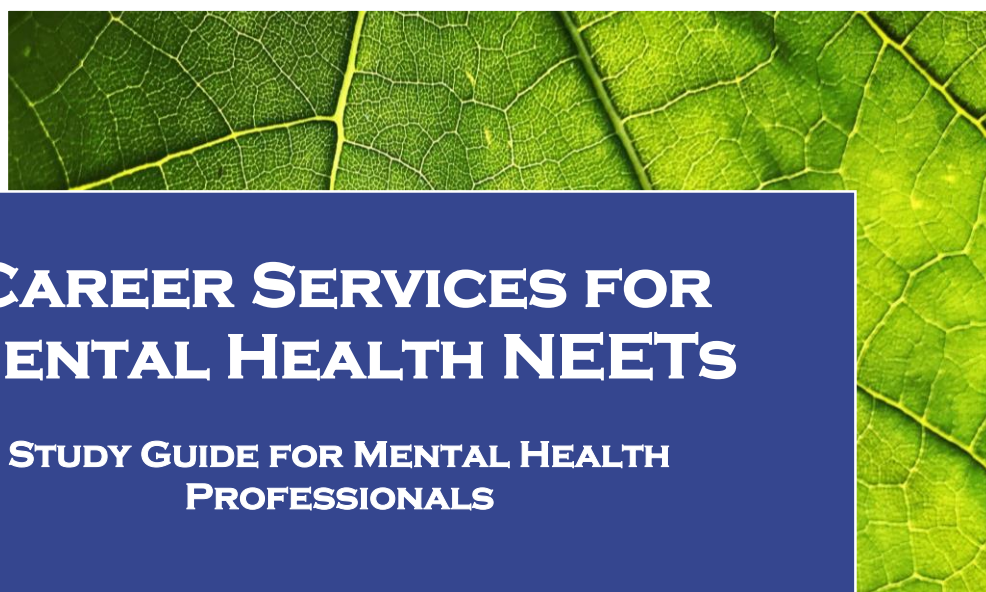




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Work4Psy

An innovative model for career counselling
services to mental health NEETs



CAREER SERVICES FOR MENTAL HEALTH NEETs

STUDY GUIDE FOR MENTAL HEALTH
PROFESSIONALS

Partner Organizations





Co-funded by the
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CAREER SERVICES FOR MENTAL HEALTH NEETs

STUDY GUIDE FOR MENTAL HEALTH PROFESSIONALS

Programme of Study	Career Services for Mental Health NEETs		
Target group	Mental Health Professionals (Psychologists, Social workers, Occupational therapists etc.)		
Level	Postgraduate Training programme		
Language of Instruction	English/ German/ Greek/ Italian/ Polish		
Number of Teleconferences	Total: Up to 6	Face to Face: -	Web-based Teleconferences: Up to 6
Number of Assignments	One (1) graded assignments - Ten (10) self-evaluated assignments		

Programme's Description:

The WORK4PSY training programme aims to provide high-level scientific knowledge to mental health professionals regarding career development and career counselling of young people with mental health illnesses who are excluded from the labour market. While many EU projects have focused in facilitating work integration of European NEETs (young people Not in Employment, Education or Training), little attention has been paid to young people with Mental Health problems that are not in Employment, Education or Training ('MH NEETs'). It seems clear that while European NEETs is a growing social group, asking for special attention, MH NEETs seem to face a lot of extra challenges on their way to education and the labour market. Mental illness is likely to be both a risk factor for becoming NEET as well as a consequence of NEET status. Youth with prior mental illness are likely to terminate school early. Mental disorders are also likely to impede the transition into the labour force due to employment restrictions and stigma. The social exclusion that is associated with the NEET status combined with the social exclusion that is associated with the Mental Health Patient status could cause feelings of hopeless.

The aim of the course is to prepare MH professionals with the necessary knowledge to become able to empower, motivate and inform MH NEETs, so that the latter will be aware of all their possibilities in regard to their work and education integration (free and protected labour market, social

entrepreneurship, EU opportunities, training programs, career counselling, etc.). This approach focuses on the individual and his/her environment and aims to facilitate career choices and tackle mass unemployment and underemployment of individuals belonging to this group. The aim is for MH professionals to learn and use techniques appropriate to improve the work integration and employability of these individuals. Parental and social influences, career decision problems, job search strategies, coaching, supported employment and educational resources are discussed.

LEARNING OUTCOMES:

Upon successful completion of this course, MH professionals are expected to be able to:

- Describe the theories regarding career development and work integration of individuals belonging to this special group, so that they can apply them in practical situations.
- Use the specialized techniques and methodology that was developed within the WORK4PSY project regarding work integration of MH NEETs.
- Define interventions and techniques related to personal /social needs of MH NEETs in order to facilitate their personal / social development.
- Recognize and analyze issues of stigmatization related to career counseling and guidance.
- Use basic and specialized counseling skills in order to practice career counseling in MH NEETs.
- Apply job search strategies, alternative career models and supported employment strategies, in order to promote work integration of MH NEETs.
- Work towards social justice / Explain social prejudices and work to remove them.
- Collaborate with other MH professionals and career counsellors to assist educational integration and educational/ career decision making of students belonging to special groups.
- Work with the families and informal carers of MH NEETs to assist the latter in work integration.
- Network with employers to facilitate the work integration of individuals belonging to special social groups.

SUGGESTED TEXTBOOK(S):

- The WORK4PSY toolkit, Part A
- The WORK4PSY toolkit, Part B
- The WORK4PSY toolkit, Part C

RECOMMENDED/ADDITIONAL READINGS:

- Antoniou, A.-S., & Dalla, M. (2011). Mental Health and unemployment: The coping perspective. In A.-S. Antoniou & C. Cooper (Eds.) New directions in organizational psychology and behavioral medicine (pp. 329-351). Surrey, England & Burlington, VT, USA: Gower Publishing Limited.
- Arthur, N., Collins, S., Marshall, C., & McMahon, M. (2013). Social justice competencies and career development practices. *Canadian Journal of Counselling and Psychotherapy*, 47(2), 136-154.
- Carcillo, S., Fernandez, R., Konigs, S., & Minea, A. (2015). NEET Youth in the Aftermath of the Crisis: Challenges and Policies. OECD Social, Employment and Migration Working Papers, No. 164. Paris: OECD Publishing. DOI: <https://doi.org/10.1787/5js6363503f6-en>.
- Drake, R.E., Bond, G.R., & Becker, D.R. (2012). Individual Placement and Support: An evidence-based approach to supported employment. USA: Oxford University Press.
- Drosos, N., & Theodoroulakis, M. (2019). Employment as an integral part of social inclusion: The case of mental health patients in Greece. In K. Scorgie & C. Forlin (Eds.) *Promoting Social Inclusion: Co-creating Environments that Foster Equity and Belonging*. UK: Emerald Group Publishing LTD.
- European Union of Supported Employment (2010). European Union of Supported Employment Toolkit. Ανακτήθηκε από <https://www.euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf>
- ILO (International Labour Organization) (1999). Decent work for all in a global economy: An ILO perspective. Retrieved from: <https://www.ilo.org/public/english/bureau/dgo/speeches/somavia/1999/seattle.htm>
- ILO (International Labour Organization) (2008). ILO Declaration on Social Justice for a fair globalization. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---cabinet/documents/genericdocument/wcms_371208.pdf

Programme's Breakdown:		
Unit	TOPIC	Hours
1	Introduction – The meaning and importance of work	5
2	Barriers to employment of MH NEETs	2
3	Discrimination and Stigma	3
4	The WORK4PSY model for career counseling MH NEETs	5
5	Networking with the labour market	3
6	Working with family and informal carers	3
7	Empowering MH NEETs (I)	3
8	Empowering MH NEETs (II)	2
Total		25

METHODOLOGY:

The Virtual Campus Learn platform is the environment which provides access to learning resources and content and makes a certain kind of interaction possible through them. The student (MH professional) occupies a predominant position in this model. The entire process revolves around designing areas and resources to enhance his/her learning. A series of interactive learning activities will be used to guide students (MH professionals) through learning the material and achieving the learning outcomes.

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UNIT 1:

INTRODUCTION – THE MEANING AND IMPORTANCE OF WORK

Summary – Introductory remarks

Participants will be informed about the general structure and the way the programme is conducted. We will, also, discuss the concepts of "disability", "social model of disability", "social justice", "decent work" and "advocacy", so that students can understand their importance for career counseling. Emphasis will then be placed on the fact that to promote work integration of people with disabilities we need to work at multiple levels: (a) with the persons who are threatened by social exclusion, (b) with potential employers, (c) with the bodies or persons shaping employment policies (policy makers), and (d) with the wider social environment of individuals. People with mental health problems want to work. Their desire for work does not reflect a tendency to not have free time nor to get up early every morning having to complete specific tasks. On the contrary, it reflects the value and the centrality of work in the western world. Work is among the main pillars of the existential organization of individuals and an important feature for structuring their identity. Just think that among the first things that people say to others when they introduce themselves is their vocation. Therefore mental health service users want to work for several reasons. Apart from the obvious economic benefits, work comes with various other benefits. Users want the satisfaction, the feeling of self-worth, the daily routines, the levels of activity, and the challenges that work provides. Moreover they want the social exchange and the feeling that they are a contributing member of society. Finally, they want the social status and the dignity that comes with having a career.

Perhaps, we should remind ourselves the meaning of work for the vast majority of the general adult population. Out of the 24 hours that a day has, people spend around 8 hours sleeping and out of the remaining 16 hours they usually spend more than half of them in their workplace. Therefore people's identity construction is heavily influenced by their work. Mental health users want to work because they do not wish to have their illness determine their whole life and their personal identity. They prefer to be able to say "I work in a store" rather than "I am a mental health patient and therefore I do not work". Being jobless due to the mental illness would mean that their skills, abilities, career interests and dreams, career values and experience or knowledge are all overshadowed by their mental health problems. And subsequently it would mean acceptance that unemployment is inevitable for people with mental health problems. Additionally, their identity would assume the role of "patient" contributing to the vicious circle of illness. Therefore, we have thousands of published

recovery stories form users that highlight the importance of being employed in overcoming illness and achieving a meaningful life.

Purpose / Objectives

The aim is for participants to become familiar with the basic concepts of this programme (e.g. "disability", "social model of disability", "social justice", "decent work", "advocacy") and understand the centrality and importance of work in people's life.

Learning Outcomes

Participants will be able to:

- Describe the above concepts (disability", "social model of disability", "social justice", "decent work" and "advocacy") as well as how they relate to career counseling.
- Understand the importance of work integration for mental health patients.
- Understand the centrality of work in people's life.

Key Words

Social justice	Disability	Decent work	Advocacy
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Additional Material

- Hooley, T., & Sultana, R. (2016). Career guidance for social justice. Journal of the National Institute for Career Education and Counselling (NICEC), 36, 2-11. DOI: 10.20856/jniecec.3601
- ILO (International Labour Organization) (1999). Decent work for all in a global economy: An ILO perspective. Retrieved from: <https://www.ilo.org/public/english/bureau/dgo/speeches/somavia/1999/seattle.htm>
- ILO (International Labour Organization) (2008). ILO Declaration on Social Justice for a fair globalization. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---dgreports/--cabinet/documents/genericdocument/wcms_371208.pdf
- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 1.1

Discussion Forum: Take a critical look at the importance of work inclusion for socially vulnerable groups. Describe in about 400 words why it is considered important.

Each participant is required to comment at two answers provided by his/her fellow participants.

Exercise 1.2

Discussion Forum: Watch the following video and comment on how having a structured everyday routine helps people with mental health problems have a better quality of life: <https://www.youtube.com/watch?v=LXPYvXFe1Io>

Each participant is required to comment at two answers provided by his/her fellow participants.

Exercise 1.3.

Discussion Forum

Introduction of this activity: Students will be asked to watch a movie and they will have to discuss the meaning of work for people from socially vulnerable groups. In order to promote their interest and motivation popular mainstream movies can be used (e.g. The movie “Si Puo Fare” which present the emergence of social enterprises in Italy and the de-institutionalization of mental health patients).

Aims of this activity: The activity contributes to a better understanding of social justice and the value of work. Students have to make use of the approaches that they were taught to analyse how work and social justice are interconnected. Moreover they may understand that counsellors’ role included advocacy.

Methodology of this activity: A discussion forum is created in the Moodle learning environment. Each student has to watch the movie and write a small essay of at least 150 words analysing the effect of work for each character. Additionally, he/she has to comment on the other students’ essays and state his/her agreement or disagreement (at least 3 comments). Therefore, a discussion thread will be created with students arguing.

Outcome of this activity: Students will have to present their analysis and discuss with other students defending their choice. The instructor will provide feedback regarding their essays, discuss the different opinions, and contribute to the discussion. At the end, a report will be developed by each student, as a self-reflection activity, where s/he will have to state their experiences from the activity and its “peer-review” procedure.

Recommended number of work hours for the first unit: 5 hours.

UNIT 2:

BARRIERS TO EMPLOYMENT OF MH NEETs

Summary – Introductory remarks

The multilevel financial crisis has led to an increase in young people who do not have a job and at the same time do not attend any education or training. Although this phenomenon is not new, the large increase in people belonging to this category has led to a special emphasis on dealing with it. These individuals are often referred to as "NEETs". The term is an acronym for "Not in Employment, Education or Training" and was first used in 1999 in a report by the United Kingdom Social Exclusion Unit (1999). It has since been adopted by the European Union, the International Labor Organization and other international and European organizations. In most European Union countries, people between the ages of 15 and 24 are considered NEETs, although the age limits for being considered a NEET can vary from organization to organization and from country to country. NEETs are a heterogeneous group and many of them belong to other vulnerable groups at the same time (eg children of migrants, people with disabilities, single mothers), but they, also, have some common characteristics and needs. It seems clear that while European NEETs is a growing social group, asking for special attention, MH NEETs seem to face a lot of extra challenges on their way to education and the labour market. Mental illness is likely to be both a risk factor for becoming NEET as well as a consequence of NEET status. Youth with prior mental illness are likely to terminate school early. Mental disorders are also likely to impede the transition into the labour force due to employment restrictions and stigma. The social exclusion that is associated with the NEET status combined with the social exclusion that is associated with the Mental Health Patient status could cause feelings of hopelessness.

Despite their desire to work, mental health service users face many barriers that impede their work re-integration process. We will focus on 3 categories of barriers: (a) internal barriers and lack of skills, (b) stigma-related barriers, and (c) benefits-related barriers.

Internal barriers and lack of skills

Although each individual is unique, in the case of people with mental health problems we observe some common characteristics and patterns. When their illness begins to become noticeable (probably during adolescence or early adulthood), formal education or training is disrupted. Subsequently career development is stalled and acquisition of core work skills blocked. If the individual has already entered the labor market, his/her career is brought to a halt. Additionally, continuance of education or return to work right after the acute symptoms of the illness stop is quite rare. On the contrary, occurrence of mental health problems is strongly associated with long-term unemployment and its negative effects. Moreover mental health users have to face low self-esteem, low self-efficacy, and fear of failure. On top of the

aforementioned issues, they have to overcome practical issues, such as lack of means of transportation, unpredictable sleeping patterns due to medication, lack of interviewing skills and job-hunting techniques, and not having easy access to internet and technology.

Stigma-related barriers

It will be discussed in Unit 3.

Benefits-related barriers

As stated above the vast majority of mental health service users are unemployed and hence they do not have any income or health insurance. Consequently, they have to pursue the disability benefits that Social Security and Welfare services pay to people who are excluded from work due to a medical condition. In most countries this procedure takes months to complete and is exhausting and overwhelming for the individual. People have to gather doctors' reports, sign documents, and subsequently they are examined by a committee that will conclude whether they have enough disability to qualify for benefits. Additionally, they have to prove that they are completely disabled in order to have health insurance and a disability allowance that in many countries is below the poverty line. Fear of losing these benefits deters users from seeking employment and in many cases it becomes an anti-motive for work. People believe (and with good reason) that re-instating their official disability status after losing a job would be such a lengthy and overwhelming bureaucratic procedure that they prefer not to get employed in the first place. The benefits-related barriers will be further discussed in relation with the task of advocacy.

Purpose / Objectives

The aim is for participants to understand the main barriers and difficulties that impede MH users' work integration.

Learning Outcomes

Participants will be able to:

- Describe the main barriers to employment that people with mental health issues have to overcome.
- Understand the importance of assisting MH NEETs overcome these barriers.
- Understand the importance of developing soft skills and career management skills.
- Understand the importance of benefits counseling (MH NEETs have the right to make informed decisions).

Key Words

Internal barriers	Soft skills	Benefits related barriers	Advocacy
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Additional Material

- <https://www.youtube.com/watch?v=RoNYoE392H8>
- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities**Exercise 2.1**

Discussion Forum: In which ways do you think that each of the work barriers that were presented can be overcome? How can MH professionals assist people overcome them? (400 words)

Each participant is required to comment at two answers provided by his/her fellow participants.

Recommended number of work hours for the second unit: 2 hours.

UNIT 3:

DISCRIMINATION AND STIGMA

Summary – Introductory remarks

Mental health service users face multiple stigmas: society, workplace and employers' stigma, self-stigma, and even stigma among mental health professionals. Stigma refers to being viewed in a negative way just because someone has a certain characteristic or disadvantage. Negative stereotypes and attitudes towards people with mental health problems are very common, and lead to discrimination. Discrimination by employers usually takes the form of avoiding hiring users assuming that –despite having all the necessary qualifications- they are unpredictable, violent or dangerous. Furthermore, employers may also have negative beliefs regarding clinical factors such as the severity of illness or possible relapses, and aspects of work performance such as absenteeism or low productivity. Users themselves are fully aware of these negative attitudes, which are in some level internalized. People might become reluctant to seek help or treatment, discouraged from pursuing a job or a career, and they might develop negative beliefs for themselves such as that they will never overcome their difficulties. People with past stigma experiences often become very reluctant to disclose their health situation to possible employers.

The concept of stigmatisation describes negative social attitudes towards a specific group of people due to certain features that its members possess. An example of such a group can be people with disabilities and the MH people. The stigmatisation of this group of people manifests itself in negative, related and overlapping attitudes presented by others. Among them can be distinguished:

- distancing (reluctance to engage in informal interactions),
 - devaluation and stereotyping (spreading negative, simplified and harmful stereotypes, duplication), and
 - delegitimization (legal limitation of activity in a given sphere).
- These attitudes in turn consist of three components:
- cognitive – which consists of judgments and opinions,
 - affective - resulting from emotions and feelings, and
 - behavioural - expressed in intentional behaviour.

Another important issue is low expectations by mental health professionals. It is not rare for mental health services users to report that their work re-integration needs are ignored by mental health professionals or sometimes even discouraged. Hearing from the “experts”

that it is very unlikely to work again can prevent users from seeking vocational rehabilitation services and heavily affects their self-efficacy beliefs.

Ways of fighting stigma will be presented as well.

Purpose / Objectives

The aim is for participants to understand the stigma that MH patients face and the impact that it has in their employment outcomes. Moreover the scale of the problem will be discussed and participants will learn evidence-based ways to tackle stigma.

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Learning Outcomes

Participants will be able to:

- Describe the concept of stigma and the impact it has on people's life.
- Describe the concept of self-stigmatization and its causes.
- Apply methods and techniques to decrease stigma in society.
- Apply methods and techniques to decrease self-stigma.

Key Words

Stigma	Self-stigma	Stereotypes	Attitudes
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Additional Material

- <https://www.youtube.com/watch?v=nt48op979VE&t=30s>
- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 3.1

Each participant has to implement the activity no.31 from the WORK4PSY toolkit, part C (Creating a map of my strengths and weaknesses).

Recommended number of work hours for the third unit: 3 hours.

UNIT 4:

THE WORK4PSY MODEL FOR CAREER COUNSELING MH NEETs

Summary – Introductory remarks

The WORK4PSY model is an innovative model for career counseling services to mental health NEETs that puts emphasis on:

Early intervention & networking with psychiatric facilities

- Working with Informal carers (empowerment groups, psychoeducation groups, informational workshops etc.)
- Benefits counselling

The model makes use 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, or they highlight the significance of self-efficacy beliefs, adaptability and hope and optimism. Therefore, career interventions should be:

- life-long, in the sense that 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, in the sense that life-design counselling encompasses career construction that includes all life roles thus offering a holistic approach to life
- contextual, in the sense that 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, in the sense that vocational guidance should incorporate preventive measures and collaborations

The proposed Work4Psy model for MH NEETs is an evolution of the PEPSAEE¹ model that in its turn is based on the IPS² model for Mental Health users of Supported Employment. Supported employment is a term that incorporates a variety of methods and approaches but encompasses the following fundamental elements: (a) people should receive adequate salary for their work, (b) people with disabilities should work under the same terms as everybody and (c) there is ongoing individualized support on a needs basis for both the employee and the employer. The IPS model is a variation of the Supported Employment model that is adjusted

¹ The Pan-Hellenic Association for Psychosocial Rehabilitation and Work Integration (PEPSAEE) is a mental health organization in Greece

² Individualized Placement and Support (IPS)

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, there is a strong collaboration between mental health care and vocational rehabilitation stakeholders, benefits counselling is important as is networking with the labour market and individualised, time-unlimited support is provided. The PEPSAEE model combines elements from the IPS model and from the newly emerged career theories of social constructionism, narrative approaches and Life Design framework that have been developed to address today's world of work challenges.³ The model 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 short-term procedure of placements

The Work4Psy model for MH NEETs is an evolution of the PEPSAEE model, especially adjusted for MH NEETs and it focuses on supporting young people with mental health problems to find

³ Drosos, N., & Theodoroulakis, M. (2019). Employment as an integral part of social inclusion: The case of mental health patients in Greece. In K. Scorgie & C. Forlin (Eds.) Promoting Social Inclusion: Co-creating Environments that Foster Equity and Belonging. UK: Emerald Group Publishing LTD.

and give their own personal meaning in their own path, abandon passivity, give new emphasis on optimism for their future and assume active action for their lives.

Purpose / Objectives

The aim is for participants to become familiar with the basic concepts of the WORK4PSY model for career counselling MH NEETs.

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Learning Outcomes

Participants will be able to:

- Describe the WORK4PSY model for career counseling MH NEETs
- Describe the multiple services that a career counselor should offer (individualized counseling, group counseling, counseling informal carers, workshops, networking with employers, etc.).

Key Words

WORK4PSY model	Supported employment	IPS model	Benefits counselling
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Additional Material

- Study of additional articles, notes and references selected by the tutor.

Graded Assignment

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).

Recommended number of work hours for the fourth unit: 5 hours.

UNIT 5:

NETWORKING WITH THE LABOUR MARKET

Summary – Introductory remarks

The necessity for networking with employers from the free labor market is evident. This fact was well-established when presenting the barriers for employment and the stigma issues. There are several techniques aimed at effectively approaching employers, establishing contact, and cultivating close relationships in order to maximize the chances for mental health service users to get employed. For example mental health organizations may take active part in the “career days for people with disabilities” where they have the chance to meet human resources managers from various businesses and establish communication. They can, also, establish communication with the local labour market around their organization, organize workshops with potential employers etc.

Nevertheless, there is a limited number of employers that may collaborate with the MH organization, and, subsequently, there is a limitation in the variety of jobs that users could acquire via these employers. Hence, restricting job search in employers with established collaboration would, eventually, restrict the users’ choices in a very limited variety of jobs. Having this fact in mind, mental health service users are encouraged to search for other possible employers as well. They are trained in job searching and self-presentation techniques, and in developing social skills that would be useful in the first contact with possible employers. Social skills development when combined with vocational support may contribute in positive employment outcomes. The necessity for skills development becomes even more evident if we take into consideration that a large percentage of the users do not wish to disclose their mental health status, and, therefore, they cannot benefit from the established collaborations.

Purpose / Objectives

The aim is for participants to understand the importance of networking with potential employers and learn ways to do so. stigma that MH patients face and the impact that it has in

their employment outcomes. Moreover they will learn ways to assist MH NEETs create their own network with people that could increase their possibilities of entering the acquiring a job.

Learning Outcomes

Participants will be able to:

- Describe the importance of networking with potential employers
- Network with potential employers
- Apply methods and techniques to assist MH NEETs understand the necessity of networking and develop their own network.

Key Words

Networking	Labour market requirements	Self-presentation	Employers
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Additional Material

- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 5.1

Discussion forum: Describe the activities that the organization where you work has done to establish collaboration with potential employers from the free labour market (you can also suggest activities that can be implemented). (300 words).

Recommended number of work hours for the fifth unit: 3 hours.

UNIT 6:

WORKING WITH FAMILIES AND INFORMAL CARERS

Summary – Introductory remarks

Reintegration into education and/or work is one of the ways for supporting the psychosocial rehabilitation of people with mental health problems. In this perspective, the role of the family (parents, children, siblings, spouses or partners, extended families) and other informal carers (close friends and others who care about the MH person like neighbours, co-workers, coaches and teachers) is a difficult one, which is often not taken into account and left to the good will of each individual filling the role. Families and informal carers are usually not compensated for their work, nor are they reimbursed for the actual cost of providing care for the MH person. Unlike professionals, who may provide many of the same services, families and informal carers rarely receive recognition for their contribution. It is a task that requires dedication, sacrifice and a lot of effort. The person with MH needs is often completely dependent on family or informal carers, who have neither training nor adequate support in the “ripple effect” caring for a MH person has on a family nor in the management of the MH person. Fatigue is not only physical, but also psychological and emotional. The prevailing feeling is one of helplessness.

Support to family and informal carers in caring for the MH person is particularly lacking when we exit from the day-to-day care activities such as self-care (washing, dressing, etc.), administering therapies and ensuring attendance at check-ups, keeping the MH person company and ensuring that they do not endanger themselves or others, and we ask them to assist education or work re-integration.

Yet involving families and informal carers in the educational setting in the career building and career decision-making of the MH person is valuable, considering the way in which parental influence on career development is highlighted in many researches. Besides monitoring symptoms and adherence to treatment plans, providing housing, and assisting with activities of daily living and maintaining records of treatments, medications or hospitalisations, family members and informal carers may:

- Act as coaches, encouraging and supporting actions related to education/training/employment;
- Provide crisis intervention;
- Advocate on behalf of the MH person in their care;
- Provide information on the context of the MH person in their care, to assist professionals in understanding them as a whole person.

Nevertheless, getting families and other informal carers committed towards reintegration into education and work can be challenging. It is essential that when working

with families and other informal carers of MH people, **the definition of career, as the sum total of paid and unpaid work, learning and life roles undertaken throughout life, should be explored in detail.** Some MH people may not be able to move towards paid employment. Exploring the concept that a career also includes participating in things such as formal and informal education, community groups, volunteering, hobbies and sport can support families and informal carers to develop a more holistic view of the future of the MH person in their

care. Additional time may need to be spent encouraging informal carers to explore the MH person's interests and how these could connect to different careers.

Support includes providing information to families and informal carers on HOW to talk with the MH person about their skills and interests and career planning, and WHO to talk with about support services.

The approaches of the family/carers-involved career interventions can be arranged in three models:

- a) Information-focused interventions;
- b) Learning interventions; and
- c) Counselling / therapy.

Purpose / Objectives

The aim is for participants to understand the importance of working with informal carers to assist the person's work integration and to learn effective ways of working with families/informal carers.

Learning Outcomes

Participants will be able to:

- Describe the importance of informal carers and how they can assist the person's work re-integration
- Make use of the basic models for working with families and informal carers
- Implement various activities targeting at empowering informal carers

Key Words

Informal carers	Information-focused interventions	Learning interventions	Counselling therapy
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Additional Material

- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 6.1

Discussion Forum: Choose three activities aiming at informal carers from the WORK4PSY toolkit, part C and implement them in a group of informal carers (if such groups take place in your organization). Write a paragraph of 200 words with your feedback.

Each participant is required to comment at two answers provided by his/her fellow participants.

Recommended number of work hours for the sixth unit: 3 hours.

UNIT 7:

EMPOWERING MENTAL HEALTH NEETs (I)

Summary – Introductory remarks

From a more socioeconomic point of view, empowering young people, is in all essence to create favourable conditions for them to develop themselves and their talents and participate actively in the social and economic life and the labour market.

From a more personal point of view empowerment is giving somebody more control over their own life or the situation they are in. But what does that really mean? Being empowered may mean different things to different people. It can mean becoming stronger and more confident

or claiming one's rights or following one's dreams or being able to support his/herself and so many other different things that have personal meaning in how a person feels empowered.

The world is challenging for a young person with mental health issues: there are social barriers, practical health issues, feelings of seclusion and immobility, feelings of ambivalence between autonomy and dependence and more.

In this unit we explore what empowerment could mean for MH NEETs and what they can do for themselves to acquire more power and gain control over their lives..

Purpose / Objectives

The aim is for participants to understand the meaning of empowerment for MH NEETs and familiarize themselves with all the variety of tools that were developed via WORK4PSY project and are available for use (WORK4PSY toolkit, part C).

Learning Outcomes

Participants will be able to:

- Describe the meaning and importance of empowerment of MH NEETs
- Make use of the various tools for empowerment that were created via WORK4PSY project and are available for use (WORK4PSY toolkit, part C)

Key Words

Empowerment	Self-esteem	Support-networking	Decision making
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Additional Material

- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 7.1

Discussion Forum: Choose three activities aiming at MH NEETs from the WORK4PSY toolkit, part C and implement them in a group of MH NEETs (if such groups take place in your organization). Write a paragraph of 200 words with your feedback.

Each participant is required to comment at two answers provided by his/her fellow participants.

Recommended number of work hours for the seventh unit: 3 hours.

UNIT 8:

EMPOWERING MENTAL HEALTH NEETs (II)

Summary – Introductory remarks

The present unit continues the former one and provides the opportunity to participants to become familiar with the variety of tools that were developed via the WORK4PSY project.

We explore what empowerment could mean for MH NEETs and what they can do for themselves to acquire more power and gain control over their lives..

Purpose / Objectives

The aim is for participants to understand the meaning of empowerment for MH NEETs and familiarize themselves with all the variety of tools that were developed via WORK4PSY project and are available for use (WORK4PSY toolkit, part C).

Learning Outcomes

Participants will be able to:

- Describe the meaning and importance of empowerment of MH NEETs
- Make use of the various tools for empowerment that were created via WORK4PSY project and are available for use (WORK4PSY toolkit, part C)

Key Words

Empowerment	Self-esteem	Support- networking	Decision making
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Additional Material

- Study of additional articles, notes and references selected by the tutor.

Self-Assessment Exercises/Activities

Exercise 7.1

Discussion Forum: Choose three activities aiming at MH NEETs from the WORK4PSY toolkit, part C and implement them in a group of MH NEETs (if such groups take place in your organization). Write a paragraph of 200 words with your feedback.

Each participant is required to comment at two answers provided by his/her fellow participants.

Recommended number of work hours for the eighth unit: 3 hours.

THE WORK4PSY CONSORTIUM

HdBA

Hochschule der
Bundesagentur für Arbeit

University of Applied Labour Studies



The **University of Applied Labour Studies of the Federal Employment Agency (HdBA)** is an important provider of study programs and training for students and practitioners in the field of vocational orientation and counselling. The HdBA regularly participates in projects that focus on young people with special social and health problems, such as programs for vocational training (BEB, Programme für die Berufsausbildung), assisted vocational training (AsA, Assistierte Ausbildung), Advice as innovative prevention of training dropouts (PraeLab, Beratung als innovative Prävention von Ausbildungsabbrüchen), etc.

The **Pan-Hellenic Association for the Psychosocial Rehabilitation & Work Re-integration (PEPSAEE)** has a broad expertise in the field of mental health and especially in the field of career counselling/ work integration of people with mental illness, as it maintains the only Supported Employment Office for people with mental health problems in Greece. The past year more than 150 mental health patients received services from specialized career counsellors and more than 40% of them are now in employment/ traineeship. PEPSAEE has, also, implemented innovative projects concerning this issue, such as "Bridges for Employment", a multilevel project, aiming at work integration of mental health patients.



CESIE is a European Centre for Studies and Initiatives, which focuses on the research of social needs and challenges and the use of innovative learning approaches. In this way, CESIE actively connects research with action through the use of formal and non-formal learning methodologies and has participated in a number of projects relevant to (a) the development of innovative approaches and tools to promote the inclusion of people with both mental and physical disabilities (Projects: MENS; ALdia; CREATE; EQUIL), (b) the development and implementation of training activities to promote employability (Projects: STARTUP; SUCCESS; SCIENT; ARISE; SERCO) and (c) the development of VET programmes (Projects: VIRTUS; CAPE; CREATE; Journeys; Arts).



POMOST is strongly active in the field of rehabilitation of young people with mental health illness from the Lodzkie region in Poland. POMOST's Day Care Centre hosts 26 people. The target of vocational rehabilitation of MH NEETs is also achieved through innovative projects such as "Focus on Job" aiming to build a model of cooperation between people with MH illnesses, job coaches and employers. POMOST is part of an initiative/coalition of non-profit organisations, companies and institutions. The initiative pursues incorporating supported employment as a standard part of rehabilitation in Polish social politics towards people with mental health (and other) disabilities.



VSI "eMundus" has a broad expertise in the development of various ICT applications. The mission of eMundus is to actively promote the development of the knowledge society by developing and developing services related to educational activities, information technology, innovation and practical applications in education and social activities, ecology, healthy lifestyles and harmonious education in order to ensure quality cooperation and unity between different generations and different groups in society.

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