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Published

2010

Journal Title

American Journal of Psychiatric Rehabilitation

DOI

[10.1080/15487760903248507](https://doi.org/10.1080/15487760903248507)

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Employment service provider knowledge of service user assistance needs

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Abstract

Employment service provider knowledge of service users' assistance needs was assessed by the extent of agreement between the service user's work-related self-efficacy, and ratings assigned by service providers. Thirty-two employment service user and provider pairs were recruited from five local disability employment services offering intensive assistance to people with psychiatric disabilities to find and keep employment. Service users and providers were interviewed separately. Matching questions enabled the service user's work-related self-efficacy to be compared to service provider's perception of user efficacy in performing thirty-seven core work-related tasks. Information about health status, work history and future employment expectations were also collected. Little agreement was found between service user and provider ratings of service user efficacy. Service user ratings were negatively associated with psychological distress, and were positively associated with service user expectations of vocational success, and the clarity of their own vocational goals. Service provider ratings were positively associated with length of contact in months, current employment, service providers' views of the clarity of users' goals, and a gender match between users and providers. The low agreement represents low service provider knowledge of service user assistance needs at the task level. Increasing provider knowledge of service user work-related efficacy may improve the tailoring of assistance to individual needs. Further investigations are now needed to test whether this promising approach can improve employment outcomes in supported employment for people with psychiatric disabilities.

Keywords: work-related self-efficacy, vocational rehabilitation, supported employment

Introduction

Career disruption is extensive among people with psychiatric disabilities (Waghorn, Chant, White & Whiteford, 2004). Long periods of unemployment and non-participation in the labour force contribute to loss of personal identity and continuing double stigma as 'welfare recipient' and 'mental health patient'. Bond et al. (2001) reported the non-vocational benefits of attaining competitive employment as improved symptoms, satisfaction in leisure and finances, and improved self-esteem. A secondary analysis of an Australian population survey (Waghorn et al., 2004) found that 78.9% of people with psychotic disorders were either unemployed or not participating in the labour force, while only 21.1% were employed part-time or full time. In a secondary analysis of another large national survey of people with psychotic disorders, Waghorn, Chant and Jaeger (2007) found in 1998 that only 29.5% of people with bipolar affective disorder and 13.3% of people with schizophrenia maintained employment for 6 months or more.

Despite the substantial challenges to obtaining competitive employment, people with psychiatric disabilities often report wanting to work (Lehman et al., 2002). The most effective approach to assisting people with psychiatric disabilities to obtain and keep preferred jobs in the open labour market is the Individual Placement and Support (IPS) model of supported employment. (Bond, 2004; Burns et al., 2007; Cook et al., 2005; Latimer et al., 2006). In a recent review of 11 randomized controlled trials which met the criterion of testing programs with close adherence to IPS principles, Bond, Drake and Becker (in press) found that the IPS approach achieved competitive employment for on average 62% of participants compared to 25% in the non-IPS vocational services. Approximately two thirds of IPS participants who obtained competitive employment, worked 20 hours or more per week. The mean job duration after the start of the first job was 25.0 weeks, or 48% of a full year. However, these promising results also reveal considerable scope for improvement, particularly for the 38% of

participants who did not commence a competitive employment job.

In exploring ways in which employment outcomes could be improved further, we considered the possibility that greater knowledge of individual assistance needs may be relevant and important. Employment specialist knowledge of individual participant's self-efficacy may translate into practical knowledge of assistance needs, which may improve outcomes in supported employment. Recent reports suggest individual self-efficacy has a strong relationship with vocational success among people with psychiatric disabilities (Hoffman, Kupper & Kuntz, 2000; Michon, Weeghel, Kroon, Smit & Schene, 2005; Regenold, Sherman & Fenzel, 1999). This work suggests there are potential benefits for utilizing provider knowledge of participant self-efficacy in vocational rehabilitation and supported employment programs for people with psychiatric disabilities.

Bandura's theory defines self-efficacy as a person's belief about their perceived ability (confidence) to plan and perform actions to completion, which is distinct from both their functional capabilities (Bandura, 1997 p. 49) and their outcome expectations. Bandura collected evidence supporting the importance of self-efficacy in career development by linking it to job searching success and the maintenance of employment in the general population. Despite evidence for the applicability of this construct to explaining vocational assistance needs, self-efficacy is seldom utilized in supported employment or in any form of psychiatric vocational rehabilitation (Waghorn, 2005).

Work-related self-efficacy is a relatively new construct. Michon et al. (2005) refer to it as a person's perception of their work performance. Waghorn (2005) defined work related self-efficacy as a person's confidence in their ability to perform core work tasks, and concluded that work-related self-efficacy is a potentially useful means of identifying individual preferences and assistance needs. Waghorn, Chant and King (2005) reported a new measure – 'The Work-Related Self-Efficacy Scale' (WSS-37), which assesses a person's

work related self-efficacy for thirty-seven core work tasks. Chou, Chang and Tsang (2004) report another scale (Chou, 2005), the 'Task Specific Self-Efficacy Scale for People with Mental Illness' consisting of a subscale measuring self-efficacy in work-related skills. However, this scale is limited to five work-skills items, and therefore does not capture a sufficiently wide range of core work-related tasks (Waghorn, 2005).

In summary, the evidence suggests that work-related self-efficacy is a potentially useful source of information in supported employment programs. The focus on individual confidence at the task level is consistent with the principle that all job supports in supported employment are tailored to individual needs and preferences (Bond, Drake & Becker, in press). To our knowledge, no prior research has investigated the utility of work-related self-efficacy in explicitly communicating task level service user assistance needs to the service provider.

This study tested two hypotheses: (1) Moderate agreement between the service provider's ratings and the service users' work-related self-efficacy would be present for most core activities; and (2) Service users whose service providers had greater knowledge of users' assistance needs through closer agreement on work-related efficacy ratings, would be rated by service providers as having greater vocational prospects.

Method

Ethical clearance for this study was obtained from The University of Queensland Human Research Ethics Committee in April 2007.

Employment services

Five Disability Employment Network (DEN) services in Brisbane, Australia were recruited for this study. The Australian Government Department of Employment and Workplace Relations (DEWR) contracts this form of intensive assistance for people with disabilities to find and keep competitive employment. DEN services are the most intensive and continuous forms of assistance available. This labour market program is managed by private corporations and non government organisations contracting to DEWR to receive only case-based funding payable on attainment of employment milestones (DEWR, 2006).

For results-based funding purposes, DEN employment services are classified into two categories: (1) a more intensive 'DEN capped' program and (2) a less intensive 'DEN uncapped' program (see footnotes to Table 1). Two of the five participating DEN services specialised in assisting people with psychiatric disabilities. Two services were also providers of the Personal Support Program (PSP), another labour market program which provides assistance with difficult personal circumstances. The focus of PSP is broader than employment, yet employment remains an important long-term goal (DEWR, 2006).

Participants

Participants were: (1) registered service users of the five DEN contracted services ($n=32$) and (2) service providers ($n=17$) who were the individual staff (employment consultants or case managers) employed by one of the five participating DEN services. Baseline inclusion criteria for service users were as follows: (1) aged eighteen to sixty-four years; (2) had a primary psychiatric disorder; (3) were registered with the DEN service for at least four weeks; and (4) could understand English without assistance. The demographic

characteristics of participants are shown in Table 1.

[insert Table 1 about here]

Five local DEN service providers were contacted by letter and telephone, and meetings were arranged with managers and staff of interested services who then contacted service users. All service providers contacted agreed to participate. Written informed consent was obtained at the DEN service level, as well as from volunteer service providers and volunteer service users.

Interviews

Service user and provider pairs were interviewed separately at the service premises. Most interviews were conducted on the same day, however five occurred one to six days later due to illness or conflicting commitments. Authors NR and TD jointly conducted each interview, with the same author leading the interviews with the service user and provider. However, for nine interview pairs, only one interviewer was present due to scheduling constraints. Matched interviews were conducted for service users and service providers covering users' work-related self-efficacy, health status, employment status, work history, current assistance, employment goals and future employment expectations. The mean interview duration was 34 minutes.

Work-related self-efficacy

This was assessed in matched questions to users and providers by administering the Work-related Self-efficacy Scale (WSS-37, Waghorn et al., 2005) as a structured interview. The WSS-37 assesses thirty-seven core rehabilitation and work-related activities using self-ratings of confidence for performing specific core tasks from 0% (no confidence) to 100% (total confidence) in 10% confidence increments. Service providers were asked how confident

they were in the service users' abilities (perceived efficacy) to perform each task. This was further clarified by asking service providers to rate how confident they were that the service user could complete the task without assistance. The WSS-37 has good construct validity with a standardised alpha coefficient of 0.96 for the total scale and 0.85-0.94 for each sub-scale (Waghorn et al., 2005).

Mental health status

Psychological distress experienced in the last four weeks was assessed via self report using the K10 scale (Kessler et al, 2002). Andrews and Slade (2001) found evidence of good criterion validity for the K10 as a measure of psychological distress, via a positive association between K10 scores and the General Health Questionnaire (GHQ, $r=0.5$) and a significant negative association with the SF-12 ($r=-0.6$).

Illness severity was measured by the Clinical Global Impressions (CGI) severity item, and was rated by NR and TD on its seven point Likert scale from 0 (not at all ill) to 6 (extremely ill) (Dahlke, Lohaus & Gutzmann, 1992), based on the apparent severity of illness observed at the time of the interview. The CGI severity item has been widely used as a primary outcome measure in clinical trials for depression, bipolar affective disorder and schizophrenia (Spearing, Post, Leverich, Brandt et al., 1997). Dahlke et al (1992) reported the inter-rater reliabilities of from 0.41-0.66 and test-retest reliabilities of 0.65.

Analysis

Data were analysed in SPSS 15.0 using Pearson and Spearman correlations to assess agreement between service user and service provider ratings of work-related efficacy. WSS-37 scores were analysed at full scale, item, and factor levels (career planning skills, job securing skills, work-related social skills, and general work skills, see Table 2 for factor composition). The extent of agreement between service user and service provider ratings was classified into three levels (moderate, low, and no agreement) as per Table 3. Visual plots and

cross-tabulations were examined to check the strength and direction of associations.

Covariates of agreement on work-related self-efficacy, and service user and service provider ratings of work-related efficacy were examined separately.

Results

Service provider knowledge of service user efficacy

No significant correlation was found at the total WSS-37 score level, indicating that there was no relationship between service user and provider total scores on work-related efficacy. At the factor level, significant positive correlations were found between service user and provider mean item scores in factors one and three (see Table 2). This indicates that on career planning tasks and work-related social skills, service users and providers ratings were positively related. At the item level, significant positive correlations were found for items nine (task of identifying work skills), sixteen (preparing a personal resume), thirty-one (working required hours) and thirty-seven (working to a consistent quality and pace), with higher user ratings for these items also being associated with higher provider ratings.

[Insert Table 2 about here]

Agreement between service user and provider

The extent of agreement between service provider and user item scores for each item of the WSS-37 was calculated (see footnotes of Table 3 for classifications). From this classification, it was determined that the majority of pairs had moderate agreement for 35/37 items, with 44-75% of pairs having this level of agreement (see Table 3). Furthermore, agreement was associated with general work tasks more so than the other tasks sampled (see Table 2).

[Insert Table 3 about here]

Correlates of extent of agreement

The extent of agreement between each service provider- user pair in terms of full scale

mean WSS-37 scores was classified and coded as either moderate, low or no agreement (see Table 3). Extent of Agreement was positively correlated with service user expectations of vocational success, current employment and the clarity of the user's vocational goal as reported by the service user (see table 4).

Correlates of service user work-related self-efficacy

Service user's total work-related self-efficacy was negatively associated with psychological distress and was positively associated with service user expectations of vocational success and their views of the clarity of their vocational goal (see Table 4). Furthermore, service user expectations of vocational success depended on agreement with providers on full scale work-related self-efficacy. Service users with lower psychological distress, higher expectations of their vocational success or a clear vocational goal had higher work-related self-efficacy.

[Insert Table 4 about here]

Correlates of service provider perceptions of service user

Service provider's perceptions of service user work-related self-efficacy were positively associated with length of contact in months, employment status, gender match between users and providers and the service provider's views on the clarity of the service user's goal (see Table 4) This indicates that provider's perceptions of service user efficacy may be positively influenced by how well the service user is known to the provider, success in obtaining employment, and by the gender match (male-male or female-female of the provider-user pairs).

Discussion

The first hypothesis anticipating moderate agreement between the service users and providers on work-related self-efficacy, was not supported. The lack of substantial agreement was indicated by no correlation between full-scale mean scores on work-related self-efficacy. In addition, only 75% of pairs had moderate agreement on each of the thirty seven items. This finding differs from that of Michon, Kroon, Weeghel and Schene (2004) on the level of agreement using the Generic Work Behaviour Inventory (GWBI), a scale used to rate the clients work abilities. Michon et al (2004) found supervisor scores correlated with those of clients for all scales and for the total score. Although this study did not measure work-related self-efficacy, it does involve perceptions of abilities to perform work tasks, and does show a pattern of agreement between a client and supervisor which was not reflected in these results.

The second hypothesis stated that service users whose providers had greater knowledge of their assistance needs would have made greater vocational progress. This hypothesis was supported by a positive association with current employment status. The lack of relationship between the extent of agreement, and provider's expectation of the user's vocational success, did not support this hypothesis. This finding differs from Michon et al's (2004) findings of good agreement between work supervisors and workers on specific work behaviours. This divergence indicates that more visible and familiar behaviours are more likely to attract provider-user agreement on efficacy. However, user ratings of their own work-related self-efficacy at the task level is the benchmark, and lack of agreement indicates low knowledge of service users strengths, confidence, current abilities, and assistance needs at the task level. Therefore improving service provider knowledge of service user self-efficacy at the task level promises to improve the tailoring of vocational assistance to individual needs.

Psychological distress reported by K10 scores (mean 23.7) indicated probable diagnoses of mild depression or anxiety disorders (New South Wales Mental Health

Outcomes and Assessment Training Centre for Mental Health, 2002). However, the lack of association between the level of psychological distress and the provider's perceived efficacy ratings, indicate a strong reason for sharing this information, because this distress may be invisible to providers, who may not realise the negative impact this has on service users and may not have any basis to adjust their perceptions of service user efficacy.

The positive relationship between service user ratings of work-related self-efficacy and their views on the clarity of their vocational goals and expectations of vocational success shows that users with a clear attainable employment goal or high expectations of their vocational success gave higher ratings of their self-efficacy. This result suggests that clarifying vocational goals and discussing performance confidence at the task level may be very useful activities to conduct on a routine basis with service users.

The positive relationship between length of contact and service providers' perceived efficacy ratings was not mirrored by service users. This suggests that providers felt more confident in the user's efficacy over time, whereas service users did not increase their work-related self efficacy over time. The key implication here is that regular discussion of self-efficacy at the task level and specific interventions at the task level may be needed, as time does not heal low work-related self-efficacy. The positive relationship between provider perceptions of user self-efficacy and gender match indicated that providers of the same gender as the user had more positive perceptions. Therefore, gender match may be important for facilitating communication about user assistance needs.

The relationship between service provider's perceived efficacy ratings and whether the user was employed may be a result of provider's discussing or observing the employed user's performance in many work-related tasks, with more provider and user pairs having moderate agreement for WSS-37 items that involved general work tasks. It is possible that vocational progress impacts positively on service provider's beliefs about service user's self efficacy. The

positive relationship between the service providers' perceived efficacy ratings and their views on the clarity of the user's vocational goal supports the interpretation that perceptions of self-efficacy represent knowledge of user assistance needs.

The lack of agreement between service providers' and users' ratings indicates low knowledge by the provider of user assistance needs that may lead to an inability to tailor assistance to individual user needs. As stated by Bond (2004), it is vital for all assistance to be tailored to individual's preferences if services are to be effective. Therefore, if these assistance preferences are unknown, providers are unable to optimise the assistance they give to promote the vocational success of the user. It is possible that experienced employment specialists form relatively stable beliefs about service user's self-efficacy based on their past achievements. However, it could be speculated that a person's confidence for performing specific tasks cycles more rapidly than anticipated by employment specialists and may need weekly or daily monitoring in the early stages of attempting an essential task. If this is the case, then the failure of employment specialists to expect and plan for fluctuations in task-level self efficacy, may help explain why existing supported employment programs do not achieve even better employment outcomes.

Task-specific interventions

Once the employment specialist becomes aware of the person's task specific assistance needs, specific interventions can be designed at a task level within a particular job to address low confidence for performing a specific activity. For instance, if a person reports low confidence with respect to *Look for and correcting own mistakes* (WSS-37 item 33), an intervention might be designed at the workplace around helping the person plan and implement a systematic quality checking system that does not hinder productivity. Similarly specific interventions can be planned around work-related social skills. For instance if the person reports low confidence for WSS-37 item 28 *Help to instruct or demonstrate a task to a*

new colleague, an offsite intervention could be planned to enable the person to practice this activity in less challenging circumstances.

Limitations

This study has important limitations. The small sample size and non-random sampling strategy was sufficient for the purpose of this investigation, but may limit the generalisability of the results. There is also some uncertainty about the extent that service users can reliably report self-efficacy for work-related tasks that have not been attempted for a long period of time. There is also some uncertainty about the service provider's interpretation of the explanation given about rating the service user's self-efficacy. As the explanation to providers sometimes included the word "abilities", because it is easier to explain than self-efficacy, this may sometimes have been interpreted as functional ability rather than self-efficacy, a broader construct. Therefore, future studies could avoid this possible source of error by explicitly asking 'how confident are you that the user could complete the task effectively without assistance?'. Finally, the test re-test reliability of providers' perceptions of user work-related self-efficacy is yet to be reported. This aspect now requires investigation, due to the potential utility of mutual assessments using the WSS-37, which from this study, appear central to improving providers' knowledge of user assistance needs.

Future research

The promising psychometric properties of the WSS-37 suggest it has the potential to become an important clinical tool for supported employment service providers and for the mental health field in general. From this study, specific areas for future study have emerged. These include investigating the reliability of service users' self-efficacy ratings for tasks they may not have attempted for a long period, and the test-retest reliability of providers' perceptions of user work-related self-efficacy. Investigations are also needed into whether increasing providers' knowledge of user's work-related self-efficacy leads to the development

of task-level interventions that improve vocational outcomes for people with psychiatric disabilities.

Conclusions

The relative lack of agreement between service provider and user efficacy assessments represents a low level of provider knowledge of the service user assistance needs at the core task level. This exploratory investigation reveals that this knowledge could be improved by regular discussions between the service provider and service user focusing on service users' confidence to perform the specific tasks required in each stage of supported employment or vocational rehabilitation. From these discussions, the service provider may improve the tailoring of assistance to the user's individual assistance needs at the specific task level.

Acknowledgements

We thank the service users and staff of Comepass Employment Services; EPIC Employment Service Inc, Lutwyche; The NEPS Centre Inc, Fortitude Valley; Stepping Stone Clubhouse, Coorparoo; and Workline Inc., Buranda.

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Table 1. Demographic characteristics of service users and service providers.

Service consumers (n=32)-		<i>n(%)</i> <i>(unless specified)</i>
Age	Mean (SD)	36.3 (9.3)
Sex	Male	19 (59.4)
	Female	13 (40.6)
Main psychiatric disorder^a	Anxiety disorders	4 (12.5)
	Affective disorders	9 (28.1)
	Bipolar disorder	6 (18.8)
	Schizophrenia	9 (28.1)
	Schizoaffective Disorder	4 (12.5)
Program type	Disability Employment Network (capped) ^b	3 (9.4)
	Disability Employment Network (uncapped) ^c	26 (81.3)
	Personal Support Program ^d	3 (9.4)
Current activities^e	Job preparation ^f	21 (40.4)
	Job seeking ^g	10 (19.2)
	Employment status ^h	16 (30.8)
	Education	5 (9.6)
Service providers (n=17)		
Age	Mean (SD)	38.5 (9.2)
Sex	Male	7 (41.2)
	Female	10 (58.8)

Notes: a. As part of the eligibility process for accessing a DEN program due to having a psychiatric disability, people need a medically confirmed diagnosis of a psychiatric disorder. All participants were either confirmed by medical reports held on file at the employment services, or by diagnostic information held by the employment service that could be verified if necessary. b. Service users in this program are classified for funding purposes as having the potential to work eight or more hours a week at award wages and require ongoing employment service support once employed (DEWR 2006). c. Service users in this program are classified as required to work fifteen to twenty-nine hours a week at award wages with the ability to become independent from employment service support in two years (DEWR 2006). d. Service users in this program receive support for personal issues as well as with employment (DEWR 2006). e. Service users were considered to be currently participating in an activity if this was reported by either the service user or the service provider. Service users were sometimes involved in more than one activity. f. Activities that helped service users to upgrade their skills or to overcome personal barriers to employment. g. Activities such as searching for job vacancies, talking to employers and attending job interviews. h. Employment was defined as working one or more hours per week in a competitive position at award wages.

Table 2. Service user and service provider ratings of work-related self-efficacy.

Work-related self-efficacy	Service user mean (SD)	Service provider mean (SD)	Pearson <i>r</i>
Full scale score	70.1(17.9)	72.4(16.4)	0.10
Factor 1: Career planning skills ^a	70.0(8.2)	72.8(7.2)	**0.83
Factor 2: Job securing skills ^b	69.0(5.3)	69.5(7.1)	*0.67
Factor 3: Work-related social skills ^c	58.3(4.7)	65.5(7.6)	*0.86
Factor 4: General work skills ^d	76.1(5.2)	76.6(4.8)	*0.48
9. Identify your work skills	70.6(27.2)	71.6(20.2)	*0.36
16. Prepare a personal resume	64.7(27.4)	61.1(27.5)	*0.42
31. Work required hours	78.1(24.2)	83.4(17.3)	*0.45
37. Work to a consistent quality and pace	74.1(25.9)	78.6(19.5)	*0.35

Notes.: a. Factor 1 consisted of items 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 18. b. Factor 2 consisted of items 15, 16, 17, 19, 20, 28. c. Factor 3 consisted of items 21, 23, 24, 25, 26, 27. d. Factor 4 consisted of items 1, 2, 9, 22, 29, 30, 31, 32, 33, 34, 35, 36, 37. * $p < .05$; ** $p < .01$.

Table 3. Item-level agreement^a between service users and service providers.

Work-related self-efficacy items (WSS-37)	Moderate agreement ^b	Low agreement ^c	No agreement ^d
31. Work required hours	27	3	2
6. Cooperate closely with people helping you prepare for work	24	5	3
28. Help to instruct or demonstrate a task to a new colleague	24	5	3
37. Work to a consistent quality and pace	24	6	2
8. Identify personal barriers to employment	23	7	2
9. Identify your work skills	23	6	3
36. Stick to a routine or schedule at work	23	4	5
2. Find new ways to manage the added stress of working	22	6	4
3. Identify organisations that can assist you to obtain employment	22	8	2
5. Attend all appointments on time	22	8	2
18. Dress appropriately to attend a job interview	22	7	3
32. Work accurately and efficiently	22	8	2
33. Look for and recognise own mistakes	22	7	3
34. Learn how to do tasks within a given time frame	22	6	4
35. Follow directions without resistance	22	8	2
16. Prepare a personal resume	21	7	4
30. Start work soon after arriving	21	7	4
7. Identify your personal work values	20	9	3
22. Check instructions with the supervisor	20	7	5
29. Cooperate with other workers to perform a group task	20	7	5
15. Ask an employer (in person or by telephone) for information about a job	19	10	3
1. Manage your health well enough to work for 8 or more hours per week	18	8	6
19. Participate appropriately in a job interview	17	11	4
12. Identify your job and career preferences	16	12	4
13. Identify employers with job opportunities that you want	16	10	6
17. Prepare for a job interview	16	15	4
20. Ask relevant questions during a job interview	16	11	5
23. Decline a request to work overtime	16	12	4
25. Resolve a conflict with a colleague	16	11	5
27. Decline a request to exchange duties or work-days	16	14	2
4. Arrange an interview with an agency that may assist you	15	12	5
10. Identify realistic career options	15	14	3
14. Use your social network to identify job opportunities	15	11	6
24. Request a change of hours or days of working	15	5	2
26. Resolve a conflict with supervisor	14	12	6
21. Request urgent leave from the supervisor	13	15	4
11. Research career options prior to searching for a job.	9	3	10

Notes. a. Item agreement is shown in rank order by the number of service user and provider pairs (range 0-32) in each of the three agreement categories. b. Moderate agreement was defined as 0 to 2 Likert points between service provider and service user item ratings. c. Low agreement was defined as 3 to 5 Likert points between service provider and service user item ratings. d. No agreement was defined as 6 to 10 Likert points between service provider and service user item ratings.

Table 4. Correlates of service user and service provider ratings of work-related efficacy.

Co-variates (Mean; SD)	Service user work-related self-efficacy (Pearson <i>r</i>)	Service provider ratings of service user efficacy (Pearson <i>r</i>)	Agreement ^a (Spearman <i>r</i>)
Number of contacts between service user and provider ^b (65.8; 229.9)	0.23	0.17	0.30
Length of contact (months) ^b (21.6; 30.9)	0.24	*0.43	0.20
Contact intensity in contacts per month (2.8; 2.4)	0.09	-0.19	0.08
Gender match ^c (1.5; 0.5)	0.04	*0.38	0.02
Age difference in years (-1.2; 12.4)	0.23	-0.00	0.13
Psychological distress ^d of service user (K10, 23.7; 7.6)	*-0.39	0.10	-0.06
Severity of illness ^e of service user (CGI, 1.9; 1.5)	-0.20	-0.022	-0.31
Service user expectations of vocational success ^f (64.1; 26.2)	*0.71	-0.15	*0.57
Service provider expectations of vocational success ^f (56.1; 30.3)	-0.17	-0.24	0.12
Employment status ^g (1.5; 0.5)	0.24	*0.37	*0.40
Service user clarity of their vocational goal ^h (1.3; 0.5)	ⁱ *0.41	ⁱ 0.25	*0.36
Service providers' views on clarity of user's vocational goal ^h (1.4; 0.5)	ⁱ 0.07	ⁱ *0.39	0.23

Notes: a. Agreement between service provider and service user on mean WSS-37 full scale scores classified as 1=no agreement, 2 = low agreement, and 3=moderate agreement (see Table 3 for agreement definitions). b As documented in employment service records. c. Gender match of service provider and user coded: 1=different gender; and 2=same gender. d. Measured by total K10 scores, which range from 0 (no distress) to 50 (severe distress). e. Measured by CGI severity item with scores ranging from 0 (not at all ill) to 6 (extremely ill). f. Service provider confidence from 0-100% that service users currently job seeking will find employment within the next six months. g. Either unemployed or employed. h. Service user vocational goal for the next two years was classified as: 1=no goal or unclear goal; and 2=definite clear goal. i. Spearman's *r* was used for ranked order variables. **p*<.05.