



**WORK4PSY**  
AN INNOVATIVE MODEL FOR CAREER COUNSELLING SERVICES TO MH NEETs

**LITERATURE REVIEW**  
(Io1 – LITERATURE REVIEW)

Title (original)	La formazione e l'inserimento lavorativo di utenti psichiatrici
Title (EN)	Training and job placement of psychiatric users
Author(s)	Paolo Michielin, Maurizio Donatello
Year	2001
Type (article, report, book etc)	Book
No of Pages	178
Reference (APA style)	P. Michielin, M. Donatello (2013), La formazione e l'inserimento lavorativo di utenti psichiatrici, UPSEL Domenighini
Source (link)	<a href="http://www.aitsam.it/pubblicazioni/ins-lav/formazione_inserimento_lavorativo_utenti_psichiatrici.pdf">http://www.aitsam.it/pubblicazioni/ins-lav/formazione_inserimento_lavorativo_utenti_psichiatrici.pdf</a>
Summary	The research provides up-to-date and useful information, not only to understand, but also to enter the world of social cooperatives or, More generally, the social enterprise, reconstructs the history of training and employment of psychiatric users, presents a comprehensive review of experiences in other countries, provides assessment tools built and validated with scientific rigor.
Does the paper refer to People with Mental Health Problems, NEETs or MH NEETs?	<input checked="" type="checkbox"/> People with MH Problems <input type="checkbox"/> NEETs <input type="checkbox"/> MH NEETs
What types of intervention or methodology of career counselling / vocational training / career intervention or good practice are mentioned?	<ul style="list-style-type: none"> <li>• Sheltered Workshops - suitable as a long-term solution for patients with severe psychiatric disorder that does not make it realistic that they will actually enter a competitive job.</li> <li>• Pre-vocational training – it focuses both on basic skills (personal care, daily life skills, use of transports, communication skills) and on the pre-requisites to fit into a job (respect of schedules, continuity and completion of activities, acceptance of rules, instructions and supervision, flexibility, keeping one's own spaces in order).</li> <li>• Job Club - informative and practical patient support service</li> </ul>

	<ul style="list-style-type: none"> <li>• Transitional employment - propaedeutic to full integration into the world of work: when the patient improves his/her skill level in a protected environment, shows higher accuracy and productivity, is motivated and self-confident, he/she is offered a job at an external company.</li> <li>• Supported employment: it is supported by any intervention necessary for the needs of the disabled, including training, supervision, transport services but also help with money management, training to improve communication and problem-solving skills, counselling and advice to colleagues or family members</li> <li>• Work placement in social enterprises and type B cooperatives: small and medium-small companies created with the aim of balancing the employment needs of disabled people. As a result, the working environment is supportive, working conditions and tasks take into account their needs. For the majority of psychiatric patients who enter them they represent the stable and lasting solution to the problem of work.</li> </ul>
<p>Does the paper mention any specific tools used during the work integration process (evaluation, counselling etc)? In case the paper refers to a good practice provide a brief description.</p>	<ul style="list-style-type: none"> <li>• QSEIS - Quality of Supported Employment Implementation Scale</li> <li>• Job Skills Observation Card</li> <li>• Self-Assessment Card</li> </ul>
<p>Does the paper mention any <b>barriers in the work integration process produced by</b> family members, MH professionals or careers counselors?</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> family members</li> <li><input type="checkbox"/> MH professionals</li> <li><input type="checkbox"/> careers counselors</li> </ul>
<p>Main Conclusions (in bullets)</p>	<ul style="list-style-type: none"> <li>• A job represents an indispensable factor of social identity: to fully return the citizen-patient to his community means first of all to reintegrate him in his role of citizen-worker.</li> <li>• Any other rehabilitative approach, based for example on the pre-eminence of expressive and creative activities, risks translating into a sort of further alienation: patients find themselves having to produce and reproduce artisan or "artistic" material that has no market except in the form of occasional charity.</li> <li>• The effectiveness of the rehabilitation process has to be measured over a very long period of time: occupational rehabilitation strategies that focus on the short and medium term must therefore be reviewed.</li> <li>• Beyond any regulatory facilitation (which is obviously essential), it is only the community as a whole that can foster the emergence of a culture of rehabilitation, reception and</li> </ul>

	<p>solidarity, understood not as an extension of the welfare logic (also necessary for the most serious and refractory patients), but as an authentic integration of the citizen-patient in the productive activities of the territory.</p>
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