

Title Results of a multisite randomized trial of supported employment interventions for individuals with severe mental illness

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Target Population individuals with severe mental illness

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Brief Description This study found that a vocational rehabilitation model known as supported employment increased employment outcomes (e.g., competitive employment, ability to work 40 hours per month, higher monthly earnings) among people with severe mental illness, such as schizophrenia.

Article Summary

Recent research shows that supported employment (SE) can increase competitive employment, defined as the ability to work 40 hours per month, and monthly earnings for people diagnosed with severe mental illness. The research advances knowledge about best practices in vocational rehabilitation.

The study, published in *Archives of General Psychiatry*, compares SE with a services-as-usual condition among 1,273 participants living in seven states. All participants' conditions met the definition of severe mental illness as established by the federal Center for Mental Health Services and were receiving outpatient psychiatric services. Researcher randomly place participants into an intervention group ($n = 648$) or a comparison group ($n = 625$). SE interventions varied slightly by site, but each included all the following:

- 1) Integrated services coordinated by multidisciplinary teams that met at least three times weekly
- 2) Placement into competitive employment
- 3) Job development that met participants' preferences
- 4) Self-paced job search process beginning immediately upon entry to program
- 5) Ongoing vocational support.

Additional site-specific components for the intervention groups included strengthening social relationships, developing partnerships between business and vocational service providers to share resources, and integrated services. The eight sites chose their own comparison interventions, therefore comparison conditions varied slightly from place to place. Examples of comparison interventions included standard vocational rehabilitation services available at each site, transitional employment placements, and less comprehensive versions of SE given at the corresponding site (e.g., excluding the social network enhancements, no employer consortium).

Cook and colleagues demonstrated that, as compared to these various services-as-usual conditions, SE can improve several outcomes. Participants in the SE condition were more likely to achieve competitive employment, defined as a job that pays at least minimum wage. Fifty-five percent of the SE group achieved competitive employment, as compared to only 34% in the services-as-usual group. Participants in the SE condition were also more likely to work at least 40 hours per month (51%) compared to 39% of the services-as-usual group. Finally, participants receiving SE services had higher earnings (average of \$122 per month) than those receiving services-as-usual (average of \$99 per month).

A major limitation of the study was that the subjects represented a sample of individuals with severe mental illness who actively sought vocational rehabilitation services in multiple states across the U.S. Thus, they are not a representative random sample of individuals experiencing severe mental illness, which limits the generalizability of the results.

The study presents several recommendations for practitioners delivering vocational rehabilitation support to people diagnosed with severe mental illnesses. First, practitioners might have increased success by using multidisciplinary teams that integrate clinical and employment services in their support services. Second, practitioners might implement on-going job support to sustain gains rather than withdrawing support gradually once jobs are secured. Third, practitioners might assist patients in securing jobs that are aligned with their career goals and preferences. Finally, practitioners might focus on placing clients in jobs that are community-based, permanent, and competitive (i.e., jobs not designed for individuals with disabilities or controlled by service agencies). These recommendations can be adapted to local conditions to increase integration into the community for those with severe mental illnesses.

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