	<p>Conventional skills: skills that are relevant to any job, but tailored to this population, including resume building, interview training, understanding what skills you do have to offer and how they may be relevant to a job (i.e. how to package yourself), learning how to address gaps in a resume, learning how to analyze job functions, financial literacy training, time management skills.</p>	<p>Career development: thinking about long term goals; current positioning on the career spectrum and future aspirations, desired training, education, or experience. The range may be from ‘a job’ to ‘the ideal job’ depending on personal goals. This may also include understanding current economic trends, and finding opportunities to network with potential employers.</p>
<p>Implications of disclosure: making an informed decision whether or not to disclose mental illness based on knowledge of labour laws/rights, workplace environment, workplace supports, personal readiness, job description and accommodation, and available support system.</p>	<p>Working within stigma and discrimination: understanding the current social context and that of the workplace; where and how stigma and discrimination play out on both direct and systemic levels and how to succeed within that environment are important considerations.</p>	<p>Building a strong support system: it’s important to recognize the benefits of social ties and know what friends and family are available, what support groups you can connect to, peer support services, mutual support services, organizational supports, and co-workers that may be allies.</p>
<p>Negotiating social relations: understanding the culture of organizations and workplaces, appropriate formal and informal procedures (including appropriate workplace attire, conversational skills, tone of voice, etc.), confidence building, how to present yourself in an interview, and how to manage relationships with supervisors and co-workers.</p>	<p>Strategies for managing a working life: thinking ahead to prepare for the best and worst case scenarios in advance. Creating action plans including knowing when to stop working if needed; understanding the effects of working on all parts of your life (e.g. impact on raising children or on social life).</p>	<p>Acknowledging diversity and working within it: understanding how the intersectionality of multiple barriers can impact working and social life; understanding the limitations of supports; how they can help and how they may not based on personal complexity, learning how to stack supports holistic services may not be available</p>

study recommendations

A paradigm shift de-stigmatizing people with serious mental illness

We need to redefine the population by acknowledging that, with the right conditions, people with serious mental illness are able to work, willing to work, and have skills and expertise to contribute to the economy and labour market.

Collaboration among different sectors

As the issue at hand spans multiple ministries and multiple stakeholders/actors, the importance of partnership and coordination is integral to the process of increasing labour market attachment for people with mental illness. Federal and provincial governments, mental health service providers, community organizations, and employers, and people with mental illness themselves, all need to be at the table moving forward.

Removing disincentives to return to work

Our current income support systems create barriers, with few incentives to returning to work. Those receiving disability income supports fear exiting these programs - once a person begins to work, their financial situation may become precarious and actually worsen. We need to ensure there is sufficient incentive in returning to work, allowing disability income support programs to serve as a safety net. We also need to make it easier to find information about employment benefits available through disability income support programs.

Use existing best practices while continuing to innovate

There are best practices and we should use them. We know supported employment works, and there is growing evidence of the potential of social businesses - but access to these opportunities is limited and they need more and stable funding. A commitment to invest in the development and testing of new strategies is required.

Early intervention

The longer a person spends away from the labour market, the more difficult it is to return. We need to intervene prior to the the onset of labour market exit or early in the illness trajectory, with the appropriate supports, to reduce long term detachment and encourage career development.

System capacity building

Compared to other OECD countries, Canada ranks 27th of 29 countries surveyed on public spending for disability-related issues and provides the second to lowest compensation and benefit levels. Reforms will require additional resources and funding in order to effectively expand labour force participation. This is not only beneficial for the success and wellbeing of those with mental illness - there is also a cost benefit to putting resources into the right employment supports.

Knowledgeable consumers

The Aspiring Workforce study seeks to produce workplace savvy consumers that are armed with the contextual knowledge and self management strategies needed to succeed in the workforce. We acknowledge that success requires both the employee and employer to be on board. Interventions discussed in the AW project address the needs of both; other MHCC projects will inform the healthy workplaces piece that our work belongs with.



Mental Health
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