MOH/P/PAK/462.21(GU)-e

Ministry of Health Malaysia

Guideline for Implementation of **Supported Employment Program for People with Mental Illness in MOH Facilities**

MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA

This guideline was developed by the Medical Services Unit, Medical Services Development Section of the Medical Development Division, Ministry of Health Malaysia and the Drafting Committee for the Guideline for Implementation of Supported Employment Program for People with Mental Illness in MOH Facilities.

Published in October 2022

A catalogue record of this document is available from the library and Resource Unit of the Institute of Medical Research, Ministry of Health;

MOH/P/PAK/462.21(GU)-e

And also available from the National Library of Malaysia;

ISBN 978-967-26135-2-7

9 7 8 9 6 7 2 6 1 3 5 2 7

All rights reserved. No part of this publication may be reproduced or distributed in any forms or by means or stored in a database or retrieval system without prior written permission from the Director of Medical Development Division, Ministry of Health Malaysia.

TABLE OF CONTENTS

FOREWARD

By Tan Sri Dato Seri Dr Noor Hisham Abdullah, Director General of Health, Malaysia — v

By Dato' Dr Asmayani Binti Khalib Deputy Director General of Health, Malaysia — vi

By Dr Hajjah Salina Binti Abdul Aziz Head Of Psychiatry and Mental Health Services, Ministry of Health, Malaysia. — vii

INTRODUCTION 1

1.1 BACKGROUND 1
1.2 EVIDENCE-BASED APPROACH 1
1.3 TARGET GROUP/USER 4
1.4 SETTINGS 4

OBJECTIVES AND SERVICE SCOPES 2

2.1 GENERAL OBJECTIVES 5
2.2 SPECIFIC OBJECTIVES 5
2.3 SCOPE OF SERVICES 5

STRATEGIES FOR IMPLEMENTATION 3

3.1 OVERVIEW 6
3.2 PREPARATION PHASE 6
3.3 IMPLEMENTATION PHASE 8
3.4 SUSTAINING PHASE 9

WORK PROCESS 4

4.1 INTAKE OF REFERRAL 10
4.2 INDIVIDUAL ASSESSMENT 10
4.3 SUPPORTED EMPLOYMENT (SE) ACTION PLAN 11
4.4 JOB SEARCH 13
4.5 JOB MATCH AND JOB DEVELOPMENT 13
4.6 JOB COACHING 14
4.7 JOB RETENTION 15
4.8 PROCEDURAL ACTIVITIES' TIME FRAME 16

SPECIAL SITUATIONS 5

5.1 LOGISTIC ISSUES 18
5.2 CRISIS MANAGEMENT 18
5.3 PANDEMIC OR DISASTER SITUATION 19
5.4 STRATEGIES FOR SUPPORTED EMPLOYMENT IN RURAL AREA 20

QUALITY INDICATORS 6

6.1 FIDELITY REVIEW 26

GLOSSARY 7

Glossary 28

LIST OF ABBREVIATIONS 8

List of Abbreviations 32

REFERENCES 9

References 33

APPENDICES 10

1 Patient's Consent Form 36
2 Patient Care Plan 37
3 Job Interest Checklist 38
4 Work Analysis Form 39
5 Work Assessment Form 41
6 Log Meeting with Employer 43
7 List of Job Search 43
8 Employer Interview Form 44
9 Job Start Report 45
10 Job End Report 46
11 Job Transition Report 47

ADVISORS AND DRAFTING COMMITTEE 11

Advisors and Drafting Committee 48

FOREWORD

by Tan Sri Dato Seri Dr Noor Hisham Abdullah,
Director General of Health, Malaysia

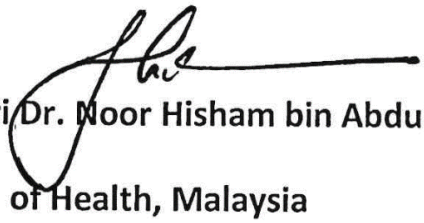
Employment has been recognized as an important tool in treating people with mental illness to promote recovery. Beyond providing personal income, employment may improve quality of life, symptoms, insight, social function, self-esteem, confidence and compliance. As it is crucial determinant and essential component of the psychiatric rehabilitation program, the Ministry of Health has incorporated employment in the psychiatric hospital and Community Mental Health Centre (MENTARI).

The World health Organization cautions that unemployment and poverty are intricate and inseparably linked with mental illness in a vicious downward spiral. Having a mental illness increases the risk of descending into poverty, exacerbating mental illness. Many people with mental illness can acquire competitive employment. However, there are always barriers for people with mental illness to attain and secure the work; hence it is imperative for a systemic approach to implementing the employment programme.

The Guideline on Implementation of Supported Employment Program for People with Mental Illness in MOH Facility provides a widely useful compilation of ideas, innovative approaches and practical strategies for enhancing Supported Employment Program in Malaysia. This guideline also provides an enormously useful range of technique for effectively designing, implementing and evaluating this rehabilitation program. It provides an essential reference and perspective of rehabilitation psychiatry for health staff, non-governmental organizations, community volunteers, employers and caregivers.

My heartiest congratulation to everyone that worked tirelessly to produce this comprehensive, well organized and practical guideline for the supported employment program. The arrival of this document will further strengthen the quality of healthcare and service delivery, particularly for mental health in this country, and ensure accessibility and equitable access to health for all.

Thank you.



Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah

Director General of Health, Malaysia

FOREWORD

by Dato' Dr Asmayani binti Khalib
Deputy Director General of Health, Malaysia

The Psychiatric and Mental Health services of Ministry of Health (MOH) Malaysia has come a long way in developing psychiatric rehabilitation services for people with mental illness in the community. The establishment of the MENTARI MOH program is one of the strategies to spearhead the Strategic Framework of the Medical Program 2021-2025. One of the main focus in the service component of MENTARI MOH is work-based psychiatric rehabilitation.

As the country faces the pandemic, it is important that economic empowerment of the community be given attention, especially for people with mental illness. This is addressed by the provision of work-based rehabilitation programs in MENTARI and MOH facilities nationwide through supported employment. With its strong evidence base, supported employment has proven to be effective in helping people with mental illness gain competitive employment in the community, as well as supporting them to remain in employment.

From the start of its implementation in MENTARI and large psychiatric hospitals, the supported employment program has grown and expanded. Data on successful job placements compiled from the onset of the supported employment program in MENTARI MOH facilities has shown very encouraging results, such that it is now a monitored key performance indicator (KPI) of MENTARI MOH. The effectiveness of program has also brought about collaborations with other agencies that are involved in work-based rehabilitation.

It is indeed timely that this revised Guidelines on Implementation of Supported Employment Program for People with Mental Illness in MOH Facility be published. Its availability for reference by various other MOH facilities apart from those of Psychiatric and Mental Health Services will be of tremendous benefit in improving patient outcomes and client satisfaction.

Here I would like to congratulate the Drafting Committee for their hard work and effort in completing this guideline. It is hoped that this guideline will be able to help service providers at various levels to implement their service effectively. With the cooperation of all sectors involved, let us all work together for the benefit of the community.

Thank you.

YBhg. Dato' Dr. Asmayani binti Khalib

Deputy Director General of Health (Medical), Malaysia

FOREWORD

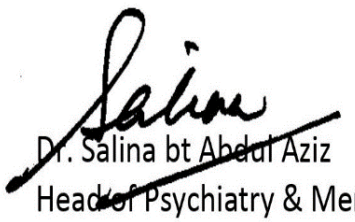
by Dr Hajjah Salina binti Abdul Aziz
Head of Psychiatry and Mental Health Services,
Ministry of Health, Malaysia.

One of the main challenges for people diagnosed with mental illness is the functional impairment that comes with the disease. The impairment is usually widespread to areas of personal care functioning, social functioning, and occupational functioning which, if left untreated, may lead to permanent mental disability. The impairment and subsequent disability would inevitably prevent the individual from being included in and contributing to the society. With the advancement in pharmacological treatment for mental illness, symptoms of mental illness can be significantly controlled however symptom's reduction alone is not enough. People with mental illness need to receive psycho-social interventions and rehabilitation as well to gain back their functionality hence enabling them to return to normal living in the community.

In the area of rehabilitation for mental illness, supported employment has been proved to be effective from numerous research done globally. The Individual Placement and Support Model (IPS) of supported employment has the most evidence of helping individuals with mental illness to secure and sustain employment as well as reducing illness relapses and preventing hospitalizations. The Guidelines on Implementation of Supported Employment Program for People with Mental Illness in MOH Facility thus is a document that is developed based on best evidence and practices to further strengthen psychiatric rehabilitation in Malaysia. With the steady progress of the development of the Ministry of Health's Community Mental Health Centers or MENTARI, where to date there are 30 MENTARIs throughout the country, it is essential that the guidelines exist for supported employment program to be successfully implemented in these facilities. It is also hoped that the guidelines act as a source of reference and inspiration for other agencies who are also involved in caring for people with mental illness when it comes to promoting social inclusivity for this group.

Congratulations to the working group members for producing this comprehensive guideline. May the guidelines propel the supported employment programs for people with mental illness in Malaysia to greater heights and be of benefits not only to the individuals with the conditions but also to the society and the country.

Thank you.



Dr. Salina bt Abdul Aziz
Head of Psychiatry & Mental Health Services,
Ministry of Health

1. INTRODUCTION

1.1 BACKGROUND

Significant majority of persons with serious mental illness identified need for competitive employment in the community[1]. Work is generally essential not only in enabling one to financial ease, but more importantly as a source of social support, personal competence, autonomy, growth, and self-esteem[2]. For persons with mental illness, the benefits of work help them to progress in their recovery as working in the competitive environment reduces disability, boredom, fear, social isolation, discrimination, and stigma hence helping patients to become truly integrated into the community[3]. Yet, the unemployment rate of people with serious mental illness such as schizophrenia has been found to be high[4]. The traditional approaches of sheltered vocational programs and day-care have been found to have little scientific evidence of its benefit for the recovery process of people with mental illness. Hence, the supported employment (SE) model was introduced where the essential approach is to '*place and train'* the person straight into employment rather than '*train and place'*. Numerous studies showed the model to be substantially beneficial when compared to the sheltered environment training approach[3].

1.2 EVIDENCE-BASED APPROACH

In a Cochrane systematic review for adults with severe mental illness which were predominantly schizophrenia, SE showed increased levels of any employment obtained compared with other vocational approaches (RR=3.24, 95% CI 2.17 to 4.82). SE also showed advantages in secondary employment outcomes such as the duration of any form of paid employment, job tenure for competitive employment and time to first competitive employment in long-term. High fidelity SE model was associated with more days in competitive employment than other vocational approaches in long-term[5]. Of the various approaches of vocational rehabilitation for patients with mental illness, Individual Placement and Support (IPS) model has the most evidence of effectiveness. In a review of randomized control trials, IPS participants were found to obtain employment at the rate of almost 56% compared to only 22.6% among patients receiving traditional vocational support[6]. The IPS participants found jobs 50% faster than the controls, with Hong Kong and Canada reported the shortest mean time to get the first job. Their mean time at work was 3-fold higher, and early drop-out rate was only 9% compared to 42% among the controls[3]. On local shores, study on vocational programs done in Hospital Permai Johor Bahru showed the rate of successful employment at 3 months was 68.3% (n = 81), with highest rate found in patients receiving SE (IPS model) at 56.3% (n = 46), followed by transitional work (19.8%, n = 16), social enterprise (11.1%, n = 9) and traditional vocational model (11.1%, n = 9)[7]. When compared to the local Hybrid Model (which blends elements of SE with sheltered employment), participants in IPS arm were more likely to achieve competitive employment compared to those in Hybrid Model (52.9% versus 33.8). IPS arm showed higher hours worked per week (p = 0.006), number of weeks worked (p = 0.008) and more likely to ever worked ≥ 20 hours per week (p = 0.005) [8], illustrating the superiority of IPS over sheltered employment as well as showing better outcomes when done exclusively.

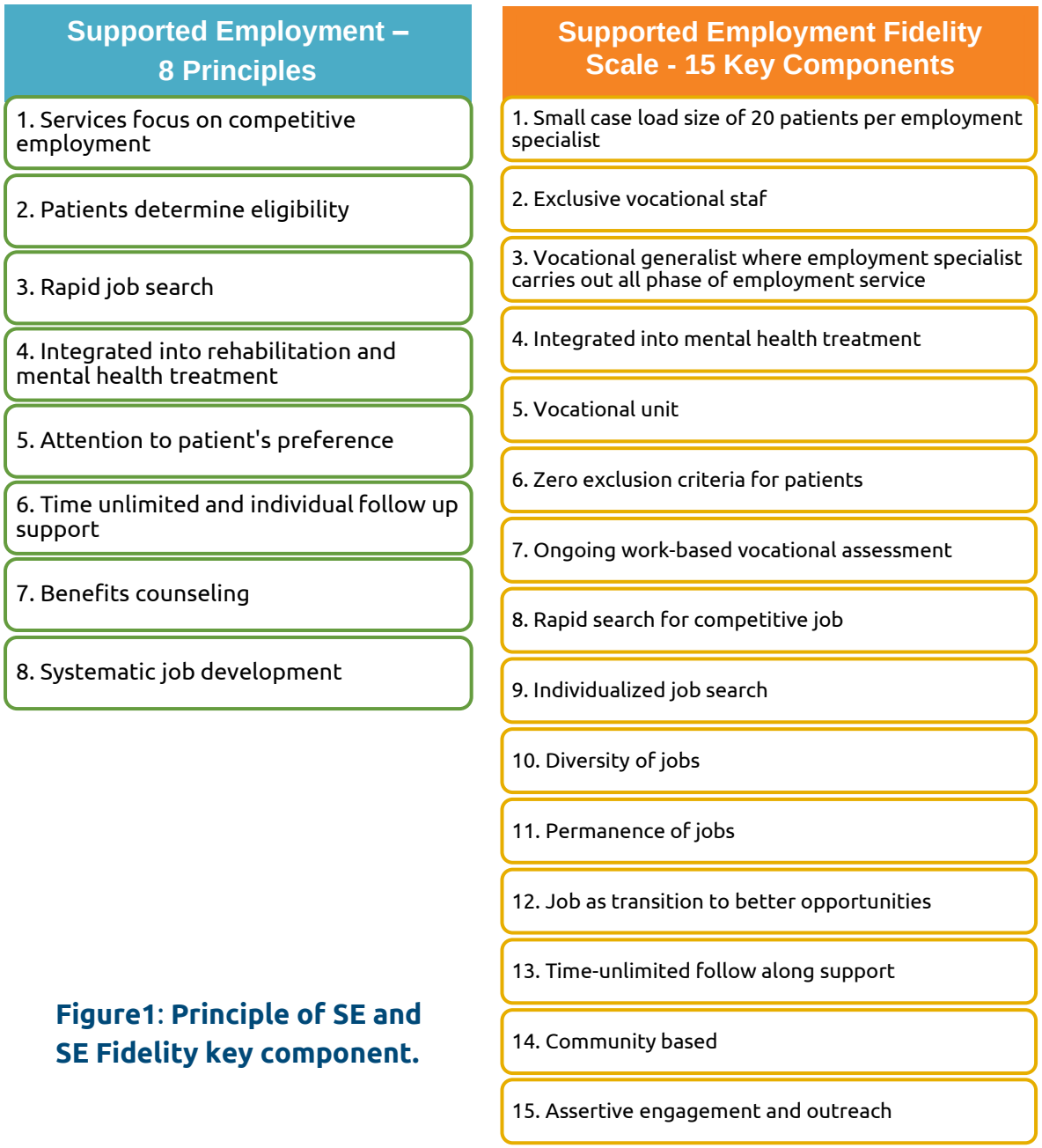


Figure1: Principle of SE and SE Fidelity key component.

In the IPS SE model, patient receives one-to-one support from employment specialist in finding a job based on the patient's interest, with competitive employment as the goal. Competitive employment is defined as part-time or full-time job in the community with at least minimum wages equivalent to what is received by workers without mental illness. The SE model comprises of 8 principles[3] and the SE Fidelity Scale[13] listed 15 key components (refer to **Figure 1**). These components are elaborated into 25 items that are measurable as indicators of a good SE service.

Some challenges may be encountered in the SE program. A study found that 24% of patients with schizophrenia referred to SE program refused to work, where duration of unemployment was significantly related to this situation (OR 1.018, 95% CI 1.002-1.035). The mixed method analysis found that anxiety was another reason for work refusal, which may be due to cognitive deficits, inadequate social skills, internalized stigma, and over-involved family members[9]. A randomized controlled trial found cognitive enhancement program that includes practice of computer cognitive

exercises, strategy coaching, and teaching of coping and compensatory strategies improved cognitive functioning on people with serious mental illness receiving SE. When compared to the standard SE program, the added cognitive enhancement interventions showed consistently better competitive employment outcomes such as jobs obtained (60% compared with 36%), weeks worked (23.9 compared with 9.2), and wages earned ($3,421 compared with $1,728).[10] A recent systematic review by Abidin et al has also found that apart from IPS being superior to conventional vocational rehabilitations, the integration of work-related social skills training into the IPS program showed the best evidence in enhancing vocational outcomes[11].

The success of SE model also lies in the exclusivity and efficiency of the employment specialist and technical assistance regimens for determining when to intervene[4]. A study investigating participants' experiences in a SE program and of receiving support from an employment specialist found patients reporting positive experiences of being treated as reflecting individuals, capable of making informed choices; and feeling of having control and increased power on one's life[12]. In other words, there is increased efficacy of IPS if the employment specialist has profound knowledge of the responses and needs of the patients, good insight into the work of the mental healthcare teams, acknowledges the potential of the IPS and is well informed of the employing companies by networking.

NICE and American Psychiatric Association (APA) guidelines, as well as the Malaysian Clinical Practice Guidelines for Management of Schizophrenia in Adults all recommend that people with psychosis or schizophrenia who wish to find work to receive SE services[14,15,16]. In Malaysia, the SE program was started in Hospital Permai Johor Bahru in June 2009. Using the *'choose-get-keep'* approach[17], the program has been a successful vocational intervention where the job placement rate is 97% and almost 200 patients were able to sustain on a job for the year 2013. The program has established strong collaboration with more than 50 companies that offer employment to mental health patients on regular basis. The program has also ventured into collaboration with SOCSO through the RESTART Project to further strengthen the employment support for the patients. SE is also the key rehabilitation activity in the community mental health centres or MENTARI. MENTARI services, which started in 2011, have now grown into 28 centres all over the country to date.[18] Since 2016 when supported employment was made the key performance indicator (KPI) for MENTARI, the target of 60% successful employment rate has been achieved with a total of 607 patients were enrolled under the program by 2019[19].

1.3 TARGET GROUP/USER

1.3.1 This guideline aims to assist healthcare professionals in the psychiatric and mental health services to develop SE program at their respective health facilities. Hence, the target users are:

a. Psychiatrists
b. Medical Officers
c. Occupational Therapists
d. Medical Social Workers
e. Nurses
f. Assistant Medical Officers
g. Pharmacists
h. Clinical Psychologists
i. Counselor

1.3.2 This guideline may also be a reference guide to other relevant stakeholders, such as:

a. Healthcare professionals in other departments and settings that may be routinely involved in managing people with mental illness, (e.g. Rehabilitation Medicine department, primary health clinics)
b. Other relevant governmental agencies (e.g. KSM, KPWKM, SOCSO, etc),
c. Non-governmental organizations
d. Community volunteers such as community leaders, religious leaders
e. Employers
f. Caregivers who are supporting people with mental illness.

1.4 SETTINGS

This guideline may be used in outpatient, inpatient and community settings such as:

a. Community Mental Health Centers or MENTARI
b. Psychiatric Nursing Home
c. Hospitals providing psychiatric services including district hospitals and private practices
d. At workplaces where patients work or where the employers are willing to participate in the program
e. At patient's home during visits by the Community Mental health teams and the SE Team

2. OBJECTIVES AND SERVICE SCOPES

2.1 GENERAL OBJECTIVES

To provide evidence-based guidance in implementing Supported Employment program for people with mental illness.

2.2 SPECIFIC OBJECTIVES

a. To promote and enhance evidence-based rehabilitation activities for people with mental illness in all healthcare setting
b. To empower patients and families to be involved in their own rehabilitation through supported employment
c. To preserve patient's right as an individual to work and contribute to society
d. To prepare and support patients in competitive employment with appropriate job search, job matching, job coaching and other services
e. To assist patients in keeping a job through ongoing job retention support, as well as maintaining good mental health and independence
f. To reduce stigma and discrimination towards people with mental illness through collaborations with employers and relevant goverment and non-governmental agencies.

2.3 SCOPE OF SERVICES

a. Comprehensive assistance in getting employment to all patients referred to the program
b. Continuous support to the patients, families and employers
c. Education to patients, families, employers and the public about SE program
d. Networking with relevant agencies to enhance the SE program
e. Facilities for training and research

3. STRATEGIES FOR IMPLEMENTATION

3.1 OVERVIEW

The strategy for executing a successful IPS program entails an ongoing cycle of preparation, implementation and sustaining process. Strengths, opportunities, and challenges from these processes are identified and recognized to inform and direct further development.

Despite the overwhelmingly positive evidence for the effectiveness of IPS and the fact that 60 % of people with severe mental illness expressing desire to work, only less than 2% had access to IPS[6]. Bridging the gap between the patient's need and service accessibility required better implementation strategies. Among the barriers identified in the implementation of IPS are[20,22,23]:

a. Past systems designed mainly for group-based services, which were the traditional vocational service that was not in line with IPS
b. Attitudinal barriers relating to the belief of mental health among professionals and employers
c. Organizational factors within the mental health service
d. Lack of quality training and supervision
e. The issue of funding

The key implementation strategies need to take into accounts these barriers and focus on a high level of commitment and well-coordinated efforts from various parties.

It is important to first understand the essential building blocks before the service can be implemented. This chapter highlights important strategies to prepare the service provider for a successful run of the service (**Figure 2** outline some of these important strategies). The strategies are divided into three phases[21]:

a. Preparation Phase (6-12 months)
b. Implementation Phase (6-12 months) and,
c. Sustaining Phase.

3.2 PREPARATION PHASE

Employment specialist should ideally be an Occupational Therapist who had received adequate training in SE through attachment programs at centres with good IPS SE practice such as Hospital Permai Johor Bahru. In centres where there is no Occupational Therapist available, the role of an employment specialist can be carried out by an Assistant Medical Officer, Registered Nurse or Medical Social Worker who has been trained in SE. The most important characteristic of a good employment specialist is the belief that people with serious mental illnesses who are interested in working can obtain competitive jobs and sustain them, if the job is a good match and the right supports are put in place. Ongoing assessment and planning are necessary to provide continuous education and training for the members of the SE team.

Table 1: Function and Responsibility of Employment Specialist [13,24]

Overall Function	• Carries out SE services by helping patients obtain and sustain employment that is consistent with their vocational goals and recovery, according to the SE Fidelity requirements.
Responsibilities	• Engages patients and families and establishes trusting, collaborative relationships directed towards the goal of competitive employment • Assesses patients' vocational functioning on ongoing basis • Helps patients in job development and job search activities directed toward positions that are consistent with patients' needs and interests • Provides individualized, time-unlimited, follow-along services to help patients sustain employment. • Provides education and support to employers, which may include negotiating job accommodations and follow-along contact. • Meets regularly with clinical team to coordinate and integrate vocational services into mental health team. • Draws up individual employment plans with patients and other treatment team providers and updates the plans quarterly. • Provides outreach services to patients when they appear to disengage from SE services and continue to maintain contact with patients • Spends at least 60 percent of direct service time in the community to engage and support patients, family members, and employers.

3.2.6 Designing Service

Program standards should be established early on to support implementation. Service design should encompass these four main broad areas:

a. **Organization:** Establish the SE Unit. Employment specialist can participate in regular meetings, share documentation, shared decision-making, and work together in close proximity[13].

b. **Services:** Determine the type of employment service (SE, hybrid, ETPs, Job clubs). For patients not ready for IPS, the non-IPSs approaches need to have an exit strategy and transitional in nature. Develop work-flow and operation manuals for referral, admission, discharge, staffing, organization, assessment, and treatment planning, and documentation[13].

c. **Logistic and Funding:** Setting up of workspace and logistics (for example meeting area and transport), equipment and utilities (for example phone and internet), budget planning and securing funds.

d. **Change Management:** Create a specific plan for change management strategies through innovative approach and work-flow re-engineering[23].

3.3 IMPLEMENTATION PHASE

3.3.1 Forming SE program Advisory Committee

The role of advisory committee is to provide support, to facilitate with the planning of program and to provide feedback during the implementation phase. Members of the advisory committee facilitates communications between organization especially on issues like funding and budgeting, allocation of human resources and logistics[24]. Regular meetings can be scheduled to address these issues. The committee members may include:

a. **Hospital**: Representatives from Hospital Administration such as the Hospital Director or Deputy Director, from Department of Psychiatry, Department of Occupational Therapy or Department of Medical Social Work.
b. **MENTARI network**: Experienced or more senior SE Team Leader from neighbouring MENTARI or representatives from MENTARI Technical Committee.
c. **Collaborating agencies**: For example, SOCSO for the RESTART program.

3.3.2 Skills Training and Supervision

Skills training and continuous development of skills should be given a priority. Education (for awareness) or training program may target these groups[24]:

a. Community member (patients, families, employers, community leaders, NGO, private company, or organization interested in SE) - Basic education on SE.
b. Mental health practitioners – Continuous Medical Education (CME) and training on engagement approaches to help patients or family members consider employment.
c. Employment specialists – more intensive skills training and supervision by SE Team Leader.

For SE team members, it is advisable to have supervised training for about one year. Change in practice can occur by observing new approaches in action and having opportunities to try new rehabilitation skills under supervision. Combination of approaches such as lectures, workshops, field mentoring, and attachment at centres with well-recognized SE program can be applied. Use of external supervisor through phone consultation or virtual meeting can be considered for new centres[24].

3.3.3 Monitoring and evaluation

To ensure that the program can run smoothly and sustainably, a clear mechanism to monitor SE fidelity and outcomes should be laid out. Fidelity assessment is best done (at least initially) by someone who is independent of the local team[13]. Improvement of both the program and staff performance can be achieved through systematic use of data such as fidelity measures, outcomes measures and Key Performance Indicators (KPI).

3.4 SUSTAINING PHASE

3.4.1 Quality Improvement and Ongoing Training

As the program become more mature and stable, the SE Team Leader focus on sustainability. Anticipated staff turnover need to be dealt wisely. Ongoing quality improvement and monitoring especially on program fidelity and outcome measures with regards to patients, ES and the program need to be carried out. SE Team Leader should consider renewing training and supervision or planning a booster session if the performance on fidelity and outcomes are not satisfactory[24].

4. WORK PROCESS

The work process in SE Program follows the requirements outlined in SE Fidelity Scale[13]. The work procedures in SE program are carried out by the SE unit comprising of a SE team leader and at least two employment specialists. There are minimal assessments involved in the SE program, and the services are provided in natural community settings by all employment specialists. SE program should be integrated with the mental health team, through regular team meetings as well as engagement and outreach attempts which include multiple home or community visits.

The SE Program work procedures are as follows:

4.1 INTAKE OF REFERRAL

a. Any individual with mental disorders who wants to work and able to give consent is eligible for this program. **(Zero exclusion).**
b. This is a voluntary program and open for adults eighteen to fifty -five years of age who have a psychiatric diagnosis.
c. Upon receiving referral for SE, employment specialist should meet / respond to the patient[25]
    i. within three working days for outpatient referrals
    ii. within 24 working hours for inpatient referrals
d. Thorough, clear explanation of the SE program must be given to the patient before informed consent is taken.
e. The caseloads for one employment specialist should not be more than 20 patients.
f. For patients who do not want to participate in this program, the employment specialist should continue engagement work with the patient to help identify reasons for refusal and provide them with information about SE program
    i. This engagement process should be done repeatedly to attract patients to participate SE. Employment specialist can use various approaches such as Motivational Interviewing (MI) to explore patient behaviour and resolve ambivalence
    ii. If the patient is not ready for SE, employment specialist should refer the patient to other work-related rehabilitation services such as Employment Transition Program (ETP), Engagement Program or Fall Back System (Refer to **Figure 3**).

4.2 INDIVIDUAL ASSESSMENT

a. Individual assessment begins with the formulation of a statement of employment intent (consent form) which specifies the patient's preferred work activity, work setting, amount of time per week, and target date of employment. Employment specialist may use **Job Interest Check List Form** to assess patient's employment's goal (refer to appendices). By using these forms, it will help identify job types and work environments while promoting

choices, hence creating possibilities of a closer match between patient's employment goal and the job opportunities.

b. Employment specialist should be working with the patient to identify their strengths and determine employment goals, as well as clarify the support needed to achieve those goals.
c. Employment specialist may gather relevant information, with the patient's consent, from a variety of sources such as from the mental health team members, the patient's clinical record, the patient's family members and from the previous employers. Employment specialist helps the patient to learn from each job experience and also work with the treatment team to analyse any job loss, job problems and job successes.
d. The individual assessment process should be kept at the minimum to allow for rapid job search to take place. Information gathering can be continued throughout the SE work process as the information becomes available.
e. Following the individual assessment, the employment specialist and the patient will start to develop the SE action plan.

4.3 SUPPORTED EMPLOYMENT (SE) ACTION PLAN

The employment specialist and the patient will work together to develop a mutually agreed-upon supported employment action plan. The action plan supports the patient's activities, services and supports, based on their employment and employability needs and goals. The action plan can be documented in the **Patient Care Plan** (refer to the appendices). The action plan should consist of the following:

a. Involve negotiation of responsibility and scheduling times for completion of each of the task required to secure a job offer
b. Identify barriers to employment, including those due to their disability, as well as steps to address the barriers (e.g., on-the-job supports), aiming at problem solving using environmental assessments and consideration of suitable accommodations, and initial financial support (e.g., initial expenses).
c. Preparing the patient for the job such as on personal grooming, time management including punctuality, communication skills such as how to ask for help at workplace, and how to take public transport to workplace.
d. The initial SE action plan developed and approved by the employment specialist and the patient within **two months** from intake of referral[25]
e. The action plan continues to evolve as the patient proceeds through the services and activities. The action plan must be reviewed and updated regularly with information from the job assessment forms and the new job or educational experiences.

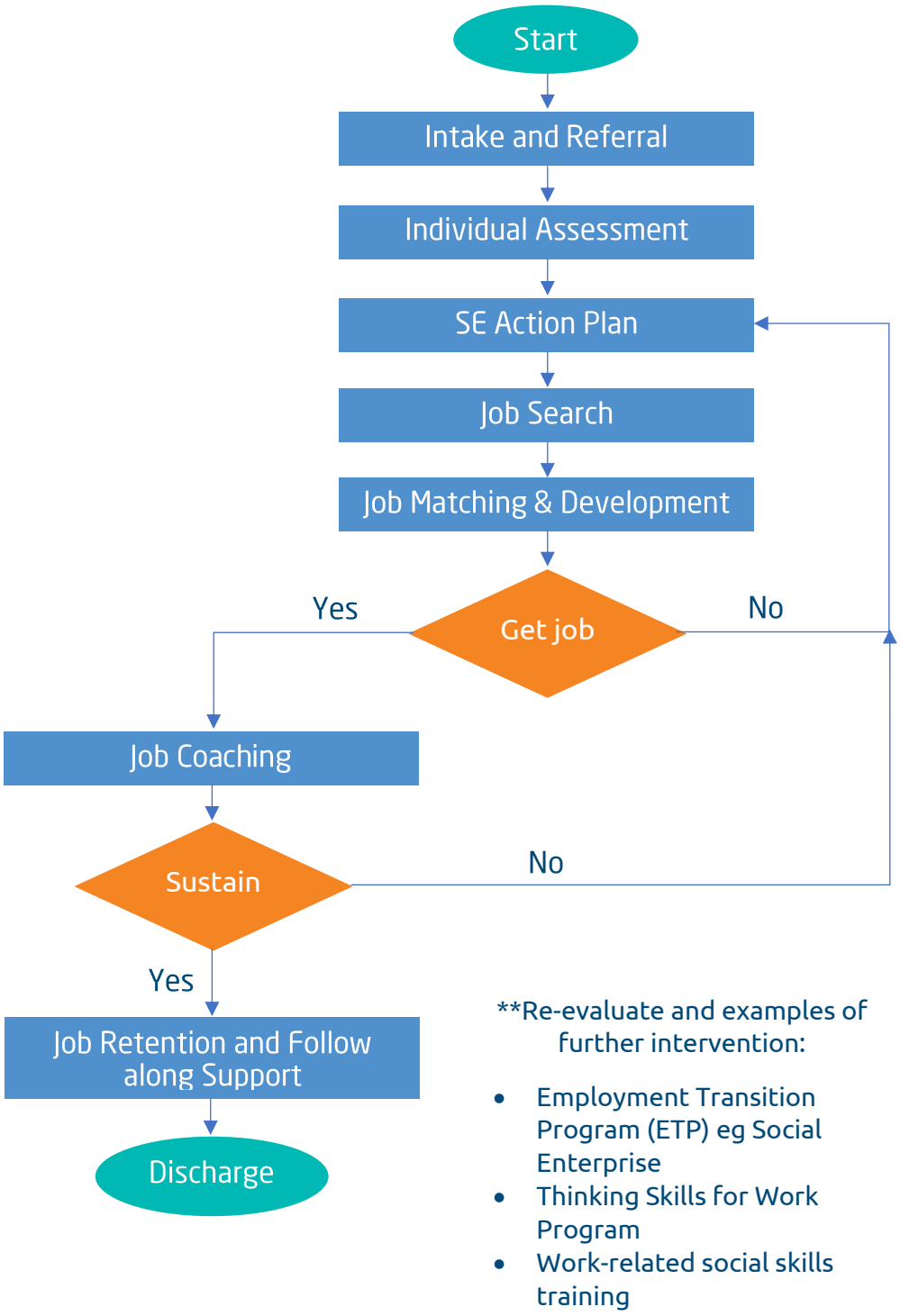


Figure 3: Flowchart on Procedures in Supported Employment Program.

4.4 JOB SEARCH

Job search is the activities that support a patient in conducting an effective employment search. Employment specialist must be able to offer patients assistance, where appropriate, in the following job search activities:

a. Focus on competitive employment that is permanent rather than temporary status jobs
b. Coaching and support during the job search process.
c. Providing realistic and accurate assessment of the patient's qualifications in relation to the job requirements and opportunities in the open market.
d. Training in accessing job search tools, including online job search sites, and job search strategies.
e. Job application support including completion of resumes and cover letters, completing application forms, and job interview skills.
f. Providing both formal and informal job search, such as word of mouth and informal contacts and direct employer contacts on behalf of the patient
g. Accompanying patients to job interviews when needed or arranging alternative job interview formats to accommodate the patient.
h. Assist patients with decisions on personal disclosure of a disability to the employer, including discussing the pros and cons of disclosure and deciding on specific information that can be disclosed.
i. Job search should start **within one month** from the intake of patient into the program.

4.5 JOB MATCH AND JOB DEVELOPMENT

Job matching and development involve working with employers to determine their workforce needs and to identify patients with the skills or work interests that address the employer's staffing needs. Employment specialists may use **Work Analysis Form** to aid in this process (refer to appendices).

4.5.1 Job Matching and Development for Employers

Employment specialist should have an understanding of local job market and its trends, as well as the local employers/sectors in order to effectively develop employment opportunities for patients. Employment specialist should make contacts with employer with the aim of making a good job match based on patients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). The job match should be consistent with the individual's current plan. Employment specialist should conduct multiple outreach visits to the employers in person, where the employment specialist should do the following:

a. Advocating the business value of hiring people with disabilities, for instance through local job marketing campaigns/job fair, that help dispel myths or misunderstandings about employing individuals with psychiatric disabilities

b. Creating awareness of the range of services available to employers through the SE program when hiring an individual with a disability (e.g., job coaching and time-unlimited follow -along supports provided by employment specialist)
c. Learning about the employer and the need of their organization
d. Promoting available patients that can fulfil job vacancies at the employer's organization

4.5.1 Job Matching and Development for Patients

Employment specialist should identify and take into consideration the skills and occupational interests of the patient when looking for potential employment opportunities. In job matching and development process for the patient, employment specialist should:

a. Provide information about the job options in the community
b. Provide guidance and support with respect to general work place and employer- specific expectations and employer contracts
c. Facilitate interviews and informal meetings between the patient and employer to secure successful job matches
d. Provide diversity in job types and diversity of employers for the patient.

Subsequently both the employment specialist and patient will try to find the job opportunities that best match the patient's individual profile.

4.6 JOB COACHING

Job coaching support is available once the patient has started work. Job coaching involves regular monitoring of progress and ongoing support to ensure that agreed upon employment commitments are being met by both the employer and the patient. Employment specialist should be able to offer the following services, as needed:

a. Guidance and direction to the patient on the employer's expectations and workplace standards;
b. One-to-one, on-site training and support, including orientation to workplace health and safety requirements;
c. General orientation to the workplace and assistance in understanding the culture of each individual workplace, (e.g., lunchroom etiquette, the social environment and activities, etc.);
d. Identifying, anticipating and resolving issues as they arise during employment;
e. Helping build the patient's work capacity, support better access to workplace benefits, achieving higher employment income, increased social interaction with co-workers and improved integration within the work setting; and,
f. Supporting on-the-job activities through monitoring activities such as site visits.

Work assessment should be done as soon as possible once patient has started work, using the **Work Assessment Form**.

4.7 JOB RETENTION (FOLLOW ALONG SUPPORTS)

Job retention or follow-along support process starts when patient and employer no longer require the intensive level of job coaching yet are not fully independent in the job. The transition from more intensive job coaching to job retention occurs when the patient is progressing and performing well on the job and ready for less intensive support. Job retention support activities are less frequent than job coaching support, and more flexible.

In the job retention/follow-along support process, the patient receives support that is based on the job, patient preferences, work history, needs, and capability. The ongoing supports are provided by a variety of people, including the mental health team (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (e.g.; natural supports), and the employment specialist as well. Concurrently, employment specialist also provides employer support (e.g., educational information, job, accommodations) as requested by the patient.

Employment specialist should be able to offer the following job retention/follow-along support services, as needed:

a. Periodic discussions with the patient and/or employer to identify and help address any performance or other workplace issues and to determine job satisfaction. For example, the patient may have difficulties in working long hours due to factors such as side effects of medications or lack of physical endurance therefore, employment specialist should be able to negotiate with the employer on possibility of shorter working hours or flexi-hour work schedule for the patient. Other potential issues are:
    i. Absenteeism,
    ii. Behavioural problems,
    iii. Inability to complete assigned tasks,
    iv. Unable to follow work schedule, and
    v. Poor integration into the workplace culture.
    vi. Job satisfaction from both parties (employer and patient).
b. Crisis response for patients (e.g., assist a patient who is at risk of losing their job and who would be able to maintain employment with access to supports);
c. Crisis response for employers (e.g., assist an employer in developing a plan in response to a situation where a patient is experiencing mental, or emotional distress related to an incident at work that requires manager response).
d. Supporting any changes in work routines, including changes in the employee's supervisor, ongoing support with training, advancement, and career development.

Generally, the transition to job retention support occurs **3 months** from the start of the employment to ensure there is adequate time and support available for the patient to adjust to the job and the workplace. [25]

As outlined in the Supported Employment Fidelity Scale[13], employment specialist should have face-to-face contact within **1 week** before starting a job, within 3 days after starting a job, weekly

for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by patients. In case the patient loses a job, employment specialist should contact the patient within 3 days of learning about the job loss.

There is no minimum or maximum duration for follow- along supports. Follow – along supports are provided for as long as the patient need and wishes to receive SE services, which typically is for about **1 year**. Patients are then transitioned to general ongoing support from mental health service following steady employment. The patient will only be discharged from SE services at the patient's request after he or she has had a stable employment for at **least 1 year.**

4.8 PROCEDURAL ACTIVITIES' TIME FRAME

Table 2: Procedural activities' time frame [25]

No.	ITEM	TIME FRAME
1	• Fill-up the Job Interest Checklist for the referred patient (using the **Job Interest Check List Form**).	• During individual assessment
2	• Make an analysis of the job that employment specialist wants to offer to the patient. **(Work Analysis Form)**	• During individual assessment
3	• Find jobs appropriate to patient's interest and abilities **(Job Development/Job Search/Job Bank)**	• Everyday
4	• Conduct briefings for employers interested in hiring patients. **(Job Development for employer)**	• As required
5	• Create **Job Matching** (match the skill and ability of the patient to the job requirements).	• Within 2 weeks after intake referral
6	• **Job Search** (support patient in conducting an effective employment search)	• As soon as possible dan regularly.
7	• Prepare patient to go to work	• Every time before patient start work
8	• Provide training/coaching for patients at the workplace. **(Job Coaching)**	• As required
9	• Monitor patient's performance and progress at the workplace.	• At least twice a week for newly employed patients. • At least four times a month for the first month • At least once a month for the subsequent months.
10	• Perform patient's work assessment **(Work Assessment Form)**	• A week after the patient began to work and a month later.

11	• Provide psychoeducation on mental illness to employers.	• On the first day of meeting with the employer and continuously
13	• Multidisciplinary meeting	• Weekly chaired by Psychiatrist involving SE team, the treatment teams, social welfare officer, etc
14	• SE Team meeting	• Daily chaired by SE Team Leader.
15	• Meeting with employer/supervisor/co-worker during follow-along support	• Six monthly or as required
16	• Interagency Unit meeting	• At least once a year or as required
17	• Assist patients to get Disability Card (OKU), Disabled Workers Allowance (EPC), bank account	• During intake
18	• Ensure insurance coverage at workplace e.g., contribution in EPF / SOCSO by employer.	• Every time

5. SPECIAL SITUATIONS

5.1 LOGISTIC ISSUES[25]

Employment specialist can accompany patient to the workplace if needed and agreed by patient especially in the following situations:

a. During job interview
b. During work for supervision (superior at work must be informed)

Patients may use their own transport or public transport as to commute to the workplace while employment specialist may guide the patients to be familiarize them with the route to work if needed. Employment specialist can also explore any opportunity for the employer if there is option for the employer to provide the transportation.

Employment specialist may use own transport or a dedicated transport to commute to the visit area as recommended or provided by the hospital/health facility. Patient deserved to request same-gender employment specialist or more than one accompanying staff as deemed suitable culturally.

5.2 CRISIS MANAGEMENT[25]

Patient may have crisis for various reasons therefore employment specialist needs to recognize the patient's signs of crisis. The information can be obtained from the family member and employment specialist may also need to talk to the employer if indicated. This may help to prevent the crisis from escalated where the family member or employer can also prevent crisis from happening.

Employment specialist needs to inform patient's family, patient's employer, and mental health team about the early relapse and crisis. Mental health team shall guide the employment specialist to reassess the severity of the crisis and help the family or employer whether to call emergency help i.e. initiate acute home care by CMHT if available, police, or to walk-in to the nearest health facility (example MENTARI).

Patients may request to take emergency leave when they are in crisis. Employment specialist will need to advise patient to come to nearest health facility to get the medical leave if indicated and liaise with the employer about the absence from work.

Employment specialist may pay visits to the patient's house/ workplace to reassess the crisis severity and may need to inform the mental health team about the progress and strategy for improvement. Employment specialist may need to check the patient's medication, recent follow-up with clinic, initiate assertive community care under CMHT if available, and may need to reschedule the next appointment date if indicated.

5.3 PANDEMIC OR DISASTER SITUATION

In the early year 2020, the world was hit by the pandemic due to Covid-19 infection. Almost all sectors were affected including care for patients with mental illness. Therefore, adjustment of the working process in the pandemic or disaster situation is crucial to prepare the SE team. These adjustments must be compliant to the recent and updated instructions by the Ministry of Health and National Security Council.[26]

5.3.1 Referral and review

a. Intake of referral for SE program should be continued within the allocated time but patients may face difficulty to attend the intake assessment meeting physically, therefore employment specialist can arrange for a virtual assessment if feasible i.e., patient has the stable online platform (smart phone or computer) with good internet connection.
b. If the situation required for physical assessment, the decision must be made as a team and must be well **j**ustified to protect both patient and staff's safety.
c. If the patient needs to be seen physically, general measures of new normal such as personal protection, personal hygiene and physical distancing need to be in place to ensure continuous adherence to high standards of safety per recent pandemic/disaster update. As people with mental disorders are a vulnerable group in the community, it is crucial that such measures are implemented for every single activity in the SE program.
d. All the referral to other agencies i.e., SOCSO, Welfare Department or NGOs must be done online or virtually according to the organisation's own updated policies during pandemic or disasters.
e. All working patients especially in the essential service must be reviewed to ensure they are safe and practicing the suitable Personal Protective Equipment (PPE) to prevent infection or injury.

5.3.2 Meeting and interview

a. All SE team members need to comply with the requirements for regular meeting to discuss and develop strategies for the patient in the SE program. This to ensure continuity of care of the patient been taken care despite of pandemic or disaster.
b. The job interview can be done virtually, where employment specialist may help remind and prepare the patient to attend the virtual interview and arrange the proper online platform.
c. Employment specialist may also arrange meeting virtually with the employer to discuss issues and to provide support to the existing employer.
d. Employment specialist may build new employer partnerships remotely rather than contacting employers in person.
e. Depending on circumstances of employment availability, employment specialist may suggest patients to spend longer duration in transitional employment programmes while waiting for the job opportunity.

5.3.3 Virtual support

a. Example of virtual support includes phone call, video chat, text message and email.
b. This may help to reconnect patient who disengage from the services due to pandemic/disaster.
c. Employment specialist may be able to offer emotional support to patient by checking in frequently, sharing encouragement, and promoting wellness strategies.
d. Employment specialist may also help patients with financial changes, including applying for unemployment benefits e.g., SOCSO.
e. Employment specialist must record all the virtual contact with either patient or employer in the logbook or case notes as proof of such activity.
f. Training and technical support from available Information and Technology department (ITD) of the hospital/health facility should be sought to ensure the team is well-versed with the recent technology and used it smartly.

5.4 STRATEGIES FOR SUPPORTED EMPLOYMENT IN RURAL AREA

Employment outcomes were not significantly different between urban and rural U.S. programs in the IPS Learning Community[27]. IPS programs in small communities were also able to achieve high IPS supported employment fidelity scores rates comparable to programs in large communities[28]. However, patients in rural area commonly face resources barriers, such as lack of reliable transportation[27], limited access to employment opportunities, stigma regarding mental illness, a lack of trained social workers and the professionals that primarily deliver services and lack of access to effective vocational services, such as SE[30].

Another challenge in rural mental health agencies is that staffs who work in these agencies face with more limited access to resources and higher caseloads due to fewer providers, which can lead to less satisfaction in employment. However, a strong commitment to the SE approach, and responding to barriers with creativity and energy can make a difference. Below are some considerations for SE implementation in rural areas[29,30].

5.4.1 Transportation issues

Communities in rural areas face challenges in offering safe, affordable, and reliable methods of transportation. Each rural community has different needs and faces different challenges; there is no one-size-fits-all implementation strategy to overcome rural transportation problem. The best step is to identify the existing resources and best practices, then utilize them optimally.

a. Employment specialist may liaise with employers in providing transportation for patient accordingly to routine trips of work (to and from).
b. Employment specialist is especially encouraged to form partnerships and coordinate transportation assistance program among stakeholders (e.g., NGO, Social Welfare Department, Public/Private Transportation Agencies, Local/State Business Agencies, etc) to overcome mobility issues.

5.4.2 Lack of business activities

Strategies that employment specialists have used to maximize the job opportunities for patients living in the rural area include:

a. Exploring and learning about agricultural activities that are unique in that area example veterinary services and farmers.
b. Helping patients investigate options to commute by public transport to jobs in urban areas.
c. Staying in touch with local employers and local leaders because many job openings are not advertised word of mouth is used more than in urban areas. Employment specialist can network, read local newspapers to learn about changes in the business community, participate in local service organizations, ask for tours of businesses, and visit with people in informal settings.
d. Visiting every business in the area, regardless of the size of the business and this may include businesses that operate from people's homes.
e. Developing trust with employers, and being accountable to employers, which may be more important than in urban areas. Employment specialists follow through with agreements and avoid overpromising what they can do.
f. Job carving—working with an employer to develop a new position.
g. Family involvement – family members can act as an employer or a co-therapist. For example, a parent can hire their son working with them at paddy field or cattle farming.
h. Considering work-at-home positions for companies that are not local.
i. Using self-employment, for example, builds and sells furniture or craft product or home-made product independently.
j. Interacting with employers in a professional manner, even when prior, personal relationships exist.

5.4.3 Lack of multi-disciplinary unit

In rural area, the SE team may only have one employment specialist working in separate locations. Strategies to build a multi-disciplinary unit include[27]:

a. Get in touch with local primary health care and district hospital with visiting psychiatrist to get information on human resources that can help in SE. Employment specialist in established centres unit such as MENTARI or tertiary hospital may provide supervision to the dedicated staff in primary health care and district hospital.
b. If the employment specialist works in geographically distant locations, multi-disciplinary meetings can be done virtually or, if in person, less regularly i.e. once each month.
c. Employment specialists from neighbouring areas are encouraged to help each other, for example, taking a patient to a job interview, job coaching etc.
d. Connect a single employment specialist to the SE team in the nearest area. One example is of employment specialist at a peer-operated centre who attends weekly meetings with the SE team at the local community mental health centre. Both parties can share job leads and suggestions to help people served by both centres.

e. Develop a regularly scheduled meeting for all local employers, including those from other types of employment programs. This provides support for job development, though not necessarily for the SE approach.

6. QUALITY INDICATORS

The quality indicators for SE program are in accordance with the **SUPPORTED EMPLOYMENT FIDELITY SCALE**[13] and adjusted according to local needs. The indicators are categorized into 3 main criteria of staffing, organizations and services as shown in the following:

Table 3: Supported Employment Fidelity Scale

A. STAFFING		QUALITY INDICATORS
1.	**Caseload size:** Employment specialist have small number of individual employment caseloads.	The maximum caseload for full-time employment specialist is 20 cases.
2.	**Supported Employment staff:** Employment specialist provide only SE services.	90% of tasks are for SE only.
3.	**Vocational generalists:** Employment specialist carries out **all phases** of SE service, including intake, engagement, assessment, job development/ placement, job coaching, and follow-along supports	Employment specialist's role cannot be limited to carry out only certain phases of the SE services.
B. ORGANIZATION		**QUALITY INDICATORS**
1.	**Integration of rehabilitation with mental health treatment thru team assignment:** Employment specialists are part of up to 2 mental health teams from which at least 90% of the specialist's caseload is comprised.	Mental health teams can be the Community Mental health teams and/or MENTARI
2.	**Integration of rehabilitation with mental health team through frequent team member contact:** Employment specialist actively participate in mental health team meetings that discuss individual patient and their employment goals with shared decision-making, as well as identifying potential patients. Documentation of mental health treatment and employment services are integrated in a single patient chart/file.	Weekly team meeting with the mental health teams. Documentation in a single patient's file.
3.	**Collaboration between employment specialists and Vocational Rehabilitation (VR) counsellors:** The employment specialist and VR counsellors have frequent contact for the purpose of discussing shared patients and identifying potential referrals.	See Glossary for definition of VR counsellors in Malaysian setting.
4.	**Vocational unit:** At least 2 full-time employment specialist and a SE team leader comprise the employment unit.	Daily meeting. Weekly supervision by SE Team Leader.

5.	**Role of supported employment supervisor:** SE unit is led by a SE team leader, who developed and improved employment specialist's skills through outcome-based supervision. SE team leader ensures integration of the SE team with mental health team.	1 full-time SE team leader for ≤10 employment specialist.
6.	**Zero exclusion criteria:** All patients interested in working have access to SE program regardless of job readiness, substance abuse, symptoms, history of aggression, cognitive impairments, treatment non-adherence, and personal presentation. Employment specialist offers to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.	The SE program does not exclude any patients.
7.	**Focus on competitive employment:** SE Unit promotes competitive employment and SE services through multiple strategies (e.g., brochures, bulletin boards, posters; patients to share work stories).	SE Unit measures rate of competitive employment and present data to SE leaderships 3-monthly.
8.	**Executive team support for SE:** Executive team members should consist of Hospital Director, Head of Psychiatry Department, Head of Occupational Therapy Unit, and advisory committee members if such committee is available.	Executive team assist with supported employment implementation and sustainability.
C. SERVICES		**QUALITY INDICATORS**
1.	**Work incentives planning:** All patients are given assistance and information in obtaining aid and allowances that are provided by the employer, SOCSO, and the Welfare Department.	Work incentives includes Elaun Pekerja Cacat (EPC), OKU benefits, SOCSO benefits, KWSP, etc.
2.	**Disclosure:** Employment specialist provides patients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability.	To discuss disclosure at least on 2 occasions.
3.	**Ongoing, work-based vocational assessment:** Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs, aiming at problem solving using environmental assessments and consideration of reasonable accommodations.	Vocational profiling using Job Interest Checklist and Job Analysis forms.

4.	**Rapid job search for competitive job:** Initial employment assessment and first face-to-face employer contact by the patient or employment specialist about a job as soon as patient enters the program.	Job search should occur within 30 days (one month) after program entry.
5.	**Individualized job search:** Employment specialist makes employer contacts aimed at making a good job match based on patients' preferences and needs, rather than the job market (i.e., those jobs that are readily available). An individualized plan is developed and updated regularly.	Employer contacts for job search by employment specialist are based on patient's preference and needs **90-100%** of the time.
6.	**Job development - Frequent employer contact:** Each employment specialist makes employer contacts on behalf of patients looking for work. An employer contact is counted even when meeting the same employer more than one time in a week with or without the patient. Patient-specific and generic contacts are included. Employment specialist uses a weekly tracking form to document employer contacts.	Minimum 6 employer contacts per week on behalf of patients looking for work. Use Borang Temuduga bersama Majikan for weekly tracking.
7.	**Job development - Quality of employer contact:** Employment specialist builds relationships with employers through multiple visits in person to learn the needs of the employer, convey what SE program offers to the employer, describe patient strengths that are a good match for the employer.	Each visit to the employer should be planned.
8.	**Diversity of job types:** Employment specialist assists patients in obtaining different types of jobs.	Assists patients to obtain different types of job 85-100% of the time.
9.	**Diversity of employers:** Employment specialist assists patients in obtaining jobs with different employers.	Assists patients to get jobs with different employers 85-100% of the time.
10.	**Competitive jobs:** Employment specialist provides competitive job options that are permanent rather than temporary/time-limited status. Competitive jobs pay at least minimum wage, are jobs that anyone can apply and are not set aside for people with disabilities.	95% or more competitive jobs held by patients are permanent.
11.	**Individualized follow-along supports:** Patients receive different types of support for working that are based on the job and individual factors. Employment specialist also provides support for employer at patient's request, and help with patient's career development.	Employment specialists provide support to both patients and employer.

12.	**Time-unlimited follow-along supports:** Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by patients. Employment specialist contacts patients within 3 days of learning about the job loss.	Once steadily working, patients are transitioned to a step-down job supports which will come from the mental health team.
13.	**Community-based services:** SE services such as engagement, job finding and follow-along supports are provided in community settings by all the employment specialist.	Employment specialist spends **65% or more** of total scheduled work hours in the community.
14.	**Assertive engagement and outreach by integrated treatment team:** Engagement and outreach attempts made by integrated team members including multiple home/community visits. Coordinated visits by employment specialist with integrated team member, and connect with the family, when applicable.	Documentation of engagement and outreach attempts must be done. Once the patient no longer wants to work or continue SE services, the team stops outreach.

6.1 FIDELITY REVIEW OF OUR SUPPORTED EMPLOYMENT PROGRAM

Fidelity review is best conducted by external reviewer. However, if external reviewer is not available, internal reviewer can be considered. It is advisable to have fidelity review every 6 months. During a fidelity review, the reviewer may interview the employment specialist, the patients served by the SE program, family members or the mental health team. The reviewer may also observe SE meetings or observe meeting with employer. Other activities in the fidelity review may include:

a. Reading patient's record and looking at the forms used. Phases of employment service, relevant forms, and example of monitoring (including some of fidelity indicators) are highlighted in **Figure 4**.
b. Reviewing log of meeting with employer for the past 3 months.
c. Reviewing number of caseloads per employment specialist.

After a review, reviewers may collaborate to score fidelity items and proposed suggestions.

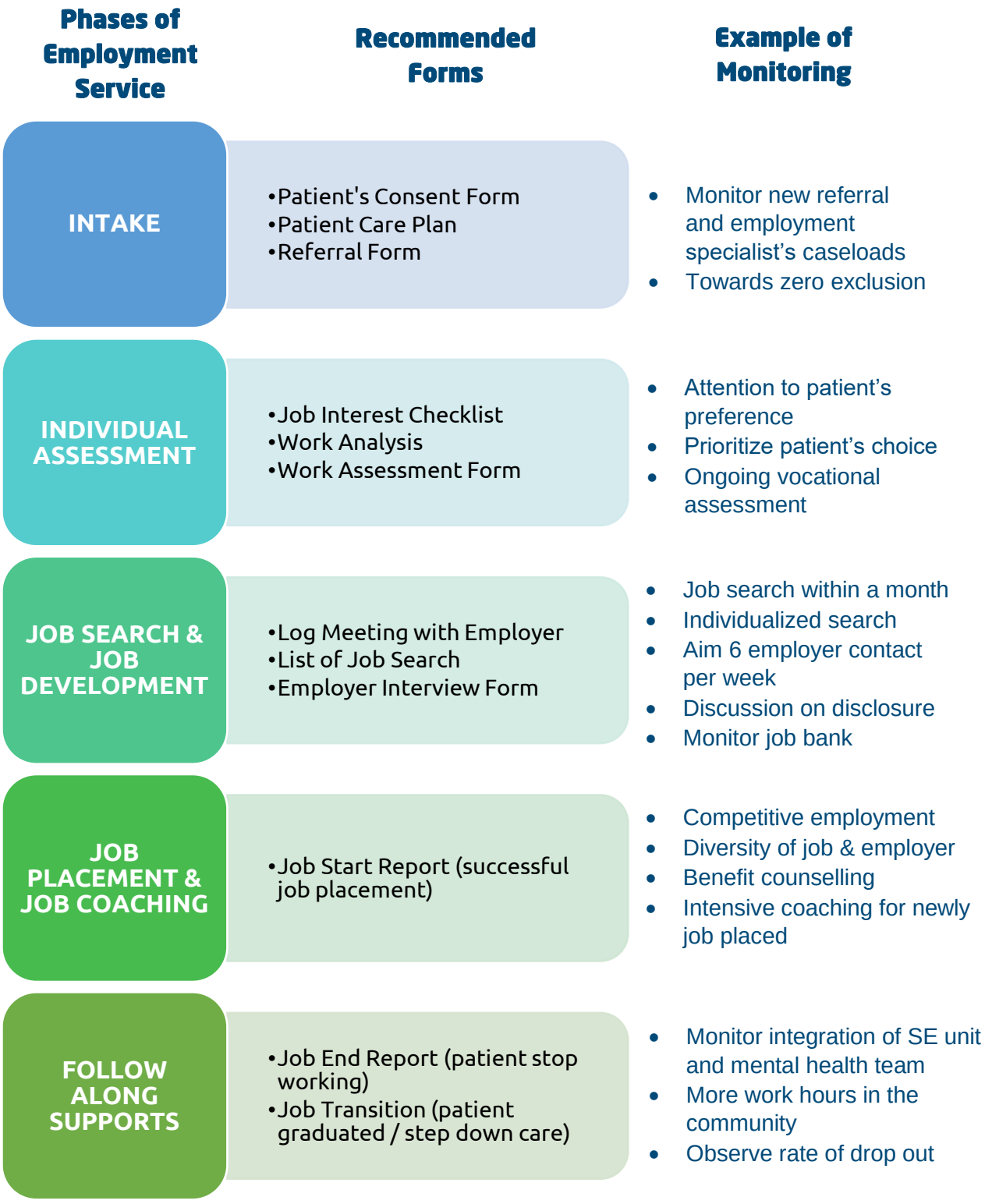


Figure 4: Phases of employment service, recommended forms and example of monitoring.

7. GLOSSARY

Table 4: Glossary or list of terminologies

TERM	DESCRIPTION
Assessment	The basic minimal assessment carried out by the employment specialist using the Job Interest Checklist.
Career profile	Refers to a document (previously called a vocational profile) in which the employment specialist records job preferences, work history, education history, strengths, legal history, and other information pertinent to a person's employment or education goals.
Community-based services	SE services such as engagement, job finding and follow-along supports are provided in community settings by all the employment specialist.
Competitive employment	Employment in the open market whether full-time or part-time, with similar remuneration as other employees, or meeting minimum wage requirements
Co-occurring disorders	Sometimes referred to as dual diagnosis. Refers to coexisting learning disabilities and substance use disorders.
Disclosure	Refers to disclosing information about one's disability in the workplace. Some people choose to share information about their disabilities in order to ask for job accommodations (such as the support of an employment specialist) or because they are proud of having overcome barriers in order to return to work.
Employment specialist	Ideally, the employment specialist is an OT who is trained in SE services. However in certain settings where there is no OT available, the role of employment specialist may be carried out by other paramedic staff such as Assistant Medical Officer, Registered Nurse or Medical Social Worker, provided they have received the necessary training in SE services.
Employment transition program (ETP)	This concept was introduced in Japan by the Ministry of Health, Labour and Welfare Projects for Promoting Comprehensive Welfare for Persons with Disabilities was established as a service to lead persons with disabilities who seek open employment at a company under the provisions of the Services and Supports for Persons with Disabilities Act. ETS service requires various functions to achieve such a role; five basic functions are: (1) Intermediate Environment for Step-by-step Growth (2) Assessment of Vocational Aptitude, etc. (3) Function to Support the Self-understanding and Enhance the Motivation to Work of Persons with Disabilities (4) Matching Function to Find Appropriate Workplace and Ensure Effective Coordination (5) Follow-up Function Including Long-term Job Retention Support Which Commences Immediately After Employment.

Engagement	Initial stage activities to meet the patient and introducing the patient to supported employment programme
Fidelity	A fidelity scale is a tool to measure the level of implementation of an evidence-based practice (EBP). The Supported Employment Fidelity Scale defines to differentiate between programs that follow the IPS approach and those that do not. IPS fidelity helps program leaders develop plans for improving IPS services at their agency.
Field mentoring	Side-by-side coaching by SE supervisors with employment specialist as they perform their work.
Follow-along supports for working patient & employer	Support that is rendered by the employment specialist such as on-going meetings with the job-placed patients and assistance in job retention. Other issues faced by the patient such as transportation issues and other supports are also looked into. Besides that, the employment specialist may also meet with the employers (with agreement of the patient) to address any issues that may arise and to provide health education/information
Individual Placement and Support (IPS)	Specific type of supported employment service that has been well researched and is carefully defined in a 25-item fidelity scale. The outcome of this service is competitive employment for people who wish to work.
IPS Supported Employment Fidelity Scale	The IPS Supported Employment Fidelity Scale consists of 25 items that are required to ensure the effectiveness of the programme. These items cover various aspects such as staffing, organization and services. The more complete the compliance to these items on the Fidelity Scale predicts a higher success rate of a supported employment programme.
Integrated services	In IPS, mental health practitioners and employment specialists meet weekly to brainstorm ways to support people's employment and education goals. Another way that IPS uses integrated services is to meet frequently with Vocational Rehabilitation counsellors to ensure that services are well coordinated.
Intensive Job Coaching	Intensive on-the-job training provided by the employment specialist to patients who are newly job-placed at the workplace. Apart from training, the patient is also encouraged to form good working relationships with other colleagues at work
Job analysis	Work/tasks assigned to patients will be assessed by the employment specialist based on criteria listed in the Work Analysis Form
Job bank	A system that enlists all job vacancies from multiple sources available at a given time, including information such as job type, working hours, wages and benefits provided by the employer (eg: MYFutureJobs)
Job matching	The process of matching patients with a suitable job/work, taking into consideration various criteria such as work experience, educational level, skills, interest, health status and available support systems

Job search	Job searching process through various means to obtain work for the patient or to expand the job bank. Depending on the location, this may entail door-to-door enquiries, job advertisements, and websites like MYFutureJobs, enquiries with the Labour Department, job fairs or others.
Mental health team	The healthcare team that provides mental health treatment to the patient.
Multi-disciplinary team	Mental health team that comprises members of various disciplines such as psychiatrist, MO, OT, employment specialist, pharmacist, nurse, medical social worker, etc. The multi-disciplinary team works together for the complete care and benefit of the patient.
Referral	A patient who wishes to work may be referred by his or her treating doctor to the employment specialist to be enrolled in the supported employment programme
Sheltered employment	These workplaces hire people with disabilities to complete contracts for other businesses, for example, people with disabilities may be paid a piece rate to assemble garden hose spigots for a company that makes garden hoses. Sheltered employment is not consistent with IPS supported employment.
Supported education	There are many models of supported education, but in general the purpose of these programs is to help people successfully complete education programs such as college degrees, high school degrees, high school equivalency programs, and vocational training programs that are open to the general public. IPS programs may provide education supports to people who have education goals that are connected to their career goals.
Supported employment	A structured employment programme aimed at helping patient to gain competitive employment in the open market with the guidance of a trained supported employment staff or employment specialist
Supported employment (SE) unit	The team of employment specialists and supervisor that form the SE team.
Thinking Skills for Work Program	Uses 3 approaches to enhance cognitive performance at work: cognitive exercise practice, strategy coaching and teaching coping strategies by combining computer cognitive training exercises e.g. Cognitive remediation therapy with SE.
Vocational Rehabilitation (VR)	The focus of Vocational Rehabilitation is to help people find gainful employment related to each person's "strengths, resources, priorities, concerns, abilities, capacities, interests, and informed choice." Vocational Rehabilitation counsellors work collaboratively with SE programs, and may consists of job coaches, medical social workers or NGOs
Work crew	Refers to a group of people who have disabilities and under the supervision of an employee of a vocational rehabilitation program

Work-related Social Skills Training	Consist of 3 main elements: basic social skills, basic social survival skills and core work-related skills. Basic social skills & social survival skills training consisted of nonverbal and verbal components of communication, assertiveness, grooming and self-presentation, and greeting and basic conversational skills. Core work-related skills training consisted of skill learning related to job finding and retaining (e.g., phoning to ask for a job interview, performance at interview), skills related to specific situations at work that might cause problems (e.g., handling conflict, destructive gossip), and problem-solving skills

8. LIST OF ABBREVIATION

AMO : Assistant Medical Officer

CMHT : Community Mental Health Team

IPS : Individual Placement and Support

JICA : Japan International Cooperation Agency

JOCV : Japan Overseas Cooperation Volunteers

KSM : Kementerian Sumber Manusia

KPWKM : Kementerian Pembangunan Wanita, Keluarga dan Masyarakat

MO : Medical Officer

NGI : Non-Governmental Individual

NGO : Non-Governmental Organization

OT : Occupational Therapist

RESTART : Re-Employment Support, Training and Rehabilitation Teamwork (collaboration on employment service between SOCSO and Psychiatry & Mental Health Services, MOH)

SE : Supported Employment

SOCSO : Social Security Organization

SWO : Social Work Officer

9. REFERENCES

1. Muesser T, Drake R. (2001). Community-Based Treatment of Schizophrenia and Other Severe Mental Disorders: Treatment Outcomes. *Medscape General Medicine*, 2001 3(1).
2. Su-Lyn Boo, Jaymee Loong, and Wai-Sheng Ng. (2011). Work Experiences of People with Mental Illness in Malaysia: A Preliminary Qualitative Study. The Qualitative Report Volume 16 Number 1 January 2011 162-179
3. Bond, G. R. (2004). Supported Employment: Evidence for an Evidence-Based Practice. *Psychiatric Rehabilitation Journal, 27*(4), 345–359. https://doi.org/10.2975/27.2004.345.359
4. Lehman A, Goldberg R, Dixon L, et al. (2002). Improving Employment Outcomes for Persons with Severe Mental Illness*. Arch Gen Psychiatry*. 2002; 59:165-172
5. Kinoshita Y, Furukawa TA, Kinoshita K, Honyashiki M, Omori IM, Marshall M, Bond GR, et al. (2013). Supported employment for adults with severe mental illness. *Cochrane Database of Systematic Reviews* 2013, Issue 9. Art. No.: CD008297
6. Bond, G. R., Drake, R. E., & Becker, D. R. (2020). An update on individual placement and support. *World Psychiatry*, 19(3), 390.
7. Syarifah Hafizah WK, Marhani M, Abdul Kadir AB. (2014). Employment programs for patients with severe mental illness in Malaysia: A 3-month outcomes. *Comprehensive Psychiatry* 2014, 55: S38-S45
8. Chua SH. (2015). A randomized controlled trial of an Individual Placement and Support Program in Hospital Permai Johor Bahru for Persons with Schizophrenia. Thesis dissertation, 2015
9. John CKC. (2016). Job refusal among patients with schizophrenia. Thesis dissertation, 2016
10. Susan R. McGurk, Kim T. Mueser, Haiyi Xie, Jason Welsh, Susan Kaise, Robert E. Drake, Deborah R. Becker, Edward Bailey, Ginnie Fraser, Rosemarie Wolfe, Gregory J. McHugo. (2015). Cognitive Enhancement Treatment for People With Mental Illness Who Do Not Respond to Supported Employment: A Randomized Controlled Trial. *AJP in Advance* (doi: 10.1176/appi.ajp.2015.14030374), 2015.
11. Muhammad Zairul Rezal Zainol Abidin, Farahiyah Wan Yunus, Hanif Farhan Mohd Rasdi, Masne Kadar. (2021). Employment programmes for schizophrenia and other severe mental illness in psychosocial rehabilitation: a systematic review. *British Journal of Occupational Therapy* 0(0) 1–15 DOI: 10.1177/0308022620980683 journals.sagepub.com/home/bjot
12. Areberg C, Björkman T, Bejerholm U. (2013). Experiences of the individual placement and support approach in persons with severe mental illness. *Scand J Caring Sci.* 2013 Sep;27(3):589-96. doi: 10.1111/j.1471-6712.2012.01056.x. Epub 2012 Jul 27. PMID: 22834791.
13. Becker DR, Swanson SJ, Bond GR. (2008). Supported Employment Fidelity Scale. *Lebanon NH: Dartmouth Psychiatric Research Center*, 2008.
14. NICE Guideline of Treatment and Management. (2014). Psychosis and Schizophrenia in Adults. Updated version, 2014
15. The American Psychiatric Association (APA) (2021). Practice guideline for the treatment of patients with schizophrenia. 3rd edition, 2021
16. Clinical Practice Guidelines Management of Schizophrenia in Adults, MOH Malaysia. (2009).
17. Hospital Permai Johor Bahru (2016). Work: Pathway to Recovery. Panduan Menjalankan Program Sokongan Pekerjaan Kepada Pesakit Psikiatri.
18. Community Mental Health Center Mentari MOH Implementation Guidelines. 2nd edition, October (2020).
19. Wakil-wakil PKMM (2020). Jumlah Pesakit menyertai Program Sokongan Pekerjaan. *Mesyuarat Pengurusan & Teknikal PKKM 10-11hb Februari 2020.* Kementerian Kesihatan Malaysia. Kompleks E, Putrajaya.

20. Hutchinson, J., Gilbert, D., Papworth, R., & Boardman, J. (2018). Implementing supported employment. Lessons from the making IPS Work Project. *International journal of environmental research and public health*, *15*(7), 1545.
21. Corrigan, P. W., Mueser, K. T., Bond, G. R., Drake, R. E., & Solomon, P. (2016). *Principles and practice of psychiatric rehabilitation: An empirical approach. Second Edition*. Guilford press.
22. Hayashi, T., Yamaguchi, S., & Sato, S. (2020). Implementing the individual placement and support model of supported employment in Japan: Barriers and strategies. *Psychiatric rehabilitation journal*, 43(1), 53.
23. Swanson, S., Burson, K., Harper, J., Johnson, B., Litvak, J., McDowell, M., & Weinstein, G. (2011). Implementation issues for IPS supported employment: Stakeholders share their strategies. *American Journal of Psychiatric Rehabilitation*, *14*(3), 165-180.
24. Substance Abuse and Mental Health Services Administration. (2009). Supported Employment: Building Your Program. DHHS Pub. No. SMA-08-4364, Rockville, MD: Centre for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health & Human Services. 2009.
25. Garis Panduan Pelaksanaan Program Sokongan Pekerjaan Bagi Pesakit-pesakit Psikiatri. (2016).
26. National Guideline for New Norm in Psychiatric and Mental Health Services. Ministry of Health Malaysia (2021).
27. IPS Supported Employment in Rural and Frontier Areas. IPS Trainers from the IPS Learning Community and the IPS Employment Center. (2014). *Journal,* 31, 111-125
28. Luciano, A., Bond, G.R., Drake, R.E., & Becker, D.R. (2013). Is High Fidelity to Supported Employment Equally Attainable in Small and Large Communities? *Community Mental Health Journal, 50*(1), 46-50.
29. Haslett WR, Bond GR, Becker DR. (2011). Individual Placement and Support: Does Rurality Matter? *American Journal of Psychiatric Rehabilitation* 2011: 14: 237-244
30. Alverson, H., Drake, R., & Becker, D. (1998). Social correlates of competitive employment among people with severe mental illness. *Psychiatric Rehabilitation Journal,* 22, 34 – 40.

10. APPENDICES

List of forms/templates used to facilitate standardized documentation of work processes in the SE Program

1. Patient's Consent Form
2. Patient care plan
3. Job interest checklist
4. Work Analysis form
5. Work Assessment Form
6. Job Start Form
7. Job End Form
8. Job Transition Form
9. Log Meeting with Employer
10. List of Job Searching
11. Employer Interview Form

APPENDIX 1: PATIENT'S CONSENT FORM

BORANG KEIZINAN MENGIKUTI PROGRAM SOKONGAN PEKERJAAN

Saya…… No K/P…….....….

bersetuju mengikuti Program Sokongan Pekerjaan di fasiliti……

……..... (nama fasiliti).

Saya bersetuju untuk membenarkan maklumat berkenaan penyakit dan rawatan saya didedahkan kepada majikan. (Ya / Tidak)*

Tandatangan pesakit:

……

Tarikh: ……..…..

Tandatangan saksi:

……

Tarikh: ……..…

***Potong yang tidak berkenaan**

APPENDIX 2: PATIENT CARE PLAN

PATIENT CARE PLAN & CASE REVIEW:	**NAME:**	
	IC/ ID No:	**Gender:**
	Address:	**Postcode:**
	Phone:	**Email:**
	DOB:	**Age:**

DATE :

REASON FOR REVIEW :

PSYCHIATRIST :

DIAGNOSIS: *(Include recent ICD & PSP as appropriate)*

MEDICATION & MEDICAL MANAGEMENT:

BACKGROUND HISTORY: *(include psy, medical, personal/development/family/substance use, forensic)*

TREATMENT PLAN:

Issue/ Current Status	Goal(s)	Management Strategies	Who, By When
Date Next Review:			

Signed (Treating Dr).		Signed (Other therapist:)	
Print Name:		Print name:	
Designation:		Designation	
Date:		Date:	

Patient Consent:

I ..... agree to participate in the individual service plan as outlined above. If at any time I need to reconsider, I will inform my treating clinician regarding my decision and necessary modifications shall be made.

Signed:..... Date:.....

APPENDIX 3: JOB INTEREST CHECKLIST

PROGRAM SOKONGAN PEKERJAAN

SENARAI SEMAK MINAT TERHADAP PEKERJAAN (JOB INTEREST CHECKLIST)

Tarikh: ☐☐☐☐☐☐☐☐ (d d m m y y y y) Hospital: _____ No. Pendaftaran Pesakit: _____

BAHAGIAN A

1. Nama Pesakit			
2. No K/P:		**7. Alamat:**	
3. Tarikh lahir (d d m m y y y y)			
4. Umur bila penilain dibuat: (y y m m)		**8. No Telefon:**	
5. Jantina :	☐ Lelaki ☐ Perempuan	**9. Pendidikan tertinggi:**	☐ UPSR ☐ PMR ☐ SPM
6. Kerakyatan:	☐ Warganegara ☐ Penduduk Tetap ☐ Bukan Warganegara		☐ Diploma/ ijazah/ sijil ☐ Lain-lain
		10. Diagnosis	

BAHAGIAN B: Minat dan sejarah Pekerjaan

Tandakan (/) pada kotak dan isikan tempat kosong

1. Adakah anda berminat untuk bekerja? ☐ Ya ☐ Tidak

2. Mahukan anda jika pihak hospital mencarikan pekerjaan untuk anda? ☐ Ya ☐ Tidak

3. Apakah jenis pekerjaan yang anda minati? (isikan jadual di bawah)

Bil	Jenis Pekerjaan	Berminat?		Catatan
a.	Kerani/ Pejabat	☐ Ya	☐ Tidak	
b.	Pekerja kilang	☐ Ya	☐ Tidak	
c.	Pekerja Pembersihan	☐ Ya	☐ Tidak	
d.	Pengawal Keselamatan	☐ Ya	☐ Tidak	
e.	Dobi	☐ Ya	☐ Tidak	
f.	Pencuci kereta	☐ Ya	☐ Tidak	
g.	Pembantu dapur	☐ Ya	☐ Tidak	
h.	Pelayan restoran	☐ Ya	☐ Tidak	
i.	Tukang masak	☐ Ya	☐ Tidak	
j.	Lain-lain kerja, nyatakan:	☐ Ya	☐ Tidak	

4. Apakah kerja-kerja yang anda pernah lakukan dahulu?

Bil	Jenis Pekerjaan	Tempoh bekerja	Sebab berhenti

Catatan

Perancangan:

BAHAGIAN C: PERSETUJUAN PESAKIT

Saya berminat untuk menyertai Program Sokongan Pekerjaan ini

Tandatangan pesakit ..... Tandatangan SSP: .....

Tarikh borang diisi ☐☐☐☐☐☐☐☐ (d d m m y y y y) Tarikh dibincangkan dalam rondaan: ☐☐☐☐☐☐☐☐ (d d m m y y y y)

APPENDIX 4: WORK ANALYSIS FORM

PROGRAM SOKONGAN PEKERJAAN

BORANG ANALISA KERJA (WORK ANALYSIS FORM)

Tarikh: (d d m m y y y y) Hospital: No. Pendaftaran Pesakit:

A. MAKLUMAT PEKERJAAN

1. Nama Syarikat			
1a. Alamat:		**2. Pegawai dihubungi:**	
		2a. Jawatan:	
1b. No Telefon:		**2b. Emel:**	
3. Calon Temuduga:		**3a. Jawatan dipohon:**	
4. Gaji Semasa (Sejam/ Sehari/ Sebulan):		**4a. Ada perubahan gaji pada 3-6 bulan terakhir?**	☐ Ya ☐ Tidak

5. Jika ya, lengkapkan ruang ini

5a. Kadar gaji sejam/ sehari/ sebulan berubah dari RM _____ ke RM _____ pada tarikh (d d m m y y y y)

5b. Jumlah jam seminggu: 5c. Waktu bekerja

5d. Bil pekerja di syarikat ini: 5d. Bil pekerja yang bekerja untuk jawatan ini 5e.Syif yang sama

6. Kelayakan asas: Kelulusan Tahap

7. Pengalaman kerja: Tempoh minima pengalaman yang berkaitan: tahun bulan

8. Lain-lain

Arahan Penting: SILA ISIKAN SEMUA RUANG

Kenalpasti jawapan yang paling sesuai untuk setiap item berdasarkan pemerhatian terhadap kerja dan temuduga dengan pekerja, penyelia dan pekerja sambilan.

Rekodkan arahan khas, peraturan atau komen di bawah setiap item untuk maklumat yang lebih terperinci

BAHAGIAN B: PELAKSANAAN KERJA (dalam turutan kronologi)

Tugas Kerja (Apa?)	Tujuan Tugas Dilaksanakan (Mengapa)	Bagaimana Tugas Dilaksanakan	% Masa (Kadar Masa Tugas)
Contoh: Menyusun buku	Untuk menyusun balik buku ke tempat asal	Mengambil buku dari troli - menyusun buku di rak mengikut nombor rujukan	15%

BAHAGIAN C: DESKRIPSI KERJA

1. JADUAL KERJA (Tandakan 'Ya' atau 'Tidak' untuk setiap item)

			Komen/ Spesifikasi
a. Perlu bekerja pada hujung minggu?	☐ Ya	☐ Tidak	
b. Perlu bekerja pada waktu malam?	☐ Ya	☐ Tidak	
c. Kerja part-time?	☐ Ya	☐ Tidak	
d. Kerja sepenuh masa?	☐ Ya	☐ Tidak	

2. PERJALANAN KE TEMPAT KERJA

			Komen/ Spesifikasi
a. Menggunakan pengangkutan awam?	☐ Ya	☐ Tidak	
b. Menggunakan pengangkutan sendiri?	☐ Ya	☐ Tidak	
Jika ya, nyatakan apa: _____			
c. Menggunakan kenderaan syarikat	☐ Ya	☐ Tidak	

3. KEKUATAN MENGANGKAT DAN MEMBAWA BARANGAN

				Komen/ Spesifikasi
a. Beban sangat ringan (<5kg)	☐	c. Beban sederhana(10-20kg)	☐	
b. Beban ringan (5-10kg)	☐	d. Beban berat (>20kg)	☐	

4. KETAHANAN (Tanpa rehat) (Sila tandakan /)

				Komen/ Spesifikasi
a. Bekerja selama < 2 jam	☐	c. Bekerja selama 3 - 4 jam	☐	
b. Bekerja selama 2 - 3 jam	☐	d. Bekerja selama > 4 jam	☐	

5. KELUASAN KAWASAN KERJA (Sila tandakan /)

				Komen/ Spesifikasi
a. Kawasan kecil	☐	d. Bangunan luas	☐	
b. 1 bilik	☐	**e.** Bangunan dan tingkat bawah	☐	
c. Beberapa bilik	☐			

6. KELAJUAN KERJA (Sila tandakan /)		
a. Perlahan	☐	Komen/ Spesifikasi
b. Kadaangkala cepat/ laju	☐	
c. Purata kelajuan biasa	☐	
d. Berterusan laju	☐	
7. PENAMPILAN DIRI YANG DIPERLUKAN (Sila tandakan /)		
a. Ringkas/ santai	☐	Komen/ Spesifikasi
b. Bersih	☐	
c. Bersih dan kemas	☐	
d. Penampilan rapi	☐	
8. KEMAHIRAN KOMUNIKASI DIPERLUKAN (Sila tandakan /)		
a. Tidak perlu/ minima	☐	Komen/ Spesifikasi
b. Pertuturan yang tidak jelas boleh diterima	☐	
c. Kata kunci/ petunjuk diperlukan	☐	
d. Pertuturan jelas/ petunjuk diperlukan	☐	
9. INTERAKSI SOSIAL (Sila tandakan /)		
a. Tidak perlu/ minima	☐	Komen/ Spesifikasi
b. Tindak balas yang bersesuaian diperlukan	☐	
c. Interaksi sosial diperlukan tetapi kurang	☐	
d. Interaksi sosial kerap diperlukan	☐	
10. PENUMPUAN PADA TUGASAN (Sila tandakan /)		
a. Perlu galakan yang kerap	☐	Komen/ Spesifikasi
b. Perlu galakan sederhana/ pemantauan tinggi	☐	
c. Perlu galakan sederhana/ pemantauan sederhana	☐	
d. Perlu galakan minima/ pemantauan rendah	☐	
11. TUNTUTAN TUGASAN KERJA (Sila tandakan /)		
a. Hanya 1 tugasan dalam 1 masa	☐	Komen/ Spesifikasi
b. 2-3 tugasan secara berturut-turut	☐	
c. 4-6 tugasan secara berturut-turut	☐	
d. 7 atau lebih tugasan secara berturut-turut	☐	
12. MOTIVASI KERJA (Sila tandakan /)		
a. Perlu inisiatif untuk bekerja	☐	Komen/ Spesifikasi
b. Bekerja tanpa disuruh	☐	
c. Mempunyai pekerja bawahan/ sokongan	☐	
13. PERUBAHAN RUTIN HARIAN (Sila tandakan /)		
a. 7 atau lebih perubahan	☐	Komen/ Spesifikasi
b. 4-6 tugas berubah	☐	
c. 2-3 tugas berubah	☐	
14. KEBOLEHAN MEMBACA YANG DIPERLUKAN (Sila tandakan /)		
a. Tidak perlu	☐	Komen/ Spesifikasi
b. Perlu membaca simbol	☐	
c. Perlu membaca ayat mudah	☐	
d. Perlu membaca dengan lancar	☐	
15. KEBOLEHAN MATEMATIK YANG DIPERLUKAN (Sila tandakan /)		
a. Tidak perlu	☐	Komen/ Spesifikasi
b. Mengira menggunakan kalkulator	☐	
c. Operasi tambah/ tolak mudah tanpa kalkulator	☐	
d. Kemahiran mengira secara kompleks	☐	

16. FAEDAH KERJA (Sila bulatkan yang berkenaan)					
0	≈	Tiada	☐ Ya	☐ Tidak	.....
1	≈	Cuti sakit	☐ Ya	☐ Tidak	.....
2	≈	Faedah Perubatan	☐ Ya	☐ Tidak	.....
3	≈	Cuti tahunan/ bergaji	☐ Ya	☐ Tidak	.....
4	≈	Faedah Pergigian	☐ Ya	☐ Tidak	.....
5	≈	Diskaun pekerja	☐ Ya	☐ Tidak	.....
6	≈	Makanan percuma	☐ Ya	☐ Tidak	.....
7	≈	Lain-lain (nyatakan)	☐ Ya	☐ Tidak	.....

BAHAGIAN D: PERAKUAN

Disediakan oleh:	Disahkan oleh:
….....	….....
(Nama dan cop SSP)	(Nama dan cop majikan)
Tarikh:	Tarikh:

WORK ASSESSMENT FORM (PSYCHOSOCIAL)

SUPPORTED EMPLOYMENT PROGRAM

Name : ……..
Ward : ……..
No. R/N : ……..
I/C No : ……..
Diagnosis : ……..
Date of Referral to Occupational Therapy : ……...

(*tick the appropriate column)

A	SELF CARE	D	MAX A	MOD A	MIN A	I
1	Personal Hygiene					
2	Dressing					
3	Grooming					

B	WORK PERFORMANCE	D	MAX A	MOD A	MIN A	I
1	Attendance					
2	Attitude to Authority					
3	Responsibility					
4	Ability to Accept Critics					
5	Self Confidence					
6	Job Adaptability					
7	Initiative/ Motivation					
8	Emotional Stability					

C	COGNITIVE PERFORMANCE	D	MAX A	MOD A	MIN A	I
1	Memory: Short Term Long Term					
2	Concentration Span					
3	Decision Making					
4	Problem Solving					
5	Orientation to: Time Place Person					
6	Ability to Follow Instruction					
7	Calculating Skills					
8	Learning Ability					
9	Money Management					

D	TASK ORGANISATION	D	MAX A	MOD A	MIN A	I
1	Organization and Sequencing					
2	Quality					
3	Supervision Needed					
4	Safety Awareness					

E	SOCIAL PERFORMANCE	D	MAX A	MOD A	MIN A	I
1	Interaction: Staff Patient					
2	Communication Skills					

F	MOTOR PERFORMANCE	D	MAX A	MOD A	MIN A	I
1	Gross Motor Skills					
2	Fine Motor Skills					
3	Coordination					

LEVEL OF INDICATOR	DESCRIPTIONS
INDEPENDENT (I)	Able to perform activities in the areas independently. Require no assistance.
MINIMAL ASSISTANCE (MIN A)	Requires minimal of help/assistance/monitoring to perform activity/tasks (expends ≥75% of the effort)
MODERATE ASSISTANCE (MOD A)	Requires moderate help/assistance to perform activity/tasks (≥50% up 74% of the effort)
MAXIMAL ASSISTANCE (MAX A)	Contributes little or nothing toward execution of activity; require major help/assistance to perform activity/tasks (< 50% but at least 25%)
DEPENDENT (D)	Unable or no ability to perform tasks/activities due to mental and/or physical limitations; expends below than 25% of the effort. Require substantial assistance.

1. Comments:
   ……
   ……
   ……
   ……
2. Recommendations:
   ……
   ……
   ……
   ……

Name of ES:

Date:

APPENDIX 6: LOG MEETING WITH EMPLOYER

LOG MEETING WITH EMPLOYER (LOG BERTEMU MAJIKAN)

SUPPORTED EMPLOYMENT PROGRAM (PROGRAM SOKONGAN PEKERJAAN)

HOSPITAL / MENTARI / FACILITY (FASILITI): _____)

Bil	Tarikh	Nama Majikan	Nama Syarikat	Tujuan	Waktu mula perbincangan	Waktu tamat perbincangan	Tandatangan / Cop Majikan

APPENDIX 7: LIST OF JOB SEARCH

LIST OF JOB SEARCH (SENARAI PENCARIAN KERJA)

SUPPORTED EMPLOYMENT PROGRAM (PROGRAM SOKONGAN PEKERJAAN)

HOSPITAL / MENTARI / FACILITY (FASILITI): _____)

Nama pesakit : ……..
No. R/N : ……..
Tarikh rujukan: ……..

Bil	Tarikh	Nama Majikan	Nama Syarikat

EMPLOYER INTERVIEW FORM
(BORANG TEMUDUGA BERSAMA MAJIKAN)
SUPPORTED EMPLOYMENT PROGRAM (PROGRAM SOKONGAN PEKERJAAN)

Nama Majikan : ……. Tarikh Temuduga: ……..

No telefon : …….

Alamat : …….

……

……

Cadangan nama pesakit: 1. ……

2. ……

3. ……

4. ……

5. ……

Keperluan:

1. Dokumen diperlukan : [ ] Kad pengenalan [ ] Buku bank [ ] Gambar
   [ ] Lain-lain (Sila nyatakan: ……...)
2. Jumlah pesakit diperlukan : ……. orang
3. Gaji ditawarkan : RM……..
4. Kemudahan pengangkutan : [ ] Majikan [ ] Sendiri
5. Kemudahan uniform : [ ] Majikan [ ] Sendiri
6. Kemudahan tempat tinggal : [ ] Majikan [ ] Sendiri
7. Kemudahan / insentif lain : [ ] KWSP [ ] SOCSO [ ] Insuran

Ulasan:

……

……

Tandatangan: ……. Tarikh: ……..

JOB START REPORT

SUPPORTED EMPLOYMENT PROGRAM

(HOSPITAL / MENTARI / FACILITY: _____)

Patient: _____

Employment Specialist: _____ Case Manager: _____

Date of Work Start: _____ Job Title: _____

Duties: _____

Wages/Salary: _____

Benefits: _____

Work schedule: _____

Disclosure: [ ] Yes - worker has agreed to employer contact and has signed a release

[ ] No - worker does not want employer contact

Name of Employer: _____

Address: _____

Name of supervisor: _____

_____ _____

(Employment Specialist/Case Manager signature) (Date)

JOB END REPORT

SUPPORTED EMPLOYMENT PROGRAM

(HOSPITAL / MENTARI / FACILITY: _____)

Patient: _____

Information about the job:

Job Title: _____ Employer: _____

Date of Job Started: _____ Date of Job Ended: _____

Changes in job duties, work schedule, supervision, or other changes since job started:

_____

Reason for job ended:

[ ] Quit for a better job [ ] Quit-illness related [ ] Quit for another reason [ ] Terminated

Patient's perspective regarding job ended:

_____

_____

Staff comments regarding job end:

_____

_____

Employer comments: _____

_____

Type of support provided: _____

_____

Does person wish to look for another job, and if yes, what kind?

_____

_____

Patient's preferences regarding disclosure on next job:

_____

_____

_____ _____

(Employment Specialist/Case Manager signature) (Date)

JOB TRANSITION REPORT

SUPPORTED EMPLOYMENT PROGRAM

You have decided to discontinue Supported Employment Program. But remember that you are welcome to return to IPS if you think you would benefit from job supports or career development in the future. This guide is meant to support your decision and help you to plan ongoing supports.

What are your future plans? What is your short---term goal? What is your long---term goal?	
If you had to make a big decision today, who would you call? Who have you called in the past?	

Who can help with your career goals?

	Yes or No	Name of Support(s) Preferred	Contact Information
My case manager			
My therapist			
My family			
My friend			
My significant other			
Others			

Should we schedule a meeting with any of your supports to discuss the transition?	
If you are employed, how often do you want someone to check in with you about your job? Who should check in with you?	
If you are leaving IPS unemployed, when would be a good time to ask you about returning to IPS for help with employment or education? Who should contact you?	

How would you like to be contacted?

◯ In---person (community) ◯ In-person (job site) ◯ In-person (agency)
◯ Phone call ◯ Text ◯ Email

What are some tools/coping strategies you use or have used in the past on the job to manage stress?	
How would you know if you started to feel dissatisfied with your job or that you were having other problems?	
What are some reasons to reconnect to IPS in the future? (Help finding a new job, training or education, etc.)	-

Remember, that increases in pay/work hours may affect your benefits. And if you quit working that can also affect your entitlements. If you experience a change in wages, contact your ES to learn more.

Your signature/date: _____ ES signature/date: _____

11. ADVISORS AND DRAFTING COMMITTEE

The Medical Development Division would like to thank everyone involved in the development of this guidelines namely the Technical Advisors for the Supported Employment Program for providing the leadership for this project and the members of the Drafting Committee for the Guideline, as follows:

ADVISORS:

Dato' Dr Asmayani binti Khalib
Deputy Director General of Health (Medical)

Dr. Mohd Azman Bin Yacob
Director
Medical Development Division
Ministry of Health

Dr Hajjah Salina Abdul Aziz
National Head of Psychiatric and Mental Health Services
Senior Consultant Psychiatrist
Hospital Kuala Lumpur

Dr Cheah Yee Chuang
Former Head of Community and Rehabilitation Psychiatry Subspecialty
Senior Consultant Psychiatrist
Hospital Bahagia, Ulu Kinta, Perak

Dr Nor Hayati Binti Ali
Technical Advisor for the Community Mental Health Centre (MENTARI)
Head of Community and Rehabilitation Psychiatry Subspecialty
Senior Consultant Psychiatrist (Community & Rehabilitation),
Hospital Selayang

Pn. Tan Foo Lan
Head of Profession
Occupational Therapist
Hospital Tengku Ampuan Rahimah, Klang

Drafting committee members:

1. **Dr Siti Hazrah Binti Selamat Din (Chairperson**)
   Technical Advisor to MOH for the Supported Employment Program
   Senior Consultant Psychiatrist (Community & Rehabilitation)
   Hospital Tuanku Jaafar

2. **Dr Nor Azilah Binti Abu Bakar @ Mansor**
   Senior Principal Assistant Director
   Medical Services Unit (In-charge Psychiatry)
   Medical Development Division, Putrajaya

3. **Dr Hasniah Binti Husin**
   Psychiatrist
   Hospital Bahagia Ulu Kinta

4. **Dr Muhammad Adib Bin Baharom**
   Psychiatrist
   Hospital Selayang

5. **Dr Rosfaizah Binti Rahmat**
   Psychiatrist
   Hospital Permai Johor Bahru

6. **Dr Siti Zubaidah Binti Ismail**
   Psychiatrist
   Hospital Bahagia Ulu Kinta

7. **Dr Peter Low Kuan Hoe**
   Psychiatrist
   Hospital Kuala Lumpur

8. **Dr Mohd Hazreen Bin Abdul Rashid**
   Psychiatrist
   Hospital Selayang

9. **En Zullydee Bin Saiman**
   Senior Occupational Therapist
   Hospital Permai Johor Bahru

10. **En Shahril Azizul Bin Leman**
    Senior Occupational Therapist
    Hospital Permai Johor Bahru

11. **En Farizal Bin Jaffar**
Senior Occupational Therapist
Hospital Permai Johor Bahru

12. **En Muhammad Zairul Rezal Bin Zainol Abidin**
Senior Occupational Therapist
Hospital Kuala Lumpur

13. **En Azerin Jopril**
Senior Occupational Therapist
Hospital Tuaran, Sabah

14. **Puan Nora Binti Hamid**
Senior Occupational Therapist,
Head of Occupational Therapy Unit
Pusat Jantung Sarawak

15. **Muhammad Shafiq Bin Roslan**
Assistant Medical Officer
Department of Psychiatry and Mental Health
Hospital Selayang

Special acknowledgment to the following external reviewers:

1. **Dr Abdul Kadir Abu Bakar**
Senior Consultant Psychiatrist
Gleneagles Hospital Medini Johor Bahru

2. **Datin Dr Ang Kim Teng**
Setiausaha Kehormat, Persatuan Kesihatan Mental Malaysia

3. **Prof Dr Marhani Binti Midin**
Profesor and Senior Consultant Psychiatrist,
Dept of Psychiatry,
Faculty of Medicine Universiti Kebangsaan Malaysia

4. **Madam Yeo Swee Lan**
Manager and Trainer,
Enabling Academy, Yayasan GAMUDA

Medical Development Division

Level 7, Block E1, Parcel E, Presint 1,

Pusat Pentadbiran Kerajaan Persekutuan,

62590 Putrajaya

Tel No: 03-88831047

Fax No: 03-888331427

www.medicaldev.moh.gov/my

ISBN 978-967-26135-2-7

9 7 8 9 6 7 2 6 1 3 5 2 7