Supported Employment: The Employment Consultants' Perspective

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"I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgement), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning."

Signed………………………………………. Date……………...

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Abstract

Supported employment (SE) organisations work to support people with mental illness into employment. This study sought to examine the experiences and perspectives of staff that work for a SE service. This qualitative study was undertaken as the existing literature examining this area is limited. Nine employment consultants from a New Zealand SE service participated in a focus group that involved questions about their experiences and perceptions of the SE programme. The data was audio-recorded and transcribed verbatim. A thematic analysis was then performed. A number of themes were identified in the data. These included: factors can that act as incentives or disincentives to employment, factors that can work to impede or assist the employment process, positive and negative factors about the SE service, strategies that are employed to overcome barriers, and potential improvements that could be made to the service. The findings are discussed along with the potential changes that could be made to SE programmes to increase effectiveness.

Mental health problems can often lead individuals to face huge obstacles in their lives. Many people with mental illnesses commonly report feelings of loneliness, treatment as unequal members of society, limited employment opportunities, and reduced life satisfaction (Rapp & Goscha, 2006). There are a number of strategies that can be engaged to help people with mental illness, and these include medication and rehabilitation treatments (Sullivan, 1992). Although these methods can work towards improving the symptoms of an individual's illness, they often cannot completely cure the mental illness. As some mental disorders cannot be cured, it is important to recognise at least the ways in which they can recover from their mental illness (Mueser et al., 2002). Recovery can be looked at in terms of symptom reduction, but it is also looked at as the developing of factors such as well-being, increase of self confidence, positive life meaning, and hope. In order to achieve recovery, personal goals are often set and can include aspects such as learning how to use public transport or getting back into employment.

The obtaining and maintaining of employment is commonly identified as one of the most important and effective steps in recovery from mental illness (Clark, Xie, Becker, & Drake, 1998). There are many organisations that have been put together to support people who have mental health issues into employment and these can range from job skills training, prevocational training and supported employment (SE) programmes. The existing research suggests that SE services are generally the most effective method to support clients with mental illnesses into employment (Bailey, Ricketts, Becker, Xie, & Drake, 1998).

The majority of research that has examined SE has focused on measuring its effectiveness in terms of vocational outcomes. Although these studies have contributed towards SE as now being viewed as an evidenced based practice (Henry & Lucca, 2004), they do not reveal much insight about the specific characteristics of the SE services. Some studies have been undertaken that have looked at SE programmes from the perspective of the clients however the research examining SE from other sources, such as the SEP staff that work with the clients, is very limited. The current study was proposed in order to develop an understanding of a SE service, from a perspective other than the clients. The current study will examine the experiences and perceptions of the employment consultants (ECs) of an SE

organisation that operates in New Zealand. So that the SE service cannot be identified a pseudonym will be used for the organisation. This pseudonym that will be used for the organisation is Supported Employment NZ (SENZ). SENZ is described in more detail below.

SENZ is a SE service that operates in New Zealand (no reference is provided for the material in this section as the source is confidential to avoid identifying the organisation). It is a part of the vocational service that is offered by a non-government organisation that provides community mental health services. The main principles of SENZ are centred on partnership between clients and staff, choice, and the provision of a quality service. Since 2007, the SENZ SE service has based its method of practice on the Strengths Model approach. SENZ is contracted and funded by the government and the contract is based on annual outcomes that the service needs to meet each year.

The SENZ SE service features a team of specialist employment consultants (ECs) who work to find jobs and place clients into employment and to support them and their employer while the client remains employed. The SENZ team also includes a team leader and administration officer. The ECs participate in weekly team meetings and group supervision sessions. ECs also undergo monthly individual supervision.

SENZ is a member of The Association for Supported Employment in New Zealand (ASENZ). ASENZ was set up in 1993 as an organisation that enabled the sharing of ideas and information that could lend towards the development of SE services in NZ (ASENZ, n.d). Its members now include service providers, service consumers, SE staff, and SE employers. ASENZ has devised a set of principles that guide and define SE services in NZ. These principles are:

- Open employment (that clients will be included in the mainstream workforce);
- Wages and benefits (clients will have access to the same wages and benefits as other mainstream employees);
- Placement first (direct placement into jobs without prevocational training);
- Inclusiveness (no exclusion criteria i.e. severity of disability);

- Individual and ongoing support (individualised to the client for as long as they require it);
- Choices and career development (the employment is based on the clients' choices and preferences and the service is committed to further career development).

For a client to be eligible for the service they must have had a mental illness experience as diagnosed by the Diagnostic and Statistical Manual of Mental Disorders 4th Edition Revised (DSM IV-TR) classification system. A client must have identified the obtaining of employment to be a key goal and be committed and motivated to the process of obtaining employment. Furthermore the client must have a stable level of wellness over a period of the most recent 3 months. A client enters the service on a first in, first served basis, however there are times when a client may be placed on a waiting list when there are large number of referrals at one time. Once a client is able to enter the service they are allocated to an EC based on their geographical area. The EC then gets in touch with the client to make an initial appointment to meet and start the career planning process.

In the first few meetings with the client a Strengths Assessment and Personal Plan are devised. Once these have been completed the job seeking process can begin. The choice of employment belongs to the client. If there is a situation in which the client may not be ready to enter into the employment of their choice, the EC then supports the client to complete the pathway that will lead either to that role or to a similar but more attainable role. The career planning process is constantly reviewed and is an ongoing process.

The job search process is completed as collaboration between the EC and the client, but mainly driven by the client wherever possible. A number of methods can be used, including searching the SENZ database, using the Internet, or other job advertising media, such as the newspaper. The job search process has the aim of getting the client into either open employment, a work experience arrangement, a work trial with potential to lead into open employment, or further study. Once clients are placed into employment, the EC provides regular ongoing support to the client and their employer.

A client can leave the service by one of two ways. Firstly, the client can make the decision to leave the service for any reason. Secondly, the ECs can remove the client from the service if they: do not regularly return the contact of the EC, display aggressive or threatening behaviour, do not display the commitment or motivation to obtain employment, or provide false information.

The current project sought to examine the perspectives of the SENZ SE ECS that work to get the clients into the workforce. The findings of this study will expand on the existing literature in order to develop an in-depth understanding of some of the issues and experiences that can occur in a SE service. The findings may also be used as a base for further research into the areas that are identified by the ECs. Furthermore this research may potentially provide insight into what areas of the service the ECs find beneficial to their clients and what areas of the service are not particularly helpful in supporting their clients and adjustments may be made as required.

Literature Review

Recovery is a term that is used in a number of different ways towards those who have experienced mental illness (Munro & Edward, 2008). It is a concept that has been highly debated over the years, and has a number of different meanings including a set of values, a policy, and a philosophy (Bonney & Stickley, 2008). There have been some different approaches devised to explain the concept of recovery. One of these is the biomedical or clinical approach to recovery. This model focuses on eliminating the symptoms of the illness (Bonney & Stickley, 2008). This is often done through treatment methods such as medication or rehabilitation programmes (Sullivan, 1992). Although these methods can work towards improving or reducing the symptoms of an individual's illness, sometimes the illness is chronic throughout an individual's life and the symptoms cannot be completely eliminated. Furthermore, this approach often does little to relieve the other aspects that have been affected by the mental illness, such as integration back into society as a human being with the equal rights and opportunities as someone without problems with their mental health.

In contrast, the social approach to recovery is more focused on enabling a person with a mental health issue to be content and to live a meaningful life with their disorder, rather than working to cure their disorder (Secker, Membrey, Grove, & Seebohm, 2002). The social model looks to develop and increase factors such as well-being, self confidence, empowerment, positive life meaning, and hope (Torrey, Rapp, Tosh, McNabb, & Ralph, 2005). The social model also defines recovery as being both a process and an outcome for those with mental illness (Ramon, Healy, & Renouf, 2010). As some mental disorders cannot be cured or eliminated completely, it is important to recognise and promote the ways in which an individual can get on with their life once impacted by mental illness. (Mueser, et al., 2002) Thus, the social model of recovery is being found to be frequently applied to mental health in society today.

The social model of recovery sees recovery as more than just recovering from the illness (Anthony, 1993). It also involves the recovery from other aspects that were

encountered as a result of the illness. These aspects can include stigma, the effects of the medication they are now required to take, and also other effects such as the possibility that hopes and dreams may now not be able to be achieved. As Anthony (1993) puts it so well - "recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness" (pp.527).

The Strengths Model

One model that has been proposed to enhance recovery is the Strengths Model (Rapp & Goscha, 2006). The Strengths Model is aligned with the social model of recovery and has 6 principles. Firstly, the Strengths Model proposes that people with mental illness do have the potential to recover from their illness. Secondly the Strengths Model focuses on the strengths rather than the deficits of each individual. It is centred on the individual strengths of the person rather than the negatives, such as the mental health diagnosis or impairments. Mental health disorders are frequently associated with negativity and often mainly look at what a person with mental health issues *lacks* in terms of behaviours or symptoms. For example, diagnoses are often primarily concerned with how a person is impaired as a result of their illness. In contrast, the Strengths Model looks at what the client has on offer to them, such as resources, their skills, dreams, and interests, and aims to work on these strengths in order for them to lead a more fulfilling life or recovery from their illness.

The third principle of the Strengths Model is similar to the one previously described but it is focused on looking at the strengths in the community and environment that can work to promote an individual's recovery (Rapp & Goscha, 2006). For example, the principle looks at finding the resources in the community that want to be a part of supporting recovery, such as supportive and understanding employers or landlords that are non-discriminatory towards people with mental health issues. The fourth principle of the Strengths Model approach holds the client as the driving force behind the recovery process. This principle enables the recovery process to be right for each individual and centred around what is important and meaningful to the individual. Because individuals tend to have different goals

in life, the Strengths Model approach enables people who have experienced mental health problems to engage in a process of recovery that is relevant to them.

The Strengths Model's fifth principle is around the importance of the relationship between the client and the person that is supporting their recovery (Rapp & Goscha, 2006). Often for an individual to disclose what they find meaningful and important to them, a relationship involving a mutual sense of trust and respect is necessary. Such a relationship facilitates the strengths of the individual to be realised, explored and developed. Finally, the last principle of the Strengths Model considers the community to be the main focus for the recovery journey. One of the reasons behind this is because it has been found that skills learnt in certain institutionalised settings are often unable to be transferred to real life settings. Furthermore, many people are often unaware of the many resources that are readily available in the community.

Employment

One factor that has been found to be a fundamental aspect of the recovery process is employment (Bond, 2004). Employment is often the factor that an individual with mental illness wants as an outcome of treatment or rehabilitation (Clark, Xie, Becker, & Drake, 1998). Furthermore, employment is one aspect that can enable a person with mental health issues to work on their strengths and has been found to promote recovery (Munro & Edward, 2008).

Employment has a number of benefits to people with mental illnesses. Firstly it generates income, which is beneficial to those with mental illnesses as many are forced to live on benefits that are often at a very low end of the income scale (Clark, Dain, Xie, Becker, & Drake, 1998). As receiving a low income can often reduce the amount of leisure activities that a person can participate in this can then further reduce an individual's interaction in the community (Huxley & Thornicroft, 2003). Furthermore, employment also works to get people to partake in the community and participate in social environments that are outside of mental health services (King, et al., 2006). These can aid in increasing self esteem and

independence which are important aspects of recovery. Thus, getting those with mental health problems into employment could be imperative to improving their well-being.

It has been found that the most mental health consumers who have employment as a recovery goal prefer competitive employment to sheltered employment opportunities (Bond, 2004). Competitive employment is characterised by community jobs that are available for anyone to apply for, in normal places of business, and with co-workers who are mostly non-disabled. Competitive employment situations allow everyone involved to benefit (Wehman & Bricout, 1999). For example, the employee gets the benefits of having a real job, the employer gets a hard working employee, the family members are able to see their family member with their own role in society, and the taxpayer does not have to pay for the individual to be placed in a day-treatment setting. However, although research has shown that the majority of people with mental health issues do want to work, it has been noted that the mentally ill can have unemployment rates as high as 70-80% (King, et al., 2006).

There are a number of difficulties that people with mental health problems can face when trying to gain employment. Firstly, many individuals experience changes in their cognitive, emotional and interpersonal capacities which can make re-entering the workforce difficult (Wong, et al., 2000). Furthermore, many mental illnesses have episodic and unpredictable symptoms which can be difficult to manage, and many medications have unpleasant or detrimental side effects. Additionally health professionals can be prone to discourage those with mental illnesses to obtain work. This is because they are worried that having a job may increase the stress levels of the individual and may lead to negative effects, such as a relapse (Drake, et al., 1999). These factors may all contribute to the low level of employment rates for those with mental health issues.

Additionally, finding the initial job can be difficult because of the negative stigma that is so often attached to mental illness. Many employers may feel reluctant to hire those with mental health issues (Munro & Edward, 2008). This can be for a number of reasons including because they feel that their work performances will be poor due to their impact of their illness, or concern that the job will only be held for a short period of time (Hand & Tryssenaar, 2006). It is suggested that the concern that employers have about employing

individuals with mental health issues come from the stigmatic beliefs that are present throughout society. The employers may not have knowledge or awareness about mental illness and then therefore are dependent on stereotypes that have been formed.

Hand and Tryssenaar (2006) undertook a study which involved looking at the beliefs of small business owners around employing people with mental illnesses. It was found that the employers showed a moderate to high amount of concern about hiring an employee who has been labelled with a mental illness. The characteristics of these concerns were determined using a scale that was devised specifically for the study based on one used by Diksa and Rogers (1996). The main aspect that employers were worried about was concern about work personality, such as whether the person with the mental health diagnosis would be able to socialise and mix with the other employees. The employers were also often worried that a person with a mental illness would become violent in the workplace.

As these concerns could put off potential employers from hiring individuals with mental issues it is important that an effort is made to decrease stigma. Research has found that it is a particular type of education and contact that is most important when working to reduce stigma (Shor & Sykes, 2002). In one study it was found that a combination of cognitive restructuring, exposure, and structured dialogue contributed to a better understanding of mental illness. Another study found that by providing de-stigmatising information and having structured contact with individuals with mental illness, people were able to change their negative attitudes in regard to those with a mental health diagnosis (Shera & Delva-Tauliili, 1996). Therefore, for employers to be able to change their opinions and attitudes towards people with mental health issues they needed to be provided with positive information and contact with people with mental illnesses (Hand & Tryssenaar, 2006). The workplace would be a practical place for this to occur as mental health workers could provide education to employers whilst also supporting individuals with mental illnesses with their employment. This would lead to the development of relationships that promote a change in beliefs for employers as well as increasing the potential of hiring individuals with mental illness.

Employment Strategies

There are a number of different strategies that have been developed to help those with mental health issues into work. In the 1950's an organisation called Fountain House was set up to help people with mental illnesses adjust to living in the community (Bond, Drake, Mueser, & Becker, 1997). Fountain House provided a place where people with mental health issues could socialise and this meeting place became known as The Clubhouse. Members of The Clubhouse were expected to regularly take part in a work-ordered day, in which they would join a work crew in The Clubhouse that was centred around the running of the house (Norman, 2006). The work-ordered day was developed in order to build up the self-confidence and social capabilities of its members.

The Fountain House organisation led to the development of transitional employment (Bond, Drake, Mueser, & Becker, 1997). Staff members of the clubhouse bargained with local employers to allow The Clubhouse members to engage into temporary, casual, or part time jobs in the community so that they could build up their self-confidence, increase their work experience, and develop their curricula vitae. The idea of transitional employment was that individuals complete a transitional job and then move on to an independent employment position (Mueser, et al., 2004).

Other methods that have been devised to help people with mental health issues into employment include vocational assessment and prevocational training (Moll, Huff, & Detwiler, 2003). These methods are based on traditional models in psychiatric rehabilitation that involve long processes involving assessment and prevocational training, then work experience, before competitive work is found. However, recent research has found that these methods may not be the most successful methods of getting people with mental health issues into competitive employment. This is because these methods often involve their participants being kept separated from society in day programmes. Furthermore, research has found that those who undertake prevocational training often do not go on to obtain competitive employment (Mueser, et al., 2004).

Supported Employment

Another method that was introduced to help support people with mental health problems into employment is supported employment (SE) (Moll, Huff, & Detwiler, 2003). SE was originally developed by professionals in the area of developmental disabilities and was incorporated into the mental health field in the 1980's (Bond, Drake, Mueser, & Becker, 1997). SE was formally defined in the Rehabilitation Act Amendments of 1986 as involving a number of features. These included: clients work for wages (comparative to the going rate), clients work as normal employees in integrated environments, clients have frequent contact with other employees, and clients are given ongoing support whilst employed. SE was proposed as an alternative to other employment strategies that were unable to make a significant difference for clients with mental health issues in obtaining and maintaining competitive employment.

SE programmes move away from the traditional methods in that instead of getting an individual to pre-train for employment it places the individual into employment and then looks to support them along the way in the areas that they require assistance (Bond, 2004). One of the main influences that was involved in the development of Supported Employment was the Individual Placement and Support Model (IPS). This model is aligned with the Strengths Model (Rapp & Goscha, 2006) and is based on the work undertaken by Becker and Drake (1993, 2003, cited in Bond, 2004). It is driven by the following main principles:

- The SE service is centred around competitive employment, rather than other employment options such as sheltered work or day programmes.
- No clients are excluded from entering the SE programme. Clients are not excluded from entering the programme on criteria such as diagnoses or level of readiness to work. The only criteria is that the client must be motivated to gain competitive employment.
- A quick job search is used in SE programmes rather than the often long process of vocational assessment and pre-vocational training.

- SE services work closely with mental health teams.
- SE programmes and the potential job placements are focused around the client's choices, strengths, and preferences.
- Clients that use SE services are offered continuous support throughout their job seeking process and once a job has been obtained.

It has been found that SE programmes are one of the most successful ways to get people with mental illnesses into work (Marshall, Rapp, Becker & Bond, 2008). This is illustrated in a number of studies that are described below.

One study examined the experiences of clients who were members of a long-term day treatment programme who were changed to an SE programme (Bailey, Ricketts, Becker, Xie, & Drake, 1998). They compared the clients who had changed to the SE programme to a control group of clients who were participating in a Community Support Programme (CSP). The participants were similar in terms of demographics, diagnosis, and were considered to be psychiatrically stable. The results of the study found that the clients in the SE programme experienced significant increases in competitive employment and that they did not incur any negative side effects, such as an increase in psychiatric symptoms. These results are in agreement with previous studies of a similar nature (Drake et al., 1994; Drake, Becker, Biesanz, Wyzik, & Torrey, 1996) and suggest that clients who have been participating in day-treatment programmes can successfully gain competitive employment after being transferred to an SE service.

In a study by Drake and colleagues (1999) a SE programme was compared with an enhanced vocational rehabilitation (EVR) programme. The SE was based on the principles of IPS (described above) whereas the EVR programme was focused on prevocational participation before competitive employment was sought. The research examined three hypotheses: that the SE programme would result in a higher employment rate, more wages, and more hours of work over the EVR programme, that the EVR leads to higher rates of sheltered employment but not competitive employment, and that the fast job search style of the SE programme does not lead to more negative outcomes for the participants than EVR.

The results of the study showed evidence that supported all three hypotheses, except it was unclear if the SE participants earned more wages than the EVR participants.

In a study undertaken by Lehman et al (2002), they compared a SE programme that was based on the IPS principles to a vocational rehabilitation (VR) programme. The SE programme focused on a rapid job search along with continued support during the employment process. The VR programme provided a variety of different services, including skills training and sheltered work opportunities. It was found that the participants in the SE programme were more likely to gain competitive employment than the participants in the VR group. Around half (42%) of the SE participants gained employment compared with 11% of the VR group. The SE participants also worked more hours and made higher wages that the VR participants. This study lends further support to the effectiveness of SE programmes in comparison to other strategies to help people with mental illness into employment.

In a UK study that compared a newly established SE programme with a prevocational service it was found that the SE programme was more effective in supporting those with mental illnesses into employment (Rinaldi & Perkins, 2007). The study also found that the participants in the SE group had higher expectations and motivation to be able to work, than those in the prevocational group. This study also lends support to the existing literature that SE programmes are more effective in supporting people with mental illnesses into work.

Crowther, Marshall, Bond, and Huxley (2001) undertook a review that examined the most effective way to support people with mental health issues into competitive employment. They compared a number of different programmes, including prevocational training, community care, and SE. It was found that in the randomised controlled trials (RCTS) comparing prevocational training and supported employment, the participants in the supported employment programme were significantly more likely to be employed in competitive employment. This was shown in 34% of supported employment participants compared to 12% of prevocational training participants, after a period of 12 months. This review indicates that SE is the more effective method in comparison to prevocational training for helping people with mental illness into competitive work.

SE programmes have also been found to be effective for different cultures. In a study undertaken by Wong and fellow researchers (2000) in Hong Kong, a programme based on the supported competitive employment (SCE) model was implemented. The programme was based on Wehman's (1986) model of Supported Employment for people with disabilities and the IPS model (Drake, et al., 1994). The SCE programme was measured by a number of vocational outcomes, including the percentage of participants that obtained a job placement, the type of job placement, the mean amount of wages earned, the number of participants that stayed in their employment during the follow up period, and the length of time the job was held.

In this study, 458 psychiatric patients from Kwai Chung Hospital were referred for the SCE service (Wong, et al., 2000). The results found that 67.3% of the participants were able to obtain a competitive job placement. Most of the job placements were in the service industry (74.7%) and with the others in a clerical type job (14.9%) or in the manufacturing industry (10.4%). The average time the participants stayed in their job placement was 134 days. Although this study did not involve a control group to compare the SCE programme with another type of vocational rehabilitation, the findings did suggest that the SCE programme appeared to support people with mental health issues into employment. One negative finding of the study was that the mean salary of the participants in full-time jobs was found to be significantly under the average income of the general population. However, it is thought that this may be due to the high proportion of entry-level jobs involved in the study.

A number of RCTs have been undertaken that have examined the effectiveness of SE programmes involving participants from other minority ethnicities, including African-American and Latino individuals (Bond, et al., 2001). The results of these studies suggest that the effectiveness of SE programmes can also be generalised to both these populations. However, further replications are needed to strengthen these findings.

The studies that have been undertaken examining the effectiveness of SE have lead to SE being considered an evidence-based practice (Henry & Lucca, 2004). Although SE programmes have found to be more effective than other strategies that are utilised to help individuals with mental health issues into employment, the successes have only been found to

be associated with vocational outcomes, such as the obtaining and maintaining of employment or the acquisition of job skills (Bond, 2004). There has been no difference found in the comparison of SE programmes to other vocational strategies in terms of non-vocational outcomes, such as an increase of self-esteem or an improvement in quality of life (Bond, et al., 2001).

However, studies have found that for individuals with mental health issues, being in competitive employment can improve aspects such as improved control of symptoms of their illness, compared to individuals who are not employed or work minimal hours. In one study (Bond, et al., 2001) it was found that clients who were engaged in competitive employment for a longer amount of time were found to have improvements in a number of non-vocational areas. The most significant finding was around a lessening of mental illness symptoms for the participants that obtained competitive employment. Although further research needs to be undertaken in this area, this study does show support towards competitive employment having a positive effect on non-vocational aspects for those with mental health issues.

Criticisms of Supported Employment

Although SE has been found to be an effective method of helping those with mental illnesses into work, a few criticisms have been identified (Bond, Drake, & Becker, 2008). Firstly, although SE tries not to exclude any clients from participating, individuals do need to have competitive employment as a goal and need to be considered ready to work, in order for SE to be effective. The criticism is that by not involving clients who are not considered 'work ready' and do not have employment as a goal this is violating their right of informed choice. However, it is suggested that all individuals with mental illnesses should be encouraged to seek employment, and that all mental health professionals should advocate employment and create a culture in which employment is valued.

Another criticism of SE programmes is that although they are found to be effective in obtaining employment, the employment period generally only lasts for a short period of time (Bond, Drake, & Becker, 2008). However, to look at this further, some long-term or follow-

up studies are needed. Although there are some studies that have followed up with participants in SE programmes to find they are still in employment, the follow up period tends to be fairly short term. To further examine the long term effects of SE much more research needs to be undertaken.

A further criticism of SE programmes is that it has been suggested that they increase the level of stress for individuals with mental health issues (Scheid & Anderson, 1995). This is because the programmes work to place individuals in competitive employment without giving them a period of training to become work ready. One study that investigated this was undertaken by Bedell and colleagues (1998). They interviewed a number of participants who were placed on either a SE programme or a prevocational training programme. The results suggested that the individuals placed on the SE programme were not overly stressed and although they did experience some negative experiences on the SE programme they were able to overcome these experiences. The participants were asked which programme they would prefer to be placed on and the majority preferred the SE programme.

Proposal for the Current Study

The research suggests that SE programmes are an effective way to get people with mental health illnesses into employment. However, the majority of research in this area has focused on the total number of employed clients as the indicator of the programme's success. Although these studies have been useful in supporting SE to be an effective strategy to help people into employment, they offer little insight into the parts of the SE programme that are particularly helpful for the clients that use the SE service.

There are a few studies that have been undertaken that examine SE programmes from the perception of the clients. In one study, researchers examined the aspects that were considered helpful elements of SE (Johnson, et al., 2009). 122 service users were screened for eligibility and interviewed. These interviews were then transcribed and thematically analysed. The main themes that were identified included aspects such as being provided with emotional support, having practical support that was relevant to job finding, and the support maintained

a client focus. While this study provided some interesting findings about the clients' perceptions of SE it mostly focused on the facilitators to employment and did not give much further information about other aspects of the SE programme.

In another study, the perspectives of job coaches that worked for a SE programme were examined as well as the perspectives of the clients that used the service. This study identified a number of factors that can either facilitate or be a barrier to employment. The main findings that were identified were centred around personal factors, such as the psychiatric symptoms of the client or the skills of the job coaches or environmental factors, such as the effects of stigma and the availability of rehabilitation services. Although this study has provided some insight into SE from the perspective of the job coaches again it is one of the few studies in this area and focuses mainly on factors that are helpful and non-helpful in the process of obtaining employment through a SE service.

The current field of literature is limited in examining SE programmes from the perspectives of individuals other than the clients that use SE services. This current study was proposed to contribute to the research in the field of SE but to focus on the perspectives of the SE staff. This is because this appears to be an area that has mainly focused on the facilitators and barriers to employment. This study sought to develop a detailed understanding from the perspective of the staff that work in SE in order to expand the limited existing literature about SE services from a perspective other than the clients who use such services and to focus on a broader examination of SE than barriers and facilitators. The reason for an interest in a broader area is because it may provide a more in-depth exploration into some of the issues that can arise in SE.

The current study sought to examine the experiences and perceptions of the employment consultants (ECs) from a SE programme that operates in New Zealand known as Supported Employment New Zealand (SENZ). The current study will be exploratory and descriptive in nature and will examine the experiences and perceptions of the ECs about what it is like working in a SE programme. The findings of this study may assist in the identification of practices that are thought to be particularly successful or unsuccessful in supporting SE clients to obtain employment as well as potentially uncovering any other

aspects of SE that have not been examined in other research areas. These findings may then be able to be used to modify existing SE services which could benefit both clients and the staff involved in SE programmes.

Method

A qualitative research method was used to answer the research question which sought to explore and describe the perspectives of the Supported Employment New Zealand (SENZ) Employment Consultants (ECs). Qualitative analysis enables a complex and detailed exploration into a chosen area of interest (Webb, 2002).

The current study used a phenomenological epistemological approach as the purpose of the study was to investigate the lived experiences of the population of interest (Laverty, 2003). The current project sought to gain a detailed understanding of the EC's perceptions and experiences about what it is like to work as an EC in a Supported Employment (SE) programme. As most of the other studies in this area have focused on the perceptions and experiences of the SE clients, the focus of this study was to examine the perception of the SE ECs in order to gain a different perspective of SE.

Participants

The participants in this study were a purposive sample as the study was focused on SENZ ECs. The only selection criterion for the study was that the participants were currently employed and working for SENZ as an EC. The participants were recruited by notices that were displayed at their place of employment that offered information about the study and an invitation to participate in a focus group. Participants were advised to express their interest in being a part of the study to the researcher or their team leader and they were then contacted with the time, date, and location that the focus group would be held.

At the time the project was undertaken there were nine current ECs employed by SENZ available to participate in the study and all nine participants expressed their interest in participating. Once interest was expressed, each participant was given an information sheet and a consent form to sign to confirm their willingness to participate. Neither the copies of the information sheet nor the consent form are included in the Appendices of this report so as not to allow the SE organisation to be identified. The signed consent forms were stored in a

secure location that was only accessible by the researcher. These will be held for 6 years and then they will be destroyed.

All nine SENZ ECs attended and participated in the focus group. Demographic information about the participants was not obtained to reduce the chance of participants being identified by anyone who did not participate in the focus group. The participants were not provided with any financial reward for participating in the research but they were provided with morning tea after completion of the focus group.

Research Design

This study utilised a focus group as the method to collect the data. A focus group was chosen as it allows for participants to build on the responses from other participants which may bring about ideas, concepts, or debates that could not elicited in individuals' answers to other methods, such as an interview or questionnaire (Honey, 2004). Focus groups typically have 6 main characteristics which include:

- They are comprised of 4 – 10 people;
- The structure is a focused discussion about a particular topic;
- They are run in a group format;
- they are qualitative in nature;
- Data is elicited through the interaction of group members;
- The group members share a common ground (Webb, 2002).

The structure of the focus group was based around a set of predetermined questions. These questions were devised by the researcher with some oversight from the thesis supervisor. The list of questions included open-ended questions that were thought to be relevant to the research question (see Appendix A). The questions were based around the research question and sought to elicit responses about the perceptions and experiences of the SENZ ECs. Some examples of questions included 'How involved do you feel your clients are in the job seeking process?' and 'Do you think there is a difference between clients who enter

the service voluntarily and clients who are forced to enter the service?'. Some questions also contained further probes and questions depending on the answer that was given, such as asking for more clarification or detail.

Data Collection

Before the data collection began ethics approval was sought from the Auckland University of Technology Ethics Committee. Once ethics approval was obtained the participants were recruited and a date for the focus group was scheduled.

The focus group took place in October 2010 and was held in a quiet room at the SENZ offices. The focus group was facilitated by the researcher and nine SENZ ECs participated. The SENZ team leader was also present at the start of the focus group however as their role was solely focused on leading the team and did not involve working with clients the team leader was not eligible to participate in the research and therefore left the room.

The focus group process began with the researcher giving a brief introduction of the purpose of the research. The participants were then reminded of the points that featured in the information sheet that had been previously distributed to each participant, such as the information provided in the focus group would remain confidential and any identifying information would be removed. The participants were reminded that the questions asked were about their experiences and opinions only. They were also asked to try and only have one person speaking at a time. The participants were advised that the focus group would be audio recorded and then transcribed at a later date by the researcher. They were advised they could contact the researcher at any stage if they wished to review their comments or wanted any of their comments to be retracted.

The participants all indicated they were happy to begin and the focus group was undertaken. A predetermined set of questions was used to facilitate the group and prompts were used to seek more details about the participants' comments where appropriate. Furthermore, additional questions were added during the process that explored the comments of the ECs. For example, one participant made the comment 'It's been like that since the

recession.' The researcher then requested more clarification by then asking 'How has the recession affected your work?'

The focus group lasted for approximately 1 hour and 15 minutes in total. Once the focus group was completed the participants were thanked by the researcher for their participation and they were provided with some refreshments. None of the participants contacted the researcher at a later stage to review or retract their comments.

The audio file of the focus group was then transferred from the recording equipment to a media file on the researcher's laptop. The file was then password protected. The original recording was then deleted from the recording equipment.

The focus group was then transcribed verbatim by the researcher to allow for a thematic analysis to be undertaken. It was then proofread by the researcher three times to correct any errors. The transcription was then proofread and cross-checked by a research assistant to ensure accuracy in the transcription process. The transcript of the focus group is displayed as Appendix B. The transcription followed the method described by Bailey (2008) and the key of the symbols that were used in the transcription are shown in Appendix C. To ensure the confidentiality and privacy of participants was ensured, all identifying information about the participants was removed in the transcription process.

Data Analysis

A thematic analysis was chosen as the method of qualitative analysis to use in the current study. This was because the study is exploratory in nature and sought to examine and describe the participants' personal experiences and opinions. Thematic analysis can provide a comprehensive account of data, such as a focus group transcript, that is organised in terms of themes and sub-themes (Braun & Clark, 2006).

Process of data analysis. The data analysis process was based on the thematic analysis described by Braun and Clark (2006). Braun and Clark recommend a number of decisions are decided upon before the analysis is undertaken. These include:

- The decision as to what counts as a theme – In thematic analysis, themes are described as an aspect in the data that represents an important element in the data in relation to the research question. In the current study the themes that were identified were not necessarily the most prevalent themes that were found in the data set, but they were thought to be key aspects associated with the perceptions and experiences of the ECs in working with their clients.

- Whether to focus on doing a rich description of the data set or to focus on one aspect on the data – The decision was made to do a rich description of the data set. It was thought that this would be the better option as it allows a better understanding of the opinions and thoughts of the ECs throughout the whole focus group discussion.

- The decision to undertake an inductive or a theoretical analysis – The current study used an inductive approach as the data collection and analysis was not driven by any pre-existing theory.

- Whether to focus on semantic or latent themes – A thematic analysis usually focuses on either a latent or interpretive level. In the current study, a latent level was used. This was because the study focused on an interpretation of the opinions and experiences that were described by the ECs to reflect some of the key elements that were in the data.

After these decisions were made the thematic analysis took place. There are 6 phases of the thematic analysis process that are proposed by Braun and Clark (2006). These steps were followed in order for the current study. Although each step was completed in turn until moving on to the next one, there were times when the process moved back to the previous phrase in order to revise or review that particular process.

1. Data familiarisation. This process involved reading through the transcription of the data set. This was completed three times in order to enable the researcher to become

familiar with the data. During this phase the researcher took notes that indicated potential codes. The data transcription process is also considered part of the data familiarisation phase.

2. Construction of initial codes. This phase involved identifying the initial codes in the data. Codes are used to classify an aspect of the data that appears to be relevant to the research question and it is the beginning of the organisation process of the data. The researcher worked through the data set and every aspect of the data was coded. As each code was identified it was written on a separate piece of paper and a number was assigned to each code. The researcher worked through the transcript until every section of data had been allocated a number and corresponding code. A summary of the initial codes are presented in Table 1. (See Appendix D).

3. Identification of initial themes. Once all the data is coded then themes are then identified. Themes are broader categories than codes. The codes that have been identified in the previous phase can go on to be themes, can be combined to make themes, or can be categorised as sub-themes. In the current project, this process was completed using an Excel spreadsheet. All the codes were typed onto a new sheet and the researcher went through the list of codes deciding which codes grouped together. The codes that grouped together were transferred onto new spreadsheets, and the researcher examined these groups and determined the overall theme of each group. This phase involved an ongoing process of cutting and pasting the initial list of codes from spreadsheet to spreadsheet until the researcher was satisfied with the organisation of themes and sub-themes. Some codes were discarded as the researcher decided they did not contribute to the interpretation of the data. The initial organisation of codes is displayed in Table 2. (See Appendix E).

4. Revising of themes. This process involves a revision and refinement of each of the initial themes devised in the previous process. This process involved the researcher examining each theme to see if there is enough data to support them. The researcher

examined each coded extract for each theme to determine if they belonged to the theme. Some themes were reworked or dissolved as they did not have enough data to support them or were found to be closely related, and some sub-themes were collaborated into other sub-themes. The data set was then re-read to determine the coding and thematic frame fitted the data and some further reworking of sub-themes was undertaken. These themes are displayed in Table 3. (See Appendix F).

5. Themes are named and defined. This process involves a further revision and refinement of each theme as well as an analysis for each theme illustrated by extracts of the data. For each individual theme the researcher composed a detailed analysis of each theme, identifying the interesting aspects of the theme and why it was found to be interesting. This part of the process is shown in the results section, including a summary of the themes and sub-themes displayed in Table 4.

6. Writing the report. This process involves a written description of the analysis. The researcher provided a written report that illustrates the final analysis. This again is displayed in the results section.

Verification

Many researchers have suggested that both reliability and validity measures cannot be applied to qualitative research and some parallel measures have been proposed, such as the use of terms including trustworthiness (Guba, 1981). However it has been suggested that by using such parallel measures in qualitative research they continue to separate qualitative research from the mainstream field of science (Morse, Barrett, Mayan, Olson, & Spiers, 2002).

Verification when applied to qualitative research is described as "checking, confirming, making sure, and being certain" (Morse, et al., 2002). It enables the confirmation of reliability and validity in qualitative research that therefore demonstrates the rigor of a project. Morse and colleagues (2002) have identified a verification procedure that can be applied to qualitative research, and the current study has followed this process in order to

demonstrate the reliability and validity of the current research. The procedure involves a number of strategies which include researcher responsiveness, methodological coherence, sampling sufficiency, the development of a dynamic relationship between sampling, the data collection and analysis process, theoretical thinking, and theory development. They are described in more detail below.

Verification strategies.

- Responsiveness of the researcher. In the current study the researcher demonstrated responsiveness by holding an open stance to the data analysis procedure. The initial ideas that were created as themes or sub-themes that were found not to have enough support were reworked and revised. This was an ongoing process throughout the analysis. Furthermore the analysis was undertaken from an inductive perspective without being driven by a pre-existing theory.

- Methodological coherence. This strategy seeks to ensure that there is a correspondence between the research question and the chosen techniques in the method. This was demonstrated in the current study by providing a justification as to why each component of the method was selected and how they were linked to the research question and to each other component.

- The appropriateness of the sample. The participants that are selected for the research must have adequate knowledge or must be the best representation in regard to the research question as this allows for an accurate description of the phenomena of interest. The participants of the current study were current SENZ ECs which meant that they were appropriate candidates to give their perceptions about working in a SE service.

- The simultaneous collection and analysis of data. This process allows for an interaction to be established about the knowledge that has already been collected and what needs to be discovered. In the current study this process was demonstrated by a

continuous interaction between the original data and the analysis in order to maintain a sense of working relationship between the two processes.

- Theoretical thinking. This step involves linking the new ideas that have been identified into existing data and involves continuous checking and re-checking and creating a solid foundation of the ideas that were formulated. In the current study this was demonstrated in the process of thematic analysis where each step was checked and re-checked. Furthermore, the link between the new data and existing data will be described in the later discussion section.

- Development of theory. Finally, a theory is developed which concluded the research process as well as providing an opportunity for comparison with existing theories or for further development. The step of the verification process is described in the later chapter of the discussion section.

Used collectively these processes are conducive to demonstrating reliability and validity (Morse, et al., 2002) and therefore confirm the rigor of the current study.

Limitations and Delimitations

One of the limitations associated with the chosen methodology for this study is that qualitative research can be considered to lack objectivity. However, qualitative methods enable a sense of understanding from the participants' perspective and play a significant part when the research has an exploratory focus, as the current study does (Webb, 2002). Furthermore, qualitative research has been criticised for not being considered as using valid and reliable measures (Morse, et al., 2002). This project has countered this argument by justifying that it demonstrates rigor by following the verification process described above.

One criticism that has been put forward about focus groups is that the participants may be inclined to agree to the same point due to the dynamic of the group (Webb, 2002).

However in the current study there were times in which the participants gave opposing statements and chose not to agree with each other on certain issues. Furthermore, it has been suggested that focus groups may result in the discussion of more general opinions with less personal input. However again in the current study the responses given by the participants often involved some in-depth opinions and experiences and they appeared to support one another in the group format.

One other limitation to the current study is that it was unable to enhance the verification process of sampling adequacy by providing saturation and replication (Morse, et al., 2002). However, the participants that were included in the focus group were all current SENZ ECs. This criterion was enforced to ensure an accurate representation of the research question.

Ethical Considerations

This research adhered to current Auckland University of Technology (AUT) ethical principles (AUT, 2010). All the participants were recruited in an appropriate manner and given full details about the purpose of the study. Signed consent was obtained from all participants and participants were advised they could withdraw from the research at any stage. No identifying information was requested from participants and all identifying information that was provided in the focus group, such as names of participants, was removed from the final report. The current study adhered to, and respected, the principles of the Treaty of Waitangi in terms of research guidelines.

Results

The following section describes the process of the thematic analysis that was undertaken in this project. It then describes the results in terms of the themes and sub-themes that were identified by the researcher during the data analysis that was described in the previous chapter. These themes and sub-themes are illustrated by the inclusion of direct quotes from the participants.

Themes that were Identified in the Data

There were 8 themes identified in the data set. Each theme also contains a number of sub-themes. A summary of the themes and sub-themes are shown in Table 1. Each theme and its sub-themes are described in more detail below.

Table 4. - Summary of Final Revision of Themes and Sub-Themes

Themes	Sub-Themes
Incentives to employment	Financial gain
	Personal development
	Being normal
	Outside influences
Disincentives to employment	Conditional employment
	No interest in financial gain
	Increase in stress levels
Factors that can impede	Difficulty with working with other services
Employment	Disclosure of mental illness

Individual factors

Unmotivated clients

The current labour market

Stigma

Factors that can be conducive   Good job fit

to employment   Disclosure

Increasing awareness of mental illness

Positive aspects about the SENZ   Inclusion of other services

SE programme   ECs there to pick up the pieces

Practice based on the Strengths Model

Education of employers

Building rapport

Continued support

Negative aspects about the   Administration work

SENZ SE programme   Current funding strategy not relevant

Unrealistic or outdated targets

Difficulty merging a mental health model

with a business model

Continued support

Continued funding cuts

Strategies that are used to overcome   Utilising other services

barriers to employment   Perseverance

Increase awareness and knowledge of

mental illness

Suggested improvements to the   Increase or change the funding and target

SENZ SE programme   Strategies

                                           Additional services

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Theme 1 - Incentives to employment. One theme that was identified in the data was based around the different incentives that the clients have to gain employment. The ECs responses fell into four different categories, including monetary gain, personal factors, normalising, and influence from other sources. These sub-themes are described in more detail below.

Sub-theme 1.1 - Financial gain. One of the biggest motives for employment as described by the ECs was about the monetary incentive. It was mentioned that it often depended on the area in which the client lived as to whether money was the main motivator.

> "I work in the south where there's predominately maori pacific island people and money is a motivator there uh big time"

The ECs spoke about the clients with money as an incentive appearing only to think about the money side of employment. For example, one EC advised that they often get clients wanting employment around Christmas time but as soon as Christmas is over they will stop working.

> "you'll ask them why have you come to us seeking employment oh I just want some money for Christmas so they just think they're gonna jump on board we're gonna get them a job they'll have some money for Christmas after Christmas they'll drop out again"

Sub-theme 1.2 - Personal development. Money was not the only incentive for employment. The ECs described a number of other factors that were based around personal development, including career progression and the development of a sense of worth. These factors were identified as leading towards the development of hope for the future.

"I don't think the biggest motivator for all my clients is always money I mean uh career development and career progression are the ones, definitely"

"Definitely purpose and worth. Having an identity"

"Yeah it allows them to dream a little bit more eh [yeah] see the future"

Sub-theme 1.3 - Being normal. The ECs also described some factors around the clients wanting to be normal members of society. These factors included aspects such as increased social contact, having a routine, and being treated as a normal member of society.

"Helps them probably feel belonging or normal quote unquote, accepted. And I think what (identifying content removed) said like maybe.. helps.. once they've got a job a lot more opportunities open up from here that can realise other goals once they've got a bit more money coming in and stability and further developing you know"

"Well most of them just want to be treated like everyone else in society {yeah] [mm and have right to be] and just go back to work"

"Social contact [social interaction, definitely], identity [identity]. The ability to be able to do more [just feeling normal, routine] and feel like they're part of society"

These comments suggested that the clients considered employment as enabling them to feel like they were a part of the community.

Sub-theme 1.4 - Outside influences. The ECs identified that it was not only personal factors or financial gain that motivated their clients to obtain employment. It was mentioned that some clients are there due to pressure or influence from other sources such as Work and Income New Zealand (WINZ) or their mental health support workers (SWs). There were different reasons advised for the pressure or influence from other sources, and these included clients being work tested by WINZ to see their eligibility for work and needing to work a certain amount of hours to retain their benefits.

" Yeah work and income [yeah it can be with work and income] [yeah] it can affect their benefits if they don't attend"

"They can get a letter that tells them they now can be work tested, as of last week, umm our clients can be work tested, so um that'll make some of them feel pressured that they have to be there"

"a lot of them will get a bit of a shock culture thing very directly from work and income especially the work and income ones of course, because they will be forced to um front up or put up or shut up, so yeah it's going to be difficult for some"

Another outside influence that was described by the ECs was in regard to referral to the Supported Employment New Zealand (SENZ) service from their SWs. They described that sometimes the clients are referred to their service because the SWs also have outcomes to meet, such as increasing their clients' community participation.

"They've (the CSWs) got to have outcomes too at the end of the day just like we do"

Theme 2. - Disincentives to employment. The ECs identified a number of factors that are considered disincentives for their clients in gaining employment. A number of sub-themes were identified including only wanting employment on certain terms, the potential of higher stress levels, and not needing the financial gain that employment gives. The sub-themes are described below.

Sub-theme 2.1 - Conditional employment. The ECs advised that there are many occasions that the clients advise that they only want employment on certain terms. These terms included aspects such as only wanting temporary work and not wanting to work if it was going to interfere with other activities.

"they just think they're gonna jump on board we're gonna get them a job they'll have some money for Christmas after Christmas they'll drop out again, doesn't really matter"

"yeah one of them told me umm not so long ago umm summer's coming up and I'm going surfing so no thanks"

Furthermore, it appeared that some clients would like to keep getting their WINZ benefit so they wanted work that did not interfere with the money they were already receiving.

"They always.. they want something that wouldn't affect their benefit, yeah like under 5 hours or under 8 hours. It can be a barrier yeah"

Sub-theme 2.2 - No interest in financial gain. Some of the ECs mentioned that they felt some of their clients did not want to work as they felt they did not need the money. The ECs indicated again that they felt these clients only saw employment having the benefit of financial gain. This factor also appeared to depend of the area of Auckland in which the EC was working.

"Umm a lot of, well, it depends on the geographic areas but in the area in which I work the decile rating is quite high, a lot of the clients have parents who have a fair whack of money, umm, live in houses worth many many thousands of dollars so a lot of them umm don't really need to work"

"if they are forced to be there they aren't motivated, cos a lot of them don't want to work, they're quite happy sitting on the benefit"

Sub-theme 2.3 - Increase in stress levels. Some ECs indicated that they felt some of their clients were concerned that gaining employment may potentially increase their stress levels and this would in turn be detrimental. It was indicated that the ECS also felt that employment may increase their clients' stress levels and this may result in them becoming unwell.

"Maybe just the the stress level that they encounter when they're newly in the job might prove to be a bit too overwhelming"

"Some higher stress levels they might have to deal with different situations that come up which gives them a bit more stress which means maybe a bit more chance of them becoming unwell again"

Theme 3. - Factors that can impede employment. The ECs identified a number of factors that they considered could be potential barriers to their clients obtaining and maintaining employment. The barriers that were identified included a range of topics, including disclosure of illness and lack of motivation. These factors were grouped into sub-themes and are described below.

Sub-theme 3.1 - Difficulty with working with other services. On occasion the ECs need to work with other service providers to get the best support for their clients. It was identified that sometimes the ECs felt that some other services, such as local mental health teams, added a negative influence or were not entirely supportive or positive in regard to their clients.

"I find one of the clinical services terrible you know, on the North Shore, we went in and they were horrible they treated the person like an object and uh uh it was counterproductive you know [mmm] constantly focusing on deficits and sticking to regimes and yeah it was definitely counterproductive"

"you know that person's really unwell and you can't job search with them because this is where there at and they're saying well where do I go I've got no idea who to go to, so you're trying then to signpost them to where they can get help to then come back to you and ring them 3 or 4 days later to see how it's gone and how things are and you find that they've heard absolutely nothing and then they get a letter saying someone will be in touch with you in the next 3 to 4 weeks. If you're suicidal then that could be a trifle late"

Furthermore it was also reported that the other services often have large caseloads and have had their funding reduced and these factors can also cause difficulties for their clients in getting adequate mental health support.

"I think uh the community mental health centres their caseloads now... well the people they have on their books is now huge [mm] and therefore the frustrations that we have with trying to get people in and get people seen quickly because it feels urgent to us that it happens now you've got somebody who's suicidal and three weeks later they're

still waiting for an appointment [or they get told to go home and have a cup of tea] and it's just... that just frustrates the hell out of me so then I'm on the phone and I'm on to the manager and they'll get seen that afternoon but why does it have to take that. So that side of things I find really frustrating"

Sub-theme 3.2 - Disclosure of mental illness. Some ECs advised that the disclosure of their clients' mental illness to their employer could act as a barrier. This is because some employers were considered prejudiced and may potentially not want to hire someone that they knew had a mental illness.

"And most employers are prejudiced I have to say. If you say that from the beginning they will probably close the door straight away"

There was also mention of the difficulty involved when clients had to fill in an application form that asked you to declare any medical issues that may interfere with your work ability. The ECs appeared to feel some divided loyalty at these moments as they did not want to encourage their clients to be dishonest on the applications yet they also felt disclosure was inappropriate.

"And then you can have those other big issues when your filling out the application forms and it talks about medical [yeah yeah] conditions that may affect their work and you're sitting there knowing damn well that this could go upside down at any minute, and writing... no and watching them writing No (group laughs) [with confidence] if this wise or not and sometimes you know it's not, your heart just 100% just knows it's not, but the role that they're going into would be totally totally inappropriate for them to disclose"

Sub-theme 3.3 - Individual factors. Another sub-theme of barriers to employment includes personal factors that are specific to the individual in question. These factors are based around the aspects that are commonly found in some individuals with mental health disorders. These factors include a lack of work skills, having a criminal record, or having a co-morbid substance abuse problem.

"a lot of the clients have very limited skills and if we're trying to look at a career for them quite often they need training"

"criminal records, yep, that's the main one... Cos a lot of people can give up drugs but they can't give up a criminal record"

"it affect their ability to work or maintain job yeah. Like some client might umm use marijuana. That can be quite... they won't be motivated to work"

It was also indentified that a lot of places of employment have strategies in place that enable them to find out if their employees have been consuming alcohol and this could impact their clients if substance abuse was an issue for them.

"most places do that now. Just drug and alcohol testing before they even take you on so.. [and indiscriminately throughout employment]... Yeah quite a lot of them out south [oh a lot now, yeah a lot]. It's just mandatory now, like criminal record [mmm]. It's been like that since the recession"

Sub-theme 3.4 - Unmotivated clients. One factor that was commonly mentioned as a barrier to employment was having clients referred to the SENZ SE programme who were not actually motivated to be employed. Although one of the criteria to enter the service is that the client must have employment as a goal, it appears that the ECs do often end up working with clients who are not motivated to gain employment.

"your highly unmotivated person you won't hear from month to month if you haven't called, then they're not gonna call you because when you're out of sight you're definitely out of their mind"

"there's only so much you can try and engage someone in to a work related goal they don't want to work then you can't push them into it"

"some will just tell you they're not interested or you say to them look do you want to work do you want me to help anymore, and they just go look no.."

It was stressed that working with clients who were not motivated to obtain employment was a lot harder for the ECs and meant putting in a lot more work and effort to get the client on their side. There was also some frustration expressed about working with non-motivated clients when there were clients who are motivated to gain employment on a waiting list.

"ones who aren't motivated you're trying... you've got to work doubly hard [mmmm] because not only are you trying to do the job search but you're trying to engage them and get some ownership in the process with that, so you can be having to try and set them little tasks to try and get them on board and actually buy in to what you're attempting to do so it can definitely make the process longer and harder at times"

Although the ECs advised that they are reluctant to exit clients from the service unless it is a last resort, they advised that sometimes it can come down to this.

"our caseloads are all so high that there becomes a time when you've just got to go enough's enough, there's somebody else sitting here who's highly motivated that's sitting on a waiting list whilst this guy's jerking us around so we have.. we have to be ruthless at times"

Sub-theme 3.5 - The current labour market. The conditions of the current labour market were brought up in the focus group discussion and how the effects of the recession had affected the ECs ability to gain employment for their clients. It was advised they felt the recession had made their work a lot harder as there were fewer jobs available. It was also advised that the recession had contributed to a reduction of funding in the SENZ SE programme.

"It's just made it harder [yeah] just made it [more challenging] harder... On both sides. They've cut the funding as well"

"Maybe some of them haven't got the resources to muck around with people, they want somebody to come in and do the job and.. [and hit the road running] just get on with it [yeah] [yeah]"

"yeah resources already stretched, don't have time for somebody else that's going to hold me up.. I don't know"

Another aspect that was mentioned was the introduction of the 90 day employment trial that was recently brought into law by the government. It was advised that this law induced a sense of fear in some of their clients that were working through this trial period as they were concerned that they were going to be fired at any moment.

"It's not through lack of trying [no] the government sure as hell doesn't tr.. doesn't help though, the 90 day thing, it.. that's a killer and cutting –[inaudible segment]), it's a killer for normal people let alone a person with a disability or an unwellness"

"everyone who starts a new job now is only on trial for three months [and they often give up because they're scared] you think anything other than that then there's something wrong with you"

Some ECs also mentioned that it was relatively easy to push someone out of employment regardless, with or without the 90 rule. They advised employers have strategies they use when they do not want someone to stay in their job.

"Cos let's face it, if an employer wants to get rid of somebody, they will [they'll find a way, with or without the 90 days] and let's just cut.. You know forget about political.. being PC and everything, if they want you gone [they'll find a way] they'll just throw you out you know or they'll just make life so goddamn difficult for you [they'll just manage you out] [they just ask you to leave], (laughs) you know or yeah they'll give you options or they'll just.. you know.. just play hardball and just [make you reapply for your job] [yeah and unfortunately you haven't been successful] [yep] [they're being legal] yeah or they change contracts to get a small pay rise and then they find out that there's something else and yep there's many a way. If they want you gone, you're gone, it doesn't matter"

Sub-theme 3.6 – Stigma. Another aspect that commonly featured throughout the focus group discussion was the impact of the stigma that was directed towards individuals with mental illnesses. The ECs identified that they felt that the stigma was mostly about a

lack of knowledge and understanding of those with mental illnesses. The ECs reported that a lot of people were misinformed about mental illness and often thought the worst, such as their clients were going to become violent.

> "Well most of them just want to be treated like everyone else in society [yeah and have right to be] and just go back to work but they you know there's a lot of labelling out there, it's just too much sometimes [mm]"

> "It's lack of knowledge... They picture someone running round with a machete half the time... And just the thought of mental illness, ooh they must be crazy, must.. you know"

> "Yeah, they're going to go nuts and cause trouble in the workplace [yeah]"

> "its lack of knowledge about actually mental illness is and what it.. they mean, and what, say bipolar, what does that actually mean, it.. people.. most people don't really know, they just think loony, crazy"

> "just because you've got a mental unwellness doesn't mean to say you're mad, you're gonna cut your throat (laughing) somebody's gonna lose a hand or something like that it's just this preconception"

The statements made by the ECs indicated that they felt it was very difficult to change the employers existing negative perceptions of mental illness. One EC described how they can spend a large amount of time with potential employers but they are still reluctant to take on a SENZ client as an employee.

> "But the lack of knowledge thing can be, not that you haven't tried to explain to them about it, it's just [that they don't listen] this preconception [yep, totally] that they've got, that they've made up their mind [mmm] and I can go in and spiel for an hour too and it.. just because you've got a mental unwellness doesn't mean to say you're mad, you're gonna cut your throat (laughing) somebody's gonna lose a hand or something like that it's just this preconception. So I could go in and coach to the employer for

hours and he'd be understanding of it and then course, you going to take someone on.. nah (laughing)"

Theme 4 - Factors that can be conducive to employment. The ECs identified a number of factors that could assist the gaining and maintaining of employment for the clients that used the service. These factors were categorised into sub-themes and are described below.

Sub-theme 4.1 - Good job fit. One factor that was identified as a potential facilitator to employment is having a good match between the client and the job. The ECs advised that they often felt that a client was able to remain in employment if they were well suited to the job.

"If the job is suitable [yes]. Sometimes a client chooses a position that's unsuitable but it's their journey and you can't say no Johnny you can't do that you've just got to sit back and let Johnny have a go and then support the afterwards [and pick up the pieces]"

It was mentioned that the ECs will also aim to get a good job fit when the client has a criminal record. They will try and match the client with a job that does not have any relevance to the charges the person has.

"And if it's a job with dealing with cash and they've been done for theft then you'd probably be wise not to be going down that track so you'd be.. you know if they'd been done for child molesting and you're wanting to go into a child care agency there's not a lot of brain power there, so going into roles that you know that the charge they may have will have absolutely no relevance on the role then you've got a lot more chance of that charge being able to be disclosed and being told its OK"

Sub-theme 4.2 – Disclosure. Although disclosure of illness is previously reported to be a barrier to employment it was also identified to be a facilitator to employment in some

situations. This was because it enabled the employers to offer additional support and to be a bit more understanding of their employees.

> "It's on an individual basis and it's also on a job basis and an employer basis. I definitely have got clients that have disclosed and it's been very worthwhile because they're still in the job four years later and the support channels are very much there so it really all depends on the business I mean the ones, the ones more for me now that are disclosed are employers I've had for many years so they will ring me when they're after somebody to see if I've got anybody so without me even having to disclose they know that if the persons come from me then there has been some type of problem for them and all I'll get asked are what are their support needs, is there anything I should know. So they're not asking what the diagnosis is because they know they'll get their hand slapped if they do but they're wanting to know what do they need to do to help that person in their role"

The ECs also indicated that there were occasions in which they found it beneficial to disclose other aspects, such as a client's criminal record. This is because it enabled the client to explain their situation and describe how they have moved on from that time in their life.

> "And the best approach is actually to disclose and be upfront especially if you know they're going to do a check and then to focus on what they've done since the conviction and how they've put their lives together you know and where their focus is and then hold thumbs (laughs) you know"

Sub-theme 4.3 - *Increasing awareness of mental illness.* It was reported that the increasing awareness about mental health served as a facilitator to employment. This was because the increasing awareness meant that employers' attitudes toward people with mental illness were starting to become less negative. It was also identified that being able to report mental illness as a reasonably common occurrence helped people to realise that they might even already be in contact with someone with a mental health disorder that they had not been previously aware of.

"public are starting to get some awareness around it ummm, there's probably never going to ever be enough, because there will still be these people who are still real anti uh people that have been mentally unwell and umm really that's such a wide criteria now you you can have a breakdown through a relationship breakdown"

"The one in 5 thing I reckon is helping. Being able to sit there and say to them one in 5 people in NZ experience some form of mental unwellness"

Theme 5 - Positive aspects about the SENZ SE programme. The ECs identified a number of positive aspects about the SENZ programme and how they worked with their clients. These are described in the sub-themes below.

Sub-theme 5.1 - Inclusion of other services. The ECs advised that they found it helpful to include other services, such as WINZ, to work with them and their clients to assist the clients in obtaining employment. The ECs also advised that it can be helpful to utilise other services to create a support network for clients that do not have much existing support from natural sources.

"every Tuesday from 12-2 we're at (identifying content removed) Work and Income and we have a bunch of laptops, our mobiles, the local papers, the local Work and Income jobs and we just sort of talk through what they're looking for, we can do CV writing, we can do cover letters, we do all the applications there, and um it's an environment now when they'll help each other, so if someone's really good at working on the computer and somebody else isn't then they'll buddy up on the computers to help each other so it's a very much a team environment now and we thoroughly enjoy that and it works very well for the client"

"Create a support network for them [a belief] as well. Get in with the support workers the CSWs if they haven't got that sort of thing"

Sub-theme 5.2 - ECs there to pick up the pieces. It was mentioned that some clients may need to leave their employment for a particular reason, such as if they become unwell

and the ECs were always there to support the client. Furthermore, if the client chose a job that they were not particularly suited to, they often found the situation not working out and the ECs were left to support the client and rebuild their confidence. This usually involved a debrief period which involved looking at what happened and what could be done differently next time.

> "Sometimes you'll have to do a complete sort of debriefing kind of thing and just listening to where it all went wrong and what do you think we could have.. you could have changed there and.."

> "If a client's lied they'll get fired and then we're back to square one and picking up the pieces and going forward"

> "Pick the positives out of it [yeah] even though... or you might create a positive say look [you would need to create one] look we learnt that that didn't work so know we know we never do that again [yeah] or let's try this"

Sub-theme 5.3 - Practice based on the Strengths Model. The ECs advised they felt that having a practice that was based on the Strengths Model was beneficial for their clients. This is because the process of obtaining employment was based around what the client wanted, including job type and incorporated focusing on each client's individual strengths.

> "Also the strengths model is all about focusing on the positive aspects of that person not focusing on the negative or the illness aspect"

> "their ultimate goal is still there if that's what they choose to do because it is their pathway it's not ours, you see, it's about them"

The ECs advised that sometimes their clients chose positions that could potentially be unsuitable, but they still worked with the client to obtain the client's choice.

> "Sometimes a client chooses a position that's unsuitable but it's their journey and you can't say no Johnny you can't do that you've just got to sit back and let Johnny have a go and then support the afterwards [and pick up the pieces]"

"You've got to be realistic you know, somebody coming up to you and he wants to be a pilot you know and... no way in hell is he ever going to be a pilot you know but you can't tell him that all you.. better to do is explain to him well this is your pathway that you've got to do to get to be a pilot and show him that it's going to be quite intense and hard but if you've got another idea then let's work on that other idea until we've got those training done so there's ways of [mm] [and if you...] redirecting"

Sub-theme 5.4 - Education of employers. The ECs advised that part of their role was around working with and recruiting potential employers. They advised they often used education to get the employers to think about mental illness as commonly occurring and that they may already have an employee with mental illnesses in their team that they just are not aware of.

"Being able to sit there and say to them one in 5 people in NZ experience some form of mental unwellness [but it still doesn't really...] and then you start telling them to count their staff and they're going whoo [mumble] laughs, I think I might have an idea who would be the first one so you try to get them into a different thinking and that has worked. I wouldn't say it's worked on you know every employer but every now and again it will.. getting them to actually think about it themselves with their own staff"

Sub-theme 5.5 - Building rapport. The ECs stressed the importance of building good rapport between themselves and their clients. This enabled the clients to open up and express what their strengths and goals are to the ECs. Having a good rapport also enabled the ECs to hold long lasting relationships with their clients.

"Building the relationship, like if you actually invest the time to get to know the person ummm and then you can, like if you meet them and you can see they're slightly off you can chat to them about it or if they want to pull out why, what's going on, but if you know them that makes it that much easier [mumble you can pick the signs and symptoms very easily] yeah"

"And then you can still have the same clients 5 years later, I've got clients I've had for 5 years"

The ECs advised that once they are able to find out what motivates their clients it makes the whole process of obtaining employment for their clients much easier.

"The pre pre-voc stuff that's so important, that coaching, getting the motivation, what actually motivates them, taking the time to find that out and actually because not even the person's not aware of it, so actually investing some hours and hours in finding that out instead of just saying here's a job, go and do it."

Sub-theme 5.6 - Continued support. The ECs advised that they found offering continuing support to their clients very helpful and that their clients also enjoyed this. This was because this allows the clients to talk through any issues they are having. This then allows the issue to be dealt with and managed effectively without affecting the employment situation.

"Umm they still seem, a lot of them will still seem to enjoy having a catch up. I've got clients that I've been with for 5 years that I'll just meet once a month for lunch and they'll just thoroughly enjoy being able to talk through things and just .. just and they know that extra little bit of support's there or they might text me during the month if there's anything they need to talk about but that's all they really need and every now and again they'll need more in that time but just knowing that someone else is there so they're feeling very well they're feeling really responsible and everything in their job but they just know in the background I'm there and I can come to the foreground at any time"

"The constant contact. Talking about things when they'll small so they don't turn into a big and turn into a major drama that makes them walk out of work"

"But some of them don't mind that [no] and others do like I've got [identifying content removed] that comes in, I've had him for 8 years working at [identifying content removed] in [identifying content removed], he comes in every Wednesday to see me in the office. We've got a time set 15 -20 minutes, catch up on the week, any

problems, gone. But he does it, that's what he wants, that's what keeps him going [and then it's ok] that's all, that's all it takes to keep him well, doesn't pester his mother and stuff like that then fine"

The ECs also advised that they felt by having continued support with their clients throughout the whole time they were employed allows them to pick up if anything is wrong and act on it straight away, such as whether their clients are becoming unwell.

"you also get to see things if you can see if you can hear something's wrong in their voice or.. you're on it very quickly if something's wrong"

Theme 6 - Negative aspects about the SENZ SE programme. The ECs identified a few aspects about the SENZ programme that they felt were not helpful or productive to supporting their clients to obtain or maintain employment. A few factors identified were associated with making their jobs harder or not having enough resources to work effectively. These factors were organised into sub-goals and are described in more detail below.

Sub-theme 6.1 - Administration work. The ECs advised that they felt they had a large amount of administration work to complete on a regular basis, such as generating progress reports for their clients. They advised that most of the ECs had high caseloads and often felt like they did not have the time for the administration work.

" you've got sort of like a high caseload and you've got to generate all these reports"

"I'd much more enjoy being out there with the clients and the employers so if I could just have a Dictaphone beside me and just say it as I drove and somebody else that would be perfect"

It was suggested that the administration work felt like a waste of time as it meant that they needed to be in the office when they could have been out in the community working with clients instead.

"I guess anything like reporting or having to do notes and stuff is always to me counterproductive, I understand why they've got to be done cos if I spend a day and a half a week in the office doing notes that's a day and a half I could be working with the guys umm finding employment so yeah some days it's a little bit frustrating, but you know you've got to do it so you do it, it's part of the process and being what we are, so yeah it's you have to accept it [mm] or move on [mm unfortunately, yeah]."

Sub-theme 6.2 - Current funding strategy not relevant. The ECs advised that they currently only get funding for placing clients in employment, and not for referrals or placement into training programmes. However, the ECs advised that some clients required a large amount of work before they could obtain employment. This meant that the ECs sometimes put in a huge amount of hours work for certain clients before they were eligible for any funding. Furthermore, some clients did not end up obtaining employment and therefore many hours work could be undertaken for no funding result at the end of the process.

"You can do hundreds of hours [yeah] of pre-work and they can just get up and walk away and you've got nothing for it. Or you, if you're successful in seek..in finding employment for them then that's an added extra but yeah hundreds of hours can go into running round, chasing your tail you know [definitely], it can be quite..."

"Because we can get them into something else but then we're not funded for it so we're not funded.. like if they pick up training we're... we don't get funding for that, or if it's voluntary work we don't get funding for that [mmm]. But that can be a stepping stone to full employment"

"And the referrals I've always thought you should get something for the referrals, you know you're doing the work to get the referrals in [yeah very true] so you should get payment for.. you know the referrals that you.. [that you capture] that you capture [mmm]"

"it still takes as much work to get somebody into training and support them while their doing training if not more, umm than what it does to get them into paid employment"

The ECs also advised that it was not realistic for the current funding strategy to only fund one job for one person. They advised that most of their clients only stayed in employment for a short amount of time but yet when the ECs worked with the clients to place them into a different job they did not receive any recognition in funding for the 2nd job.

 "That's all we're allowed. If we put somebody into 3 jobs in 2 years all the work it takes to do that, if they become unwell and we put them back into another job, there's absolutely no funding no recognition for any of us for that 2nd, 3rd, 4th job of battling to get them back in which is what we're about"

"There is clinical studies to say that once you've recovered from mental illness the i.. there is a uh something like a 70% chance you will have 4 positions within 2 years [mm] now uh the contracts do not show.. do not relate to anything to this umm [that's one job one person one contract]"

Sub-theme 6.3 - Unrealistic or outdated targets. The ECs advised that they have monthly targets that they need to achieve and they often have difficulty achieving these targets. The ECs advised that they felt the targets were outdated and set by people who had not undertaken EC work so did not have a realistic perception of how the SENZ process worked and what it was like to place clients into employment.

"we're the ones with all the skills and yet Ministry of Social Development dictates to us on how we should be working and how we should do things and how we get paid"

"We haven't met the targets [laughing] for years and years umm [I don't think that's ever been met actually] no I don't think so, and that's again its set by you know.. ten years ago some people got together and said some figures they haven't revisited at all and they've never taken time to consult with people and they haven't looked at the history umm.."

"And and and the funny thing about that is that our umm our performance appraisals are lent to those contracts which the contracts were sucked out of the ethers so , laughs, you've got your.. all your incentives [mumble] based on these fictitious numbers [yeah], it's just crazy (laughs)"

Sub-theme 6.4 - Difficulty merging a mental health model with a business model. It was indicated that the ECs felt that the current SENZ model was driven more by a business model rather that a mental health model. They felt by having a business model that was more in line with a mental health model could benefit their clients, especially the ones who appear to fall through the various systems.

"Yeah and there are a lot of people in the grey zone. They're sort of ambivalent. And and and you may not pick them up and then they go through the mental health system and they just keep going round and round [mmm] and that's the problem when you're mixing a business model with a mental health model [yep definitely], it's like trying to mix oil and water, people just go round in the system without anyone actively working with them and putting in the effort to actually move them forward umm"

"And that's where [they're there forever] the business model and the [yes the wheel, the unwellness wheel] sort of the wellness model conflict"

Sub-theme 6.5 - Continued support. Although the SENZ practice of continued support was previously identified to be a positive factor, it was also identified by the ECs to be a negative factor in working with their clients. This is because the ECs felt that this process entrapped the clients, was against the Strengths Model and was not conducive towards their clients developing a sense of independence or empowerment.

"It's quite long actually you know I've worked with some people that I've inherited on my caseload as I was saying before, they're still working but you're not allowed to even suggest it you know maybe they should move on it's not right you know they should be able to move on when they think they don't need the service anymore"

"And it's counterproductive to the strengths model [yeah it is] just to yeah honour their choice [empower] yeah empower them [yeah]"

"Some of them we've got to call every couple of months [mmm because that's the funding] and they don't need anything else at all [it's the funding that drives that] yeah but it's the funding because you've got to let them be able to enter it into the computer that you've called Jo and Jo's fine and everything's going well [mmm) [and it's...] [it's a monetary incentive] so that that funding stays"

"And there's funding there for that so that's part of of [unless they're very adamant that they don't want to be in the service anymore] [yeah you don't get many of those] and this is the hardest thing about what [identifying content removed]'s saying do we capture them don't we capture them. The strengths model says no we shouldn't be but yet we do for the funding purpose so yeah it's sort of do I, don't I? It's a hard decision eh"

Sub-theme 6.6 - Continued funding cuts. The ECs advised that over the years the SENZ SE service had experienced continued funding cuts. It was advised that this may be partly due to the ECs not meeting their targets. The cuts in funding caused a fair amount of stress for the ECs because it usually meant that the team of ECs reduced and the existing ECs were left to increase their caseloads with the extra clients. This then meant that they got less and less time with each client

"The added pressure that everyone has to pick up those three caseloads that are if that's at 30 people in each caseload each individual here has to pick up that extra load"

"most of our clients we see.. if you're lucky you get an hours solid and then there's always follow up work that you've got to do, so and there's not enough hours in the week so if can you spend more quality time with your client then I'm sure things would overall be better but unfortunately it's a business at the end of the day"

"they used to have funding for purely for post placement support umm where that was good as that helped free up your caseload as well because there were people, specialised people in in teams that would just look after the client once they were in work [pause] which gave you more time to spend at the front"

Furthermore, the ECs advised that losing members of the team often affected the morale of the team and gave them the feeling that their jobs were not secure.

"And and and I'll just add it affects the team indirectly as well because if ah if we've got limited funding we've had two people cut from the team [three] more three uh and that affects the team spirit as well so you know.."

"Yeah and the contract only gets renewed every two years so you effectively only have a job for two years and any time they can pull that and that's not great for job security you know and building momentum and you can see that from the staff turnover umm that definitely pays one factor so that's an issue"

Theme 7 - Strategies that are used to overcome barriers to employment. This theme includes the strategies that are utilised by the ECs to overcome potential barriers to employment. A number of sub-themes were identified and each is described in more detail below.

Sub-theme 7.1 - Utilising other services. The ECs advised that they can come across clients that they feel would benefit from additional support. There were a couple of reasons identified as to when this was the case, including when clients were found to not be ready to participate in SE or when clients had language as a barrier.

"I usually refer them back to their CSW or whoever's referred them and just say that you know this this this and this needs to be happen and I'll exit them for now and when they're ready, when they've achieved that they can.. you know I'll just take them back on"

"Sometimes for maybe cultural reasons you refer them to another agency that might be a better fit for them. Yep migrant centre. I've referred a few to them as I just can't understand them"

The ECs generally found that the more services you had involved in supporting the client, the better off the client is.

"the more people that you've got participating uh to get this person their goal the better off you'll be. And it's all about thinking smarter these days isn't. If you're going to try and do it all yourself then you're going to bog yourself down. And any any other organisation that you can utilise to help you hell yes, go for it"

Sub-theme 7.2 – Perseverance. Some clients were identified as difficult to work with, particularly the clients that were not motivated to be there. Although one of the options for working with clients who were not motivated was to exit them from the service, the ECs advised that this was not the option they preferred and that they tried a number of different strategies before clients left the service.

"We will attempt to find them in any way we can, or try and engage them in any way we can"

"we'll try every angle, so we'll do phone calls, text messages, the emails, the um face-to faces, sending jobs through, we'll attempt every possible way before we finally do the exit word"

Sub-theme 7.3 - Increase awareness and knowledge of mental illness. The ECs identified that increasing employers' awareness and knowledge about mental health helped to reduce the negative attitudes that are held towards people with mental illnesses. The ECs indicated that one aspect that was assisting the increase of awareness was due to the advertisements about people with mental health that are currently on television.

"The one in 5 thing I reckon is helping. Being able to sit there and say to them one in 5 people in NZ experience some form of mental unwellness"

"I think the ads that John Kirwan has done has been pretty amazing, umm only because this country's obsessed with that game"

"But what they're trying to show is everybody's seen JK for years, he's been so up there on this pedestal and yet he experiences, has experienced and still experiences mental unwellness so your next door neighbour that you've had in your house for for dinner and for drinks and have such as great relationship could be just like JK and you

have no idea. They're trying to say that this is just like your neighbour. Right, so if they've put somebody up there who, as you say, has experienced it all their life and can't pay their bills and that sort of thing, would it have the same impact on Jo public who really wants to see it as a minimal thing, not a huge thing, would it have that same feeling. Because there are employers that will turn around to you and go oh that's like John Kirwan's ads, is that what you're talking about, so it can have some positive feedback sometimes"

However, not all the ECs agreed that these advertisements were good at portraying mental illness. One EC advised that he felt that these advertisements were not a good representation of what it is like to experience mental illness and the other associated issues, such as discrimination.

"Yeah I don't know [he hates r... he doesn't like rugby] I disagree with them. I don't think he's a good front for any ad. Get down to the coalface where the real people are that are unwell. He's had a little bit of a breakdown because he didn't score a try one day (laughing), just exactly what I was saying before. He's one of these guys that's experienced a little bit of unwellness what about these ones that experienced it their whole damn lives. He he he's nothing. Get someone else to front those campaigns that have really experienced and show them they've got no money they can't get living accommodation. He he he can ride anywhere on his money he's earnt"

Theme 8 - Suggested improvements to the SENZ SE programme. The ECs identified some improvements that they felt could be made to the SENZ programme that would increase its effectiveness, both for the ECs and for the clients. These are described further in the following sub-themes.

Sub-theme 8.1 - Increase or change the funding and target strategies. The ECs indicated that they felt the funding and target strategy should be changed to include aspects that were associated with and often part of the process of gaining employment for their

clients. These included recognition in funding and the targets for placement into training programmes, new referrals, and upskilling clients.

> "We can get them into something else but then we're not funded for it.. But that can be a stepping stone to/for employment"

> "I've always thought you should get something for the referrals, you're doing the work to get the referrals in so you should get payment for the referrals that you capture"

> "maybe get the funding changed because everyone disagrees with it, the way that its... the structure of the funding, so hopefully that will happen, um that will be something that's going to take some time"

> "Other contracts, you used to get payment for training.. one third of your case you could claim for training because a lot of the clients have very limited skills and if we're trying to look for a career for them quite often they need training and it still takes as much work to get somebody into training and support them while their doing training if not more, than what it does to get them into paid employment"

Sub-theme 8.2 - Additional services. It was suggested that there are a number of additional services that the ECS felt would be beneficial to the clients if they were included in the SENZ service. One of these was the addition of counselling. Other services that were suggested included free access to medical and accommodation services.

> "For me, counselling would be a big one, laughs, you know because there are.. there are these issues holding people back you know, blocks, challenges umm, and if they had those results sometimes it would be an easier process"

> "It's been proven on a programme called the Paths programme, all my clients, they could have free counselling, free medical, free surgical, one guy had a bung knee and he used to say that that slowed him down, caused him a lot of pain so we got him the free surgery, free access to new new accommodation, all these sorts of things and the

numbers of people which we got back into employment after being on invalids benefit was astounding"

The ECs suggested that by including these services it would remove some of the stress that the clients could encounter, especially counselling, leaving them more time to focus on employment. Additional training was also suggested as a service that could help the clients. One EC advised that in particular training based on the Strengths Model could be beneficial as it may help the clients get an understanding of their mental health and also an understanding of the principles behind SENZ.

"We're suggesting Rapp training you know most people, so they get an under... hopefully get an understanding of their illness"

Conclusion

This section contained a description of the thematic analysis that was undertaken on the transcript of the focus group discussion that examined the opinions and experiences of the SENZ Employment Consultants. A number of different themes were identified in the data through thematic analysis, and each theme also features sub-themes. These themes and sub-themes are discussed further in the following chapter.

Discussion

Findings of the Current Study

This study sought to explore the perceptions and experiences of the employment consultants (ECs) that work for a Supported Employment (SE) service. The study was undertaken to develop an understanding of the perceptions and experiences of the ECs as the current research that examines SE from this perspective is limited. A focus group was held with a group of ECs from a New Zealand SE service to gain some insight into this area. The obtained data was transcribed verbatim and thematically analysed. A number of themes and sub-themes were identified and are described below.

The participants advised that they felt there were a number of benefits that their participants gained from employment. These included financial gain, personal development, a contribution towards feeling like a 'normal' member of society, and influence from other sources. A number of disincentives to employment for their clients were also identified by the participants. These included clients only wanting to work conditionally, e.g. only before Christmas, clients not needing the money, and concern that employment may increase the stress levels of clients.

The participants reported there were a number of factors that could facilitate the process of gaining and maintaining employment for their clients. These encompassed factors such as having a good match between the client and the job, clients disclosing their mental health issues to their employer, and an increasing awareness and understanding of mental health issues. The SENZ ECs also identified that they felt their clients came across some barriers when trying to obtain and maintain employment. These included having low motivation to be employed, the conditions of the current labour market, stigma, and difficulty working with other services. Some individual client factors were also identified as barriers, including having a criminal record or comorbid substance abuse. Although the disclosure of diagnosis was previously reported to be a facilitator to employment in some circumstances it was also reported to be a barrier in some cases. This was because the ECs advised that it largely depended on the attitudes of the employers as to whether disclosure of diagnosis was

a beneficial thing for their clients to do. The ECs advised that there are some strategies that they use to overcome the barriers that they can come across when working with their clients. These included utilising of other services, such as community mental health teams, perseverance with their clients, and meeting with employers to try to increase their awareness and understanding of mental health issues.

The participants advised that there were a number of aspects about the SENZ SE service that they found particularly useful. These were: having a practice based on the Strengths Model, being able to include and work with other services, offering continued support throughout the period of employment, building a good sense of rapport between the EC and the client, being there to pick up the pieces, and having a role that included working with employers to educate them about mental illness. There were also some negative aspects about the SENZ SE service that were indicated by the ECs. These included having to spend a large amount of time doing administration work such as report writing, not having a funding strategy that is relevant, having outdated and unrealistic targets, continued funding cuts, and the difficulty that occurs with combining a mental health model with a business model. Although continued support was identified as a positive aspect of the SENZ programme it was also identified as a negative aspect. This is because the ECs felt that by having to remain in contact with their ECs throughout their employment this did not enable their clients to develop a sense of independence.

The ECs also advised that they felt some changes could be made to the service that would make it more effective. This included the introduction of other services, such as counselling or Strengths Model training for their clients. The ECs advised they did not find that the current SENZ targets and funding strategy to be very relevant to the current labour market or the existing research that reports clients often only stay in one job placement for a limited time. Therefore it was suggested that the target and funding strategies could be adjusted to be more relevant to the current economy and research findings.

Some of the themes and sub-themes that were identified in the data are supported by previous research in the area of employment services that support those with mental illness. In one study that examined the difficulties individuals with both a mental illness and criminal

record have with gaining employment, it was found that disclosure of the illness and criminal record can support their clients in obtaining employment (Tschopp, Perkins, Hart-Katuin, Born, & Holt, 2007). The participants in this study were job coaches from an employment service that had experience in working with clients who had both a mental health diagnosis and a criminal conviction history. The participants in this study reported that their clients had a better chance in obtaining employment if they disclosed their criminal history as they were able to express how they had changed from when they committed the crime. This finding is consistent with the reports given by the participants of the current study and suggests that being honest to employers about their backgrounds is beneficial. However, this may only be the case in some circumstances and when the employers are open and understanding. It may be worthwhile to examine this further and look at the career longevity of clients who do disclose aspects such as criminal history or mental health diagnosis compared to clients who do not to see if this makes a difference in the length of time the client holds the job or amount of support that the client is given by the employer.

In the same study, the participants reported that they found persistence to be a factor that assisted their clients in gaining employment (Tschopp, et al., 2007). This finding was also identified in the current study, as some participants advised that some clients can be challenging and perseverance is a key element to success. Furthermore, the participants in the Tschopp study also advised that they felt continued support was beneficial towards their clients. This aspect was also discussed by the participants in the current research.

The factors that the participants in the current study that were identified to be helpful or to impede the employment process were similar to the factors identified in the Henry and Lucca (2004) study that examined facilitators and barriers to employment from the job coach perspective. The participants in the current study reported that they found a number of factors that can impede the path to employment, such as stigma and difficulty working with other services. This finding was replicated in Henry and Lucca's (2004) research. Furthermore, another aspect that was identified by both studies was the difficulty that can occur when working with other service providers, such as community mental health teams. The attitude that their clients would never find work or were unemployable that was sometimes shown

towards their clients by other services reported in both studies to negatively impact upon SE clients as they began to believe that this was the truth. Although it may be difficult to implement, the development of a Strengths Model based training module that could be presented to other services in order to try to reduce the negative attitudes could be attempted.

The study by Tschopp and colleagues also reported that the participants felt stigma impacted their clients. The participants reported that they felt that many employers had notions that individuals with mental illnesses had the propensity to become violent towards others. This finding was replicated in the current study, with the SENZ ECs advising that many of the employers that they had come across also had preconceived notions that their clients may become violent in the workplace. Although the existing research is limited in reporting as to whether there are many instances of clients becoming violent in the workplace, it may be beneficial to examine whether SE employers have had any cases of clients becoming violent and then if the cases are found to be minimal then reporting these results to potential employers.

As stigma was reported to negatively impact clients it is important that the reduction of stigma in society continues to be implemented. However, although participants in this study and in previous research have advised that stigma still affects their clients (Munro & Edward, 2008), it is reported that attitudes towards people with mental illness are improving over the years. As research has found that there are particular methods that can improve attitudes towards those with mental illness (Shor & Sykes, 2002) it is important that these methods are utilised when working with employers to reduce stigma. As it has been mentioned that many employers are concerned about the negative factors that are concerned with employing someone with a mental illness, one possibility could be to look at some kind of strengths training module for employers. This may help employers to take the focus off the negative aspects of the individual and illness and instead work towards focusing on the positive aspects, such as what strengths that person may bring to their company.

The participants in the current study advised that they felt the recession had impacted on their work by making it harder to find jobs for their clients. However, this contradicts with other findings that have reported the condition of the economy does not have an impact on SE

employment rates (Catalano, Drake, Becker, & Clark 1999; Bond, et al., 2001). Catalano et al., (1999) and Bond et al., (2001) propose that SE clients jobs are not affected by changes in the economy due to the Dual-Labour-Market Model which suggests there are two types of labour markets, primary and secondary. The primary market is made up of those with specialised training and the secondary market is more flexible and features workers who are less skilled. Most clients who use SE services have fewer skills or work experience and usually find employment placements in the secondary market. In a recession it is the primary labour market that tends to restructure and reduce and as the secondary market is less affected by job cuts, fewer jobs are lost in this sector. As the current study did not measure whether employment rates have slowed for the SENZ clients since the recession began, it is unclear whether the Dual-Labour-Market Model applies for the current study. Further research could be undertaken that examines if vocational outcomes have reduced in the SENZ SE service during a change in the labour market.

The SENZ ECs also advised that they felt that additional services could be added to the SENZ service that may make it more effective. One such service was the suggestion of the addition of counselling. Counselling has been found to be a core element of SE services in one study that surveyed a number of SE practitioners and experts (Evans, 2002, cited in Bond, 2004). It was identified as the top ranked item out of ten different principles, which also included having a practice that did not exclude any clients and having adequate funding. Another study found that making the addition of counselling to SE programmes found that the clients that accessed this SE service had increased earnings from employment and in some cases their earning nearly doubled (Becker, et al., 2007). This suggests that including a counselling service to the SENZ programme could potentially make the programme more effective.

The participants in the current study identified that they felt the current targets and funding strategies are out of date and not relevant to the current labour market and research in the SE field. Previous research has indicated that there are problems that may potentially occur with a scheme that is based around performance and specific outcomes (Jones, Perkins, & Born, 2001). One problem is that it may result in SE programme staff being reluctant to

work with individuals that have characteristics that are known to affect their likelihood of gaining competitive employment, such as those with fewer skills or a more severe diagnosis. Therefore, by adjusting the funding and target strategy to one that is not solely based around job placements may eliminate the potential for some clients to be discriminated against.

Furthermore, the ECs advised that one of the reasons they felt their funding strategies and targets were not realistic is because their clients often change or leave jobs regularly. In a review that looked at the length of time clients stay in employment after progression though a SE service, it was found that the average length of time for each job placement was usually around 6 months (Bond, Drake, Mueser, & Becker, 1997). Huff, Rapp, and Campbell (2008) undertook a study that examined the reasons why clients remain in employment. They held interviews with the employees that had been placed in employment by a SE service. The main reason given was having a good match between the client and the job. This finding was replicated in the current study as this was one of the elements that was identified by the ECs in the current study as being a factor that they considered conducive to employment for their clients. Although this study did not go too far into detail about what makes a good match, further research may be beneficial that examines the elements of what makes a good match between client and job placement and how this could be increased in order to improve job retention.

One interesting finding that was identified in the data was that some of the ECs felt that some clients only considered the benefit of employment to be associated with financial gain. If their clients did not need the money, or were happy receiving a benefit, they were often not interested in employment. Previous research has found that participation in competitive employment may improve other individual aspects, such improving self-esteem or a sense of self worth (Bond et al., 2001). Therefore, it may be beneficial to provide education to potential clients about what else they may get out of employment, other than financial rewards, in order to increase motivation for these clients.

The SENZ SE programme is based on principles of the Strengths Model. The particular elements that were identified by the ECs included having a focus based on individual client strengths and the importance of developing a good sense of rapport between

the client and the ECs. These factors were also identified in a study that examined the effective ingredients in a SE service (Johnson, et al., 2009). These findings indicate that having a practice based on elements of the Strengths Model can benefit the clients that use the service.

Strengths and Limitations of the Current Study

Because a qualitative method of analysis was used in the current study, although the current study provided a justification for the rigour of the study the findings may not be able to be generalised to the general population. The responses of the SENZ ECs may not be representative of ECs responses in different services. However, the current study provided some great insight into the perceptions and experiences of the ECs that work in a SE programme. Furthermore, this study appears to be the first study that has been undertaken in New Zealand that has examined SE from the perspective of the ECs.

One limitation of the study is associated with the potential of bias affecting the findings. As the participants in this study were all employees of SENZ it is possible that they expressed answers to the questions that were biased in favour of the organisation. Although the participants were advised that the study was examining their experiences and perceptions of working in a SE programme, it may have been difficult for them to give criticism about the programme as they may have felt that if the programme was not shown to be effective then it may be cancelled and result in a loss of jobs. It may be interesting to compare the findings of the current study with client responses, to see if there are any differences or similarities between the points of views of either group of participants.

Furthermore, as the questions were developed by the researcher it is possible that they were also biased towards certain subjects even though the researcher attempted to remain neutral when developing the questions and facilitating the focus group. It has been reported that one method that can reduce researcher bias in qualitative research is to complete the literature review after the data has been collected (Madill, Jordan, & Shirley, 2000). This may reduce existing research from biasing the questions that are asked in the research. Although

this method was not undertaken in the current study, this may have reduced the potential for the study to be influenced by the researcher's bias.

A further limitation to the study is although the ECs identified that they found some aspects of the SENZ programme particularly helpful or non-helpful, there was no data collected that examined whether the aspects identified by the ECs affected whether or not their clients obtained employment. If this study was replicated it may be beneficial to combine the reports of the ECs with some client data to determine if factors such as not having an interest in financial gain resulted in the client being less likely to obtain or remain in employment.

The interpretation of the data in this study was only undertaken by one person, the primary researcher. By having another researcher complete an independent thematic analysis of the data and by combining the results this may reduce the effect of subjectivity and may increase the accuracy of the themes that were identified in this research. However, as this research was undertaken at dissertation level there was not enough allocated funding associated with the project to enlist the expertise of another researcher. If this study was to be replicated on a larger scale, it is recommended that the data analysis process is undertaken by at least two researchers in order to potentially increase accuracy of the data analysis, and to reduce the reduce potential subjectivity that may occur from only having one interpretation of the data. Another method that could be employed would be to discuss the identified themes and sub-themes to the participants to get their confirmation that these were representative of their comments.

Conclusion

SE has been shown to be an effective way of getting individuals with mental health issues into employment. The majority of research has focused around vocational outcomes which often do not reveal much about the characteristics of SE programmes. As the existing research is limited in the area of examining SE from the perspective of the SE ECs, this study sought to gain an in-depth understanding of this area.

A number of themes were identified, including factors that can impede or facilitate the employment process for their clients, positive and negative aspects about the SE programme, and other aspects that can affect the employment process. These findings are important because as well as providing insight into the experiences and perspectives of the ECs they also provide a base for future research to be undertaken that further examines the different elements that were identified by the SENZ ECs. Although the findings cannot be generalised to the general population, further research could be undertaken that examines the responses of other ECs from different services to compare the results.

The findings of this study also provide implications for SE programmes. There were a number of elements identified in the data that could be used to make some changes or adjustments to SE programmes to increase their effectiveness. For example, the ECs advised that they felt that counselling would be a beneficial additional to the SENZ service. The addition of counselling has also been found to improve vocational outcomes for SE clients in other researcher (Becker, et al., 2007); therefore this could be an aspect that SENZ may want to consider including in their service in the future.

Furthermore, the ECs advised that they felt the current SENZ targets and funding strategies were not relevant to the current economic climate and research findings about the length of time that clients stay in one job. Research has found that by having a SE service that is based on performance outcomes, this can lead to discrimination for certain clients (Jones, Perkins, & Born, 2001). Therefore, these findings combined suggest that both the SENZ service and clients that use the SENZ service may benefit from having a change in the funding and target strategies that more accurately represents the current labour market and research findings, such as the length of time clients remain in one employment position.

It was indicated that some ES felt that some of their clients viewed employment as only having the benefit of an increase in financial situation. Therefore, a further addition to the SENZ service could be to include some form of training or presentation to potential clients that provides education about the other aspects that they may potentially gain from employment. This may help to increase motivation for these clients.

Although this study provided some further insight into the area of SE, it is reported that some clients are unable to obtain or maintain employment even after participation in a SE programme. It has also been reported that although many SE services are available the unemployment rate has not increased for those with mental health problems since the 1970's (Baron & Salzer, 2002). An important area of further research needs to be undertaken that explores some strategies that can help the clients that have difficulty finding and maintaining employment to reduce the high rate of unemployment for those with mental illness.

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Appendices

Appendix A. Pre-determined Focus Group Questions

How involved do you feel your clients are in the job seeking process?

Do you think there is a difference between clients between clients who enter the service voluntarily and clients who are forced to enter the service?

How motivated do you think are your clients to gain employment?

How do you work with clients who appear to be unmotivated?

What are some of the reasons that clients stop working?

What is the process for exiting clients from the programme?

What happens to the clients who are exited from the service?

What do you think could be provided by your service to that would improve motivation for your clients?

Do you think the clients mental health diagnosis should be made aware to the employer?

What do you think the employer's biggest concern is with hiring someone with a mental health issue?

Are there any particular aspects that can affect your clients in obtaining and maintaining employment?

What are the services that are used in SENZ do you find beneficial for your clients?

Are there any SENZ services that are not helpful for your clients?

How does being employed affect your clients?

What is the retention of clients like in the SENZ programme?

Appendix B. Transcription of Focus Group Data

Focus Group Location: SENZ Offices

Cadre: SENZ Employment Consultants

Date: 4/10/2010

Number of Attendees (if known): 9 participants

Name of Transcriber: Alexis Kliem

Number of Tapes: 1 media file.

I: So... firstly how involved do you feel your clients are in the job seeking process?

P: Depends on the client [mmm].

I: Ok.

P: If the client wants to be involved and has the skills to be.

I: Yep   And do you find there is a difference between clients who are there voluntarily and clients who are forced to be there?

P: I would say yes [yes, [yeah definitely] (yep].

P: Definit.... [I don't really have any clients who are there involuntarily] [mutter] - none of my clients are really forced [Hmmm] to be there].

I: But are some referred by their doctors and community support workers?

P: But it's not a real pressure though.

P: Work and Income. It can be.

P: Yeah work and income [yeah it can be with work and income] [yeah] it can affect their benefits if they don't attend.

I: So that's meeting with the work and income criteria?

P: Yeah [yep] [yeah] They can get a letter that tells them they now can be work tested, as of last week, umm our clients can be work tested, so um that'll make some of them feel pressured that they have to be there.

I: And does that put a pressure on you or is the same process either way?

P: Same process [yep] [except you have to make noise] (group laughs).

I: So this leads on.. How motivated are your clients to gain employment?

P: Depends [yeah].

P: Once again if they are forced to be there they aren't motivated, cos a lot of them don't want to work, they're quite happy sitting on the benefit but as (identifying content removed) highlighted that is all about to change, and a lot of them will get a bit of a shock culture thing very directly from work and income especially the work and income ones of course, because they will be forced to um front up or put up or shut up, so yeah it's going to be difficult for some.

I: How do you work with clients who appear to be unmotivated?

P: I guess we do have a similar process for both but ones who aren't motivated you're trying... you've got to work doubly hard [mmmm] because not only are you trying to do the job search but you're trying to engage them and get some ownership in the process with that, so you can be having to try and set them little tasks to try and get them on board and actually buy in to what you're attempting to do so it can definitely make the process longer and harder at times, than somebody who's really proactive and turning up at job club that (identifying content removed) and I do with jobs on paper saying "seen these". And there's your opposite end of the scale where you don, your highly unmotivated person you won't hear from month to month if you haven't called, then they're not gonna call you because when you're out of sight you're definitely out of their mind.

I: Once clients are employed how motivated are they to stay there?

P: Money motivated [yeah]. It's all around money.

P: Money and purpose.

I: Are all the jobs that you get your clients around competitive employment?

P: Yep [yes] [yeah] except for maybe.. well mainstreams a little bit different but it's still competitive [still competitive] um pay rates yeah [yep].

P: Because we can get them into something else but then we're not funded for it so we're not funded.. like if they pick up training we're... we don't get funding for that, or if it's voluntary work we don't get funding for that [mmm]. But that can be a stepping stone to full employment.

I: So, at the moment do you think SENZ gets adequate funding?

P: No (no), in in in Australia they get at least double the funding per client than what they do in this country. So yeah. In Australia, they give..umm depending on the contracts here some of them are between $4500 and $6500. In Australia you get a flat fee of $15500 per person.

I: Where do you think the lack of funding most effects your clients?

P: In the pre-work [yeah] in the pre-work, there's a lot of pre work for some of them.

P: You can do hundreds of hours [yeah] of pre-work and they can just get up and walk away and you've got nothing for it. Or you, if you're successful in seek..in finding employment for them then that's an added extra but yeah hundreds of hours can go into running round, chasing your tail you know [definitely], it can be quite...

P: And the referrals I've always thought you should get something for the referrals, you know you're doing the work to get the referrals in [yeah very true] so you should get payment for.. you know the referrals that you.. [that you capture] that you capture [mmm].

I: So at the moment you only get the funding once a client has obtained a job placement?

P: Yes [yeah] [yep] [yep].

P: And and and I'll just add it affects the team indirectly as well because if ah if we've got limited funding we've had two people cut from the team [three] more three uh and that affects the team spirit as well so you know..

P: Mmm, three in the last year.

P: And more to go.

P: And the ability to work effectively then ummm and the added pressure that everyone has to pick up those three caseloads that are if that's at 30 people in each caseload each individual here has to pick up that extra load.

P: And (identifying content removed) I remember you mentioning somewhere that you used to work that had slightly different funding structure where you were able to access some pool of funding to help..

P: Yeah [umm] other contracts used to have, you used to get payment for training umm one third of your case you could claim for training because a lot of the clients have very limited skills and if we're trying to look at a career for them quite often they need training and it still takes as much work to get somebody into training and support them while their doing training if not more, umm than what it does to get them into paid employment [definitely]. Umm there is a.. there was a, there was a conference in Wellington umm couple of weeks ago where a couple of us went and there is a new philosophy which is being worked on umm where all the mental health organisations got together on the last day and they're starting to challenge the way that umm we.. that we actually work, the way we get funded by the Ministry of Social Development because we're the ones with all the skills and yet Ministry of Social Development dictates to us on how we should be working and how we should do things and how we get paid. Um with this new push there will be all the organisations hopefully joining together leaving their egos at the front door and working and presenting case scenarios and and and information to the government to maybe get the funding changed because everyone disagrees with it, the way that its... the structure of the funding, so hopefully that will happen, um that will be something that's going to take some time.

I: What are the reasons that clients stop working?

P: Become unwell [unwell] [mmm].

P: Some are just lazy, sorry, it's just at the end of the day.. Umm a lot of, well, it depends on the geographic areas but in the area in which I work the decile rating is quite high, a lot of the clients have parents who have a fair whack of money, umm, live in houses worth many many thousands of dollars so a lot of them umm don't really need to work.

I: Any other reasons?

P: Maybe just the the stress level that they encounter when they're newly in the job might prove to be a bit too overwhelming.. [inaudible segment] [And confidence] [lack of confidence] [yeah].

P: And the lack of motivation, they didn't want to work in the first place so.. get what they need from other people so not much motivation to stay.

P: Yeah and I'd add I don't think the biggest motivator for all my clients is always money I mean uh career development and career progression are the ones, definitely.

P: Definitely purpose and worth.

P: having an identity [yeah], it's pretty purposeful.

P: It varies from geographical area to geographical area, (identifying content removed) and I work in the south where there's predominately maori pacific island people and money is a motivator there uh big time and you'll ask them why have you come to us seeking employment oh I just want some money for Christmas so they just think they're gonna jump on board we're gonna get them a job they'll have some money for Christmas after Christmas they'll drop out again, doesn't really matter. It doesn't happen like that, so money.. and like (identifying content removed) said different there over the Shore it would be different again, (identifying content removed)'s area, every area would be different because we all have little idiosyncrasies that affect each geographical group that works here umm and they're quite diverse from each other.

I: Do you think it makes a difference if a client is on the benefit or not?

P: Yeah. They always.. they want something that wouldn't affect their benefit, yeah like under 5 hours or under 8 hours. It can be a barrier yeah.

P: Or under the table, there's still [cough] quite a lot of that happening.

I: And is that something SENZ does?

P: No [nope] [no] well we can't claim for it, we we we can't acknowledge it [so we don't work with them] umm [turn a blind eye] (laughs).

I: And do clients request this and do they get refused?

P: I have done yeah I have done, I've turned away from it.

I: What is the process for exiting clients from the programme?

P: Yeah I think we sort of try we'll try every angle, so we'll do phone calls, text messages, the emails, the um face-to-faces, sending jobs through, we'll attempt every possible way before we finally do (identifying content removed)'s big word, the exit word (laughing). Umm but it's not a case of the first meeting they don't turn up for we go exit. We will attempt to find them in any way we can, or try and engage them in any way we can but our caseloads are all so high that there becomes a time when you've just got to go enough's enough, there's somebody

else sitting here who's highly motivated that's sitting on a waiting list whilst this guy's jerking us around so we have.. we have to be ruthless at times.

P: And you can see how that's that negative funding, so funding issues pushes up the caseloads, pushes up the targets the result is, increases exits.

P: And also put more pressure on only working with people who are very motivated [yeah true] [yeah] you get more in placement with only working with those people so that's getting the funding.

I: What is your average caseload at the moment?

P: It's depends.

P: I'm quite new so my caseloads probably at the lower end of the scale so about.. I think its about 20 maybe [and the..].

P: 20-40 I'd say [yeah I'd say average about 20....] 20-40. The recommended number is 25 -30. That's the recommendation.

I: What happens to the clients who are exited?

P: I usually refer them back to their CSW or whoever's referred them and just say that you know this this this and this needs to be happen and I'll exit them for now and when they're ready, when they've achieved that they can.. you know I'll just take them back on. If you leave them on your caseload you've got to keep chasing them round all the time especially if the support worker gets them into training or something. It's just too time consuming.

P: But they get a nice letter (laughing) [yeah].

P: DCM (group laughing).

P: That says (identifying content removed) says exit [some...] (group laughs).

P: Sometimes for maybe cultural reasons you refer them to another agency that might be a better fit for them.

P: Yep migrant centre. I've referred a few to them as I just can't understand them.

P: Umm yeah. It it it's case by case depending on... And some will just tell you they're not interested or you say to them look do you want to work do you want me to help anymore, and

they just go look no, it's it's um.. yeah one of them told me umm not so long ago umm summer's coming up and I'm going surfing so no thanks.

P: (Group laughs)

I: That was honest (group laughing)

P: Yeah [yeah] [yeah] you get all sorts.

P: Yeah, the wise ones.

P: Yeah and there are a lot of people in the grey zone. They're sort of ambivalent. And and and you may not pick them up and then they go through the mental health system and they just keep going round and round [mmm] and that's the problem when your mixing a business model with a mental health model [yep definitely], it's like trying to mix oil and water, people just go round in the system without anyone actively working with them and putting in the effort to actually move them forward umm.

I: Does SENZ work with mental health teams?

P: On a case by case [yeah] basis [we try to]. On a case by case basis.

P: [sneeze] Yeah we try to because if we physically can't [the sound of someone blowing their nose] get them into something then we'll ask the CSW to help us uh because it is their client too, they've got to have outcomes at the end of the day just like we do, umm so the more people that you've got participating uh to get this person their goal the better off you'll be. And it's all about thinking smarter these days isn't. If you're going to try and do it all yourself then you're going to bog yourself down. And any any other organisation that you can utilise to help you hell yes, go for it.

P: In all our, I think most of our brochures and stuff are.. you know it says work ready so you know it's everywhere, (laughs), they've got to be work ready but I very really get someone who's work ready [work ready] (laughing)

P: Cos work ready's subjective eh (Group laughs)

P: Very subjective (group laughter)

P: (Group laughter). Some mornings I'm not work ready (laughing).

P: Well look at the bible, look at everybody's interpretation of what that is you know [that's right] so so you know wellness can be exactly the same. What what one person thinks is is umm wellness is somebody else's other nightmare [yeah].

P: I think the other thing that drives how we work with people is like the strengths model and also we can't tell people what to do, we have to really respect what they want to do so there's only so much you can try and engage someone in to a work related goal they don't want to work then you can't push them into it.

I: What do you think could be provided by your service that could improve motivation for your clients?

(pause)

P: For me, counselling would be a big one, (laughs), you know because there are.. there are these issues holding people back you know, blocks, challenges umm, and if they had those results sometimes it would be an easier process.

P: It's been proven on a programme called the Paths programme, umm, I used to manage it in another organisation where I had unlimited funding until they chopped it, umm, for all my clients they could have umm free counselling and that was intensive, up to 15 sessions straight away, umm, just sign the form and they'd go straight off, umm, free medical, free surgical if they had umm if they had, one guy had a bung knee and he used to say that that slowed him down, caused him a lot of pain so we got him the free surgery, umm, free access to new new accommodation, all these sorts of things and the numbers of people which we got back into employment after being on invalids benefit was astounding but umm they chopped the funding for it, so definitely. Because in that, in those cases you can spend more one on one time with the client because most of our clients we see.. if you're lucky you get an hours solid and then there's always follow up work that you've got to do, so and there's not enough hours in the week so if can you spend more quality time with your client then I'm sure things would overall be better but unfortunately it's a business at the end of the day.

(Pause 5 secs)

P: We're suggesting Rapp training you know most people, so they get an under... hopefully get an understanding of their illness.

P: And like uh someone else was saying earlier the pre pre-voc stuff that's so important, that coaching [mmm], getting the motivation, what actually motivates them, taking the time to find

that out and actually because often the person's not aware of it, so actually investing some hours and hours in finding that out instead of just saying here's a job, go and do it.

I: So at the moment you make the job placement comes first and then the other stuff comes after?

P: [yeah] [Yep] Because that's what we're funded for [yeah]

P: See see that pre-voc can take.. if you see somebody once a week for an hour a week, to get all that information that can take 4 months where if umm you were funding and you could spend more time upfront...

P: Definitely. If can you find their motivator, then you're halfway there.

P: Like and they used to have funding for purely for post placement support umm where that was good as that helped free up your caseload as well because there were people, specialised people in in teams that would just look after the client once they were in work [pause] which gave you more time to spend at the front.

I: Moving on, do you think the clients mental health diagnosis should be made aware to the employer?

P: Not our right [hmmmm]. It's a privacy thing. We do not have the right to go to an employer and tell them.

P: It's human rights.

P: Not many clients want it to be disclosed.

P: It's on an individual basis and it's also on a job basis and an employer basis. I definitely have got clients that have disclosed and it's been very worthwhile because they're still in the job four years later and the support channels are very much there so it really all depends on the business I mean the ones, the ones more for me now that are disclosed are employers I've had for many years so they will ring me when they're after somebody to see if I've got anybody so without me even having to disclose they know that if the persons come from me then there has been some type of problem for them and all I'll get asked are what are their support needs, is there anything I should know. So they're not asking what the diagnosis is because they know they'll get their hand slapped if they do but they're wanting to know what do they need to do to help that person in their role. So it really is a case by case basis. There are reasons that you should.. that people should disclose in some areas and there are other... I've got clients with four mental health problems so we've disclosed one – bipolar.

P: And it depends where they are on their path to wellness. Like if they're still experiencing uh a mental health issue then you may disclose it or more likely to disclose [yeah] it but I mean if they are 3 6 months a year down the track [and their looking great, feeling great and presenting great] and they're moving forward then you wouldn't necessarily but again it's their call.

P: And a lot of them, like R's just touched on there their on a on a pathway to recovery they don't want to be reminder about how unwell they were what it was like what experience did you have, they want to look forward, like you like do you like being reminded about you had the flu last week and how ratshit you felt the whole time? No not at all, you want to look forward to, you know the good times you had once before and that's a a precursor for a lot of our people not wanting to disclose they don't want to think about their mental health anymore, umm, they're on their road to recovery or they have recovered umm because that does happen [and also.. oooh sorry]..Go ahead.

P: Also the strengths model is all about focusing on the positive aspects of that person not focusing on the negative or the illness aspect. And that.. a big reason for that is because its health promoting so helping them become more healthy by focussing on their strengths.

P: And most employers are prejudiced I have to say. If you say that from the beginning they will probably close the door straight away.

P: Especially now in a very competitive market.

P: Oh there's a lot of that stuff around [it's still that stigma with mental illness, I still think there is] [yeah] [absolutely] [totally] [mmm] [yeah, there is definitely].

P: And then you can have those other big issues when your filling out the application forms and it talks about medical [yeah yeah] conditions that may affect their work and you're sitting there knowing damn well that this could go upside down at any minute, and writing... no and watching them writing No (group laughs) [with confidence] if this wise or not and sometimes you know it's not, your heart just 100% just knows it's not, but the role that they're going into would be totally totally inappropriate for them to disclose [mmm].

P: Well most of them just want to be treated like everyone else in society [yeah] [mm] [and have right to be] and just go back to work but they you know there's a lot of labelling out there, it's just too much sometimes [mm].

P: [Yep] Well I think there is, public are starting to get some awareness around it ummm, there's probably never going to ever be enough, because there will still be these people who are still

real anti uh people that have been mentally unwell and umm really that's such a wide criteria now you you can have a breakdown through a relationship breakdown umm and and be tarred with that image and really it's just a bit of stress [mm] and a bit of this so there's a lot of misinformation around what is happening these days through mental unwellness. Mental unwellness like 20 30 years ago through institutions for sure, total different kettle of fish but not now. You and I or anyone in here could have some mental health problems.

P: It's one in five.

P: That's right.

P: So no-ones to really know [you do the numbers] (group laughs)

P: So I'm sitting in the wrong place (laughter)

P: Its OK, you're among friends you can talk about it (laughter)

I: What do you think the employer's biggest concern is with hiring someone with a mental health issue?

P: It's lack of knowledge [yeah] [yeah, that's exactly right] They picture someone running round with a machete half the time [yeah yeah lack of knowledge]

P: And just the thought of mental illness, ooh they must be crazy, must.. you know.

P: Yeah, their gonna go nuts and cause trouble in the worksite [yeah]

P: Yeah but its lack of knowledge [stupid] about actually mental illness is and what it they mean, and what, say bipolar what does that actually mean, it.. people.. most people don't really know [no] [mmm] they just think loony, crazy,

P: Yeah there's a fear of the unknown.

P: Maybe some of them haven't got the resources to muck around with people, they want somebody to come in and do the job and.. [and hit the road running] just get on with it [yeah] [yeah].

P: That's that they don't want to invest the time and I'd say lack of knowledge and also lack of compassion [yeah] [money driven] yeah money driven [yeah] [haven't got time for that] [yeah resources already stretched, don't have time for somebody else that's going to hold me up.. I don't know]

P: But the lack of knowledge thing can be, not that you haven't tried to explain to them about it, it's just [that they don't listen] this preconception [yep, totally] that they've got, that they've made up their mind [mmm] and I can go in and spiel for an hour too and it.. just because you've got a mental unwellness doesn't mean to say you're mad, you're gonna cut your throat (laughing) somebody's gonna lose a hand or something like that it's just this preconception. So I could go in and coach to the employer for hours and he'd be understanding of it and then course, you going to take someone on.. nah (laughing).

P: [Inaudible segment]

P: The one in 5 thing I reckon is helping. Being able to sit there and say to them one in 5 people in NZ experience some form of mental unwellness [but it still doesn't really...] and then you start telling them to count their staff and they're going whoo [mumble] (laughs), I think I might have an idea who would be the first one so you try to get them into a different thinking and that has worked. I wouldn't say it's worked on you know every employer but every now and again it will.. getting them to actually think about it themselves with their own staff.

P: I think the ads that John Kirwan has done has been pretty amazing, umm only cos this country's obsessed with that game and [yeah yeah, they'll listen] [you leave our game alone, eh] umm [yeah they'll listen because it's John Kirwan] umm [eh] uhh.

P: Yeah I don't know [he hates r... he doesn't like rugby] I disagree with them. I don't think he's a good front for any ad. Get down to the coalface where the real people are that are unwell. He's had a little bit of a breakdown because he didn't score a try one day (laughing), just exactly what I was saying before. He's one of these guys that's experienced a little bit of unwellness what about these ones that experienced it their whole damn lives. He he he's nothing. Get someone else to front those campaigns that have really experienced and show them they've got no money they can't get living accommodation. He he he can ride anywhere on his money he's earnt.

P: But what they're trying to show is everybody's seen JK for years, he's been so up there on this pedestal and yet he experiences, has experienced and still experiences mental unwellness so your next door neighbour that you've had in your house for for dinner and for drinks and have such as great relationship could be just like JK and you have no idea. They're trying to say that this is just like your neighbour. Right, so if they've put somebody up there who, as you say, has experienced it all their life and can't pay their bills and that sort of thing, would it have the same impact on Jo public who really wants to see it as a minimal thing, not a huge thing, would it have that same feeling. Because there are employers that will

turn around to you and go oh that's like John Kirwan's ads, is that what you're talking about, so it can have some positive feedback sometimes.

P: Although [and umm] this is all about depression isn't it [yeah exactly] which is not relevant to a lot of our clients.

P: Or Susan Devoy's ads they.. people can actually relate to them and clients can relate to them, some clients actually think those ads are good.

P: Yeah it's a good starting point [yeah] [mmm] to get you thinking about mental illness but it definitely doesn't answer [hasn't got all the way yet] all the questions for many of our clients.

I: So those main ones are bipolar, schizophrenia?

P: And those are probably the more scary labels [yeah]

I: Are there any particular aspects that can affect your clients in obtaining and maintaining employment?

P: Criminal records [yep] [that's the main one].

P: And alcohol [yep]

P: Cos a lot of people can give up drugs but they can't give up a criminal record.

        (pause)

I: And that's one thing you do have to put on your application form most of the time isn't it?

P: When they ask [yeah] [when they ask, yeah].

P: Cos they'll do a police check and find out anyway.

I: So happens with those clients?

P: If a client has lied?

I: Both situations.

P: If a clients lied they'll get fired and then we're back to square one and picking up the pieces and going forward and making damn sure we don't go for any jobs that are gonna ask the question.

P: And the best approach is actually to disclose and be upfront especially if you know they're going to do a check and then to focus on what they've done since the conviction and how they've put their lives together you know and where their focus is and then hold thumbs (laughs) you know.

P;   And if it's a job with dealing with cash and they've been done for theft then you'd probably be wise not to be going down that track so you'd be.. you know if they'd been done for child molesting and you're wanting to go into a child care agency there's not a lot of brain power there, so going into roles that you know that the charge they may have will have absolutely no relevance on the role then you've got a lot more chance of that charge being able to be disclosed and being told its OK.

I: And in terms of disclosing to employers are they open to that?

P: Mmm [put it to them] [some] [yeah some].

I: And how about clients that have substance abuse issues? Do you refer them to get support for those issues?

P: If they want to [yeah].

P: If it affect their ability to work or maintain job yeah. Like some client might umm use marijuana. That can be quite... they won't be motivated to work.

I: And so do you suggest agencies?

P: Like CADS yeah.

P: Cos most places do that now. Just drug and alcohol testing before they even take you on so.. [and indiscriminately throughout employment]

I: Do they do that for all kind of jobs?

P: Yeah quite a lot of them out south [oh a lot now, yeah a lot]. It's just mandatory now, like criminal record [mmm]. It's been like that since the recession.

I: And how has the recession affected your work?

P: Oh it's just made it harder [yeah] just made it [more challenging] harder.

P: On both sides. They've cut the funding as well [exactly] yeah [yeah] yep.

I: What are the services that are used in SENZ that are most beneficial for your clients?

P: The constant contact so regular contact. Talking about things when they're small so they don't get a chance to get big and turn into a major drama that makes them walk out of work.

P: Create a support network for them [a belief] as well. Get in with the support workers the CSWs if they haven't got that sort of thing.

P: A belief that we can do it. A belief that people can get a job and will stay at the job and that will make them better and at the end of the day that we feel a certain amount of pride that we've helped and assisted these people.

P: Most of the ones that go and get.... you give them the tools to go and get their own job stay in it, yeah..

I;   And these tools are?

P: Oh just yeah whatever you need to tell them to to you know go there go here do this do that just whatever [a belief in themselves] [CV writing skills] and they get their own job and yeah.

P: Building the relationship, like if you actually invest the time to get to know the person ummm and then you can, like if you meet them and you can see they're slightly off you can chat to them about it or if they want to pull out why, what's going on, but if you know them that makes it that much easier [mumble you can pick the signs and symptoms very easily] yeah.

P: Yeah [absolutely] [yep]. And then you can still have the same clients 5 years later, I've got clients I've had for 5 years.

I: Is there any time limit you're with a client?

P: No.

I: Is it the client that chooses to exit the service?

P: Umm they still seem, a lot of them will still seem to enjoy having a catch up. I've got clients that I've been with for 5 years that I'll just meet once a month for lunch and they'll just thoroughly enjoy being able to talk through things and just .. just and they know that extra little bit of support 's there or they might text me during the month if there's anything they need to talk about but that's all they really need and every now and again they'll need more in that time but just knowing that someone else is there so they're feeling very well they're feeling really responsible and everything in their job but they just know in the background I'm there and I can come to the foreground at any time.

I: Are there any SENZ services that are not helpful for your clients?

(Big pause)

P: Silence is golden (group laughs)

P: Everybody I think works slightly different as well, like we have our own working style so maybe that answer's different for everyone.

P: I find one of the clinical services terrible you know, on the (identifying content removed), we went in and they were horrible they treated the person like an object and uh uh it was counterproductive you know [mmm] constantly focusing on deficits and sticking to regimes and yeah it was definitely counterproductive.

P: They've got a same office out in (identifying content removed) as well, because the one in (identifying content removed) is ...leaves a bit to be desired at times. (pause). Probably sometimes just the reports but that's just because you've got sort of like a high caseload and you've got to generate all these reports.

I: Are they progress reports?

P: Yeah and jus... some of us are better hands on and some people are better at sitting in front of a screen typing some of us uh are umm appalling at typing speeds so you know, all sorts of things.

P: Yeah I'd love to have a secretary that would do (laughs) all my work. I'd much more enjoy being out there with the clients and the employers so if I could just have a Dictaphone beside me and just say it as I drove and somebody else that would be perfect.

P: The technology might come around where you plug it into a computer and it does it all itself (group laughs) [I'm liking that] [inaudible segment] [there's a gap in the market there] [definitely].

P: I guess anything like reporting or having to do notes and stuff is always to me counterproductive, I understand why they've got to be done cos if I spend a day and a half a week in the office doing notes that's a day and a half I could be working with the guys umm finding employment so yeah some days it's a little bit frustrating, but you know you've got to do it so you do it, it's part of the process and being what we are, so yeah it's you have to accept it [mm] or move on [mm unfortunately, yeah].

P: And compared to clinical services though I think the notes that we have to do here are not not massive [no they're not bad].

P: I think uh the community mental health centres their caseloads now... well the people they have on their books is now huge [mm] and therefore the frustrations that we have with trying to get people in and get people seen quickly because it feels urgent to us that it happens now you've got somebody who's suicidal and three weeks later they're still waiting for an appointment [or they get told to go home and have a cup of tea] and it's just... that just frustrates the hell out of me so then I'm on the phone and I'm on to the manager and they'll get seen that afternoon but why does it have to take that. So that side of things I find really frustrating.

I: So this is when you've referring them to a community mental health team?

P: Yeah because that's been a barrier for us or you know that person's really unwell and you can't job search with them because this is where there at and they're saying well where do I go I've got no idea who to go to, so you're trying then to signpost them to where they can get help to then come back to you and ring them 3 or 4 days later to see how it's gone and how things are and you find that they've heard absolutely nothing and then they get a letter saying someone will be in touch with you in the next 3 to 4 weeks. If you're suicidal then that could be a trifle late.

P: And I think that also the counselling services that were free before even further reduced now. One of my clients had a friend who committed suicide so he was pretty fragile about that but he couldn't access any free counselling at all [no that's right. All that's stopped] it's all been cut recently.

P: That was on TV on Sunday night, [oh really] how all that funding for the families and friends has all stopped, suicide family and it's totally wrong.

I: How does being employed affect your clients?

P: Self worth.

P: Money.

P: Social contact [social interaction, definitely], identity [identity]. The ability to be able to do more [just feeling normal, routine] and feel like they're part of society [society] [society].

P: Helps them probably feel belonging or normal quote unquote, accepted. And I think what (identifying content removed) said like maybe.. helps.. once they've got a job a lots more opportunities open up from here that can realise other goals once they've got a bit more money coming in and stability and further developing you know.

P: Yeah it allows them to dream a little bit more eh [yeah] see the future.

I: And do you think there are any drawbacks for the clients from working?

P: Some higher stress levels they might have to deal with different situations that come up which gives them a bit more stress which means maybe a bit more chance of them becoming unwell again.

P: So you've got to teach them some coping strategies for for those.

P: If the job is suitable [yes]. Sometimes a client chooses a position that's unsuitable but it's their journey and you can't say no Johnny you can't do that you've just got to sit back and let Johnny have a go and then support the afterwards [and pick up the pieces].

I;   So you would not gently discourage the clients from an unsuitable job?

P: Dependant. Some clients you would and other clients you'd just go nah, you know they're most adamant that that's what they want to do so you just go...

P: You've got to be realistic you know, somebody coming up to you and he wants to be a pilot you know and... no way in hell is he ever going to be a pilot you know but you can't tell him that all you.. better to do is explain to him well this is your pathway that you've got to do to get to be a pilot and show him that it's going to be quite intense and hard but if you've got another idea then let's work on that other idea until we've got those training done so there's ways of [mm] [and if you...] redirecting.

P: And what's about flying that you really appreciate, and maybe we can find that in another job [that's right] that's more in line.

P: So you're not squashing their dream at all [mm] but just sort of starting on step one on the way to get to step 12 [yep] and then on the way to step 12 [makes hand gesture of re-directing].

I: Very creative (laughs)

P: And it does happen, you have people coming in and they want to be a labourer and you end up being a driver or something like that, it does happen, they think oh hell I've tried that now and its real good. But always keep that option in your mind that their ultimate goal is still there if that's what they choose to do because it is their pathway it's not ours, you see, it's about them.

P: When they get stuck I usually have a Santa ad you know they advertise for Santas I'll say what about something like this, (group laughs).

P: Sometimes you'll have to do a complete sort of debriefing kind of thing and just listening to where it all went wrong and what do you think we could have.. you could have changed there and..

P: Pick the positives out of it [yeah] even though... or you might create a positive say look [you would need to create one] look we learnt that that didn't work so know we know we never do that again [yeah] or let's try this.

P: Or it as it could be a case if they've left the job because they're unwell you've got to go through that process too of getting getting their clinical team back on board and getting them well again because you can't just usually find another job and put them straight back in as much as you'd like too umm but yeah getting them back over that that clinical.. or that unwellness and back on track again and back to focusing that ..you.. I want to work with you again [mumble] it can be months.

P: And they do come back, they just turn up (laugh) [mm] we've got static job clubs and they just turn up you know we'll be at a certain place each week roughly and they just turn up.

I: Can you tell me a bit about the job clubs?

P: Umm (identifying content removed) and I do one out in the East area and every Tuesday from 12-2 we're at (identifying content removed) Work and Income and we have a bunch of laptops, our mobiles, the local papers, the local Work and Income jobs and we just sort of talk through what they're looking for, we can do CV writing, we can do cover letters, we do all the applications there, and um it's an environment now when they'll help each other, so if someone's really good at working on the computer and somebody else isn't then they'll buddy up on the computers to help each other so it's a very much a team environment now and we thoroughly enjoy that and it works very well for the client.

I: Do you work with Work and Income?

P: Well a lot of my clients come from Work and Income so therefore you're indirectly working with Work and Income but they'll refer clients to me every week. We've got 2 more turning up tomorrow that we haven't met yet that I got rung about on Thursday and Friday to say that they were putting more new people through. Some of them will not be quite right so the criteria may not be 100% and therefore I may need to signpost again or do a little bit more investigation as to whether this person is right for us right now. But there.. the majority of

people that come through are wanting to do something and if they're turning up every week then that shows us that they are motivated and do want to achieve and they do want to go to that next step.

I: What is the retention of clients like in the work focus programme? Is there any concern with that?

P: Wanting to leave our Service?

I: Yes.

P: It's the opposite like [yeah] they're always want to keep engaging even if they're quite unwell or not really interested in working they just want to, they just like the contact [mmm] yeah.

P: This is one.. this is the only organisation I've ever worked with that encourage.. encourages to keep the client longer than 6 months [mmm] nowhere else have I worked where it's been encouraged to keep clients on an ongoing basis.

P: It's quite long actually you know I've worked with some people that I've inherited on my caseload as I was saying before, they're still working but you're not allowed to even suggest it you know maybe they should move on it's not right you know they should be able to move on when they think they don't need the service anymore.

P: And it's counterproductive to the strengths model [yeah it is] just to yeah honour their choice [empower] yeah empower them [yeah].

P: Some of them we've got to call every couple of months [mmm] [cos that's the funding] and they don't need anything else at all [it's the funding that drives that] yeah but it's the funding cos you've got to let them be able to enter it into the computer that you've called Jo and Jo's fine and everything's going well [mmm] [and it's...] [it's a monetary incentive] so that that funding stays [mm].

P: Because that's a funding requirement and that's set by people who have never done the job and don't know anything about the job, (laughs).

P: Yeah by accountants sitting in a back office [yeah] and they don't know jack.. [and have never consulted us] [Well it's a form of capture really isn't it] [yeah] [it is definitely].

P: But some of them don't mind that [no] and others do like I've got (identifying content removed) that comes in, I've had him for 8 years working at (identifying content removed) in (identifying content removed), he comes in every Wednesday to see me in the office. We've got a time

set 15 -20 minutes, catch up on the week, any problems, gone. But he does it, that's what he wants, that's what keeps him going [and then it's ok] that's all, that's all it takes to keep him well, doesn't pester his mother and stuff like that then fine.

I: So it sounds like there are some pros to that and some cons?

P: Oh there is [oh there is, definitely and you also get to see things if you can see if you can hear something's wrong in their voice or.. you're on it very quickly if something's wrong].

P: But I think the whole point is to make yourself eventually redundant [yeah] and then to be eventually [yeah] self sufficient and to find other coping way you know [not.. not to try entrap the client] yeah not to entrap correct [which I think happens too much].

I: So how do clients leave the programme if you've got those funding requirements?

P: If they're working [they don't] they don't. We try very very hard to keep hold of them, even if it's just how about I send you a text or give you a call every couple of months to see how you're going and most of them won't oppose that.

P: Mmm, most of them don't reply (group laughs).

I: And as an EC you've still got to do that?

P: Yeah [yep] [yeah].

I: Forever?

P: Yep [yep] [yep] And there's funding there for that so that's part of of [unless they're very adamant that they don't want to be in the service anymore] [yeah you don't get many of those] and this is the hardest thing about what (identifying content removed)'s saying do we capture them don't we capture them. The strengths model says no we shouldn't be but yet we do for the funding purpose so yeah it's sort of do it don't I? It's a hard decision eh.

P: Cos you don't want to hurt the organisation and the level of funding that we're receiving [inaudible segment].

P: Cos that means that's another placement that we'd have to find to get back to our target every time we do do that so.. [yeah].

I: And by having that client in your caseload does that mean you can't pick up another client in your caseload?

P: It's a numbers game so really you don't look at the number on the caseload, you look at the support needs within that caseload, so my caseload is very high umm but I've got clients there who aren't huge supports, so they are a number but in an hour I could probably have handled 3 of them, so therefore they.. those support needs aren't huge, so I can take more people on because I know what I've got and what I can cope with but if you look at a number then it's the wrong way to handle looking at the caseloads because somebody on 25 may have 23 of those being huge intensive support or they may have 20 of them which are a phone call and in which case they should be on 40.

I: Do you find it easy to meet the targets, generally?

        (pause)

P: No.

P: We haven't met the targets (laughing) for years and years umm [I don't think that's ever been met actually] no I don't think so, and that's again its set by you know.. ten years ago some people got together and said some figures they haven't revisited at all and they've never taken time to consult with people and they haven't looked at the history umm..

P: When we first came on cos we moved from another service in (identifying content removed), there was a bit of controversy because um the team leaders that were in charge before had actually added numbers together so it was looking like they met the target but it wasn't that at all [for years it was showing the targets were met but it wasn't] yeah and it's just been yeah [and it wasn't and were actually carrying the can for that now] [mm] mm, so it's really never been met [I don't think it has] no.

P: We're on track though (laughing).

P: And and and the funny thing about that is that our umm our performance appraisals are lent to those contracts which the contracts were sucked out of the ethers so , (laughs), you've got your.. all your incentives [mumble] based on these fictitious numbers [yeah], it's just crazy (laughs).

P: I mean even in mainstream employment, people don't stay in the jobs you know they get up and leave [mmm].

P: There is clinical studies to say that once you've recovered from mental illness the i.. there is a uh something like a 70% chance you will have 4 positions within 2 years [mm] now uh the

contracts do not show.. do not relate to anything to this umm [that's one job one person one contract].

I: Is this what the targets are?

P: Yep.

P: That's all we're allowed. If we put somebody into 3 jobs in 2 years all the work it takes to do that, if they become unwell and we put them back into another job, there's absolutely no funding no recognition for any of us for that 2nd, 3rd, 4th job of battling to get them back in which is what we're about.

P: Well really after they've been in a job for 6 months you should be exiting them because you can't claim anymore.

P: But we don't [no] [no we don't] we've still got them after 5, 10 years and that's OK, I don't have an issue with that but they need to actually change the funding to recognise that [mmm].

P: Because once again you could spend another 100 hours trying to find employment for them again [yep] they could stay in 6 months fall out and then another 100 hours is spent with them to find employment again.

P: Cos mental health issues don't stop after 6 months.

P: And that's where [they're there forever] the business model and the [yes the wheel, the unwellness wheel] sort of the wellness model conflict.

I: Very interesting. Is there anything else that we haven't talked about that you'd like to bring up?

P: Pay rise? (group laughs)

I: To me it did sound like there was some frustration around that the mention of the targets, I'm not sure if you'd want to talk more about that?

P: I don't know what we can say extra about it we know the target's there we know if we don't reach that target we're probably going to lose more consultants next June.

I: Is that related to the cut in funding, because the targets aren't being met?

P: Yep [yeah] yep.

P: In my opinion the type of work we do is quite closely linked to health outcomes so in my opinion maybe we should have dual funding from (identifying content removed) and the (identifying content removed) to meet some numbers for (identifying content removed) and also maybe some health outcomes.

P: And some support... are funded by the Health Ministry [they are yeah].

P: And district health boards [yeah] yeah. A lot of them are getting funding because there's more money in district health board funding than what there is out of social development.. [and more qualitative] cos all [out].. more qualitative targets – [inaudible segment].

P: Yeah and the contract only gets renewed every two years so you effectively only have a job for two years and any time they can pull that and that's not great for job security you know and building momentum and you can see that from the staff turnover umm that definitely pays one factor so that's an issue.

P: Well, how many team leaders have we had?

P: We're on number 4.

P: I've had 17 [since we've been at (identifying content removed) since we've been at (identifying content removed). 17 in ten years [there you go].

P: So you've had lots of them in other divisions but this is your fourth [fifth] since you've been here. [A bit of chatter and namecounting here.] Oh yeah 5 for me.

P: We are probably one of the (identifying content removed) employment organisations [we are] yeah. And with our integration with (identifying content removed) coming up [yep] today or yesterday. We are one of the (identifying content removed) ones yeah. I don't know about NZ wide though.

P: And we're hoping that's going to create some new opportunities and things cos we'll then be about 250 of us.

P: Yeah I'm interested to know how the funding for (identifying content removed) supported employment in (identifying content removed) works [yes, I hope we get to meet them] and maybe that's a better model.

P: There's only 3 of them [yeah] yeah they're only small but just to see what's different would be nice.

P: Geez if we don't meet our targets there's going to be only 3 up here too, (group laughs).

P: Yeah (laughing).

P: We can meet the targets, (laughs).

P: It's not through lack of trying [no] the government sure as hell doesn't tr.. doesn't help though, the 90 day thing, it.. that's a killer [and cutting] [inaudible segment], it's a killer for normal people let alone a person with a disability or an unwellness.

I: Is that something you talk about with your client?

P: Well make them aware of it [mm] that this is only... everyone who starts a new job now is only on trial for three months [and they often give up because they're scared] you think anything other than that then there's something wrong with you.

P: But that.. there has been for a long time [for years] that probationary period in most contracts [yeah] it's just now [sure but] it's becoming more and more [so critical] but [now that...] it's been there for a long time [oh it has but it's use [but it's a lot easier] in a different way now I feel to the detriment of the people].

I: Do you feel your clients have been affected by it?

P: Yeah [yep] I've had people lose out, yep, yep.

(pause)

P: Cos let's face it, if an employer wants to get rid of somebody, they will [they'll find a way, with or without the 90 days] and let's just cut.. You know forget about political.. being PC and everything, if they want you gone [they'll find a way] they'll just throw you out you know or they'll just make life so goddamn difficult for you [they'll just manage you out] [they just ask you to leave, (aughs) you know or yeah they'll give you options or they'll just.. you know.. just play hardball and just [make you reapply for your job] [yeah and unfortunately you haven't been successful] [yep] [they're being legal] yeah or they change contracts to get a small pay rise and then they find out that there's something else and yep there's many a way. If they want you gone, you're gone, it doesn't matter.

I: Is there anything else or are shall we wrap that up?

P: I think we've probably just about done it (group laugh).

I: I agree. Thanks very much guys.

END OF INTERVIEW

Appendix C. Key used in Transcript of Focus Group Data

(?)   Content inaudible

[Content begins to overlap

]   Overlapping content ends

(pause)   Brief pause in conversation

(pause 5 secs)   Silence measured in seconds

:::   The lengthening of a sound

Shu-   Interrupted word

(coughing)   Sounds other than speech

(Bailey, 2008)

Appendix D. Table Showing the Initial List of Codes from the Thematic Analysis

Table 1. - List of Initial Codes from the Thematic Analysis

Initial Codes

Client specific factors

Level of client skill

Difference between voluntary vs. Mandated

Pressure/influence from other sources

Level of motivation

Motivated clients

Non motivated clients

Strategies to increase motivation

Motivation motives

Money

Career progression

Purpose and worth

Identity

Normalising

Social contact

Sense of hope

Not enough funding

Placements other than competitive employment

Comparison to other services

Large amount of pre-work needed for some clients

A lot of work for little or no result

Affects team morale

Staff numbers being reduced

Ability to work effectively

Increased caseloads

Different funding strategies need to be employed

You currently only get funding for work placement

Unwellness

Don't need the money

High stress levels

Low self-confidence

Difference in clients depending of geographical area

Cultural differences

Do not want to affect their benefit

Some only want temporary or part-time work

Try hard to engage the client using all strategies

If all fails, clients are 'exited' from the service

Clients are referred back to their referrer

Clients are taken back on once ready

Clients need to be considered work-ready

Clients who are not work-ready too time consuming

Some clients only want seasonal work

Some clients are ambivalent

Difficulty merging a mental health model with a business model

Will get support from clients other services if necessary

The more services supporting the client the better

Practice is based on the strengths model

We have to respect client choices

Not enough time to spend with clients

Important to find out what motivates your client

The importance of clients rights and privacy

Reasons to disclose illness is on an individual basis

Some employers are supportive when disclosed

Some clients would shut the door if illness was disclosed

Depends where they are on their recovery journey

Employers can be prejudiced

Stigma more pronounced in a competitive market

The stigma about mental illness is omnipresent

Awareness of mental illness is increasing in society

There is a lot of misinformation about mental illness

Lack of knowledge can affect how people view mental illness

Employers sometimes do not have the time, patience, and compassion

It is difficult to change employers negative perceptions

Having a diagnosis gives you a negative label

A criminal record can make employment difficult

Substance abuse can make employment difficult

Concern about what clients disclose on application forms

Try to put a positive spin on the situation, advise how they've changed

Explain how they have overcome that criminal history

It's important to match the right client to the right job

Marijuana can affect client's motivation

Most places of employment drug test

Having constant contact with the EC is helpful

Clients like being able to talk about any issues that arise

ECs create a support network

A belief in the clients makes the process easier

We take pride in our work

We give them the tools to get their own job

We invest the time to build a relationship with the client

Clients need that extra support

Each EC has their own working style

Some clinical services are difficult to work with

There is too much paperwork involve

Some ECs lack in word processing skills

Have a preference to working with clients over paperwork

Understand the report writing process

Other services have had funding cuts

Try to ensure the client is suitable for the job

Focus on the clients journey

Picking up the pieces

Supporting the pathway to the job the client wants

Having a plan B

Clients often re-enter the services

Clients like to maintain the contact

The period of engagement can be too long

Clients should have the choice to leave the service

It's the only organisation that encourages continued contact

Process driven by funding

Able to monitor clients wellness

Concern about capturing the client

Unrealistic or outdated target

Policy/funding set by a business model

No more funding available after 6 months employment

Mental health issues are ongoing

Merge with (identifying content removed) may bring new opportunities

Possibly could be a better model

90 day trial makes employment difficult

probationary period has always been there

Appendix E. Table of Preliminary Themes and Sub-Themes

Table 2. - Preliminary Themes and Sub-Themes

Initial Themes	Initial Sub-Themes
Pressure/influence from other sources	Personal factors
	Money
	Level of motivation
	Strategies to increase motivation
	Level of motivation
	Strategies to increase motivation
Possible improvements to service	Having the business model more in line with the mental health model
	Increase or change in funding
	Change the targets
	Additional services
	Increase awareness and knowledge of mental illness
	Having the business model more in line with the mental health model

	Increase or change in funding
Barriers to employment	Employer factors
	Difficulty with other services
	Disclosure of illness
	Individual factors
	Client not motivated to work
	The current labour market
	Stigma
Disincentives to employment	Only want employment on certain conditions
	Personal factors
Strategies to overcome barriers	Utilising of other services
	Using the skills and experience of the ECs
	Positive spin
	Further training/education for clients
	Increase awareness and knowledge of mental illness

Good things about SENZ	Working with other services
	Clients able to re-enter the service
	Contact and support
	Strengths model
	Educating employers
	Building good rapport
	Continued support throughout the employment
	Finding out what motivates the client
	Picking up the pieces
Negative aspects about SENZ	Administration
	A lot of work for little or no result
	Unrealistic or outdated targets
	Difficulty merging a mental health model with a business model
	Concept of Work readiness is subjective
	Continued support
	Lack of funding
	Not enough time to spend with clients

Facilitators to employment	Good job fit
	Good rapport between client and EC
	Disclosure
	Clients who are motivated to work/are there voluntarily
	Good job fit

Appendix F. Revision of Themes and Sub-Themes

Table 3. Revision of Themes and Sub-Themes

Themes	Sub-Themes
Incentives to employment	Financial gain
	Personal development
	Being normal
	Outside influences
Disincentives to employment	Conditional employment
	No interest in financial gain
	Increase in stress levels
Factors that can serve as barriers to employment	Difficulty with working with other services
	Disclosure of mental illness
	Individual factors
	Unmotivated clients
	The current labour market
	Stigma

Factors that can serve as facilitators to employment	Good job fit
	Disclosure
	Increasing awareness of mental illness
	Believing in the clients ability
Positive aspects about the SENZ SE programme	Inclusion of other services
	Clients able to re-enter the service
	ECs there to pick up the pieces
	Practice based on the strengths model
	Education of employers
	Building rapport
	Continued support
	Teaching the clients their own job seeking
	Strategies
Negative aspects about the SENZ SE programme	Administration issues
	A lot of work for minimum result
	Unrealistic or outdated targets
	Difficulty merging a mental health model

	with a business model
	Concept of work readiness is subjective
	Continued support
	Lack of funding
	Effects of not enough funding
Strategies that are used to overcome barriers to employment	Utilising other services
	Perseverance
	Putting a positive spin on the situation
	Increase awareness and knowledge of mental illness
Possible improvements to the SENZ SE programmes	Make the model more In line with the model of mental health
	Increase or change the funding strategy and targets
	Additional services
	Further increase employer awareness and knowledge of mental illness