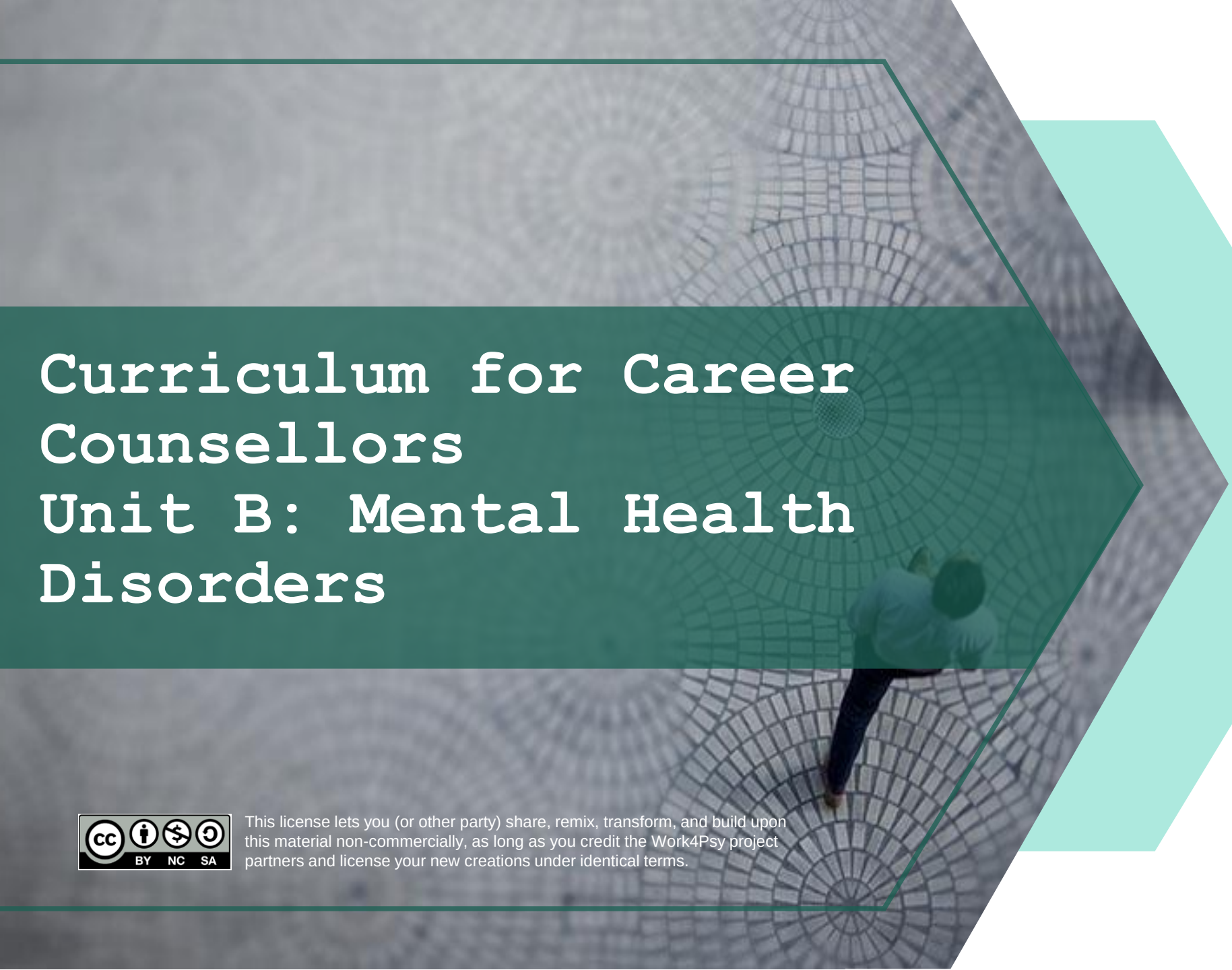
Curriculum for Career Counsellors
Unit B: Mental Health Disorders



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Content:

- **Group work: Reflecting on preconceptions – what do (we think) we know?**
- **Lecture: What is a mental health condition – common disorders encountered in career counselling – implications and support**
- **Individual reflection: Exploring individual experience and thinking about implications for career counselling and job placement**

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To begin with – what do we (think we) know…?

- Think about things you know about mental illness (e.g. from experience, press reports, novels/movies, information brochures
- Write down three pieces of information on the cards provided
- Talk to your neighbour: Does this information affect the way you interact with someone who has a mental health condition? If so: how? And: why does/doesn't it make a difference?
- Note this on the reverse side of your card – then pin it on the board

We will then talk about our impressions in group. Are there clusters? Is it possible not to have precon-ceptions at all?…

We will revisit the board later on: will our perceptions have changed?

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Mental Health Conditions are:

Conditions that impact on:

- **emotions (mood disorders, neurotic disorders, stress disorders)**
- **thinking and perception (schizophrenia, schizotypical and delusional disorders)**
- **behaviour and personality**

in such a way that it causes significant discomfort impacting on the ability to function in everyday life

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Mental Health Conditions

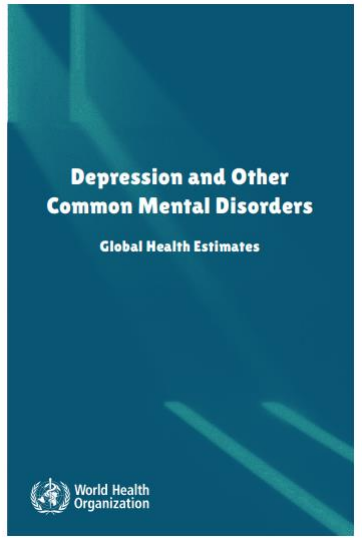
- Affect all aspects of a person's life
- Are experienced differently by different people, depending on personal resources, situation, outlook, severity and complexity of the illness etc.
- Require different levels of treatment and care (ambulant therapy, clinic and sheltered living)
- Require different kinds of treatment (talking therapy, group sessions, medication) depending on kind and severity

Mental Health Conditions

- Are widespread
- Often start in adolescence and young adulthood
- Can go undetected/undiagnosed for a considerable amount of time
- Are often “invisible”, e.g. concealed out of fear from stigmatisation, or because of illness-specific withdrawal behaviour

Mental health conditions are widespread

	PREVALENCE*				HEALTH LOSS / DISEASE BURDEN**			
	Depressive Disorders		Anxiety Disorders		Depressive Disorders		Anxiety Disorders	
COUNTRY	Total cases	% of population	Total cases	% of population	Total Years Lived with Disability (YLD)	% of total YLD	Total Years Lived with Disability (YLD)	% of total YLD
Albania	131 048	4,8%	104 925	3,8%	23 191	8,4%	9 691	3,5%
Armenia	142 712	5,0%	100 447	3,5%	25 011	8,3%	9 239	3,1%
Austria	415 916	5,1%	402 993	4,9%	71 493	7,6%	36 944	4,0%
Azerbaijan	428 873	4,6%	314 260	3,4%	75 676	8,6%	29 118	3,3%
Belarus	510 764	5,6%	289 048	3,2%	88 082	8,5%	26 404	2,5%
Belgium	502 075	4,8%	494 697	4,7%	85 411	7,2%	45 377	3,8%
Bosnia and Herzegovina	185 557	5,1%	140 314	3,8%	32 452	7,6%	12 825	3,0%
Bulgaria	360 724	5,2%	276 820	4,0%	62 733	7,9%	25 232	3,2%
Croatia	205 541	5,1%	155 404	3,8%	35 873	7,6%	14 184	3,0%
Cyprus	42 662	5,1%	42 863	5,1%	7 414	8,3%	3 948	4,4%
Czech Republic	525 488	5,2%	390 124	3,8%	92 430	8,1%	35 687	3,1%
Denmark	267 213	5,0%	262 759	4,9%	45 898	7,7%	24 114	4,0%
Estonia	75 667	5,9%	40 476	3,2%	13 226	8,9%	3 701	2,5%
Finland	293 921	5,6%	169 432	3,2%	51 222	8,4%	15 490	2,6%
France	2 949 572	4,8%	3 783 136	6,2%	508 609	7,6%	347 528	5,2%
Georgia	189 241	5,0%	132 053	3,5%	32 986	8,0%	12 150	2,9%
Germany	4 116 728	5,2%	4 603 120	5,8%	694 409	7,5%	420 330	4,5%
Greece	593 136	5,7%	500 877	4,9%	104 423	9,1%	45 905	4,0%
Hungary	493 783	5,1%	377 347	3,9%	86 247	7,7%	34 497	3,1%
Iceland	12 533	4,1%	14 944	4,9%	2 094	6,9%	1 381	4,6%
Ireland	212 555	4,8%	280 677	6,3%	37 006	8,1%	25 878	5,7%
Israel	342 181	4,6%	206 844	2,8%	60 190	8,5%	19 168	2,7%
Italy	3 049 986	5,1%	2 988 571	5,0%	521 547	7,8%	273 305	4,1%
Kazakhstan	732 699	4,4%	549 157	3,3%	128 283	7,9%	50 624	3,1%
Kyrgyzstan	229 637	4,1%	178 981	3,2%	40 696	8,5%	16 646	3,5%
Latvia	102 702	4,9%	66 862	3,2%	17 012	7,0%	6 106	2,5%
Lithuania	169 685	5,6%	95 684	3,2%	29 143	8,2%	8 733	2,5%
Luxembourg	26 350	5,0%	25 754	4,9%	4 549	7,9%	2 364	4,1%
Malta	20 049	5,1%	19 497	4,9%	3 437	7,8%	1 788	4,1%
Montenegro	28 627	4,8%	22 561	3,8%	5 048	8,2%	2 075	3,4%



Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO

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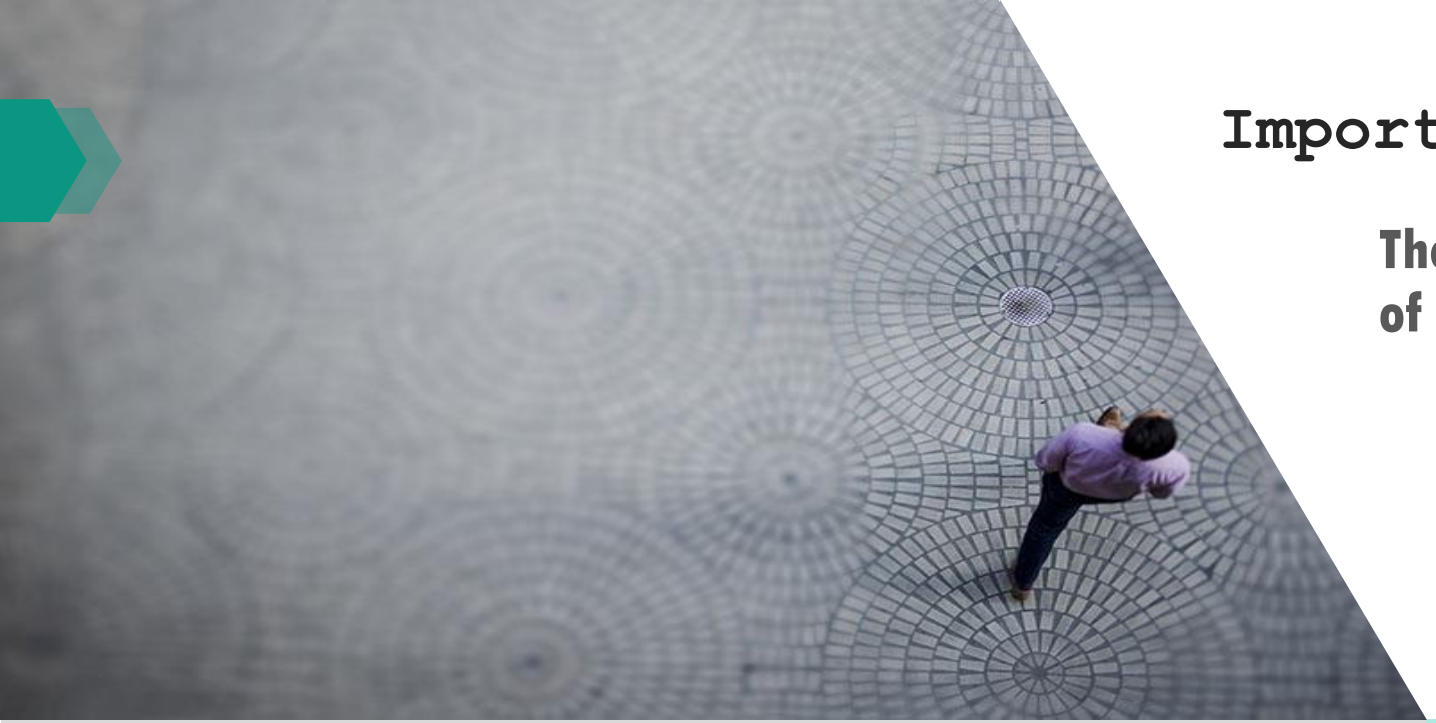

Important!

There are great differences between the effects of various mental health conditions.

CAVEAT:

"mental health condition" is a big category.

Equally important!

The same mental health condition can have very different effects on different people. Every individual has their own illness or disability, even if they have the same condition. Never jump to conclusions!

Mental Health Conditions – Effects and Implications

ICD and ICF – the concept of functioning

Certain diagnoses have typical effects on functioning, but there are individual differences in coping, depending on resources, experience

For career counselling and job placement information on functioning is more important than the diagnosis! An ICF assessment can be very useful

To understand implications fully the client's perspective is crucial!

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Things that can become difficult with a mental health condition include:

maintaining structured routines

managing sudden crises

reacting adequately in social interaction

dealing with emotional exhaustion

keeping up motivation

keeping calm

negotiating demands from therapy, social life and work

developing a realistic self image

regulating affect

overcoming anxieties

etc. etc.

When should I think about a possible mental health issue in my client?

We cannot diagnose – but there are warning signs. None of them, however, are “sure” signs!

Obviously: if they declare that they have been diagnosed or that they are receiving treatment or therapy

Also: if they report psychological issues which are not diagnosed (e.g. “I always feel extremely anxious” “I am feeling extremely low these days”)

And: hints from other professional services

Behavioural issues: randomness, sudden rudeness, extreme shyness, “ticks”…

Incoherent communication, weird stories

Problems at school or work – especially also significant changes

Reported experiences of violence (physical and non-physical)

Disruptions in biography

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When should I think about a possible mental health issue in my client?

Obviously: if they declare that they have been diagnosed or that they are receiving treatment or therapy

Wie merkt man, dass eine psychische Störung vorliegt?

- Hinweise in Gutachten (WE-Fälle, ÄG oder PSU von U25)
- Hinweise in Beratungsvermerken
- eine Frage in Beko: Liegen bei Ihnen gesundheitliche Einschränkungen vor?
- Verhalten und Symptome des Kunden beobachten
- Optische Anzeichen (Körperhygiene, Verletzungen, etc.)
- Auftrag der Reha- Beratung oder FM erklären, gesundheitliche Einschränkungen sind Voraussetzung für besondere Hilfen
- die richtigen Fragetechniken anwenden
- mit der Erfahrung bekommt man ein Gefühl für seine Kunden
- Viel wichtiger ist es zu erkennen, ob medizinische Maßnahmen vorrangig sind und der Kunde überhaupt bereit für berufliche Maßnahmen ist! Hier die Hilfe der Fachdienste in Anspruch nehmen!
- Wenn der Kunde sich gut aufgehoben und beraten fühlt, hat man eine gute Gesprächsbasis
- Manche sensible Themen traut sich der Kunde erst im Laufe der Zeit anzusprechen!

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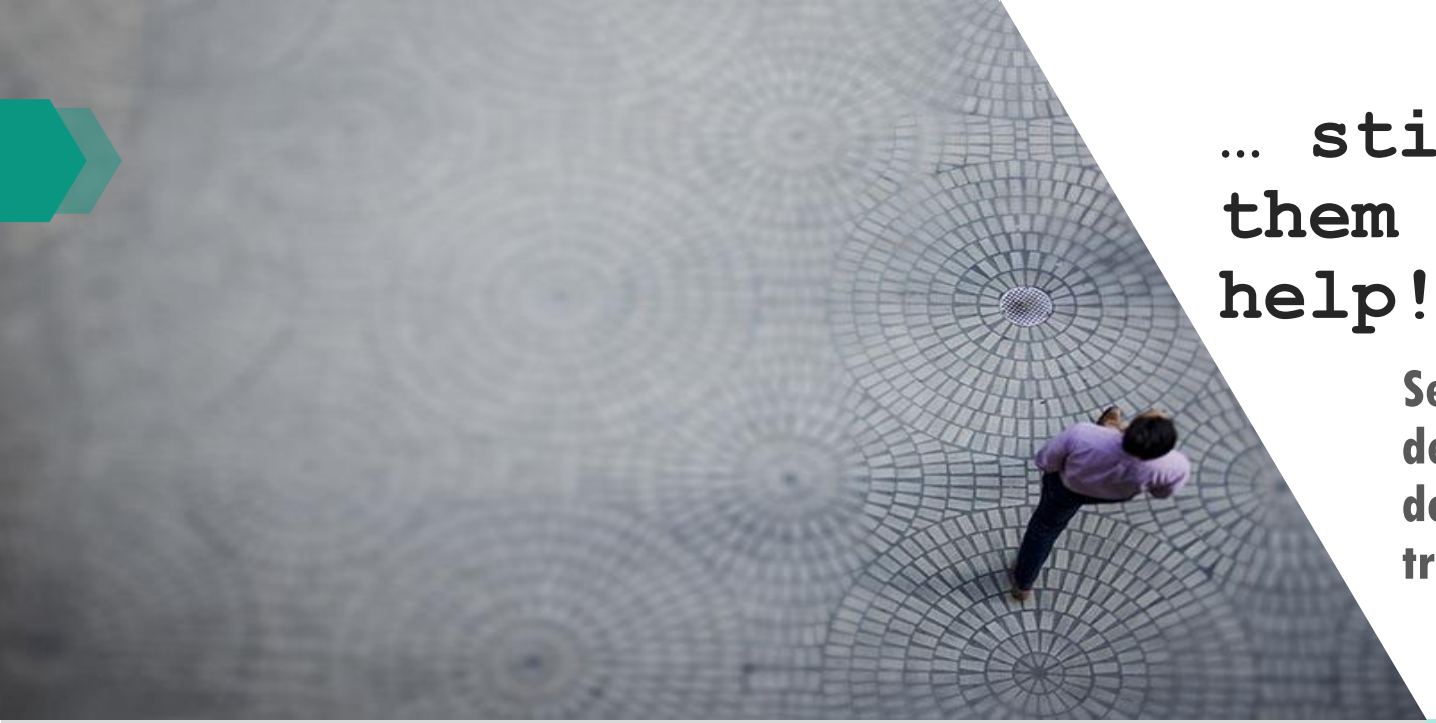
What if you suspect your client has a mental health problem?

Encourage them to seek help (have leaflets with contacts ready at hand!)

Communicate your recommendation gently – don‘t exert any kind of pressure

Understand their anxiety regarding implications and stigma!

Don‘t suggest any specific diagnosis – and keep in mind that your suspicion could be completely unfounded!



… still: you cannot force them to seek help!

Seeing a doctor or therapist needs to be the sovereign decision of the patient. So do keep encouraging and do not give up them – but do not be forceful. You may trigger complete withdrawal

"But I can't work with my client if they don't tackle their mental health problem…"

… but you can highlight the potential positive effects for your working alliance

Referring to successful cases, talking about opportunities and options, which may become within reach if their health improved, may act as an incentive to seek help. It may take some time and talk – but patience may pay off!

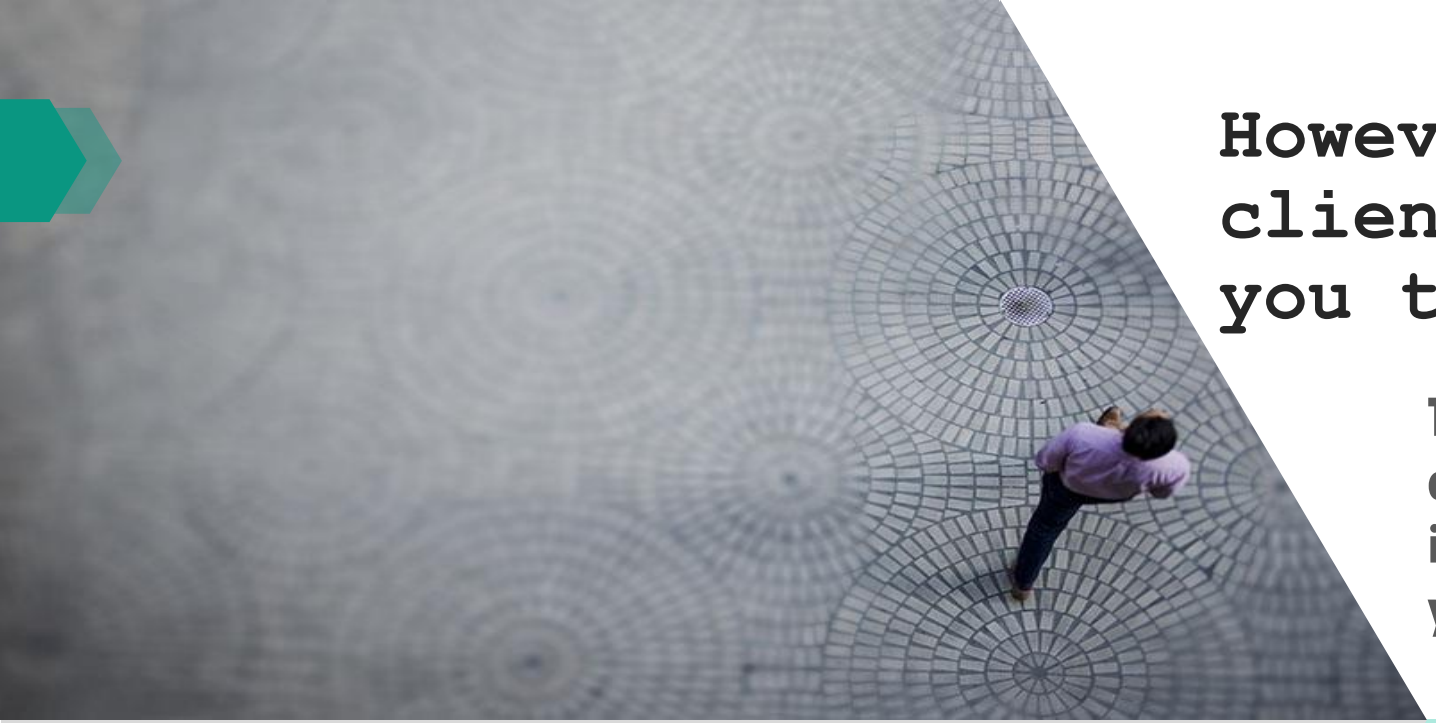
What can we do to help recovery?

Working alliance of all involved: Mental health professionals, informal carers, career counsellors…

Good career counselling as such can contribute to recovery (providing perspective, structure, hope…)

Fitting career choices, support in finding the right level of challenge and avoiding too much stress

The difference between therapy and career counselling needs to be kept in mind at all times!



Professional optimism

However a dark place your client is in – they need you to stay hopeful!

This does not mean being unrealistic. In most cases there is a real perspective for improvement. Keep being encouraging even if you don't seem to get acknowledged!

Don't give in to disappointment and frustration

Work is one of the most important areas generating stress for the individual. Not being able to access the labour market, too, can be highly stressful. Here career counsellors have a central role to play!

Vulnerability and stress

The greater your vulnerability (e.g. because of early-childhood experience, genetics, lack of coping resources…)

… the less stress it takes to "push you over the edge….

… the less vulnerable you are

… the more stress it takes to "push you over the edge….

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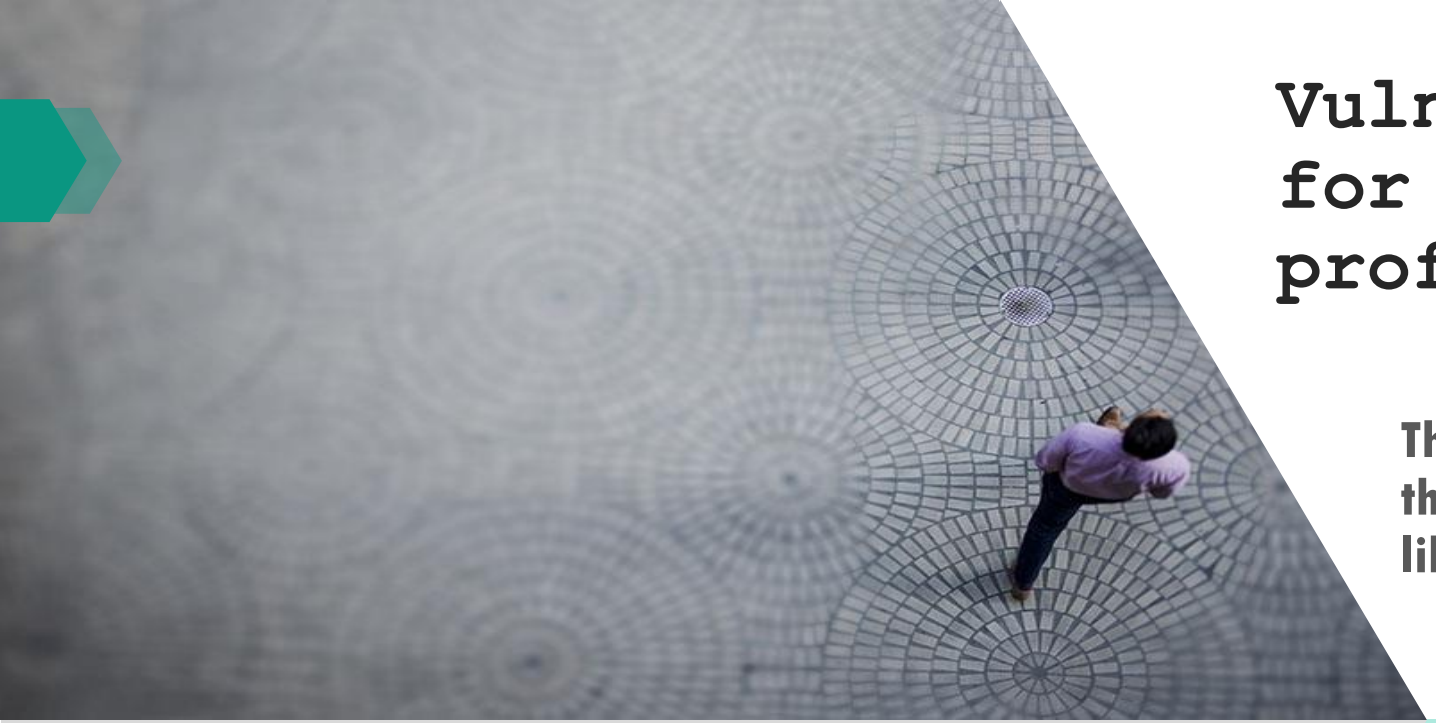

Vulnerability – a case for the mental health professional!

There may not always be a cure, but treatment and therapy can help reduce vulnerability, reduce the likelihood of recurrent crises and benefit functioning.

Vulnerability and stress – where do we come in?

Stress – something all involved can work on

Work is one of the most important areas generating stress for the individual. Not being able to access the labour market, too, can be highly stressful. Here career counsellors have a central role to play!

Stress?

Beyond our control: bereavement, difficulties in family and relationships, experiences of abuse etc.

However, many stress factors are tightly interwoven with work:

- **Excessive workload and overly high expectations**
- **Lack of control over work processes**
- **Lack of challenge (boring jobs)**
- **Lack of fairness (e.g. low pay for long hours)**
- **Lack of meaning ("bullshit jobs")**

… which is where good vocational orientation and teaching career skills can make a real difference ….

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Some common conditions

Spotlights on depression, schizophrenia and anxiety disorder

To exemplify the breadth and variety of „mental health conditions“

But keep in mind that there‘s so much more!

Also keep in mind: diagnosis is the business of the mental health professional

For example: depression

- Is the most widespread mood disorder, i.e. a condition mainly affecting emotional states,
- Can occur in all life stages
- The main symptoms are deep sadness and desperation, loss of interest and joy, tiredness. Further possible symptoms include low concentration/attention, low self-esteem/low self confidence, feelings of guilt, pessimistic outlook, low appetite, disrupted sleeping patterns, suicidal thoughts, self-harm
- Treatment usually (and depending on severity) consist in psychotherapy (e.g. cognitive behaviour therapy CBT, psychodynamic therapy, group interpersonal therapy…) and if necessary medication (antidepressiva)

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For example: depression

For an official description of symptoms refer to IDC-11 https://icd.who.int/browse11/l-m/en

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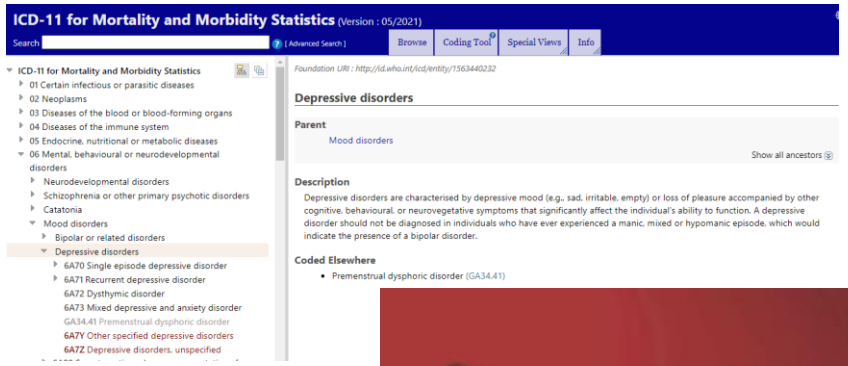

But also look at reported experience – e.g. on the site of British mental-health charity Mind

https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/?__cf_chl_managed_tk__=NO2FJbIri_MSWSC8KwaldrJAli3olyo1if9uRLUA88I-1643011931-0-gaNycGzNCJE

I had a black dog, his name was depression - YouTube

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Some of the things for career counsellors to make sure when working with depressed clients

- Keep contact. If your depressive client does not keep appointments, arrange new ones. Phone them. Refrain from reproaching (or worse, sanctioning) – keep being encouraging and positive.
- Keep positive: Maintain your professional optimism (which will often turn out to be justified in the end), without being demanding.
- Acknowledge sadness and desperation without immediately suggesting things the client could do – you may inadvertently contribute to a sense of failure
- Agree targets – but make sure they are achievable. Succeeding in small steps can be important in stabilising the client
- Encourage maintaining therapy. Encourage the client to talk about progress in career counselling with the therapist and get their feedback.

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Some of the things for career counsellors to make sure when working with depressed clients

!!! Depression can kill – make sure any indication of suicidal tendencies, thoughts or intentions are acted upon !!!

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For example: schizophrenia

- Is less frequent (about one per cent of the population), but usually has a highly disrupting impact, can be very distressing and due to impact on behaviour a danger to self and (less often) to others
- Can occur in all life stages, but typically occurs in the age group 18-35. It can be single episodes, but in most cases it is a recurring condition
- The main symptoms include disordered thoughts disconnected from external reality, delusions, hallucinations (most commonly auditory, “hearing voices” – but visual, tactile, olfactory hallucinations can also occur), diminished sense of self (e.g. feeling of being controlled by some external power), disorganised speech, incongruity of mood
- In most cases, medical treatment is required. But psychotherapy is also necessary to empower patients to deal with their condition knowledgeably, e.g. recognising early warning signs for relapses.

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For example: schizophrenia

For an official description of symptoms refer to IDC-11 https://icd.who.int/browse11/l-m/en

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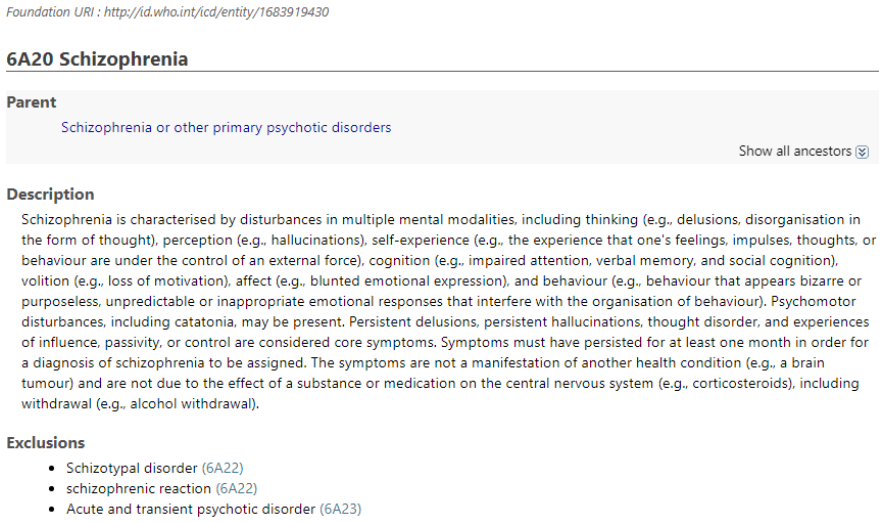

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6A20 Schizophrenia

Parent

Schizophrenia or other primary psychotic disorders

Show all ancestors

Description

Schizophrenia is characterised by disturbances in multiple mental modalities, including thinking (e.g., delusions, disorganisation in the form of thought), perception (e.g., hallucinations), self-experience (e.g., the experience that one's feelings, impulses, thoughts, or behaviour are under the control of an external force), cognition (e.g., impaired attention, verbal memory, and social cognition), volition (e.g., loss of motivation), affect (e.g., blunted emotional expression), and behaviour (e.g., behaviour that appears bizarre or purposeless, unpredictable or inappropriate emotional responses that interfere with the organisation of behaviour). Psychomotor disturbances, including catatonia, may be present. Persistent delusions, persistent hallucinations, thought disorder, and experiences of influence, passivity, or control are considered core symptoms. Symptoms must have persisted for at least one month in order for a diagnosis of schizophrenia to be assigned. The symptoms are not a manifestation of another health condition (e.g., a brain tumour) and are not due to the effect of a substance or medication on the central nervous system (e.g., corticosteroids), including withdrawal (e.g., alcohol withdrawal).

Exclusions

- Schizotypal disorder (6A22)
- schizophrenic reaction (6A22)
- Acute and transient psychotic disorder (6A23)

But also look at reported experience – e.g. on the site of British mental-health charity Mind

https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/about-schizophrenia/

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Some of the things for career counsellors to make sure when working with clients with schizophrenia

- Ask to be updated on therapeutic progress/status – it is very important that your client makes sure they are in control of symptoms and can avoid relapses viz. manage them if they occur anyway.
- Keep positive: Maintain your professional optimism (which will often turn out to be justified in the end).
- Offer realistic perspectves – small steps and targets for the near future, but also allow for bigger plans in the long run.
- Be consistent and coherent – your client needs clarity in a world they have experienced to be extremely unreliable and confusing.
- Personal continuity is also important – frequent changes in counsellors are not helpful.

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For example: social anxiety

- Is one of the anxiety disorders. Anxiety disorders are relevant not only because of the emotional impact when confronted with the object of fear, but because of the avoidance behaviour caused by it, which can have very adverse effects on the ability to function in every day life
- Can occur across the lifespan, but higher prevalence in adolescence and early adulthood.
- Symptoms are immediate feeling of anxiety and fear together with physical symptoms such as heart-racing, sweating, dry mouth, shaking, shortness of breath – triggered by being exposed to social situations, especially those involving being assessed or judged, encountering groups of people or people with authority, or “new” people… Anxiety already sets in when thinking about such situations likely to occur in the future, leading to active avoidance
- Treatment usually mainly involves psychotherapy like CBT but also body-centered strategies such as progressive muscle relaxation. Medical treatment can be used to support, but are controversial

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For example: social anxiety

For an official description of symptoms refer to IDC-11 https://icd.who.int/browse11/l-m/en

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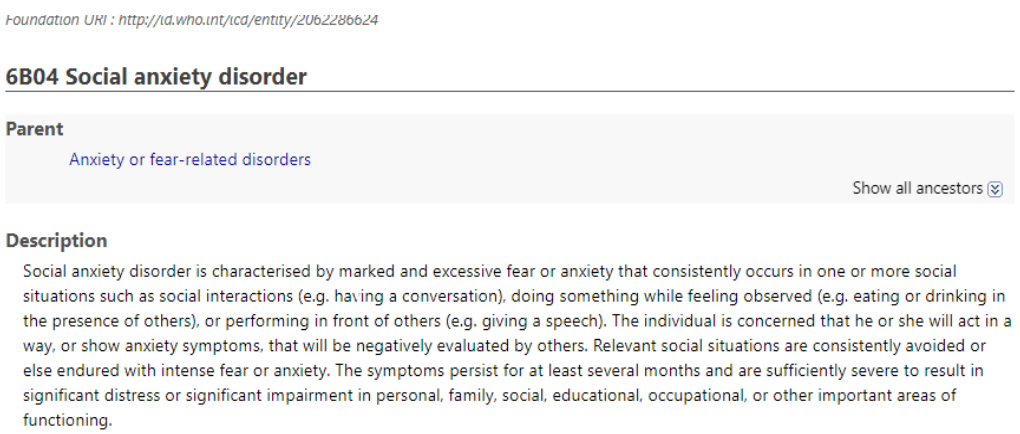

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6B04 Social anxiety disorder

Parent

Anxiety or fear-related disorders

Show all ancestors

Description

Social anxiety disorder is characterised by marked and excessive fear or anxiety that consistently occurs in one or more social situations such as social interactions (e.g. having a conversation), doing something while feeling observed (e.g. eating or drinking in the presence of others), or performing in front of others (e.g. giving a speech). The individual is concerned that he or she will act in a way, or show anxiety symptoms, that will be negatively evaluated by others. Relevant social situations are consistently avoided or else endured with intense fear or anxiety. The symptoms persist for at least several months and are sufficiently severe to result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Have a look at social anxiety through a practical lens – e.g. the self-help guide provided by the Scottish National Health Service

https://www.nhsinform.scot/illnesses-and-conditions/mental-health/mental-health-self-help-guides/social-anxiety-self-help-guide

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Some of the things for career counsellors to make sure when working with clients with social anxiety

- Encourage seeking and maintaining therapy. Self-help might be possible, but is should not be relied upon
- Keep positive: Maintain your professional optimism (which will often turn out to be justified in the end).
- Personal continuity is very important – it is difficult for your client to build up confidence for entering into a professional relationship with a new person.
- Acknowledge the client's anxiety and respect the (current) limitations it puts upon them. Any frustration in social situations must be avoided to avoid further negative feedback cycles
- But also offer opportunities to attempt small steps into the social world of work. Ideally, these should be synchronised with the treatment plan the client has agreed with their therapist

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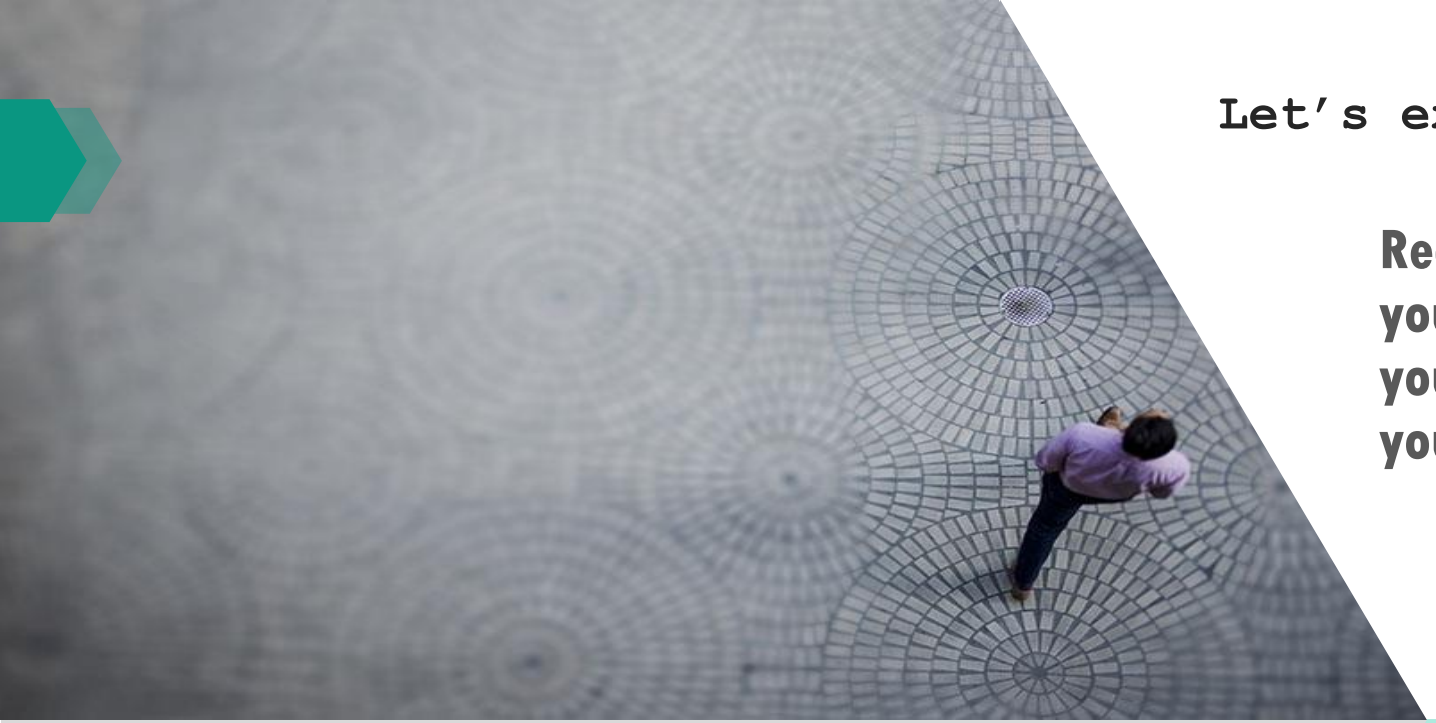

Let's explore individual experiences:

Read/watch the assigned experience. Imagine yourself having similar mental health issues in your current situation. How would that affect your work and career?

Again - CAVEAT:

"mental health condition" is a big category.

Let's share thoughts in the next session

Summarise your thoughts in a few notes.

Take in some experiences…

Mind: talking about anxiety (video)

Mind: talking about borderline personality disorder (video)

Mind: talking about dissociative disorder (video)

Mind: talking about post-traumatic stress disorder (PTSD) (video)

Mind: talking about self-harm (video and story)

Mind: talking about psychosis (audio and story)

Mind: talking about schizophrenia (videos)

Mind: talking about depression (story and video)

Read/listen to the reported experience. Imagine: how would such a condition affect your life and your career? Please take notes for further discussion!

Feel free to explore further!! (use approved sources, e.g. National Insitute of Mental Health www.nimh.nih.gov

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Thank you for your attention. Any questions?

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