Research on Information Sharing Between Work Support Agencies and Psychiatric Medical Institutions for Effective Work Support

(Research Report No.146) Summary

[Keywords]

Information sharing, collaboration, diffusion method, tool, support for settling into the workplace, field survey

[Points for Practical Purpose]

Methods for disseminating know-how on information sharing between employment support agencies and medical institutions etc. for effective employment support are introduced, and will serve as a reference for planning and implementation for training, etc. that promotes inter-agency collaboration. In addition, the developed "information sharing sheet" enables the person to visualize their situation and share the information with related parties, facilitating communication that leads to appropriate self-care, line care, and external specialized care, and is expected to contribute to the continuation of vocational life.

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2. Research Period

FY2017 to 2018

3. Composition of the Research Report

Section 1: Purpose and Method

    Chapter 1: Purpose

    Chapter 2: Method

Section 2: Results and Study of the Field Survey Approach

    Chapter 1: Result of Field Survey Approach

    Chapter 2: Study of the Field Survey Approach

Section 3: Results and Study on Development of Tools Related to Information Sharing

    Chapter 1: Development of Information Sharing Sheet

    Chapter 2: Examination Related to "Opinion of the Primary Doctor"

Supplement: Examination of the way of Intervention Research

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4. Background and Purpose of Research

Support agencies shall not provide support regardless of the treatment that the psychiatric medical institution (hereinafter referred to as "medical institution") [1] performs, but rather are necessary to support by consciously sharing information and collaborating with medical institutions. Therefore, at the National Institute of Vocational Rehabilitation, the "Information Exchange Manual Between Work support and Psychiatric Care", a manual that collects and organizes viewpoints and methods that contribute to information sharing between support agencies and medical institutions, was created in 2017. However, it is not clear whether

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1 The term "support agency" was used as a general term for support agencies for medical institutions, including not only public employment security offices prescribed in the Act on Employment Promotion etc. of Persons with Disabilities, local vocational centers for persons with disabilities, employment and life support centers for persons with disabilities, work transition support providers and work continuation support providers of employment support services regulated by the Services and Supports for Persons with Disabilities Act, and disabled employment support centers established by the local entities, but also including life support organizations such as local activity support centers and educational institutions such as special needs schools.

information sharing and collaboration between support agencies and medical institutions will be facilitated by distributing such manuals to relevant agencies. In this research, we examined whether it could promote information sharing and collaboration between support agencies and medical institutions by implementing efforts to disseminate the viewpoints and methods presented in the manual in multiple regions.

At the same time, we developed an information sharing sheet where the person with the disability can visualize their situation and share the information with the concerned persons to facilitate communication between them, connect with proper self-care, line care, and external professional care, and contribute to the continuation of stable vocational life. The information sharing sheet is a tool in which persons who are unaware of changes in their physical condition, and work performance is affected by their physical condition, can "visualize" their own situation, and share those information to places such as support agencies, medical institutions, and company officials, in order to lead to early self-care, corporate line care, support from support agencies, and treatment at medical institutions.

In addition, in response to the points noted by multiple psychiatrists regarding the "Opinion of the Primary Doctor" in the previous research that "items such as ones that require a detailed description related to employment are difficult to input from the specialized field of doctors", we prepared a "Research Version Opinion of the Primary Doctor etc." in which some formats were changed. This document was tested by select public employment security offices, and the results were analyzed.

5. Research Method

(1) Expert Consultation

A. Research Committee

In order to discuss the development of the information sharing sheet, the ideal way of disseminating the know-how to promote information sharing effectively, and the "Opinion of the Primary Doctor", a committee consisting of a person with mental disability, a university professor involved in disseminating existing information sharing tools, a clinical psychologist who belongs to both a medical institution and a support agency, a corporate personnel in the human resources department who is active in hiring mentally disabled people, and three psychiatrists was established. The "existing information sharing tool" refers to tools that aim to contribute to the settling into the workplace by making the person with a disability visualize their situation and share the information with related persons, like the information sharing sheet. (Ex: SPIS, K-STEP).

B. Tool Review Committee

In order to collect information that contributes to the development of the information sharing

sheet and to discuss how to use and disseminate the information sharing tool, a group consisting of developers of existing information sharing tools and corporate personnel in the human resources department with experience in using information sharing tools was established.

(2) Field Survey

In order to consider the development of information sharing tools and methods for effectively disseminating viewpoints and skills that promote information sharing, we conducted the following activities, such as training courses, in four public employment security office jurisdictions across the country, and grasped changes in the information sharing behavior of research collaborators (hereinafter referred to as "information sharing behavior") and the tool usage situation.

A. Training Course

The researcher took about 90 minutes to explain the findings from previous research and describe the tools for sharing information. The implementation period was from July to September 2017, and as a general principle, it was held once in the afternoon and once at night of the same day to make it easy for many people to participate. The course consisted of topics such as "the necessity of information sharing and collaboration between work support and psychiatric care," "the prerequisites of information sharing and collaboration," "the challenges of information sharing and collaboration," "what support agencies should keep in mind for efficient information sharing and collaboration," and "the effective use of tools to share information."

B. Panel Discussion

In order to promote information sharing and collaboration on the actual site, it is not successful if only the principle theory explained in the training course is utilized, and it is necessary to share information and collaborate specifically based on the local circumstances. Therefore, we asked the support agencies and medical institutions of the survey area to point out the current situation and issues of information sharing, and conducted panel discussions within about one week of the training course so that the participants could share the regional circumstances (60- 70 minutes).

The number of speakers in each field survey area was 3 to 5. In addition to the support workers and medical workers, speakers included company officials in some areas. The moderator was conducted by the researcher. Each speaker spoke for about 10 to 15 minutes about their current state of information sharing and collaboration between support agencies and medical institutions viewed from the speaker's point of view, and things they are devising

regarding information sharing and collaboration. After the presentation, a 10-15 minute question and answer session were made between the speakers and between the listeners and the speakers.

C. Group Work

   A discussion in groups of 5 to 6 people was done regarding the current situation and challenges of the area, and measures to resolve the challenges. In consideration of the fact that there are many support workers who hesitate to communicate with medical institutions, we considered for the groups to be composed of support workers and medical workers upon grouping. In addition, general discussions were conducted after the group discussions in order to share the contents discussed in the group among all the participants. The researcher moderated the progress of the general discussion. Group work was conducted on the same day after the panel discussion (100 to 110 minutes).

D. Following Up

  Approximately three months later and one year after the group work was finished, we confirmed the situation and change of information sharing and collaboration in each area, the implementation status of efforts discussed in the group work, measures to be taken (implemented) if efforts have not been fully completed (implemented), and about the use situation of various tools (including "Research Version Opinion of the Primary Doctor etc.") introduced in training course. The follow up took about 120 minutes and was moderated by researchers.

E. Setting Advisers

   It is often difficult for people in other fields to understand what is common sense for a person concerned in a specific area, such as the support worker not understanding the structure and circumstances of the medical institution, and the medical worker not understanding the structure and circumstances of the support organization. As this may be one of the obstacles to information sharing and collaboration, a person who consults/advises when there is something unknown when promoting collaboration between a support organization and a medical institution (hereinafter referred to as "adviser") was selected from both support agencies and medical institutions in the field survey area, and we made it possible for those who agreed to cooperate in the field survey (hereinafter referred to as "research collaborators") to be able to consult.

  The number of medical workers to advise the support agencies were three PSWs and one nurse, four people in total, one in each survey area. The support workers to advise medical institutions were a total of six, including four public employment security office staff and two staff at the local vocational centers for persons with disabilities, and one or two were assigned to each survey area. All but one adviser were research collaborators. In addition, the adviser

who was not a research collaborator also participated in both follow-ups.

F. Questionnaire Survey

  Questionnaire surveys were conducted with research collaborators as targets. Regarding the questionnaire survey, the first survey was conducted immediately after the implementation of panel discussions and group work, the second survey approximately half a year after the implementation of the first survey, and the third survey in September of the year following the first survey. The response rate was 77% in the first survey, 67% in the second survey, and 59% in the third survey.

  In the questionnaire, we asked points such as the evaluation for each field survey approach, the implementation frequency of information sharing behavior, information sharing behavior that was difficult to implement or did not improve even if implemented and its background, experience of using the various tools to share information which were introduced in the training course, and the impact of personnel changes on information sharing and collaboration, and their countermeasures and preventive measures.

G. Interview Survey

  Interview surveys were conducted at 10 support agencies and 7 medical institutions in order to confirm the details of the survey responses, and to grasp the specific use status of various tools and the field survey opinions.

(3) Questionnaire surveys and interview surveys other than field surveys

  When the Ministry of Health, Labour and Welfare (MHLW) invited participants for the trial implementation of the information sharing sheet to 60 employment and life support centers for persons with disabilities throughout the country who have staff in charge of mentally disabled people, 31 requested for trial implementation. In order to grasp the results of this trial, we conducted a questionnaire survey to the employment and life support centers that conducted the implementation. Also, among the attendees of job coach training conducted at the National Institute of Vocational Rehabilitation, the same survey was conducted to 42 people (30 corporate associates, 11 support workers, 1 medical worker) who requested for digital information on the information sharing sheet and agreed for the research staff to confirm the usage status.

  Furthermore, from among the employment and life support centers that responded to the questionnaire, to the nine employment and life support centers, six people with mental disorders (including developmental disorders) who actually used the sheet, and three companies that employ those people whose consent was obtained, an interview survey was conducted on the usability of the information sharing sheet.

  Other than the above, we also conducted a questionnaire survey by utilizing an opportunity to

conduct a similar training course outside the field survey, to find out whether taking a course changes the impression about the difficulty of implementing information sharing behavior.

6. Summarized Results of the Study

(1) Verification of Approach Effectiveness

A. Participants and Research Collaborators for each Approach

The number of participants in each approach and the number of research collaborators is shown in the table on the next page. "Others" include company personnel and those related to organizations of persons with disabilities.

B. Subjective Evaluation of Research Collaborators Regarding Efforts

The percentage of respondents who chose "very effective" or "somewhat effective" upon asked when asked how effective the field site survey approach was in promoting information sharing and collaboration by questionnaire survey were training course 98% (of which very effective 45%. The same applies below), panel discussion 91% (34%), group work 88% (41%), and follow-up 73% (51%). Also, 72% of the support workers and 67% of the health workers said that there "was some change in information sharing and collaboration" by participating in the field survey.

Table: Number of Participants in Each Field Survey and Number of Research Collaborators

Institution Type	Training Course	Panel Discussion and Group Work	Follow-up (1st)	Follow-up (2nd)	Research Collaborator
Support Agencies	113 (88)	67 (55)	30 (24)	27 (23)	57 (45)
Medical Institutions	33 (23)	18 (16)	9 (8)	8 (8)	17 (16)
Others	18 (10)	12 (8)	1 (1)	0 (0)	-
Total	164 (121)	97 (79)	40 (33)	35 (31)	74 (61)

Inside the () is the number of institutions

C. Impact of Approach on Information Sharing Behavior

Upon grasping the information sharing behavior prior to participating in approaches such as training courses and after participating by questionnaire survey, we found that the support workers performed information sharing behavior such as "acknowledgment from the concerned person," "pre-contact by document," and "discussion at the time of the problem" significantly more after participation than before participation (figure).

It is noted that for health care workers, due to reasons including the lack of samples, there was no statistically significant change.
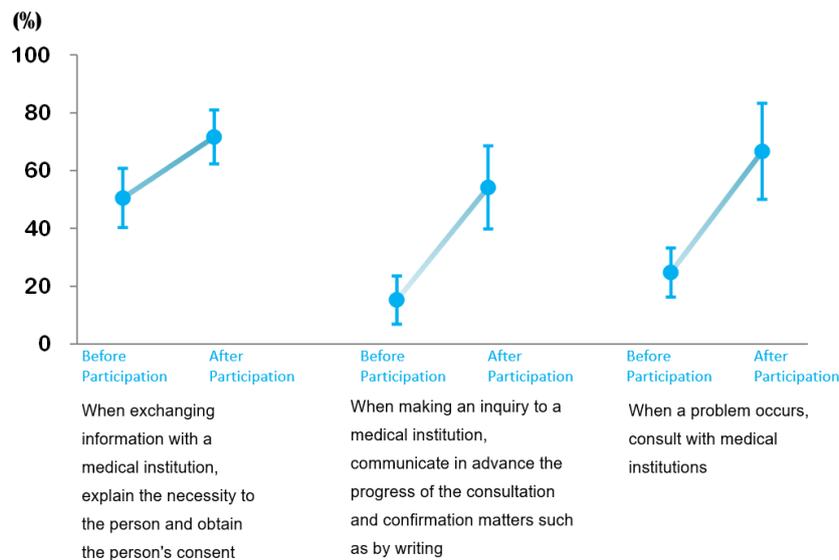
(%)
100
80
60
40
20
0

| Before Participation | After Participation | Before Participation | After Participation | Before Participation | After Participation |

When exchanging information with a medical institution, explain the necessity to the person and obtain the person's consent

When making an inquiry to a medical institution, communicate in advance the progress of the consultation and confirmation matters such as by writing

When a problem occurs, consult with medical institutions

Figure: Change of Support Worker's Action Through Participation in the Approach (Bar Shows Standard Error)

D. Usage Situation of Advisers

There was only one usage of the adviser. However, in the follow-up, we grasped the needs such as "It would be good if there was a mechanism to be able to receive advice when I had a question on the doctor's opinion or treatment policy".

E. Approaches of Each Field Survey Area

In group work, "the absence of guidelines on information sharing" and "(the information of the support agency/medical institution are) not reaching the other party, not coming through, and (both) cannot see each other's faces" were considered as challenges, and "to base on the viewpoint and know-how indicated in the training course" and "create an opportunity to provide information and create a visible relationship" were considered as countermeasures. Based on the measures, in one region, approaches such as where public employment security office staff members request doctors to explain the current state of work support and request collaboration with support agencies at a general meeting of the psychiatrists association, and distribute the brochure of transition support establishments created by organizations such as the public employment security office were implemented.

(2) Results and Study upon Development of the Information Sharing Sheet

A. Discussion on Integration of Information Sharing Tools

During the process of developing the information sharing sheet, the integration of various information sharing tools to contribute to the settling into the workplace became an agenda for consideration. Through discussing with the developer of the existing information sharing tools within people such as the tool study group, it was possible to clarify the common points of the

information sharing tool, the points to be noted upon use and the points to be noted upon promoting the usage.

<Common points of various information sharing tools and points to be noted upon use>

Common points are that it is a "tool with an objective to have the person with the disability themselves to visualize their own situation, and share the information to support agencies and company officials to obtain smooth communication between concerned parties, and lead to appropriate self-care, line care, and support from specialized agencies at an early stage" for the continuation of stable vocational life of people with mental disorders.

Also, since the information to be shared changes depending on the person with the disability and situation of such as the company and supporters, it is important not to consider which existing tools are better, but to consider individually "when and what information should be shared and how to share information."

<Points to be noted upon promoting the usage of the information sharing tool>

The points to be noted should be clarified from operational terms, especially from failure cases. In those cases, it is necessary to explain what should be noted and devised, such as the following: "Upon using the tool, the purpose of why the information will be shared will be shared among the parties and the person with the disability, and then appropriate methods will be adopted to achieve the purpose." "Because the information to be shared changes depending on the person with the disability and situation of such as the company and supporters, consider when and what information should be shared and how to share information, and adapt the tools to people and situations." "Even after adopting a certain method, monitor whether the method is functioning properly and change the information sharing method as needed if the situation changes." In addition, since there are many points in common with each tool in terms of basic viewpoints and points of caution upon using the tools, it may be possible to integrate training contents as needed.

B. Information Sharing Sheet

When we grasped the use effect for 32 cases in which the information sharing sheet was used for more than one month, supporters reported a positive effect on the use.

<Proportion of support workers who realized the following effects>

● The supporter became conscious of the person's self-care upon supporting: **100%**

● The person with disabilities became conscious of their own condition: **97%**

● The person with disabilities became able to take necessary coping actions: **72%**

● It led to the support and consideration of the concerned people (other than the answering agency): **72%**

In addition, through the interviews with support workers, the persons with disabilities, and corporate associates who used the sheet, we were able to grasp the effects of using the sheet.

C. Research Version Opinion of the Primary Doctor etc.

Upon trial usage of the "Research Version Opinion of the Primary Doctor etc." in the field survey, 8 out of 15 public employment security office staff who cooperated in the interview survey clearly stated that "the research version is preferable" and stated reasons such as "I can understand the background of the written opinion," "I can understand the specific situation of the person," "When there are unclear points in the written opinion, it is easy to contact the medical institution". 3 out of the 7 remaining people also said that they will base on the research version, such as "insert the elements of the current version based on the research version". Of the remaining 4, 3 people said "either is workable", and 1 said, "the current version is preferable, but will include the elements of the research version in the current version." On the other hand, in interviews with six medical workers, all answered that the research version was preferable. From these results, it can be seen that the effects of the research version used in the field survey and the possibility of using it in the public employment security office were sufficient.

(3) Future Prospects

The results obtained suggest that the approaches implemented in this study improve the feasibility of information sharing behavior and collaboration. Under ordinary circumstances, regional support networks cannot be formed in a top-down fashion by visiting an area where researchers of the National Institute of Vocational Rehabilitation have no regular relationship. Based on the approach of this research, it is expected that support networks will be formed for employment support and psychiatric care with a bottom-up approach centralized by institutions expected to create regional networks, such as stakeholders familiar with the regional circumstances, employment and life support centers for persons with disabilities, and local vocational centers for persons with disabilities.

In addition, although we developed the information sharing sheet to contribute to the settling into the workplace for "effective employment support", the operational skills of the information sharing sheet have not been accumulated. In order to use the sheet effectively, it is desirable to collect and accumulate use cases and operational ideas of the sheet and reflect them in guidance and training to lead to "effective work support".

7. Related Research Achievement Results

Research on effective information exchange between employment support institutions and psychiatric medical institutions, material series No. 96, 2017

Information exchange manual of employment support and psychiatric medical care, 2017

Guide to Using the Information Sharing Sheet, 2019