



CANADIAN MENTAL
HEALTH ASSOCIATION, ONTARIO
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POUR LA SANTÉ MENTALE, ONTARIO

*Short Report on
Supported Employment Programs
for People with Mental Health Disabilities*

Prepared for the Ministry of Health and Long-Term Care

April 2012

Overview

The Canadian Mental Health Association Ontario has prepared a short report concerning employment services for persons with mental illnesses, at the request of the Ministry of Health and Long-Term Care (MOHLTC).

This report begins by identifying the value of employment; and addresses systemic challenges for people with mental illnesses moving into the workforce. Pathways to employment, including program components are described. Policy directions and agendas that are influencing the delivery of employment programs for people with mental health conditions are summarized. We identify the unique characteristics of MOHLTC-funded employment support programs, compared to other publicly funded provincial programs. Policy / program misalignments that can impact successful outcomes are raised. Lastly, we identify issues and opportunities for improvement that have been raised by the sector to enhance employment support programs for persons with mental illnesses.

Approach

Academic and grey literature in Canada and abroad was searched for research and policy documents published since 2005. Pre-2005 documents were included if they were considered seminal documents, or provided evidence that filled gaps in the literature. The search process was conducted from on-line and academic databases, as well as popular search engines (such as Google and Google Scholar). The review process included all relevant material available in Canada, especially Ontario, and key international literature from the UK, Australia, and the US.

A review of public policy documents was also conducted using ministry websites. Searches for other reports and documentation were carried out by reviewing websites of community mental health agencies and provincial collaboratives with a mandate to inform policy-making. (ODSP Action Coalition and Income Security Advocacy Centre, Workers Action Centre, etc.) Lastly, a snow-ball sampling of extant literature provided by various stakeholders was used in this review.

The comparative analysis of the three Ontario Ministry funders of employment programs is based on a review of policy directions and documents; information provided by the Mental Health Employment Supports Network, and a mapping exercise conducted by mental health employment specialists and their funders during an Employment Supports Forum convened by the Canadian Mental Health Association Ontario in 2010.

Value of Employment

Work is an important life activity for most people. For people with mental illness, work is an important element of recovery.¹ In the broadest sense, recovery can be viewed as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”² For persons in recovery from mental illness, work can lead to a reduction in negative symptoms, improve well-being, and enhance social inclusion, all of which allows the individual to function in spite of their illness.³ Persons with mental illnesses typically want to work. While many work part-time or casual, one Canadian study found that the majority wanted to work full time.⁴

A review of international jurisdictions reveals that many government policies support a rapid employment practice that is concerned with finding the shortest route to employment, believing that getting a job, any job regardless of duration or quality, will foster attachment to the labour market leading to more opportunities. This approach stems from the employability concept, a cross-Atlantic philosophy that arises from a value system that believes that everyone is better off working than relying on social assistance.⁵ However, there is general consensus in the literature that employment programs that offer individualized and intensive supports, as well as assist the employer provide workplace accommodations, increase the likelihood of successfully finding and keeping work.⁶

It is estimated that 2 percent of adults 15 years and older have a serious mental illness.⁷ For individuals with the most serious and persistent mental illnesses, unemployment ranges from 70 to 90 percent.⁸ In one Ontario study, only 25 percent of people who were clients of a community mental health agency had a job. Even for people with depression and anxiety, rates of unemployment can be over 30 percent.⁹ The World Health Organization estimates that by 2020, depression will be the second leading cause of disability worldwide. Already the economic costs of mental illness in Canada total \$51 billion per year in lost productivity and healthcare services.¹⁰

Systemic Challenges to Employment for People with Mental Illnesses

Stigma

Stigma is a frequent barrier to obtaining and retaining employment.¹¹ Stigma is defined as a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation of a person or group.¹² It is commonly assumed that individuals with mental illnesses are unable to function at the level needed to satisfy work requirements. What is usually being judged is the severity of the mental illness. However, research indicates that symptom severity is not an accurate indicator of work capacity, functionality or employability.¹³ This belief may even translate into low expectations by professionals that are intended to assist individuals with mental illnesses find work.¹⁴ A significant proportion of employers believe that persons with mental illnesses cannot perform to their standard and productivity will be impeded.¹⁵ It is commonly assumed is that people with mental illnesses are only capable of doing low-level work which results has resulted in over-representation of workers in what is typically referred to the four F's: food, filing, filth, and flowers.¹⁶

Employers often hold the belief that persons with mental illnesses are not competent or reliable to perform at work. They also believe that employing persons with mental illness will be too expensive, often citing costs of accommodations and increased insurance costs as reasons to not hire.

The level of support persons with mental illness may need to enter and retain employment is one of the biggest barriers to long-term competitive employment.¹⁷ Employer support is crucial to ensuring access to employment opportunities. Engaging employers is a fundamental role of supported employment programs. There is a dire need to educate employers on the value of employing persons with disabilities, including those with mental illness, as well as the need to promote and encourage workplace accommodations.¹⁸ Currently, funding mechanisms for most employment support programs do not provide sufficient time to provide these essential activities.

Employers are also often unwilling to take a chance on including persons with mental illnesses in their workforce. If employment prospects are to improve, the attitudes held by employers and co-workers need to be challenged.¹⁹ Economic costs associated with mental illness, particularly lost productivity, have prompted governments to work towards reducing stigma in the workplace. The Mental Health

Commission of Canada is implementing the largest anti-stigma campaign ever undertaken in Canada. They are using educational initiatives to tackle stigma amongst health care workers, youth, and other Canadians. Another way to tackle stigma is to create a “lead by example” movement. This can involve recognizing businesses that have implemented affirmative hiring policies.

Education

Without educational achievement, people lack opportunities for quality employment, and are more likely to face poverty, alienation, isolation, and consequently, poorer mental and physical health.²⁰ However, individuals with mental illnesses can experience challenges accessing and completing post-secondary education.²¹ And, almost one-third percent of people with mental illnesses have not attained secondary school completion, compared to 24 percent of Ontario adults, on average.²²

One response to low-wage work is providing increased access to education and training opportunities. Labour market success for individuals with mental illness is linked to higher levels of education, especially post-secondary education.²³ Ontario employers are in a unique position to both provide and benefit from a more skilled workforce. There is consensus among employment providers, businesses, and academics that employers need to take more responsibility in developing the workforce, especially among low skilled workers.²⁴ Training opportunities that can be championed by employers can range from basic literacy upgrading to employer sponsored employment leaves to acquire further labour market expertise. A training levy for employers, or some system of employer incentives such as tax credits for those who train and/or penalties for those who do not, have been recommended to foster this strategy.²⁵

Discrimination

Under Ontario’s *Human Rights Code*, it is illegal to discriminate against people with mental health disabilities with respect to employment, accommodation, goods, services and facilities, contracts, and membership in trade, union or occupational associations. There have been some positive impacts in employment law and practices as a result of precedent-setting cases brought before the Ontario Human Rights Tribunal.²⁶

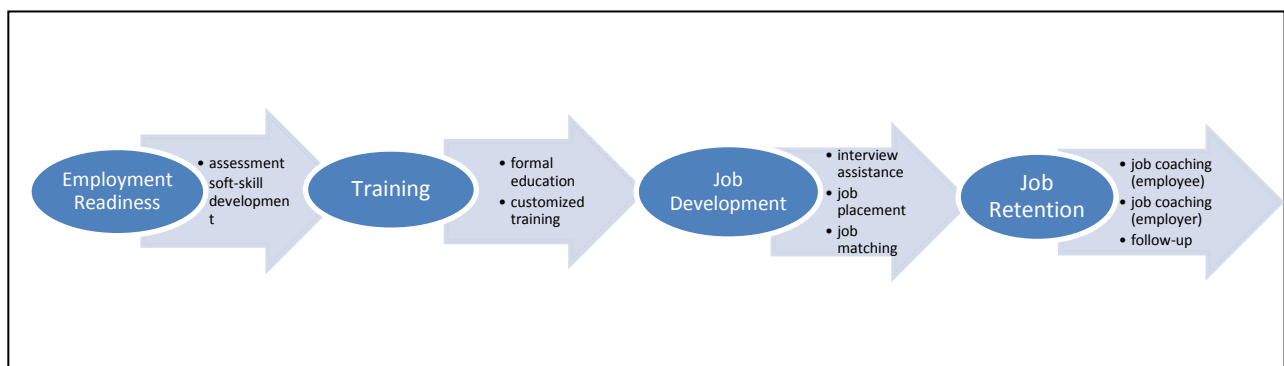
However, discrimination against people with mental health disabilities with respect to employment continues to be a concern in Ontario. During recent public hearings, the OHRC heard that individuals with mental health disabilities commonly do not have adequate educational opportunities such as subsidies or job training that can support their employability. Lack of awareness of the duty to accommodate is widespread – both among employers and also among people with mental health disabilities themselves, who are not aware of their rights. Eligibility for certain types of employee benefits often excludes people with mental health conditions. And return-to-work processes can be onerous and restrictive.²⁷ The Ontario Human Rights Commission (OHRC) is currently developing a human rights mental health strategy to clarify obligations under the Code.

Pathways to Employment

Employment Support Program Components

Program components offered to persons with mental illnesses span a varied continuum: from assessments and soft skills development at one end of the spectrum; to education, skill training job development and job coaching on the other. However, the availability of these program components depends on the region, provider and funder. An overview of employment support phases with related program services are illustrated in Figure 1.

Figure 1: Employment Support Phases



Many people with mental illnesses often take a non-linear route to employment that involves moving back and forth between stages, often taking an extended period of time.²⁸ There is limited research on the time it takes to move from stage to stage in a process governed by psychiatric rehabilitation principles, but some researchers have pegged it at 3 weeks to 6 months at each stage of the process.²⁹ An evaluation of a Canadian employment readiness tool indicated that at least 83% of job seekers need extensive assistance.³⁰ This process in the employment field is often referred to as recycling and should be viewed as normal.³¹ While the debate continues about which activities or combination of activities are most beneficial for a successful employment, the evidence suggests that all the activities provided in employment programs for persons with mental illnesses are necessary. Job seekers who have a mental illness are best served by recovery-oriented models of delivery that are based on incremental successes and long-term strategies.

The current system of employment service delivery is generally dictated by a results-based funding model that values good placement over job preference and quality employment. There is a growing body of research that identifies lack of education and the rapid (job) placement structure of government (employment) programs as the main barriers to securing sustainable employment in the mainstream job market. Moreover, evidence shows that supported employment programs that provide a full range of employment training and supports for persons with mental illness (such as job readiness and job coaching) and that reflect their preferred employment will result in sustained employment at higher wages. Recommendations from numerous studies and reports have called for a wide range of employment support options that align with a recovery concept, this concept is characterized by a longer term approach that builds in a training and pre-employment component. According to recent Canadian study, “actions across all domains are necessary to achieve success in employment and retention of persons in recovery.”³²

Supported Employment Approaches

Employment programs that provide a combination of mental health and vocational supports have been shown to be the most effective for getting persons with MI into the workforce.³³ In Canada, these services are typically delivered through *supported employment* approaches. While supported employment programs are more costly than mainstream employment services, long-term cost savings to the health care and social assistance system has made them a desired form of employment assistance, and can garner support from service provider and government if grounded in evidence.³⁴

Employment support approaches are commonly articulated through specific models of employment services. Those with the most research to support their wide-spread use include: Individual Placement Model, Assertive Community Treatment and Choose, Get, Keep.³⁵

Individual Placement and Support

Individual Placement and Support (IPS) is a noted best practice in employment services for persons with mental health conditions, and the dominant model for employment support.³⁶ Due to the large body of research on the IPS model, it has often been interchangeable used with the term supported employment. The goal of IPS is to support people to move into competitive employment as soon as possible by assisting people to find jobs of their choice. Helping people navigate through the maze of income support issues when transitioning to employment may also be offered in the IPS approach.³⁷

With a well-established evidence base and many service providers adopting IPS in their agencies, researchers and mental health services are now looking to better understand the essential components of IPS so that adaptations can be best made to respond to the needs of specific job-seekers and local settings.³⁸ Adding interventions such as motivational interviewing and cognitive remediation have also shown promise.³⁹ Cognitive remediation is a method to train people in learning skills that address the cognitive problems they experience as a result of severe mental illness. Motivational interviewing is a therapeutic treatment that supports people to move towards positive changes in their lives and has been found through extensive research to be an effective treatment.⁴⁰ Ongoing research and practice in the field is required to evaluate the potential of these approaches.

Two components of the IPS approach that are of increasing concern are the lack of pre-employment training and post-employment supports to ensure long-term job tenure. A study by Canadian researcher Marc Corbiere found that 40 percent of supported employment participants who have severe mental illness did not obtain jobs. The same study found that job tenure was typically found to be less than 5 months. This study addresses growing criticism of the IPS approach as a model that values a work-first approach.⁴¹

IPS does appear to achieve success in creating job opportunities, but low job retention and quality of employment is creating mixed opinion as to the overall success of this approach. For people with serious mental illnesses, research is finding that “the provision of ongoing, unlimited support was repeatedly highlighted as a key to success for employment programmes.”⁴²

ACT Teams

Assertive Community Treatment teams, comprised of a clinician team of health care specialists, provide intensive supports to persons with serious mental illnesses. Teams may or may not include vocational services. A shift from clinical to a recovery-oriented focus has increased the need for employment services on these teams. Ontario ACT standards call for a vocational specialist to be integrated within

the team.⁴³ Despite reducing hospitalization and increasing housing tenure, ACT has not proven to be the best model for improving employment outcomes.⁴⁴ According to a Canadian study of ACT teams, fewer than 10% of clients were classified as working after 12 months.⁴⁵ The evidence indicates that there are a number of reasons for this. Essentially, ACT teams do not have a vocational focus. Their central activities focus on clinical outcomes, such as activities of daily living. Despite these limitations, the presence of a vocational staff member has helped mental health workers to understand the role employment plays in a person's well-being.

Choose, Get, Keep

Choose-Get-Keep (often called the *Psychiatric Rehabilitation Process*) is an evidence based, best practice model, which assists adults in recovery achieve greater success and satisfaction at work (as well as living, learning and social) environments of their choice.⁴⁶ The Choose-Get-Keep model was conceptualized over two decades ago and was first applied to the area of vocational rehabilitation for people with psychiatric disabilities.⁴⁷ The approach has since been adopted in a variety of program environments, and has been successfully blended with other best practice models. These programs are delivered by trained providers, who have been successfully achieved credentials as a Certified Psychiatric Rehabilitation Practitioner. Choose-Get-Keep is currently under final review by the National Registry of Evidence-based Programs and Practices in the U.S. This model of employment supports is gaining recognition in Canada as a complement to traditional employment services.⁴⁸

Choose-Get-Keep has many of the same features as IPS, notably its blending of employment and mental health supports, and its focus on standards of practice. Unlike IPS however, it is an approach that can be applied to a range of different program models, not just employment.⁴⁹ It measures success through quality of life indicators as opposed to number of jobs secured. With an emphasis on job readiness and longer-term employment support, it is a way of working with people with mental illness and supporting them in their own process of rehabilitation and recovery as they "choose, get, and keep" employment or other life goals.

Adapted Models

Model adaptations can take the form of hybrid models or existing models combined with clinical interventions. One such intervention that is gaining recognition in multiple jurisdictions is Cognitive Remediation. Cognitive remediation strives to improve cognitive functioning in persons with mental illnesses through exercises to improve memory retention, comprehensive and concentration.⁵⁰ Another intervention that is gaining traction in Canada is the development of soft-skills training in relaxation, stress management, problem solving, etc. These skills are beneficial to everyone to function well in the workplace.⁵¹

Innovations in Service Delivery

Promising practices that have not yet been evaluated as rigorously as "best practices" are developing as service providers deliver innovative, client-centred approaches. Researchers believe that "expanding access to and improving the effectiveness of supported employment and other promising models of employment services should surely rank high on our policy priority list".⁵² However, if there is a significant lag between research and practice, there is an even greater gulf created for taking practice to

research. The inability to adapt readily to agency tailored employment supports impedes policy development in this area.⁵³

Emerging practices refers to innovations in practice that respond to the needs of a particular program, population or system, but do not yet have scientific or expert consensus support. *Peer Support* in employment programs is one such practice. Efforts are underway to address workplace prejudice and discrimination in the context of supported employment by adding peer run groups to program activities.⁵⁴ Peer support within employment programs are designed to empower individuals with psychiatric disabilities to combat prejudice and discrimination by teaching them coping and cooperation skills in the workplace.

Emerging practices in employer support is being explored in jurisdictions around the globe. For example, a “welfare to work” policy in the Netherlands provides a job coach to both the job seeker and the employer. In Poland, activation policies are implemented that provide education and skills development. These policies promote active labour market practice to enable a stronger attachment to the labour market. The activation policy has received some attention in Canada as well.⁵⁵

Customized training is another example of an emerging practice. It means customizing training to the needs of the labour market. Research has shown that customized training that is tied closely to industry demands is usually the most successful.⁵⁶ Specialized employment agencies often use this approach to “job carve” or, in other words, negotiate job duties and/or employer expectations required. (MHESN forum).

There is an increasing need to evaluate new and adapted employment support models that can be effective in supporting long-term job retention.⁵⁷ The Collaborative Partnership Network (CPN), a provincial employment network run by employment service providers in Nova Scotia is possibly the kind of innovation in employment services that has the potential to transform how services are delivered. Funding for federal programs has been downloaded to CPN in Nova Scotia. Negotiations are ongoing for the transfer of provincial funds. The evidence thus far shows that CPN is an example of a practice-based evidence model that has proven successful.⁵⁸ The following table outlines CPN successes to date.

Collaborative Partnership Network (Nova Scotia)

- Delivers \$5.5 million in multiple government funding agreements from various ministries
- Created economic impact formula to guide funding investments
- Developed an employment excellence model: a compilation of member agencies best practices
- Provides 65% placement rate across the Network.
- Improved service delivery by 500%.

*Personal Communication - Teleconference with CPN and Mental Health Employment Supports Network (August 2011)

Policy Directions in Ontario

Ministry of Health and Long-Term Care

Since the early 1990s, policy makers have placed increasing emphasis on the value of providing employment services to persons with mental illnesses. The Ministry of Health and Long-Term Care (MOHLTC) developed an employment policy framework, *Making It Work*, in 2000. While it was not officially implemented, many service providers use it because it aligns with recovery-based principles. While the framework does not use the language of recovery, its guiding principles and objectives reflect the concept of recovery used in employment programming for persons with mental illness. *Making It Work* was the first provincial policy framework for employment supports in Ontario and the MOHLTC is the only Ontario Ministry to have developed such a framework specifically geared to the needs of persons with mental illnesses.

The Ministry of Health and Long-Term Care's new ten year Mental Health and Addictions Strategy, *Open Minds, Healthy Minds* (2011)⁵⁹ identifies a key employment related result for Ontarians :

“More people with mental health and/or addictions issues [will be] employed and integrated in their communities”

under the strategy's goal to create healthy, resilient, inclusive communities. It further prescribes strategies for harmonizing policies to improve employment support by:

- *developing policy, guidelines and tools to match housing and employment resources to the needs of people with mental health and addictions problems*
- *looking for opportunities to interact effectively with other municipal, provincial and federal programs to support employment for those with mental health and addictions problems*
- *working in partnership with educators and employers to develop employment strategies focused on people with a mental illness or addictions.*

Ontario's mental health and addiction strategy will be implemented in phases; and is focused on children and youth during its first three years. Goals, such as employment for people with mental illnesses, are expected to be implemented thereafter.

Ministry of Community and Social Services

The Ministry of Community and Social Services (MCSS) delivers Ontario Works and the Ontario Disability Support Programs to provide income to Ontarians that need income assistance. Persons with disabilities, including persons with “severe and persistent” mental health conditions, may be eligible to receive employment services through the Ontario Disability Support Program (ODSP) employment program. The objective of the program is to get people into competitive employment.⁶⁰ Participants do not have to receive income supports to be eligible for employment supports. MCSS has, over the last few years, made changes to their ODSP employment program funding model to remove disincentives to employment. Their modernization initiative currently underway is intended to continue building on improvements to their employment program. During the writing of this paper, the 2012 Ontario Budget was tabled. The government announced that they would be integrating ODSP employment programs into Employment Ontario. The timeline and implementation details are not known at this time⁶¹.

Ministry of Training, Colleges and Universities

Employment Ontario, funded by the Ministry of Training, Colleges and Universities (MTCU), is a third option for individuals with a mental health conditions seeking employment. In 2008, the Canada-Ontario Labour Market Agreement was enacted, resulting in the transfer of responsibility and funding from the federal government to the Province. Funding of employment services for persons with disabilities is delivered under a separate agreement called the Labour Market Agreement for Persons with Disabilities. Under this agreement the MOHLTC, MCSS and MTCU share responsibility for program delivery.⁶² While the lead Ministry under the Agreement is MCSS, each year all three Ministries are required to submit annual reports, providing data on numbers served, demographics of program participants and other program details. The goals and outcomes for each funder is a reflection of the particular Ministry mandate as opposed to the particular needs of persons with disabilities. MTCU has been undergoing a transformation process to create a new employment network, inclusive of services for persons with disabilities.

Other Policy Agendas

Employment support can generate significant economic cost-savings to society and reductions in need for social assistance. This driver is reflected in recent policy agendas in Ontario.

- The Social Assistance Review, an initiative of Ontario's 2009 Poverty Reduction Strategy recognizes the need to transform employment services for persons on social assistance, including those with mental illnesses. MCSS employment program services may soon undergo a significant change due to options presented by the Social Assistance Review Commission. A final report expected to include employment support recommendations will be released in July 2012.
- The Commission for the Reform of Ontario's Public Services has recommended streamlining and integrating other employment and training services with Employment Ontario. This action is intended to strengthen "fragmented and distorted policy-making" given the many and varied funding requirements now in existence.

Within this environment, service providers have come together to raise and address common concerns in order to strengthen service delivery outcomes for oftentimes marginalized job seekers. *Job Opportunity Information Network (JOIN)*, the *Ontario Disability Employment Network (ODEN)* and the *Mental Health Employment Supports Network (MHESN)* are reflective of this desire to create a unified voice for specialized providers to contribute to solutions.

Ministry Funded Employment Programs in Ontario

Employment services for persons with serious mental illnesses (SMI) are funded by three Ministries: the Ministry of Health and Long Term Care (MOHLTC), the Ministry of Training, Colleges and Universities (MTCU), and the Ministry of Community and Social Services (MCSS) through the Ontario Disability Support Program (ODSP).⁶³ These ministries contract out service delivery to third party providers, the majority of which are non-profit community sector agencies, but there are a small pocket of for-profit providers.

Table 1: Similarities and differences between Ministry funded employment programs serving people with serious mental illnesses

Employment Programs Snapshot							
Funder	Multiple year funding	Comprehensive range of employment activities	Standardized vocational assessment tool	Serve People with SMI	Includes social/rec programs	Flexible Performance targets	Success indicator: competitive employment
MOHLTC	yes	yes	no	yes	yes	yes	no
MTCU	no	no	no	yes	no	no	yes
MCSS	no	no	no	yes	no	no	yes

MOHLTC funded programs have a number of distinct features which distinguish them from MCSS and MTCU programs. The most significant difference is that MOHLTC has the most flexible model of support. In addition, expected employment outcomes are broader based and involve a range of success indicators; while MTCU and MCSS models focus on competitive employment outcomes.

MCSS employment services are available to individuals with a documented disability that persists for more than one year. Third party agents, including some community mental health agencies, are funded to deliver MCSS employment services under third party funding agreements. The expected outcome is providing services to support individuals move into competitive employment. The employment service must also be free of barriers and driven by client choice. When competitive employment is not an expected outcome, participants are directed to other community resources to meet their needs, such as educational upgrading or other life pursuits.⁶⁴

MCSS contracts are maintained by meeting outcomes for job placements. The job placement outcomes differ from region to region and sometimes even within programs in the same region. Funding is provided up front but can be clawed back from providers if outcomes are not met. Placement is defined as three months (13 weeks) of cumulative employment. The service provider earns the job placement funding when the client has been placed in employment for a cumulative 13 weeks. While improvements to the MCSS funded programs have been introduced, it is unclear if these supports are sufficient enough to increase job placement and retention figures for persons with disabilities.

MTCU also operate on a results-based system. Jobs secured are the number one performance indicator. Job placement thresholds will vary depending on local needs. In addition, it appears that there is more flexibility at the local level to achieve these results.

Appendix A provides schematics of pathways to employment program components supported by each Ministry.

Ministry of Health and Long-Term Care

MOHLTC funded programs have the following policy and program design components which are intended to enhance social inclusion and progress on achieving vocational goals.

Multi-year Funding

MOHLTC is the only funder to have multi-year agreements with service providers. This type of funding allows for innovation and program stability.⁶⁵ MOHLTC funds 51 vocational/employment programs that serve persons with serious mental illness through 14 Local Health Integration Networks (LHINs).⁶⁶ This number does not include consumer/survivor operated businesses. Some programs provide employment support as part of their global funding, while some agencies have dedicated funds for employment services.⁶⁷

Psychosocial Rehabilitation Approach

The focus of MOHLTC funded programs is not on competitive employment; but rather takes a broader view to social inclusion as a determinant of health. For this reason, MOHLTC employment support program indicators reflect broad social recreational goals. This philosophy is reflected in the funding of clubhouses and social enterprises - models of employment that are not funded by MCSS or MTCU. In keeping with the broader mandate, number of jobs is not captured in Labour Market Agreement report statistics that the Ministry submits to Human Resources and Skills Development Canada annually.⁶⁸

By contrast, ODSP employment program (MCSS) and Employment Ontario (MTCU) are directed by a labour market philosophy that focuses on rapid-re-entry into the workplace.

Range of Employment Activities

The MOHLTC funds a continuum of employment services, from pre-employment activity to post-employment support. Pre-employment activities can include soft skill develop (punctuality, getting along in the workplace, grooming, etc. to employment readiness assessments). While the debate continues about which activities or combination of activities are most beneficial for a successful employment outcome, the evidence seems to indicate that all the activities provided in employment programs for persons with mental illness are critical to their success.⁶⁹ In spite of the evidence, MOHLTC is the only provincial funder that reflects this reality in their funding model.

A map of the various employment pathways are presented in appendix A and further emphasize the differences between Ministry funded programs. This map was created by a working group of Ministry staff and service providers during an Employment Forum convened by the Canadian Mental Health Association Ontario in 2010.⁷⁰

Eligibility

While all funders serve persons with mental health disabilities, MOHLTC programs are only for persons with serious mental illnesses. Furthermore, their employment program(s) are only available to clients of the mental health organization (both community and hospital based) from which they are receiving other services.

Assessment

No Ministry-funded programs require a formal tool for assessing job readiness. However, MOHLTC funded programs have available to them the Ontario Common Assessment Tool (OCAN) to initially identify vocational needs as part of a comprehensive client assessment.

Success Indicators

MOHLTC-funded employment programs' indicators of success range from self-exploration to paid employment. They are also left to the discretion of the individual provider service. If someone discovers while they are exploring employment that what they really need is to return to finish their General Education Diploma (GED), providers see this as a success. If someone starts paid employment but is not able to maintain this position (even after only one day on the job) this can still be counted as a success by the employment provider. Volunteer placements and educational pursuits are also seen as successes. By contrast, MTCU and MCSS count paid employment in a competitive position a success.

On-going Support

A person can remain with MOHLTC funded programs as long as they require. This is not the case with the other Ministry funded programs.

Policy and Program Misalignment

This section identifies some of the most frequently cited misalignments between policy and program design; and some of the solutions and/or options available.

Social Assistance as a Barrier to Employment

People with mental illnesses are the fastest grouping category of recipients on ODSP.⁷¹ While MCSS offers the ODSP employment support program, there are disincentives to participating in these programs due to unintended consequences, such as the 50% claw back on earnings. Much has been proposed to rectify this issue; most recently through the Commission to Review Social Assistance in Ontario.⁷²

Insufficient Pre-employment Activities

Pre-employment activities can lead to improved long-term success in the labour market.⁷³ This includes both soft skills and industry specific skills development. Soft skills refers to basic living skills associated with being employed (such as reliability, punctuality) as well as learning how to relate to coworkers, monitoring your own emotional responses at work, and learning how to strengthen cognitive skills in order to increase work capacity.⁷⁴ Evidence from the UK's Perkins Review suggests that approximately 78% of people with a mental health condition require continued soft skill supports during the first six months of work.⁷⁵

In Nova Scotia, the Collaborative Partnership Network found time spent in the pre-employment stage increased positive employment outcomes.

*If we did a better job and slowed it down at the beginning, the outcomes for the clients becoming employed were better, definitely. Once clients became employed, we would follow them but we provide very direct and intense support if needed, for as long as they need.*⁷⁶

The need to imbed a realistic period of support for pre-employment activities was also identified in a 2010 survey CMHA Ontario conducted of employment service providers for people with mental illnesses.⁷⁷

Enhancing employment readiness through redesigning programs to better reflect needs at the pre-employment phase, is therefore an important contributor to successful employment. Such a redesign would require extending timelines currently imposed under outcome based funding.

Ancillary Supports for Employment

The lack of employment related supports, such as transportation and child-care, can interfere with one's ability to maintain employment. Transportation is the most often described ancillary barrier to employment.⁷⁸ Without an affordable and reliable means of transportation to find a job and, once a job is secured, to travel to the work place, sustaining employment is not likely.⁷⁹ This is especially the case in regions that do not have public transit systems, such as rural or remote communities. Affordable transportation also received attention from The Social Assistance Review Advisory Council.

Taking into account current rates of income assistance provided through OW and ODSP, a monthly transit pass or equivalent mileage coverage through social assistance benefits are two possible solutions

to ensure access to one's workplace. This approach has been effectively implemented in Ottawa, where CMHA Ottawa worked with their municipality to secure a transit subsidy for social assistance recipients.⁸⁰

Core Basket of Services

There is an increasing endorsement by Ontario employment service providers that a core basket of services for employment support be identified and be made equitably available. This core basket should include funding for job development and retention activities. This is already starting to take shape in some parts of Canada and other jurisdictions. By 2012, British Columbia will have a provincial inter-ministerial framework to support implementation of psychosocial rehabilitation for people with severe mental health and substance use problems.

Measuring Program Success

Data requirements differ between funders and even among programs funded by the same ministry. The latter appears to be a consequence of both funder expectations at the local level and provider capacity. Without standardized indicators and integrated databases, opportunities to evaluate effectiveness, compare across programs and identify best practice in service delivery are significantly compromised. Complicating this matter further, is that employment services may be imbedded within other programs, such as Assertive Community Treatment (ACT) Teams or hospital settings.

A significant challenge to adoption of evidence-based supported employment practices is the lack of comparable indicators to inform program design and delivery. Scotland's Healthy Working Lives Strategy has identified lack of comparable data as an impediment to developing standards of practice for employment support services.⁸¹ Lack of comparable data is not unique to Scotland. The inability to aggregate data from employment programs has been identified in Canada, including Ontario, as hampering the adoption of effective practices in employment support that could lead to a more unified system.⁸²

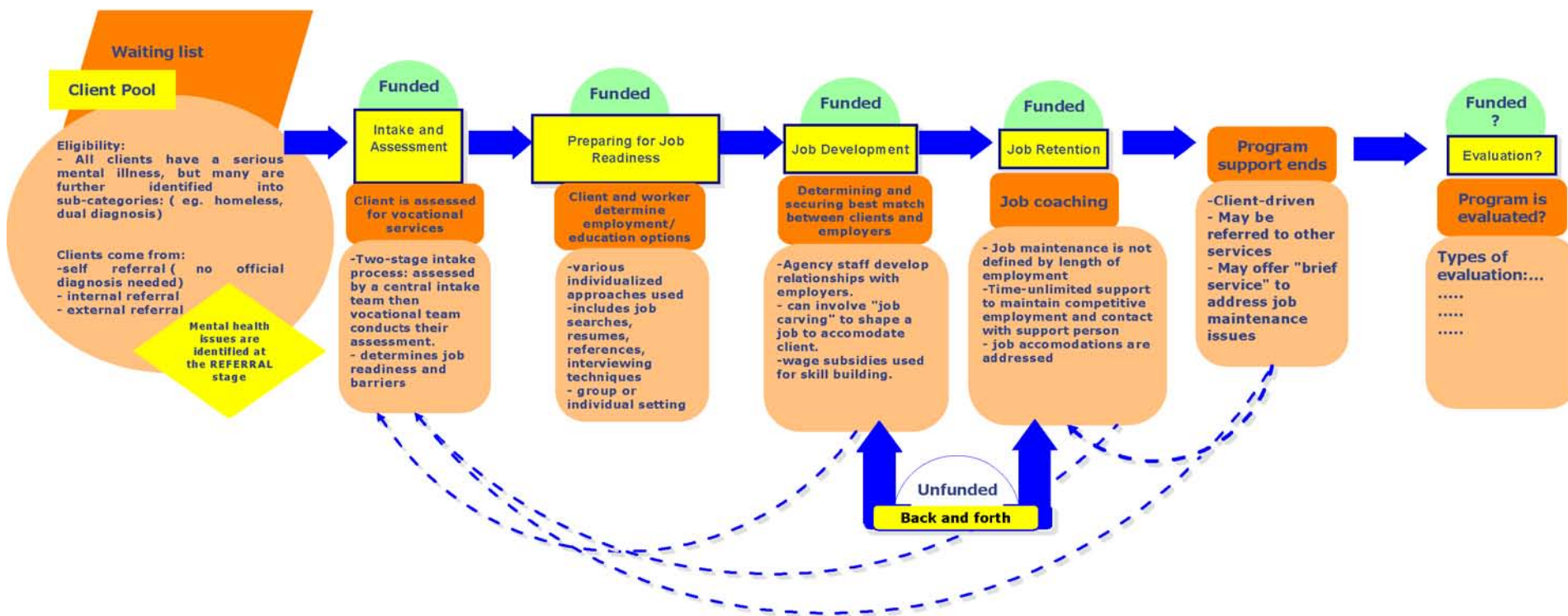
In Ontario, the Employment Sector Council of London Middlesex (ESCLM) has taken up this challenge. They have identified a core basket of employment support services to be delivered and evaluated in pilot sites throughout Ontario.⁸³ The imperative to develop and collect comparable data is beginning to gain traction in Ontario. TMTUCU has provided funding to enable the ESCLM to conduct this project.

Staff Training & Development

Agencies have lost funding to support staff training and development in such areas as evidence based practices, marketing and promotion of employer awareness programs, and employment assessments. Employment support service providers require monies for professional development in order to deliver high quality services.⁸⁴

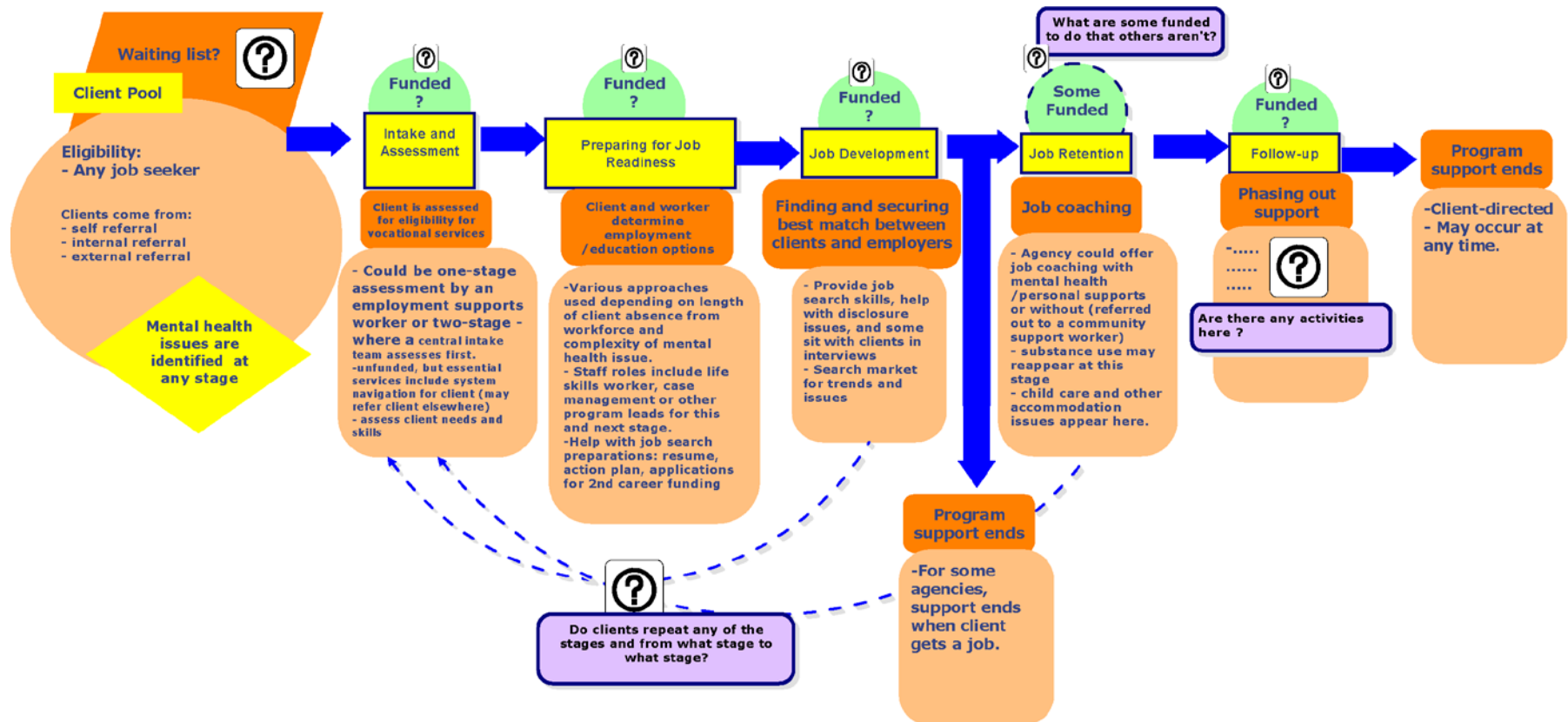
Ministry of Health & Long-Term Care Funded Employment Programs

Pathways to Employment



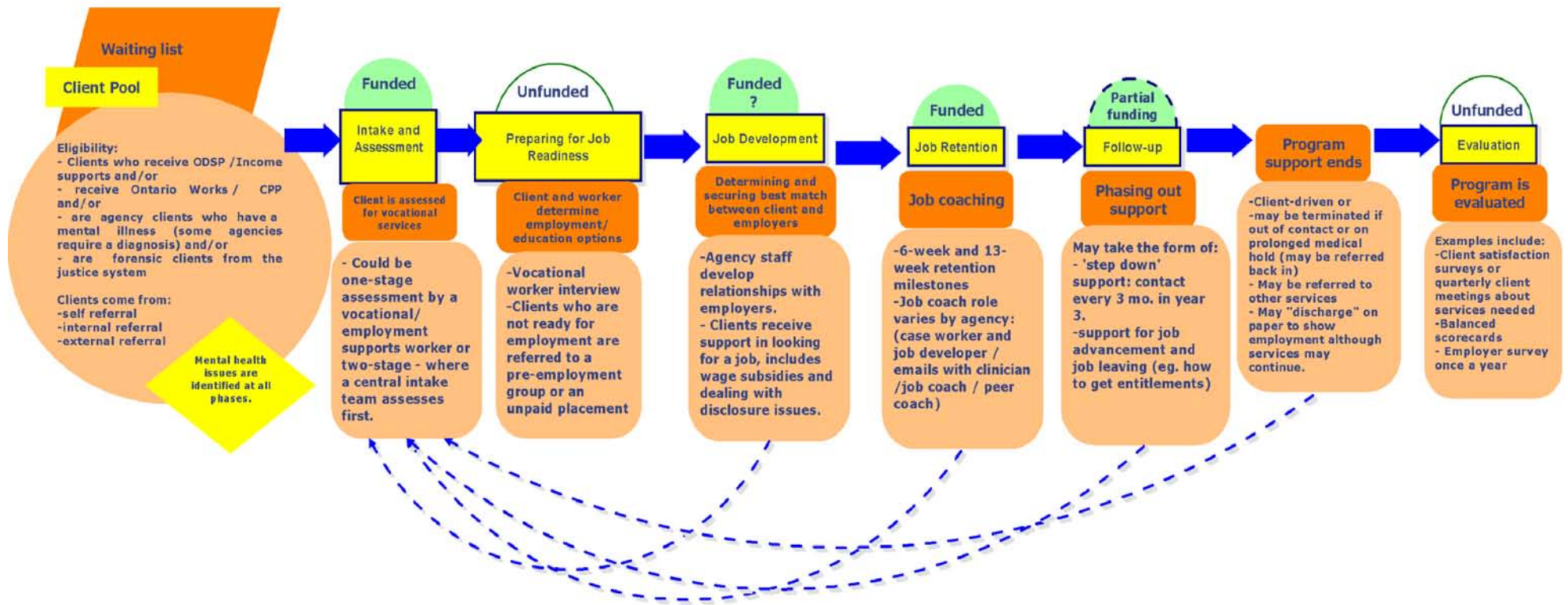
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Pathways to Employment



Ministry of Community and Social Services Funded Employment Programs

Pathways to Employment



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