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An innovative model for career counselling
services to mental health NEETs



IO1 – LITERATURE REVIEW NATIONAL REPORT

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Partner Organizations





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INTRODUCTION

The Literature Review was conducted by PEPSAEE's project team, mainly by searching in online scientific journals and databases. The result of the review was 10 papers (9 articles and 1 national report). The team decided to choose papers in English, since there is a lack of literature in Greek, but also in order to give access to a broader audience to them.

1 KNOWLEDGE GAPS

It is very important to mention that a lack of literature regarding the work and education integration of young people facing also severe mental health problems (MH NEETs) was noted at once. From the 10 papers collected, only 1 refers exclusively to MH NEETs, while 6 refer to people with mental health problems in general and 4 refer to adults with mental health problems, specifying an age range (e.x 18-64) that includes also young people.

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

All of the career counsellors and mental health professionals participating in the researches seem to be specialized in the field of work integration of people with mental health problems or work in bureaus/agencies specialized in providing this type of service. So, an important knowledge gap in this field is not mentioned, although the lack of availability of this type of specialized professionals and services is strongly reported in almost all the articles. One article also suggests that "the availability of supported employment should be expanded to reach individuals who lack the confidence to enrol in a specialized supported employment programme but who might be willing to receive such services in a less formal, more spontaneous way from generalist staff they already know well".

In the case of counsellors or mental health professionals working with MH NEETs, one article mentions that the challenge "is to find ways to combine sensibly evidence-based practices from the mental health care, the early intervention and the specialised employment and supported education domains". It seems that when it comes to MH NEETs, the challenge for professionals and counsellors is to move from traditional rehabilitation activities to evidence-based practices, especially when people express a preference for employment or a return to formal education.

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

Only two articles refer to support regarding educational needs and gives information about the "Supported Education" model. It is reported that, although supported education has been shown to improve the work status, educational status and quality of life and even though the evidence suggests that supported education ought to be a standard component of community mental health care, "evidence-based supported education for people with psychiatric disabilities is not widely available".

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

As mentioned above, the lack of theories for the facilitation of work integration of MH NEETs is more than obvious in the literature. This has as a result that young people with psychiatric disabilities feel

less hope of attaining a relatively normal life. They report the loss of self and life dreams as key issues. The main challenge remains to combine existed evidence-based practices from the mental health care, with the early intervention and the specialized employment and supported education domains, in order to create a new method for the specific target group of MH NEETs.

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

Although it is highlighted that informal carers and particularly the family network of people with mental health problems play a significant role in the recovery and rehabilitation process, including work and education integration, only 3 out of 10 articles chosen refer to the important role of social network and informal carers in people with mental health problems' and MH NEETs' work and education integration. It is also reported that the few existing review has several limitations. Thus, it seems that a big knowledge gap exists in this domain. This knowledge gap can severely restrict the ability of professionals to access the valuable resources that these networks may be able to provide. It can also limit the ability of professionals to determine the nature, level and combinations of support participants in employment programs will need to achieve successful employment outcomes. The big challenge for counsellors and mental health professionals is to understand the importance of involving informal carers in this process and find the most suitable ways of involvement, in order to maximize the vocational rehabilitation results.

2 SUPPORTED EMPLOYMENT AND CAREER COUNSELLING FOR MH NEETS

A big number of existing methodologies and interventions for the work integration of MH patients is mentioned the existing literature:

1. Sheltered Employment / Work
2. Prevocational / Vocational Training
3. Transitional Employment / Work Experience
4. Supported Education
5. Supported Employment
 - a. Assertive community treatment model
 - b. Transitional Employment
 - c. Job Coach Model
 - d. Individual Placement and Support (IPS)
6. Club House Model
7. Social Firms
8. Opportunities for volunteering
9. User employment programmes

Among the 10 articles gathered, 4 compare the effectiveness of some of the models above. All of them conclude that Supported Employment and especially Individual Placement and Support are the most effective methodology for the work integration of people with mental health problems.

The existing programmes that have been evaluated as effective are the following:

- “Choose-Get-Keep (CGK)”
- “Early Psychosis Intervention Program” (Liverpool)
- “Training for the Future (TFTF)” (Boston)
- “Empowerment of Mental Illness Service Users: Lifelong Learning, Integration and Action (EMILIA)”

Regarding MH NEETs there is no specific methodology or intervention described. One article suggests that the intervention should include:

- Early intervention
- Supported Education
- Individualized assistance and ongoing support to maintain employment or education
- Ongoing support to employers
- Vocational counseling and assessment
- Skills training

More specifically, a useful approach for occupational therapists to use is a recovery framework combining evidence-based employment and educational assistance with mental health care, provided in parallel with brief vocational counselling, illness management skills, training in stigma countering and disclosure strategies, context-specific social skills and skills in social network development.

3 WORKING WITH THE LABOUR MARKET

Techniques and tools regarding approaching employers and raising awareness among them are not really reported in the papers gathered. Two articles give some vague suggestions about the work that should be done with employers.

In the level of raising awareness it is considered essential to educate employers about mental illness, in order to address their fears, ignorance and stigma. General workplace education programmes (e.x including the topic of mental health in the workplace, managing stress and positive working relationships) could be more efficient than programmes that focus specifically on individuals.

On top of that, knowing that ongoing support is available could influence the hiring decisions of employers positively. When a user starts a new job or returns to his previous position, the following organisational on-site interventions are recommended:

- Ensure that a formal period of induction of sufficient length is routine practice for all new employees
- Embed attention to employees’ ongoing development in routine workplace practice through formal supervision and appraisal procedures
- Team building aimed at creating a welcoming workplace where difference is accepted and employees’ strengths are valued
- Training and other learning opportunities, for example learning sets for managers covering mental health and safety at work.

4 DISCRIMINATION AND STIGMA

Discrimination and stigma seems to be one of the main reasons that keep people with mental health problems outside the labour market.

4.1.1 *Discriminating behaviour or structural discrimination by employers*

One of the factors that lead to people with mental health problems' unemployment is negative employer attitudes. The attitudes of employers towards people with mental illness may reflect the ignorance and stigma prevalent in the wider community. Negative attitudes can be also being due to low mental health literacy or to employers being unaware of how a particular mental disorder can be successfully accommodated in their workplace. Employers often underestimate the capacities and skills of people with mental health problems and overestimate the risk of hiring them. At the same time, the stigma associated with mental disorders may make workers reluctant to disclose their condition, and disclosure is necessary if employers are to make accommodations in the workplace. Besides stigma, labour market itself poses obstacles, as some industries and jobs have only full-time opportunities, require shift work, use overtime extensively or do not offer flexible hours of attendance. Rejection by employers, not only leads to unemployment, but can also erode self-esteem and self-efficacy for employment. Negative career experiences can disrupt hope of one day restoring a suitable career path.

4.1.2 *Self-Stigma*

No significant findings.

4.1.3 *Mental health professionals' low expectations*

Unpredictably, international literature shows that professionals also create barriers in the work integration of people with mental health problems, mostly due to low expectations. Mental health professionals and General Practitioners often underestimate the capacities and skills of mentally ill people, overestimate the risk to employers and believe that people with mental health problems tend to have unrealistic work expectations and goals. However, direct surveys of consumers have revealed mostly realistic and informed job preferences. One article reports that health professionals' low vocational expectations of mental health service consumers prevented the majority of people from receiving vocational rehabilitation and supported employment services. Another obstacle found to be posed by professionals is their reluctance to work with family network due to preconceived notions that families cause or exacerbate mental illness.

5 EMPOWERMENT

The vocational evaluation and assessment is mentioned in two articles as a very important and at the same time difficult procedure. Although there are multiple dimensions that need to be evaluated at the beginning and during the vocational counselling and planning process, it seems that the outcomes will be determined by a combination of the following factors and it is suggested that the assessment must begin by their examination:

- Historical Factors (work history, skills, previous work performance)
- Individual Factors (confidence, motivation, personal aims and objectives)
- Setting factors (expectations of staff, opportunities for training and development, etc)

Regarding these factors the research has shown that:

1. Detailed work histories are most useful in the assessment than are most clinical measures, such as diagnosis or traditional psychometric testing (IQ etc). These measures have very limited predictive value when it comes to occupational performance.
2. Individual factors, such as motivation, confidence and personal objectives have consistently been shown to be highly predictive. The willingness of people to work, their motivation, skills and the object they are interested to work in seem to be the main components of success.

5.1.1 Methods of testing / assessment of personal characteristics

Instruments of situational assessment proposed:

- Standardized Assessment of Work Behaviour
- Work Adjustment and Interpersonal Skills Scales
- Job Performance Evaluation Form
- Work Behaviour Inventory (WBI)

5.1.2 Methods of empowerment of MH NEETs

No significant findings.

6 WORKING WITH INFORMAL CARERS

As mentioned above, the involvement of informal carers (which most of the times are family members) is a neglected field in the area of work integration of people with mental health problems. The few existing literature (only 3 articles found) reveals that a lot of challenges arise in the work with family members: Firstly, because families experience a lot of anxiety and burden even during the recovery stage of their relative's illness, especially when recovery involves employment and secondly, because in many cases professionals are unwilling to work with family network, due to preconceived notions that families cause or exacerbate mental illness. Nonetheless, research also shows that family dominated networks, can be supportive and have valuable resources to offer for the success of rehabilitation programs, despite their limitations. So, the main challenge for professionals is to acknowledge that families and informal carers are not always completely effective and have issues of stress, carer burden and lack of resources to provide support, but at the same time are indispensable parts and need to be involved in the work integration process of the person with mental health problems. A summary of the needs of informal carers and proposals for their involvement and support, as suggested in the literature, are the following:

- Acknowledge issues of overprotection and critical and intrusive behaviours by informal carers and work on them
- Provide education about important issues, such as:
 - The person's capacity to work
 - The benefits if the person works
 - What to say to employers, if needed, when the person is sick

- Recognizing signs of stress and relapse and contacting the professional early to prevent job loss
- Provide support to alleviate anxieties about:
 - Relapse and loss of income
 - Periodic respite from the burden of care

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