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An evaluation of the Choices for Wellbeing Project

The relationship between mental health, self-esteem and unemployment is well established. Emerging research suggests that interventions such as Cognitive Behavioural Therapy (CBT) can counter the negative effects of unemployment and may improve re-employment. This study evaluated the effectiveness of a manual-based programme, which combines CBT with job skills training, in improving the psychological health and job seeking skills of unemployed individuals within the UK. One hundred and nine unemployed individuals, suffering mild to moderate mental health problems, were referred to the programme. Of these, 47 completed the programme and 32 attended follow-up. The impact of the manualised course was evaluated using a randomised control trial (RCT) with a waiting list control. On completion of the programme, participants showed improvements in mental health, self-esteem and job-search self-efficacy as well as a reduction in the occurrence of negative automatic thoughts. Twenty participants gained employment and improvements persisted at follow-up. Considering the initial levels of psychological distress and mental health problems among the unemployed sample, the need for adequate service provision for the unemployed is recommended.

Keywords: CBT; unemployment; mental health; self-esteem; job search self-efficacy

Introduction

Epidemiological research suggests that physical and mental health is affected by unemployment (Creed, Machin, & Hicks, 1996; Vinokur, van Ryn, Gramlich, & Price, 1991). Unemployed individuals tend to have higher mortality rates (Moser, Goldblatt, Fox, & Jones, 1987) suffer more psychological distress (Jackson & Warr, 1987) and experience lower self-esteem and job search self-efficacy (Creed, 1998), than their employed counterparts. In turn, poor mental health acts as a barrier to

returning to work through decreased motivation and ineffective job-seeking (Eden & Aviram, 1993).

The economic cost of poor mental health and unemployment has become a primary focus of the UK government in recent years (Department for Work & Pensions, 2002). Initiated by the Layard report in 2005, the government has increased its provision of talking therapies (e.g., Cognitive Behavioural Therapy, CBT) in the form of the Improving Access to Psychological Therapies (IAPT) programme. The IAPT programme aims to address the mental health problems that underpin unemployment, in turn, reducing the number of individuals claiming state benefit and increasing re-employment. Despite this new initiative, job skills training has yet to be integrated within specialist mental health provision. Furthermore, limited research has focused on the occupational outcomes of mental health treatment (Black, 2008).

Emerging evidence suggests a role for vocationally orientated CBT in improving mental health outcomes and employment rates. This intervention focuses specifically on assisting individuals manage unhelpful thoughts, feelings and behaviours associated with gaining and maintaining employment (Rose & Harris, 2003).

Proudfoot, Guest, Carson, Dunn and Gray (1997) evaluated the efficacy of a CBT training course for job-finding among a sample of long-term unemployed professionals. After training, those in the CBT group showed statistically greater improvements in mental health (e.g., self-esteem, self-efficacy, life satisfaction) and were more successful at gaining employment, compared with those in a non CBT-based control. However, mental health gains were lost at 3 months in those who had not secured employment. Creed, Machin, & Hicks (1999) reported improvements in mental health and coping behaviours in a sample of long-term unemployed youths,

following a brief 3 day CBT-based programme. Similarly, Della-Posta and Drummond (2006) found that individuals who participated in CBT and job search assistance training made statistically significant improvements in mental health outcomes and secured employment more rapidly than individuals who completed job-search assistance training only. These findings have been supported in recent years (e.g., Kidd, Boyd, Bieling, Pike & Kazarian-Keith, 2008) highlighting the use of vocationally orientated CBT in improving mental health and employment outcomes, even among highly disadvantaged groups (Rose, Perz, & Harris, 2012). Furthermore, studies have indicated that programmes can be delivered effectively by non-psychologists (Rose & Harris, 2003). This suggests that although IAPT is a successful initiative, other community groups may have a role in delivering evidence-based CBT interventions for heterogeneous populations who have experienced long-term unemployment.

The present study, conducted by a third sector organisation within the UK, aims to evaluate the effectiveness of a 5 week manual-based programme, that incorporates both CBT and job skills training, in improving the psychological health and job seeking skills of a community-based sample of unemployed individuals who have mental health problems.

It is hypothesised that when compared to a wait list control, participants in the intervention arm will show greater improvements in self-esteem, job search self-efficacy and mental health outcomes. Furthermore, as automatic thoughts and locus of control are considered to be factors contributing to poorer mental health and self-esteem, it is predicted that these too will improve over the course of the intervention. Finally, it is predicted that there will be an increase in employment status at follow-up.

Method

Design

The study utilised a randomised, wait-list controlled design. Participants were allocated to the intervention or comparison arm (wait-list control) in blocks of eight recruits.

Sample and Recruitment

One hundred and nine unemployed individuals from Southampton, UK, were referred to the programme by a variety of sources, including the jobcentre, general practitioners (GP) and counsellors. No incentive to participate was offered. After referral, they met with members of the research team to discuss the programme and its objectives. This allowed researchers to determine whether the potential clients met the inclusion criteria. Participants were included in the study if they were 1) experiencing significant barriers in returning to work and 2) had mild to moderate mental health problems. Potential participants were excluded from the study if they 1) did not speak English fluently enough to understand the assessment; 2) had severe mental health problems (indicated by high scores on the General Health Questionnaire (Goldberg, 1979); 3) were an immediate risk to themselves or others.

One hundred and nine individuals were referred to the programme, 15 were excluded as they failed to meet the inclusion criteria. A further 21 met the inclusion criteria but failed to attend the initial assessment and one individual attended the course but did not participate in the research. Demographic and behavioural information is therefore provided for the 72 individuals who participated in the time 1 (pre) phase of assessment. Formal assessment of motivation to obtain employment was not gathered, however it may be inferred that those who progressed to the course,

knowing the aims, may have been motivated to some degree (although see discussion below).

Twenty-nine (40.3%) participants were male, 24 (33.3%) were between 35 and 44 years old (all of working age, none receiving pensions), were white and spoke English as their first language (none were excluded due to language difficulties). Approximately half of participants were single.

Many participants reported health problems. Twelve (16.7%) considered themselves disabled, 28 (38.9 %) reported taking regular medication including anti-depressants, pain medications, tranquilisers and heart medication. Of those taking medication, 12 (42.9%) had been taking them for over two years.

Many also reported mental health problems including anxiety, depression and bi-polar disorder. Thirteen (18.1%) reported having received a formal psychiatric diagnosis, however only 8 (11.1%) reported receiving any psychological therapy.

Most of the participants (N=32, 44.4%) had been unemployed for over 3 years, 18 (25.0%) unemployed between 1-3 years and 16 (22.2%) unemployed for less than a year. Many were receiving benefits. The length of time that they were claiming benefits varied between 0 to 456 months.

Materials

The programme consisted of CBT-based exercises as well as job-seeking skills. Participants identified thoughts and behaviours that could prevent them from gaining employment either directly or through low self-esteem or self-efficacy. Participants also examined their skills and interests, types of employment that might suit them and worked on CVs and interview techniques. Participants attended the course two days a week, for a total of five weeks.

The manual

The course manual was written in two sections. The CBT specific sessions were written by an experienced counsellor, skilled in using CBT, and who was also a qualified teacher. The vocational specific sessions were written by an experienced adult teacher with qualifications in career guidance and who was also competent in working with the target client group.

There were overall course aims, objectives and course structure. The key themes were CBT, self-determination theory and career guidance. Sessions were written to achieve the objectives, based on extensive prior materials. The materials were peer reviewed by two psychology academics, with specific expertise in CBT, at the ethics stage. The aim was to have a manual which was prescriptive, regardless of the facilitator involved.

The facilitators

Facilitators were experienced and qualified adult teachers who also had extensive experience of working with the client group. Facilitators were not experienced in the use of CBT and initially watched a qualified CBT facilitator deliver that aspect, and then were coached in its use.

Outcome measures

Demographics and Behavioural Measures

These included general demographic measures such as age, gender, marital status and ethnicity as well as information about length of unemployment, disabilities, mental health problems and medication**.**

General Health Questionnaire - Short Form 12 (GHQ-12) (Goldberg, 1979)

The GHQ-12 is a 12-item self-report questionnaire. Items are scored between 0 and 3 to ascertain levels of caseness and ability to cope with everyday life i.e. routine functioning and completing tasks. Total scores between 11 and 12 are typical, scores between 15 and 19 show evidence of distress, and scores above 20 suggest severe problems and psychological distress. Internal consistency is reported to be between 0.80 and 0.90 (Baumann, Meyers, Le Bihan, & Houssemand, 2008).

Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983)

The HADS is a 14-item questionnaire, designed as a screening measure to detect adverse anxiety and depressive states. HADS has shown to be effective in assessing the symptoms of severity and caseness of anxiety disorders and depression in both somatic, psychiatric and primary care patients. Total scores between 0-7 are considered to be within the normal range, 8-10 indicate mild symptoms, 11-14 moderate and scores above 15 suggest severe symptoms. Internal consistency has been reported as 0.93 for the anxiety subscale and 0.90 for the depression subscale indicating satisfactory reliability (Moorey et al., 1991).

Job Search Self-Efficacy Questionnaire (*Vinokur & Schul, 1997*)

The Job Search Self-Efficacy Questionnaire is a 6-item measure used to assess confidence in performing specific job-seeking tasks such as completing a job application or making a good impression at an interview. The measure uses a 5-point scale. Scores are summed and averaged with higher scores indicating greater job

search self-efficacy. Internal consistency has been reported at 0.87 (Vinokur & Schul, 1997)

Rosenberg Self Esteem Scale (Rosenberg, 1965)

The Rosenberg Self-Esteem Scale is a ten item measure used to assess global attitudes about the self and consists of five positively worded items and five negatively worded items (for which the scoring is reversed). The measure uses a 4-point scale ranging from 0 – 3, total scores ranging from 0 to 30, where higher scores indicate higher self-esteem. Reliability estimates range from 0.85 to 0.92, convergent validity ranges from 0.56 to 0.83 and internal consistency has been reported at 0.72 (Silber & Tippett, 1965)

Internal-External Locus of Control Scale (Gurin, Gurin, & Morrison, 1978)

The Internal-External Locus of Control Scale is a 10-item index is based on Rotter's (1966) Locus of Control Scale and on factor analyses conducted by Gurin et al., (1978). It measures generalised expectancies for internal versus external control of reinforcement. Individuals with an internal locus of control believe that events result, primarily, from their own actions, whereas, individuals with an external locus of control believe that events are generally out of their control. Higher scores on the Internal-External Locus of Control Scale indicate an external locus of control. Internal consistency has been reported at 0.68 (Vinokur & Schul, 1997).

Automatic Thoughts Questionnaire-Revised (ATQ-R) (Kendall, Howard, & Hays, 1989)

The ATQ-R is a 40-item questionnaire devised to measure the frequency of automatic thoughts. The ATQ-R includes two subscales; ATQ-R negative and ATQ-R positive.

The ATQ-R total score is a sum of the ATQ-R negative score and reversed ATQ-R positive scores. The measure uses a 5-point scale with higher scores indicating more negative, automatic thoughts. The psychometric properties of the ATQ-R are comparable to those of the original 30-item ATQ (Hollon & Kendall, 1980), which is a widely accepted scale with good reliability and validity (Hill, Oei, & Hill, 1989).

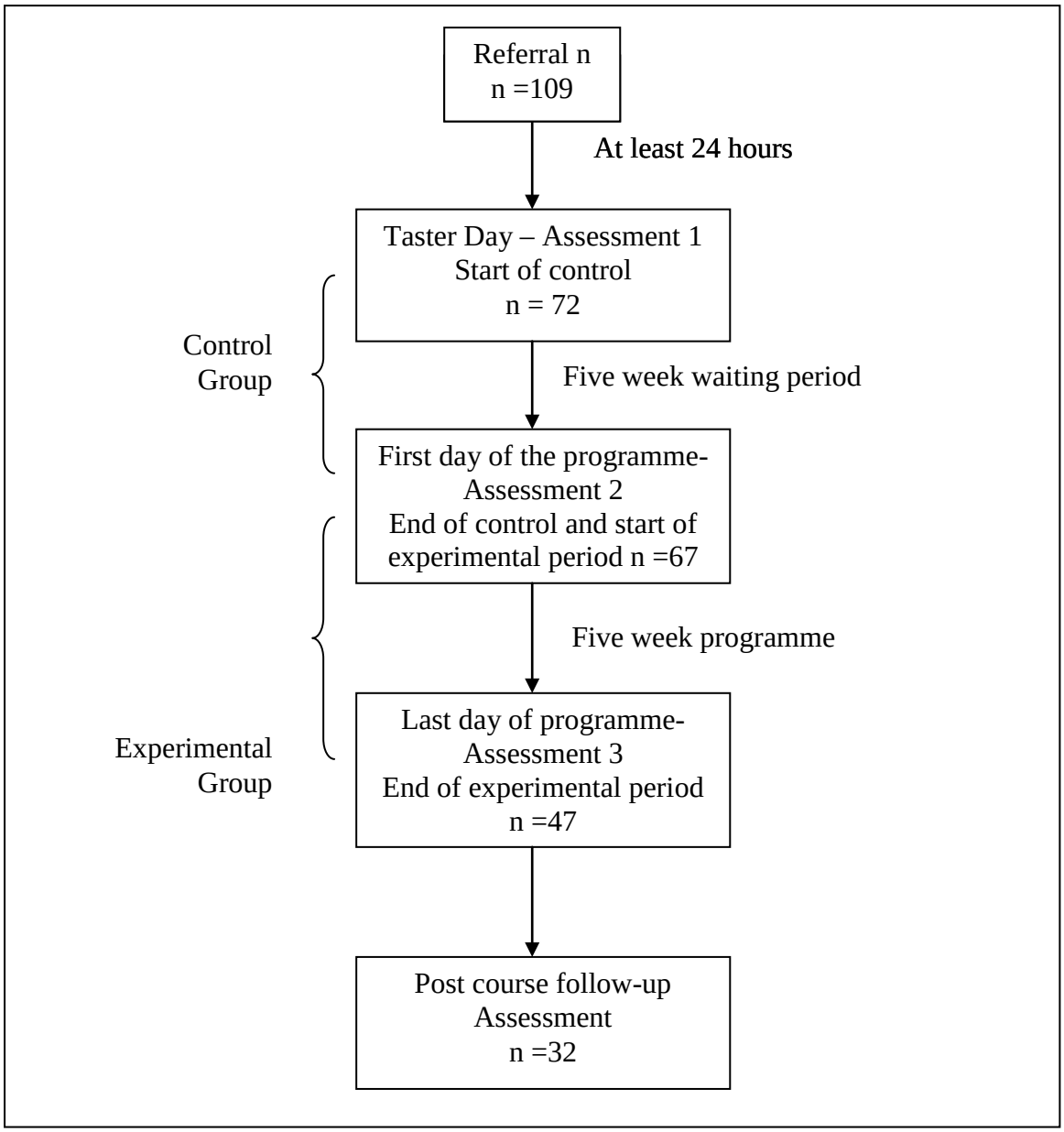
Employment outcome

Employment rates were assessed at 3 months follow-up.

Procedure

For individuals who met the study criteria, informed consent was gained at the initial assessment. Participants were informed that participation was voluntary and that they could withdraw at any time. Eight groups of 6-12 participants were entered into the study on a staggered schedule. The first group was recruited at initial assessment with individuals randomly allocated to either the intervention or wait-list control. For each subsequent group, participants previously in the wait-list control condition became the intervention group for the following trial. At each phase of assessment participants were required to complete questionnaire measures. Except for those in the initial intervention group and final wait-list control, questionnaires were collected 5 weeks prior to the start of the intervention (enabling participants to act as their own controls); at the start and end of the intervention, and at 3 months follow-up (see Figure 1)

Figure 1 Time-frame for Assessments



Statistical Analysis

The standardised questionnaires from three time points, pre, post and follow-up were scored and analysed using PASW Statistics 17. Exploratory data analysis (One-Sample Kolmogorov-Smirnov Test) was conducted in order to determine whether the data were normally distributed.

For data that met the parametric assumptions, repeated measures ANOVA tests were conducted in order to determine whether there was a significant effect of intervention (assessed pre, post and 3 month follow-up) on participant scores, for each standardised questionnaire. For cases in which the parametric assumptions were not met, equivalent non-parametric tests were utilised.

Intent-to-treat analysis was conducted in the same manner and included all dropouts, whose post or 3 month follow-up scores were entered as unchanged (Streiner & Geddes, 2001).

For those in the control condition, participants completed pre and post assessments only; paired t-tests were conducted to establish whether there was a statistical difference between participant ratings before and after the control period.

As seven questionnaire measures were utilised, a bonferroni correction was imposed on all headline analyses (therefore a more conservative α level of = .007 was used to indicate significance).

Results

Participant Time 1 Assessment data

Data from the time 1 (pre) assessment (post screening) indicated a degree of severe anxiety and depression. Forty-nine (68.1%) participants were experiencing severe anxiety, 18 (25%) had severe depression according to the HADS cut-off criteria.

Participant flow and dropout

Of the 109 individuals referred to in the programme, 72 (66.1%) attended the taster day, 67 (61.5%) attended the first day of the programme, 47 (43.1%) attended the final day of the programme and 32 (29.4%) attended follow-up (see Figure 1 above).

In order to establish whether those who dropped out were in some way different to those who did not, independent t-tests (Mann-Whitney U tests for non-parametric data) were conducted on all pre-intervention scores. No significant differences were found. The same analysis was conducted comparing those who were lost to follow-up and those who completed on post scores, again no significant differences were identified.

Efficacy of Intervention

Findings revealed a significant effect of intervention on levels of psychological distress, anxiety, self-esteem, job search self-efficacy, occurrence of negative automatic thoughts (Table 1) and depression (Table 2). Benefits persisted at follow-up. Findings failed to reveal a significant effect of intervention on locus of control, when a bonferroni correction (.05/7) was employed (Table 2).

[Table 1 and 2 to go here]

Intent-to-treat analysis

Intent-to-treat analysis, a more conservative estimate of effect, was also performed; revealing a significant effect of intervention. When dropout scores were included, the intervention showed to have positive effects on levels of psychological distress, anxiety, depression, self-esteem, job search self-efficacy, locus of control and the occurrence of negative automatic thoughts. Furthermore, as in the original analysis, the effect of intervention persisted at follow-up.

Wait-List Control

For those in the control condition, there were no significant differences in participant scores between pre and post assessment, on all bar two measures (Table 3). Pairwise comparisons revealed levels of self-efficacy to be significantly increased between pre and post assessment ($t(35) = 2.62$, $p<.05$). Furthermore, there was a significant shift toward internal locus of control, between pre and post assessment ($t(27) = 2.61$, $p<.05$).

[Table 3 to go here]

Discussion

On completion of the course, participants showed reductions in psychological distress, anxiety and depression in addition to improvements in self-esteem and job search self-efficacy. Furthermore, scores from the automatic thoughts questionnaire revealed a significant decrease in negative thoughts. No statistically significant increase in locus of control was found.

The findings of this present study are consistent with previous research (Proudfoot et al., 1997; Creed et al., 1999; Rose & Harris, 2003; Della-Posta & Drummond, 2006; Kidd et

al., 2008; Rose, Perz, & Harris, 2012) and emphasise the effectiveness of vocationally orientated CBT in increasing mental health outcomes, self-esteem and job search self-efficacy among the unemployed. Improvements persisted at follow-up. This result challenges previous evidence which failed to show sustained improvements (Proudfoot et al., 1997). This is a significant finding.

Twenty participants reported having gained employment at follow-up. Unfortunately, limited resources and ethical concerns meant that 1) participants were only followed up for three months and 2) a waiting list control of five weeks was applied to the study. This design necessarily limits the measurement of long term re-employment rates.

Of the present sample, approximately half had been unemployed for a period of 3 years. Many were experiencing mild to moderate mental health problems and some reported taking regular medication. The current findings support recent research highlighting the usefulness of vocationally orientated CBT for disadvantaged groups (Rose, Perz, & Harris, 2012).

This present study adds to the current literature by highlighting the effectiveness of a manual-based CBT programme in combating the negative effects of unemployment. The naturalistic design, which utilised a community-based sample of unemployed individuals, ensured high ecological validity. That is to say, given similar circumstances, the programme may be effectively implemented in other geographic locations within the UK.

In addition, consistent with previous research by Rose and Harris (2003), the programme was effectively delivered by facilitators who were not mental health professionals. This has important implications for the feasibility of delivering such programmes given the limited availability of professional help within third sector settings. It is important to note, however, that the volunteers were experienced in working with the

unemployed and so it would be essential to determine the minimum level of training necessary to support the programme without decreasing the treatment outcomes.

It is interesting to note that although the GHQ was used to assess severity of mental health at assessment, it did not pick up the severity in symptoms as assessed by the HADS. This is not an uncommon occurrence, as the items on the GHQ are much more generic than the HADS. Thus the overall score on the GHQ may have been depressed by lower scores on non-anxiety and depression items.

It was also noted that statistically significant changes were noted in self-esteem and locus of control within the control population. Closer examination reveals that the absolute improvements are small; less than one point on the RSES and just over 1.5 points on the ATQ-R. This is arguably a statistical artefact, as the changes in the treatment group were much larger; nearly 6 points on the RSES and 6.5 points on the ATQ-R. The ATQ-R did not register as significant as the non-normal distribution required the use of a more conservative, non-parametric statistical test.

A simple economic analysis of the outcomes is possible, assuming that the programme contributed to the employment of the 20 people in jobs at the end of the study. Data on the specific benefits claimed by these individuals was not gathered, but the range of current benefits, including Job Seekers Allowance (JSA) and Employment and Support Allowance (ESA, replacing Incapacity Benefit) is £56.25 - £111.45 per week (HM Govt, 2012a). The course may therefore have contributed to a saving of between £1,125 and £2229 per week, not including additional tax revenue. After initial set up, on-going costs are estimated at around £2000 per course, although given that the organisation is a charity, only a proportion of this is HM Treasury money, the rest having been given. This represents a significant saving to the Government in the longer term.

Potential limitations

Twenty (30%) participants dropped out during the course of the programme. Anecdotal evidence suggests re-employment, health and other personal problems as contributors. Findings indicated, however, that the psychological profiles of those who dropped out did not differ significantly from those included in the statistical analysis. This does not compare too badly with the 20% drop-out rate of the fully funded Proudfoot et al (1997) study, despite a highly heterogeneous population in terms of referral. Lack of motivation to gain employment may have been a factor in this, and would have been usefully formally assessed.

Nearly 60% of the participants were female, which may be a threat to the generalizability of the results given that in October 2012 only 35% of those claiming job seekers allowance were women (HM Govt, 2012b). Future research should aim to address this issue by considering recruitment and retention issues to ensure that men are not excluded due to e.g. stigma beliefs around seeking help.

Anecdotal evidence suggests that researchers initially found it difficult to establish strong working relationships within the community and to obtain clear referrals from statutory agencies. Improved relationships with other service providers could enhance the number and quality of referrals, provide appropriate feedback and potentially form part of a stepped care approach. The relatively data set yielded, due to low initial referral, drop-out rate and missing data, particularly for the control group (degrees of freedom in Table 1 and 3 vary) results in a relatively low power, threatening generalizability. This would need to be addressed for a more robust treatment evaluation.

It is worth noting that as this research took place during an economic recession; this may have affected participants' mood and expectations about the future. In addition, although no participants were receiving secondary care, some presented with high levels of anxiety and depression according to the HADS cut-off scores. As a result, it may not possible to

generalise the results to healthier populations. It is important to consider the ethics of including participants who, at the time 1 assessment, indicated high levels of anxiety and depression, given that severe mental health problems were an exclusion criterion. It was decided that it would be more unethical to exclude participants from an intervention that they had started, the screening process having not picked up the issues. Future research could make use of a more detailed screening measure.

Future Research

In the current economic climate it is important to verify whether such programmes are cost-effective, both in terms of the number of people who are re-employed and the long-term mental health benefits. Future research could utilise a non-therapeutic control and a longer follow-up period.

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