

Centres for Job Coping

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NORWAY

The Centres are a means of providing work-focused CBT and IPS for people with mental health disorders in order to help them overcome barriers to work participation. These Centres have increased the rate of return-to work for this target group, and have also had a positive effect on users' mental health.¹ These positive results required initial training for the Centres on work-focused CBT and IPS methods, as well as strong teamwork within the centres and follow-up with users and workplaces.

Name of the PES

Norwegian PES (Norwegian Labour and Welfare Administration (NAV))

Scope of measure

The Centres for Job Coping were part of a strategic national plan for work and mental health which initially began with six pilot Centres. These centres are now established in eight of Norway's 19 counties.²

When was the practice
implemented?

The Centres for Job Coping started as a pilot at local level in 2006. This idea was then brought to the attention of PES at the national level and Centres were then opened in six counties in 2008.

What was the driver
for introducing the practice?
Was it internal or external?

The idea of Centres for Job Coping began in 2006 when the idea of combining CBT and IPS was first proposed to PES, focusing on the area of returning to work for people with mild-to-moderate mental health disorders.³ The PES then decided to conduct a large trial to include several counties. Following this, the Centres became part of the National Strategic Plan for Work and Mental Health (2007-12) and in 2008 were trialled in six counties. The purpose of this national plan was to ensure that people with mental health disorders were able to use their resources in the job market, and that services and measures were provided to support them. Another intention behind the plan was to build bridges between NAV and the health care sector and to promote cooperation between education, the labour administration and mental health services. Centres for Job Coping continued to be implemented through the National Follow-up Plan on Work and Mental Health 2013-16.

Which organisation was involved
in its implementation?

Both job counsellors and therapists are required to work in the Centres. When the first trial Centres were created, they were required to hire new job counsellors external to PES to provide this service. Additionally, in the initial stages therapists in the Centres participated in a training programme as some did not have CBT experience and knowledge. This training was provided by an external CBT organisation as well as training to become specialised in *work-focused* CBT.

Which groups were targeted
by the practice?

The main target group of the Centres for Job Coping are jobseekers suffering from mental health issues, where their illness is creating barriers for their participation in the labour market. People in this target group are either unemployed, on sick leave or at risk of falling outside the workforce.

What were the practice's
main objectives?

The purpose of the Centres is to ultimately increase work participation among people with mental health disorders. Through work-focused CBT sessions and IPS the Centres provide individual follow-up on how to handle and manage anxiety and depression symptoms within a work context. CBT helps clients to develop skills to modify and change dysfunctional thinking patterns and behaviour that are sometimes connected to work-related issues/situations. CBT is combined with IPS which is an evidence-based approach to a specific type of supported employment for people living with mental illness. The focus is on 'place and train' instead of the traditional 'train and place'. The guidance aims to provide users with a better understanding of their problems regarding how they function at work, as well as providing assistance from an employment specialist to help individuals find work or to adapt their workplace if needed.

1 Reme et al (2013). *Effektevaluering av Senter for jobbmesting: sluttrapport (Effect evaluation of the Centre for Job Coping: Final Report)*. Only available in Norwegian.

2 OECD (2015), *Fit Mind, Fit Job: From evidence to practice in mental health and work*, Mental Health and Work, OECD Publishing, Paris.

3 OECD (2015), *op cit*.

<p>What activities were carried out?</p>	<p>The Centres for Job Coping provide CBT sessions for jobseekers with mental health issues. These sessions focus on identifying the key elements that are hindering people from working, such as social anxiety, depression or low self-esteem.</p> <p>During their first CBT session at the Centre, users are asked by a therapist if they would like to see a job counsellor who focuses on finding a suitable job. If users accept this support, they then have separate sessions with the job counsellors who provide individual placement support. Each month, the user, the therapist and the job counsellor have a joint meeting in order to discuss the user's progress in relation to their goals.</p> <p>After starting a new job, the Centre monitors the development of the user in his/her workplace. The Centre contacts the user after a period of three and then six months from the start of their new job to check how they are doing, whether they are still working and if they need a booster therapy session to remind them about some of the techniques they have learnt. This way, the Centres can identify if any of their users are having difficulties and need help getting back on track.</p> <p>In this process, the Centres may contact the employer to get a better understanding of the employee's situation. However, they do not contact the employer directly unless they have the employee's explicit permission.</p>
<p>What resources and other relevant organisational aspects were involved?</p>	<p>Initially, the first six trial Centres used the same team composition, which consisted of having, as a minimum, one team leader therapist, two other therapists and one job counsellor. This composition was set as the national minimum standard required when opening a new Centre. Also at the beginning, job counsellors were recruited as external contractors from private companies and were therefore based in a different office. As the Centres grew and began to provide services to more users, more staff were recruited (including internal job counsellors).</p> <p>The Centres are required to submit reviews of their results every month to their PES county office and every three months to the PES national directorate. Since funding through the National Follow-up Plan on Work and Mental Health ended in 2016, Centres are now required to request funding every year from their PES county offices after submitting their results.</p>
<p>What were the source(s) of funding?</p>	<p>Funding initially came from the national PES through the National Strategic Plan for Work and Mental Health (2007-12) and then continued through the National Follow-up Plan on Work and Mental Health (2013-16). Since the funding ended in 2016, every county must now fund their own Centre, requesting money from their relevant PES county office. The provision of funding each year is based on performance reviews for each Centre.</p>
<p>What were the outputs of the practice: people reached and products?</p>	<p>A study found that the likelihood of returning to work after unemployment is three times larger for Centre users compared to users from other programmes. As well as demonstrating a high return to-work rate, Centre users have also been shown to keep their jobs over a longer period.⁴</p> <p>Due to the positive results achieved, several of the Centres have expanded their teams to provide services to more people.</p>
<p>What outcomes have been identified?</p>	<p>An important outcome of these Centres is that they are able to provide support for people that have mental health problems and give them hope that they can find and maintain a job. Having a work-focused treatment plan encourages them to deal with the potential issues, e.g. stress, that may be associated with having a job. Also, in many cases, users are experiencing a decrease in their mental disorder symptoms and an increase in self-esteem and motivation.⁵</p> <p>The programme was found to be more effective than conventional therapy, increasing return-to-work expectations and expectations of positive effects on health as a result of returning to work, and ultimately in getting people with mental health disorders back to work. Furthermore, clients only needed a limited number of therapy sessions (on average eight hours out of a maximum of 15 hours available per user, typically spread over an eight or nine month period).</p> <p>When conducting the follow-up activities, the Centres found that they are rarely asked by users to provide them with a booster session. Users are generally very satisfied with the follow-up provided and doing well at work. Additionally, employers provide very positive feedback regarding the support they too are given.</p>

4 Reme et al (2015), 'Work-focused cognitive-behavioural therapy and individual job support to increase work participation in common mental disorders: a randomised controlled multicentre trial'. *Occupational and Environmental Medicine*, Volume 72 (10), 745-752.

5 Ibid.

What are the lessons learnt
and success factors?

Key lessons learnt for implementing the Centres for Job Coping include:

- ▶ PES should provide CBT and IPS work-focused training to its staff when opening a Centre for Job Coping. This is a crucial part of a project plan and is important for two reasons. Firstly, it ensures that therapists are trained in the relevant areas – even if they already have knowledge of CBT, they may not be as informed about *work-focused* CBT. Secondly, by providing such training to the whole team simultaneously, it provides an opportunity for team-building which is important at the initial stages.
- ▶ It is important for therapists and job counsellors to be located in the same centre. At the initial stages of the trial, job counsellors were based in other locations to the Centres and this was not as effective as working together in the same place. Daily face-to-face interactions which facilitate ad-hoc conversations are very valuable and are crucial to monitoring users. This is particularly important for IPS, which involves close cooperation between job counsellors and therapists.
- ▶ As part of the planning for a new Centre, visiting existing Centres for Job Coping is recommended in order to see how teams have been created and to identify what can be adapted and done differently. Even though the Centres may be based on the same initial framework, in practice, they all function differently and a lot can be learnt from one another.
- ▶ Centres should ensure that they keep in regular contact with users in order to monitor how he/she is doing at work. This is important as there is always a possibility that difficulties may occur/reoccur for clients after returning to work.



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