Employment-related information for clients receiving mental health services and clinicians

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Abstract

Objective: Clients receiving public mental health services and clinicians require information to facilitate client access to suitable employment services. However, little is known about the specific employment-related information needs of these groups. This study aimed to identify employment-related information needs among clients, clinicians and employment specialists, with a view to developing a new vocational information resource.

Participants: Employment-related information needs were identified via a series of focus group consultations with clients, clinicians, and employment specialists ($n=23$).

Methods: Focus group discussions were guided by a common semi-structured interview schedule.

Results: Several categories of information need were identified: countering incorrect beliefs about work; benefits of work; disclosure and managing personal information; impact of earnings on welfare entitlements; employment service pathways; job preparation, planning and selection; and managing illness once working. Clear preferences were expressed about effective means of communicating the key messages in written material.

Conclusions: This investigation confirmed the need for information tailored to clients and clinicians in order to activate clients' employment journey and to help them make informed decisions about vocational assistance.

Keywords: mental illness, supported employment, focus groups

1. Background

1.1 The need for service coordination

Community residents with psychiatric disabilities face three major barriers to employment: (1) personal barriers, such as low self esteem and self-efficacy, psychiatric symptoms, and medication side-effects; (2) barriers perpetuated by others, such as community and employer stigma; and (3) service delivery system barriers [1,2,3]. The latter is particularly challenging in developed countries, where there is usually structural segregation between community-based employment services and public mental health treatment services [4]. While this segregation continues, one of the most important evidence-based practices in supported employment cannot be easily provided, that is close coordination of vocational services with mental health treatment and care [5,6,7,8]. This is because, post treatment, people with severe mental illness and psychiatric disabilities typically have residual symptoms and fluctuating patterns of wellness and illness, which can require ongoing treatment and care. Segregation of mental health and employment services inhibits clinicians from acquiring knowledge of the employment services available which in turn can hinder clients' timely access to the most suitable services [9]. Efforts to coordinate supported employment programs with public mental health services are attracting increasing support in Australia, but are still at a pioneering stage [4,9,10,11]. In the meantime, the onus for finding and accessing suitable employment services falls primarily on clients, their families, and their clinicians [1].

One way to facilitate early access to suitable employment services is to provide resources that contain current, practical, and evidence-based employment-related information. Although several examples of such resources exist [12,13] the majority do not explicitly refer to supported employment principles or evidence, and few are tailored to the Australian service environment [14]. Despite an extensive literature documenting the general barriers to employment for people with psychiatric disabilities [15-26], to our knowledge, no prior studies have explored the employment-related information needs of clients and clinicians. In a study of UK clients'

employment, training and education needs, Secker, Grove and Seebohm [2] speculated about clients' need for career advice, welfare benefits education, and information addressing their lack of confidence and discrimination fears. Bassett, Lloyd and Bassett [3] explored work issues for young Australians with psychosis and identified the need for more information about medications, side effects, and strategies for managing symptoms. Similarly, MacDonald-Wilson et al. [27] found that clients and family members required information about the full range of available welfare benefits and incentives.

1.2 The Australian service delivery context

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) is the sole purchaser of public funded disability employment services in Australia for people whose illness or disability is not caused by an insured event such as a workplace or motor vehicle accident. This network is sustainably funded via formal contracting arrangements with both for-profit, and not-for-profit, organisations for the provision of individualised outcome-based employment services. The actual funding received per client is based on prescribed individual employment milestones subject to standardised audit and quality control processes. This national network was first established in the late 1980s and was recently extensively reviewed and reorganised [28]. The major change resulting from this review is that from 2010 the total number of places made available has been expanded to become client demand driven rather than being restricted to a predetermined ceiling of places available in each employment service area.

Current information about Australia's welfare system and national disability employment services can be found at two Government internet resources (Centrelink, Job Access). These provide details of assessment processes and the employment services available. The *Centrelink* website provides detailed information on Centrelink income support payments with additional information about Australian Government contracted employment services, job capacity

assessments, and related support programs. The Job Seekers and Disability section of the *Job Access* website provides comprehensive information on all stages of the employment process for people with all categories of disability including psychiatric disability.

Potential clients of Australian public mental health services typically need to be diagnosed with a severe and persistent mental illness, such as a psychotic disorder (e.g. Schizophrenia, Schizoaffective Disorder, Bipolar Affective Disorder) in order to gain access to public-funded mental health services. These services are provided throughout Australia by multi-disciplinary teams consisting of one or more consultant Psychiatrists supported by allied health professionals (e.g. Mental Health Nurses, Psychologists, Social Workers, Occupational Therapists). Those unable to access public mental health services can obtain treatment and continuing care at subsidised cost, under Australia's national Medicare system or via private health insurance, from General Medical Practitioners, Psychiatrists, and Psychologists in private practice.

1.3 Aims

We aimed to investigate the employment-related information needs of Australian mental health service clients and clinicians. Specifically, we sought information that clients and clinicians consider relevant to accessing employment services for people with psychiatric disabilities; the extent to which each of these information segments should be addressed in vocational resource materials; and preferences for how the information is presented in resource materials. This study was conducted as part of a larger program of work underpinning the development of a vocational resource booklet for clients and clinicians of public mental health services [29,30].

2. Method

2.1 Study design

Focus groups were used to explore the employment-related information needs of clients of public mental health services and clinicians. These were preferred over individual interviews because they utilize group interaction to generate rich data [31] by permitting participants to share experiences, explore different opinions and responses, generate ideas collaboratively, and uncover hidden attitudes [32]. They also provide a gauge for the amount of support for ideas expressed. The focus group method was deemed particularly well suited to clients, because it encourages individuals with low confidence to contribute to the topic [32].

2.2 Sample and recruitment

Participants were associated with the West Moreton and Darling Downs Integrated Mental Health Service, a provider of public inpatient and outpatient mental health services for a catchment area population of approximately 220,000 in southeast Queensland, Australia. Separate focus groups were organised for mental health clients, clinicians, and employment specialists. A combination of purposive and snowball sampling was used to ensure representation of a range of perspectives and opinions within the limitations imposed by the small samples in each focus group.

Mental health clients were recruited via a case manager or other clinician or from one of two client advocacy groups based at the mental health service. In all cases, the referrer obtained permission from the client before making the referral. The only inclusion criteria were that clients were current consumers of the two local public mental health services approached, and that they were interested in employment issues. Ten clients participated in the Stage 1 focus group, five females and five males, ranging in age from 20-70 years. Seven were competitively employed, one worked on a voluntary basis only, and two were actively job-seeking. Among those competitively employed, two were also engaged in voluntary work. Four participants reported their diagnoses as Bipolar Affective Disorder, two reported Schizophrenia, one reported Anxiety Disorder, and one reported an unspecified “Nervous Disorder,” while one did not

respond to this question. An eleventh female client was not available for the focus group but participated in a telephone interview.

Clinicians were recruited via nomination by a clinical manager, or volunteered themselves following a presentation on the project at a clinical team meeting. The clinician focus group comprised seven mental health team case managers, five females and two males aged between 30 and 60 years, with an average of 6.7 years experience in mental health case management (range 4 months to 25 years). Three had backgrounds in Nursing, one each was a Psychologist, Occupational Therapist, and Social Worker, and one did not respond to this written demographic question. A reason for not responding was not obtained.

Candidate vocational specialist participants were identified by two vocational specialists involved in an existing research project aimed at assisting public mental health clients to obtain employment, who nominated experienced colleagues from alternative employment services in the district. The vocational specialist focus group comprised four females and one male aged between 20 and 60 years with a mean of 8.6 years (range 1-17) experience in the psychiatric vocational rehabilitation field. Three were managers of disability employment services, one was a supported employment consultant, and one was a research scientist in vocational rehabilitation.

2.3 Procedure and materials

Ethics approval was obtained by the Human Research Ethics Committee of the West Moreton and Darling Downs Health Service District. Written informed consent was obtained from all participants. Two researchers led the focus groups (CC facilitated the groups and JK took field notes). Participants were first asked to complete a brief survey capturing socio-demographic information, employment status and professional background, as relevant to each focus group. All three focus groups were held during February 2008.

A semi-structured topic guide aided discussion. The guide followed a common format, tailored to each group. Participants were asked to discuss their experiences of assistance with

seeking or retaining employment, either for themselves (clients) or for their clients (clinicians and employment specialists); sources of information they use regularly or have found useful; information they believe is relevant to accessing employment services for people with psychiatric disabilities; the extent to which these information segments should be addressed in vocational resource materials; and their preferences for type and format of resource materials. Questions along these lines were configured appropriately for each group. While the discussion centred on the information needs of each group from their own perspective, participants were also asked about the needs of other groups, including family members and care providers. Further discussion prompts elicited additional details when required. All groups were of 60 to 90 minutes duration. Upon completion of each focus group, client participants received a \$50 gift voucher as compensation for their time and travel expenses.

2.4 Analysis

Krueger and Casey's [32] framework analysis approach was adopted to classify and organise responses according to key themes, concepts and emergent categories. Following each focus group the facilitators discussed the perceptions, opinions, beliefs and attitudes presented in the focus group in order to develop an understanding of the main themes. Field notes were the primary data source and were checked for accuracy against the audio records. The facilitators reviewed the records independently to draw out key concepts, categories and themes, through processes of sorting, coding and organizing. Categories underwent further analysis to form the central themes in collaboration with a third team member (MH). To assess the credibility of the analysis the authors later presented the information back to participants in the form of a draft resource document and requested feedback.

3. Results

3.1 Participant details

Details of client, clinician and employment specialist participants are shown in Table 1. Three separate focus groups were conducted with mental health service clients ($n=11$), clinicians ($n=7$), and vocational specialists ($n=5$).

[Insert Table 1 about here]

3.2 Themes

Due to the extent of convergence among the themes arising from each group, focus group data were pooled for reporting. Analysis yielded eight distinct, yet overlapping, themes reflecting participants' information needs.

3.2.1 Countering incorrect beliefs about clients' ability to work

For clients, a dominant theme was the need to challenge the "incorrect" beliefs of clients and others regarding clients' ability to work, and to explain the solutions available to manage the most commonly encountered misapprehensions. Most clients recalled having held beliefs that they would be incapable of work due to limitations associated with having a severe mental illness - namely, their symptoms, cognitive problems, medication side-effects, and lack of education, training, or experience:

"I thought I wouldn't be able to work due to the sedating effects of my medications in the morning. I couldn't change my medications but I got a job that allowed me to start in the afternoon. Consumers need to know there's usually a solution."

"I thought my symptoms would interfere with my concentration and cause me to make mistakes on the job, but I've managed just fine. Others need to know that you can learn to work with your symptoms."

“I think you need to tell consumers that they don’t have to wait until they are completely well to work. I needed someone to tell me that.”

Others suggested that clients need to understand that work stressors, such as adapting to a work routine, learning new duties, and having to interact with co-workers, would not necessarily result in relapse:

“I never thought I’d be able to cope with work...that it would put me back in hospital, but here I am. I’m not saying it doesn’t get stressful but consumers need information that they can work and it will most likely bring them more good than harm.”

Clients preferred an honest appraisal of the realities of work; that on the one hand work would provide many benefits but, on the other, it would also present many challenges:

“We need information that finding a job is supposed to be scary and there will be times when you doubt yourself. But consumers also need to know they must persist when the going gets tough and no matter what, they must always believe in themselves.”

All clients reported that “self-doubt” and “lack of confidence” had, at some stage, prevented them from considering employment, and called for information to help normalize and overcome such fears. Most clients expressed frustration at having experienced stigma and low vocational expectations from their clinicians and family members:

“After my first psychotic episode, my psychiatrist at the time told me ‘You’ll never work again...we’ll just pension you off.’ He really needed information that I can work...and here’s the living proof.”

“Consumers are so used to being told they can’t work that you start to believe it yourself. Case managers need information that we are still capable people with our own special talents and abilities...sometimes we just need a push in the right direction.”

Similar messages emerged from the employment specialists’ discussion. This group emphasised the information needs of mental health clinicians and family members, specifically the need to target these groups with messages that work is possible for people with mental illness, that support for clinicians and family is available from employment specialists, and that clients can be limited by the beliefs of others that work will “inevitably lead to stress and deterioration in health”.

“I had a client who was totally delusional but wanted to work. Once I, myself, wouldn’t have thought it was possible, but he wanted to work and he proved he was able to. Clinicians need this kind of information.”

3.2.2 Benefits of work

Clients spoke in detail about the personal meaning of work and the many benefits that work afforded them. In particular, they valued the financial benefits (“there’s nothing better than having a few quid in your kit”), social inclusion (“feeling part of society again”), and structure and purpose (“a sense of hope and achievement”, “purpose and routine”). Clients reported they had underestimated the extent to which work would improve the quality of their lives. They called for resource materials to include information that explicitly listed the benefits of employment, including some that may be “less obvious”, for example, the “possibility of making friends”, and “improving their mental health and quality of their lives,” of which they themselves had been previously unaware.

“At first I just thought it would be nice to have a bit more money to pay for things...but having a job means I’m a person again and not just someone with a mental illness. To me, that’s better than the money. Consumers should know how much better work can make you feel.”

Similarly, clinicians’ discussed the potential value of providing information to clients about the range of benefits of working in increasing motivation among those who were ambivalent about work:

“I have seen people change so much with work...to have a role; to believe they are contributing to the community...I want to tell consumers about this.”

Employment specialists focused specifically on the importance of conveying to clients the important role employment can play in functional recovery:

“Consumers need to know that work is something that can help them start functioning better now...not in the future, but now.”

3.2.3 Managing personal information in the workplace

There were mixed feelings among clients regarding the disclosure of mental illness to employers and work colleagues. Most were reluctant to disclose due to anticipated negative consequences, with only a minority preferring routine disclosure.

“I don’t think consumers should be told to disclose their information because we live in a society dominated by gossip and you get no breaks for disclosing your illness – just discrimination. People tend to fear people with mental illness.”

“I think consumers need information that it’s ok to disclose their information to employers. I’m an activist and want to promote change so I always disclose my mental illness.”

Regardless of their personal beliefs, all clients argued it was important to inform other clients, clinicians and family members that disclosure is a personal decision.

“At the end of the day, the decision to disclose or not is a personal choice and consumers need to know that whatever decision they make is ok and will be respected.”

Clients also wanted to be informed of the specific advantages and disadvantages of disclosing their illness to employers, in what circumstances they were legally obliged to disclose, and the various disclosure options and strategies available to them. Clinicians emphasised their own needs for information about disclosure, in order to accurately inform clients of their options:

“A common question we get is, will the consumer have to tell their employer they have a mental illness. It would be good if I knew all the issues in this area so I know what I’m telling the consumer is right.”

In contrast, employment specialists reported that, while they respected that disclosure was a personal choice, they considered the majority of their clients were unaware of the advantages of disclosure. They discussed the range of support that can be provided with a degree of disclosure, such as contacting an employer on the client's behalf to discuss employment options, arrange workplace accommodations, and review progress. The employment specialists

argued that an employment resource should prioritise information about the advantages of disclosure, in order to support clients to make informed choices:

“Usually consumers don’t want to disclose out of fear of stigma and discrimination, but many don’t realise the benefits that disclosure can bring such as more flexibility with work hours and time off for medical appointments. Consumers need to be aware of these benefits so they can make an informed decision.”

Employment specialists also reported that many clients were unaware of the ways in which their personal information could be disclosed. For instance, clients may not be aware that there are options in relation to who could disclose their information (client, employment specialist, or combined), who the information was disclosed to (employers, co-workers, or both), the specific wording used (for example, naming a diagnosis versus using more general statements such as “having a health condition” or “periods where the person is unwell”), and that the strategy taken may also depend on legal and ethical considerations.

“It’s important that consumers know that employment specialists can help them develop a strategic disclosure plan including who they will disclose their personal information to and the precise wording involved.”

3.2.4 Impact of earnings on welfare entitlements

Clients wanted information about how much money they could earn before their income support was affected, how to estimate earnings to benefits ratios, the steps involved in resuming their income support following job loss, and their income support reporting obligations. It was not immediately clear why each client did not already have this information. Clients seemed to be aware that they needed to know these things but indicated that they found the information too

complex to readily obtain. This may be due to the extensive and sophisticated welfare system in Australia where clients can be entitled to a range of different primary income support payments depending on their personal circumstances (e.g. Disability Support Pension, Newstart Allowance). Each of these primary payments are associated with different income tests and supplemented by different additional entitlements (e.g. Mobility Allowance, Rent Assistance, Parenting Payments); and different fringe benefits (e.g. Pharmaceutical Benefits, and Travel Concession cards).

Several clients reported a “fear of losing their welfare benefits” if they were to gain employment and requested information about “how much better or worse off” they would be financially. The majority of clients reported negative experiences with Centrelink (the Australian Government income support provider) and confusion surrounding their income support entitlements. For example, some reported having their income support ceased suddenly due to not fulfilling their reporting obligations, or having to pay Centrelink back for overpaid benefits due to earnings. This led to a discussion about the need for accurate and up-to-date information regarding Centrelink’s legal requirements and clients’ reporting obligations. One client summed this up in the following way:

“The thought of losing your benefits and then trying to understand policies can be very overwhelming and puts consumers off looking for a job. Any information about how work affects your welfare payments and what you report would be helpful.”

The majority of clinicians admitted to being confused themselves about how work would affect clients’ welfare benefits and expressed frustration over their difficulties in trying to obtain accurate information to assist their clients. Some clinicians wanted information about “the relationship between working hours and benefits,” and “Centrelink reporting obligations” to “avoid future stressors of being overpaid.” Clinicians also reported that the majority of clients

were fearful of losing their income support entitlements and required information about the way in which to resume benefits in the event of job loss.

“It took two years for one client to get the DSP [Disability Support Pension]... it is too hard to get. There is a fear that if they work they will lose what took so long to get”.

Employment specialists agreed that the majority of clients were not adequately informed about the financial implications of working, in particular the impact of potential earnings on income support and fringe benefits. Employment specialists suggested that most clients were not adequately informed because of the complex nature of the available welfare assistance and the various applicable income tests, and the fact that all implications of working are not routinely considered by Centrelink staff. For instance, Centrelink staff are precluded from calculating the taxation implications of working because this is an Australian Taxation Office responsibility. Furthermore, staff do not usually consider all the real costs of attending work (travel uniforms, tools, meals) possibly because this is considered to be budgeting advice which they are not specifically trained to provide. Employment specialists therefore recommended that, rather than providing clients with comprehensive information to carry out these calculations themselves, clients be provided with information about the role of employment specialists and how they can assist with financial and benefits counselling.

“It is difficult for consumers to keep abreast of the regularly changing regulations...they need to know that employment specialists can inform consumers of changing regulations and assist them with fulfilling their reporting obligations.”

3.2.5 Service pathways

Only a minority of competitively-employed client participants obtained assistance from employment services to obtain their jobs. Most reported lacking knowledge of the employment services available in their local area, the type of employment assistance offered by different service types, and the pathways via which services are accessed. There was also a consensus that mental health case managers also required this information, particularly with respect to service pathways. It was not immediately clear why clients were not fully aware of the type and range of employment assistance available. One possibility is that the diverse range of employment service providers in the local area, and the different programs under which they are funded in Australia, is confusing for both clinicians and clients of mental health services.

“We need information about employment services but so do our case managers. I want my case manager to help me get into an employment service instead of just telling me to go to Centrelink.”

Clinicians placed greater emphasis on a concern that lack of information about, or difficulties following, service pathways could contribute to further experiences of a sense of failure and frustration by clients in their efforts to seek employment. Some clinicians recommended that resource materials depict pathways to employment using visual aids, such as flow charts, to maximise clarity.

“Barriers already exist with our clients gaining employment. It is important not to disadvantage them further by misinformation or confusing information which can increase anxiety and destabilize their mental health which can bring us back to square one.”

Clinicians also reported distress among clients regarding the Job Capacity Assessment (JCA). They recommended that resource material include information about the JCA process

(for example, the purpose, the types of tests comprising the assessment, the duration of testing, who can attend with or advocate on behalf of the client) to help put clients at ease and to ensure they did not ‘fail’ the assessment. In particular they felt it was important to ensure that clients had an accurate understanding of the objective of the JCA, i.e. that it is a tool to ensure allocation to an appropriate level and type of employment assistance, rather than viewing it in terms of anticipated negative outcomes, such as disallowing a client to work. The employment specialists group also emphasised the importance of accurate information regarding the JCA:

“Consumers need to know that they shouldn’t minimize their symptoms or try to pretend they are not affected by their illness at the JCA. They need to be upfront about the amount of help they will need while working to ensure they are allocated to a service that can meet their needs.”

Employment specialists also felt it was important to inform clients about their options in the event they feel they have received an unfair assessment or have been assigned to a service providing inadequate assistance. This was consistent with the views of clients, the majority of whom reported negative experiences with the JCA:

“No one explained the JCA properly to me and I was scared they were going to tell me I was unfit to work. I felt I had to prove I could work and it was degrading.”

Employment specialists also reinforced the need for clients to have information about pathways to employment services, what different types of employment services offer, what to expect from services, and how to make an informed decision regarding the optimal service for their needs. In addition, they highlighted a need for clarification of the differences in roles

between employment specialists and clinicians in supporting clients to find work, and the need for communication in order to improve working relationships and avoid duplication of tasks:

“I constantly experience communication difficulties with clinicians...many don’t return phone calls or answer emails. I think they need information about our role and the importance of collaboration of information to achieve both the best vocational and mental health outcomes for the client.”

Clinicians agreed they needed clarification regarding the role and duties of employment specialists:

“I’m not sure where the case managers’ job ends and the employment specialists’ starts. Information regarding the role of each and how we can help would be beneficial.”

Clinicians wanted to provide practical assistance to clients by linking them in with an employment service, and called for detailed, area-specific employment service contact information, including consultant names and phone numbers:

“We are time-poor with very large caseloads...we don’t have time to be looking up services and calling around to see if they can help our clients. We need a list of contacts who we know will be happy to assist in our local area.”

3.2.6 Job preparation, planning, and selection

Employment specialists reported that many clients worry that they will have to work in jobs they do not enjoy. Important messages for clients are that they will “not be locked into a job they didn’t like for life” and that job tryouts can be a useful way to identify job preferences:

“It’s important consumers know they don’t have to commit to the first job they try. Often we can organise “job tryouts” where they can trial several positions before committing to a job they enjoy.”

They discussed the importance of “career planning” and matching clients to jobs that are consistent with their interests and strengths to improve job retention. Employment specialists also felt it was important to inform clients that they did not have to work full time and that many positions allowed flexibility of working hours and duties.

“Consumers should be informed they can speak with their employment specialist about mapping out a long-term career path as opposed to just taking on a job. If consumers are matched to jobs that reflect their interests and strengths, then it is likely that job retention will improve and employment will be viewed as long-term.”

In contrast, client discussion centered on practical job preparation information, such as tips on writing resumes and preparing for job interviews. Several clients wanted information about how to explain gaps in their resumes due to time off for illness, while others wanted information about how to buy work clothes, and how to answer common interview questions. Employment specialists felt it was important to inform clients of the assistance they offer in job planning and preparation, and that working with an employment consultant would “dramatically increase their chances of having a satisfying employment experience.”

While the majority of clients and clinicians acknowledged the benefits of competitive employment, they also felt there was a need for information about voluntary and transitional employment, as these may be valuable confidence-builders or stepping-stones to competitive

work. In contrast, the employment specialists tended to prefer evidence-based information regarding the benefits of competitive employment.

3.2.7 Managing the illness and staying well

Clients wanted practical strategies to help them manage symptoms, medications, interpersonal problems with co-workers, and other stressors at work, and for staying well generally while working. Although it was not clear why clients don't have this information already, it is likely that this need also originates from the historical segregation of mental health services from vocational services in Australia. Typical comments included:

“I would like information about what to do if my symptoms became particularly bad while I was at work.”

“I want information about how to manage all my medications in the workplace such as how to discreetly take them and how to remember to take them at work.”

“Things like planning healthy meals, staying away from drugs and alcohol, not drinking too much coffee, having clothes ironed for work to avoid unnecessary stress, and organising several methods of transport to work are helpful tips that I remember.”

Other suggestions included providing information about services in the community that could assist clients to stay well, for example client support groups and self-help options such as relaxation centres. Clients felt information about how family members could help was also important, such as providing ongoing encouragement and practical help when sought.

Employment specialists and clinicians discussed the need for clients to have information about

planning a strategy in the event they became unwell while employed. One employment specialist commented:

“Without a strategy in place, consumers may try and struggle on, and then as symptoms worsen, and days absent increase, job loss can occur.”

However, clinicians wanted information about who should provide support for clients to manage their illness in the workplace. They were unsure of the role boundaries between themselves and employment specialists and sought clarification regarding the role of each:

“If my client is having trouble in the work setting, is that something I deal with or does the employment specialist handle that?”

3.2.8 Communication styles and strategies

As groups discussed the types of information they needed, preferences for the most effective means of communicating key messages emerged. Clients agreed that empowerment was an important message to convey, in addition to messages aimed at increasing self-confidence and self-efficacy for employment:

“Everyone goes through the anxiety of finding and starting a new job, not just consumers. Just because we have mental illness doesn’t mean we can’t work...it’s important consumers start increasing their self-belief.”

“We need to send consumers the message that they are in control of their lives and have the ability to make their own life choices. They don’t need to wait until their case manager suggests employment.” Messages that debunked common employment myths such as not being

able to work due to the illness, being unable to find employment due to a lack of education and experience, and being unable to cope with the stressors of work, were favoured by all groups. The use of quotes and vignettes based on other clients' successful experiences with work were also unanimously favoured, as illustrated by these quotes from a client, clinician and employment specialist respectively:

"I always like reading about other consumers' experiences...it gets me motivated and improves my confidence...shows you that others have done it and so can you."

"It's one thing for consumers to be told they can work despite their illness, but it really hits home when they can see or read about real-life examples."

"I think consumers would find real-life examples perhaps in the form of case studies really helpful to challenge any beliefs they have that they can't work. A lot of them have very fixed ideas about all the things they can't do and don't realize the things they can do."

The majority of employment specialists agreed on the need to clearly state where information is supported by extensive scientific evidence (for example, evidence-based principles of supported employment), and where there is little or no evidence to support practices, such as voluntary or transitional work, and prevocational job preparation.

"Consumers need information that steers them in an evidence-based direction to increase the chances of successful employment outcomes. So rather than providing too much information that may encourage consumers to find jobs on their own, they need information that directs them towards the services of employment specialists using evidence-based methods who can assist in all areas of employment."

Clients also supported the use of scientific evidence to communicate key messages:

“Giving us some statistics and examples of studies where consumers are successfully working would be a good way to communicate we can work.”

A final communication style to emerge included the use of practical tips and strategies. Clients wanted specific tips and strategies such as how to prepare a resume, how to answer interview questions and how to deal with problems in the workplace. They spoke of the need to summarise these strategies by using tip boxes throughout the various sections of information or by providing a separate pocket-book size of tips that could be carried around by clients and used as a reference tool.

“It would be really useful to have some tips so we can have some practical strategies to take away with us... For example a list of things we needed to do to find employment or a tip-list about how to handle different problems in the workplace. That’s what we are going to use the most.”

Clinicians agreed that practical strategies would be a useful communication tool and would provide clients with some “take-home messages.”

“It might be that things like tip boxes are all consumers read and they are certainly the most crucial pieces of information for consumers. They are also helpful for us as the strategies for managing the illness and staying well are also strategies we can teach our clients in their lives generally.”

All groups discussed their preferences regarding the optimal modality for resource material. Most participants preferred a combination of modalities, usually a hard copy booklet which could be supplemented by a DVD or website. The majority agreed that one resource combining information for all target groups would be appropriate to enhance each groups' insight regarding the information needs of the others.

Clients reported not having previously accessed resources in any modality that provided them with information that would assist in accessing employment services. Clinicians similarly had not had access to resources which met the range of their information needs, although some clinicians had accessed specific information online or by telephone from Centrelink. One employment specialist had knowledge of "a couple" of resources that had been developed to assist clients access employment, although they noted that these resources were either not evidence based or were not developed in Australia. Employment specialists' tended to produce their own resource material relating to the information needs of their clients within their own employment agency.

4. Discussion

This study suggests that despite substantial progress in supported employment research over the past 15 years, clients, clinicians and employment specialists in Australia still experience a lack of information regarding employment-related issues among individuals with mental illness. We found that clients and clinicians could not identify any resources containing practical, evidence-based employment-related information to assist clients to access employment services and achieve vocational goals.

Eight themes relating to information needs were identified. The numerous information categories reported indicate that clients and clinicians require a wide variety of employment-related information ranging from issues around first considering employment, through to information related to accessing services, and managing illness once working. All groups

required similar information, although they differed slightly in the depth of information required across categories. For instance, clients focused on a need for information to counter incorrect beliefs about work, and practical strategies to manage illness while working. Whereas clinicians wanted a greater depth of information about available local services and the role they played in helping clients' access services. Employment specialists felt that information about accessing employment services warranted the greatest depth of information, in addition to issues surrounding disclosure and managing personal information in the workplace. The need for similar, yet different depths of information across focus groups strengthens the argument for a single resource with sufficient depth across sections to cater to all user groups.

There were also several unexpected findings. Clients and employment specialists identified the need for information to be communicated in the form of anecdotal reports illustrating employment experiences, as well as research evidence, to counter incorrect beliefs held by all groups about the feasibility of employment for individuals with severe mental illness. This suggests that there is still a level of ignorance among groups in relation to clients' ability to work, despite research demonstrating the feasibility of client employment [1]. This is consistent with studies reporting low vocational expectations on behalf of treating clinicians and family members [2,16,23,26]. For instance, Harris and colleagues [23] in a qualitative study examining client's and clinician's beliefs about work, reported that clinicians appeared to believe in the sick role more deeply than clients, with many reporting they should not be working or should keep work to a minimum to avoid stress. Similarly, Henry and Lucca [16] in a focus group study of clients' perceived employment barriers and facilitators, found family members' fear of clients' work stress prevented clients from pursuing employment opportunities.

However, in contrast to both the opinions of clients and employment specialists, and research indicating the tendency for low vocational expectations among these groups, clinicians did not believe they required information about the feasibility of client employment. This discrepancy may be attributed to the characteristics of the clinician participants, who, through

their involvement in a supported employment project had a greater awareness of the vocational goals for people with severe mental illness. It is unknown if clinicians without exposure to supported employment projects, would request information about the feasibility of client employment. It also indicates the need for sensitivity in conveying this information and strengthens the argument for combining the information needs of each target group within one resource to indirectly educate all user groups.

There was also divergence in opinions relating to prevocational training services to help prepare clients for the workforce. The majority of clients and clinicians wanted information about prevocational services. However, the majority of employment specialists, in line with evidence demonstrating superior employment outcomes where rapid job placement presides over preparatory work training [1,5,6], felt that the provision of evidence-based information was more important. This discrepancy may be due to clients' and clinicians' lack of awareness of evidence-based principles in supported employment or lack of confidence in initially pursuing competitive employment. Alternatively, these services may be beneficial for a proportion of clients as reported in qualitative studies [3,16], and for the 40% of participants in randomised controlled trials, who do not commence competitive employment [5,6,8].

While the majority of clients and clinicians indicated a preference for competitive employment and were aware of its advantages, they also felt a need for information about voluntary and transitional employment. This differed to the majority of employment specialists who preferred evidence-based information about the benefits of competitive employment. They expressed concern over clients "getting stuck" in non-competitive forms of employment, fearing failure to achieve competitive employment. Although the importance of providing evidence-based information for user groups is paramount, these issues indicate a need to also provide information regarding non-evidence-based interventions such as prevocational training and non-competitive forms of employment, to accommodate the information needs of all users.

In the current study, clients readily identified numerous *disadvantages* of disclosure, although limited discussion emerged in relation to its *advantages*. This is consistent with previous qualitative studies of client employment where clients have focused on the disadvantages of disclosure such as fear of stigma [16,24-25]. The current study adds to the existing literature, from the perspective of the employment specialists that the majority of clients are largely unaware of the *benefits* of disclosure. Our study suggests that clients demonstrate a preference towards not disclosing health information to employers, in part due to a lack of awareness of the possible benefits of planned disclosure. While there is insufficient evidence to relate disclosure strategies to employment outcomes, the provision of workplace accommodations resulting from disclosure such as more flexible hours and duties, are related to increased job tenure for individuals with severe mental illness [33]. This highlights the need to provide user groups with information directly outlining the benefits of carefully planned disclosure.

Although all groups agreed on the importance of providing information on welfare benefits, clients and clinicians wanted information to enable themselves and clients to calculate the impact of earning on entitlements in individual cases. Employment specialists preferred to convey the advantages of joining an employment service to obtain this form of individual assistance. They argued that the provision of such detailed information via resource materials was too complex to be able to effectively communicate and that linking in with an employment service would help them navigate this information and would inadvertently increase their likelihood of a successful employment outcome.

4.1 Strengths and limitations

To our knowledge, no previous studies have had the primary goal to explore the employment-related information needs for clients and clinicians. The majority of relevant qualitative studies have explored perceived barriers and facilitators to employment, or clients'

narratives of the employment experience. While in many of these studies, similar topics of importance were discussed from which information needs could be inferred, research directly inquiring about stakeholders' information needs enhances the ability to respond adequately to those needs. This study confirms the need for a problem-solving approach using the provision of tailored information to assist both clients and clinicians to activate the employment journey and to empower both groups to make informed choices about available interventions [10].

The limitations of the study include small focus group sample sizes, and the use of a local convenience sample which may limit the extent to which the findings generalise to all mental health clients, clinicians, and employment specialists. In particular, the client focus group members only included those who were employed or interested in pursuing employment, and as such, may have been a more articulate, motivated, and confident group than had it been a broader sample of both motivated and discouraged job-seekers. Additionally, the majority of clients had limited experience in accessing employment services, which may not reflect the experiences and information needs of those who have successfully obtained employment through employment services. Similarly, the clinician group, through their involvement in a supported employment project, may have had reduced information needs compared to those with no prior experience in assisting their clients with vocational goals. We did not conduct focus groups with carers and family members, and as such, the information needs of this group may have been under-estimated by clients, clinicians and vocational specialists. Future research in larger and more representative samples, including a carers' group, would enhance generalisability in future studies.

4.2 Conclusion

This study provides promising insights into the key employment-related information needs of mental health clients and their treating clinicians, and suggests some effective methods to communicate this information. The findings from the study, in conjunction with a review of

existing vocational resources and the academic literature were subsequently used to guide the development of a comprehensive vocational resource booklet for clients and clinicians of public mental health services [29,30].

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Table 1: Characteristics of focus group participants

	Clients	Mental health clinicians	Vocational specialists
Gender			
Female	6	2	4
Male	5	5	1
Age			
20 – 29 years	2	0	1
30 – 39 years	4	2	1
40 – 49 years	3	2	1
50 + years	2	3	1
Competitively employed			
Yes	7	-	-
No	4	-	-
Voluntary work		-	-
Yes	3	-	-
No	8	-	-
Actively job seeking			
Yes	3	-	-
No	8	-	-
Time worked in mental health case management, <i>Mean (Range)</i>	-	6.7 years (4 months to 25 years)	-
Time worked in psychiatric vocational rehabilitation, <i>Mean (Range)</i>	-	-	8.6 years (1 to 17 years)