Realising work potential

Defining the Contribution of Allied Health Professionals to Vocational Rehabilitation in Mental Health Services: The Way Forward

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APS Group Scotland
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Special thanks go to all those working in health, employability and service user organisations who gave their time and expertise to contribute, advise and encourage, building on existing partnerships and creating valued new ones.

Finally a big thank you to all those service users who allowed us to be inspired by their photographs and to Christopher who, through his poetry, tells his own story and motivates us to continue our own...

The job is set
The path is known
Everyone takes their place
Ready, Set, GO!

Lisa Greer
National AHP Lead, Vocational Rehabilitation and Mental Health
Realising work potential
Defining the Contribution of Allied Health Professionals to Vocational Rehabilitation in Mental Health Services: The Way Forward
Waiting in the Yard

The timeless wait, steam floats on chill morning air from Breath and mug, the scent of tea overpowers and diesel Fumes waft in between.

Yawns drift across the tenuous moment, the vans already Filling as idle banter and laughter creep in.

The latecomers slowly shuffle in, in ones all silent and in Twos, murmuring, welcomes and teas all round quicken the Pace.

Plans are made, while the gear’s lugged on, last sweet Moment of peace slowly fades.

Moment’s up
The job is set
The path is known
Everyone takes their place
READY
SET
GO!

Christopher Noble,
Full time worker, poet and former service user
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“With the support of professionals I participated in voluntary work... and graduated from college. I feel my life is back on track and I’m seeking employment. I think with enough grit and determination, a positive attitude and a willingness to learn you can overcome anything in life.”

Service user
Foreword
by the Chief Health Professions Officer
We know that work and engaging in productive occupation has a positive impact not only on an individual’s health and wellbeing but also on their quality of life, social inclusion and self esteem. We also know that receiving appropriate and timely support to sustain or engage in work roles while managing ill health is crucial to sustained recovery. This is as true for those experiencing mental health conditions as it is for others.

Allied Health Professionals (AHPs) are pivotal to the successful development and implementation of evidence based models which enable those using healthcare services to maintain or return to work and wider vocational roles. The AHP’s clinical focus on an individual’s strengths and personal goals and their knowledge of rehabilitation and recovery focused approaches mean that they are well placed and have a responsibility to play a lead role in facilitating the achievement of service users’ work-related aspirations.

This document provides a comprehensive review of the current vocational rehabilitation (VR) practice of AHPs in mental health. The many examples of good practice contained within the document celebrate how AHPs are successfully enabling those recovering from mental health issues to overcome the barriers they experience in gaining work through the implementation of evidence based models, through the establishment of effective partnerships and through the use of strong and inspiring leadership.

The document also acknowledges that there is more work to be done and that AHPs have the knowledge, skills and experience to do it! It asks all AHPs to lead the way in ensuring that work is central to all service user care plans; it encourages AHPs to evaluate their vocational rehabilitation practice and share their outcomes at the highest level so that future service development is based on what is known to work and so that local achievements can be translated to meet national needs; it mirrors national policy by emphasising the importance of doing this work in collaboration not only with our health colleagues but with those who are able to influence and support the local and national landscape.

I now call on Allied Health Professionals to recognise and capitalise on the unique opportunity that is available to them and to make a real difference to the development of accessible, integrated, personalised and timely vocational rehabilitation services for those with mental health conditions.

Jacqui Lunday
Executive Summary
In 2010 the Scottish Government published Realising Potential: An Action Plan for Allied Health Professionals in Mental Health which, for the first time, provided AHPs with a framework in which to describe and develop their contribution to mental health service provision and the wider health policy agenda.

This report fulfils one of the commitments made by Scottish Government within Realising Potential to commission ‘a review of current models of vocational rehabilitation used by AHPs in mental health and will produce national guidance by spring 2011.’

The report aims to provide Allied Health Professionals with relevant and up-to-date information which will guide and support delivery of evidence based vocational rehabilitation services.

The report also serves as a practice-based resource for health and social care partners, employability agencies and service user organisations: clarifying and promoting the contribution that Allied Health Professionals make to supporting individuals experiencing mental health conditions to achieve their vocational aspirations.

Based on the findings of a national scoping exercise, a review of the evidence base and the priorities identified in recent government policy the report discusses the contribution and impact that AHPs make to the provision of vocational rehabilitation for individuals with mental ill health, focusing on the following areas:

- Use of evidence based models of practice
- Measuring outcomes
- Access
- Partnership working
- Psychological therapies
- Leadership

Within each section examples of current AHP practice are used to illustrate how AHPs are meeting the vocational needs of people with mental health problems. Challenges to meeting these needs are also described.

The report identifies key principles which should guide the development of AHP vocational rehabilitation service provision and proposes practical action points for clinicians and managers to facilitate the achievement of these principles.
1. Introduction
The publication of Realising Potential: An Action Plan for Allied Health Professionals in Mental Health¹ in 2010 provided a clear link between the mental health and rehabilitation policy frameworks which have been developed in Scotland in recent years and the knowledge, skills and capabilities of the AHP workforce. Its focus on early access to services, supported self-management, the integration of physical health and mental wellbeing into treatment and the use of psychological interventions mirrors the priorities of Delivering for Mental Health² and the Adult Rehabilitation Framework³ and it actively encourages AHPs to maximise their contribution to the advancement of mental health service provision.

Realising Potential also recognises that AHPs are uniquely skilled to respond to the current drive to implement and improve vocational rehabilitation for people of any age that experience mental health difficulties and, in partnership with Scottish Government, a review of current models used by AHPs in mental health to support service users to engage in vocational roles was commissioned.

This report fulfils that commitment. It provides details of the many examples of excellent practice that are being carried out by Allied Health Professionals, identifies the principle challenges that are experienced in delivering evidence based models and suggests practical solutions which AHP services can implement to develop services which enable all people with mental health conditions to realise their work potential.

1.1 Good Work Good Health

Engaging in a productive occupation is fundamental to an individual’s health and wellbeing. Occupation defines how we choose to spend our time and the activities we value help to define who we are and often make us feel good about ourselves. Work is no exception to this logic.

In 2006 Waddell and Burton⁴ carried out a review of the evidence linking work and health. They defined ‘work’ as follows:

‘Work involves the application of physical or mental effort, skills, knowledge or other personal resources, usually involves commitment over time, and has connotations of effort and a need to labour or exert oneself⁵,⁶. Work is not only ‘a job’ or paid employment, but includes unpaid or voluntary work, education and training, family responsibilities and caring.’
Their findings concluded that:

- Being in the right work is good for health, improving self-esteem, quality of life and wellbeing
- Unemployment progressively damages health and results in more sickness, disability, mental illness, obesity, use of medication and medical services and decreased life expectancy
- Returning to work after unemployment improves health as much as being unemployed damages it
- Work meets important psychosocial needs in societies where employment is the norm
- For people with a mental or physical health condition, remaining in or returning to work quickly aids recovery
- Work reduces poverty and health inequalities for families and communities
- More people gain health benefits from being in work than are negatively affected by it. This applies to all age groups

These findings apply to everyone regardless of their health condition. However due to significant personal, attitudinal and structural barriers, people with mental health conditions are less likely to be engaged in work roles than the general population or those with other health conditions and disabilities and 85% are unemployed.

1.2 Vocational Rehabilitation

Vocational rehabilitation (VR) has been defined in a number of ways. For example:

‘Whatever helps someone with a health problem, stay at, return to and remain at work. It is an approach rather than a particular intervention.’

‘…a process that enables people with functional, psychological, developmental, cognitive and emotional impairments or health conditions to overcome barriers to accessing, maintaining or returning to employment or other useful occupation. The emphasis is on restoration of functional capacity for work or other useful occupation rather than treatment of a clinical condition.’

What is implied in both of these definitions is that vocational rehabilitation is not the remit of a single vocational rehabilitation specialist; rather it is the joint responsibility of a wide range of professionals and providers, ranging from healthcare to social care workers, from welfare to employability services. Furthermore, it is not simply concerned with maintenance or return to paid employment but has a wide remit to facilitate engagement in any ‘useful occupation’ and, as emphasised by Waddell and Burton it should therefore include education, training, adult literacy, volunteering, unpaid work, caring roles, work placements, job search or other activities related to work.
1.3 Policy Context

The economic and social implications of worklessness and the development of a body of evidence which demonstrates how people with mental health problems can be supported to overcome the barriers they experience in gaining work has prompted both UK and Scottish Governments to make a commitment to providing this client group with the help they need, when they need it.

This report addresses the priorities of Scotland’s Quality Strategy with its focus on identifying and steering the development of evidence-based services which meet the strategy’s six dimensions of quality: person-centred, safe, effective, efficient, equitable and timely.

The report also links directly with the Delivery Framework for Adult Rehabilitation in Scotland and the Health Works Strategy which reviews and builds upon the commitments made within Healthy Working Lives. All include a focus on the role of healthcare practitioners and their responsibility for looking at the wider recovery and reablement goals of service users’ treatment programmes, including the reduction of health barriers which affect vocational achievement. They also recognise the key issue of early access to appropriate support and the value of working in partnership not only with healthcare colleagues but also with employability, welfare rights and wider vocational support agencies.

Appendix 1 provides further information about these key policy documents and other significant Scottish and UK policy documents.

1.4 The Role of Allied Health Professionals: The Work Agenda

Allied Health Professionals form a valuable part of the mental health workforce and have an important role to play in the delivery of the current policy framework for mental health service users. The AHP’s clinical focus on the impact of health on functioning and participation in everyday roles leaves those clinicians well placed to deliver recovery-focused assessment and interventions enabling service users to fulfil their potential in all aspects of their daily life including employment and wider vocational roles.

Realising Potential provides AHP clinicians and mental health leads with clear direction relating to their responsibility for responding to the vocational needs of service users with two recommendations:

**RECOMMENDATION 9**

AHPs in mental health, working from a recognition of the importance of work in promoting recovery, should explore work issues at all initial service-user assessments and provide ongoing signposting or support to increase service users’ potential for work.

**RECOMMENDATION 10**

AHP mental health leads should work with key stakeholders to ensure the provision of alternative occupational, leisure and educational activities for service users whose vocational goals are not employment focused.
Whatever their clinical setting, AHPs have an important role to play in promoting the aspiration to work through use of a strengths-based approach, i.e. focusing on an individual’s abilities rather than on their illness. AHPs also have a valuable role in helping service users gain skills for work through implementation of evidence-based models and associated tools which identify and resolve the physical, social and mental health barriers that prevent individuals from engaging in the workplace. Similarly AHPs are able to use vocational rehabilitation tools, such as functional capacity evaluation, workplace assessment and adaptation of work environments to enable people who are already employed to manage their health condition and remain at or return to work.

Although all AHPs who work in mental health services have equal responsibility for promoting the vocational rehabilitation agenda, there is a recognition in Realising Potential that the capacity and the specific roles of each profession within the AHP workforce requires flexible and creative approaches to meeting service user need:

**Direct service provision** is most frequently carried out by occupational therapists, who are the largest single discipline of AHPs working in mental health and whose core role focuses on enabling service users to maximise achievement of and satisfaction with occupational (self-care, productivity and leisure) roles.

**Partnership working**, for example through group work, enables service users to gain access to the other AHP professionals whose resources are more limited.

**Consultancy** enables mental health clinicians to receive advice, information or training from AHPs.

Table 1 provides examples taken from current AHP service provision of how each AHP profession might utilise these approaches within vocational rehabilitation focused practice.
Table 1: Examples of AHP’s use of direct service provision, partnership working and consultancy within a vocational rehabilitation context

<table>
<thead>
<tr>
<th>AHP</th>
<th>Direct Service Provision</th>
<th>Partnership Working</th>
<th>Consultancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arts Therapists</strong></td>
<td>Exploration of work experiences in initial assessment and during therapy</td>
<td>Joint work with AHP colleague to develop confidence in work based communication skills</td>
<td>Involvement in AHP action group developing work plan and goals around Realising Potential</td>
</tr>
<tr>
<td><strong>Dieticians</strong></td>
<td>Provision of dietary advice and eating plan for individual whose diet and eating habits are affecting their performance at work</td>
<td>Joint working with Occupational Therapist in Eating Disorders Unit to enable young person to maintain college role</td>
<td>Development of information pack about mental health services by specialist mental health dieticians for clinicians in general health services</td>
</tr>
<tr>
<td><strong>Occupational Therapists</strong></td>
<td>Vocational assessment to identify work goals and needs; support to access and engage with employability agencies</td>
<td>Activity based group work with nursing, physiotherapist and/or arts therapists colleagues to develop practical work skills and experience Partnership working with social firms, education or employability providers</td>
<td>Development of peer support group for AHP colleagues to provide education, advice and support about VR</td>
</tr>
<tr>
<td><strong>Physiotherapists</strong></td>
<td>Assessment of client for appropriate walking aid and provision of exercise programme to improve confidence of client with mobility issues wishing to engage in volunteer role</td>
<td>Joint working with occupational therapist in a community rehabilitation unit to improve fitness and promote weight loss in order to increase work tolerance</td>
<td>Telephone based advice for CPN/occupational therapist supporting client with heart disease to develop appropriate exercise routine for client wishing to return to vocational role</td>
</tr>
<tr>
<td><strong>Speech and Language Therapists</strong></td>
<td>1:1 work with client with dysphasia following CVA and associated low mood/anxiety to practice specific work related language skills</td>
<td>Involvement in a group work session with AHP colleagues developing skills for work</td>
<td>Involvement in development of training for AHPs about speech and language therapists role in VR</td>
</tr>
</tbody>
</table>
2. About this Report
This report presents the findings of a review of current models of vocational rehabilitation used by AHPs in mental health which was commissioned by Scottish Government as part of its commitment to support the implementation of Realising Potential.

With a recognition that fewer than 10% of those who are experiencing mental ill health are in contact with secondary mental health services but are cared for entirely within primary care, including the vast majority of those with common mental health problems such as anxiety and depression, the review looked at the service provision available across all five levels of healthcare (Fig. 1) encompassing:

- **Mental wellbeing** in the general population (levels 0-1)
- **Mental health problems** which describes the full range of conditions, mild to moderate depression, anxiety and stress (level 2)
- **Mental illness**, severe and enduring, long-term conditions such as schizophrenia and bipolar disorder (levels 3-4)

**Figure 1: Levels of healthcare**

![Levels of healthcare diagram](image)

Audit Scotland

It also acknowledged that people needing support from AHPs to manage their vocational roles may be at any stage of the health and work continuum (Fig. 2) or indeed may aspire to non-employment related goals.

**Figure 2: Health and Work Continuum**

![Health and Work Continuum diagram](image)

The review therefore looked at how AHP mental health service models are meeting the vocational needs of a wide range of individuals by asking the following questions:

- Where, when and by whom in the mental health care pathway do clients who want to maintain or achieve paid employment or other vocational roles currently access appropriate vocational rehabilitation assessment and intervention?
- Where are AHPs situated in this care pathway and how are they accessed by clients who need their support with regards to VR needs and goals?
- What models, assessments and outcome measures are AHPs using within their VR practice?
- How are AHPs working in partnership with employability agencies to support service users to engage in appropriate vocational roles?
- How are AHPs using psychological therapies to enhance their delivery of vocational rehabilitation?

The review did not ask specific questions about vocational rehabilitation education, training or continuing professional development needs of AHPs. Undergraduate AHP education has recently been part of a national workforce scoping exercise completed in 2010 and NHS Education for Scotland (NES) is currently undertaking a two year project to identify and develop strategies to improve the vocational rehabilitation knowledge and skills of health professionals. Active partnership working with the NES Project Leads (Jane Smillie and Fiona Begbie) and AHP Advisor for Mental Health (Elaine Hunter) has taken place to link these work streams.

Similarly, due to a parallel review which has been commissioned to identify the specific AHP service provision, support needs and views of individuals using forensic mental health services, this client group was not included in the review. However the National AHP Vocational Rehabilitation/Mental health Lead (Lisa Greer) and AHP Consultant in Forensic Mental Health (Jean McQueen) have worked closely to identify where there are opportunities to integrate this work.

### 2.1 How the Review was Carried Out

The review took place between November 2010 and May 2011. The following methods were used to gather information:

1. **Appointment of a National AHP Lead** for Vocational Rehabilitation and Mental Health to carry out the review took place in October 2010.

2. **A national network of AHPs** representing 10 of the 14 Scottish Health Boards was formed. Representation from the Island Boards (Shetland, Orkney and the Western Isles) was invited but due to the small number of AHPs it was not possible for them to allocate a representative. The State Hospital Board was not invited as they were closely involved with the parallel review being conducted for forensic mental health services. The short-term function of the Network was to support the author to gather the necessary information about services from each Health Board and to share progress about the scoping exercise within each Board area. The long-term function of the Network is to support the implementation of the report’s principles, to develop local mechanisms and opportunities for sharing best practice and to act as a ‘champion’ in the promotion of the role of vocational rehabilitation within mental health services.

3. **Consultation meetings** with AHP and non-AHP clinicians and managers and representatives of external agencies were held in 10 mainland Health Board areas
(Ayrshire and Arran, Borders, Dumfries and Galloway, Grampian, Greater Glasgow and Clyde, Fife, Forth Valley, Lanarkshire, Lothian and Tayside) as well as liaison with Network representatives from all Board areas and collection of relevant literature (reports, leaflets, funding proposals, etc.) from each Board area.

4. **An on-line survey** was created and distributed by the VR Network and the AHP Mental Health Leads Network to AHPs working within Mental Health services across all Scottish Boards. This received 155 responses (approximately 17% of the AHP population working in mental health service, excluding Forensic services, in Scotland). Both quantitative and qualitative data was collated, analysed and reported upon.

5. **Value Stream Mapping Exercises** were conducted in five Health Board areas which included a large urban Board, a small rural Board and three Boards with a combination of urban and rural areas (Greater Glasgow and Clyde, Borders, Tayside, Lanarkshire and Forth Valley) to identify in more detail current accessibility to VR support for people with mental health difficulties, barriers to access, gaps in service and potential for change. Value stream mapping is a lean methodology service improvement tool which enables teams to produce a visual map of the ‘current state’ (i.e. how things operate now), identifying all the steps in a patient’s pathway before focusing on the ‘future state’ and setting goals to improve service and reduce delays.

6. **Practice examples** were requested from AHPs leading examples of good VR practice, to illustrate the richness and variety of the work being carried out and to provide a resource for peers.

7. **Focus groups** were carried out with representatives from national, regional and local employability agencies in two Board areas (Lanarkshire and Greater Glasgow and Clyde). The following questions were asked:
   
   • What is your experience of supporting people with mental health issues to use your service and what challenges have you encountered?
   
   • What is your experience of working in partnership with AHPs and other mental health professionals to support this client group to achieve their vocational goals?
   
   • What are the skills that AHPs have (list of skills adapted from Working for Health, COT 2010) which would add value to the service that you provide to people with mental health issues and which of these skills do you share with AHPs?

8. **Consultation with Rehabilitation Framework Program Manager** and involvement in the development of the NHS Lanarkshire Musculoskeletal (MSK) pathway pilot ensured that the review provided relevant information to facilitate the integration of appropriate mental health signposting and support for users of MSK services.

9. **The experiences of service users** voiced at consultation events held during the development of Realising Potential and the emphasis they place on the value of participation in and achievement of vocational roles was a major influencing factor in the decision to take this review forward. The views of those service users have been consulted. Service user organisations have also been asked to provide feedback about this report and its recommendations.
3. Findings
Introduction

The following brings together the information gathered from value stream mapping, the on-line survey, Board consultation, focus groups, practice examples and the evidence base. Each section discusses the significant findings, presents examples of good practice, identifies key principles and suggests solution-focused actions which AHP clinicians and managers can take forward in order to achieve these principles.


3.1 Models of Practice used by AHPs in Vocational Rehabilitation

Allied Health Professionals have access to a range of models of practice and associated assessment and outcome measure tools which can support the development, implementation and evaluation of vocational rehabilitation clinical practice. These include models which are profession specific and vocational rehabilitation models. Information concerning the models currently being used by AHPs to inform and evaluate their vocational rehabilitation practice was gathered using the on-line survey. Respondents were offered a variety of profession specific and vocational rehabilitation models, assessment tools and outcome measures and asked to identify which they were currently using.

Table 2: Models of Vocational Rehabilitation for mental health service users

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Supported Employment</strong></td>
<td>‘Place then train’ approach providing intensive, immediate and integrated assessment and support for people with severe and enduring mental health conditions who want paid employment without requiring pre-vocational training. Also provision of time-unlimited support once employment achieved. Individual Placement and Support Model has best evidence base.</td>
</tr>
<tr>
<td><strong>Social Firm</strong></td>
<td>Small local businesses which provide supported paid or unpaid work opportunities for individuals with mental health difficulties alongside other employees.</td>
</tr>
<tr>
<td><strong>Clubhouse</strong></td>
<td>Introduced in the US as a social club for people being discharged from hospital. Encourages its members to participate fully in a ‘work ordered day’, running all aspects of each Clubhouse with a view to learning vocational skills.</td>
</tr>
<tr>
<td><strong>Transitional Employment</strong></td>
<td>Part of the Clubhouse pathway: time-limited supported work placements within open employment environment. Clubhouse guarantee to carry out work even if employee unable to attend work.</td>
</tr>
<tr>
<td><strong>Supported Education</strong></td>
<td>Discrete or integrated courses by mainstream or specialist education providers, where individuals have access to additional support from college or health staff.</td>
</tr>
<tr>
<td><strong>Pre-vocational Training</strong></td>
<td>Discrete courses, focusing on the development of social, personal or vocational skills, offered as a ‘first step’ to individuals who aspire to employment or other roles but perceive themselves or are perceived to be unready for work.</td>
</tr>
</tbody>
</table>
3.1.1 Vocational Rehabilitation Models

Models of vocational rehabilitation for people with mental health problems include Supported Employment, Social Firms, Supported Education, Clubhouse and Transitional Employment and Pre-Vocational Training (see Table 2). Whilst there is recognition that no single model can meet the needs of every individual and access to a variety of opportunities and models is crucial, the evidence base clearly demonstrates that Evidence Based Supported Employment, the most well known example of which is the Individual Placement and Support Model (IPS), is the most effective means of supporting people with severe and enduring mental health problems to gain and maintain paid employment.14

The results of the on-line survey suggest that vocational rehabilitation models of practice are not as commonly applied to practice by AHPs as profession specific models of practice. 21% of respondents reported that they are using VR models. A small minority (8%) are using the vocational assessments indicated in the survey (ie: Valpar (http://www.khavalpar.co.uk/); worksite evaluation tools; Work Recovery Star (http://www.outcomesstar.org.uk/work/)) or other VR or work based tools.

Evidence Based Supported Employment (EBSE)

Evidence Based Supported Employment also referred to as Individual Placement and Support (IPS) is the most widely recognised model of supported employment. It has, over the last two decades, demonstrated strong employment-related outcomes for individuals with severe and enduring mental health problems and has a convincing evidence base which extends outside of the US where it originated, across to Europe and the UK.

EBSE is a ‘place then train’ model which has been shown to be more effective the more closely it adheres to the following seven principles15:

1. It aims to get people into competitive employment
2. It is open to all those who want to work
3. It tries to find jobs consistent with people’s preferences
4. It works quickly
5. It brings employment specialists into clinical teams
6. It provides time unlimited, individualised support for the person and their employer
7. Benefits counselling is included
The EQOLISE\textsuperscript{16} (Enhancing the Quality of Life and Independence of persons disabled by severe mental illness through Supported Employment) project which compared EBSE with other vocational rehabilitation services using pre-vocational models in six European countries concluded that:

- EBSE clients were twice as likely to gain employment (55\% v. 28\%) and worked for significantly longer
- The total costs for EBSE were generally lower than standard services over first 6 months
- Clients who had worked for at least a month in the previous five years had better outcomes
- Individuals who gained employment had reduced hospitalisation rates

EBSE services are reviewed using The Supported Employment Fidelity Scale\textsuperscript{17}, a 25 item measure which rates their fidelity to the model. The tool considers the viewpoints of service users, clinicians and employability specialists involved with the service and it is designed to be used on a regular basis as a service development tool.

Recent UK mental health policy (see Appendix 1) clearly recommends the use of EBSE as an important element of a comprehensive vocational rehabilitation service and Centres of Excellence have been established around the UK to evaluate the implementation of the model into mental health services.

**Practice Examples**

- NHS Forth Valley: Stirling Employability service (see Practice Example 1), which employs an occupational therapist, are working with EBSE experts to carry out a Fidelity Review of their supported employment service to identify how their practice can be developed
- NHS Lothian occupational therapy service has recently completed a comprehensive redesign of its vocational rehabilitation service in Edinburgh and has implemented the IPS model (see Practice Example 2)
- Scottish Association of Mental Health are working with Health Boards in Tayside, Ayrshire and Greater Glasgow and Clyde to establish EBSE models in one community mental health team in each area. AHP Leads have been involved in initial discussions to identify appropriate teams and AHP clinicians within these teams will work closely with vocational specialists to develop their role and support the model's local implementation
Other models of vocational rehabilitation, although not as well researched as evidence based supported employment, should not be disregarded when planning vocational rehabilitation services. Government guidance published in 2006\(^\text{18}\) for local service commissioners recommended five key elements which make up a comprehensive local employment service (see Table 3). As well as the provision of EBSE this also included alternatives to paid employment for those who aspire to other vocational goals.

<table>
<thead>
<tr>
<th>Table 3: Key elements for comprehensive local employment services(^\text{18})</th>
</tr>
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<tbody>
<tr>
<td>1. Clinical employment leads should be available within each specialist mental health team.</td>
</tr>
<tr>
<td>2. Employment specialists should deliver evidence-based vocational rehabilitation, e.g. Individual Placement and Support (IPS). These workers may be employed by the NHS or a local, independent sector, employment provider.</td>
</tr>
<tr>
<td>3. User employment schemes should be developed by local NHS Boards (NHS as an ‘exemplar employer’).</td>
</tr>
<tr>
<td>4. Sheltered work opportunities (social firms, cooperatives, etc.) should be available for those who are not able to consider themselves ‘work ready’.</td>
</tr>
<tr>
<td>5. Local ‘Multi-Agency Forums’, which reflect well-developed partnership arrangements between specialist and mainstream providers, with appropriate commissioner input, should oversee the development and implementation of strategies for local services.</td>
</tr>
</tbody>
</table>

The current economic climate and welfare reforms, which are encouraging more individuals with health issues to return to work and has seen high levels of competition for vacancies, makes the availability of a range of vocational models even more crucial. Access to unpaid or volunteer work roles, training and education enable individuals to gain valuable skills and experience while they seek paid employment as well as providing a valued vocational role for those who do not aspire to paid work.

Many AHP services are using the principles of other models of vocational rehabilitation to inform service development and are also working closely in partnership with statutory, non-statutory and third sector organisations who use these models in order to improve accessibility to a wider range of vocational opportunities for service users whose priority is to gain paid employment and those who seek alternative vocational roles such as education, training and volunteering. Table 4* illustrates models, projects and partnerships which have been developed by AHP services in each Board area in Scotland*. Links to further information about some of these services including their service user outcomes and impact can be found in Appendix 4.
<table>
<thead>
<tr>
<th>NHS Board Area</th>
<th>Supported Employment</th>
<th>Social Firm</th>
<th>Supported Education</th>
<th>Case Management/Job Retention</th>
<th>Skills for Work (Pre-vocational Training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>Lookahead Project: supported employment collaboration between Wise Group and Occupational Therapy service</td>
<td>SAMH EBSE pilot site to be developed in 2011</td>
<td>Supported Employment Social Firm supported employment collaboration between Wise Group and Occupational Therapy service</td>
<td>Working Health Services</td>
<td>Work Matters pilot for users of Galashiels Resource Centre (2010)</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>Occupational therapists working in partnership with a range of adult education providers</td>
<td>OHXtra, offering Occupational Health services to small businesses has access to Occupational therapy</td>
<td>Group and 1:1 opportunities being developed between occupational therapy and Support in Mind</td>
<td>OHSAS – occupational therapy input to occupational health service</td>
<td></td>
</tr>
<tr>
<td>Fife</td>
<td>Job retention and Vocational Rehab. pilot – a partnership between NHS Fife, Fife Council and FEAT (2006-8)</td>
<td>Focus Education – offering individuals in long stay in-patient services support to access mainstream college courses</td>
<td>Job retention and Vocational Rehab. pilot (See PE 10)</td>
<td>Employment Rehabilitation pilot (Apr 2010 –Mar 2011)</td>
<td>Pilot project being developed between OT service and FEAT</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Employability Service Stirling – NHS and third sector</td>
<td>Sunlite Café (partnership between Occupational therapy, nursing, Local Authority and third sector)</td>
<td>Employability Service Stirling (See PE 2)</td>
<td>Group work at Bellsdyke eg: Pedal Forth (run by occupational therapy, physiotherapy, nursing, service user volunteers); (See PE 6)</td>
<td></td>
</tr>
</tbody>
</table>
Table 4: Examples of models of Vocational Rehabilitation that AHPs have developed or are working in partnership with (continued)

<table>
<thead>
<tr>
<th>NHS Board Area</th>
<th>Supported Employment</th>
<th>Social Firm</th>
<th>Supported Education</th>
<th>Case Management/Job Retention</th>
<th>Skills for Work (Pre-Vocational training)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>Glasgow: Work Development Officers based in or work in partnership with CMHTs (See PE 13); Work clinic pilot (NHS and JCP) (See PE 3)</td>
<td></td>
<td></td>
<td>Working Health Services</td>
<td>Bridging Service, NW Glasgow CHP. Occupational therapy funding secured for 2 years. 1:1 and group work. Pre-employment VR. Preparation for training/work.</td>
</tr>
<tr>
<td>Highland</td>
<td></td>
<td>Occupational therapy/NHS partnerships with community resources: Abriachan Forest Skills group; Highland Print Studio; Green Gym; Supported Learning at Inverness College, Hawthorn Project</td>
<td></td>
<td>Working Health Services</td>
<td>Links to Work Group run by Occupational Therapy service in conjunction with external partner agencies</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Occupational Therapy Vocational Assessment and Support service (See PE 5)</td>
<td>Clydesdale Community Initiatives works in partnership with local occupational therapy service (See PE 10)</td>
<td></td>
<td>Working Health Services</td>
<td>Salus Occupational Health service</td>
</tr>
<tr>
<td>Lothian</td>
<td>The Works – IPS model within Occupational Therapy service (See PE 2)</td>
<td>Occupational therapist secondment / partnership working with Forth Sector</td>
<td>CAMHS ACE and WAVE Projects with Further Education Colleges and Duke of Edinburgh Scheme (see PE 7)</td>
<td>Working Health Services</td>
<td>Lothian occupational therapy and Physiotherapy Primary Care and CMHT AHPs direct service and signposting to employability partners. Adult acute, rehabilitation and forensic AHP services</td>
</tr>
<tr>
<td>Tayside</td>
<td>SAMH EBSE pilot site to be developed in 2011</td>
<td>Drumdee established; other social firm concepts in development</td>
<td>Moving Forward Course (See PE 14); The COOL project; Supported IT course</td>
<td>Working Health Services</td>
<td></td>
</tr>
<tr>
<td>Western Isles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Worker Rehabilitation pathway – clear protocol for supporting clients in employment (PE 15)</td>
</tr>
</tbody>
</table>

* Accurate at time of publication
3.1.2 Occupational Therapy Models

According to the findings of the scoping exercise occupational therapists are widely perceived by their AHP colleagues to be the professional who is most able to provide vocational support to mental health service users. Physiotherapists, dieticians, speech and language therapists and arts therapists are less likely to measure vocational outcomes and more likely to make use of specialist assessments related to their own profession.

During the development of the on-line survey two occupational therapy models of practice which are commonly used by clinicians within their vocational rehabilitation roles were identified and the use of these models and their associated tools was investigated.

**Model of Human Occupation**

The Model of Human Occupation (MOHO) is the model most frequently used by occupational therapist respondents to the on-line survey. 64% use it to guide and inform VR practice. As well as generic tools which have been developed to support its usage (eg: OCAIRS, MOHOST, OSA, Interest Checklist), MOHO has developed a range of standardised vocational assessments and outcome measures including the Worker Role Interview and Work Environment Impact Scale which are widely used by respondents to the on-line survey. In total 54% used one or more of the tools as assessments and 37% used one or more of them as an outcome measure to evaluate their own practice or as part of the delivery of other models to assess impact (an example of this is the NHS Lothian IPS model: Practice Example 2).

MOHO describes how volition, habituation and performance capacity interact with environmental context to influence what people do in their everyday occupational lives, explaining how problems can arise when illness or impairment occurs or when occupation is affected by changes to an individual’s environment. Over its 30 year existence it has been widely tested and researched and has become the most developed occupational therapy model of practice to date.

For more information go to: http://www.uic.edu/depts/moho/

**Canadian Model of Occupational Performance**

Approximately one third of respondents to the on-line survey use the Canadian Model of Occupational Performance and its associated outcome measure, the Canadian Occupational Performance Measure (COPM). Qualitative feedback indicates that clinicians choose COPM because of its client-led format and straightforward language.
As part of a recent reconfiguration of their service, Dumfries and Galloway Occupational Therapy service have adopted the Canadian Model and have redesigned all departmental paperwork to reflect the language and terminology used in the COPM. This is now being used throughout the Board (see Practice Example 8).

The Canadian Model of Occupational Performance focuses on the dynamic relationship between the person, occupation and the environment, describing how occupation occurs as a result of the interaction between the person and their environment. It places the person at the centre of the model and emphasises a client-centred and collaborative approach to clinical practice.

The Canadian Occupational Performance Measure (COPM) is a standardised, client-centred, outcome measure which is designed to detect changes to self-perception of occupational performance over time. It has been extensively tested and has wide validity and reliability.

Although COPM was originally developed as an outcome measure for usage in occupational therapy practice and does not have a specific focus on vocational rehabilitation, it is being used in the UK by other health professionals within a variety of settings including condition management programs and Working Health Services as one of a range of tools to measure impact.

For more information about the Canadian Model of Occupational Performance go to: http://www.caot.ca/copm/index.htm

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**Principles and Actions: Models of Practice**

**Principle 1:** AHPs should use evidence based models of practice to inform and underpin the development of their vocational rehabilitation service delivery.

**Recommended Actions**

1a National AHP VR Lead to work with AHP services who have integrated the use of evidence based models within their vocational rehabilitation practice to develop ‘masterclass’ training opportunities, shadowing or other CPD opportunities in order to share and extend knowledge and skills.

1b Local AHP VR leads/representatives to establish contact with key personnel within their Local Supported Employment Network and/or Health and Employability Partnership and discuss the potential for partnership working which applies the principles of EBSE.

1c Local AHP VR leads/representatives whose Board already has strong partnership working links with local employability agencies to consider carrying out a Fidelity Review to identify current strengths and areas where service provision could be further developed.

1d All mental health AHP services to integrate the use of evidence based assessments and outcome measures to assess and review the needs and outcomes of all service users who identify vocational goals.
3.2 Measuring Outcomes

Evaluation of outcomes and impact is an essential element of the delivery of effective and person-centred healthcare. Evaluation tells us whether the intervention we have delivered has actually worked: what outcomes have been achieved and what the benefits are for the client group it has been designed for. It helps us to build a better understanding of the impact that different approaches have on different client groups and enables us to change and improve our services to meet evolving service user need. It also forms part of the research process which promotes the development of an evidence base which informs and guides clinical practice.

The Healthcare Quality Strategy for NHSScotland which sets out the Scottish Government’s commitment to the future of the Health Service identifies three quality ‘ambitions’ – person-centred, safe and effective – in terms of measuring the success of its healthcare delivery and it is clear that the perceived experience of patients and carers is as valuable as those of staff. The onus is therefore on healthcare professionals to monitor and report on their service delivery and to focus on the priorities set out by Government.

Within their vocational rehabilitation service provision AHPs have access to evidence-based tools which facilitate measurement of service user and project outcomes. These have already been described in Section 4.1 and examples of good practice illustrated.

However the on-line survey suggests that a proportion of AHPs (36% of on-line survey respondents) are not using any models, standardised assessment tools or outcome measures to inform and evaluate their vocational rehabilitation practice. Qualitative feedback indicates that this is for a variety of reasons:

- Some AHPs do not consider themselves to have a sufficient VR role to warrant use of specialist tools
- They perceive that the tools available are not a good ‘fit’ for their client group or service
- They have not had access to training or are not confident in the use of available tools
- They are not clear about which outcomes or impacts they should be measuring
- Some AHP services are in the early stages of developing VR pathways and have not yet selected appropriate tools
- Local NHS IT systems are not compatible with each other and are not easily adapted to include AHP tools for evaluating VR
Principles and Actions: Outcome Measures

**Principle 2**: Mental health AHP services should routinely use evidence based outcome measures to evaluate service user outcomes and service impact, using information collated to influence service development and improvement.

**Recommended Actions**

2a AHP services to agree, at local board level, a toolkit of outcome measures which will be used across the organisation to measure VR outcomes and AHP impact so that information is meaningful and can be used to improve and develop local service provision.

2b In order to demonstrate outcomes AHP clinicians should re-administer standardised outcome measure tools at treatment reviews and/or discharge.

2c To support the evaluation of the Health Works strategy, AHP clinicians should routinely record information about the numbers of clients who identify health barriers to vocational engagement, the action taken to meet this need and the vocational outcomes for these clients.

2d AHP Mental Health Leads to identify how information gathered will be collected and collated and to establish mechanisms which allow results to be shared locally and fed back to relevant agencies, e.g.: Health Works team.
3.3 Accessing AHPs and Vocational Rehabilitation

Early access to support for people who are employed and experiencing health issues is crucial. Evidence shows that after being off work on sick leave for more than four weeks, the likelihood of returning to work starts to decrease. Early access to vocational assessment for young people who have recently been diagnosed with psychosis is also paramount. Evidence demonstrates that the longer the individual is out of work or education in the early stages of treatment the harder it is for them to gain employment or engage in education later on. For those with severe and enduring mental health conditions who consider themselves job ready, early access to rapid job search is also essential to facilitate a successful work outcome.

The Health Works Strategy is committed to delivering timely services for all individuals who experience health related barriers to work. In particular it emphasises the importance of enabling individuals to access services directly and easily before health issues become serious enough to require specialist, long-term care.

AHPs have the skills to meet the commitment made by Health Works. AHPs are skilled in assessment of function, vocational assessment, functional capacity evaluation and identification of reasonable adjustments and workplace adaptations, all essential in the return to work coordination and vocational rehabilitation of people with health barriers to work. Realising Potential, whilst recognising the value of the work that AHPs carry out within secondary and specialist mental health services, encourages the AHP workforce to also consider ways of reaching service users who require earlier intervention.

3.3.1 Level 0 and 1: Communities, Education and Public Awareness

The growing recognition of the health benefits of work has promoted the development of a wide range of services which support individuals with health issues to remain at work or return to the work environment. Historically access to ‘return-to-work’ support for individuals who are experiencing difficulties in maintaining their work role or are off sick has not been available for the vast majority of individuals whose employers do not provide occupational health services. Currently this support is available to all employees of small to medium sized businesses (SMEs) through Working Health Services Scotland, part of the national Working Health Services programme. Physiotherapists and occupational therapists are commonly employed within the Working Health Services case management model. Additionally in some Board areas
similar services which are available to the wider working population have been developed by healthcare providers (Salus in Lanarkshire), third sector employability providers (REALise in Renfrewshire) or by partnerships between health, local authority and employability services (Employability Service Stirling).

There is a wide staff and skill mix employed within these services which may include allied health professionals, other healthcare professionals and support staff and vocational specialists who may or may not have had additional health awareness training. Of the 155 respondents to the on-line survey only five were working in this kind of service.

**Practice Example**

- NHS Forth Valley: Stirling Employability Service has employed an occupational therapist seconded from mental health services to provide specialist assessment and support for clients experiencing health barriers to engaging in and maintaining work roles.

### 3.3.2 Level 2: Primary Care

For working individuals with mild to moderate mental health needs who do not meet the inclusion criteria for the above services as well as for those who are not in work but aspire to vocational roles, access to timely AHP assessment is vital in order that vocational needs are addressed while motivation remains high and before health issues become chronic. However value stream mapping shows that primary care services do not have direct access to AHPs and that for individuals whose mental health remains stable and who are managed within primary care services, access to AHP assessment may be unavailable.

**Practice Examples**

AHPs recognise the need for their skills and knowledge to be more widely available. To this end some services have adapted their pathways and practice in order to facilitate earlier access to vocational support and improve outcomes for service users. For example:

- NHS Greater Glasgow and Clyde: Glasgow CHPs’ mental health service provision includes Primary Care Mental Health Teams but the only AHP within those teams functions as a CBT therapist. A referral pathway has been developed to allow primary care team service users to be referred quickly to occupational therapy in CMHTs if they have complex vocational needs which cannot be met by mainstream employability agencies

- NHS Lothian (Edinburgh): The Works Occupational Therapy service which offers discrete vocational rehabilitation provision based on the Individual Placement and Support Model of Supported Employment operates a self-referral system (See Practice Example 2)

- NHS Lothian (West Lothian): Positive return to work outcomes for 4/5 employed patients who required acute in-patient care and were supported by the in-patient occupational therapy service to maintain their work role has raised the profile of the value of vocational rehabilitation within the multidisciplinary team

AHP services are also using the principles of Social Prescribing which links health service users with non-medical sources of support within the local community. This improves access to mainstream services, facilitates self-help, decreases usage of healthcare services and helps prevent the challenges which long-term mental health problems produce:
• NHS Greater Glasgow and Clyde: East Dunbartonshire CMHT occupational therapists are currently piloting a ‘VR clinic’ in a partnership working initiative with Jobcentre Plus. Clinics, staffed by occupational therapy and Jobcentre Plus staff, are held on a fortnightly basis within a GP surgery and offer signposting to vocational services and/or referral to occupational therapy (see Practice Example 3)

• NHS Lanarkshire: Occupational therapy service is in the process of agreeing a referral pathway between Jobcentre Plus Disability Employment Advisors (DEA) and CMHT occupational therapists for customers who identify occupational support needs as a result of mental health issues

• NHS Fife: The development of two occupational therapy led projects aimed at facilitating access to mainstream education at a local college and Jobcentre Plus employability services for users of secondary mental health services. This resulted in identification of an unmet need for some customers of the Jobcentre Plus and the college who were experiencing mental health problems. A drop-in was therefore initiated at both sites to offer assessment, advice and support for students/customers. Additionally training was provided for staff to enable them to support their clients in maintaining their vocational roles.

3.3.3 Level 3: Secondary Care

For people whose mental health problems require additional support and for those with mental illness, secondary care offers a variety of services for young people, adult and elderly client groups including community mental health teams (CMHT), acute in-patient and outpatient services, home treatment teams, crisis intervention teams, dementia services and addictions services.

Value stream mapping shows that occupational therapists are most commonly employed within these services and are most likely to be based within multidisciplinary teams. Access to other AHP professionals is available through a variety of routes: specialist mental health clinicians often with an area or Board wide geographical remit; clinicians working in general services with allocated mental health responsibilities or general clinicians who simply receive referrals for people with mental health problems in the course of their day-to-day role. Qualitative data from the on-line survey indicates that this group of clinicians do not routinely ask their patients about work and that they are not clear how they should ask about work or what their role is in this area.
Value stream mapping and on-line survey results suggest that wherever AHPs are based in secondary care, the route to accessing them for vocational assessment and ongoing support is often indirect and time consuming for service users. Value stream mapping highlights the following barriers to accessing AHP vocational assessment:

- Direct referrals from GPs to AHPs are uncommon because GPs are not aware of the vocational rehabilitation skills that AHPs can offer
- Allocation to nursing or medical staff for generic initial assessment and mental health interventions, unless vocational need explicitly mentioned in referral letter and AHP present at allocation meeting, delays assessment of vocational needs
- Lack of appropriate questions in initial mental health assessment tools to promote meaningful discussion about vocational roles and support needs. This may be influenced by the lack of explicit requirement in the Integrated Care Pathway Standards for Mental Health services (see Table 1) to address work
- Lack of understanding by multidisciplinary teams about the positive relationship between work and health leading to low levels of appropriate signposting or referral
- For users of dementia or older adults services, the assumption that work roles are not valid or wanted by this client group despite evidence from AHPs demonstrating that adults of working age who are newly diagnosed with dementia may wish to maintain their work role or that adults of retirement age may wish to continue working or to engage in wider vocational roles

**Practice Examples**

Once again AHP services have developed initiatives to raise awareness of the value of work in order to promote earlier referral to vocational assessment and to maximise capacity through joint working initiatives or through formal partnership agreements with external agencies. For example:

- NHS Tayside: Has recently initiated a pilot to develop Vocational Champions in each CMHT within Perth and Kinross. These are dedicated AHP staff who will carry out specific work assessment and liaison with external agencies and provide a point of reference for other CMHT staff (Practice Example 4)
- NHS Lanarkshire: Development of a vocational occupational therapy post within one CMHT resulted in direct GP referrals, raised awareness of the issue across the team and immediate allocation for vocational assessment (Practice Example 5)
- NHS Forth Valley: Partnership working between occupational therapy, physiotherapy and nursing to establish a work-based group has resulted in service users’ physical health and fitness needs being met in conjunction with vocational goals (Practice Example 6)
• NHS Borders: Partnership working between physiotherapy and occupational therapy staff focuses on addressing work-related goals linked to weight management and physical tolerance to work activity

3.3.4 Level 4: Specialist Care

Specialist mental health care services include those for people with eating disorders, treatment resistant mental illness, first episode of psychosis and those who are homeless. In many cases, generic assessment of individuals being referred to specialist care has already taken place and has identified specific areas of need which require more intensive treatment or rehabilitation.

The on-line AHP VR survey results suggest that fewer users of specialist rehabilitation services are routinely asked about work at initial assessment. Qualitative feedback suggests that staff feel that chronic health issues, resistance to treatment and poor work histories make it unrealistic for service users to consider work roles.

However consultation shows that within specialist eating disorders services and first episode psychosis services, there is evidence of effective vocational input which focuses on supporting young people to engage with and remain in vocational roles, particularly education, at an early stage in their recovery.

Practice Examples

• As part of a service review of Falkirk Community Rehabilitation Service, its occupational therapy team carried out an audit of 16 service users’ views about employment and training. 62% (10) responded said that they would consider paid employment, volunteering or training. 44% (7) of these felt that they had the skills to explore vocational options and 56% (9) identified lack of confidence, assertiveness or job search skills as skills-related barriers to taking this forward. As a result of the service review every client is now being asked about vocational goals at initial assessment, the occupational therapy team are integrating the Model of Human Occupation vocational assessments into their pathway and the service is looking at ways of encouraging earlier referral to rehabilitation services so that clients’ needs are addressed more quickly.

• In Grampian health board, AHPs described positive joint working mechanisms between dietetic and occupational therapy staff within a regional facility, who co-facilitate groups and liaise closely to meet clients’ needs. Challenges were described in terms of treatment continuity when discharging patients back to local services which did not appreciate the value of continuing the considerable support required to maintain patients in their work or college role.
• NHS Lothian CAMHS service supports young people until they are 18 and its early psychosis support service works with young people until they reach 21. They have developed a range of vocational options for their client group including the Duke of Edinburgh Award scheme; ACE (A College Experience): a bridging course run in partnership with a local college (practice example 7); and WAVE (Ways to a Volunteer Experience): an introduction to volunteering with supported placements.

Principles and Actions: Access to AHPs

Principle 3 Individuals with mental health conditions have the right to timely access to AHP vocational assessment and intervention, education which will support them to maintain, return to or engage in work, education or other vocational roles.

Recommended Actions

3a AHP services need to identify and pilot innovative community and primary care based service provision and direct or self referral procedures which will facilitate early intervention and timely access for service users who need vocational support and for whom existing case management services are not appropriate.

3b AHP services who are already trying out new ways of working must evaluate their projects effectively using evidence based outcome measures and share the outcomes and impact with their AHP peers using the PIRAMHIDS database http://piramhids.com/home.aspx, part of Healthcare Improvement Scotland.

3c AHP Mental Health Leads should work with the relevant department within their Board to achieve explicit inclusion of ‘work’ in local mental health ICPs and in generic mental health assessment tools.

3d AHPs need to actively consider flexible working patterns to accommodate the needs of those individuals who are in paid employment or other vocational roles and who are unable to access health services during ‘office hours’.
3.4 Partnership Working

Evidence demonstrates that the best vocational outcomes for people with mental health issues result when health and vocational services have agreed formal partnership working arrangements. Integration of community mental health services and vocational experts with the provision of appropriate welfare advice by a relevant expert are key components of Evidence Based Supported Employment. It has been demonstrated that the level of fidelity achieved around these factors has a significant impact on the success of the model’s implementation\(^4, 31\).

UK Government guidance for the development of effective vocational rehabilitation services includes the creation of ‘local multi-agency forums which reflect well developed partnership arrangements between specialist and mainstream providers which oversee the development and implementation of strategies for local services\(^18\).

Within Scottish policy there is also recognition that health and employability agencies need to work together to develop strategies that will improve the work outcomes of individuals with healthcare requirements. Health Works has made it clear that local Boards should work with employability agencies to identify local vocational pathways as well as prioritising partnership working between government, health and employability agencies at a national level in order to develop the ‘Scottish Offer’\(^9\).

AHPs have a key role in engaging with employability agencies and promoting joint working initiatives. They are often based in community settings and have opportunities to support service users to access vocational agencies. Many AHPs have already developed useful informal working links with a wide variety of agencies.

There is recognition by AHPs that working closely with a wide range of external agencies enables them to provide informed signposting which extends the range of the opportunities available to service users. Challenges also exist however. AHPs report duplication of roles, lack of awareness of the needs of mental health service users and inadequate communication mechanisms when working with employability agencies. 23% of AHPs do not feel that they have an adequate knowledge of the agencies available to their service users and 26% consider that the agencies available are not able to meet the support needs of their service users.

Focus groups carried out with employees of employability agencies show that these agencies are keen to work with allied health professionals and to receive support from mental health professionals in general. Employability workers perceive that the majority of their customers may
be experiencing some form of mental ill health. However they are uncertain how to offer support, they do not have adequate knowledge about the mental health services available to their customers and they are worried that providing the wrong advice will have a detrimental effect on the health of customers.

Training for employability workers appears to be very variable. Those who are working in specialist agencies for people with mental health issues are likely to receive a high level of training including ASIST training (Applied Suicide Intervention Skills Training) and mental health first aid. Those in mainstream agencies may receive mental health awareness training but some workers report that they have had no training about mental health at all. In these cases they rely on their knowledge of services and on their experience of working with the general public to encourage and motivate customers with mental health issues. Amongst this group there was a strong desire to have more direct contact with mental health services and for barriers which prevent closer working arrangements to be broken down.

Employability staff working in mainstream agencies, for example Jobcentre Plus and Skills Development Scotland, were, in general, not familiar with the term ‘allied health professionals’ although they had limited knowledge about the role of individual professions. A minority had had contact with an AHP or another mental health worker. Experiences of joint working that were identified were generally positive. Barriers were identified in terms of a reluctance within some mental health teams to accept the employability agency’s role in facilitating recovery through achievement of vocational roles. There was also frustration about their inability to refer directly to NHS services or to some mental health employability services which meant that, in their view, individuals were not able to receive the right support at the right time.

Those who had positive experiences of joint working with allied health professionals or other health workers described the following benefits for service users:

- Customers appear more likely to be honest about health barriers when a health worker is involved. This enables employability agency to tailor support, seek suitable work opportunities, offer appropriate welfare advice and provide flexibility around the delivery of Jobcentre Plus work programmes
- Customers’ commitment to the employability process is higher if they are reassured about their health worker’s support and involvement
- Improved management of health condition and development of coping strategies improves customers’ work readiness
- Customers are more likely to receive early support to manage health issues at work

Furthermore once the role and skills of AHPs within vocational rehabilitation were explained there was recognition from employability workers that having access to the following AHP roles would be of particular value to them and their customers:

- Assessment of functional capacity and ability
- Undertaking detailed analysis of job tasks in the work setting in order to recommend reasonable adjustments to the job
- Provision of education and advice to employee about managing their health and wellbeing in relation to their job
- Provision of education and advice to employee and employer about specific health conditions and the effect they are likely to have on function and the ability to perform work-related tasks
The Scottish Government Health Works team is currently developing an information resource which will provide details of how different health professions can support individuals with health barriers to engage in work. National AHP Vocational Rehabilitation Leads are collaborating to complete the occupational therapy section of this resource. Information for other AHP professions is also being produced.

**Practice Examples**

The review has identified numerous creative examples of joint working and of partnerships which have been developed between AHP services and employability agencies to meet local service user need many of which are using the principles of recognised models of vocational rehabilitation. These include the Moving Forward course which is featured in Realising Potential’s DVD (Practice Example 15) and other examples which are illustrated in Table 4.

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### Principles and Actions: Partnership Working

**Principle 4** AHPs will work in partnership with a wide range of employability and support organisations to facilitate implementation of evidence based models and improve service user access to a wide range of vocational services.

**Recommended Actions**

- **4a** AHPs who provide VR assessment and interventions should make contact with employability agencies and set up shadowing opportunities to develop awareness of each others’ roles and working environments.

- **4b** AHP Mental Health Leads to identify key personnel who will represent AHP services at local and national multi-agency health and employability forums, ensuring that the needs of mental health service users are represented and the role of AHPs is promoted in the development of local and national strategies and partnerships.

- **4c** AHPs to share their knowledge and experience of joint working initiatives with employability providers to promote application of successful models of practice.
3.5 Psychological Therapies and vocational rehabilitation

The AHP workforce’s psychological skills are diverse and depend not only on an individual clinician’s professional background and undergraduate training but also on their post-graduate education, interests, specialisation and subsequent continuing professional development. Realising Potential seeks to promote the psychological role that AHPs can play in the delivery of the national psychological therapies agenda, recommending that NHS boards should use AHP skills to help fulfil local delivery strategies.

The Matrix – A Guide to Delivering Evidence-Based Psychological Therapies in Scotland was produced by the Scottish Government in collaboration with NHS Education for Scotland as a tool to support the planning and delivery of psychological therapies within NHS Boards in Scotland. It categorises psychological therapies according to their method of delivery and the training and supervision levels required to deliver them:

- **Information**: accessed directly and does not involve one-to-one contact with mental health staff. Would include information available on mental health issues in general, on common mental health problems, and on different treatment approaches.

- **‘Low Intensity’ interventions**: Most commonly accessed through primary care settings. Would cover self-help coaching, solution-focused problem solving, supported self-help, structured anxiety management groups etc.

- **‘High Intensity’ interventions**: Secondary care based. Standardised psychological therapies (e.g. Cognitive Behaviour Therapy; Interpersonal Therapy) delivered to protocol.

- **Specialist Interventions**: Most commonly accessed through secondary care and specialist services. Standardised high intensity psychological therapies developed and modified for specific patient groups.

- **Highly Specialist Interventions**: Individually tailored interventions based on case formulations drawn from a range of psychological models.

Realising Potential recommends that all Allied Health Professionals delivering psychological therapies have undertaken the relevant post-graduate training in evidence based psychological interventions, are being supervised and are using evidence-based models and protocols to deliver therapy. Consultation with AHPs demonstrates that some are already using their psychological therapies training and experience to carry out ‘low intensity’ psychological interventions as part of their delivery of vocational rehabilitation support to service users. Training in motivational interviewing techniques, solution focused brief therapy, behavioural activation therapy and cognitive behavioural approaches, for example, provide a ‘toolkit’ of skills for therapists which enhances their ability to assist service users in developing their aspiration to work, setting goals and finding solutions to barriers to work.

Research shows that providing ‘specialist’ or ‘highly specialist’ psychological interventions in the form of vocationally oriented cognitive behaviour therapy focusing on adaptation of negative thoughts about work and neuro-cognitive enhancement therapy delivered as part of a vocational rehabilitation programme using evidence based supported employment with individuals with severe and enduring mental health problems has a positive impact on recipients’ general mental health, optimism, attitudes towards work and work outcomes. Although the research cited did not use AHPs to deliver these interventions, this evidence has implications for the involvement of AHPs in the delivery of psychological interventions.
AHPs also have a role in signposting service users to appropriate information about supported self-management materials. Currently it is particularly relevant to AHP clinicians who are working in case management roles and those working in non-mental health settings who may, in the course of their assessment and treatment of a physical health issue, identify a mental health need which is having an impact on the service user’s ability to work.

Since the use of psychological therapies are relevant for a wide range of vocational rehabilitation interventions it is important that all AHPs have access to continuing professional development opportunities which will provide them with a level of psychological literacy that is appropriate to their work environment and client need. Realising Potential recommends that the Ten Essential Shared Capabilities (ESCs) should be integral to training, induction and ongoing learning of all AHP professionals. There is a need to consider which other training opportunities should be widely available to AHPs and how AHP services should develop their workforce to ensure that service users’ vocational rehabilitation experience is enhanced by therapists’ ability to use appropriate specialist interventions.

**Practice Examples**

- Mental health specialist dietetics service in Grampian have produced a mental health information pack for colleagues in acute services who have no additional mental health training to increase their mental health awareness and psychological literacy and to enable them to signpost service users to appropriate resources.
- The Works Vocational Rehabilitation service in Edinburgh has trained its entire occupational therapy workforce in motivational interviewing techniques and solution focused brief therapy to enhance their ability to implement the EBSE model.
- AHPs in Ayrshire were offered a taster session of a Pro-Learn module of Motivational Interviewing as part of a Vocational Rehabilitation study day. This was a NES funded VR project. Feedback from delegates indicated that many had been motivated to take forward this learning by completing the Pro-Learn Module and by using the skills learned in their day-to-day roles.

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**Principles and Actions: Psychological Therapies and vocational rehabilitation**

**Principle 5** AHP clinicians who deliver vocational rehabilitation interventions will be trained in low intensity or specialist psychological interventions which will enhance their VR remit.

**Recommended Action**

5a AHP Mental Health Leads should include, within AHP education frameworks, access to psychological therapies training which enhances clinicians’ vocational rehabilitation assessment and intervention. Provision of adequate supervision to support skill development should also be available.
3.6 Leadership

The publication of Realising Potential and of other key policy documents provides AHPs with a unique opportunity to engage, not only with our healthcare colleagues, but with employability, education, service user and government agencies to develop vocational rehabilitation service provision and influence the contribution made by AHPs in Scotland.

Realising Potential states that ‘leadership is critical for effective change’ and the many examples of innovative and evidence based clinical practice and interagency partnerships which have been identified within this review demonstrate how AHP clinicians and managers are already leading the way in developing vocational rehabilitation services which are client-centred and meet local need.

AHPs have expressed their concern about the challenges they experience in influencing change in their health boards with regards to vocational rehabilitation. They have found it difficult to establish themselves in appropriate senior management forums and, because vocational outcomes are not explicitly linked to HEAT (Health Improvement, Efficiency, Access to services and Treatment) targets and remain outside of the core elements of mental health service provision, they have found that the development of vocational initiatives has not been prioritised within strategic service planning.

The creation of national AHP structures through the implementation of Realising Potential and the present political focus on employability and vocational rehabilitation offer AHPs a range of opportunities. If the best use is made of existing leadership capacity, if all AHPs are committed to promoting the value of work and the unique contribution that they can make to this agenda, if evidence of AHP impact on service user outcomes is produced and shared and if partnership working is further developed then these opportunities can be fully exploited.

Practice Examples

- NHS Fife: As a result of a scoping exercise which looked at the VR service provision across all professions for all health issues and which found that occupational therapists were the only profession providing VR interventions, two part-time VR occupational therapy co-ordinator posts were created for six months to lead on the development of vocational rehabilitation across physical and mental health services. This has resulted in the delivery of employability training for AHPs and nursing staff, raising the profile of vocational issues within a variety of health settings.

- NHS Dumfries and Galloway: As part of a review of the occupational therapy service a VR Lead role has been developed. The postholder, supported by the Mental Health AHP Lead, is responsible for developing partnerships with external agencies, promoting the AHP role within CMHTs, supporting AHP colleagues to integrate VR into their practice and representing the Board at national level.

- As part of the implementation of Realising Potential a number of AHP services have identified a clinician who is responsible for leading on the Vocational Rehabilitation recommendations within their Board area.

- AHP clinicians in a number of Boards have developed posters or facilitated workshops or presentations at conferences (see Practice Examples 7 and 9). Others have produced case studies for use in documents or websites such as www.employabilityinscotland.com (see Practice Example 10)
**Principles and Actions: Leadership**

**Principle 6** AHP services will, through the creation of effective leadership mechanisms at Board and National level, be key partners in the development of coordinated and evidence-based vocational rehabilitation services.

**Recommended Action**

6a AHP Mental Health Leads, supported by the AHP vocational rehabilitation network should consider how best to develop influence at Board level with regards to the VR agenda and should identify key personnel who can lead on this work.

6b Consideration by AHP Mental Health Leads of the development of clinical employment leads or vocational champions within CMHTS. This role would include the following:

- promoting the message that work is good for health
- ensuring that service users’ work goals are acknowledged within assessment and review procedures
- providing a resource for advice and information
- facilitating appropriate and co-ordinated multi-agency support


6d AHP clinicians will actively contribute to the AHP Mental Health and Forensic Network page on the above community of practice in order to promote their work, seek and offer support and advice, develop VR knowledge and skills.

6e Local AHP VR Leads/representatives will promote the sharing and reporting of local evidence based AHP practice through development and maintenance of the Good Work Good Health Community of Practice regional pages.

6f All mental health AHPs will complete Employability Training for Healthcare Professionals.
4. Summary of Principles and Actions
**Principle 1**
AHPs should use evidence-based models of practice to inform and underpin the development of their vocational rehabilitation service delivery.

**Action 1a**
National AHP VR Lead to work with AHP services who have integrated the use of evidence-based models within their vocational rehabilitation practice to develop ‘masterclass’ training opportunities, shadowing or other CPD opportunities in order to share and extend knowledge and skills.

**Action 1b**
Local AHP VR leads/representatives to establish contact with key personnel within their Local Supported Employment Network and/or Health and Employability Partnership and discuss the potential for partnership working which applies the principles of Evidence Based Supported Employment.

**Action 1c**
Local AHP VR leads/representatives whose Board already has strong partnership working links with local employability agencies to consider carrying out a Fidelity Review to identify current strengths and areas where service provision could be further developed.

**Action 1d**
National AHP VR Leads to support AHP Mental Health Leads to promote Evidence Based Supported Employment at Board Level.

**Action 1e**
All mental health AHP services to integrate the use of evidence-based assessments and outcome measures to assess and review the needs and outcomes of all service users who identify vocational goals.

**Principle 2**
Mental health AHP services should routinely use evidence-based outcome measures to evaluate service user outcomes and service impact, using information collated to influence service development and improvement.

**Action 2a**
AHP services to agree, at local Board level, a toolkit of outcome measures which will be used across the organisation to measure VR outcomes and AHP impact so that information is meaningful and can be used to improve and develop local service provision.

**Action 2b**
In order to demonstrate outcomes AHP clinicians should re-administer standardised outcome measure tools at treatment reviews and/or discharge.

**Action 2c**
To support the evaluation of the Health Works strategy, AHP clinicians should routinely record information about the numbers of clients who identify health barriers to vocational engagement, the action taken to meet this need and the vocational outcomes for these clients.
**Action 2d** AHP Mental Health Leads to identify how information gathered will be collected and collated and to establish mechanisms which allow results to be shared locally and fed back to relevant agencies, e.g.: Health Works team.

**Principle 3** Individuals with mental health conditions have the right to timely access to AHP vocational assessment and intervention, education which will support them to maintain, return to or engage in work, education or other vocational roles.

**Action 3a** AHP services need to identify and pilot innovative community and primary care based service provision and direct or self referral procedures which will facilitate early intervention and timely access for service users who need vocational support and for whom existing case management services are not appropriate.

**Action 3b** AHP services who are already trying out new ways of working must evaluate their projects effectively using evidence based outcome measures and share the outcomes and impact with their AHP peers using the PIRAMHIDS database http://piramhids.com/home.aspx, part of Healthcare Improvement Scotland.

**Action 3c** AHP Mental Health Leads should work with the relevant department within their Board to achieve explicit inclusion of ‘work’ in local mental health ICPs and in generic mental health assessment tools.

**Action 3d** AHPs need to actively consider flexible working patterns to accommodate the needs of those individuals who are in paid employment or other vocational roles and who are unable to access health services during ‘office hours’.

**Principle 4** AHPs will work in partnership with a wide range of employability and support organisations to facilitate implementation of evidence based models and improve service user access to vocational services.

**Action 4a** AHPs who provide VR assessments and interventions should make contact with employability agencies and set up shadowing opportunities to develop awareness of each others’ roles and working environments.

**Action 4b** AHP Mental Health Leads to identify key personnel who will represent AHP services at local and national multi-agency health and employability forums, ensuring that the needs of mental health service users are represented and the role of AHPs is promoted in the development of local and national strategies and partnerships.

**Action 4c** AHPs to share their knowledge and experience of partnership working initiatives to promote application of successful models of practice.
Principle 5  AHP clinicians who deliver vocational rehabilitation interventions will be trained in low ‘intensity or specialist psychological interventions which enhance their VR remit.

Action 5a  AHP Mental Health Leads should include, within AHP education frameworks, access to psychological therapies training which enhances clinicians’ vocational rehabilitation assessment and intervention. Provision of adequate supervision to support skill development should also be available.

Principle 6  AHP services will, through the creation of effective leadership mechanisms at Board and National level, be key partners in the development of coordinated and evidence-based vocational rehabilitation services.

Action 6a  AHP Mental Health Leads, supported by the AHP Vocational Rehabilitation Network should consider how best to develop influence at Board level with regards to the VR agenda and should identify key personnel who can lead on this work.

Action 6b  Consideration by AHP Mental Health Leads of the development of clinical employment leads or vocational champions within CMHTS. This role would include the following:
  • promoting the message that work is good for health
  • ensuring that service users’ work goals are acknowledged within assessment and review procedures
  • providing a resource for advice and information
  • facilitating appropriate and co-ordinated multi-agency support

Action 6c  The National AHP VR Lead in Mental Health and the VR Network will lead on the development and maintenance of the Mental Health AHP portal on the following Community of Practice. http://www.knowledge.scot.nhs.uk/work/groups-and-projects/mental-health-and-forensic-ahp-network.aspx

Action 6d  AHP clinicians will actively contribute to the AHP Mental Health and Forensic Network page on the above community of practice in order to promote their work, seek and offer support and advice, develop VR knowledge and skills.

Action 6e  Local AHP VR Leads/representatives will promote the sharing and reporting of local evidence based AHP practice through development and maintenance of the above community of practice regional pages.

Action 6f  All mental health AHPs will complete Employability Training for Healthcare Professionals.
On 15th June 2011 representatives from the AHP professions, Scottish Government, NHS Education for Scotland, employability agencies, service user organisations and AHP university programs met to discuss how to take forward the principles recommended in this report.

There was an overall recognition of the role that AHPs contribute to vocational rehabilitation and employability by our partner organisations as well as support for this document and for the principles that have been put forward. It is now the responsibility of AHPs, managers and clinicians, to drive forward the implementation of these principles capitalising on the wealth of collective knowledge, skills and experience that is available not only from AHP colleagues but from our service users and those partner agencies who are keen to support this work.

The National AHP Lead for Vocational Rehabilitation/Mental Health supported by the AHP Consultant for Forensic Mental Health will provide national leadership for the implementation of the proposed principles and actions assisted at Board level by AHP Mental Health Leads and AHP vocational rehabilitation representatives. Local events will take place in the Autumn of 2011 to enable AHPs, their partners and NHS Boards’ senior management teams to engage with this work.

The National AHP Lead will also continue to work with Scottish Government, NHS Education for Scotland and service user organisations to promote the integration of the AHP Vocational Rehabilitation contribution into policy and service developments.

The Good Work Good Health community of practice http://www.knowledge.scot.nhs.uk/work/groups-and-projects/mental-health-and-forensic-ahp-network.aspx will offer a centralised resource for sharing information, knowledge and skills and will provide regular updates about the progress of the report’s implementation.
6. References

11. Sainsbury Centre for Mental Health (2009) Briefing 40: Removing barriers: The facts about mental health and employment
12. Audit Scotland (2009) Overview of Mental Health Services
Appendices
## Appendix 1

### Summary of key Scottish and UK policy documents relating to vocational rehabilitation and mental health

<table>
<thead>
<tr>
<th>Year</th>
<th>Document Title</th>
<th>Summary</th>
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<tbody>
<tr>
<td>2003</td>
<td>Mental Health (Care and Treatment) (Scotland) Act</td>
<td>Gives explicit responsibility to local authorities to provide support for those with mental health problems in ‘obtaining and undertaking employment’ as well as providing ‘social, cultural and recreational activities’ in order to promote wellbeing and social development.</td>
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<td>2004</td>
<td>Healthy Working Lives: a plan for action (Scottish Executive)</td>
<td>Promotes mental wellbeing and the responsibility of employers to develop ‘healthy workplaces’ through implementation of workplace mental health policies to increase mental health awareness and promote retention, support and adjustments at work.</td>
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<td>2006</td>
<td>Workforce Plus: an Employability Framework for Scotland (Scottish Executive)</td>
<td>A framework to tackle long-term unemployment through early and client focused intervention, employer engagement and joined up planning and delivery of services.</td>
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<td>2006</td>
<td>Delivering for Mental Health (Scottish Executive)</td>
<td>Recognises the importance of employment in the recovery of those experiencing mental ill health and includes a commitment to improve the employment and vocational outcomes of people experiencing mental illness. Developed HEAT (Health Improvement, Efficiency and Governance, Access and Treatment) targets and Standards for Integrated Care Pathways for mental health as part of the Government’s commitment to developing mental health services in Scotland.</td>
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<tr>
<td>2007</td>
<td>Coordinated, Integrated and Fit for Purpose: a Delivery Framework for Adult Rehabilitation in Scotland (Scottish Executive)</td>
<td>Identifies need for major transformation of healthcare which promotes early access to multidisciplinary rehabilitation interventions for those with long-term conditions, older adults and people wishing to return to or remain at work. Strong emphasis on the role of AHPs as key rehabilitation providers, on the need for work issues to be a component of all healthcare assessments and care planning and on the importance of early identification of mental health need to enable provision of appropriate support to promote maintenance or return to work.</td>
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<td>2008</td>
<td>Working for a Healthier Tomorrow, Dame Carol Black (TSO)</td>
<td>Review of the general health of Britain’s working age population which recognised the link between appropriate management of health issues and the ability of individuals to return to and maintain employment. Prompted the development of Pathways to Work, Condition Management Programmes and Working Health Services pilots.</td>
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<td>2009</td>
<td>Health Works: a Review of the Scottish Government’s Healthy Working Lives Strategy (Scottish Government)</td>
<td>Recognises the important role of work in maintaining health and wellbeing and the responsibility of health care services in identifying work outcomes for most people of working age. Defined the ‘Scottish Offer’ which aims to deliver a range of actions which will ensure that people with health issues will have timely access to support which will enable them to manage their health conditions and maintain or return to paid employment or other meaningful roles.</td>
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<tr>
<td>Year</td>
<td>Report Title</td>
<td>Summary</td>
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<td>2009</td>
<td>Towards a Mentally Flourishing Scotland (Scottish Government)</td>
<td>Identified Employment and Working Life as one of the priorities of its action plan and committed to further developing workplace support, developing ‘exemplar employer’ standards and reviewing the Healthy Working Lives strategy.</td>
</tr>
</tbody>
</table>
| 2009 | Realising Ambitions: better employment support for people with mental health conditions, Rachel Perkins (TSO) Work, Recovery and Inclusion: Employment support for people in contact with secondary mental health services (HM Govt) 2009 Working our Way to Better Mental Health: a framework for action (DWP) | Recommend a framework for change to the way that individuals with severe and enduring mental health problems are supported to achieve their vocational potential focusing on three areas:  
- dispelling the myth that people with mental health difficulties cannot or do not wish to engage in the workplace by ensuring that health services routinely address vocational issues and have in place appropriate onward support and monitoring mechanisms.  
- providing better early support for those in work and their employers to enable them to maintain their work role or return to work successfully following sick leave,  
- improving the interface between health and employability services, through development of Individual Placement and Support models so that they deliver co-ordinated services which enable individuals to gain realistic and long-term employment outcomes. |
| 2010 | A Working Life for All Disabled People: The Supported Employment Framework for Scotland | Defined Scotland’s commitment to the delivery of the recommendations set out in Realising Ambitions, in particular the development of evidence based supported employment programmes. |
Appendix 2
Practice Examples

Practice Example 1:
Stirling Employability Service

Practice Example 2:
The Works Vocational Rehabilitation Service, Edinburgh

Practice Example 3:
East Dunbartonshire Occupational Therapy/Job Centre Plus Employment Clinic

Practice Example 4:
Tayside Occupational Therapy Service Vocational Champions and VR clinic pilot

Practice Example 5:
Clydesdale Vocational Assessment and Support Project

Practice Example 6:
Pedal Forth, NHS Forth Valley

Practice Example 7:
NHSS Lothian CAMHS service: ACE course

Practice Example 8:
Dumfries and Galloway Occupational Therapy service reconfiguration

Practice Example 9:
Borders Work Matters pilot
Practice Example 10:
Clydesdale Community Initiatives and Clydesdale Occupational Therapy Service
A case study focusing on the partnership working between these two services can be found at http://www.employabilityinscotland.com/nhslanarkshire.aspx under the heading Effective Partnership: Dan’s Story.

Practice Example 11:
NHS Fife Job retention and Vocational Rehab. Pilot

Practice Example 12:
NHS Grampian VocaiRE Pilot

Practice Example 13:
NHS Greater Glasgow and Clyde

Practice Example 14:
NHS Tayside Moving Forward Course

Practice Example 15:
NHS Western Isles
Appendix 3

Membership of National Mental Health AHP Vocational Rehabilitation Network

Fiona Begbie
NHS Education for Scotland

Lauren Hendry
NHS Ayrshire and Arran

Gillian Funai
NHS Tayside

Patrick Gilmartin
NHS Forth Valley

Lisa Greer
National AHP Lead Vocational Rehabilitation/Mental Health

Elaine Hunter (Chair)
AHP Advisor in Mental Health, Scottish Government

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NHS Fife

Fiona Maclachlan
NHS Highland

Mairi MacPherson
NHS Greater Glasgow and Clyde

Susan Madden
NHS Grampian

Claire Martin
NHS Borders

Frances McBride
NHS Greater Glasgow and Clyde

Susan Prior
Queen Margaret University, Edinburgh

Lynn Ritchie
NHS Lothian

Elaine Sinton
NHS Lanarkshire

Vicky Widdowson
NHS Dumfries and Galloway

Laura Moir
NHS Grampian
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHPs</td>
<td>Allied Health Professionals</td>
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<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<tr>
<td>CBT</td>
<td>Cognitive Behaviour Therapy</td>
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<tr>
<td>CMHT</td>
<td>Community Mental Health Team</td>
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<td>CHP</td>
<td>Community Health Partnership</td>
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<tr>
<td>COPM</td>
<td>Canadian Occupational Performance Measure</td>
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<td>CPD</td>
<td>Continuing Professional Development</td>
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<td>CPN</td>
<td>Community Psychiatric Nurse</td>
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<td>CVA</td>
<td>Cardiovascular Accident</td>
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<td>EBSE</td>
<td>Evidence Based Supported Employment</td>
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<tr>
<td>ICP</td>
<td>Integrated Care Pathway</td>
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<tr>
<td>IPS</td>
<td>Individual Placement and Support</td>
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<tr>
<td>IPT</td>
<td>Interpersonal Therapy</td>
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<tr>
<td>HEAT</td>
<td>Health Improvement, Efficiency, Access to services and Treatment</td>
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<tr>
<td>JCP</td>
<td>Job Centre Plus</td>
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<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<tr>
<td>MOHO</td>
<td>Model of Human Occupation</td>
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<td>MOHOST</td>
<td>Model of Human Occupation Screening Tool</td>
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<tr>
<td>MSK</td>
<td>Musculoskeletal</td>
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<tr>
<td>NES</td>
<td>NHS Education for Scotland</td>
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<tr>
<td>OSA</td>
<td>Occupational Self Assessment</td>
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<tr>
<td>SME</td>
<td>Small to Medium Sized Enterprise</td>
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<tr>
<td>VR</td>
<td>Vocational Rehabilitation</td>
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<tr>
<td>WRI</td>
<td>Worker Role Inventory</td>
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Defining the Contribution of Allied Health Professionals to Vocational Rehabilitation in Mental Health Services: The Way Forward

Realising work potential

Defining the Contribution of Allied Health Professionals to Vocational Rehabilitation in Mental Health Services: The Way Forward