

Career Services for MH Neets

The WORK4PSY Model for Career Counseling of MH NEETs Dr. Nikos Drosos



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New career theories

Based on costructivism and social constructivism

Theoretical Principles of the Model

Supported Employment Theory

Specifically, the IPS (Individualized Placement & Support) model for Mental Health users

New Career Theories

The model makes us of the new career theories that have emerged to address today's world of work challenges, and are based on the philosophical positions of constructivism and social constructionism.

They highlight the significance of self-efficacy beliefs, adaptability, hope and optimism. Individuals should be encouraged to explore the meaning that they give to work and career and to construct or re-construct their own subjective view of themselves.

Therefore, career interventions should be:



New Career Theories

Life-long

The support system built for the persons should be able to assist them to acquire skills to deal with life-long changes but also help them to acknowledge and decide for themselves which skills and knowledge they value in their lifelong development and how they want to develop them.

Holistic

life-design counselling encompasses career construction that includes all life roles thus offering a holistic approach to life

Contextual

The roles and environments (present and past) that are pertinent to the person should become part of the intervention that constructs career stories and builds lives.

Preventive

Vocational guidance should incorporate preventive measures and collaborations



Supported employment is a term that incorporates a variety of methods and approaches but encompasses the following fundamental elements:

✓ people should receive adequate salary for their work

✓ people with disabilities should work under the same terms as everybody

✓ there is ongoing individualized support on a needs basis for both the employee and the employer.

Supported Employment Theory

The IPS Model

The IPS model is a variation of the Supported Employment model that is adjusted to MH users' needs and stands out due to its superior effectiveness. The IPS model focuses on:

- ✓ competitive employment
- ✓ placement of MH users on jobs based on compatibility with skills and preferences
- ✓ strong collaboration between mental health care and vocational rehabilitation stakeholders
- ✓ benefits counselling
- ✓ networking with the labour market
- ✓ individualised, time-unlimited support



The WORK4PSY Model

The WORK4PSY model combines elements from these theories and differentiates itself in two main fundamentals:

- it places great emphasis on meaning
- it focuses more on the long-term procedure of creating and developing an action plan with and for the MH user rather than the sort-term procedure of placements







The WORK4PSY Model

The WORK4PSY model also focuses strongly on:

- ✓ Early intervention & networking with psychiatric facilities
- ✓ Working with Informal carers
- ✓ Benefits counselling





Early Intervention & Networking with psychiatric facilities

A

It is very common among young people to stop or not start at all their education or vocational training when symptoms first start.

B

As a result the young person stays outside of education, training and work for a long time.

C

He/she loses
competitive skills,
stays behind in skills
development,
knowledge and
socialization.

D

His/her mental health is deteriorated and his/her rehabilitation is made even more difficult.

The Work4Psy model's for MH NEETs position is that work and education rehabilitation should start immediately after the importance of the symptoms is subsided!!!





Early Intervention & Networking with psychiatric facilities

What can we do?

Direct networking of career counsellors and organisations that offer career counselling to MH users with psychiatrists and professionals in mental health hospitals (such as social workers) so that young people can start their education and/or work rehabilitation immediately when the importance of the symptoms is subsided.





Working with Informal Carers

Main advantages of early intervention:

- Valuable time is not wasted.
- Self stigmatisation is limited.
- Young people do not have a lot of time to identify themselves as solely mental health patients but are free to give other meanings to their lives and careers.
- The interruption of their studies is limited.





Working with Informal carers

Informal carers (family, extended family and social network) play an important role in MH NEETs rehabilitation, as they are the ones that mainly take care of them.

Informal carers face many challenges (financial, practical, emotional) in that task and the support they receive is limited.

The crucial role informal carers play is often overlooked and as a result either they do not participate and support the process at all, or they obstruct it unwillingly.





Working with Informal Carers

Targeted interventions:

- Organization of empowerment groups where informal carers can get together and find support from their peers, with the guidance of a professional.
- Organization and implementation of psychoeducation groups where informal carers can be educated in matters that concern them from a multidisciplinary team of professionals (career counsellors, psychologists, social workers).





Working with Informal Carers

Targeted interventions:

- Organization of informational workshops where informal carers can learn about services and organizations that offer support, the kind of support that is provided, ways they can utilize this support for their young person's benefit as well as the legal rights and benefits MH NEETs are entitled.
- Active involvement in the implementation of the MH

 NEETs action plan (created together with the career

 counsellor) in the sense of supporting the young person to

 go through with his/her plan.







Graded Assingment

You are working in a mental health organization that intends to develop a career counselling office. You are asked to provide an overview of the structure and the services that this new office will provide (2500 words).





