W rk4Psy

An innovative model for career counselling
services to mental health NEETs

IO1 – LITERATURE REVIEW NATIONAL REPORT

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1   INTRODUCTION

The POM0ST team reviewed the literature by searching mainly internet sources in English, and as a result 10 articles were selected. There was a lack of literature in Polish.

Adolescence and early adulthood is a crucial period in which skill development and social roles are initiated. Young people who are 'Not in Education, Employment or Training' (NEET) are important to clinicians, policymakers and researchers as this signifies an absolute disengagement from both the labour market and a major avenue of human development.

Participating in education and employment is considered key to the transition to successful adult well-being. Employment and education provides both manifest (eg, income) and latent (eg, time structure, social contact, sharing of common goals, status and activity, social and occupational support) benefits to an individual with low educational attainment and/or limited employment experience a greater likelihood of social exclusion, disability and isolation, in addition to the impacts of low income: poorer quality of life, more illness and disease, decreased access to healthcare, increased levels of psychological distress, and maladaptive lifestyle behaviours such as substance misuse and criminal activity. Chronic unemployment is associated with severe levels of disadvantage and carries a significant economic cost to both the individual and society including lost earnings and taxes, as well as the increased burden on welfare and healthcare systems.

2   KNOWLEDGE GAPS

In the analysis process, it was noticed that there are many articles available on young people with NEET status and showing general mental health problems, however, there is a lack of research on the subject of vocational and educational integration of young people who are also struggling with serious mental health problems.

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

During the literature analysis, there was no particular knowledge gap in the field of career intervention exposed. However, the lack of access to career counseling specialists is emphasized.

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

No literature found.

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

One of the key problems in facilitating the work integration of people with mental problems appears to be the lack of clearly defined methods of operation, which translates into insufficient opportunities to implement the aspirations to achieve success in gaining a well-positioned job as well as realizing educational goals.

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

No literature found.

3 SUPPORTED EMPLOYMENT AND CAREER COUNSELLING FOR MH NEETS

Employment embodies recovery for people with severe mental illness especially among young adults recently diagnosed with a psychiatric disorder. Various studies suggested that work rehabilitation and employment can result in greater income, community integration, and improvement in symptom severity, increased self-esteem, and quality of life.

Recent research indicates that in a growing number of countries worldwide SE, especially the individual placement and support model (IPS) was found to be more effective than traditional approaches. After estimating expected outcomes of evidence-based supported employment and found out that the majority of IPS participants obtain competitive employment, at a far higher rate than clients enrolled in other vocational services.

IPS is the most comprehensive and standardized approach to vocational rehabilitation for persons with severe mental illness. IPS helps people with severe mental illness work at regular jobs of their choosing.

In addition, the following methods of professional support for people with mental disorders are listed in the literature:

- Sheltered Employment
- Short-term placements
- Voluntary employment
- User Employment Programme
- Prevocational Training
- Vocational Training
- Transitional Employment
- Supported Education
- Supported Employment
- Individual Placement and Support

- Club House Model
- Social Firms
- Social Enterprises

4 WORKING WITH THE LABOUR MARKET

There are many ideas and approaches on how to support employers in the process of employing people with mental disorders. However, they are not included in clear instructions that can be used in most cases.

It is apparent from the research evidence that employers do not have enough information on mental health, how to support people with mental health conditions, and the impact of this on work. Given the paucity of information, it may not be surprising that employers who have not had direct experience employing someone with a mental illness, may not understand what the implications are of particular mental illnesses for them and for their employees.

Education and training to improve mental health literacy in this area may help to improve employers understanding of mental health, and how people can be supported.

Evidence suggests that employers would like to receive more support to improve the way they deal with mental health in the workplace.

5 DISCRIMINATION AND STIGMA

Despite evidence of the benefits of employment for people with mental disorders, their keenness to work, and the development of interventions which address the impact of symptoms, this population remains severely underrepresented in the workforce.

Arguably, the most prominent non-clinical reason for this is the considerable stigma people with severe mental health conditions experience in society. Stigma attached to serious mental illness is so powerful that avenues to social inclusion, recovery and employment are often closed shut, even for people who are well or have their symptoms reliably under control.

5.1.1 Discriminating behaviour or structural discrimination by employers

Discrimination from employers and co-workers, has been identified as a major barrier for individuals with mental disorders in gaining and maintaining employment. It has been indicated that employers' negative attitudes have led to reluctance to employ people with mental health conditions, and particularly those with a severe conditions.

Employers indeed hold strong beliefs about the impact of severe mental illnesses on an individual's ability to work. Employers reported they were uncomfortable employing a person taking antipsychotic medicine and being uncomfortable taking on people with a previous mental health related hospitalisation or uncomfortable employing a person being treated for depression.

The above attitudes result from the lack of education in the field of mental health and the lack of knowledge that mentally ill people also have a considerable spectrum of skills and talents. Stigmatization also translates into hiding from the employer their real condition of mental health, which affects the further development of the employee and maintaining the workplace.

5.1.2   Self-Stigma

Self-stigma comes from societal stigma.

A European study looking at self-stigma and recovery found over 40 per cent of participants reporting moderate of high levels of self-stigma, and almost 70 per cent reported moderate or high perceived discrimination.

A cross-sectional study with people with schizophrenia across 27 countries found that 64 per cent anticipated discrimination when applying for work, training or education. More tellingly, over a third of participants anticipated discrimination in job seeking when none had been experienced. As a result of the stigma from others, people may be dissuaded from pursuing the kind of opportunities that are fundamental to achieving their life goals because of diminished self-esteem and self-efficacy.

Even without the barriers of stigma, motivation to work can be difficult to maintain given the amount of rejection that someone with mental disorders is likely to face when seeking employment.

5.1.3   Mental health professionals' low expectations

Even though healthcare professionals often claim that they believe that people with severe mental health conditions can work, when they are asked about the capacity of their own clients, they are less likely to see work, particularly paid work, as a possibility. Thus it is likely that mental healthcare professionals are no less susceptible to stigmatizing beliefs than the general population.

Among healthcare professionals, barriers to employment are their low expectations, a low appreciation of the importance of work as a desirable outcome, and concerns for individual wellbeing. The views from healthcare professionals , however, were more reflective of the evidence from which found that there was considerable belief among clinicians of the abilities of people with psychosis to enter some form of work, with some indicating that this might, however, mean noncompetitive work (i.e. voluntary or sheltered).

6   EMPOWERMENT

Although many employers feel drastically ill-equipped to employ people with a mental health diagnosis and the vocational evaluation is perceived as a very complexed procedure one can mention the following factors facilitating the outcome:

- The employer should seek information on severe mental health conditions and how they can be managed in work

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- Develop an open, friendly work environment to enhance disclosure

- Be prepared to make adjustments at work to accommodate the needs of people with mental disorders

- Gather detailed work history

- Ask about personal preferences, motivations and aims

6.1.1 Methods of testing / assessment of personal characteristics

No literature found.

6.1.2 Methods of empowerment of MH NEETs

No literature found.

7 WORKING WITH INFORMAL CARERS

Family strategies attempt to reduce environmental stresses on people with mental illness, whilst promoting social functioning. Psycho-educational family interventions, as an adjunct to medication, are thought to reduce the rate of relapse, improve symptomatic recovery, and enhance psychosocial and family outcomes. Nevertheless they seen to be mostly neglected field of work integration of people with mental health problems area.

8 CONCLUSIONS

In most cases, very little attention is paid to health or disability factors. Given that mental ill health is the primary cause of disability among people in OECD countries addressing NEET status among young people with mental illness is a key concern. Importantly, young people often exhibit substantial levels of disability prior to the complete manifestation of a mental disorder, reflecting either the putative prodrome of an illness or the consequence of disengagement from employment and education.

A range of youth focused services are needed to be established to improve clinical outcomes. These services should also be predicated on the notion that investment in early treatment and selective prevention would produce long-term socioeconomic savings.

The National Mental Health Commission recommends that improving social participation should also be a key outcome of such services, suggesting that clinical care must now focus on improvements beyond symptomatology. Currently, most knowledge about improving social functioning in this area is derived from studies of those with early psychosis and severe mental illness (eg. IPS: Individual Placement and Support for early psychosis). In order to best target current and future primary health services, it is important to understand the risk profile of NEET among young people who are seeking help from these services. Such knowledge might help improve service delivery, providing opportunities for the services to intervene in the other life domains, such as employment and training, which are negatively affected by mental illness.

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