



Addictions &
Mental Health
Ontario

Dépendances &
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d'Ontario

VOCATIONAL AND EDUCATIONAL SERVICES

AN INVENTORY OF MENTAL HEALTH AND
ADDICTION SERVICES

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ADDICTIONS AND MENTAL HEALTH ONTARIO

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Photos provided by Causeway Work Centre.

ABOUT AMHO

Addictions and Mental Health Ontario (AMHO) represents over 200 publicly funded addiction and mental health organizations across Ontario. Our members provide services and supports that help Ontarians across the province with their recovery, including community-based counselling and case management, peer support and consumer run businesses, residential treatment, withdrawal management, supportive housing and hospital based programs.

As the collective voice of our members, we provide leadership and engage partners to build a comprehensive and accessible system of addiction and mental health care, and improve the well-being of individuals, families and communities in Ontario. We do this through policy work, advocacy initiatives, service development, knowledge exchange, education offerings and quality improvement work.

ABOUT THIS PROJECT

The purpose of the project was to better understand vocational and educational services for people with mental health and addictions issues, including evidence-based approaches, effectiveness and key challenges. While AMHO is funded in part by the Ministry of Health and Long Term Care, AMHO's views are independent of government.



KEY FINDINGS

- In Ontario, while the current unemployment rate is **5.5%**, that rate is closer to **16%** for individuals with disabilities including mental illness.
- In the mental health and addiction field, vocational and educational services offer formalized employment training and support that follow an evidence-based protocol or model.
- AMHO collected an inventory of **38** vocational and educational services in Ontario. This was acquired through data obtained from ConnexOntario, a focus group and a survey. AMHO also collected information to describe the programs, their models, outcomes and barriers.

QUANTITATIVE ANALYSIS SHOWS:

- An average of three vocational and educational services per Local Health Integration Network.
- About **2,200** clients are served by these programs on an annual basis, averaging about **66 clients** per organization and a median of 50 clients.
- A **15-day** average wait time for service.
- About **45%** of organizations use the Individual Placement and Support model.
- About **50%** of funding for these services comes from the Local Health Integration Networks.
- At least **60%** of vocational and educational services surveyed reported being affected by the new Employment Standards Act provisions (2017). In particular, increased operational costs due to increased minimum wage and on-call provisions were cited as the most impactful provisions.

QUALITATIVE ANALYSIS SHOWS:

- Organizations report a highly variable client profile.
- Funders focus more on employment-based outcomes rather than psychosocial outcomes.
- Transportation, stigma and funding requirements such as specific number of placements or preference towards full-time employment are key barriers for clients accessing services.
- Provincial economics and changes to employment standards regulation directly influence this sector and its clients. Increases in baseline wages impact the competitiveness of the workforce while discouraging employment.
- Partnerships between vocational/educational programs and community employers are a major opportunity for communities to enhance services and find local solutions to employment issues.
- Funding flexibility gives organizations more autonomy to effectively support clients.

INTRODUCTION



For people impacted by mental illness & addiction, employment and education can be important factors that influence recovery. However, people with severe mental illness and addiction (MHA) issues often struggle to find meaningful employment. Research has established the benefits of education and employment for people with MHA issues (CAMH & CMHA Ontario, 2010). When people obtain education and employment, they experience reductions in their MHA symptoms and

hospitalization, as well as improved quality of life (CAMH & CMHA Ontario, 2010).

In Ontario, Vocational and Educational (V&E) services support people with MHA issues in their care and employment journey. V&E services provide formalized vocational and/or educational training by following a protocol or model¹ specifically for people with MHA problems (CAMH & CMHA Ontario, 2010). These services are often provided by community or provincial programs, but standalone V&E services are also common. V&E services are grounded in the philosophy that health, self-esteem and self-efficacy are interrelated, and that employment has both direct and indirect implications to mental well-being and health. The goal of these services is to connect individuals to meaningful, competitive employment that the client wants.

Unfortunately, individuals with mental illness and addiction are often marginalized and discriminated against within the workforce (Delman, Kovich, Burke, & Martone, 2017). While the current unemployment rate in Ontario is 5.5%, the unemployment rate for people with disabilities (including psychiatric illnesses) is about 16% (StatsCan, 2018; Ontario Government, 2017). In Canada, it's estimated that 70% of people with severe MHA issues are unemployed (CMHA British Columbia, 2014). A common misconception is that people with disabilities or mental illnesses are less productive than people without these conditions, but studies have shown that this is largely unfounded (Needles & Schmitz, 2006). In fact, research suggests that hiring and retaining people with MHA issues would likely produce positive returns on investment for businesses (McDaid, Knapp, & Medeiros, 2007).

Research also shows that individuals with MHA issues are often relegated to minimum-wage jobs, precarious employment and jobs with minimal or no benefits (Luciano & Meara, 2014). V&E services aim to counteract this disadvantage by offering career preparation services (such as resume building, employment training, partnering with community businesses, providing transport to employment, etc.) while adhering to evidenced-based models to support individuals through their employment and mental health journey.

¹ Description of models can be found in Appendix A of this document.

CONTEXT

As understanding of the relationship of education/employment and mental health continues to improve, governments both provincially and federally are taking steps to recognize and address this identified need. Canada recognizes employment as a key social determinant of health (Public Health Agency of Canada, 2013). The Ontario Human Rights Commission asserts the importance of employment to wellbeing and dignity for people with mental illness and/or disabilities (2017). The Lancet Commission on the future of psychiatry states that action to improve the social determinants of health should be a cornerstone of a modern mental health system (Bhugra, 2017).

As a result of this growing awareness, Ontario launched **Access Talent**, an employment strategy for people with disabilities (including mental illness and addictions) to help them connect to job opportunities and help businesses connect to the talented and underutilized labour pool. The strategy includes launching the Supportive Employment (SE) program and integrating existing employment services for people with disabilities in a gradual phased approach. The last phase of the program implementation is integrating the Mental Health Vocational Employment Program at MOHLTC with the SE program. This approach to implementation aims to have the province work closely with existing service providers to roll out the SE program in specific communities, gather feedback from providers and individuals accessing the program, and make improvements or adjustments.

These changes come at an important time. In the midst of changing labour laws, an increase in minimum wage and the growing risk of mental illness, addictions and harmful substance use for young adults entering the workforce, V&E services are well positioned to respond to these needs in an evidence-based way. It is, however, important that through these changes the specific needs and considerations of people with mental health and addictions problems are reflected in programming, planning, and outcomes and that service providers and clients are driving the changes.

THE PROJECT

To better understand V&E availability, approaches and effectiveness in Ontario, Addictions and Mental Health Ontario (AMHO) worked to compile an inventory of mental health V&E services. The criteria of this inventory include community services that:

- 1) provide **formalized and explicit** V&E services,
- 2) are **specifically** for people with MHA problems,
- 3) follow a **protocol or model**, and
- 4) are funded by the **MOHLTC**, either directly or through the LHINs.

While many peer support services offer unique experiences and perspectives, unless they specifically target V&E outcomes, these services were considered out of scope. Similarly, Ontario Disabilities Support Program and services such as case management on their own were also considered out of scope, as these are not explicitly vocational programs supporting individuals with mental illness and/or addiction issues.

DATA COLLECTION

This inventory was assembled in three parts:

- 1) AMHO acquired data from ConnexOntario regarding the vocational and educational functional centre. These data included information on 34 individual organizations.
- 2) AMHO conducted a focus group to collect qualitative data and gather background information for the inventory. A total of seven representatives from four organizations attended this focus group.
- 3) A V&E services survey was distributed through AMHO's and CMHA Ontario's network. The survey opened on March 5th and closed on April 5th. AMHO received 20 survey responses.

Note that there were four organizations in AMHO's membership that reported providing V&E services that were not captured ConnexOntario's functional centre data.

QUANTITATIVE ANALYSIS

Through the three methods of data collection mentioned above, AMHO collected an inventory of 38 organizations that provide V&E services.

- At the Local Health Integration Network (LHIN) level, every region had at least one V&E service, with an average of about 3 services per LHIN. Toronto Central LHIN had the most with 6 services, while Waterloo Wellington and Central LHIN tied for least with one service each.
- On a yearly basis, these services support about 2,200 clients, averaging about 66 clients per organization and a median of 50 clients (n= 32).
- From the organizations that completed the survey (n=20), the average wait time in Ontario for services was 15 days. Clients were typically enrolled to services for over six months, and about eight staff were assigned to these services per organization. Shorter wait times likely increased ease of access to service.
- About 45% of organizations used the Individual Placement and Support model, 20% used the Get-Choose-Keep model, 15% used the Diversified Placement Approach model, and 15% used the Augmented Education model. Other models used include the Social Enterprise model, Vocational Rehabilitation and Psychosocial Rehabilitation (n=20).
- On average, these V&E services receive 50% of their funding through the Ministry of Health and Long-Term Care (MOHLTC). Other funding sources include the Ministry of Training, Colleges and Universities, the Ministry of Education, the Ministry of Children, Community and Social Services, Service Canada, Ontario Works (OW) and Ontario Disability Support Program (ODSP). Some organizations use sales revenue and other non-grant sources to support these programs, but these data were not captured in this inventory.

QUALITATIVE ANALYSIS

Through the survey and the focus group, AMHO compiled qualitative data. These data were coded into the recurring themes and sub-themes below.

THEME 1: CLIENT PROFILES

Overall, client profiles were described as highly individualized. Client need, support, mental illness, education and employment history varied significantly from person to person. Despite the large range of clients, however, services felt equipped to serve anyone who needed help. Service and support goals were typically based on client backgrounds, needs and strength. Clients were described as facing multiple barriers, such as concurrent disorders and homelessness. Agencies described the importance of their services having a low barrier of entry, in recognition of the barriers clients were already facing and how effective the service would be to their recovery. One social enterprise did mention that generally, their services tend to serve more males, with the median age of about 50. Some organizations prefer to engage with clients part way through the client's recovery path, as life events are more likely to have stabilized.

THEME 2: OUTCOMES

Program outcomes were mostly employment-based outcomes, often determined by requirements from funders (i.e. number of placements, part-time vs full-time work, hours worked, wage, etc.). Data on some demographics were also collected. Psychosocial/mental health outcomes weren't frequently mentioned or reported, and those that did collect data on these outcomes did so internally through qualitative analysis. Outcome measurement tools include the Ontario Perception of Care Tool (OPOC) and Ontario Common Assessment of Need Tool (OCAN). Some organizations had contracted independent assessors to evaluate programs for reports to their boards. Some models like the IPS model incorporate outcome measurements within their structure, but many do not. For social enterprises, outcomes were also measured in quantified productivity, such as number of furniture built, or packages delivered.

THEME 3: BARRIERS AND CHALLENGES

Generally, barriers to services varied from client to client. Issues such as financial constraints, motivation and severity of mental illness were often reported as key barriers service providers observed.

In rural areas, transportation was considered a significant barrier to services. Many clients did not have a driver's license and had difficulty arriving to V&E services as well as arriving to their employment location due to infrequent or impracticable public transit. In more urban settings like Toronto, transportation was not seen as an issue.

In smaller communities, awareness around mental illnesses was more personal, as people in close proximity to each other often hear or know about issues their peers are facing. As a result, disclosure of MHA issues in these communities would happen more often and with better responses than in bigger communities. For example, one provider described an instance where a client was comforted by the fact that the community knew of the client's mental health problems, as the community was understanding and supported each other.

In larger communities, however, focus group participants found that mental illness is still quite stigmatized. Related to this, people with mental illness and criminal records were particularly difficult to place into

employment due to preconceptions around their illness or history. As a result, these people were not given the same opportunities as others.

There was also a perception that, from a public relations perspective, hiring people with developmental disabilities is more desirable compared to hiring people with mental illnesses. This likely comes from employers being wary of conditions they cannot physically observe, as well as fears related to workplace liability issues.

Participants also reported that funders themselves often impose barriers regarding who is eligible for services. Other challenges related to funding requirements included:

- length of service expectations (often a 3-month tight timeline),
- the focus on year-end requirements,
- the lack of nuance/attention paid to the different disabilities/illness
- the lack of knowledge on how V&E programs are delivered (i.e. using “beds” for reporting metric).
- frustration with funders perceived interest in number of job placements instead of retention or quality. Job placements metrics were considered only one aspect of the picture but did not speak to the improved quality of life or work environment clients experienced.

One challenge that all focus group participants faced was managing the different reporting requirements from multiple funders that were seen as either counterintuitive or unnecessary. This created undue administrative burden and did not accurately inform program design.

Alternatively, providers noted that program success should be defined in a way that captures improvements to quality of life and other social determinants of health. Such indicators include sustained job retention, improvement to mental health and addictions problems, reduced social isolation and community involvement.

THEME 4: BILL 148 AND THE EMPLOYMENT STANDARDS ACT

Many of the smaller organizations felt the economic impacts of Bill 148, both regarding their own services and to employment opportunities for clients. What may have been considered above minimum wage pay before Bill 148 may now fall short. Thus, wage parity has created a challenge for services. While Bill 148 aims to protect workers by reducing part-time work incentives and favoring full time work, V&E services believe that many of their clients prefer and thrive in part-time work compared to full time work. As changes take place with the oversight of these programs provincially, this type of work for the MHA population should not be lost.

Organizations have observed an increase of clients needing their services, but overall business are more hesitant to hire due to Bill 148's economic impact. That, coupled with the increase in competition for employment has made it difficult for clients to access employment. For social enterprises, one solution considered was increasing costs of products, but in a competitive market this may not always be a feasible option.

Of those who completed the survey, **60% of organizations were affected by the new Employment Standards Act (ESA) standards, of which 50% were directly impacted by increases to the minimum**

wage. Organizations reported decreasing services by offering fewer client sessions, decreasing operating hours and decreasing administrative resources. Larger organizations, however, reported being less impacted by the new employment standards, stating that clients in their region often look for positions where demand is always constant. This could be a correlation between the size of the organizations (larger, better funded programs may be more equipped to partner and connect with businesses) or this could be correlated to region (larger organizations tend to be located in urban areas, where the availability of jobs is higher).

THEME 5: OPPORTUNITIES

As MHA awareness increased in their area, some service providers reported an increased willingness of employers to partner with V&E services. One consistent way that organizations managed barriers was through partnerships and collaboration. For example, some organizations made partnerships with transportation services within their community to offer rides to work or programs. Another organization collaborated with employers to develop the client's work plan and accommodations. Other organizations have partnered with local colleges, community centers and public libraries to expand educational training provided. All these partnerships focus on increasing client success, which benefits both the client and employer.

While many organizations reported the lack of appropriate funding as a significant barrier, many were able to use revenue from their social enterprise or fee for services to mitigate impacts and add flexibility in funding. Funding flexibility was considered a significant benefit for supporting client needs, particularly in acquiring the appropriate training, education and certifications.

ANALYSIS

As this project progressed, it became increasingly clear that V&E services are far reaching and frequently integrated into other services. Teasing out what services explicitly use V&E models only shows a portion of the wider picture. Case management, social work, peer support, and non-health focused V&E services all play a part in the broader sector. While these services were out of scope for this project, readers should be aware that V&E work is done in many different formats, both formally and informally. The implication is that this report likely underrepresents the vocational and educational work that impacts people with mental health and addiction issues.

While this project had a limited scope, more detailed work on the role of core services in supporting vocational and educational outcomes would be useful, as we know that these services are only able to reach a limited number of those with these needs. For example, further work around gaining provincial clarity on case management, who delivers case management and what case management entails across different providers would broaden the sectors understanding of V&E service delivery.

Related to this, just as the scope of these services is difficult to discern, so too is the quantifiable demand for this work in Ontario. For example, within AMHO's membership, about 11% of members offer vocational services while 33% offer case management². While this may not involve the majority of mental health

² Statistics retrieved from AMHO's internal satisfaction survey, 2017.

services, there is still a consistent demand. The fact that these services are found throughout Ontario and funded in every LHIN indicate that these services are needed in every community.

While the V&E services included in this report generally have strong reporting tools for employment metrics, psychosocial metrics in this sector are lacking. These services operate on V&E research that suggests that vocation impacts mental health, but without the direct program evidence it's difficult to determine the degree of influence. Funders and services should focus on collecting this data systemically, taking note of the models used, the type of employment wanted and attained, how sustainable the client's employment was and the recovery outcomes observed in these programs, beyond employment outcomes such as number of placements.

The economic state of Ontario plays a crucial role in the delivery of these services. The changes to the ESA were created to counteract the growing cost of living and have aided Ontarians by increasing the baseline of a living wage and imposing laws against precarious workplace practices. However, when businesses react to these changes by pushing the cost back to employees, the benefits of these changes is diminished. These costs impact the sector in two ways: 1) it impacts the operational budget of V&E services and, in some cases, their viability and 2) it impacts the career development of clients. These two factors affect one another, as increased operational costs can lead to decreasing services, ultimately leading to higher wait-times, less clients getting linked to job opportunities, leading to decreased quality of life. Funders must be aware of the nature of work that V&E services deliver, and how changes to the employment landscape like Bill 148 have serious implications to the quality of work delivered, including reductions in V&E assigned staff and decreased job availability.

In terms of funding, V&E services for people with MHA issues get most of their funding from MOHLTC. At the same time, funding and reporting requirements were seen as considerable barriers to good service delivery. Ontario's Supportive Employment program has an opportunity to directly improve outcomes for people with MHA problems. If the integration of different government programs into one entity maintains or increases the level of funding provided to these services while streamlining and improving their reporting and funding requirements, this would strengthen V&E services to serve Ontarians more efficiently.

CONCLUSION

V&E services are vital and impactful services in Ontario. These services span across the province and use evidence-based practices to improve the recovery and lives of their clients by connecting them to meaningful work and educational opportunities. From our engagement with this sector, it's clear that service providers believe this work is not only important, but crucial for patient recovery. Key points of this report include:

- Barriers and challenges to service vary between communities, but common issues include transportation for clients, stigma, and funding requirements. Specifically, funding requirements such as beds filled or number of job placements were perceived as not accurately measuring client or program success while shaping services to prioritize simply placing clients into any jobs, rather than placements to quality jobs or sustained employment.
- MOHLTC funds most of these programs inconsistently, typically through LHINs. The data and outcome requirements asked by LHINs to programs should be reviewed to ensure they accurately reflect the work and impact of the services. This review should include service providers.

- The Individual Placement and Support model is the most common model of service used by 45% of organizations.
- Bill 148 has impacted how many organizations work and create partnerships. In particular, the hike in minimum wage likely impacts this sector more than the larger non-profit sector due to the nature of this work being embedded in a competitive workforce.
- Partnerships with business or community services are integral program components that greatly improve service delivery to clients.

APPENDIX A: VOCATIONAL AND EDUCATIONAL MODELS

Below are models of V&E services found in the CAMH and CMHA joint report *Employment and Education for People with Mental Illness* in 2010, along with citations of related research and evidence.

EVIDENCE-BASED PRACTICES

Individual Placement and Support

(Bond, 2004; Becker, Xie, & McHugo, 2006)

The Individual Placement and Support (IPS) model is built around several key principles that have been shown to have the greatest impact on supporting people to find and keep work. The model is based on client choice and initiative. The goal of IPS services is to support people to move into competitive employment as soon as possible and to assist them in finding vocations they want.

IPS is based on eight principles:

- 1) Every person with severe mental illness who wants to work is eligible for IPS supported employment.
- 2) Employment services are integrated with mental health treatment services.
- 3) Competitive employment is the goal.
- 4) Personalized benefits counseling is provided.
- 5) The job search starts soon after a person expresses interest in working.
- 6) Employment specialists systematically develop relationships with employers based upon their client's preferences.
- 7) Job supports are continuous.
- 8) Client preferences are honored.

Between 1996 and 2011, IPS was evaluated in 15 randomized controlled trials, with strong positive outcomes related to employment and mental health. This research has established IPS as the leading evidence-based practice in this field.

Choose-Get-Keep Model

(Rogers, Anthony, & Farkas, 2006)

The Choose-Get-Keep Model (CGK; also referred to as the Boston Psychiatric Rehabilitation Approach) focuses on longer-term employment support and supporting people with mental illness and supporting them in their own process of rehabilitation and recovery as they “choose, get, and keep” employment or other valued goals. There is strong emphasis on prevocational career planning.

The intervention comprises three different phases where the professional and the client together decide:

- 1) a diagnostic phase including a comprehensive assessment of the client's abilities and resources, an assessment of resources in the person's environment, readiness for rehabilitation and ending in an overall self-formulated goal for the rehabilitation
- 2) a planning phase including planning for interventions in order to strengthen skills development and resource development
- 3) an intervention phase focusing on learning and developing of personal skills as well as a resource coordination and modification in order to make it realistic for the client to achieve their goals

In addition to positive impact on competitive employment, evidence suggests the CGK model has a beneficial effect on individual functioning and work skills.

Diversified Placement Approach

(Bond, et al., 2007; Piper, 2008)

The Diversified Placement Approach (DPA) incorporates a stronger focus on pre-vocational work, based on a gradual approach to support people moving along the continuum towards paid (if not competitive) work.

Research suggests greater effectiveness of IPS compared to DPA in improving competitive employment outcomes for individuals with mental illness. IPS participants also reported greater job satisfaction than DPA participants. Paid employment outcomes did not differ among groups and it's hypothesized that DPA would have superior paid employment outcomes.

PROMISING PRACTICES

Social Enterprise

(Mandiberg, 2016; Working for Change, 2018)

Social enterprises are businesses that have a double bottom line combining financial returns with a social mission. Ontario consumer/survivors have played a leading role in the development of social businesses for their community. Other promising aspects of this approach include social hiring programs that proactively recruit and support the employment of members of marginalized communities through partnerships between employers and community-based employment services.

Supported Education

(Wells, 2011; Goodman & Stellar, 2017; Substance Abuse and Mental Health Services Administration, 2011)

Supported education focused on helping people with mental health problems to achieve their education goals by developing their skills through specialized support within the classroom. Students attend programs on mainstream campuses, supported by a combination of mental health services and academic accommodations. There are 8 pillars to supported education:

- 1) Access to an education program with forward progress is the goal

- 2) Eligibility to the program is based on personal choice
- 3) Services begin soon after consumers express interest
- 4) Education services are integrated with treatment
- 5) Individualized services are offered as long as they are needed
- 6) Consumer preferences guide services
- 7) Services are strengths-based and promotes growth and hope
- 8) Recovery is an ongoing process facilitated by meaningful roles

Supported education research has suggests that the program helps people secure and retain competitive employment. Research on the clinical benefits is lacking.

Augmented Education

(George Brown College, 2018; Nandlal, et al., 2009)

Augmented education is a novel strategy that combines elements of both supported employment and supported education. In addition to offering in-classroom accommodations, students can also access job placement and employment supports after they graduate. Research suggests that augmented education helps graduates acquire and sustain competitive employment, with 61 % of graduates being employed a year after and 58 % of graduates being employed two years after completing the program. However, the same research found that the program appears to have little or no effect on clinical functioning.

APPENDIX B: INVENTORY BY LHIN AND ORG

Organization Name	LHIN	Program Description	Model Used	Number of clients served per year
Central East LHIN: 2 Services				
CMHA - Haliburton, Kawartha, Pine Ridge	Central East	Making it Work offers one-to one assistance to help clients find and keep a job that's suited for them. This program specializes in supporting people with mental health concerns, focusing client strengths to ensure they successful at work. Services include but aren't limited to; assistance in the identification of viable work options, assessment of employment readiness and the development of an employment plan, accommodation supports, coordination of supports, coping strategies to overcome barriers to stay well at work, help to prepare for and find meaningful employment and ongoing support to ensure employment is maintained.	N/A	80
Ontario Shores Centre for Mental Health Sciences	Central East	Ontario Shores provides skills training and employment opportunities to help patients enhance their social and job skills. Services include: computer training, supported employment opportunities, resume workshops, simulated work environments, and adult education services.	N/A	N/A

Champlain LHIN: 3 Services				
Causeway Work Centre	Champlain	Causeway is a not-for-profit agency that empowers and supports people with mental illness and other challenges to help them find rewarding work and live more independently. Causeway operates their supported employment programs under the philosophy of the Village or Menu Model. The Village Model, also known as the Integrated Services Model incorporates all the essential services of the recovery model; housing, case management, employment, addictions, etc. At Causeway only the vocational component of this model is used. By offering greater or lesser support depending on someone's needs at any given time, Causeway believes it is possible to keep them employed even during periods of symptomatic onset.	IPS, Job Coach, Supervised community contract placements, self-employment and social enterprise	1184*
CMHA - Ottawa	Champlain	The Vocational Support Services program provides various opportunities for clients living with and recovering from severe to persistent mental illness. These opportunities include: consultation; assessment; development of service plans; referral to internal and external services in employment, education/training, and volunteer opportunities. Model of service is strength based individual placement and support.	IPS	30
Youville Centre	Champlain	Youville Centre is an educational program that helps students obtain credits and their high school diploma, age 14-21 and 21 and over.	N/A	100
Central LHIN: 1 Service				

* Note that Causeway's reported number of clients served was not included in the quantitative analysis as it was considered an outlier.

CMHA - York Region Branch	Central	This program provides service to all individuals who are interested in developing a career path. Individuals will identify and pursue employment related goals, volunteer opportunities, and further education based on their value system, interests and aptitudes. Supports are provided as they are needed in order to assist individuals in exploring, securing and maintaining their choices. Key service components are employment workshops, job coaching, resume writing and job search techniques, and consultations with employment specialists to develop career goals. The program also hosts a resource centre with computers, called the Career Cafe.	N/A	N/A
Central West LHIN: 2 Services				
Friends & Advocates Peel	Central West	At friends & advocates Peel, all training programs focus on the development of communication skills.	Psycho-Social Rehabilitation	40
Services and Housing In the Province (SHIP)	Central West	Social Purpose Enterprise Employment Initiative is staffed by people living with mental health issues. Social Purpose Enterprise includes 3 cafes, a cleaning business, a painting business and a catering business. All businesses provide an opportunity for consumers and youth to have the respect and dignity that is acquired by working and being a part of a successful business. Model of service is employment initiatives.	Social Enterprise	N/A
Erie St. Clair LHIN: 3 Services				
CMHA - Lambton Kent	Erie St. Clair	In this program clients are assessed via the vocational worker for job readiness. They are supported to find jobs, attend	IPS	70

		schooling and supported to get their WHIMIS, safe food handlers cert.		
CMHA - Windsor Essex	Erie St. Clair	Program offers skills development, support in job searching, resume development, job development, employment case management and support, job coaching and peer mentorship.	IPS	80
Mental Health Connections	Erie St. Clair	Program to assist clients to integrate back into the community with gainful employment.	N/A	25
Hamilton, Niagara, Haldimand, Brant LHIN: 4 Services				
CMHA - Brant-Haldimand-Norfolk	Hamilton, Niagara, Haldimand, Brant	<p>Services offered include:</p> <ul style="list-style-type: none"> • Assessment and individual goal-setting to find a job, • Volunteer placement and/or return to school • Development of return-to-work action plans • Resumé writing and interview skills • Education about mental illness and symptom management • Linkage to other community resources • Advocacy with employers or others as requested 	N/A	N/A
Haldimand Norfolk Work Group of Simcoe (HNWGS)	Hamilton, Niagara, Haldimand, Brant	Haldimand Norfolk Work Group of Simcoe (HNWGS) ABEL Enterprises provides skill development and employment opportunities for mental health and addictions consumer/survivors living within Haldimand and Norfolk Counties. Training and employment counselling offered. Model of service is psychosocial rehabilitation.	Social Enterprise	65

St. Joseph's Healthcare Hamilton	Hamilton, Niagara, Haldimand, Brant	This service is comprised of a variety of programs geared to assisting individuals with serious mental illness, both in and out of the hospital, to gain or regain valued roles through evidence-based approaches in psychiatric rehabilitation. Services include: vocational counselling, and Inspiration Place. All programs provide services that assist participants with developing and implementing individualized vocational plans including career planning, goal setting, skill identification, resume preparation, interview techniques, employer education/liaison, training placements on site and with community businesses to learn work skills and gain experience in competitive work environments, return to work plans, supported employment, supported education, identify and negotiate funding resources, identify and negotiate retraining opportunities, job coaching and comprehensive vocational evaluation. Inspiration Place operates under the philosophies of a clubhouse using the "work ordered day" and transitional employment as opportunities for clubhouse members to take an active role in developing and running clubhouse programs, enhancing skills, while expanding their social network.	Psychiatric Rehabilitation	200
True Experience Supportive Housing and Community Work Program	Hamilton, Niagara, Haldimand, Brant	Goals (at True Experience, Dunnville): To provide ongoing, year-round, diversified employment opportunities. To provide realistic vocational training, skills development and employment opportunities for adult persons with serious and persistent mental illness, through hands-on experience. To encourage, facilitate and provide support to adults with serious and persistent mental illness who wish to pursue employment in the private sector (community at large), or who wish to pursue self-employment initiatives.	N/A	40

		<p>Program Activities: The True Experience Community Work Program provides vocational training skills development and employment through the following activities: spring and fall property cleanups; seasonal lawn maintenance; seasonal snow removal; janitorial contracts; piecework (when available), packaging (when available), and sub-assembly (when available). Please visit our web-site www.trueexperience.ca for a tour and more details.</p>		
Mississauga Halton LHIN: 2 Services				
Governing Council of the Salvation Army in Canada, The	Mississauga Halton	<p>Booth Packaging and Supportive Services provides practical work activity and progressive success steps job training in a factory setting. Participants build their work skills and may train and graduate into job assignments in work floor instruction, shipping and receiving, orientation, reception and office clerical. Certifications are available in lift truck operation, health and safety, WHMIS and keyboarding. Individuals progress at their own pace. There are no time limits on participation. Participants receive a base allowance for participation up to \$43.50 per week, plus incentives for job assignments of junior \$10, senior \$20, or associate \$30 per day. Optional activities are available for individual development. These include literacy classes, computer tutorials, ESL classes, social groups, workshops, seminars and events which may vary from time-to-time. Spiritual care programming is also available including Chapel services, Bible study, fellowship and individual counselling from our Chaplain.</p>	N/A	60
STRIDE - Supported Training and Rehabilitation	Mississauga Halton	<p>Employment Connections Program provides individuals with one-to-one assistance to obtain and maintain competitive employment in the community. Youth Employment Program</p>	IPS and CGK	100

in Diverse Environments		addresses the unique employment needs of youth aged 16-24. Worksite Training Program whereby individuals receive support and assistance to develop necessary work skills in a supervised environment. Employment Peer Mentor Program provides a collaborative approach to helping individuals reach their employment goals.		
North East LHIN: 3 Services				
CMHA - Sault Ste. Marie	North East	Transitional Employment: Clubhouse program that promotes time limited employment for program members to introduce/re-introduce them to work. Supported Employment - provide support to individuals to assist with sustaining their independent employment. Supported Education - provide support to individuals who are attending school or to assist with making provisions to participate in education opportunities.	IPS, CGK, Diversified Placement Approach, Supported Education	50
People For Equal Partnership In Mental Health (PEP)	North East	The PEP Employment Centre (PEPEC) provides a free service to persons with barriers to employment and is strictly voluntary and self-directed through Employment Ontario funding. PEPEC offers a hands-on approach to becoming job-ready. Barrier-free design and specialized equipment encourages persons with barriers to employment to be self-serving and independent in preparing themselves to become job-ready.	N/A	N/A
Services de counselling de Hearst, Kapuskasing and Smooth Rock Falls	North East	Employment support includes skills development, on-the-job skills training, job coaching and supports to sustaining employment. Model of service is vocational rehabilitation.	Vocational rehabilitation	N/A

Counselling Services				
North Simcoe Muskoka LHIN: 2 Services				
Waypoint Centre for Mental Health Care	North Simcoe Muskoka	Career Connections is a job readiness/preparation service that supports persons with serious mental illness to obtain and keep competitive employment. Model of service is recovery and psychosocial rehabilitation.	Psychosocial rehabilitation	30
Wendat Community Programs	North Simcoe Muskoka	Employment opportunities exist for persons with a mental illness to be hired on staff as recreation workers. These positions are within Wendat's clubhouse program and preference in hiring is given to existing club members. Model of services is psychosocial rehabilitation.	Model of service is recovery and psychosocial rehabilitation	11
North West LHIN: 3 Services				
CMHA - Kenora	North West	Offers vocational screening, job path workshop, resume development and job search	Job Coaching, IPS, CGK, Assertive Community Treatment, Supported Education	N/A
CMHA - Thunder Bay	North West	The New Foundations program is one of many service programs delivered to the community through Canadian Mental Health Association. New Foundations is a structured day program that offers a range of supports in employment, education, social rehabilitation, housing, advocacy and brief case management for people with mental health issues, in order for them to achieve recovery in every aspect of their living. New Foundations reflects a community where people are empowered to achieve healthy	IPS, CGK	10

		and meaningful lives. New Foundations follows a psycho social rehabilitation model based on living, learning, working, and social components, and transitional employment placements follow this model of recovery. Paid employment placements are offered in collaboration with the business community, and are designed to be the first step back to independent employment for individuals actively participating in the program. The Transitional Employment program offers life skills, pre employment, and work readiness group training sessions throughout the year where participants learn skills at their own pace, and gain confidence and self worth. Staff support is provided throughout the training program and placement.		
St. Joseph's Care Group	North West	Guided by the principles and values of psychosocial rehabilitation this unique program integrates a social enterprise within the overall comprehensive vocational programs that provide clients the opportunity to engage in work quickly, as well as explore employment, productivity and educational pursuits in the community. The supports and services offered are: development of an individualized vocational treatment plan that connects the client to the clinical and community support required to meet his or her employment/productivity/educational goal; employment counselling; situational assessment and work placements in a supported work site; ongoing job coaching and job maintenance; community job development and placement supports; opportunities for membership in the social enterprise; opportunity to progress through a continuum of individualized services and supports.	Psychosocial rehabilitation, Social Enterprise	100
South East LHIN: 3 Services				

Addiction & Mental Health Services - Kingston Frontenac Lennox & Addington (AMHS - KFLA)	South East	This program provides comprehensive support to reduce barriers of employment for individuals coping a mental illness or addiction. This program offers: counselling; support with mental health and addictions; Ready Set Go Program (a motivational and skill enhancement program); job development; job retention support; supported education; Friendship Enterprise (an agency business); and is an ODSP Employment Support service provider.	N/A	200
Lanark, Leeds and Grenville Addictions and Mental Health	South East	Working from a recovery perspective and part of a multidisciplinary team, vocational workers in partnership with the client will develop a client vocational/educational goal plan that is based on skill assessment, goodness of fit, vocational interest, personality and level of wellness. The program will work with clients who have indicated an interest in vocational opportunities and support them to find meaningful life experience through gainful employment and/or meaningful community involvement. Priority population will be the serious mentally ill who have indicated vocational/educational opportunities as part of their recovery plan of care. Model of service is recovery.	Recovery	50
Providence Care	South East	Providence Care offers vocational rehabilitation to individuals with severe mental illness who are working toward vocational goals such as competitive employment, volunteer work, and education. Vocational support is provided by staff assigned to various interdisciplinary teams across the Adult Treatment & Rehabilitation Services Program and the Forensic Psychiatry Program. Staff works with clients to develop an individualized vocational plan based on the person's goals and overall rehabilitation plan. An individual placement and support approach helps clients gain employment in a competitive work	Vocational rehabilitation, IPS	20

		environment. Assessment and training are provided. Individuals are carefully matched with employers or volunteer opportunities and supported in their endeavors. Model of service is Individual Placement and Support.		
South West LHIN: 3 Services				
CMHA - Elgin Branch	South West	Provide education within the community with topics of interest that will help strengthen skills of individuals to gain meaningful competitive employment. As well as opportunities for skill development in all domains of living (self, vocation, family, community) means improved daily functioning. Individual program plans with personal goals towards healthy living, relapse prevention, coping skill development, community integration, life skill development and healthy interpersonal relationships. Each individual is followed by a Community Employment Organizer who will assist in the planning, motivating, and evaluation of member goals.	N/A	30
CMHA - Middlesex	South West	Social enterprise employing people with mental health issues. CMHA Middlesex operates a junk removal company and cleaning service, while also delivering furniture packages to those in need in the community	Social Enterprise	10
Crest Support Services	South West	On-site employment and vocational training options include: bake shop, lawn maintenance, and greenhouse. Off-site options include lawn care, snow removal, and house cleaning. Recreation, life skills, and education opportunities are facilitated; capacity varies with amount of support required. Model of service is psychosocial rehabilitation.	Psychosocial rehabilitation	80

Toronto Central LHIN: 6 Services				
CMHA - Toronto	Toronto Central	All services through our employment programs are the same, regardless of how a participant comes into the program. The services listed above are based on funders ODSP, SC and the LHIN. Our goal is to help our participants find and maintain meaningful and competitive employment. All participants receive services such as resume creation, job coaching, interview prep and the employment support worker will job develop for each client based on their employment choice.	Job Coaching, IPS, CGK, Diversified Placement Approach,	100
George Brown College	Toronto Central	Transitions to Post-Secondary Education is a supported education, three-semester program for individuals who identify with mental health and/or addiction challenges as barriers to further education and/or employment. The program provides students with the opportunity to assess new pathways to academic and employment success. Courses offered in the program focus on helping students develop new strategies and skills, set realistic goals, create career plans, and understand and address individual challenges to employment, academic, and interpersonal success. Students develop greater self-awareness and self-confidence through courses such as Life Skills and Community Engagement. Courses such as Student Success Strategies, College English, and Speaking with Confidence help students gain skills in time management and organization, essay writing, and presentations. In Career and Life Transitions, students engage in vocational exploration to help determine their interests and strengths, carry out occupational research, set goals, and develop an understanding of workplace accommodations. Woven throughout the program is an emphasis on communication, problem-solving, self-	Supported Education	140

		management, goal setting, and interpersonal skills. Students can focus on individual improvement through work with individual counsellors. Upon completing the program, students will be able to demonstrate gains in interpersonal skills, use strategies to address barriers to education and employment, apply skills learned in the program to other social, educational, and vocational contexts, articulate future plans for further post-secondary study and/or employment, and develop a skills portfolio that will assist in transitions to other post-secondary programs and/or employment settings.		
Opportunity for Advancement	Toronto Central	The Women's Employment Development program is designed to give women on social assistance the tools they need to make the successful transition from welfare to work. This program provides ongoing bridging support for women moving from welfare to self-sufficiency. This is a full time, six-week program focusing on job search skills, career assessment, communication skills, work/training expectations, and information on training and education programs. This program is open to women receiving social assistance. Free childcare and transit fare are provided.	N/A	15
Parkdale Activity - Recreation Centre (PARC), The	Toronto Central	The drop-in program includes two employment facilitators on staff to support members in identifying employment goals.	N/A	100
Trinity Square Cafe	Toronto Central	Trinity Square Cafe provides a work orientation and training program so that people living with mental health issues can maintain or develop employability skills within a small business, cafe environment. This program believes in the potential of people in recovery to contribute productively to their	N/A	45

		communities. The Cafe enables active social participation and concrete skills development in a transitional work environment.		
Turning Point Youth Services	Toronto Central	The YITW's focus is to help youth develop and pursue their goals, and support them to identify, access, and navigate adult service systems relevant to their specific needs. The YITW will also help youth to connect to existing supports and resources within their communities including housing supports, education resources, employment services and training, life skills training (i.e. financial management, household management), health and mental health services, and legal services. The YITW will meet with youth in the community in a location most accessible to the youth. The worker is also accessible via cell phone, through texting and email.	N/A	N/A
Waterloo Wellington LHIN: 1 Services				
CMHA - Waterloo Wellington	Waterloo Wellington	<p>Service 1 - service for persons with disabilities, including but not limited to mental health. Funded by Employment Ontario; provides full range of employment services: needs assessment, employment/career planning, supported job search. Can facilitate Second Career funded training.</p> <p>Service 2 - internal service housed within support coordination for individuals with mental health diagnoses. Planning and job search supports.</p>	IPS	80

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