A Process Analysis of Integrated and Non-integrated Approaches to Supported Employment


Article Summary

Vocational rehabilitation has traditionally been a separate entity from psychiatric services for individuals with mental health disabilities. Recent research and practice have demonstrated that a more integrated service delivery approach between disciplines has enhanced employment results for individuals with severe mental illness. The authors analyzed quantitative and ethnographic information from studies of supported employment programs in New Hampshire, Connecticut, and Washington, D.C. Each of the studies had contrasted integrated and non-integrated approaches among a diverse selection of settings, professionals, and consumers. The authors sought to determine consistent themes among the integrated supported employment programs that would account for the more successful vocational results by mental health consumers.

Quantitative successes included a 90% participation rate for several months or until finding competitive employment for those receiving integrated services in the Connecticut study as contrasted to a 50% drop-out rate within weeks for consumers receiving non-integrated services. The New Hampshire study indicated attrition by participants in non-integrated and integrated services as 38% and 0% after two months.

Data analysis suggested two explanations for a higher drop-out rate among consumers in the earliest stages of the employment process with non-integrated services. These included the difficulties involved in bonding with two separate sets of professional staff at two separate locations for mental health consumers. In addition, the requirement by a separate vocational provider to complete sometimes lengthy pre-employment placement and training was often perceived as an unrealistic barrier to getting a job, regardless of how necessary it may have been. By contrast, vocational providers who worked in concert with mental health staff had less difficulty engaging, and often re-engaging, consumers into vocational programs.

Enhanced communication and consistency of strategies and goals among integrated service providers translated into a far less frustrating experience for both consumers and staff. Employment specialists who joined mental health teams were generally successful in educating often skeptical clinicians about the overall value of work for the individuals with psychiatric disabilities. This enlightened attitude toward the value of work translated into a greater appreciation for employment as well as an enhanced mission for mental health agencies. Mental health providers attributed this change to being part of integrated service delivery systems. At the same time, employment specialists had access to clinical information such as symptomatology, side effects of various medicines, and coping strategies which could be crucial to vocational placement and training.