



Funded by the
Erasmus+ Programme
of the European Union



An innovative model for career counselling
services to mental health NEETs



WORK4PSY Focus Groups: Transnational Synthesis of Results

INTELLECTUAL OUTPUT II

Partner Organizations



1 EXECUTIVE SUMMARY

The current research was conducted in order to gain insight in the views of the project's target groups about the main themes that were identified from literature review and the partners' experiences. All partners conducted focus groups that included participants from all target groups and identified specific sub themes under each main theme. A synthesis was performed in these analyses and the results are summarized as follows for each main theme:

- The significance of work and career in general is summarised in these main themes:
 - Work is seen as an important element of MH NEETs' psychosocial rehabilitation
 - work is viewed a means for recovery and self-development
 - work has a tangible (autonomy, security, structure) and intangible (existential merits) value
- The main themes that emerged for the issue of existing career services were:
 - There are enough organisations that offer support and have adequate funding, but the system is too complicated, young people are not informed of the services offered and there is lack of networking and cooperation
 - There is a limited number of organisations that offer support, limited information about them, lack of orientation and early interventions,
 - Stigma and lack of awareness hinders the process of work integration
- The difficulties that the target groups reported that they face can be mainly summarized in four issues:
 - Stigma and lack of awareness,
 - Labour market and organizational problems
 - Specific needs of MH NEETs not met
 - Lack of early interventions
- The assistance needed may be summarized in three dimensions:
 - systemic and institutional changes that need to be promoted
 - proactive and early interventions that need to be established
 - a shift in paradigm towards a capabilities approach.

2 INTRODUCTION

Rationale of focus groups

The use of focus groups was chosen in order to gather data concerning the target groups' beliefs, opinions, perceptions, attitudes and feelings in more depth. Focus groups were an extremely valuable tool to investigate the needs of the four WORK4PSY project target groups. The data that was collected were useful in the formation and context of the toolkit.

Methodology

Research questions / main themes

The starting point of the focus groups' thematic was the results of the literature review as well as the partners' expertise. The questions/ themes were designed to: (a) investigate the topics that WORK4PSY focuses on and provide concrete data, (b) be sufficiently stimulating, (c) be relevant to

the participants, and (d) be open, so as to lead to in-depth responses and rich data. As pertaining to the above the four themes that were deemed relevant were:

- Significance of work and career in general
- Existing career services
- Difficulties that they face
- Assistance they need

Tools

A guidelines document for the implementation of the focus groups was created to ensure homogeneity and coherence in the interviews and data analysis but leaving room for ingenuity and flexibility.

The guidelines document contained information about the main themes, useful directions for the implementation of the focus groups, instructions for the initial data analysis, a template grid for data insertion from all partners and a set of proposed questions:

- Work and career in general is considered by many as a valuable aspect of people's life, where others do not feel that it is so important. What is their opinion?
 - Regarding people with mental health issues: do they believe that work and career is also as important as for the general population?
- Are they familiar with services that assist in work re-integration of people with mental health issues (or even better with services that provide career counselling services)? Can they describe these services?
- What are the difficulties that people with mental health issues face regarding their career and their work integration? What are the difficulties that MH NEETs face regarding their career and their work integration?
- What kind of assistance do they think that MH NEETs need in order to advance in their careers?

All partners followed the guidelines and produced a common grid of collected data which was published in Basecamp. The template can be found in Appendix I.

Participants

The participants were representatives from the four target groups (MH NEETs, Mental Health Professionals, Informal Carers, and Career Counsellors) involved by each partner at local level. All rules of the code of conduct for use of personal data were followed. A list of all participants was created for each partner to use but not publish. A template can be found in Appendix I.

Analysis

All partners implemented the focus groups, took notes and analysed the collected data by creating sub themes under each main theme. The partners reported their findings in the common grid, mentioning the main themes, sub themes, specific statements from the participants for each sub theme and any comments they needed to add.

Synthesis

A synthesis of the partners' collected data was conducted. The sub-themes of each main theme were grouped together in theme clusters according to their similar meaning. The grouping of sub themes was implemented by using the guidelines of thematic analysis and in particular the guidelines of Braun & Clarke (2006)¹:

- familiarising with the data
- generating initial codes
- searching for themes
- reviewing themes
- defining and naming themes
- producing the report

The results are presented per:

- target group
- main theme

3 RESULTS' SYNTHESIS

The results will be presented per target group and per main theme. The tables of the summarized results can be found in Appendix II.

3.1 MH NEETS

MH NEETs participants discussed about the main themes and various sub themes arose. The sub themes that emerged by the analyses of all partners were organised in theme clusters and are presented below. The tables of the summarised results per main theme and theme clusters can be found in Appendix III.

3.1.1 SIGNIFICANCE OF WORK AND CAREER IN GENERAL

MH NEETs talked highly about the significance of work and career but also mentioned the challenges that they face. The theme clusters that arose are:

Work as means for recovery

Many of the MH NEETs participants considered work a helpful tool in their road to recovery. They talked about work as a way to self esteem and out of problems, as a means for mental health improvement, as a means for mobilization and regularity, as a road that offers them stability, development, autonomy, structure, recognition. For example, a participant from the IT focus group said:

¹ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

"Money does not make you happy, work has to keep me busy, keep my mind occupied, empathise with others and solve problems"

And another one from the DE focus group:

"Work for me means autonomy, taking responsibility for myself and earning money"

Meaning attributed to work

MH NEETs participants talked about the general meaning that they believe work has. They considered work important because it a way to feel useful, to offer to society, it is a way of self-realization and as worthy of pursuit to fulfill one's passions and interests. For example, a participant from the PL focus group said:

"Working for me is (...) the realization of passions and interests."; "You can fulfill yourself through work."

Sigma and self-stigma

The MH NEETs participants also talked about the challenges they face mainly in the area of stigma and self-stigma: the threats they experience as others don't see them as fit to work, the perceptions they have for themselves as 'sick'. For example, a participant from the GR focus group said:

"When you stay all day at home you get used to do nothing and talk to nobody"

And another one from the IT focus group:

"The doctors have advised me against working or resuming my studies because they could be a stress factor."

Financial security

The financial aspect of work is also considered important by MH NEETs participants, as it provides material benefits, is a necessity in life and offers a secure future. These opinions are closely linked with the concept of independence, a concept that is sorely missed by MH NEETs. For example, a participant from the PL focus group said:

"For me, work is (...) an opportunity to earn my own money. When you are dependent on your parents for a long time, this financial aspect is also very important to me that I can have my own money, which I have at my disposal."

3.1.2 EXISTING CAREER SERVICES

MH NEETs participants spoke of the problems they face with existing career services but also about the help they receive from them. The theme clusters that arose are:

Lack of information and orientation

The MH NEETs participants spoke of lack of information about career services but also about lack of career orientation especially in schools. For example, a participant from the GR focus group said:

"When I started looking for a job, I did not know what to do. I did not know any existing services. I was just going around the neighbourhood, door-to-door"

Make good use of what is offered

The MH NEETs participant spoke of several career services that they feel grateful for and believe that they have helped them. It looks like that MH NEETs feel that there is not enough information and career orientation but when they do find help, they use it well and it helps them. For example, a participant from the PL focus group said:

"I am happy because I managed to find help at the right moment, because when it was not so long after the second day hospital stay, I managed to get here to the Pomost and I did not wait (...) long, because I've waited, I don't know, a month or two from the last stay, and I am very happy because I managed to do a lot of things, use various forms of help, also professional counseling and other things, and I can see that this is such a progress, evolution from the state that was last year, the previous year."

Another participant from the DE focus group said:

"provides a safe space to explore and to make mistakes, so you can work on yourself with the support of professional staff"

Frustration in services

MH NEETs also reported a feeling of frustration in career services in the sense that they do not feel they get enough support, are not encouraged for higher education, the programmes offered do not cover their needs, they get minimum support and then have to fend for themselves without having the necessary skills. For example, a participant from the IT focus group said:

"Once job centers supported you more (i.e. they helped me to write my cv), now services and staff has been cut and there's not much help"

Another one from the DE focus group reported that:

"..she had her first meaningful advice on options given by the hospital social worker - however, vocational training or career counselling was not thematic in the therapeutic process itself, and there was no concrete direction beyond that a supported training in a protected framework would be a good idea for her"

Family support

MH NEETs reported that they consider the support they receive from their families important. For example, participants from the DE focus group reported that:

".. relies heavily on her family for emotional support, an open ear for all problems"

".. finds support from his mother very important, feels they stick up for each other"

".. values the financial support from his family"

3.1.3 DIFFICULTIES THAT THEY FACE

MH NEETs participants spoke of the difficulties they face in their attempt to enter the job market. The theme clusters that arose are:

Lack of hard/soft/career seeking skills

MH NEETs participants spoke of the difficulties they face due to their lack of training in hard and soft skills but also in job seeking skills. For example, a participant from the IT focus group said:

"The main struggle in relating to job seeking is that I am not able to say what I can do or what I could do; I have difficulty with interviews, I'm always afraid of making a bad impression, of saying something wrong, even though I seem to be very easy-going and confident ; I feel like a failure not knowing how to manage an ordinary working day as an employee"

Stigma

Stigmatisation appeared again as a difficulty MH NEETs face, whether it is in the job market or at school. For example, participants from the IT focus group said:

"I am registered as a protected category but I don't explain my problems to the companies because it is penalising"

"It bothers me that they ask me what I have, I am a person."

"The most difficult part of the job search is explaining that I suffer from a pathology. I am afraid of making a bad impression."

"The biggest fear is not being like others: on the outside I don't seem to have a problem and when they find out I have a problem they are very concerned. There will always be a gap between MH people and others."

Job market problems

MH NEETs participants spoke of the challenges they face that occur from the way the job market works: public programs, procurements or apprenticeships are a few and they have a very short duration, companies hire recent graduates and pay low rates, they receive no answers or feedback from CVs they send, there is no support in entrepreneurship, no availability for places that offer work experience and there are mainly full time job openings that can be daunting. For example, a participant from the GR focus group said:

"You work for a few months and then you are unemployed again"

Another participant from the DE focus group reports that:

"it is nearly impossible to find placements during the Corona crisis"

Lack of support/acknowledgement of MH needs

MH NEETs participants also spoke of the lack of support they face and missing acknowledgement of their needs: some families are overprotective and don't believe in them, their support networks are

hesitant and opposed in them finding a job, entrepreneurs get little or no help, their mental health condition is ignored or identified too late to receive proper support, little availability for psychotherapy, the need to take time to get used to new environments and tasks is ignored and some feel underchallenged in the programmes that are offered. For example, participants from the DE focus group reported that:

"They find it difficult to adapt and getting used to new environments and routines"

".. some of the classes in the RehaBvB do not contribute much as they are tailored to more basic levels of ability"

Another participant from the IT focus group said:

"Social workers are aware of my situation, but they don't care, if there is a job that match my profile, I must dedicate myself to that job, my problems don't matter"

3.1.4 ASSISTANCE THEY NEED

MH NEETs participants talked about the assistance that need in their attempt to enter the job market. The theme clusters that arose are:

Empowerment: information, training & career counselling

MH NEETs spoke of what they need in order to be empowered to enter the job market: information about existing services, counselling programmes, training for Entrepreneurship, training in a variety of skills, career counselling with a view to needs of mental health people, an assistance under the prism of careers not just random jobs. For example, a participant from DE focus groups reported:

".. a need for more adequate career counselling, referring to his own experience of mismatches between suggested careers and personal capacities and preferences"

".. [the need] to see a focus not just on getting people into work, but to facilitate careers people can be happy in"

Taking into consideration MH needs (public organisations & employers)

MH NEETs reported their need to see their needs acknowledged by organisations and employers: bigger duration of public programmes, special programmes for mental health people to facilitate them to start with their first job, support in work places (company psychologists – connectivity of companies and health services), adaptation of hiring process (alternative ways), raising awareness in employers and staff to reduce stigma and generally more understanding. For example, a participant from the PL focus groups said:

"Maybe it was important what [another participant] already mentioned, that is to make people aware of and introduce not only such broadly understood school education, but also various campaigns or ways of making people aware of people who have mental problems and would like to work in order to reduce this stigma, this exclusion of people who have various problems, but still take up a job. I think the emphasis should be to appreciate these people, and that despite the difficulties, try to keep working"

Another participant from the IT focus groups said:

"Ideally, rather than interviews, field tests should be carried out to fully understand whether the job is compatible with the person. This would be very useful, both for the person being placed and for the employer"

Early interventions

MH NEETs participants consider early interventions very important: early support, more proactive action, early career counselling. A participant from the DE focus group said:

".. that teachers should be more attentive to potential mental health issues and involve parents to work towards getting therapeutic support and creating a more understanding environment at school"

3.2 MH PROFESSIONALS

MH professionals discussed about the main themes and various sub themes arose. The sub themes that emerged by the analyses of all partners were organised in theme clusters and are presented below.

3.2.1 SIGNIFICANCE OF WORK AND CAREER IN GENERAL

MH professionals talked about the significance of work and career in MH NEETs. The theme clusters that arose are:

Self-development

MH professionals consider work and career as a means to self-development: they believe that work is a way for self-realisation, it provides meaning and self-esteem, a sense of belonging, it helps in learning new skills, it provides challenge and self-efficacy. For example, a participant from the DE focus groups reported:

"MB emphasises that it provides meaning, but "more than that" also identity"

Autonomy / independence

Most MH professionals agree that work offers autonomy and independence to MH NEETs: it is a way for MH people to get out of protected environments, a way of autonomy out of care systems, parents and carers. For example,

"Nowadays there is a shift from a protection dimension to a social dimension, towards relations with the world of the normal. The world of work is connected with the world of human relations: creating an insertion means to relate to the healthy part of the world."

Good for mental health

MH professionals also focus on the merits of work for MH NEETs mental health: it reduces symptoms, it functions as a motivating activity, it provides structure, recognition, a normal life. For example, a participant from the PL focus groups said:

"I think (work) gives a certain order to the day for people who have difficulty with it, gives a certain rhythm. Work sets the rhythm of the day and that is also important."

3.2.2 EXISTING CAREER SERVICES

MH professionals talked about the existing career services, their views, opinions and experiences. The theme clusters that arose are:

Organisations offering support

MH professionals talked about the organisations that offer support, their advantages and disadvantages (the main ones are lack of connectivity and bureaucracy), where each one focuses and the services they provide. It seems that there is a number of organisations that offer support, some governmental but most non-governmental.

MH users lack of information on career services

Some MH professionals reported that MH NEETs users lack the knowledge and information about career services. For example, a participant from the IT focus groups said:

"In our induction interviews none of the MH users know about guidance services. They know about specific training courses - they live from courses - but no one interacts with guidance practitioners"

Employers lack of MH information

Some MH professionals also mentioned the employers' lack of information about mental health issues and how this hinders the procedure. For example, a participant from the IT focus groups said:

"The patient with psychic distress has to be explained, because those outside the field do not understand what psychic distress is and there is a lot of stigma"

Job market challenges

Job market challenges were also mentioned, mainly the challenge of lack of cooperation and difficulty to match people's preferences with market demands. For example, a participant from the IT focus groups said:

"Many times I have found myself looking for a contact, knocking on the doors of temporary agencies, sometimes it goes well, sometimes you can't match what the patient wants with the market demand"

Individualised support

MH professionals also stressed the need for individualised support but also the benefits of involving carers in the career counselling procedure. For example, participants from DE and IT focus groups said:

"BR notes that they [informal carers] are only involved if participants are happy with it, but wherever it seems helpful they try to involve them"

“When we have patients who have not completed basic education, we have referred them to evening classes. We try to orientate the user to what he/she is best suited for”

3.2.3 DIFFICULTIES THAT THEY FACE

MH professionals talked about the difficulties that they face as professionals but also about the difficulties that they think that MH NEETs face. The theme clusters that arose are:

Coordination issues between services /bureaucracy

MH professionals stressed the importance of network and connectivity between services and they talked about the challenges they face: missing information about contacts and services, the complexity of the system, long waiting lines and managing different educational levels in one programme. For example, a participant from the DE focus groups reports:

“BR reports that she frequently has participants who have had to wait up to a year until they could get onto the programme, because it takes long to get referred from regular career services to RehaBB, and RehaBB seem to be understaffed and have long waiting lists”

Another one from the IT focus groups said:

“Networking is essential: ideally a care organisation will relate to a training organisation which in turn will relate to a company with a need for staff. If all cooperate, employability is possible”

Stigma / stereotypes

MH professionals focused on the challenges that stigma, self-stigma and stereotypes provoke: young people do not visit special services easily because of stigma, preconceptions about MH NEETs capabilities, lack of knowledge about mental health issues, reluctance and fear from potential employers. For example, a participant from the PL focus groups said:

“Here is the question of working with employers so that there are employers who will simply accept people for internships and then give them a chance to be hired. There is this barrier on the part of potential employers and it does not necessarily result from the fact that they do not just want to, but have concerns. (...) I wish that there were places willing to welcome these people and adapt the workplace to these people ”

Early intervention

Early intervention was also reported as a difficulty in the job integration process: there is late identification of needs and young people do not visit services early enough. For example, a participant from the GR focus groups said:

“People come to us after a long time of being at home and only taking medicins. This makes the whole procedure even harder”

Lack of support in transition

Another difficulty MH professionals reported was the missing or inadequate support in the crucial stage where a young person has started a job and is faced with the difficulties of transition: MH

NEETs give up quickly, relapses occur, difficulty in adaptation in the new routines and the working environment, limited access to psychotherapy. For example, a participant from the DE focus groups mentions:

"motivation of work attitudes affected by psychological problems is difficult to accommodate in available places..... young people are held back by anxieties, for example the fear of failing and anxieties regarding an uncertain future (e.g.: having managed to obtain a placement for a training/apprenticeship: what if the mental health condition deteriorates? Will there be help? Who will lend their support?)"

Opportunities offered not serve needs

MH professionals observe that the opportunities that are available for MH NEETs very often do not meet their needs: the programmes are 'project logic' and the placement is terminated when the project ends, there is lack of suitable jobs, there are limited choices and lack of easy access options. For example, a participant from the PL focus groups said:

"One of the barriers is ... that even when looking for ... something is over ... you have to wait for the next recruitment. Projects offering internships and jobs often start at one moment and end at one point."

3.2.4 ASSISTANCE THEY NEED

MH professionals expressed the assistance they need for themselves to facilitate their work but also the assistance MH NEETs need. The theme clusters that arose are:

Cooperation & education for better & holistic approach

MH professionals stressed the importance of networking in the sense of cooperation between services. They talked about: continuity of services, the need for professionals specialized in persons with disabilities in public authorities and services, the importance of network and cooperation between services, a change of paradigm towards a holistic support that adapts to the needs of MH persons. For example, participants from IT focus groups said:

"We always ask the fragile user to adapt, but we have to do the opposite process. Starting from us, the operators, there has to be the reverse process of change towards the other." ; "We have to change towards them, we have to be the ones to give a better world, to make real contributions. Otherwise we are just patching things up." ; "Cooperation, co-designing are magic words... if institutions come together, each with their own objectives, with their own institutional and professional mandates, changes can be made, it is not utopia."

Awareness & early intervention

The MH professionals also talked about the need for early interventions and raising awareness on mental health issues. They talked about: the need for early interventions, support and education on mental health issues, the need for more support/trust from family and carers on the work the professionals try to do and the need to raise awareness on MH issues on the job market, employers and staff/coworkers. For example, a participant from PL focus groups said:

"Also providing such psychoeducation, both internal at work, for co-workers, as well as social, which benefits can bring for society, both for the disabled person and for the employee, but also for co-workers, employment of sick people, because it often happens that these people sometimes they are much more motivated to work than it might seem. It is also a supplement ... rehabilitation, but also self-fulfillment ..."

Support suited to needs

MH professionals also see the need for support that is best suited for MH NEETs needs, such as preparatory programmes that strengthen the person and prepare him/her psychologically for work and part-time vocational training given the fact that young people find it difficult to cope with an 8hour training programme. For example, a participant from the DE focus groups reports:

"BR sees the need for more programmes that strenghten young people psychologically before they enter an occupational orientation programme"

3.3 CAREER COUNSELLORS

Career counsellors discussed about the main themes and various sub themes arose. The sub themes that emerged by the analyses of all partners were organised in theme clusters and are presented below.

3.3.1 SIGNIFICANCE OF WORK AND CAREER IN GENERAL

Career counsellors talked about the significance of work and career in general about MH NEETs. The theme clusters that arose are:

Self-development

Career counsellors believe that work contributes to MH NEETs self-development: they see work as an opportunity for socialization, openness and empowerment, as means to learn new skills and as a way to provide structure. For example, a participant from PL focus groups said:

"It is very important for young people that they have the opportunity to meet new people and learn how to establish new relationships. In my opinion, it is very important (...) that they are not alone. They don't isolate themselves, they have support and make new friends instead"

Meaning of work for self

Career counsellors talked about work being a means for meaning to young persons. They view work as: a way to self-esteem and out of problems, as a way of self-realization and a means to create identity and a sense of belonging. For example, a participant from the IT focus group said:

"The desirable job placement of people with MH needs is a way to make them aware that their contribution is also necessary and also to make everyone realise that their contribution is crucial"

Security

Career counsellors spoke of work as a means of security in the sense that it provides material benefits and autonomy. For example, a participant from DE focus group said:

"income is also important, especially as it makes you independent"

Challenges to overcome

Career counsellors also spoke of the challenges young people face: the stigma they face in the workplace, the funded job placements that are limited and without prospects, the high expectations young people place in finding a job (as a solution to all their problems) and the way they conceive work (as an unknown abstract notion they have to learn about). For example, a participant from the IT focus groups said:

"Funded internships are limited, the MH person after the internship goes back to the starting position. It is a disappointment for them and their families"

3.3.2 EXISTING CAREER SERVICES

Career counsellors spoke about the existing career services, the contributions that they make and the problems that they face. The theme clusters that arose are:

Specific needs not met

Career counsellors spoke of the specific needs that MH NEETs have that are not met by the current systems: the need to focus on the individual's vocational inclination and the rhythms that they are able to work, the need to focus support in mental health users not only generally on people with disabilities, the issue of finding institutions that offer support to MH NEETs. For example, a participant from the IT focus group said:

"We are proposing programmes to companies that take into account the medication, the rhythm, the breaks, the serenity of the working environment. We are unable to find companies that will host traineeships or hire our MH users."

Not enough support

Career counsellors spoke of the challenges that they encounter: the inefficiency and lack of resources, the bureaucracy and the lack of connectivity between services, the lack of enough organisations that offer support, especially in rural areas. For example, a participant from the PL focus group said:

"... in rural and small-town territories ... Due to the fact that Łódź is a large city, it gives the opportunity to use this type of projects [activating projects], certainly greater than in those small towns or villages, because very often the only center that deals with the subject of people after a mental crisis is an environmental self-help house in a district city, and sometimes there is no way to get to this district city from some other town "

Services offering support

Career counsellors also spoke of the organisations that offer support, their services and contributions and the effort they make to offer support. For example, participants from the PL and DE focus groups mention respectively:

"This institution has a very comprehensive approach to the management of activation and subsidy projects - people with disabilities can use the help of this institution".

"... availability of programmes to support training and employment on the regular markets - advantage is proximity to clients' homes and workplaces"

3.3.3 DIFFICULTIES THAT THEY FACE

Career counsellors discussed about the difficulties they face in trying to support MH NEETs in their integration in the job market. The theme clusters that arose are:

Labour market & organisational problems

Career counsellor talked about the labour market and organisational problems they encounter: unemployment is higher in young people in general, so it is even more difficult for persons with disabilities, employers do not trust young people without experience easily, there are problems with promoting and providing information about projects in rural areas and small towns, the rigid formal guidelines (e.g. place of residence) in supporting projects that exclude people, the way employers find it convenient to hire people in an internship basis and then let them go, the cult of full-time jobs that excludes part-time jobs that are more suited for MH NEETs and the complexity of the system. For example, a participant from the GR focus groups said:

"It is not strange that MH NEETs face more difficulties in work integration. Young people in general face a higher percentage of unemployment. Young people with disabilities in general will face extra difficulties"

Stigma / lack of awareness

Career counsellors also spoke of the usual problem of stigma: the way MH NEETs are treated differently, the prejudices of employers, their reluctance and fears, the shame and stigmatisation young people put on themselves, the lack of knowledge and awareness about mental health issues and the preconceptions of employers about MH NEETs capabilities. For example, a participant from the DE focus groups reported:

"MR points to the fact that psychological conditions are invisible and that many are prevented by shame/stigma to seek information, ask questions. As a result, there is much half-knowledge and ignorance about mental health, which results in insecurities and anxieties when interacting with people with mental health conditions. Regarding her own area she criticises that there is not enough in terms of further education on matters relating to mental health (which is why she entered further training in systemic therapy on her own initiative)"

MH NEETs fears, lack of skills & self-awareness

Career counsellors discussed about the young people's fears, lack of skills and self-awareness that pose significant challenges in their integration to labour market: their technological illiteracy, their lack of self-awareness, the fear of losing benefits if they enter the labour market, their reluctance to accept the need for support and that sometimes they get frustrated and give up quickly. For example, participants from the PL focus groups reported:

"Very often these people withdraw ... For health reasons, or, for example, the obligations imposed on them were too big"; "I also had people who quit after a week ... I also had a person who quit the internship after three days because she said she would not be able to handle it"

Specific needs of MH NEETs not met

Career counsellors also talked about the specific needs that MH NEETs have that are not met: there is a lack of opportunities outside the third sector, a poor spectrum of offers for them, there is an inconsistency of opportunities, no clear plans for them, a difficulty in matching their competences in the job offers, limited knowledge about opportunities, late identification of need, not enough easy-access support for young people who don't know where to go to for help and the effects of COVID 19 in the sense that they find it difficult to build trust in e-counselling. For example, a participant from the IT focus groups said:

"The worst thing is the inconstancy [of opportunities]. Activities become leisure time when instead one should identify skills and direct them. ; "Actions and projects are not put in a system, they are sporadic, this is a constraint that all of us operators have to face."

3.3.4 ASSISTANCE THEY NEED

Career counsellors expressed the assistance they believe is needed for the facilitation of their jobs and MH NEETs job market integration. The theme clusters that arose are:

Networks / systemic approach / flexibility

Career counsellors spoke of the need of a systemic approach, cooperation and networking between organisations: more time saved in daily schedules for services promotion, creation of a network of organisations, associations, training organisations, a development of a network of support institutions, unification of the jurisprudence system, better communication with universities, better cooperation between network partners. For example, a participant from the IT focus group said:

"We need a network of organisations, associations, training organisations, MH services, companies working for education and employment of MH people"

Early intervention & preventative measures

Early intervention and preventative measures were deemed very important to career counsellors: early intervention, support and career counselling from an earlier stage, motivating and generally more preventative support. For example, a participant from the GR focus group said:

"Persons with mental health problems should arrive to our services as soon as they get diagnosed. This way they do not lose their skills and we have the opportunity to create their work/education integration plan straight from the beginning and not after many years of unemployment."

Organisational /institutional measures

Career counsellors believe that organizational and institutional measures should be taken to facilitate MH NEETs work integration: better training of staff and more resources, an institutional obligation to employ disabled people, awareness trainings and education in staff and employers about mental health issues, coaching support for MH employees, staffing, less bureaucracy and a shift to an approach where MH people are viewed as capable of working. For example, a participant from the PL focus groups said:

"I think that in fact every company should have a person who would also be responsible for training staff how to deal with people who may have various difficulties (...) If there was such a person who would prepare the staff and raise awareness a little, simply, automatically by fighting these stereotypes that are taking place, we would generally get a lot of jobs"

Shift in paradigm in MH NEETs

Career counsellors believe that it is time for a shift in paradigm in the sense that young people with MH problems are viewed as capable for work and not be overly protected and they continue their career counselling in order to have support that helps them maintain their jobs. For example, a participant from the IT focus group said:

"Young people with mental distress need to be placed in a socio-cultural context that corresponds to reality, to get out of the comfort zone, out of protected contexts; a naked-true context, as society is, to not feel different and because this would prepare them for the social reality in which they are going to live once the protected pathway is over"

3.4 INFORMAL CARERS

Informal carers discussed about the main themes and various sub themes arose. The sub themes that emerged by the analyses of all partners were organised in theme clusters and are presented below.

3.4.1 SIGNIFICANCE OF WORK AND CAREER IN GENERAL

Informal carers talked about the significance of work and career in MH NEETs. The theme clusters that arose are:

Self-development

Informal carers believe that work is a way for self-development for MH NEETs: it is a way to maintain an active everyday life, an opportunity to meet new people, a way of learning new skills, a way to be challenged and grow as a person and generally a part of recovery. For example, a participant from the GR focus groups said:

"Nobody can stay at home all day. It is even more difficult for us to see a person all day at home doing nothing"

Meaning of work for self

Informal carers discussed the value of work for the person and mentioned that: work is a way of self-realization, offers well-being, acts as therapy, helps in self-esteem and in finding meaning and provides recognition. For example, participants from the PL focus groups said:

"Work and the possibility of training for people with mental problems is something invaluable - This is something that cannot be overestimated ... without work, these people go backwards ... The possibility of working is a therapy in itself. They can confront another reality and enter so called - normality. Learning responsibility is something invaluable!"

Autonomy

Informal carers also believe that work contributes in the sense of the person's autonomy and its sense of feeling useful. For example, a participant from the DE focus groups said:

".. income from work provides for independence - unemployment comes with the experience of dependency, having to rely on family or society, which is detrimental to mental health. Having a job and also being able to change jobs gives you the ability to adapt to changing circumstances and to make changes in your life"

Challenges to overcome

Informal carers also mentioned the challenge of continuous and random participation in programmes that do not offer a clear career path to MH NEETs. For example, a participant from the IT focus group said:

"Often people become serial participants, attending all the courses offered but not specialising in anything"

3.4.2 EXISTING CAREER SERVICES

Informal carers talked about the problems and the support MH NEETs encounter in existing career services. The theme clusters that arose are:

Not enough organisations to cover needs

They discussed about the problem of insufficient organisations to cover the needs that exist, especially in rural areas. For example, a participant from the PL focus groups said:

"It is certainly not enough [the number of organizations], nor is it satisfactory, because people with these mental dysfunctions are people who, however, require more care, they are people with problems, and certainly when it comes to Łódź, there aren't many places like this."

Not effective enough services and lack of information

Informal carers spoke of the problems they encounter in the issues of effectiveness of services and the lack of information about the existing ones: they reported a lack of knowledge about the existing services, job market problems such as competence of job centers and the fact that employers offer short agreements, no real structure in the services especially in orientation field, the need for further support in inclusion in regular training and employment. For example, a participant from the IT focus group said:

“There is no real orientation service, neither for neuronormals nor for neurodiverse people. The school does it, especially at the end of the third year of secondary school, but it is the family that does everything, the orientation work is not structured. For families that do not have the means, there is only desperation. The choice usually falls not on the preferred route, but on the one where there is a better culture of reception, and it ends up that in those routes the disabled are gathered”

Helpful

Informal carers stressed the importance of the services that offer support and assistance. They talked about several services that offered them and their young people support and also mentioned the role the families play in the work transition of MH NEETs.

3.4.3 DIFFICULTIES THAT THEY FACE

Informal carers spoke of the main problems they encounter in the work integration of their young people. The theme clusters that arose are:

Lack of support / information

Informal carers talked about the lack of support and missing information they encounter. They talked about: the lack of information about existing services, how job placement initiatives are not linked to actual prospects for work, no actual guidance for career prospects, lack of sufficient public support outside of school, there is little access to psychotherapy, late identification of needs and inadequate support for parents and informal carers. For example, a participant from the IT focus groups mentioned:

“There is no continuity or feedback, the MH persons have to activate themselves in searching, there is a lack of guidance, both from the public and private sector. One not only ends up doubting the future, but also enthusiasm is dampened because everything is effort, there is no support”

Job market problems for MH NEETs

Informal carers discussed about the job market problems that MH NEETs face: the internships are short, there is no continuation in the services, there is an insufficient number of institutions that deal with the professional activation of mentally ill people, there is a poor spectrum of offers, the employers are not responsive to MH NEETs needs, there is a lack of job opportunities on the regular labour market (not in protected environments) and there are expectation in the market on how CVs should look (not with gaps that are usually caused by relapses). For example, a participant from the PL focus groups said:

"The longest job was six months. Typically, such internships last three months and end, and then there is no need for a sequence. It just ends, then we look for another internship, the same again, training and again three months (...) My daughter had four internships, but no one offered her a permanent job because there are no such places"

Stigma/preconceptions / fears / lack of awareness

Another major issue informal carers discussed in the issue of stigma. They talked about the fears and stigma their young people encounter from society, but also about the stigma that follows them, the reluctance that MH NEETs show in accepting services and continuing in them due to stigmatisation, the preconceptions on society about MH NEETs capabilities, about the deficits in career orientation, lack of awareness and the fact that sometimes MH NEETs are underchallenged which results in them not being given the opportunities to express their full potential. For example, a participant from the DE focus groups reported:

"For EE, stigma is a huge problem. In comparison with other disabilities, mental health conditions are still fraught with shame. She also points out that parents often feel shame and guilt. There is victim-blaming (for example suspicions that depression is not really a condition and people should just buck up and get on with it). Victim blaming extends to parents who are often seen as being responsible for their children's mental condition"

3.4.4 ASSISTANCE THEY NEED

Informal carers expressed the assistance they believe is needed. The theme clusters that arose are:

Support for themselves so as to be more helpful

Informal carers talked about ways that they could receive support: the need for a professional to guide them through the system, efficiency in services, remuneration, time for counselling, specialized stuff in public agencies, more support for informal carers. For example, a participant from the GR focus groups mentioned:

"As soon as we get the diagnosis we need one professional to inform us about all the steps that we need to follow and all the different services that we can receive"

Career counselling and guidance

Informal carers stressed the importance of career counselling and guidance: special guidance from the end of adolescence and school, a better process of counselling that matches work to competences and possibilities and focuses on discovering talents, continuous support and early interventions and career counselling with a view to needs on mental health needs. For example, a participant from the PL focus groups said:

"I know three people with disabilities, including my son, and each of them has a talent ... It may turn out that each of our pupils has a talent and it would be good through some tests, discover this talent in each of these people and under this account develop their skills, talent and help them find a job in this area. They would then be motivated, they would see that they are special, that they do something good, because now they do not work at all and it would be a nice success."

Shift in paradigm

Informal carers talked about a shift in paradigm that could offer assistance in changing things for MH NEETs: suitable facilities where young people could experience autonomy, support in the workplace, especially at the beginning, motivating, establishing workplaces only for the disabled, calling on people with mental health conditions as experts of their own condition and life, employers being more attentive to MH NEETs, support for employers to allow young people try things and generally more mental health awareness. For example, a participant from the DE focus group said:

"M. would like to see decision makers, counsellors, etc. turning more to people who experienced mental illness as experts for the situation of people with mental health conditions - they should "talk more to us than about us"

4 DISCUSSION

The current research focused on four main themes that had emerged from the literature review and the partners' own experiences: significance of work and career in general, existing career services, difficulties faced, and assistance needed. Participants from the four target groups (MH NEETs, MH professionals, career counsellors and informal carers) participated in focus groups that all partners organized and carried out according to a common set of guidelines. Various themes emerged from the focus groups, which will be discussed below.

As far as the first main theme is concerned, i.e. **the significance of work and career in general**, there was much convergence in the views expressed by the target groups. Work is viewed as an important element of MH NEETs' psychosocial rehabilitation. Most participants from all target groups expressed largely positive connotations giving work a high subjective importance. Most of the themes that emerged overlapped amongst target groups and even more they were interrelated. All target groups consider work as a means for recovery and self-development in the sense that it offers structure, regularity and stability, psychological and financial autonomy and security, is a means of learning new skills and socializing and has a sense of self-fulfillment. It seems like all target groups are in line in the notion that work has a tangible and intangible value. The tangible value was expressed mainly with the concepts of autonomy, financial security, regularity, structure and socializing. The intangible value was saturated by an existential sense: work was expressed as a means for recognition, legitimacy, belonging, expressing the self and pursuing talents, aspirations and passions and an overall fulfillment of the self and self-realization. In all the positive meanings, a significant common ground that emerged was the way it helps in the psychosocial rehabilitation of MH NEETs. Work helps in achieving a sense of belonging in the "normal" way of life that everybody else leads, it provides a challenge for MH NEETs to focus more on their strengths and the fact that they are more than their illness. Even though the meanings that were expressed were overwhelmingly positive, there were some negative and/or questionable meanings expressed or implied. Stigmatization and self-stigmatization appeared as an element that is intertwined with all the positive meanings of work. Possibly due to the significance that is put on work and career by MH NEETs themselves but also in society in general, MH NEETs appear to have high expectations, in the sense that young people may think that if and when they succeed in entering the labour market all of their problems will be solved. This means that they and/or the professionals and informal carers that support them could have

internalized normative expectations. A negative outcome of this is that their specific needs could be ignored or overruled and this could actually hinder their integration in the labour market and even their psychosocial rehabilitation. These concepts appear to be connected with the difficulties faced by MH NEETs, the professionals and the informal carers that support them, as it will be mentioned below.

As pertaining to the second main theme, i.e. the **existing career services**, it seems that there were two dimensions about the existing services in the discussions of the target groups. Some partners reported more elaborate systems of career services with a lot of programmes and adequate funding while others reported a lack of programmes and funding. The positive connotations in all reports were that existing career services have a lot to offer and indeed they offer significant support both in the area of training and education and also in the area of job placements. There are though several issues that concern MH NEETs and their informal carers and professionals. The main consensus among all partners was the lack of information about the existing career services, their existence and the services they offer. In the case of the partners with enough programmes and funding the main issues were the complexity of the system, the lack of knowledge of the services offered by each organization and the many transitions that have to be managed among programmes even among agencies and institutions. These issues seem to not allow MH NEETs to make full use of the services offered and it creates frustration both in MH NEETs and professionals. In the case of the partners that reported a lack of programmes and funding the main issues that were discussed were the insufficient number of organisations and institutions involved in the activation of MH people, the fact that existing career services are located mainly in big cities while rural areas are ignored, there is not enough support in covering MH NEETs needs and there is also a lack of orientation and support in the early stages in school. The general agreement though in the challenges faced was that: stigma prevents career services from cooperating fully with employers who lack information and awareness in mental health issues, a general lack of networking between services, institutions and the labour market, the labour market is not willing to adjust to MH NEETs needs and the heavy bureaucracy.

Concerning the third main theme, i.e. **the difficulties faced**, it seems that there are four dimensions in the issues that were discussed by the target groups. The first was the problems that occur from stigmatization and lack of awareness in both MH NEETs and the labour market. It was interesting to see that it was the career counsellors that mainly talked about the fears, lack of self-awareness, the shame and stigma young people put on themselves and the frustration they feel, that sometimes prevents them from seeking the suitable support. All the target groups though, talked about the prejudices of employers and their lack of awareness in mental health issues, that hinder MH NEETs work integrations in the sense that: there are no or little job offers and no or little willingness to adjust work procedures and time schedules to MH NEETs needs. This leads to the second dimension of problems discussed, the labour market and organizational problems. There was general agreement that the connectivity between both organizations and institutions and the labour market poses a significant weakness in the work integration procedure. In the labour market area several issues were reported such as the fact that unemployment is higher in young people in general, so it is even more difficult for MH NEETs, employers do not hire easily people without experience, employers find it convenient to employ people for internships but do not hire them in a steady basis and part-time jobs are not very popular. In the career services area, organisational problems also occur such as the

heavy bureaucracy and lack of cooperation between services, a poor spectrum of offers, the job placements are short and have no continuity, they do not lead in a career path, it is just a series of job placements and internships that do not provide structure and a clear path for MH NEETs. The third dimension concerns the needs of MH NEETs that are not served. As discussed, the fact that they do not have a clear career path can be frustrating for them as they feel that they are thrown from one placement to another, not gaining enough experience to build a CV and have more opportunities in working in a field that addresses their talents and interests and has a certain continuity in their efforts and a sense of success. The fourth dimension that all target groups agree, as it will be discussed in the fourth and final main theme, is the issue of early intervention. The lack of early intervention, career counselling and orientation at early stages, seems to be a significant issue since the late identification of needs and the seeking of career services late, appears to complicate MH NEETs work integration as enough frustration is already built.

About the fourth and final main theme, i.e. **the assistance needed**, three main dimensions have emerged: systemic and institutional changes that need to be promoted, proactive and early interventions that need to be established and a shift in paradigm towards a capabilities approach. In this and all the previous main themes, the issue of a need for a systemic and holistic approach has been discussed largely among the target groups. In the viewpoint of MH professionals and career counsellors this seems to mean more cooperation between agencies and institutions, flexibility in organisations, a reduction of bureaucracy and networking with the labour market. MH professionals and career counsellors also stressed the need for training and education in mental health issues both in professionals but also in employers and staff in the labour market. They seem to consider that this kind of changes will help in the continuity of services and offer a flow of support that will promote work integration in MH NEETs. The professionals also discussed about the institutional changes they consider important for significant change to be achieved. Some of the changes they propose are: better staffing and funding, training of professionals in MH issues, institutional obligations for employers to hire MH people and awareness campaigns in schools, educational institutions and the labour market. All target groups agree that proactive and early interventions are a key element of successful support. Career counselling from an earlier stage, individualized orientation, information about services along with vocational and soft and career skills trainings are considered by all target groups key elements in MH NEETs empowerment. All target groups seem to agree also that a shift in paradigm in the way MH NEETs and their needs are approached is a change that is long overdue. MH NEETs seem to have specific needs that if met, the process of their work integration will be greatly facilitated: part-time opportunities both in education and training and in work offers, psychological and career counselling support between transitions, career counseling that focuses on career paths and not simply job placements, a focus on their strengths and capabilities, opportunities that are individually realistic in the sense that they are not overly protective nor underchallenged, a general change in viewpoint as seeing them as capable of work and career development and as experts of their own lives.

As a conclusion it could be mentioned that work is a significant element of psychosocial rehabilitation and it promotes autonomy, security and self-realization. There are many issues and challenges that MH NEETs, professionals and informal carers face. A shift in paradigm which focuses in empowerment, networking, institutional measures, capabilities approach, career skills and simply

more understanding, could make a significant improvement. Career counselling plays an important role as a medium in this shift of paradigm and in supporting MH NEETs and their families.

APPENDIX I

FOCUS GROUP GRID			
Main theme	Sub-themes	Specific statements	Comments (who introduced the sub-theme, was there consensus etc.)
Significance of work and career in general			
Existing career services			
Difficulties that they face			
Assistance they need			

Focus Group Participants List			
Name	Affiliation	Contact details	Signature
Facilitator:			

APPENDIX II

MH NEETS

Significance of work and career in general

Work as means for recovery	Meaning attributed to work	Stigma & self stigma	Financial security
Mental health improvement	Feeling useful / Offering to the society	Socialising and meeting new people (image of self as isolated person)	Work gives material benefits. Work is finance.
As a way to self esteem and out of problems (MH problems)	Work is a way of self-realization, a value itself.	Threats (low expectations from professionals)	Work as a necessity in life [rather sad].
As an activity that mobilizes to action - mobilization to act.	Work is something I strive for - work as the pursuit [future]	Self perception	Secure Future
Course - learning regularity			
Stability			
Development			
Autonomy			
Opportunity			
Structure			
Legitimacy/Recognition (self mobilisation)			

Existing career services

Lack of information & orientation	Make good use of what is offered	Frustration in services	Family support
Lack of information about career services	Being protected is good	Difficulties in interacting	families/ parents
Lack of career orientation	Gratitude for participating in the project.	Cut in services/funds	
Missing information (inadequate)	Participation in an EU project involving the possibility of receiving a subsidy to establish your own company [2014] - projects financed by the European Union.	No feedback or results	
School	Support from the Foundation - Fundacja Aktywizacja - support for non-governmental organizations.	Occupational Preparatory Education Programme (BvB) at a Facility for Occupational Education (BBW) for people with mental health conditions (Reha-BvB)	
	Occupational Preparatory Education Programme (BvB) at a Facility for Occupational Education (BBW) for people with mental health conditions (Reha-BvB)	social service in psychiatric hospital	
	social service in psychiatric hospital	vocational rehabilitation counselling service of the Federal Employment Agency (Reha-Berufsberatung der Bundesagentur für Arbeit - RehaBB)	
	vocational rehabilitation counselling service of the Federal Employment Agency (Reha-Berufsberatung der Bundesagentur für Arbeit - RehaBB)	regular vocational orientation programmes (BvB)	
	Jobcenter		
	youth services (Jugendhilfe)		

Difficulties that they face

Lack of hard/soft/career seeking skills	Stigma	Job market problems	Lack of support/acknowledgement of MH needs
Lack of knowledge	Fear of stigma	Public programs, procurements or apprenticeships are a few and they have a very short duration.	Lack of trust and knowledge from the family
Lack of skills	prejudice, stigma	Job market problems Inability to take advantage of training / courses intended mainly for unemployed people - no support for people running a business or employees. availability of work experience places	Missing support Too little help for disabled entrepreneurs. Difficulty working full-time. late identification of need getting used to new environments, tasks etc. availability of psychotherapy being underchallenged

Assistance they need

Empowerment: information, training & career counselling	Taking into consideration MH needs (public organisations & employers)	Early interventions
Information about existing services	Bigger duration of public programs, procurements, apprenticeships	early support with mental health issues
Counselling programs	Special programs and job positions for people with mental health problems, in order to start with their first job.	more proactive support
Missing information (inadequate)	Lack of support from employers	
Training for Entrepreneurship	Adapting the hiring process	
Training in a variety of skills - business support.	Raising awareness of staff and employers to reduce stigma.	
earlier career counselling, general and with view to needs of mental health	simply more understanding	
better career counselling		
a broader view / careers, not just jobs		

MH PROFESSIONALS

Significance of work and career in general

Self development	Autonomy / independence	Good for mental health
Work is a way of self-realization, a value itself.	Protected environments	Work helps in strictly clinical terms as it reduces symptoms
Work as learning new skills.	Need for MH people to get out of protected experience	Work as a motivating activity.
meaning	Work as a way to autonomy out of the care system	structure
self-esteem	Work gives independence and autonomy - work is independence.	a normal life
identity/sense of belonging	Work as a deliverance - deliverance from parents and carers.	legitimacy/recognition
challenge	autonomy	
self efficacy	secure future	

Existing career services

Organisations offering support	MH users lack of information on career services	Employers lack of MH information	Job market challenges	Individualised support
Occupational Preparatory Education Programme (BvB) for people with mental health conditions (Reha-BvB)	Lack of knowledge	Lack of information+stigma	Job market problems	Focus on individual
inclusions companies				parents and informal carers
Specialist service for integration (IFD) and integration office (Integrationsamt)				
Integration support (district level) (Eingliederungshilfe)				
vocational rehabilitation counselling service of the Federal Employment Agency (Reha-Berufsberatung der Bundesagentur für Arbeit - RehaBB)				
Facility for Occupational Education (Berufsbildungswerk BBW) and similar organisations such as Vocational Training Centres (Berufliches Trainings-Zentrum BTZ) and Occupational Support Facility (Berufsförderwerk BFW)				
Psychiatric and psychotherapeutic services				
RPK ("rehabilitation for the mentally ill")				
job application trainings				
Fundacja Aktywizacja - a non-governmental organization, as well as the Towarzystwo Przyjaciół Niepełnosprawnych [TPN].				
Fundacja Aktywnej Rehabilitacji - a non-governmental organization.				

Difficulties that they face

Coordination issues between services /bureaucracy	Stigma / stereotypes	Early intervention	Lack of support in transition	opportunities offered not serve needs
Importance of network	Young people do not visit special services easily because of stigma	Young people do not visit our services early enough	MH people give up quickly.	Project logic - the end of recruitment means the end of chances for joining the project.
Missing information transitions between responsibilities	Stigma Barrier from potential employers (reluctance, fears).	late identification of need	affective adaptation crises	lack of suitable jobs limited choice
complexity of the system long waiting times	stigma identification of need in minorities		access to psychotherapy impact of illness not fully managed	lack of easy-access options
managing different educational levels in one programme	preconceptions about capabilities			
	lack of knowledge about mental health issues			
	lack of specialist offers for autistic people			

Assistance they need

Cooperation & education for better & holistic approach	Awareness & early intervention	Support suited to needs
Continuity of services	Support from the family/carers	more preparatory stabilising programmes
Specialized professionals in public authorities and services	Early intervention	Options for part-time vocational training
A change of paradigm	Raising awareness of staff and employers to reduce stigma.	
Importance of network	more education/knowledge on mental health issues	
Creation of jobs with comprehensive MH care.	early support with mental health issues	
better cooperation with network partners		

CAREER COUNSELLORS

Significance of work and career in general

Self development	Meaning of work for self	Security	Challenges to overcome
Work is an opportunity to meet new people - the social aspect!	Work as a way to self esteem and out of problems (work as motivation)	Work gives material benefits.	Stigma
Work as learning new skills.	Work is a way of self-realization, a value itself, and a dream come true.	autonomy	Job placements as sops (no continuation after internships)
Openness and empowerment - the social aspect!	identity/sense of belonging		high expectations/solution to all problems
structure	self-realisation		challenge

Existing career services

specific needs not met	not enough support	services offered try their best
Focus on individual	Inefficiency and lack of resources	careers counselling service of the Federal Agency for Employment (Berufsberatung der Bundesagentur für Arbeit, BB)
Matching is mainly done with training (not jobs)	Too few supporting organizations (even in big cities).	vocational rehabilitation counselling service of the Federal Employment Agency (Reha-Berufsberatung der Bundesagentur für Arbeit - RehaBB)
Support is targeted at a wider group - people with disabilities, not people with mental disorders.	No support in rural and small-town areas.	Programmes/measures for occupational rehabilitation under German Social Code
Insufficient number of institutions dealing with professional activation of mentally ill people.		Programmes for careers orientation such as RehaBvB
Difficulty in finding institutions offering support to a group of young people with mental disorders.		Support for training and employment
		Facility for Occupational Education (BBW) and similar organisations such as Vocational Training Centres (BTZ)
		Social services
		Psychiatric and psychotherapeutic services
		Advice centres
		Integration support (district level) (Eingliederungshilfe)
		youth services (Jugendhilfe)
		Instytucja CEIRON [Centrum Edukacji i Rehabilitacji Osób Niepełnosprawnych] - non governmental organization.
		Foundation "Uwolnienie" - a non-governmental organization, as well as the website of the city hall.

Difficulties that they face

Labour market & organisational problems	Stigma / lack of awareness	MH NEETs fears, lack of skills & self awareness	Specific needs of MH NEETs not met
Unemployment is higher in young people in general, so it is even more difficult for persons with disabilities.	Stigma	Technological illiteracy of MH NEETs	Lack of opportunities (outside the third sector)
Employers do not trust young people without experience easily	Barrier from potential employers (reluctance, fears).	Lack of selfawareness of MH people	No plans for the MH user
Problems with promoting and providing information about projects in rural areas and small towns.	Lack of knowledge about MH people and employers' readiness to employ them.	Fear of losing benefits (e.g. a disability pension).	Poor spectrum of offers.
rigid formal guidelines (e.g. place of residence) in supporting projects	Stigma	MH people give up quickly.	Difficulty in matching MH competences to the job offer.
Convenience of employers - internships as a free resource - a messy market.	lack of knowledge about mental health issues	reluctance to accept the need for support	Corona virus
The cult of work (in Poland) full-time.	preconceptions about capabilities		Knowledge about opportunities
complexity of the system			late identification of need lack of easy-access support

Assistance they need

Networks / systemic approach / flexibility	Early intervention & preventative measures	Organisational /institutional measures	Shift in paradigm in MH NEETs
More time for promotion of their services	Early intervention	Lack of training & resources	Ways to keep persons committed to Career Counselling even when they find education or a job
Missing information (networking)	Matching work to competences and possibilities through career counseling from the earliest stage.	Obligation to employ disabled people.	Work as a way to selfesteem and out of problems
The presence of, for example, community self-help houses in every neighborhood in the city - development of a network of support institutions.	Support especially at the beginning, motivating.	Make staff and employers aware to reduce stigma.	
Unification of the jurisprudence system.	more preventative support	Coach support on behalf of the NGO - for people looking for a job, as well as employed and / or running their own company.	
better cooperation with universities		more time (i.e. staffing)	
better cooperation with Integration Support (see glossary Eingliederungshilfe)		more attentive needs/capability assessments	
better coopoeration with network partners		more education/knowledge on mental health issues	
		fewer bureaucratic requirements for support	
		focus on capability approach	

INFORMAL CARERS

Significance of work and career in general

Self development	Meaning of work for self	Autonomy	Challenges to overcome
It helps maintain an active everyday life	Work is a way of self-realization, a value itself.	Very important so that the person feels useful	No plans for the MH user
Work is an opportunity to meet new people.	Work is well-being.	autonomy	
Work as learning new skills.	Work as therapy.		
Work is a logically connected chain - satisfaction - effort and stress - challenge and development!	self-esteem		
Work is part of recovery.	meaning		
	Legitimacy/Recognition		

Existing career services

Not enough organisations to cover needs /	Not effective enough services and lack of information	Helpful
Lack of services in other cities than Athens	Lack of knowledge about existing services	Advice centres (IBB and EUTB)
Insufficient number of institutions dealing with professional activation of mentally ill people.	Job market problems	Social Security Office (Versorgungsamt)
	Inefficiency of services	inclusions companies families/parents
	No structured services, means make opportunities	
	Facility for Occupational Education (Berufsbildungswerk BBW) and similar organisations such as Vocational Training Centres (Berufliches Trainings-Zentrum BTZ) and Occupational Support Facility (Berufsförderwerk BFW)	
	sheltered workshops (Werkstatt für behinderte Menschen WfbM)	

Difficulties that they face

Lack of support / information	Job market problems for MH NEETs	Stigma/preconceptions / fears / lack of awareness
Lack of information	The internships are short - there is no continuation. No permanent employment offers.	Fear
No plans for the MH user	Insufficient number of institutions dealing with the professional activation of mentally ill people, in particular job offers and employers' readiness.	Stigma
No plans for the MH user/ Lack of support	Poor spectrum of offers.	reluctance to accept the need for support
Lack of support	social expectations regarding "normal" biography	preconceptions about capabilities
Lack of information	employers not being responsive to needs	affective adaptation
complexity of the system	lack of opportunities on the regular labour market	lack of mental health awareness
transitions between responsibilities		being underchallenged
Knowledge about support		deficit orientation
late identification of need		
inadequate support for parents and informal carers		
access to psychotherapy		

Assistance they need

Support for themselves so as to be more helpful	Career counselling and guidance	Shift in paradigm
Someone to guide them through the whole procedure	Special guidance from the end of adolescence and school	Getting out of the family is very complicated for them. We need suitable facilities where they can experience autonomy.
Remunerate informal carers.	Matching work to competences and possibilities.	Support in the workplace, especially at the beginning, motivating.
Services must work and do what they are meant to do.	Discovering and developing talents.	Establishing workplaces only for the disabled.
time for counselling	continuous knowledgeable support	calling on people with mental health conditions as experts
specific contacts in government agencies	early support with mental health issues	more attentive needs/capability assessments
more support for informal carers	earlier career counselling, general and with view to needs of mental health	support for employers to let people try things
		mental health awareness

APPENDIX III

Significance of work			
MH NEETs	MH professionals	Career counsellors	Informal carers
work as means for recovery	self development	self development	self development
meaning attributed to work	good for mental health	meaning of work for self	meaning of work for self
financial security	autonomy / independence	security	Autonomy
Stigma and self stigma		Challenges to overcome	Challenges to overcome

existing career services			
MH NEETs	MH professionals	Career counsellors	Informal carers
Lack of information & orientation	MH users lack of information on career services	specific needs not met	not enough organisations to cover needs
frustration in services	Employers lack of MH information	not enough support	Not effective enough services & lack of information
make good use of what is offered	Organisations offering support	services offered	Helpful
family support	Job market challenges		
	individual support		

Difficulties that they face			
MH NEETs	MH Professionals	career counsellors	Informal carers
lack of support/acknowledgement of MH needs	opportunities offered not serve needs	specific needs of MH NEETs not met	lack of support / information
job market problems	coordination issues between services /bureaucracy	Labour market & organisational problems	Job market problems for MH NEETs
stigma	Stigma / stereotypes	stigma / lack of awareness	stigma/preconceptions / fears / lack of awareness
Lack of hard/soft/career seeking skills	lack of support in transition	MH NEETs fears, lack of skills & self awareness	
	Early intervention		

Assistance they need			
MH NEETs	MH professionals	career counsellors	Informal carers
taking into consideration MH needs (public organisations & employers)	cooperation & education for better & holistic approach	Networks / systemic approach / flexibility	support for themselves so as to be more helpful
early interventions	support suited to needs	shift in paradigm in MH NEETs	shift in paradigm
Empowerment: information, training & career counselling	awareness & early intervention	early intervention & preventative measures	career counselling and guidance
		organisational /institutional measures	