

**Research Related to Current Status and Problem of
Employment Support at Employment Support
Institutions to Persons with Disabilities who are Highly
Difficult to Get Employed**

-Mainly for Mental Disability and intractable diseases-

(Research Reports No. 122) Summary

[Keywords]

Work supports in health and medical institutions, Support for good balance between disease management and working life, Cooperation between medical treatment and labor

[Usage of this report]

The influence of social system on the difficulties in employment of persons with disabilities is as important as those of the persons themselves and employers. Particularly for Mental Disability and intractable diseases, social system for the support for compatibility between medical treatment and work has not been developed yet. This research organized the results of the surveys targeting various institutions and experts of the both fields, on their recognition of employment problems, measures taken, status of cooperation, and recognition of their roles, and the effects of various measures. These results are to be used for future consideration of their role-sharing and cooperation.

April 2014

**Japan Organization for Employment of the Elderly, Persons with Disabilities
and Job Seekers. (JEED)**

NATIONAL INSTITUTE OF VOCATIONAL REHABILITATION

1 Authors (in the order of chapters that they wrote)

Haruna Yuichiro (Senior Researcher, Research Group on Support for Social Support, National Institute of Vocational Rehabilitation)

2 Research Period

FY2011toFY2013

3 Composition of the research report

Chapter 1: Purpose and Method of Research

Chapter 2: Cooperation in work supports for persons with Mental Disability

Chapter 3: Cooperation in work supports for intractable disease patients

Chapter 4: Overall considerations

Materials at the end of report

4 Background and Purpose of Research

The number of persons with Mental Disability (including those with Higher Brain Dysfunction and with Developmental Disability) and intractable disease patients, etc. having serious difficulties in employment through the Public Employment Security Office, etc. is rapidly increasing. Focusing on social system supporting the local employment of persons with disabilities, this research aims to reveal the actual status of those serious difficulties in community work supports and to examine effective role-sharing and cooperation of the related institutions.

The role-sharing and cooperation between health/medical field, etc. and labor field to accomplish "supports for good balance between disease management and work" is a major problem in the social system, especially for work supports to Mental Disability and intractable diseases, apart from the conventional rehabilitation and work supports starting "after the disease is cured".

5 Method

The status and issues in work supports, local cooperation in the health and medical field and labor field concerning Mental Disability and intractable diseases were studied through examination of the research committee representing the both fields, literature survey, and questionnaire survey on related institutions/professionals in the both fields.

(1) Research committee

At the research committee, concerned persons discussed the establishment of the common understanding for the work supports among related institutions and professions in the fields of health and medical and labor concerning Mental Disability and intractable diseases.

- Research committee on actual status of work supports for persons with Mental Disability at medical institutions (FY2011)
- Research committee on actual status of work supports for the persons with intractable diseases at medical institutions, etc. (FY2012)

(2) Literature survey

International and domestic literature consistently supports "work support integrated with medical treatment" as the effective work support to persons with Mental Disability, of which empirical studies have been accumulated.

(3) Questionnaire survey on related institutions and professionals

Health and medical institutions (for psychiatry and intractable diseases) and employment support institutions have been selected as our target institutions for survey in both fields. Regarding professionals, especially in the health and medical treatment field, most of staff is engaged in "work supports" informally. Therefore, specific professional were verified through their answers as "Main staff who are actually in charge of consultation, support and treatment concerning good balance between working life and disease management of patients."

a. Target institutions and professionals for the survey

Answers were obtained from 859 psychiatric medical institutions (response rate was 19.5%), 1,134 health and medical institutions (response rate was 34.0%). From labor-related institutions, 1,153 staff were in charge of Mental Disability (response rate was 58.0%) and 1,053 staff were in charge of intractable diseases (response rate was 53.0%).

(a) Psychiatric medical institutions, professions

All hospitals, clinics, and Mental Health and Welfare Centers were the targets of surveys as psychiatric medical treatment institutions, and answers were obtained from "Psychiatrist (n=197)," "Doctors for epilepsy (n=68)," "PSW (Psychiatric Social Worker (n=436)," and "Psychological/medical specialists (n=138)."

(b) Health and medical institutions, professionals related to intractable diseases

All hospitals, clinics, health centers, consulting and support centers for intractable diseases which deal with the treatment, medical treatment, life support for diseases designated by the government as intractable diseases were the targets of surveys as health and medical institutions related to intractable diseases. Answers were obtained from "Medical doctors in medical institutions (consulting with intractable disease patients about work) (n=301)," "Medical Social Workers (MSW) etc. of medical institutions (consulting with intractable disease patients about work) (n=259)," "Health-care centers (n=297)," "Intractable Diseases Support Centers (n=37)," and "Others (answers from departments of medical institutions without consulting with intractable disease patients about work) (n=452).

(c) Labor-related institutions

Labor institutions were surveyed among all Public Employment Security Offices, vocational rehabilitation centers, Employment and Life Support centers for Persons with disabilities, and sample of Work Transition Support Providers, and employment support institutions of local governments. Answers were obtained from staffs in charge of support to persons with Mental Disability and intractable disease patients.

- 1) Answers from staffs in charge of support to persons with Mental Disability: "Public Employment Security Office (n=407)," "vocational rehabilitation centers for persons with disabilities (n=39)," "Employment and Life Support centers for Persons with disabilities (n=175)," "Work Transition Support Providers (n=479)," "Employment support institutions of local governments (n=52)."
- 2) Answers from staffs in charge of support to intractable disease patients: "Public Employment Security Office (n=403)," "vocational rehabilitation centers for persons with disabilities (n=38)," "Employment and Life Support centers for Persons with disabilities (n=167)," "Work Transition Support Providers (n=395)," "Employment support institutions of local governments (n=47)."

b. Contents of questionnaire and analysis

The contents of the questionnaires were organized in order to compare the recognition of problems and status of measures taken among various institutions and professionals, between the health and medical field and labor field, and between Mental Disability and intractable diseases. We also made it possible to analyze effectiveness of each measure by structurally grasping relationship between the recognized problems and measures taken.

(a) Recognition of work problems

The recognition of work problems and their solvability of Mental Disability and intractable diseases were surveyed according to the various phases of working life before and after employment. Common contents were asked for all institutions and professionals in the both fields; "Acquiring the image of work," "Job finding," "Explanation of diseases, etc., to companies," "Disease management after employment," "Performance of work," "Continuation of employment," "Human relationships at workplaces," "Satisfaction of treatment". Work problems and their solvability were grasped by asking if "having many problems left unsolved," "having problems almost solved," "few problems," or "problems not grasped."

(b) Grasp of broad meaning of "work supports" which is common in the health and medical field and labor field

We broadly defined "work supports" commonly understandable in the health and medical field and labor field concerning Mental Disability and intractable diseases as "Supports for good balance between disease management and working life", and the broad contents of measures and role recognition were asked in each institution and profession in the both fields (Figure 1).

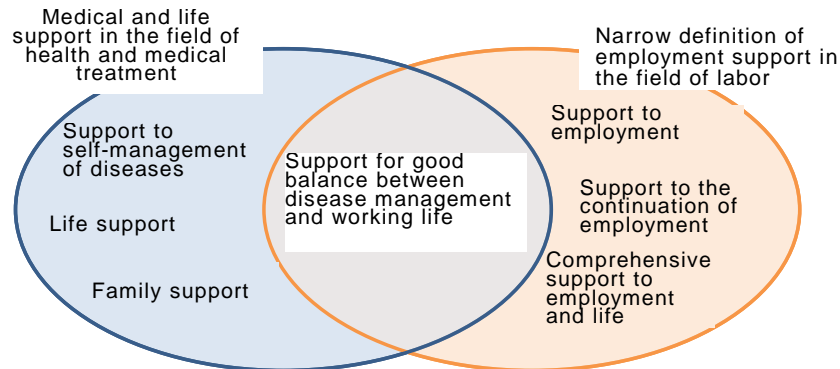


Figure 1 Conceptual figure of "Support for good balance between disease management and working life" as a common problem in the field of health and medical, and labor

(c) Analysis on the relationships between status of various measures and status of problems recognized

We analyzed whether or not the recognition of solvability of employment problems differs according to the particular measures taken. Basically, with the following cross table, we evaluated the relationships between each measure and problem recognized in risk ratio (ratio of occurrence of problems with or without measures = $\{a/(a+b)\}/\{c/(c+d)\}$) and odds ratio $((a/b)/(c/d))$ (Table 1).

Table 1. Binarization of solvability of "Recognition of employment problems" and various measures, etc. in cross table

		Recognized solvability of "Difficulties in work"	
		1 (There are a lot of unsolved problems)	0 (Problems can be solved in most cases)
Various measures, etc.	1 (Measures are taken)	a	b
	0 (No measures)	c	d

When risk ratio was less than one and significance probability was less than five percent according to Fisher's exact test, we could find the relationships that the solvability improved when certain measure were taken. On the other hand, when it was more than one, we interpreted that as "Though the measures were often taken in the situation with a lot of problems recognized, they were not effective."

We also specified a set of "measures" which had strong statistic relationship with each "problem" in phases of working life, according to logistic regression analysis by stepwise method regarding "problem" as dependent variables, and various "measures" as independent variables (covariants).

6 Results of research

Recognized problems, measures taken, role recognition, and effect of supports for "good balance between disease management and working life" differed widely among medical or labor institutions and professionals, which raised needs to organize role-sharing and cooperation of each institution and professional in future. Overall, mental health institutions/professionals strongly recognized work problems, and have taken many measures.

On the other hand, the recognition and taking measures were limited in only institutions/professionals which had opportunity of consultation about work with patients for intractable diseases.

(1) Problem recognized and measures for persons with Mental Disability in the both fields

The analysis revealed how various institutions and professionals in the both fields exert their specialty, role-sharing, and cooperation to improve solvability of problem in "good balance between disease management and working life" of persons with Mental Disability.

a. Problems recognized for persons with Mental Disability

Labor institutions, psychiatric institutions/professionals have common recognition that persons with Mental Disability have difficulties in various work phases. Overall, labor institutions recognized more solvability than psychiatric institutions/professionals. And the problems after employment are recognized as more difficult to be solved in the both fields.

b. Status of measures for "good balance between disease management and working life" in the both fields

In the both field of medical and labor, status of measures for "good balance between disease management and working life" in persons with Mental Disability differs largely even if cooperative measures are taken into account. The specialty of both fields was reflected on such difference (Figure 2).

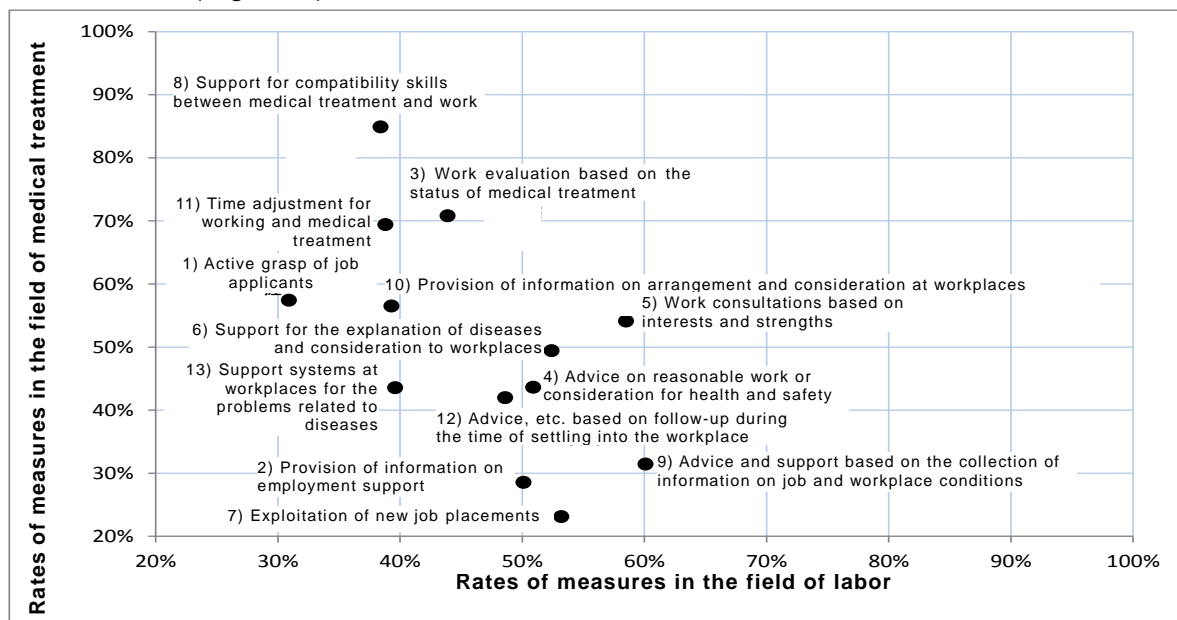


Figure 2 Comparison of status of measures for "good balance between disease management and working life" of persons with Mental Disability in the both fields (Such measures include cooperative ones with related institutions in the both fields)

c. Characteristics of intractable work problems of persons with Mental Disability recognized in the both fields

The result of logistic regression analysis identified certain measures taken by various institutions/professionals in the both fields which corresponded with worsen recognition of solvability of work problems of persons with Mental Disability rather than improved one.

The status in which the work problems of persons with Mental Disability are regarded as intractable has the following characteristics.

- (a) Support from each field does not come down to employment

- Exploitation of new job placements, vocational training, or support to job hunting in medical institutions; cooperation with medical institutions at Work Transition Support Providers.
 - Though medical institutions implement medication management compatible with employment, work assessment according to symptoms, and case management, it is difficult to support employment.
- (b) It is difficult to gain the understanding of employers of persons with disabilities
- Supports in the labor institution to persons with disability for explanation about their diseases and needed accommodations to employers during job hunting.
 - Explanation to patients at medical institutions about needed consideration for work.
- (c) Problems of management of physical conditions and stresses due to employment and difficulties in the continuity of employment
- Cooperation with medical institutions concerning the disease management after employment at labor institutions.
 - Contact system for the occurrence of problems after employment and mental support for retirement, etc. at medical institutions.

d. Effective measures to improve recognition of solvability of work problems of persons with Mental Disability in the both fields

On the other hand, the recognized solvability was improved when certain measures were taken, such as individual support directly satisfying the needs of support in work situation of persons with Mental Disability, preventive and responsive support relevant to specialties or support opportunities of each institution and professionals in both fields. It is important to promote the common understanding of such measures in the both fields (Figure 3).

- (a) Effective employability evaluation according to the conditions of diseases
- Exchange/study meeting with persons of the same diseases in medical institutions, workplace training or preparatory work experience (called "rehabilitation work"), assessment in simulated work situation.
- (b) Effective support for establishment of work image exercising their abilities reasonably
- Effective information collection in labor institutions using reports from doctors in charge, job consultation focusing on interest and strength of persons, workplace training or Trial Employment Program (over a trial employment period of three months, concerns about hiring persons with disabilities are alleviated for a smooth transition into employment.).
- (c) Effective job hunting and explanation of diseases to companies
- Specialized job placement service by Public Employment Security Office, provision of information on the appropriate placement to staff in charge at workplace, support for job preparation, job consultation focusing on interest and strength, role-playing of job interview at labor institutions.
- (d) Effective management of disease, job performance, human relationship at workplace
- "Re-work" support (return to work support for persons with mental disabilities) - In cooperation with a doctor in charge and other persons concerned, support is provided including coordination for return to work, improvement of daily rhythm, preparatory work experience (called "rehabilitation work"), and development of the workplace environment to accept a disabled worker-, support for compatibility skill between job and treatment, support offered by Job Coaches (In order to assist persons with intellectual disabilities and persons with mental disabilities in smoothly adjusting to the workplace, the centers dispatch job coaches to workplaces to provide direct and professional support to such persons and their employers based on individual disability traits.), advice for reasonable work and consideration, exploitation of new workplaces, arrangement of contact system for the occurrence of problem after employment at labor institutions.
 - Social skills training and role-playing taking work scenes into consideration, case management with staff in charge of employment support, support for disease self-management, support for local lives, and support to family.

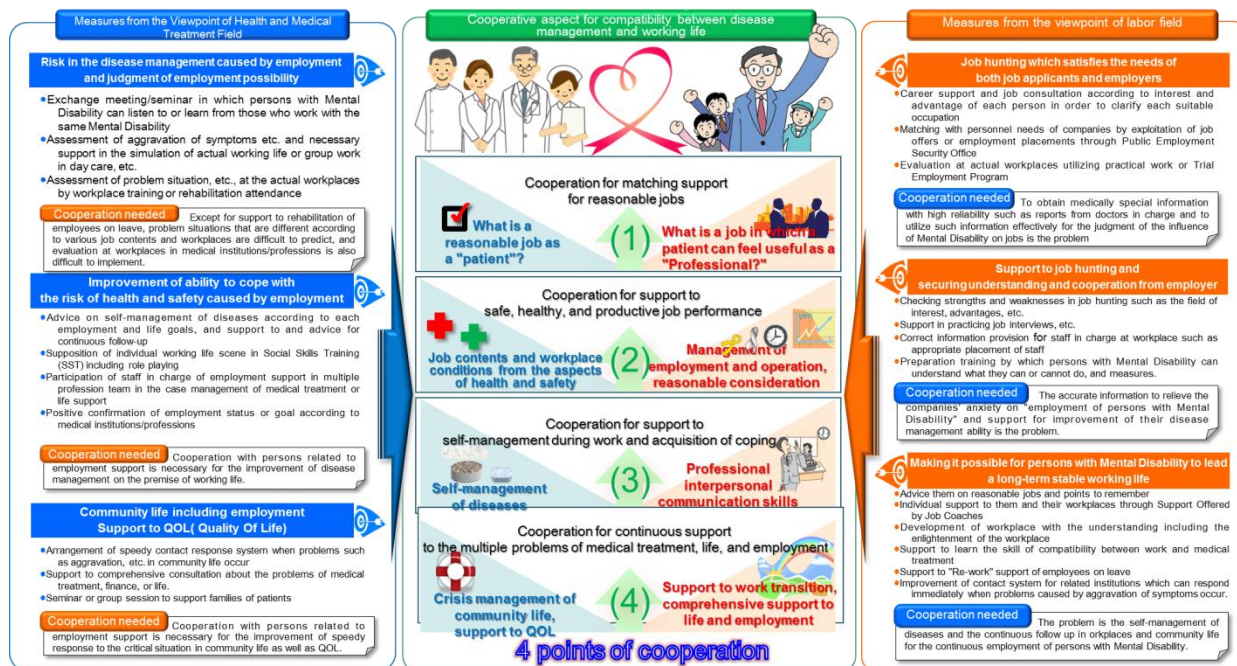


Figure 3. Necessity of cooperation for the effective employment support to persons with Mental Disability which reflects specialty in the both fields
(By the organization according to the results of logistic regression analysis)

(2) Employment support to intractable disease patients in cooperation with health and medical institutions

"Support for compatibility between disease management and working life" of intractable disease patients needs more study based on the results of this research concerning details of role-sharing and cooperation between the health and medical treatment field and labor field.

a. Recognition of employment problem of intractable disease patients by each institution and professional

Employment problems of intractable disease patients were less recognized in the both fields; rather, the problems were more recognized when employment consultation from intractable disease patients, employment support, and attempt to cooperate were in place. However, the percentage of people who considered that the problems could be solved was considerably high in the labor field.

b. Status of employment support to intractable disease patients in the both fields

Vocational rehabilitation centers for persons with disabilities and Consultation and Support Centers of Intractable Diseases provide most of measures for support for compatibility between disease management and working life of intractable disease patients. However, measures taken by institutions and professionals other than these two institutions are limited in the both fields, and role-sharing reflecting specialty in each field is also limited. This research revealed the situation in which roles are not actually implemented although they are recognized.

c. Possibility of effective role-sharing and cooperation between the both fields

Though there were only a limited number of cases, we found a lot of signs of improvement in problem-solving if specific measures and cooperation related to each specialty of Public Employment Security Office, Employment and Life Support centers for Persons with disabilities, doctors of medical institutions, MSW, etc. were implemented, and we obtained hints for future measures therefrom. Role-sharing and cooperation for employment support to intractable disease patients needs study based on status of measures in each institution and professional, role recognition, achieved effects of measures taken.

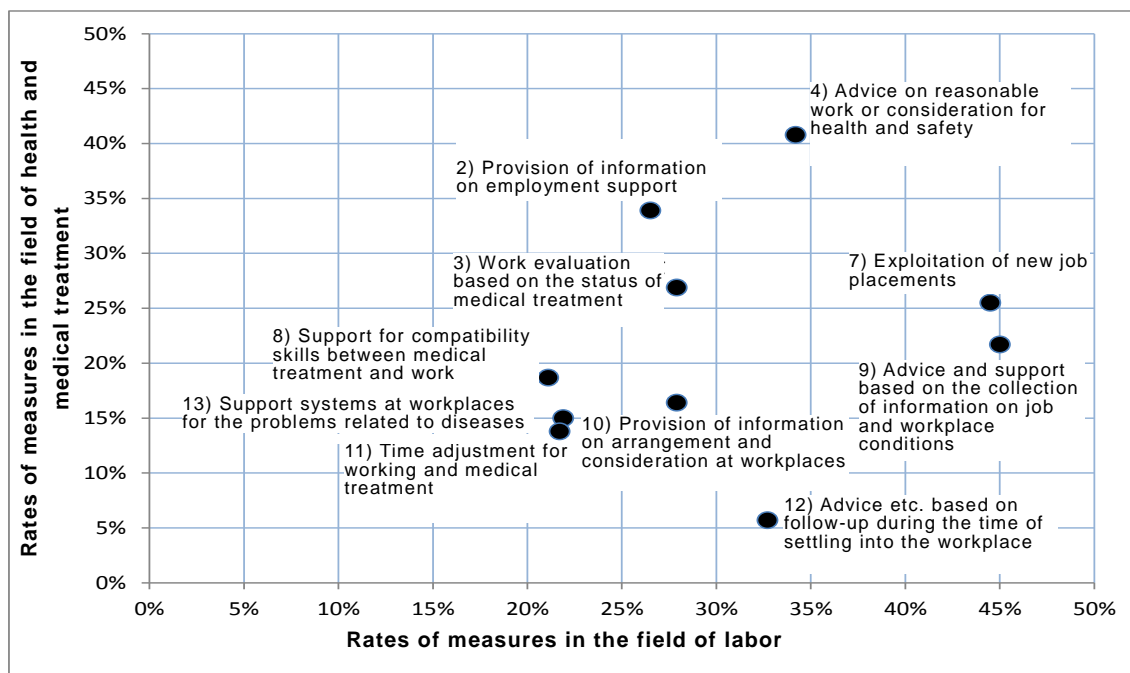


Figure 4 Comparison of status of measures for "good balance between disease management and working life" of persons with intractable diseases in the both fields
(Only those with the experiences of employment consultation; Such measures include cooperative ones with related institutions in the both fields)

- **Measures with comparatively strong recognition as a role of labor field**

Labor institutions have strong role recognition and actual effect of measures for the job development and job placement, job consultation and training according to interest and strength. On the other hand, not only Employment and Life Support centers for Persons with disabilities, but also doctors, MSW, etc. of medical institutions, have role recognition of vocational-assessment/consultation according to job contents and workplace conditions and their measures showed effectiveness. Cooperation of the both fields is considered beneficial.

- **Measures with comparatively strong recognition as a role of health and medical treatment field**

Problem-solving effect before employment was the main purpose of employment support from the medical aspect by doctors and MSWs of medical institutions. Medically oriented support in the labor institution is also considered effective toward problems of job performance, etc., after employment. Cooperative measures between them are worth considering.

- **Measures in which role recognition countervail between the both fields**

The following measures showed effectiveness and promises in several cases in the both fields, therefore needs consideration about role-sharing and cooperation: provision of information on employment support to intractable disease patients, support of compatibility skills between disease management and working life, cooperation between employment support and doctors and MSW etc., of hospitals and clinics, cooperation between employment support and follow-up by medical institutions during the time of settling into the workplaces, support system for the problems before and after employment, and considerations for working hours when visiting the hospital, etc.

7. Creation of a leaflet and a guidebook for the cooperation based on the research results

Based on the found status and effectiveness of measures provided by each institution/professional of medical and labor fields related to Mental Disability and intractable diseases, we created materials for future consideration of effective role-sharing and cooperation in terms of systems as well as practices by each institution/professional.

- "Cooperative work supports for persons with Mental Disability in medical and labor fields" (educational leaflet)
- "Cooperative work supports for intractable disease patients in medical and labor fields" (guidebook for supporters)