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An innovative model for career counselling services to mental health NEETs

IO1 – LITERATURE REVIEW NATIONAL REPORT

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Partner Organizations

PEPSAEE
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1 INTRODUCTION

Young people identified as “NEET” (Not in Education, Employment and Training) face sustained difficulties as individuals in their further social and working life and as a group constitute relevant problem societies, facing costs and further problems (Bynner & Parsons, 2002; OECD, 2016). In the German Context the acronym “NEET” is rarely used. More common is the term “benachteiligte Jugendliche” (disadvantaged young people). Societies and especially employment services and labour market professionals try to find ways to reduce the problem and to help more young people to remain in the system or to re-enter it (Tamesberger et al. 2015).

Due to a stable labour market and the demographic change, the unemployment rate for young people has decreased constantly from 12.5 per cent in 2005 to 4.5 per cent in 2019 (Statistik der Bundesagentur für Arbeit 2020). On the one hand we can assume, that the general NEET problem is strongly linked to the unemployment rate. On the other hand there is evidence that the particularly vulnerable groups are disadvantaged even in times when labour is in short supply. Young people with mental health conditions (MH youths) are one of these groups, especially as their numbers are growing (Künemund/Weiser, 2018; TKK 2019).

The literature review is based on search in German data bases containing literature on education, vocation, rehabilitation and employment. In the data bases we searched systematic for key-words as “mental health youth”, “disadvantaged youth” etc. In addition we searched for statistics and materials published in the employment and health context focusing on the MH youth topic.

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2.1.1 Counsellors' or Mental Health Professionals' knowledge gaps in the fields of career intervention for MH patients / NEETs

The basis for answering the question is weak. Especially literature about curriculum seem to be rare. Künemund & Weiser (2018) present a European Project developed such a curriculum to describe knowledge and learning pathways for practitioners. This might build upon a differentiated knowledge analyses. Only little literature directly links the topic MH patients / NEETs. Th it is necessary to derive possible topics from existing studies. These can be compared with existing curricula. The following topics can be identified from the reviewed literature:

- Differentiation criteria and definition of the target group (cf. Reissner et al., 2011).
- Knowledge about illness patterns (cf.Reissner et al., 2011, Oschmiansky et al. 2017) and the effects of MH problems on learning, training and work (cf. Krug, 2008). Of special interest may be the development of disorders over time/longitudinal, the distinction between disorders and developmental problems, and gender specific developments (cf. Klasen et al., 2016).
- Statistics on those affected by MH problems and their characteristics and statistics about those MH young people not diagnosed (cf.Reissner et al., 2011; Klasen et al., 2016; Oschmiansky et al. 2017)). In Germany different statistics about MH in the population are published frequently (cf. Grobe/Steinmann, 2017 on MH problems in the vocational training field).
- Statistics on integration in education, vocational training and employment (cf. Brattig, 2013; Oschmiansky et al. 2017).
- Knowledge about programmes and measures with the aim to integrate the target group (cf. Deuchert et al. 2011; Brattig, 2013), to prevent the target

group from dropping out (Vuori et al., 2008; Robertson; 2012) or to improve the health situation through education, training or employment (cf. Robertson; 2012; Oschmiansky et al. 2017), as well as knowledge regarding the obstacles to these aims.

- Knowledge about the interaction between career interventions and other treatments, therapies and measures of support (cf. Robertson; 2012).
- Knowledge about special needs of the MH youth target group, e.g. in school or vocational training (cf. Krug, 2008).
- Knowledge about counsellors' attitudes and qualities (cf. Krug, 2008; Oschmiansky et al. 2017) as well as their declarative and experience-based knowledge (Strasser & Gruber, 2014; Künemund/Weiser, 2018).

2.1.2 Counsellors' or Mental Health Professionals' knowledge gaps in the fields of the educational and employment systems

The fields of educational and employment systems are constantly developing. Nevertheless, professionals need knowledge about principles in the employment system and in the educational system. Current changes in Germany are linked to the concept of "inclusive education" and "inclusive vocational training" (cf. Brattig, 2013). Yet the integration of MH youths is not achieved to a great extent. Parallel systems of special schools and sheltered work or sheltered vocational training are still in place and of high importance.

- What are employers' expectations of young people? How do employers react to young people with mental health problems? (cf. Deuchert et al., 2011)
- What kind of economic and other incentives are used to support employers in their decision to employ mental health youth? Do they work? (see chapter 3).

- What perspectives (education, training, employment) exist outside the "first" labour market and the inclusive school system.

2.1.3 Lack of theories and methods for facilitating work integration of MH NEETs

Reviewing the literature we did not find many articles accounting for theories about work integration of MH NEETs. The search should include micro-economic theories (such as cost-benefit-analysis). From the employers' side we can, in this perspective, assume a rational action when hiring people. Both micro-economic as well as HR concepts, theories and data can contribute to an understanding of problems in the labour market integration of MH NEETs. Deuchert et al. 2011 describe the reluctance of employers to hire members of this target group. In chapter 3 (supported employment) we describe existing measures in the German context.

Methods for the facilitation of young people's inclusion can be classified in different categories:

- Prevention programmes to avoid MH problems or to discover mental disorders at an early stage (early diagnosis) (cf. Richter-Werling, 2017). This might also comprise measures in schools to normalize the attitudes teachers and students toward young people with MH problems (cf. Richter-Werling, 2017).
- Direct support of young people (NEETs) by counselling, guidance, casework (for instance offered by "Jugendberufsagentur"[3] ("Young People's Vocational Agency" a one-stop easy-access agency to facilitate labour market integration for young people at risk) and PES in Germany as well as by projects and services (Vuori, 2008 ("Towards the working life group method"); GIB/NRW, 2016).

[3] In Germany about 200 of these agencies operating. The agencies are cooperations between PES, youth services, migration services, legal services and others. https://www.sgb2.info/DE/Themen/Jugendberufsagenturen/Hitergrundbericht/leitartikel-jugendberufsagenturen.html;jsessionid=07EA4A552F2459E8C13A64F06DEB21F9 (2020-03-30).

- Integrated support of young people alongside other treatments (combination of therapy and vocational guidance etc.) (cf. Vuori et al., 2008).
- Training programmes etc. that support MH youth to develop relevant strengths and to support their integration (cf. Krug, 2008; cf. Vuori et al., 2008; see examples in chapter 3). Johnson & Klaes (2016) discuss a model for supporting young people with a specific MH problem (Reactive Attachment Disorder) before and during the integration process (Johnson/Klaes, 2016). A particular topic might be the effects of such programmes (cf. Oschmiansky et al. 2017).
- Rehabilitation programmes (Reissner et al., 2011), sheltered or supported vocational training or employment (for examples see chapter 3).
- Incentive systems for employers to hire MH youth (often in combination with support like coaching, guidance during the training) (e.g. AsA (Assisted Vocational Training /*Assistierte Ausbildung*).

*2.1.4 **The neglected role of informal carers in people's career development***

- No literature found yet.

3 SUPPORTED EMPLOYMENT AND CAREER COUNSELLING FOR MH NEETS

In Germany there are two methods for integration of people with mental health condtions into work: „First-train-then-place“ and „First-place-then-train”. (chapter 4):

In this chapter we will present a short description of „First-train-then-place“. People with disabilities receive training, often within a protected framework, and other forms of preparatory support before they are placed on the general labour market. This may include the following:

1. Occupational therapy (mainly takes place in the context of mental-inpatient work; training of various functions, such as problem-solving skills, which are intended to facilitate participation in regular work later on)

2. Day clinics where patients acquire structured daily routines, where people stay during the day, while returning home for nights and weekends and in the evening at home

3. Day centres where offers may include supporting life skills (e.g. cooking), leisure activities (e. g. joint excursions) or occupational therapy (e.g. exploring job-related skills in practice), and structured daily routines are stabilised

4. Vocational education centers (*Berufsbildunswerke* BBW), vocational support centres (*Berufsförderwerke* BFW) and vocational training centers (*Berufliche Trainingszentren* BTZ) providing skills and aptitude assessments, practical vocational orientation, and preparatory and vocational training on different levels and with different levels of psychosocial support for people with disabilities. Some of these have specialised on people with mental health conditions.

Good practice in career counselling will follow insights as to which factors are helpful in supporting people with mental health conditions during the rehabilitation process. These are:

1. Having a fixed contact person with positive and optimistic attitude ensures motivation.

2. Proceeding in small steps ensures that performance fluctuations can be taken into account.

3. Re-interpreting mistakes as experience rather than failure

4. Selecting longer-term programmes or creating smooth transitions between shorter ones

5. Preventing dropouts and interruptions and avoiding frequent changes as they constitute a great strain.

6. Providing comprehensive advice and support for employers as well.

Haerlin and Plößl (2018, 146 ff.) define seven characteristics ensuring quality and sustainability of careers counselling for people with mental health patients:

1. The patient is viewed as expert of his/her life course

2. A holistic concept of work, rehabilitation and integration is observed

3. The specific interaction in the process between family, work and the effects of the illness defines the quality of counselling,

4. No careers counselling without the presence a supporting carer,

5. The counsellor presents a hopeful perspective and recommends concrete steps,

6. The client is handed over the original copy of a jointly written statement of the result of the counselling session.

They also emphasize the so-called “Kölner Instrumentarium” (The “Cologne Toolkit”), which counsellors can use in session and which clients can then also use at home to expand her/his own knowledge of the process and opportunities and also to inform their families. It can therefore also be seen as a tool for empowerment. (Haerlin & Plößl, 2018, 105). They also recommend two further instruments: the Osnabrücker Arbeitsfähigkeitenprofil (O-AFP, „Osnabrück Skills and Capabilities Profile“) and “Zusammenhang zwischen Erkrankung, Rehabilitation und Arbeit” (ZERA, „Connection between Illness, Rehabilitation and Work“) (Haerlin & Plößl, 2018, p. 107).

4 Working with the Labour Market

Current possibilities for supported access to the general labour market („First place then train“) are as listed below (Brieger et al. 2012, 128ff. and Deuchert et al, 2013, 25):

- Inclusion companies (“Inklusionsbetriebe” §§ 215-218 SGB IX)
  - Companies receiving state support for filling between 30 and 50 per cent of their positions with people with severe disabilities but otherwise act as independent economic units on the market and employ people with disabilities to the same conditions as workers without disabilities
  - Employees with disabilities should have 60 to 70 per cent of the capacity of a healthy worker
  - Local or standard wages are paid
  - Predominantly permanent employment contracts
  - Employees are subject to social insurance contributions
- Supported employment (§ 55 SGB IX)
  - Characterized by an individual, company-based qualification
  - Job coaching and „place and train"-strategies -> Direct route to the first labour market
  - People are treated like healthy employees
  - Special needs are accommodated by Job Coach

A special offer are the Sheltered Workshops for Disabled People (*Werkstatt für behinderte Menschen* WfbM). People with mental impairments often already have a completed vocational training. The vocational training area of the WfbM therefore focuses on restoring basic work skills relevant to the workplace (e.g. concentration and self-management) and on building self-confidence. The percentage of people with mental impairments in the WfbM work area was around 21 % in 2018.

Alsdorf et al. (2017, 241ff.) recommend that companies (on the general labour market) and clinics should work together in a more intensive way and provide examples of good praxis. Networking in general also has to be improved (also see Brieger et al. 2012, 128ff. and Sommer et al. 2019, 91).

Hommelsen (2010, 239) recommends a special tool for employees called “H-I-L-F-E concept”, offering suggestions to support people with mental health problems in the company.

5 Discrimination and Stigma

5.1.1 Discriminating behaviour or structural discrimination by employers

According to Oschmiansky et al. (2017, 225f.) unemployed people with mental health conditions often reported that they were feared problems focusing on work or performing to expected standards when returning to work. They also anticipated potential difficulties with colleagues and superiors. There was great uncertainty as to whether to communicate openly about the illness. In addition, there often were anxieties about stigmatisation due to the illness as well as concerns about a possible relapse.

One of the research results of Deuchert et al (2013, 25) is that for potential employers of supported vocational trainees “non-cognitive dysfunctions related to psychological disorders are the main deterrents” which was “in line with the medical literature arguing that a substantial part of the costs of mental illnesses for an employer is driven by presenteeism (i.e., when the person is at work)”.

5.1.2 *Self-Stigma*

Many adolescents with mental illness struggle with the decision whether to disclose their mental illness to others; due to public stigma or self-stigma and shame. Mulfinger et al. (2018) find that both disclosure and non-disclosure are associated with risks and benefits. Work with a peer-led compact three-session program group programme called Honest, Open, Proud (HOP), they report good results so far. HOP is shown to have positive effects on stigma and disclosure variables as well as on symptoms. It supports participants with disclosure decisions in order to reduce the impact of stigma.

5.1.3 *Mental health professionals' low expectations*

The qualitative research of Loos et al. (2018) examines the perceptions of health care among young people with mental health problems in Germany. Group discussions, the authors summarise their results, "highlighted an overall concern of a lack of compassion and warmth in care. When they come into contact with the system they often experience a high degree of dependency which contradicts their pursuit of autonomy and self-determination in their current life stage." They also point out that the "transitioning of young patients from child and adolescent to adult mental health services when indicated often results in the interruption or termination of service", i.e. service gaps are occurring.

6 To Strengthen Competences in Health Literacy and Empowerment

6.1.1 *Methods of testing / assessment of personal characteristics*

Some studies use testing manuals for the purpose of classification (e.g. Kruger et al. 2016). Some examples of German testing in case of preparation for the vocational integration are (Haerlin & Plößl, 2018, p. 107):

- MELBA - Characteristics profiles for the integration of differently abled and disabled people in work (*Merkmalprofile zur Eingliederung leistungsgewandelter und Behinderter in Arbeit*)
- IDA - Tools for diagnostics of work skills and capabilities *(Instrumentarium zur Diagnostik der Arbeitsfähigkeiten*)
- O-AFP - Osnabrück skills and capabilities Profile (*Osnabrücker Arbeitsfähigkeitenprofil*)
- ZERA - Relationship between illness, rehabilitation and work (*Zusammenhang zwischen Erkrankung, Rehabilitation und Arbeit*, see chapter 6.1.2)

*6.1.2 **Methods of empowerment of MH NEETs***

One model we found is focusing on the change in the organization where the career support is offered (Job Centres). In this model the concept of “resilience-oriented support” is proposed as relevant for the interactive work with the target group (GIB/NRW, 2016).

As already mentioned before the “Kölner Instrumentarium“ can also be used by the MH NEETS at home to access knowledge independently and by involving their families, thereby empowering to be less dependent on professionals in their decisions concerning the rehabilitation process (Haerlin & Plößl, 2018, 105 and Plößl & Hammer 2010, 137). Plößl and Hammer also recommend the empowerment tool „ZERA“ (see above) as a very effective one. ZERA promotes empowerment by providing a group training program with approximately 20 session in a total of seven sub-programs. ZERA's goal is to support the target group to identify the individually optimal level of stress, thereby preventing as much as possible both excessive

demands and insufficient challenge in the envisaged work role (Plößl & Hammer 2010, 51 ff.).

7 Working with Informal Carers

Informal “carers” are all non-professionals doing care work with the target group, e.g. parents or other family members, friends or volunteers. As already mentioned before, the use of the “Kölner Instrumentarium“ in the settings can also be used by the MH NEETS at home to involve their families or other informal carers. Haerlin & Plößl (2018, 68) also emphasise, as do many others, that the professionals should involve informal carers such as family members, in treatment, therapy and counselling. In crises, when MH NEETs try to readjust their view of the world, it is worth to get to know another perspective and also access gain information from, for example, parents about medical history, treatment and aftercare.

While it is generally recognised that "talking medicine" should be an essential element of psychiatric treatment many professionals point out that they do not have sufficient time for the required amount of therapy sessions (Straub & Möhrmann, 2015: 8). This puts a burden on informal carers, often relatives. But relatives also need to look after themselves in order not to get mentally ill themselves. (see also Möhrmann, 2010). There are self-help organisations of relatives of people with mental illness, which are organized on local, regional, state and federal levels – with the BApK *(Bundesverband der Angehörigen psychisch Kranker*, Federal Association of the Relatives of Mentally Ill People) acting as a roof organisation. BApK in turn is a member of the European Federation of Associations of Families of People with Mental Illness EUFAMI (for organisational websites see appendix “internet resources” below).

Research by Loos et al. (2018: 6) demonstrates the importance of informal personal networks as MH NEETS described the need for maintaining personal closeness to their friends and involvement in everyday life.

8 CONCLUSIONS

People with Mental Health Conditions

According to current research results, almost one third of the population between the ages of 18 and 79 develop a mental disorder in the course of a year in Germany. This includes all mental illnesses regardless of their severity. In addition to diseases with a slight manifestation, e. g. in the case of a mild depressive episode, more severe forms of illness such as schizophrenia or recurrent depressive disorders were also recorded. It is assumed that about one to two percent of the adult population between 18 and 65 years of age are seriously and chronically mentally ill. Mental illnesses are often accompanied by serious impairments of psychosocial functions, which in turn make it difficult for those affected to participate in various areas of life. For example, mental illnesses are often associated with considerable negative effects on the work and employment situation of those affected (Oschmiansky, et al. 2017: 8).

Vocational rehabilitation

In Germany in 2013 young people with mental health conditions were more likely to interrupt their vocational rehabilitation because of longer periods of illness or transition to medical rehabilitation than their peers (19% compared to 6% overall) (Reims et al. 2016: 7). Only just after a fifth managed a direct transition into regular employment as compared to 28 per cent overall (ibid.). Meanwhile, the share of young people with mental health conditions in participants in vocational rehabilitation

programmes has been increasing steadily from 15 per cent in 2009 to 21 per cent in 2014 (Reims et al. 2016: 4). Supported Vocational Education and Training seems to be a cost-effective alternative to standard (mainly institutionalized) vocational training for young people with mental illnesses („First place-then train"-Method). Job coaching is important. But very few employers are willing to train apprentices with special needs although there are no direct costs for the employer (Deuchert et al, 2013: 25).

Clinical rehabilitation/health services

Observing that young mental health patients frequently interrupt or terminate therapy or treatment at the transition from child and adolescent to adult mental health services, Loos et al. (2018) conclude that research and clinical practice should focus more on developing needs-oriented and autonomy-supporting practices of care. This should include both a shift in staff training towards a focus on communicative skills, and the development of skills training for young patients. Howard (2018: 121) argues that local authority services, voluntary organizations and charities have a duty in supporting the development of both physical and mental health of young people.

MH NEETS need, for example, more opportunities for paid employment in niches such as virtual workshops, combination wage models, part-time work opportunities, and similar which should be also interesting for people with higher qualifications or potentials. Networking with all target groups is a major issue, as is the utilisation of recommended instruments like the ZERA for empowering people with mental health conditions, the HILFE-Concept for the employees and the Kölner Instrumentarium for counsellors, clients and their families (Pöößl & Hammer 2010: 51 ff., Haerlin 2010: 137, Hommelsen 2010: 239). Providing additional incentives to employers, for example in form of subsidies, or implementing legal requirements in order to offer more MH NEETS Supported Vocational Training could also be helpful (Deuchert et al, 2013: 25). The informal carers, mainly the relatives should be involved in

treatment and therapy (Straub, Möhrmann, 2015: 8). Straub and Möhrmann (2015: 8) recommend HOP as a good programme for helping MH NEETS to cope with stigma and self-stigma.

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Bundesverband der Angehörigen psychisch Kranker www.bapk.de

Berufsbildungswerke: www.bagbbw.de

Berufsförderungswerke: www.bv-bfw.de

Dachverband Gemeindepsychiatrie: www.dvgp.org

Deutscher Verband der Ergotherapeuten: www.dve.info; Fachausschuss Arbeit und Rehabilitation

Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde: www.dgppn.de; Teilhabekompass, S3-Leitlinie "Psychosoziale Therapien bei schweren psychischen Erkrankungen"

Deutsche Gesellschaft für Soziale Psychiatrie: www.dgsp-ev.de

Experienced Involvement: www.ex-in.info, www.ex-in-lebensart.de

Externes Arbeitstraining in Bonn: www.hfpk.de, arbeitstraining@hfpk.de

EUFAMI www.eufami.org

Familien psychisch Kranker: www.bapk.de

Integrierte Behandlungs- und Rehabilitationsplanung: www.ibrp-online.de

Integrationsfachdienste: www.bag-ub.de

Integrationsämter: www.integrationsaemter.de

Inklusionsfirmen: www.bag-if.de

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