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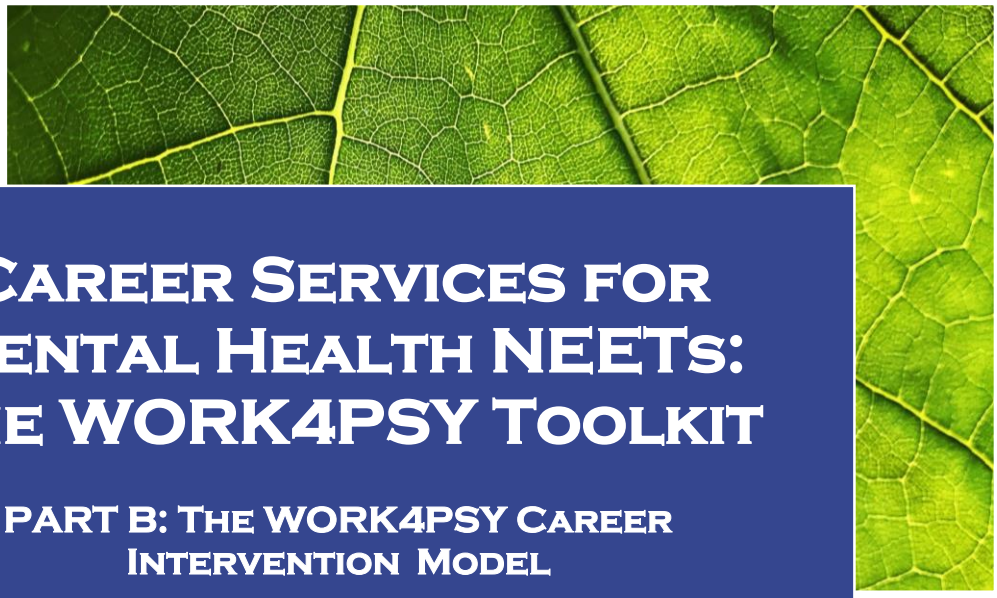
Work4Psy

An innovative model for career counselling services to mental health NEETs



Career Services for Mental Health NEETs: The WORK4PSY Toolkit

PART B: The WORK4PSY Career Intervention Model

Partner Organizations

PEPSAEE PanHellenic Association for the Psychosocial Rehabilitation & Work Re-Integration

HdBA Hochschule der Bundesagentur für Arbeit University of Applied Labour Studies

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Edited by:

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INTRODUCTION

Mental illness affects around 27% (83m.) of Europeans annually (European Social Work, 2013). Three quarters of mental illness begins by age 24 (WHO), affecting the social inclusion and, due to stigma, the work integration of a big number of young citizens in the EU. 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.

An obstacle to Work and Education Integration is still represented by the social stigma: often people with mental disability are considered “dangerous” - “unpredictable” and are marginalized. At the same time, although it is widely recognized that NEETs have different needs than older individuals, Mental Health Professionals, Career Counsellors and Informal Carers of MH NEETs don' t have the required education/training and tools, in order to support MH NEETs on their way to work integration.

Work Integration for severely mentally impaired people represents today an advanced strategy of the social inclusion with widespread experiences in different European countries. This is also underlined by the fact that 2017 World Mental Health Day theme focused on mental health and work, while the 2018 World Mental Health Day focused on Young Adults/Youth and mental wellbeing. Studying and improving Work Integration process of MH NEETs is one of the main goals of the project supporting the horizontal priority of Social Inclusion.

At the moment, there is a lack of specialized tools facilitating the work integration of MH NEETs. Furthermore, all the main actors involved in this procedure (MH NEETs themselves, mental health professionals, career counsellors and informal carers) are not sufficiently educated, in order to provide the support needed. The big number of MH NEETs remaining outside the labour market constitutes an urgent call for the development of efficient strategies, as well as, the appropriate educative solutions and methodology to integrate MH NEETs in the labour market.

Identifying the needs

Labour market integration plays a key role as it supports all crucial interests by aiming at social and economic goals as well as psychological ones. Becoming part of the domestic workforce in EU countries makes MH NEETs trust in their self-efficacy and capability of being autonomous. Work integration is proven to reduce symptoms and improve functionality of people with mental health problems, thus it reduces the frequency of hospitalization and the need for medical treatment, leading to important economic savings for public health systems. Important economic benefits arise also from the fact that work integration of excluded social groups stimulates EU domestic economies by providing them with new workforce, while, at the same time, it brings general population in closer contact with young people with mental health problems, reduces stigma and leads to a wider social inclusion.

On the other hand, mental health professionals, career counsellors and informal carers are the main groups involved with the work integration of MH NEETs. It is important to ensure that all these groups are able to empower, motivate and inform MH NEETs, so that they 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.). The education of MH NEETs but also of informal carers, mental health professionals and career counsellors working, so that they understand the importance of early intervention and have all the required knowledge and skills in order to enhance the integration of MH NEETs in the labour market and education is a real challenge.

Aspirations – innovation

The greatest aspiration is that the project will have an immense effect on MH NEETs lives. The aim is to enhance their empowerment by being able to get information on their own, regarding their work and education integration, as well as receive the support needed from a well-trained environment (Informal Carers, such as family members) and professionals specialized on their needs. Moreover, the aim is to promote a capability – approach, a higher social inclusion and an improved quality of life for MH NEETs by providing the methodology and tools that will enhance career counselling. As a result educated and trained mental health professionals and career counsellors will help MH NEETs improve their skills, facilitate the development of the awareness of the context characteristics in which they live and foster the development of an active citizenship thus increasing the likelihood of developing an effective future plan and being integrated in the labour market or education.

The project also aims to help mental health professionals and career counsellors develop knowledge and a better understanding of MH NEETs special background and needs, as well as the importance of early intervention in terms of the target group's work and education integration. Practitioners that are better trained, are able to work effectively and provide specialized services to the target group, leading to a wider work and education integration.

The project aspires to provide tools for support to informal carers of young people with mental health problems (such as family members, friends etc). The project aims to the empowerment of informal carers by providing knowledge and developing skills that are extremely important to them, as these are the persons with whom MH NEETs spend most of their time daily. The work and education integration of their protected members depends a lot on their position towards this matter and when achieved, it can lead to a really improved quality of life for all.

Addressing the challenges

We aspire to promote inclusion and employability of MH NEETs by creating specialized tools and methodology that can be used by career counselors, mental health professionals, informal carers and MH NEETs. Work4Psy developed specialized methodology and tools for Career Counselling that addresses the specific needs of MH NEETs, with a great emphasis in early

intervention during the first stages of the mental health problems. Work4Psy partners systematically mapped the training and counselling needs and deficiencies in regard to the most effective integration of MH NEETs in education and the labour market. Furthermore, they reviewed the existing methodology for Career Counselling for NEETs and for people with mental health problems and developped a new methodology for Career Counselling that addresses the specific needs of MH NEETs.

All outcomes were produced using the Co-production model, which involved MH NEETs and their family members in the procedure as they are considered experts by experience, having important knowledge of their needs. Furthermore, the transnational cooperation at European level facilitated the exchange of know-how and good practices between experienced partners from different countries of South and Central Europe that was crucial in the development of a material that could have a great impact and improve Career Counselling Services for MH NEETs across Europe.

The WORK4PSY Project

The Work4Psy project's aim was to address the challenges described above by trying to enhance the work and education integration of MH NEETs through the creation of a specialised career counselling methodology and the education of the four main target groups involved in this procedure:

(a) MH NEETs themselves,

(b) Mental Health Professionals,

(c) Career Counsellors,

(d) Informal Carers (such as family members).

In order to reinforce the work integration and thus social inclusion of MH NEETs, Work4Psy partnership created a European Career Counselling MH NEETs Toolkit, a European MH NEETs Work and Education Integration Curriculum and an Open Learning Platform, remaining in line with one of the EU priorities for VET (2015-2020) which asks for "further strengthening of key

competences in VET curricula and provision of more effective opportunities to acquire or develop those skills through C-VET". More specifically:

The first European Career Counselling MH NEETs Toolkit (ECCpsy-KIT)

The toolkit that was created, provides Mental Health Professionals, Career Counsellors, MH NEETs and their Informal Carers, local agencies and authorities and all other interested parties, with the necessary knowledge and Interactive Career Counselling tools, in order to enhance MH NEETs work and education integration. The ECCpsy-KIT offers information and guidelines in various thematics chosen to assist and support all interested parties and raise awareness.The tools and activities that are included in the toolkit are practical, easy to use and oriented to each target group. The ECC psy-KIT guides all interested parties through the work and education process of MH NEETs from the first stage of self-assessment to the final stage of on-going monitoring, aiming to achieve a higher number of MH NEETs in the labour market and education.

The European Work and Education Integration Curriculum for MH NEETs

The Curriculum provides the didactical framework of the Toolkit, including details in terms of each unit's objectives and learning outcomes, the content to be covered, the unit's structure, teaching and learning methods, didactic methods, the approximate workload, tips and advice on the use of activities of the Toolkit, how to apply resources (e.g. video clips, interactive career counselling tools), etc. The framework was developed on the basis of the outcomes of a comprehensive international literature review and an educational needs survey. The Curriculum consists of four units, one per Target Group, following the structure of the Toolkit.

An Open Learning Platform

An Open Learning Platform was created, based on the didactical framework of the Curriculum. It includes all the information and interactive career counselling tools of the Toolkit, as well as a variety of extra resources and material and it aims to become a digital environment where MH NEETs, Mental Health Professionals, Career Counsellors, Informal Carers and everyone interested will be able to find every information, material and resources needed regarding work and education integration of MH NEETs.

All the partners have been involved in the creation of the aforementioned materials and tools by cooperating, offering each their unique expertise and co-creating materials and tools. Furthermore, the project's partners utilised the Co-production model involving MH NEETs, their family members and MH professionals in every step of the procedure of creating materials and tools as they are considered experts of their own needs.

The WORK4PSY toolkit's Structure

The European Career Counselling MH NEETs Toolkit (ECC psy-KIT) was developed on the basis of a comprehensive international literature review, taking into consideration each partners' expertise as well as the results of the focus groups that were implemented with all target groups. It will be used in accordance with the didactical framework provided by the European Work and Education Integration Curriculum for MH NEETs.

The innovation of the ECC psy-KIT is that it provides MH professionals, career counsellors, MH NEETs and their informal carers, local agencies and authorities with all the necessary Career Counselling tools to enhance MH NEETs work and education integration. All the material is organised in chapters and sub-chapters which include: (a) Introduction & focus; (b) main subject, (c) Bibliography/ References, and (d) links for additional resources & material were applicable. A short description of the chapters is presented below:

PART 1. – Career interventions for mental health service users in Europe

The chapter contains the career interventions concerning mental health users that have been or are still in place in all partners' countries. The chapter is organised in sub chapters and each partner describes the career interventions for MH users in its country. All partners share and describe the legal reforms, guidelines, acts and laws that their states have in place in order to promote and facilitate work and education integration in MH users and how these are incorporated in the labour market and educational / training systems. The partners discuss the advantages and disadvantages of these reforms and interventions and how they affect work and education integration. Furthermore, each partner describes and discusses state and non-state interventions, career and training centers, clubs, self-help initiatives, workshops and good practices that offer support in each partner country. Beyond the description and discussion of these initiatives, interventions and reforms, the chapter aims to provide information and ideas about good practices that other countries may find useful to incorporate in their own systems.

PART 2. – The WORK4PSY career intervention model

Chapter 1 -Introducing the WORK4PSY model: A holistic approach for career counseling MH NEETs

The Work4Psy model for MH NEETs is based on the theoretical frameworks of social constructionism and narrative perspectives and borrows elements and characteristics from the Supported Employment framework, in particular the IPS model and PEPSAEE's model of work rehabilitation for MH users. The model emphasises early intervention, benefits counselling and collaboration with a multidisciplinary team of psychiatrists, psychologists and social workers. It focuses on meaning making and co – constructing a vocational self though commitment and active involvement both from the MH NEETs part and the career counsellor's part. Networking, collaborations and the active involvement of informal carers as well as their support, are significant elements of the proposed model.

Chapter 2. – Working (and networking) with the labour market

The chapter is addressed mainly to employers and provides a thorough guide about the actions employers and the labour market can undertake to enable young people with mental health conditions to get into vocational training and work. The chapter describes the specificities and significance of networking in the case of mental health young employees and discusses ways of support: support for the young person, support for colleagues and managers and financial support for the employer. The chapter also offers a guide on how to choose partners and groups for networking, how to achieve such partnerships and how to utilize and extend the networks created. It offers ideas on accessing existing networks and how to navigate in them.

Chapter 3 – Discrimination and stigma

The chapter focuses on discrimination and stigma on Mental Health people: what is it, how it affects M.H. people, their families and the society in general, how it can be avoided and what can be done to reverse the ramifications and change attitudes towards M.H. people . The concept of stigmatisation is explained as a phenomenon that uses four components to create this attitude: isolating the difference, attributing undesirable traits to labelled people, separating the group of people labelled, experienced loss of status and discrimination by labelled people. In the chapter these concepts are discussed and explained together with the specific stereotypes that follow M.H. people. The scale of the problem is presented as, according to WHO, one of the biggest challenges in the public space. Various statistics are offered about the stigmatisation phenomenon that show that the way to fight stigma for M.H. people is still long. The chapter continues by presenting how attitudes can change the way M.H. people see themselves and how others see them by offering ideas and proposals based on building acceptance, understanding and changing the societal paradigm.

Chapter 4. – Empowering Mental Health service users

The chapter discusses the concept of empowerment of Mental Health young people in a socioeconomic and personal point of view. Firstly, it offers some terminology and a framework of the concept of empowerment. It goes on to explore ways M.H. NEETs can follow to acquire

more power and control over their lives. The chapter starts by discussing how acquiring insight and information on the vocational world can help in taking informed decisions that are better suited to the person. It continues by exploring the concept of support, discussing ways of finding support and how these can benefit the person and empower it. Planning is then discussed as a way to facilitate the achievement of what is and feels as a big goal. A discussion on the power of networking follows, where a small definition is offered, the benefits of networking are presented and ideas of networking are offered. The chapter finishes by presenting the benefits of caring for the self, ideas on how this can be achieved and the power it offers.

Chapter 5. – Working with family and other informal carers

The chapter discusses the role that family and other informal carers play in M.H. NEETs work re-integration. The chapter starts by discussing the difficult and diverse role family and informal carers play in M.H. NEETs lives. It continues by presenting interventions family and informal carers can utilise to facilitate career development of M.H. NEETs and showing the benefits of these interventions in M.H. NEETs work integration. The challenges of getting families and informal carers committed towards M.H. NEETs work and education reintegration, are explored and ways to overcome them are presented. Ways to empower family members and informal carers in order to be able to offer support are suggested: communication, adapted support, teaching/counselling aids, volunteer and peer support, community work. Finally, a small guide is presented about how to approach family members and informal carers by offering details about three models: information – focused interventions, learning interventions and counselling / therapy.

PART 3. – Tools and activities

The chapter presents experiential activities and tools that can be utilised by all target groups. A set of tools and activities are offered to each of the target groups involved in the project: M.H. NEETs, M.H. professionals, Career counsellors and informal carers. These tools and activities can be utilised by the persons that belong to each target group as a self – help guide

or they can be used by professionals in the process of career counselling. Each activity is organised in sub – chapters: (a) Activity refers to, where is it mentioned to whom this activity refers to, (b) Aim of the activity, where a description of the design and purpose of the activity is offered, (c) Theoretical framework, where the rationale and theoretical framework of the activity is presented, (d) Description, where detailed instructions of the activity are given, (e) Tips, where, in some activities, tips are offered as a guide on how to use the activity. All activities and tools are designed to aid in the process of overcoming specific challenges each of the target groups are facing in a creative and experiential manner.

CHAPTER 1:

INTRODUCING THE WORK4PSY MODEL: A HOLISTIC APPROACH FOR CAREER COUNSELING MH NEETS

BY NIKOS DROSOS, MENELAOS THEODOROULAKIS, & MARA KOURTOGLOU,

INTRODUCTION

The Work4Psy model for MH NEETs is based on the theoretical frameworks of social constructionism and narrative perspectives and borrows elements and characteristics from the Supported Employment framework, in particular the IPS model and PEPSAEE's model of work rehabilitation for MH users. The model emphasises early intervention, benefits counselling and collaboration with a multidisciplinary team of psychiatrists, psychologists and social workers. It focuses on meaning making and co – constructing a vocational self though commitment and active involvement both from the MH NEETs part and the career counsellor's part. Networking, collaborations and the active involvement of informal carers as well as their support, are significant elements of the proposed model.

EARLY INTERVENTION & NETWORKING WITH PSYCHIATRIC FACILITIES

Early intervention is a strong position of the Work4Psy model for MH NEETs. When the mental health problems occur in a young person's life, his/her entire life is overturned and the main focus that he/she and his/her family have is the improvement of his/her mental health. 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. It is very common among young people to stop or not start at all their education or vocational training when symptoms first start. As a result the young person stays outside of education, training and work for a long time, he/she loses competitive skills, stays behind in skills development, knowledge and socialisation and consequently his/her mental health is deteriorated and his/her rehabilitation is made even more difficult. The proposition of the Work4Psy model for MH NEETs is 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. The main advantages of early interventions are: 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.

INFORMAL CARERS

The Work4Psy model for MH NEETs places great importance in the active involvement of informal carers in the vocational integration of MH NEETs as well as in their own support. 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. The Work4Psy model for MH NEETs stresses the importance of specifically targeted interventions for informal carers and proposes their active involvement in MH NEETs rehabilitation in various ways:

- 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).
- 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, see chapter 5) in the sense of supporting the young person to go through with his/her plan.

It is the Work4Psy model's for MH NEETs position that when informal carers are made sponsors of MH NEETs vocational rehabilitation there is a great benefit for the young person as well as for themselves: MH NEETs receive much needed support in various ways and informal carers find support themselves and stay active.

BENEFITS COUNSELLING

The Work4Psy model for MH NEETs places great importance also in benefits counselling for MH NEETs. Practice has shown that mental health users have two kinds of reaction about benefits: either they are depended on them too much and are unwilling to give them up for the sake of work, or they do not want them at all because they believe that they place stigma on them. The Work4Psy model for MH NEETs believes on informed decisions. MH NEETs need to know and understand what kind of benefits they are entitled and what effect paid work may have on them so that they can decide my themselves about their lives, knowing all the facts. For this reason, the model strongly encourages collaboration of career counsellors with a multidisciplinary team of professionals, mainly social workers. The synergy of career counsellors and social workers can provide MH NEETs with the information they need about benefits, so that they can take the best suited decisions for the themselves. Laws about benefits and their effect on paid work for MH users as well the decisions young people make for themselves are subject to change. So, this collaboration should be ongoing and continuous so that informed decisions can always be made.

NARRATIVE & LIFE DESIGN PERSPECTIVES

New career theories have emerged to address today's world of work challenges. These theories are based on the philosophical positions of constructivism and social constructionism

(e.g. Savickas et al., 2009[1]), or they highlight the significance of self-efficacy beliefs (e.g. Bright & Pryor, 2011[2]; Krumboltz, 2009[3]), adaptability (e.g. Savickas, 1997[4]) and hope and optimism (e.g. Niles, Amundson, & Neault, 2011[5]). 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. These constructivist approaches could have considerable applicability in marginalized groups that need help in career planning (Buys, Hensby, & Rennie, 2003[6]), such as MH NEETs. Acquired disability is a major event in people's lives, and it might change the way they view themselves as a future working person.

Savickas et al (2009) propose a life-design counselling framework that puts into practice the theories of self-constructing and career construction and is based in the epistemology of social constructionism. The framework acknowledges that a person's knowledge, identity and the meaning that he/she gives to reality are the product of social and cognitive processes that take place in a context of interactions between people and groups and is co-constructed in a social, historical and cultural context. The characteristics of this framework are that it is:

- 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

[1] Savickas et al, (2009). Life designing: A paradigm for career construction in the 21st century. *Journal of vocational behavior*, *75*(3), 239-250.
[2] Bright, J. E., & Pryor, R. G. (2011). The chaos theory of careers. *Journal of Employment Counseling*, *48*(4), 163-166.
[3] Krumboltz, J. D. (2009). The happenstance learning theory. *Journal of career assessment*, *17*(2), 135-154.
[4] Savickas, M. L. (1997). Career adaptability: An integrative construct for life-span, life-space theory. *The career development quarterly*, *45*(3), 247-259.
[5] Niles, S. G., Amundson, N. E., & Neault, R. (2011). Career Flow: A Hope-Centered Approach to Career Development, 1e.
[6] Buys, N., Hensby, S., & Rennie, J. (2003). Reconceptualising the vocational rehabilitation process using a career development approach. *Australian journal of career development*, *12*(1), 36-48.

- 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 goals of the life-design framework are:

- Adaptability, in the sense of building a career story that enables adaptive and flexible responses
- Narrativity, in the sense that it encourages people to construct their own subjective identities, life themes and vocational personalities
- Activity, in the sense that it encourages engagement in various activities through which the person learns about his/her abilities and interests and structures his/her self-construct
- Intentionality, in the sense of making meaning through prospective intention or retrospective reflection in the ever-continuing process of construction in the person's life

The Work4Psy model for MH NEETs endorses these perspectives and tries to incorporate them in the proposed model for MH NEETs both as a theoretical framework and as practical interventions.

THE WORK4PSY MODEL FOR MH NEETS

The proposed Work4Psy model for MH NEETs is an evolution of the PEPSAEE[7] model that in its turn is based on the IPS[8] 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

[7] The Pan-Hellenic Association for Psychosocial Rehabilitation and Work Integration (PEPSAEE) is a mental health organization in Greece
[8] Individualized Placement and Support (IPS)

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 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.[9] 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 sort-term procedure of placements

The Work4Psy model for MH NEETs in an evolution of the PEPSAEE model, especially adjusted for MH NEETs and it focuses on supporting young people with mental health problems to find 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. It includes the following elements:

- **Commitment and collaboration**

The Work4Psy model for MH NEETs presupposes and requires energetic involvement both from the career counsellor's part and the MH NEETs' part. Both their commitment and energy are needed for the model to succeed. The model believes that the MH NEET is an expert of him/herself and is the one that should be consulted when making plans for his/her life. He/she

[9] 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.

is the one that knows best his/her capabilities, dreams and aspirations, skills that he/she has and skills that need improvement. His/her energy and commitment is needed in order to create the best action plan for him/herself and hold on to it as it will require active involvement from his/her part and not a mere placement on a short -term job or a series of placements. On the other hand, the career counsellor in an expert of the procedure and the one that knows the steps. His/her energy and commitment are essential in what is a creative and productive process. The model emphasizes on the collaboration and alliance of MH NEET and the career counsellor in a joint venture.

- **Support**

The Work4Psy model for MH NEETs uses a combination of support methods as it aims in a holistic approach:

Individual support: the individual support is essential for the model as it focuses on the person and the meaning he/she makes of the process and his/her career. The individual support includes the following elements:

- *Interests, capabilities, skills and aspirations.* The career counsellor investigates the MH NEET's interests, his/her capabilities, skills, values and aspirations. Various tools can be used in this procedure such as questionnaires, experiential activities and the counselling procedure itself. Then, the career counsellor together with the MH NEET, create his/her vocational profile that provides a framework for the action plan that they will create together.
- *Action plan.* The career counsellor and the MH NEET create an action plan with short and long – term goals. The action plan that is based on the vocational profile created in the previous step and the strengths and weaknesses that have been identified in the investigation. It may contain various elements that could be connected directly or indirectly with work and career. Namely, the action plan may contain short – term goals that focus on empowerment and long-term goals that plan a career. For example, action plans may contain:

✓ Steps for Soft skills developing

✓ Steps for Hard skills developing, such as learning a foreign language, finishing school, continuing in University, learning a craft e.t.c.

✓ Steps for developing job searching skills

✓ Steps for finding a job

✓ Steps for maintaining a job

The method of S.M.A.R.T.[10] goals is used for the creation, implementation and monitoring of the action plan.

- *Continuing support.* The career counsellor provides continuing support on the MH NEET, based on his/her needs. The action plan implementation requires active involvement mainly from the MH NEET, but the career counsellor has an active role as well by supporting the MH NEET in fulfilling the steps. There is varied kind of support according to the specific action plan and its steps. For example, the career counsellor may provide support for:

✓ Skills development

✓ Helping the MH NEET approach the implementation of the steps in the most suited way for him/her

✓ Filling applications for trainings, education, jobs

✓ Maintaining a job

The provision of continuing support is an essential element of the model and offers a sense of security to the MH NEET but also emphasises the model's focus on planning and maintaining a career and not just a placement or a series of placements.

- *Job hunting.* The career counsellor supports the MH NEET in the job hunting endeavours.

The support the career counsellor provides in job hunting is in three ways:

✓ Educating the MH NEET in job searching techniques and methods. As important as finding a job is for the MH NEET, it is as important to learn to be autonomous and develop his/her own skills in job searching so as to be able to depend on his/her own and feel empowered.

[10] S.M.A.R.T. is a goal that is: Specific, Measurable, Attainable, Relevant and Time-Bound.

- ✓ Searching for job opportunities, helping in filling applications, creating CVs and cover letters. These processes are performed together with the MH NEET, as it is essential for him/her to be a part of every action, so as to learn, express his/her opinion in every step, have a say in all the procedures that have an impact is his/her own life and feel empowered.
- ✓ Networking with employers to create job opportunities for the MH NEET and then matching these opportunities with the skills and preferences of the MH NEET. It should be noted that this kind of action is utilised only for MH NEETs that are willing to disclose their mental health condition to their potential employers, as it is crucial to respect the person's wishes.

Group support: Group career counselling is a significant element in the support the career counsellor provides in the Work4Psy model for MH NEETs. Groups are important in the support process since they provide: (a) an opportunity for MH NEETs to work together on the most common issues they are dealing with, (b) an opportunity for MH NEETs to realize that people like them have the same issues as they do, (c) an opportunity for socialization, (d) an opportunity to think about the meaning they give in their development and course. There are several groups that the career counsellor can organise and implement for the support of MH NEETs:

- ✓ Job clubs. In the job clubs, MH NEETs get together as a group and search for jobs in an organised manner, usually via internet on PCs but also via printed material. The career counsellor oversees the process and offers his/her assistance when needed. The advantages of the job clubs lay mainly on the fact that MH NEETs learn to search for a job themselves, with the occasional assistance of the career counsellor and in the way MH NEETs take responsibility for their own job searching. The job club is a group that can run for a long period of time, with MH NEETs entering or leaving the group according to the results they have in job searching.
- ✓ Workshops. Various workshops can be organised by the career counsellor such as: soft skills development, development of a specific skill (e.g. time-management, stress

management, etc), job searching techniques, CV and cover letter creation, etc. The advantages of the workshops are that they can offer specific knowledge on useful issues, they are organised as short – term and MH NEETs benefit from socialization with their peers.

- ✓ Empowerment groups. The career counsellor can organise various groups to support the empowerment of MH NEETs, such as: groups of skills development, groups dedicated to working MH NEETs in which they can express their feelings and anxieties and find support from their peers, groups dedicated to MH NEETs who are in education or training and can benefit from discussing with their peers, etc. The main advantages of such groups are that they are organised with a specific topic that is common among a group of MH NEETs, the young people benefit from discussing with peers, find support and feel empowered. Such groups can be long or short – term according to needs.
- ✓ Individual support and group support work together in synchronisation to offer the best support. The same issues a MH NEET is facing (developing skills, learning techniques, managing anxiety) can be processed in both individual and group support in a complimentary and holistic way.

In and out of work support: The career counsellors in the Work4Psy model for MH NEETs, should be in position to support the (former) MH NEET outside and inside the work environment, by adopting a variety of activities that point to this direction: work analysis [11], developing methods that assist in the development of a natural support network inside the workplace, provision of consulting and support about possible adjustments in the workplace for the MH employee and the employer, provision of support for the stuff to acknowledge and adopt social behaviours that fit in the workplace, etc.

It is very important to mention that this kind of support is offered to (former) MH NEETs who are willing to disclose their mental health condition to their employers as it is crucial to respect the person's wishes.

[11] Work breakdown structure: breaking down responsibilities, obligations and rights for a job position

- **Networking and collaborations**

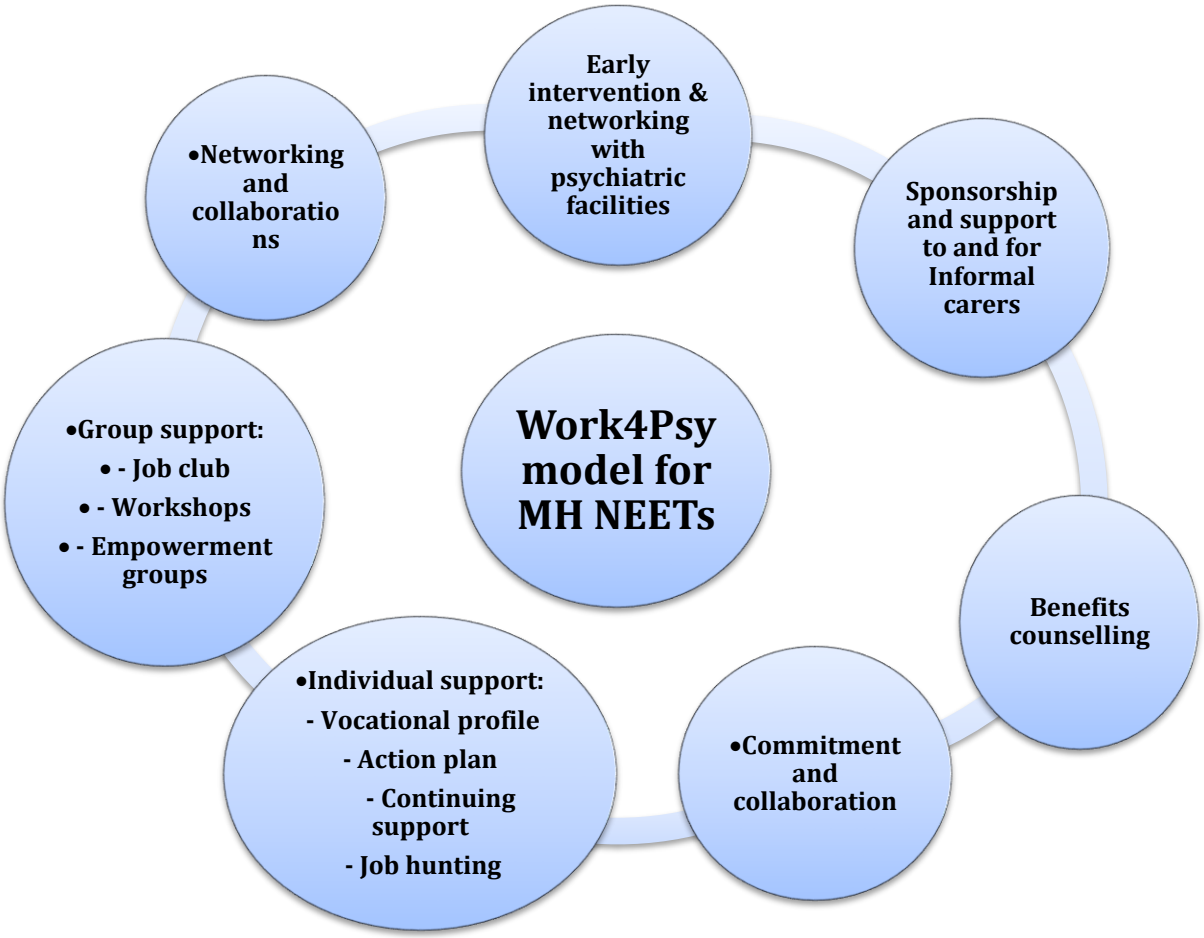
Networking with the labour market. As discussed in previous chapters, an essential responsibility of the MH NEET career counsellor in networking with the labour market, creating collaborations and opportunities thus facilitating MH NEETs' work integration in the labour market and working on awareness at the same time.

Collaborating with social workers and psychiatrists (for benefits counselling and early interventions). As discussed in previous chapters collaboration with other professionals is significant in the Work4Psy model for MH NEETs. A collaboration with social workers assists in the holistic approach aimed by the model since they can provide benefits counselling while close partnerships with psychiatrists can lead to much needed early interventions.

- **Early interventions and informal carers**

Early intervention. As discussed in previous chapters, early intervention is significant in the Work4Psy model for MH NEETs. The career counsellor promotes the early interventions mainly with collaborations with other professionals.

Informal carers. As discussed in previous chapters, the collaboration of informal carers for MH NEETs work integration is very important to the model and the career counsellor can ensure that with various ways. The support of informal carers is as important and the career counsellor can take a number of steps and action to offer it.



Graph 1. The WORK4PSY model: A holistic approach

CONCLUSION

The society's and particularly the labour market's lacking of awareness towards mental health issues results in the fact that people with mental health conditions face stereotypes and discriminations and their equal participation in social assets such as paid work, is hindered. There is great need for raising awareness in society and the labour market, so as to be more receptive in the possibility of hiring people with mental health conditions. There is also great need for institutional changes without which the work integration of MH NEETs could be hindered significantly. Career counselling for MH NEETs should contribute to social justice with specific actions:

- Advocate for institutional changes, awareness campaigns, benefits for employers to hire young people

- Engage in informing campaigns about the services offered to MH NEETs
- Organize education seminars to professionals about serving MH NEETs.

CHAPTER 2:

WORKING (AND NETWORKING) WITH THE LABOUR MARKET

BY PETER WEBER & MATTHIAS Z. VARUL

WORKING WITH THE LABOUR MARKET

What can you as employer, manager, supervisor or trainer do to enable young people with mental health conditions to get into vocational training and work?

The answer is: quite a lot. As employer, you hold the key to access to jobs and positions. With some good will, you can make a start. But even with the best of intentions it can be difficult to do it alone. In most cases, you will have to draw on outside support. You may need to connect to external networks around the young person and contribute to extending them.

As employer, you will be familiar with the potentials and pitfalls of networking. You may be less familiar with the specificities of networking to facilitate access to vocational training and work for young people with mental health conditions. In this section we therefore will be highlighting the necessity of such specific networks, and we will outline how to operate and navigate them: which network partners should be considered and how to proceed in working with them.

Networks are Necessary

The employment relation hardly ever is one just between the employee and the employer. Young people who enter the world of work have their own networks, which they bring into the relationship: They have been influenced on their way by careers advisors, by teachers, by family members and friends. If they are burdened with a mental health condition, many others can and should be involved, such as therapists, social workers, and specialist career services. These connections are there for a reason – it is often very difficult or even impossible to achieve a successful inclusion in training and work while ignoring them. There usually is no one-stop service, so advice and resources have to be looked for in different quarters. One

reason for this is the complexity of mental illness and disability. There are many different conditions with many different degrees of severity. And of course, each and every young person with a mental health condition is, first of all, an individual and distinct *person* and must be recognised as such – two people with the same condition can have very different abilities, potentials and needs. There are no one-fits-all solutions for individuals with their unique set of characteristics, capabilities and dreams.

That said, there are issues that will come up frequently in many cases – and in most of them you will need to draw on networks of support.

Issues requiring network support

In the following we will provide a non-exhaustive overview of what kind of needs for support may arise. It will be immediately clear why they require networking.

There are three focuses of support: direct **support for the young person** with mental health condition, support for educating and **enabling colleagues and managers**, and **access to financial support**.

Supporting the young person

As employer, you can have a role in supporting young people with mental health condition early on. Before embarking on a career, like everyone else, they have to find out, which is the right career for them. This is a difficult decision, which most youngsters need some help with. Often a mental health condition makes it an even trickier choice to make. Here your role as employer can consist in offering placements for work experience to explore opportunities, capacities and inclinations. Once a suitable career path is identified, the next task is finding place vocational training or work. Here too, you as an employer can help, e.g. by providing information at careers fairs, offering work experience opportunities, and placements.

Only rarely you will have direct access to or knowledge of young people with mental health conditions on the lookout for a career – so already at this early stage you will have to rely on

the expertise of network partners. This may be, for example, a mental health charity reaching out to companies or the local jobcentre looking for placements. Working with them you can facilitate the **decisive process of identifying potentials and matching skills to opportunities**. This can be the make-or-break for a successful workplace inclusion.

When entering workplace vocational training or their first job, young people with mental health condition may face a range of challenges. These can include organising and **maintaining a structured day.** They may struggle **dealing with crises or relapses**. **Stabilising personal life** so it does not get in the way with work routines may prove difficult for some. It may also be necessary to **get learning processes organised** after a disrupted educational biography. Here, networking partners like social workers and vocational rehabilitation specialists may be able to provide valuable help. Support needed may also include **therapeutic help** or **counselling** to **deal with motivational issues** and finding ways of empowerment, **taking control**. Often it is also a good idea to draw on available expertise when adjusting the work role to **make sure that the young person is neither subject to avoidable stress nor under-challenged**. You may get assistance from a job coach who can help to **establish clear-cut and adequate work roles** fitting both the overall work process and the young person's special needs.

Workplace inclusion is a **long-term project**. There are only very few careers without setbacks, and they are difficult enough to deal when in good health. Having a psychiatric illness or psychological disability means such setbacks can seriously undermine an already fragile belief in the ability to achieve. Low expectations can be a consequence. If negative views in colleagues and managers accrue on top of this, further damage is done. You should, therefore, look to build sustainable networks of support also as a preventative measure.

Enabling colleagues and managers

As **acceptance and good cooperation** in the workplace are as decisive for the young person to be included as they are for the business as such, **educating staff and management** will be a good idea. A job coach can help educating immediate co-workers where necessary. One task can be to makes sure that colleagues do not experience inclusion a burden on them but as a valuable addition to the organisation. **Transparent communication** is key here. We also

recommend a more general **mental health awareness training**. This will not only help integrating new employees with mental health conditions, but also help to improve general workplace health. It can be a step towards **making the inclusion of young people with mental health condition a win-win situation for all staff and management**.

Accessing financial support

Of course, all this does not come for free – there will be **costs**. Sometimes support services are available pre-paid by government agencies. A job coach might be booked by the vocational rehabilitation services, for example. Sometimes you will need a budget to reimburse them. Moreover, in addition to costs for direct support, there will be less direct ones. There may be necessary accommodations in schedules or office layouts. Sometimes performance is lower at the beginning or over sporadic periods of time. Under equal-opportunities regulations, **support funds** should be available to **incentivise and reimburse employers of people with chronic illnesses and disabilities** – but often, too, they need to be identified and frequently there will be red tape to cut through. Here, too, things are easier when done with help from networks.

Working with Networks

As seen, networks are all-important. In the following, we will talk about *who* to network with, and about *how* to go about.

Networking Partners

The first question is who should be in your network. This will, of course, vary from case to case since there will be different **individual capabilities and needs** to be considered as well as **specific local settings**.

Your first and most important network partner is the **young person** with mental health condition. S/he is the one who this is all about and hence must be part to all decisions concerning her or his role, the necessary support and who is to be involved. S/he must not be

passed over because it is all about her/him in the end. In addition, s/he is one of the most knowledgeable actors when it comes to their own capacities, their potentials as well as their limits.

After and next to the young person her/himself the most relevant network partners will be the **people working directly with her/him**. To the extent that the mental health condition will affect cooperation, it will be necessary to involve them. (*NB: This requires the informed consent of the young person – and if not of age also that of her/his parent or legal guardian. It can also be appropriate to rely on support by an experienced job coach in this matter*.) Sometimes a colleague or a line manager may grow into the role of "natural support" or **mentor**.

Outside the workplace, **personal networks** of the young person can be activated. Depending on the individual situation, this can be next of kin or close **relatives, informal carers** and **trusted friends**. While you will normally not have direct access to them, it is a good idea to ask the young person whether s/he would like to have someone from her/his immediate circle on board. The contact here will, of course, have to be established through the young person her/himself. Personal networks can be most valuable because the combination of personal knowledge and trust.

Depending on at which stage the young person is in the therapeutic process, **mental health professionals** will also be part of the network. As psychiatrists and therapists are bound by confidentiality, and also because often they are reluctant to leave the bounds of the clinical encounter, you will have few or no interactions with them. It is nonetheless important to acknowledge that they will inevitably be part of the network and can influence the speed and extent of vocational rehabilitation. The young person should be encouraged to maintain contact with mental health professionals and get their feedback on their workplace experience. Work schedules should be harmonised with any prescribed regimes and courses of treatment.

Vocational rehabilitation is a social responsibility. Most governments have agreed on this principle when signing the UN Convention on the Rights of Persons with Disability. G**overnment agencies** (in many cases the **public employment services**) therefore do have an obligation to ensure that people are not discriminated against in the labour market on the grounds of their health status, and that employers who work towards the inclusion of people with disabilities are not at a disadvantage because of their efforts. This can be in the form of providing support directly (e.g. through career guidance, supplying a job coach etc.) or by giving access to funds to pay for extra support and to compensate for the cost of any accommodation made.

Support is often also available through **non-profit organisations**. They can work independently or in corporation with government agencies. There is a wide variety of organisations that can be relevant here: mental health charities, family support groups, self-help groups, but also other organisations which the young person is a member of (trade unions, sports associations…)

And then there are **employer-driven networks**. Most support available tends to be centred on the perspective of the people with mental health condition – and rightly so. But the inclusion process brings its own challenges for employers and their perspective is not always adequately understood. Exchange and mutual support between employers can be most beneficial to ensure a smooth process, sourcing ideas for how to deal with unexpected problems, finding ways cutting through red tape and the like. Unless there has been some pioneering effort in your area it is likely that you'll need to initiate your own network here. A good starting point will be existing networks like industry associations, chambers of commerce, local trade associations – and it will also be worth looking to other partners to supply expertise and organisational support (e.g. the public employment services, local authorities etc.)

How to proceed – utilising and extending networks

In the following we will be outlining key tasks in the process of planning, mapping, assembling and navigating networks. **Three guiding questions** should be considered this process:

- What are the needs for which support should be sourced through networks?
- What networks are already available?
- How can these networks be utilised, strengthened, extended and navigated?

What are the needs for which support should be sourced through networks?

The first step will be an **assessment of needs** and the drawing up of a **plan**.

Already, this may be seen as a networking effort, because in order to bring together the knowledge about what the young person in question can and cannot do, can and cannot learn – and what the job requires and how it can be modified can only be assessed by combining the employer's and the employee's perspective. And because it is not an everyday task for both, it can be very useful to consult someone with experience in bringing the two perspectives together (e.g. a vocational rehabilitation specialist from one of the above-mentioned potential network partners). Ideally, this would be someone who has worked with the young person beforehand and has already knowledge of her/his biographical journey.

Guiding questions for the needs assessment should be:

- **What kinds of adjustment will have to be made to the workplace and working conditions?** This includes working time, pace of training, allowances for flexible hours, managing level and kind of interaction with colleagues and with customers.
- **What kind of personal assistance will be necessary?** This can support dealing with unfamiliar social contexts (i.e. a social "on-boarding"), help with finding and maintaining a structured day, motivational support etc.)
- **What additional training is necessary?** This may concern the need to catch up on missed parts of education and training due to illness-related absences. It may also concern the need to learn to manage an illness or disability in relation to work.
- **What needs to be done to make training/work possible in the life of the young person?** This includes questions like: is the housing situation appropriate and can a

low-stress commute be arranged? Will the income be sufficient to exclude impact from financial worries on work? Do relevant others support the decision to take up a training position or a paid job?

From the answers to these questions a **plan for inclusion** is to be developed. While it is useful to have an expert on board when assessing needs, drawing up a plan will most certainly require network support: The action assigned will have to name who is to be approached – and that requires some knowledge about what support is available from whom. For example, if the housing situation is difficult the action may be to find funds for better (or closer) accommodation, which means that the appropriate partner in the responsible agency needs to be identified. There will necessarily be some element of try-and-error, so like every plan, the plan for inclusion must be revised in intervals. This is also recommended so its success can be monitored.

What networks are already available?

The identification of network partners is integral to inclusion planning. There may be some needs that can be met easily without outside help – for most it will be a good idea to draw on network partners for expertise and resources. We have listed potential network partners above. The question now is, which of those can help in the specific case. In some cases there is **helpful information available, often also online,** through government agencies or established mental health or disability charities. Another, and often faster, access is to go through the **networks the young person is already connected to**. So the young person may be able to establish contact to a vocational rehabilitation worker from a clinic, a social worker from the local authority, a careers advisor from the public employment services, a volunteer supporter from a charity etc. They may then enlisted to act as initial **network guides** or **network pilots**. In the process of networking, this role may be conferred to someone else who is particularly qualified or in an advantageous institutional position (e.g. maybe there is a

disability officer at the local chamber of trade and industry who is specifically assigned to such a task).

How can these networks be utilised, strengthened, extended and navigated?

Once identified as relevant, the question arises **who should approach networking partners?** This question must be given some thought as there are various aspects to be considered. The main aspect is the autonomy of the individual. As far as it is possible and adequate for the **young person her/himself** to approach an agency or organisation, it is key that they are encouraged to do so – and that they are facilitated to do so. This may mean that an appointment with a case worker at a government agency is prepared (e.g. make a list with the relevant points and facts to be discussed) or that a person of trust takes part in the appointment. Sometimes this is not possible, e.g. if the young person as anxieties that make it advisable, for the moment, to minimise stressful encounters with administrators. Sometimes it is not adequate, e.g. when the matter at hand is an application to funding for the employer. In such cases it is absolutely vital that proceedings are discussed and agreed with the young person beforehand, so that the contact is made in the role of his **representative** or **advocate.**

The next question is **what to look out for when dealing with network partners**. In drawing together networking partners you will be creating or extending your own informal network, and you will be connecting to already existing networks – namely those, which your networking partners are already a part of. These networks will be of varied natures. It is important to keep in mind that different networks come with different forms of organisation and have different cultures. They can be **centralised, decentral or distributed**. They may be hierarchical or egalitarian, **formal or informal**. They all come with advantages and disadvantages. For example, while a bureaucratically, formally and hierarchically organised government agency may less flexible, access may be easier because responsibilities are clearly defined in the formal structure. Resources may not be available in a form ideally tailored to individual needs, but support received is based on rules enshrined in law, rendering them a more reliable asset. On the other hand, the informal and distributed networks social workers

often operate in are more difficult to understand and less easy to get into. But often they are more capable to respond to specific situations and are better in combining resources from different funds and agencies. It is therefore advisable for employers to become, as it were, conversant in different network logics, because the various organisations, agencies, institutions operate on different terms: different among themselves, but also different from the various business and administrative networks employers are more used to operate in. Difficulties can be minimised by delegating at least some elements of this task to a third party, such as the aforementioned network pilot. And, of course, the more the young person with mental health condition can be empowered to take matters into her/his own hands, the better for her/him and for the process of vocational rehabilitation and inclusion overall.

Networking Competencies

To work effectively with networks, professionals working in companies or services providers need specific skills. This assessment has been established in recent years' discussions about the initial training and further education of counsellors and other facilitators. [1]. It is increasingly becoming a matter of course that counsellors act actively and preventively within the scope of their role in networks. For this purpose, they should be particularly capable of establishing and maintaining sustainable working relationships in networks. For other actors this can be viewed analogously – HR specialists, personnel developers or coaches and trainers in organisations will have to draw on comparable skills, so they are equally applicable and expandable in their respective fields of activity.

The following competencies for cooperation within professional and interdisciplinary settings are taken from the Competence Framework for Counsellors of the National Forum on Counselling in Germany. They have been set out under the premise that competent counsellors "are willing and able to utilise and enhance the professional network (both within and across organizations) and the wider social environment regarding relevant and appropriate information, cooperation and connections"[2]. (Schiersmann & Weber 2013: 297-298).

This competency is described and further specified through a number of indicators, namely that counsellors

- obtain an up-to-date picture of the environment relevant to them (e.g. parallel supply, other providers, agencies, businesses).
- develop, within their area of responsibility, suitable cooperation and activities relevant for the success and quality of the service;
- participate in the establishment of networks, their maintenance and use;
- participate in interdisciplinary cooperation and, within appropriate limits, in scientific and research-related activities.

To do this they need to possess and apply knowledge of:

- concepts and strategies of networking;
- possibilities of and potentials for cooperation and relevant environments (e.g. contact persons at authorities, educational institutions, companies, chambers of trade, commerce and industry, ministries, policy makers);
- networks in the counselling field (professional associations, relevant agencies, formal and non-formal networks).

This description should be understood as a broad frame for networking competence. Depending on your role, it may be necessary to clarify whether certain aspects are more relevant or apply less. In the context of support for young people with mental health conditions the former chapters pointed out some special aspects you should consider as important:

- Recognition of the young person as the key actor in the network. S/he is most knowledgeable regarding her/his own needs and capacities.
- Networks are relevant for different areas of support: direct support of the young person, support for colleagues and managers and access to financial support;
- You can utilize the personal networks of a young person with mental health condition (family, friends, informal carers), but also connect to, activate and enhance professional networks in business, the health sector and public administration. Often linking up these different networks is key to an efficient support.

- The most relevant support is to help the young person to approach network partners to solve a current problem by himself/herself, but sometimes it might be necessary to act as advocate for the young person to identify the next step or find a solution.
- Professionals play a key role in establishing networks that are stable and relevant for all young people they are working with. These might be formal or informal networks, personal, local or regional networks. Professionals therefore should be able to bring people and actors together and engage them in facilitating support for young people with mental health conditions.
- To analyse and plan their networks it is necessary to understand the characteristics of networks and to be able to apply knowledge about establishing and managing networks.

This summary might be relevant for you as a professional to reflect your own practice. The points can also be used for developing or evaluating existing training programmes or to discuss the status of networking in a local, regional or national context.

CHAPTER 3:

DISCRIMINATION AND STIGMA

BY KAMIL BRZEZIŃSKI & JAKUB OWCZAREK

Introduction

Despite the growing knowledge of mental disorders around the world, there are still harmful stereotypes and prejudices against the mentally ill [1]. They often result in the widespread phenomenon of stigmatisation of patients. The classic theorist of the concept of stigma Goffman [2] describes it as an "attribute that is deeply discrediting" while insisting that such attributes are not discrediting in themselves but are to be understood as being defined by concrete social relations. Currently, such an attribute often becomes a psychiatric diagnosis [3].

The concept of stigmatisation describes negative social attitudes towards a specific group of people due to certain features that its members possess [4]. 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) [3].

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.

The intensity of a given ingredient varies in individual attitudes. For example, devaluation and stereotyping consists mainly of cognitive structures, distancing oneself is associated with the

fear of contact with another person (the affective component), while limiting one's rights is an expression of intentional action (behavioural aspect) [3].

According to the conceptualisation of the phenomenon of stigmatisation by Link and Phelan [5], four components make up a stigmatising attitude:

- isolating the difference, e.g. a physical defect, and labelling the person or persons in whom this difference was noticed,
- attributing undesirable traits to labelled people, reflecting previously formed stereotypes,
- separating the group of people labelled ("they") from one's own group ("us"),
- experiencing loss of status and discrimination by labelled persons, e.g. deprivation of the right to employment, medical care, etc.; this entails not only social but also economic degradation [5].

Assigning negative, generalised and simplified properties to a group of people distinguished in the process of stigmatisation is done by using stereotypes. According to Hayward and Bright, concerning people with mental disorders, the stereotype is most often based on four main statements.

- The mentally ill person is dangerous.
- The mentally ill person is partly responsible for his/her condition.
- Person suffers from a disease that is chronic and difficult to treat.
- Person is unpredictable and unable to properly fulfill social roles [6].

Unfortunately, very often due to stigmatisation of people with mental disorders, they are prevented from assuming family and professional roles, and deprived of their ability to establish social interactions, which in consequence leads to real social exclusion. Labelling the patient as a low-value, useless person results in the limitation of his or her activity and, based on self-fulfilling prophecy, reduces intellectual and social competences, further deepening social isolation [7]. Discrimination, depriving a mentally ill person of rights, arousing fear in her

or him, strengthening the feeling that he or she is stigmatised, isolated, can be a real trigger for aggressive and auto-aggressive defence reactions [3].

Stigmatisation has a severe impact on the structure of the self - self-image and self-esteem. This is because the stigmatising attitude is an example of negative social interaction and according to fundamental knowledge in the field of clinical psychology, the sense of human self in individual stages of development is closely related to the quality of interpersonal relationships. This relationship is causal and bilateral, which means that low self-esteem (critical self-esteem) in turn increases the likelihood of social rejection and isolation [3].

The scale of the problem

According to the WHO, mental health problems are currently one of the biggest challenges in public health, becoming the main cause of disability [8]. While only one-third of affected people receive the necessary therapy, mental disorders cause significant economic and social burdens due to the inability to work or difficulties in fulfilling family roles [9]. According to WHO estimates, in 2015, 110 million people in Europe suffered from mental illness. This represents 12% of the entire European population. If we include the abuse of psychoactive substances, this value increases to 15%, while together with neurological diseases, e.g. dementia or epilepsy, even up to 50% [8]. These statistics show how common mental health problems are. One of the important actions aimed at dealing with these problems is the fight against the stigmatisation of those who are ill, which effectively hinders their integration and social rehabilitation.

The scale of the stigmatisation phenomenon is also alarmingly large, and negative stereotypes dominate the social perception of mentally ill people. Most often, they are perceived as dangerous, bizarre, incompetent and dependent on others [10]. In one study carried out in Germany, 49.6% of respondents shared the belief that mentally ill people are unpredictable and one-fourth of respondents associated mental illness with aggression and violence [11]. Studies conducted in the US show that society suspects mentally ill people of a greater propensity for a crime [12-14]. An equally negative social perception of the mentally ill has been captured in Polish research. According to respondents, the mentally ill are dangerous

(70%), aggressive (61%), and unpredictable (85%), and 31% agreed that patients should be isolated from society. Feelings that most people reported to associate with the mentally are mainly: fear, compassion and helplessness. Besides, 96% avoid mentally ill people, and 65% will not offer help to an ill person [15].

Stigmatisation and negative stereotypes regarding mentally ill people lead to discrimination, i.e. unjustified marginalisation and exclusion from various spheres of functioning, including the world of work. In a study conducted in England, one-third of mentally ill people reported that they were dismissed or forced to quit their job, 40% were rejected in the recruitment process due to psychiatric treatment in their history, and 60% gave up applying for work for fear of unequal treatment [16]. These results reflect the fact that only 20% of people with mental illness in England remain professionally active [17], although 90% declare their willingness to return to work [18]. Employers' studies show that they are seven times more likely to hire a worker with a physical disability (a wheelchair user) than a mentally ill person (currently taking medicines) [19].

Mentally ill people experience discrimination not only in the labour market but also in medical care. One study has shown that mentally ill people often experience negative attitudes of doctors towards their prognosis, perhaps partly due to prejudices and stereotypes. In addition, physical symptoms reported by the mentally ill are underestimated by doctors, ascribed to co-existing psychiatric disorders, which means that in this group physiological conditions often remain undiagnosed and poorly treated [20]. A global survey conducted in 2015 shows that only 7% of respondents believe that mental illness can be overcome [21].

However, some of the studies show a certain positive trend in the social perception of people with mental illness. For example, a study conducted in Scotland over several years shows that the percentage of people agreeing with the statement "If I had mental problems, I wouldn't like others to find out about it" is gradually decreasing, from 50% in 2002, by 45% in 2004 to 41% in 2006 [22]. Importantly, stigmatisation does not only apply to people with mental illness, but also has a negative impact on the families and friends of them, and in some cases even on people trying to help them, such as social workers or medical care [23, 24]. In one

study, half of the relatives of mentally ill people report hiding the disease in the family. Family members more often concealed mental illness if they did not live with their ill relatives, while relatives whose family member had experienced an episode of illness in the last 6 months reported greater avoidance by others [25]. These results illustrate the extent of the negative impact of the stigma phenomenon, which affects not only the patient but also the people around him.

The phenomenon of stigmatisation and, as a consequence, discrimination against mentally ill people hinders or sometimes prevents effective therapy, rehabilitation and social integration and can be largely responsible for the fact that about 60% of adults with mental illness do not receive any form of therapy at all [26].

Ways to fight stigma

A review of actions taken – by selected 14 European countries – as part of the fight against the stigmatization of people suffering from mental disorders shows that in Europe negative stereotypes and exclusion of people struggling with these problems have not yet been resolved. Although many thought and "(…) felt that the discovery of effective treatment would decrease stigma (…). Unfortunately, this change in perception did not happen in psychiatry" [27]. As a result, it seems that European countries are still only at the beginning of the fight against stigmatization. To deal with this problem, it seems necessary to take comprehensive actions (for example information and educational campaigns) relating to many social groups, including people struggling with mental problems. Children and young people may experience psychological problems in the future, but they may also be a source of discrimination. Specialists, including medical staff, social workers and other helping professionals should be addressed as well as entire societies. These actions are necessary because "the increase of awareness about mental health and mental problems might significantly reduce stigma and discrimination" [27].

Understand to overcome

As mentioned above, stigmatization has a special impact on creating the structure of the self - self-image and self-esteem. As the authors of the Scottish programme „See Me" [28] indicate: "Self-stigma often brings itself to light from existing prejudicial attitudes". As a result

> "(…) it can lead people into believing that they aren't capable of things such as getting a job or going into further education. This can result in them withdrawing, feeling frustrated, angry, experience low self-esteem and lack of confidence in their future".

In turn, the authors of the article on fighting stigma emphasize that:

> "yet still too often, frequently occurring psychiatric disorders are poorly understood, they are considered shameful or a sign of weakness in a society that advocates high standards of performance and competition" [27].

In this regard, it seems that the key action is to take comprehensive educational, therapeutic and workshop activities that will enable people struggling with mental disorders, as well as their families, to understand their situation, accept it, and in the next step to raise their own self-esteem/self-assessment. According to the website[12] of the programme „See Me": „To tackle this [stigma] properly we need young people to understand that it is okay not to be okay and you can talk about it". Therefore, it seems that comprehensive educational and therapeutic support should convince these people that they can function normally in society and also overcome stigmatization. The evaluation report on the programme „See Me" shows that:

> "evidence gathered from volunteers engaged in Social Movement[13] demonstrates that the programme is effectively equipping them with the confidence, skills, knowledge and tools to individually and collectively

[12] "See Me" is Scotland's Programme to tackle mental health stigma and discrimination. More information about the program can be found on the website: **https://www.seemescotland.org/**.
[13] "See Me" supports a growing social movement. More information about the program can be found on the website: **https://www.seemescotland.org/movement-for-change/**.

> challenge self-stigma, and stigma and discrimination. Volunteers indicated that See Me training supported them to develop more confidence in situations that involve challenging stigma and discrimination through sharing their stories and experiences, where they may not have before". [37]

At this point, it is also worth mentioning the English initiative "Time to Change" which is a campaign run by the mental health charities Mind and Rethink Mental Illness to end the discrimination faced by people with mental health problems [29]. "Time to Change" is also a social movement operating since 2007, whose goals are:

- improving public attitudes and behaviour towards people with mental health problems;
- reducing the amount of discrimination that people with mental health problems report in their relationships, their social lives and at work;
- making sure even more people with mental health problems can take action to challenge stigma and discrimination in their communities, in workplaces, in schools and online;
- creating a sustainable campaign that will continue long into the future [30].

Regular research and analysis show that actions are undertaken, among others, by "Time to Change", contribute to changing the attitudes of the English society [31, 32] (see „changing society's attitudes to overcome"). One of the latest evaluation reports shows that between 2008 and 2016 [30]:

- about 4.1 million attitudes changed for the better;
- more people (improvement by 11%) are willing to live, work and continue a relationship with someone with mental health
- people with mental health problems were less likely to report having experienced discrimination in the past 12 months;

- in 2016 for the first time, that newspaper coverage of mental health was more likely to be positive than negative [30, 33].

The above results are the effects of comprehensive actions taken under "Time to Change" and consist of:

- helping young people, teachers and parents to improve knowledge, attitudes and behaviour;
- helping employers to create more open workplaces;
- supporting organisations and individual Champions to make positive change happen locally through a network of Hubs;
- running national social marketing campaigns that change attitudes (media and social media);
- conducting research and evaluation [30].

Activities aimed at fighting self-stigmatization can have different character and form. An interesting way can be art therapy. For instance, in Belgium, the troop of ‘‘Rôles-Mops’’

> “(…) meets for a workshop of theatre-making, during which the (ex)users of psychiatric services and others who are sensitive to the problem conceive a project intended to be presented to the public. What makes these sessions so special is the fact that the audience can intervene during the play with the aim of provoking changes, arousing reflections, or changing the representations of mental illness” [27].

It can be assumed that public performance increase self-confidence, and thus affect the building of a positive self-image. Moreover one of the Polish researcher [34] draws attention to the helpful role of the so-called empowerment and narration (narrative interviews) as she writes:

> "In the case of mentally ill people, empowering through the use of narrative may serve to observe themselves in relation to the disease. It is about empowering the patient to undertake biographical work. Biographical work consists in recalling the past, repeating life stories, interpreting and redefining (Reimann, Schutze, 2013). It is a process of developing self-understanding, which is the basis for more reflective and purposeful strategies (Bjorkenheim, Levalahti, Karvinen-Niinikoski, 2006). (...) Biographical experiences described by one of the respondents indicate that she reformulated her attitude towards the disease in the period of trajectory rationalization when she made an effort of in-depth self-reflection".

To sum up, it seems that one of the key actions in the fight against stigmatization is to understand one's situation, accept it, which can be the foundation for building higher self-esteem and, as a result, shed/throw off the stigma. Particularly if it is carried out in combination with social activism addressing social perceptions by broader society. However, changing attitudes in society in general also needs to be aimed for by broader initiatives.

Building acceptance

Attitudes are shaped mainly in the primary environment (family, school) as part of the socialization process. As a result, acquired attitudes are more difficult to change later in life. According to experts dealing with the problem of stigma: „Stereotypes of mental illness are transmitted to the young generation and stigma is reinforced by the media" [27]. For this reason, educating the young generation as early as possible is an important aspect of the fight against stigmatization. It is important to prevent discrimination against children suffering from mental disorders by their peers. Education is also important to help young people (if necessary) recover from mental health conditions quickly. Research carried out as part of the Scottish "See Me" programme shows that only 37% of young people said they would tell someone if they were finding it difficult to cope with their mental health [28]. In this context,

educational programmes and information campaigns on mental disorders targeted at students are an important element in the fight against stigma. Such campaigns were carried out in Austria, Belgium, the Czech Republic and also in Norway. The goal of the Norwegian programme

> "(…) was to foster knowledge about ways that will enable students to safeguard their mental health, about places where they can get help, and about possibilities to provide support for each other. Specific educational material was produced and distributed to the schools" [27]. "The campaign included the use of booklets and leaflets as well as media actions. Advertisements showing photos of everyday looking people in everyday situations wearing T-shirts with inscriptions like <Everyone may get mental health problems> got some attention. " [27]

Moreover, anti-discrimination campaigns were also carried out in Romania, where "(…) students were directly involved in the implementation of the campaign <Schizophrenia Should Not Be A Reason for Discrimination>" [27]. These few examples show the importance given to mental health activities targeted at young people, their important role in the fight against stigma and building acceptance for people suffering from mental disorders.

Understand to help

It seems like a natural assumption that medical staff, therapists and specialists dealing with helping people with mental disorders should be fully aware of the difficulties of people with mental disorders. However, research conducted in Croatia among representatives of medical staff as well as medical students have proved that "(…) their attitude and knowledge showed a high level of stigmatization and misunderstanding of mental health problems". As a result, it was decided to introduce changes to the medical student education program – "The Anti-stigma program for students of medicine' consisted of an interactive 2-h seminar including lectures and facilitated contacts with persons who experienced mental illness" [27]. In the Czech Republic, too, people with mental illness are stigmatized not only by the community but

also by health care providers. As a result, some actions to fight stigma have also been introduced in this country based on

> "(…) guidelines for treatment in psychiatry for as well as guidelines for general practitioners (depression, anxiety disorders). The guidelines were produced not only to improve treatment standards but also to enhance a deeper understanding of patients with different diagnoses and to reduce psychiatric labelling (which may lead to or enhance stigmatization)" [27].

These examples from Central and Eastern Europe show that information and education programs should be directed not only to children and adolescents but also to specialists responsible for helping people with mental disorders. In this case, it seems that Czech solutions in the form of guides and guidelines are a good way to deepen understanding for people struggling with mental disorders among medical staff.

Changing society's attitudes

As shown above, stigmatisation of and discrimination against people with mental health conditions remain a significant problem across Europe[27]. But this does not mean that stigmatisation is inevitable. We have already mentioned initiatives in England and Scotland. Research shows that the attitudes of British society towards people suffering from mental disorders have slightly improved between 1994 and 2014 [31, 32]. A TNS BRMB study for the UK Department of Health found:

> "When asked whether mental health-related stigma and discrimination had changed in the past year, just over two fifths (42%) of respondents said that it had changed, and a little under 6 in 10 (59%) that it has not changed or that they didn't know. There was a significant increase between 2010 and 2014 in the proportion of respondents who said that it had changed, from 32% in 2010 to 42% in 2104, with the proportion saying that stigma and

> discrimination had decreased in the past year, rising from 17% to 27% in the same period" [32].

The study also shows a certain level of effectiveness of extensive social campaigns to fight stigma. They manage to reach an increasing amount of people:

> "In December 2011, 21% of respondents reported that they had seen the advertising[14] shown and 8% had seen similar advertising. In 2012, this increased to 32% of respondents who had seen the advertising, and 11% who had seen similar" [32].

In other words, the above experience to some extent indicates that a comprehensive education and information campaign (for example, the 'See Me' or 'Time to Change' initiative) can change society's attitudes towards people suffering from mental disorders. At this point, it is worth noting that in some European countries such campaigns are carried out (magazines, radio, TV, posters), and some of them have a national coverage [27]. But they were not sustained but remained sporadic interventions which cannot be expected to have a long-term impact [27]. However, to achieve a real social change – a change in society's attitudes towards people with mental disorders, permanent and comprehensive educational and information activities are necessary. One example of such an initiative is the global programme "Open the Doors"[15]. It is has been launched by the World Psychiatric Association in 1996 to fight the stigma and discrimination attached to schizophrenia [35]. In Geneva, representatives of psychiatric environments from 20 countries and "(…) representatives from consumer groups discussed ways to address the barriers to proper treatment, the difficulties with the reintegration, and how best address the human rights of those living with the illness and of their families" [36]. The result of their discussion was the decision to implement this programme, whose goals are to:

[14] Time to Change mental health advertising campaigns.
[15] More information about the program can be found on the website: **www.openthedoors.com/english/index.html**.

- increase the awareness and knowledge of the nature of schizophrenia and treatment options;
- improve public attitudes about those who have or have had schizophrenia and their families;
- generate action to eliminate discrimination and prejudice.

According to its training manual the

> "program is multidisciplinary, collaborative, and international. It reflects a long-lasting commitment to stigma reduction rather than a campaign. Programs within respective countries are self-sustaining but receive technical support from the headquarters of the program and consultation support from all of the sites" [36].

Many countries have participated in this programme, which is is an example of good practice in the fighting stigma.

Although there is a dire need for long-term and sustained programs, to raise awareness there is no doubt that in the fight against stigmatization, initiatives such as the World Mental Health Day are very important and necessary, as well. World Mental Health Day has been organized since 1992 annually on 10th October by the World Federation for Mental Health [37]. On this day, many events are organized all over the world to promote mental health and prevent mental disorder. While this initiative is limited to one day a year, because of the high publicity it achieves it still is important in changing the attitudes of societies towards people with mental disorders.

Summary

To sum up, in the fight against stigmatization, comprehensive and sustained actions in many areas are necessary, referring to various groups: people struggling with mental disorders, their families, friends and society at large. To build a tolerant society, educational programmes targeted at children are needed. Continuous training of medical staff is also important. On a

macro scale, actions aimed at changing the attitudes of all members of society towards people with mental disorders are crucial, as well.

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CHAPTER 4:

EMPOWERING MENTAL HEALTH NEETS

BY MARGO LAITIRA & MARA KOURTOGLOU

What is empowerment?

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 [1,2].

From a more personal point of view empowerment is giving somebody more control over their own life or the situation they are in'[3]. 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 the following pages we shall explore what empowerment could mean for M.H. NEETs and what they can do for themselves to acquire more power and gain control over their lives.

Insight is power

When we puzzle over what education or career choice we should follow, it is interesting to think what we know of ourselves: our wishes, capabilities, talents, skills. When we know ourselves better, then we can find out and understand what we want. When we know what we want, then it is easier to plan a course of action to achieve our goals. Knowing ourselves, being aware of the skills, strengths and limitations we have, can mean that we have power,

since we can use them consciously and freely in a way that is useful to us. On the other hand, the knowledge of our limitations also gives us power: the power to improve some of them or even the wisdom to avoid situations that we know are difficult for us.

There are several ways we can use to learn ourselves better. Career counsellors can help us identify our talents, skills and limitations. We can discuss with them ways to improve our limitations or use our talents and skills. In many countries national authorities have established internet links and online questionnaires that we can seek out, to help us identify our professional selves, such as the portal: https://www.eoppep.gr/teens/ in Greece and equivalent websites in other countries, which helps us explore our professional identity. Joining peer groups or engaging in activities of free time, help us get ideas about what we like, which field we are good at, what skills we would like to improve.

Another piece of knowledge that can give us power is the information of the opportunities that exist. Sometimes we feel stuck and we don't know what to do because we don't know what is available for us. Learning about the opportunities that are available we can decide what is good for us, we can see what criteria we have to meet in order to make good use of them, what skills we need to improve and which of our skills are a good match for them.

So, if we know ourselves and the vocational world better, then we can make informed choices that suit us better. When we choose educational or vocational fields that we like and are suited to our talents and skills, the possibilities of keeping them and enjoying them are very high.

Support is power

Deciding upon an education or a career path may seem to us like an overwhelming project. When we feel that we are alone in this then the project seems even bigger and scarier. Sometimes it is the feeling of isolation that renders us powerless and not the decisions themselves.

Having support can benefit us in various ways:

- We can share our thoughts and concerns
- We can receive useful feedback
- We can get ideas from other people that went through the same

How can we get the support that we need?

Family is a valuable source of support. It could be useful to think about family members, of our close or extended family, that could support us in our endeavour. Family members can offer an ear to hear our concerns and thoughts, we can discuss our ideas with them, ask them about their ideas for us, offer us care and acceptance.

Friends and peer groups can also offer us support. It is nice to discuss with people with similar experiences that can fully understand our concerns and our points of view. Some of them may have also gone or going through the same process as us and it would be useful to see how they thought, what have they done and how in order to get ideas for ourselves and see that since other people have done it, it is not something too overwhelming.

When we have a strong team supporting us, the feeling of isolation is heavily reduced and we are empowered. Sometimes it may happen that family members do not understand or accept mental illness and some persons do not have extensive friendships. Nonetheless mental health specialists - psychologists, therapists can also act as supporters.

Networking is power

Networking is the process of interacting with other people of the same interests and goals in order to cultivate professional and/or social contacts.

The benefits of networking can be various:

- Alleviation of the feeling of isolation

Besides support from family, peers and mental health professionals, networking can help alleviate the feeling of isolation. Being part of a group of people who are in the same

position as us, can make us feel less stressed. We can see that there are many like us trying to find a place in education or a career and better their lives. We can exchange stories, experiences and concerns and see that there are many like us.

· Information and knowledge of current developments

Networking can help us gather more information and knowledge about the education/training or job we are interested in. We can meet people who already learn or work in our field of interest and learn much about the profession, its responsibilities, its joys, the pay we should expect, its prospects and more. We also learn what universities, colleges or training centers offer the education we are interested in or what companies seek employers in the job we are interested in.

· Source of support

Networking can be a source of meeting people of our own age and interests and make friends, social contacts and professional contacts.

How can we network? The contemporary world offers us many opportunities for networking:

· Career fairs

Career fairs are events that are organized by Manpower organisations or by employers and it is a day that employers and potential employees meet to get to know each other. In these events employers give information about their companies and conduct interviews to potential employees. Career fairs are an excellent opportunity where we can meet employers, learn about the job offerings and make contacts with other people. Usually they are announced via the internet or we can learn about them by contacting career counsellors.

· Social media groups

In the internet there are various groups in the social media where people meet and discuss about their interests in an educational field or about a profession.

· Career counselling events

Manpower Employment Organisations sometimes organise events, where career counsellors provide information about jobs and training programmes, offer career counselling services and more. We can find out about them in their internet pages or by visiting them.

· University, colleges and training centers' s career days

Universities, colleges and training centers organize, usually annually, career days where they provide information about their training programmes and the relevant professions. Usually these events are announced via the internet or we can learn about them by contacting career counsellors

· Friends and family

It is very good to inform our friends and families that we are thinking about an education/training or that we are seeking for a job. The more people they know the better, since these people can introduce us to people who can help us. It is worth mentioning that it's not always the closest friends and family the most valuable assets as far as networking is concerned but rather acquaintances and people from far different branches. It is because their social circle is usually way different from ours. And this can generate a a whole new quality of contacts

Making my own decisions is power

When we have all the information that we need, about ourselves and the educational or vocational world, then we have all the means to make decisions that suit us better. Making our own decisions gives us a sense of power, since we do not depend on anyone else to decide for something as personal and important as our education and our job. Making my own decisions means that I feel self-confident to do so. The ability to make autonomous decisions is closely related to self-esteem and beliefs about oneself and the world around.

Planning is power

Sometimes we know what we want to do but the way to get there seems too big an endeavour for us. It helps if we think of it not as a big plan but as many small ones. Breaking down our plan in smaller steps has many benefits:

- We focus each time on the step that we have to do
- The plan seems less overwhelming
- We have a sense of success when we reach each step which keeps us energized and motivated
- Finishing many steps on a bigger plan give us the sense of accomplishment and power

Caring for self is power

It is essential to keep healthy so as to feel energized and motivated. When we feel healthy then we are more optimistic, we are in a better mood and we have a stronger drive to achieve more good things for ourselves.

We can take care of our bodies with:

- Good nutrition.

  Eating healthy and having a balanced diet can benefit our body. We can ask a dietician for advice on a healthy diet.

- Exercise

  Keeping a regular type of exercise can help our body get strong, develop stamina, assuage the side-effects of medication and give us more energy. We can choose the type of exercise we enjoy the most so as to exercise and enjoy ourselves at the same time.

We can take care of mental health hygiene, by undertaking activities like: practicing mindfulness, managing stress, sleeping well, etc.. And by always:

- Following our doctor's instructions
- Keeping ourselves energized and motivated
- Having fun. We should never underestimate the value and power of fun; going for walks, taking up a hobby, going out with friends and doing whatever else brings us joy can keep our mind at ease and happy.

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CHAPTER 5:

WORKING WITH FAMILIES AND OTHER INFORMAL CARERS

BY ALESSIA VALENTI

How can family and informal carers assist work re-integration of MH NEETs?

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 mental health 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. Young et al (1988), Young and Friesen (1992) identified 10 categories of parental intentions to facilitate career development:

1. skill acquisition;
2. acquisition of specific values or beliefs;
3. protection from unwanted experiences;
4. increasing independent thinking or action;
5. decreasing sex-role stereotyping;
6. moderation of [family member/informal carer-MH person] relationships;
7. facilitation of human relationships;
8. enhancement of character development;
9. development of personal responsibility; and
10. achievement of [family members'/informal carers'] personal goals development

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 mental health 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 important to take into consideration the difference between behavioural and attitudinal components of engagement: the behavioural component includes attendance and participation of families or informal carers in counselling

activities as well as engaging in efforts outside of counselling sessions (e.g. completion of assignments, demonstration of progress towards goals); as for attitudes, engagement refers to an emotional investment and commitment to treatment resulting from belief that education/training/employment is worthwhile and beneficial for the MH person. Engaging informal carers may include the need to frame or re-frame expectations and may also include the need to offer direct information regarding the impact of education or work on current or potential social security benefits and medical coverage.

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.

Supporting a MH person to develop their own aspirations and make their own career choices may be a challenging concept for some families and informal carers. Apart from those in denial and suffering social pity and self-stigma, secluding themselves and the MH person from the surrounding environment, many other families and informal carers are already so overburdened by their role that do not have the energy to engage in activities whose results they perceive as uncertain. **They may have formed the view that the person in their care cannot have a career due to their MH condition.** They can be engaged in excursions or guided visits, sport games and activities, lectures and peer support groups, but not in what they perceive as something which would only increase their and the MH person's frustration. Many families and informal carers will need special arrangements, or extra support, to enable them to become actively involved in the MH person's education and professional career, and to help the MH person get the most from education/training/employment. In countries where

support from the education system is lacking and the the labour market is characterised by high unemployment and imbalances, families and informal carers are sceptical regarding any attempt and need time to accept the idea to take this process seriously. Many families will also experience ongoing feelings of loss and grief. These situations need to be handled with sensitivity.

Any attempt to get families' and informal carers' support for reintegration into education and/or work of MH people must be preceded by:

- **Communication**: relevant and easy to understand information (choose vocabulary that shows consideration of the social and cultural backgrounds of families and informal carers; avoid using jargon, use every day language, be sensitive to the cultural variables), regular communication.
- **Adapted Suppor**t: individual work plan and programme, gradual approach, adjusting timing to family and informal carers' needs, customising the activities to suit specific needs.
- **Teaching/Counselling aids**: easy-to-read/use material, different methodological approaches, interpreters or assistive technology.
- **Volunteer help and support**: to give families and informal career a break from their responsibilities and look after themselves.
- **Peer support**: Exchange of experiences, establishment of a social network, emotional support, encouragement.
- **Community work**: career counselling and support to education/job seeking must run in conjunction with other professionals with whom families and informal carers are familiar, such as a psychologist, specialists and integration aides.

Families and informal carers may be unfamiliar with the education system and labour market in their country. When discussing the changing world of work, career practitioners should be aware whether families and informal carers have mental health problems themselves and ensure that the information presented is accessible to them. Assumptions should not be made about their experiences. Families and informal carers may also be

unfamiliar with the range of careers and supports available to MH people. Allowing time to explore these may support their understanding. Additional time may need to be spent explaining the different pathways to education, training and employment. Information about local service providers should be made available.

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. Turner, Steward, and Lapan (2004) suggested the following activities for developing career interests:

- teach families and informal carers to model education/career-related behaviors,
- remind families and informal carers that MH people anxiety about education and career planning is normal,
- offer families and informal carers tips on goal-setting with the person in their care.

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.

1. Information-focused interventions

General information-focused interventions are a common practice not necessarily focused on families or informal carers. In such interventions there is no specific role assumed for them, other than being the persons having responsibilities in relation to the MH person, while the professionals providing information stay in their role as information provider. An information-focused intervention can take the form of a group meeting, an individual session, a handbook, a website or portal, or an email or telephone exchange. These interventions originated from professionals and aim at notifying about and raising awareness about a situation/issue in the

educational and career planning of the MH person. Family members' or informal carers' role is mainly passive.

2. Learning interventions

Learning interventions help families or informal carers to support the MH person and aim to improve the quality of their career development and educational planning. The intervention consists of a series of sessions which may be connected with group sessions with guidance or facilitation undertaken by professionals. The role of family members or informal carers is supposed to be active and focused on 'teaching', 'coaching' and/or 'advising' the MH person, but intervention can be 'remedial' or preventive in educational terms when the carer has particular characteristics (e.g. low education).

3. Counselling / therapy

Counselling or therapy is designed to address specific issues that affect the psychological health of the family or of the informal carer, such as major life transitions. The intervention takes the form of a consecutive series of meetings with guidance undertaken by professionally trained career development staff. The role assumed for family members or informal carer is client.

	Information-focused interventions	**Learning interventions**	**Counselling / therapy**
AIM	Informing Notify about and raise awareness of current issues	Help family or informal carer in 'remedial' or preventive ways	Address specific issues that affect the MH person and their carer
DIRECTED TO	Everyone	(Particular) family member or informal carer together with the MH person	Particular situation: family or informal carer together with the MH person
ROLE FOR CARER AND MH PERSON	No specific role	Teacher, coach and/or adviser for the MH person;	Clients; Both carer and MH person being actively involved

		Both carer and MH person being actively involved	
FORM	Single meeting; Individual meeting with family members or informal carers; Training material, Written information (printed or online) Offerings family members or informal carers to contact the organisation/service staff. One-way direction	Resource and small group session(s) facilitated by trained/specialised staff. Interactive	Group session(s) for particular situations facilitated by trained professionals. Interactive
FREQUENCY	One-off	A subsequent series	A consecutive series of meeting
INITIATED BY	Counselling/support services or organisation	Counselling/support services or organisation; supply driven but tailored to needs of participant	Family or Informal carer; needs driven

KEY CONSIDERATIONS:

- This is a very difficult transition for some. Often families and informal carers believe that the person in their care cannot have a career and they are being asked to see this as a possibility.
- Conversations with families and informal carers need to begin early to increase their understanding of career development.
- Start exploring suitable education/training/employment options early.

- Remind families and informal carers that they are not alone and encourage them to access networks and supports.
- Know your families' and informal carers' community; "meet them where they are at".
- Be creative and try alternative approaches – we do not live in a 'one size fits all' world.
- Adapt to engage, encourage discovery and cultivate hope!

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THE WORK4PSY CONSORTIUM

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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