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Work4Psy

An innovative model for career counselling services to mental health NEETs

IO3 – Needs Analysis

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Partner Organizations

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

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STOWARZYSZENIE POMOST

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1 Introduction

As part of Intellectual Output 2, focus groups and qualitative interviews with our four target groups were conducted. These did not only support the development of the Toolkit, but also already contained important clues as to the learning needs relevant for the development of targeted curricula in IO3. To confirm and amend them, we also conducted a survey to assess target group learning needs.

We used short online questionnaire to confirm relevant topics, preferred formats and general assessment of the situation. We also included open questions on positive experiences with support and suggestions for improvement. The survey was conducted in autumn 2021.

We received 281 answers, thereof 36 by MH NEETs, 46 by informal carers, 63 by MH professionals and 116 by career counsellors. By country, return was 40 from Poland, 113 from Italy, 61 from Germany, and 40 from Greece.

We recognise that we do not have at hand a representative sample, but in combination with the results of the qualitative research carried out for IO2, the results still can be seen as further confirmation of results so far.

2. MH NEETs

36 MH NEETs responded to our questionnaire: ten from Poland, ten from Italy, six from Germany and ten from Greece. Eight were between 20 and 24, 27 were older than 25 and one did not answer the question. This reflects the fact that, compared to other disabilities, mental health issues are detected and accommodated for relatively late (see Reims et al. 2018, Stein/Fazel 2015), which was also reflected in our focus groups as a problem delaying necessary labour market interventions. Asked for their health status 15 participants named a mood disorder, ten a psychosis, eight a personality disorder and another three preferred not to answer. (We counted the first named condition; some participant listed multiple illnesses and conditions).

The importance of labour market participation for young people with mental health conditions is generally recognised in the literature – for our participants this is reflected in a high subjective importance, as on a scale from one (unimportant) to five (extremely important) they averaged on 4.3, the median being 5. However, it was a goal not easily achieved with available support leaving room for improvement. On a scale from 1 (easy to overcome) to 10 (unsurmountable), they averaged on 6.4 with the median being 6. Support

was rated 5.4 on average (median 5) on a scale from 1 (very bad) to 10 (very good). These results were better than expected, but need to be seen against the background that we need to assume that most respondents were receiving some form of support already (which can be gleaned from the qualitative answers, see below). The responses of informal carers (mostly parents, see next chapter), were much more pessimistic. As we shall see, though not as pessimistic as the informal carers, mental health professionals and career counsellors also were less optimistic than the participants in the MH NEETs category.

We asked participants for their perceived need of information on and support with the following issues: “finding people supporting me with education, training and work” (career support), “improving my ability to interact with others” (social skills) , “catching up with missed school work” (school skills), “finding out which career is right for me” (career choice), “finding opportunities for vocational training (at a vocational school and/or in an apprenticeship)” (vocational trainin), “finding a placement for work experience” (internship), and “finding a job” (job). The results are summarised in table 1.

Table 1.1: MH NEETs – need for support, topics (n=36)

	career support	social skills	school skills	career choice	vocational training	internship	job
Mean	2,22	2,17	1,42	2,11	2,19	2,11	2,36
STD	0,92	0,83	1,06	0,81	0,97	1,12	1,06
Median	2,5	2	1	2	2,5	2,5	3
very much	18	15	7	13	18	18	24
somewhat	10	13	10	15	10	11	6
not much	6	7	10	7	5	0	1
not at all	2	1	9	1	3	7	5

(very much = 3; somewhat = 2; not much = 1; not at all = 0)

Most participants found support with most issues somewhat or very much important, leading to a mean of above two and a median of two. Only catching up on missed content in school was deemed less important, i.e. the negative impact of mental health conditions on school attendance and its repercussions later in life (e.g. Esch et al. 2014; Melkevik et al. 2016) are not immediately felt by our participants.

Most importance was given to finding a job. The slightly more felt urgency of finding a job may be explained by the age of the participants together with individual hopes and social

expectations regarding labour market participation as already articulated in our focus groups and also in the survey itself (see above).

We asked participants to prioritise their need for support by naming the most important and second-most important issue.

Table 1.2.: MH NEETs – support needs ranked (n=36)

	most important	second most important	top priorities (most or second most important)
career support	0	9	9
social skills	6	1	7
school skills	3	1	4
career choice	6	6	12
vocational training	5	0	5
internship	3	10	13
jobs	13	9	22

This confirms that finding a job is the top priority, listed by 22 out 36, with over a third naming it the most important issue. Runners-up are placement opportunities and career choice.
As one of the career counsellors interviewed earlier told us – one challenge in working with young adults with mental health conditions is also to transport the message that preparation for labour market entry is a necessity is difficult to bring across given the expectations around paid employment.
We have asked young people who they see as important providers of support on their way into the labour market.

Table 1.3.: MH NEETs – importance of providers of support (n=36)

	a family member	a friend	psycho-therapist	social worker	career counsellor	a teacher	an employer	a peer
Mean	2,65	2,44	2,57	1,89	2,20	1,69	2,31	2,33
STD	0,80	0,72	0,77	0,95	0,75	0,92	0,75	0,62
Median	3	3	3	2	2	2	2	2
very important (3)	29	20	24	10	12	8	16	15
Important (2)	3	13	9	15	20	11	15	18
less important (1)	1	2	0	6	1	13	3	3
not important at all (0)	2	1	2	4	2	3	1	0

Here family and friends as informal network on the one hand and psychotherapists as professional support topped the list. But the importance of employers, peers, career counsellors, and social workers was also recognised (e.g. only three of the 36 found career counsellors less or not important). That teachers feature less (although over half of our respondents, 19, found their support at least important) may have to do with the fact that most of our respondents are past their teens. All in all, results are in line with the assertion that broad and encompassing networks of support including informal carers (e.g. Shankar/Collyer 2003) as well as professionals (e.g. Lloyd/Waghorn 2011) is essential for young people with mental health conditions.

We have asked for the preferred format of support and information. The results showed a rather clear tendency

Table 1.4.: MH NEETs: Helpfulness of sources of information (n=36)

	information brochures and leaflets	information from websites	information from digital social networks	information from online videos	information provided in courses	information provided in personal dialogue
Mean	1,39	2,19	2,18	1,97	2,25	2,72
STD	0,86	0,66	0,97	0,87	0,79	0,51
Median	1	2	2,5	2	2	3
very helpful	3	12	18	10	16	27
helpful	14	19	9	18	14	8
less helpful	13	5	5	5	5	1
not helpful	6	0	3	3	1	0

The message here may be read as: the more personal the more welcome as a helpful soure of information. While one could expect that low-threshold media like websites and online videos may top the list, they in fact are seen as helpful by most here, but personal face-to-face dialogue clearly is the preferred option. Courses, websites and social networks are runners-up. What these three have in common is that they are interactive, allow for questions and feedback etc. The one prevalent means of distributing information typically used by agencies, charities, authorities etc. – namely the leaflet – is not seen as helpful by over half of the respondents.

The open-ended question on positive experiences showed great variety. Five respondents explicitly stated that they cannot think of any. Three respondents emphasised their self-reliance – partly narrating how they found trainings and placements through own research,

but also pointing out the necessity of doing so, as one participant states: "I've never had any help other than myself". Others talked about who supported them. For example, one respondent reported that "my first employer took me under his wing and taught me the job". Others found support from parents or friends, or by organisations and institutions, such as vocational training centres, placement agencies etc. Some were very positive about such support, as one respondent emphasises: "It was easier for me to get out of my 'hole' as I had someone at my side who helped, also by exerting gentle positive pressure. Thus I always had someone to turn to when feeling insecure about things, someone I could open up to." Good experiences included financial support (e.g. help with setting up a small business, or just help with filling out a benefits claim), vocational orientation and training, and support with finding placements and work.

Nearly half of our respondents did not articulate suggestions (i.e. about half of the sample). While most of them left the category blank or put in a "don't know" or "no" or "can't think of any" or the like, one of them vented her frustration, saying "No – I feel like I've done everything, but I can't keep a job", thus indicating that abstention may not be simply down to a lack of ideas but by a sense that nothing really works. From our focus group interviews we know that the pathways to finding the right support and opportunities can be very long and winded (see Keller/Varul 2021). Otherwise there was a variety of suggestions. More opportunities for adequate vocational and orientation were asked for with one respondent specifically emphasising that they need to be challenging enough as he used to be put into programmes specialising on learning disabilities despite having an A-levels equivalent. Information on jobs and work experience placements was an issue – not only in terms of availability. Two respondents asked for help with accessing and interpreting information "as it is often difficult to find your way around on the Internet". But not only more *information* on jobs and internships was required – some also pointed out that there should be more made available for them and that there should be more support with applications and interviews. One participant specifically asked for more "support in developing and expanding competencies useful for taking up a job". As the quantitative results indicated the most felt need was for direct access to the labour market via internships and jobs, and support should be oriented specifically to this end. However, as one respondent points out, access to support itself and the nature of this support also is important: "Support needs to be offered, but it also needs to be made clear that seeking help is not a sign of weakness".

While the results largely confirm what we already know from the literature and from our focus groups, two messages may be reinforced.
One is the importance of the focus on concrete outcomes in terms of labour market integration. Young people with mental health problems often already had a long wait, and given the subjective importance of paid employment, the perspective to "get there" probably is important to motivate participation in any vocational orientation or career skills programme. It will also be important, on the other hand, to manage expectations and think about how to

communicate the need for patience when it comes to preparatory measures if they are deemed necessary.
Second, it seems to be clear that a personalised, individualised and interactive approach is preferable, i.e. one which is akin to "attentive counselling" (Bengstten 2012) in that it acknowledges and integrates the personal situation of the client and accommodates any counselling and teaching activities accordingly.

3. Informal Carers

46 informal carers responded to our questionnaire: ten from Poland, ten from Italy, 16 from Germany and ten from Greece. The young people supported by them were, as in the MH NEETs group, mostly over 20 (two were 15-16, four were 19-20, 15 were 20-24 and 21 were 25 or older). Again, this reflects the relatively late identification of mental health conditions in young people. In terms of gender of the supported young people, the distribution was 19 female, 25 male, with two not answering the question. Most of the carers identified as parents (30 of the 46), followed by other family members (ten, six of which were siblings). Asked for the health status of their charges, 17 named a psychosis, 16 a mood disorder and three a personality disorder. Nine respondents listed another condition, one left the question unanswered. (Again, we counted the first named condition; some participant listed multiple illnesses and conditions, not all disclosed their condition).

Like the other groups, or rather even more so, informal carers put great importance on employment for young people with mental health conditions.
On a scale from one (unimportant) to five (extremely important) they averaged on 4.4, the median being 5. As mentioned above, they were much more pessimistic than the young people (and also more than mental health professionals and career counsellors). Difficulties encountered were rated as nearly impossible to overcome: On a scale from 1 (easy to overcome) to 10 (unsurmountable), they averaged on 7.9 (median 8). In reverse, available support was rated lowest in this group with 3.8 on average (median 3.5) on a scale from 1 (very bad) to 10 (very good). On consideration, the contrast to the other groups may not be that surprising. While mental health professionals and career counsellors were involved in supporting young people and experience both negative and positive developments, informal carers are typically only looking after one specific case. If there is no progress here, the outlook is quite understandably bleak. A good quarter (11 out of 42) did not have a single good experience to report in the open questions, and some of them explicitly stated this (see below). However, the relative consistency of the negative evaluation (only nine went over five) may also indicate that the experience of support by informal carers is less than satisfactory also when it is available.

Again, we asked participants for their perceived need of information on and support with the following issues: "finding people supporting me with education, training and work" (career

support), “improving my ability to interact with the young person” (interaction with young person) , “interacting with professional support (e.g. medical staff, social workers)” (Interacting with professional support), “choosing a career” (career choice), “accessing education” (education) “accessing vocational training” (vocational training), “finding job opportunities” (jobs). The results are summarised in table 2.1.

Table 2.1: Informal carers – need for support, topics (n=46, not all answered all questions)

	career support	interaction with young person	Interaction with profes-sionals	career choice	education	voca-tional training	Jobs
Mean	2,60	2,52	2,18	2,25	1,82	2,40	2,43
STD	0,70	0,78	0,80	0,83	0,89	0,88	0,87
Median	3	3	2	2	2	3	3
very much	32	30	18	20	10	27	28
somewhat	11	8	18	17	20	12	11
not much	1	5	8	5	10	3	2
not at all	1	1	1	2	4	3	3

Except for help with (school) education, support was needed for all items at least to an extent by at least two thirds of participants (the low demand in “education” may be an effect of the average age of the young people the informal carers supported – the qualitative answers indicate that the fact that nearly a quarter still ticked “very much” may refer to those seeking to continue in higher education). However, there are items where the need is stronger than in others. Career support, access to vocational training and jobs were areas where around two thirds of participants said they very much needed support. This is also the case for skills for interacting with the young person they support. So one could say that there is a demand in particular for hands-on advice on how to get into the labour market – both in terms of direct information and access to specific support through career services. The emphasis on skills for interacting with the young person with a mental health condition may reflect that feelings of helplessness, devaluation of parenting skills and ascription of responsibility undermine self-confidence in their interactional competencies (Harden 2005). While, again, there have not been great differences in the answers from different countries, slight variations are indicative of nationally specific situations. In Germany, career support was emphasised slightly more and interaction with the young person slightly less. While, statistically, these results are not significant, they would match the qualitative results according to which the self-help support structures of informal carers are relatively well developed in Germany (so that there may be more exchange on how to cope on family level), but the complexity of the support system confronts parents and other informal carers with particulary problems of access. (see table 2.2a)

Table 2.2a informal carers in Germany – need for support (n=15, not all answered all questions)

	career support	interaction with young person	Interaction with profes-sionals	career choice	education	voca-tional training	Jobs
Mean	2,66	2,07	2,27	2,36	1,93	2,33	2,23
STD	0,68	0,96	0,93	0,72	1,03	0,94	0,87
Median	3	2	3	2,5	2	3	2
very much	12	6	8	7	6	9	7
somewhat	3	4	4	5	2	3	5
not much	0	3	2	2	5	2	1
not at all	0	1	1	0	1	1	1

Asked for their preferred sources of information, the favouring of personal interaction was as clear as in the young people:

Table 2.2. informal carers – sources of information (n=46, not all answered all questions)

	information brochures and leaflets	information from websites	information from digital social networks	information from online videos	information provided in courses	information provided in personal dialogue	exchange with other informal carers
Mean	1,84	2,32	2,14	1,91	2,24	2,76	2,52
STD	0,80	0,67	0,89	0,88	0,68	0,43	0,58
Median	2	2	2	2	2	3	3
very helpful	9	19	18	11	15	34	25
helpful	21	20	17	21	23	11	17
less helpful	12	5	6	7	3	0	2
not helpful	2	0	3	4	1	0	0

While none of the information sources were seen as outright useless, the message previously received from the young people is even more pronounced in the informal carers: the more personal the better, with personal dialogue and exchanges with peers were clearly the most favoured options which nearly unanimously were found helpful or very helpful. Three quarters of respondents found personal dialogue very helpful.

The qualitative answers, as mentioned, are an illustration of the fact that, as we have seen, the participants in the informal carers' category were the least satisfied with available support and the most pessimistic about the challenges faced by young people with mental health conditions. This does not mean that they did not have positive experiences to contribute. But more than a quarter (14 out of 46) either left the question unanswered, put in "none" or specified a negative experience. One parent stated they were only relying on own resources, as "because of Covid19 there was no support by the Employment Agency. Out of desperation, we are now paying our daughter's vocational training ourselves." Among positive experiences featured support by institutions, organisations and professionals. One parent reported that her daughter was able to start a work scholarship insertion through a "work scholarship" in a small thermo-hydraulic maintenance company, with the essential help of a qualified tutor. But use of personal networks was mentioned. One informal carer managed to find a job for the young person at a fast-food restaurant through contacts with a parent of an autistic man who already worked there.

In terms of suggestions and demands the most frequent issue was a need for increased mental health awareness and a need for better availability of psychotherapy (nine mentions each). Some highlighted that support needs to be meaningful and targeted, as

> "succeeding in motivating the person, they must feel that they are useful, prove on the ground that they have the ability to study or work, it must not be done to kill time."

Vocational training and orientation was commented on, e.g. by one parent saying that

> "First of all, young people should be encouraged to undertake any activity, showing the advantages of such activities (own money, a new form of activity, the opportunity to meet new people). However, it seems to me that the key issue is to ensure the availability and variety of offers by increasing the number of training/internships and encouraging employers to accept such people"

While this comment emphasises target-orientation in terms of labour market entry, others more strongly emphasised the need for a slower approach:

> "Our school system communicates that there is only one way to success. This is, I think, very stressful for young people with depression who then may develop additional fears of failure. To show up the multitude of paths to success that there is already to young people may, I think, remedy this. As would early psychological counselling at schools to achieve early identification [of mental illness]"

The two comments represent a tension we also encountered in the qualitative interviews and focus groups between the urgency of the need to enter the labour market, given the

benefits of employment identified by most participants, and the experience of a negative impact of too much pressure. They hint at the way that contradictory and complex demands on parenthood are exacerbated by mental illness and the lack of support and understanding encountered (e.g. Jivanjee/Kruzich/Gordon 2008)

4. MH Professionals

63 mental health professionals filled out our questionnaire: Ten from Poland, 30 from Italy, 13 from Germany and ten from Greece. 25 of them worked at a clinic, seven in vocational rehabilitation centres, seven for social services and 23 ticked "other institutions".

Asked what topics they would need more information and knowledge resources on in order to support young people with mental health conditions who are Not in Education, Employment or Training, i.e. "NEETs", they answered as shown in figure 3.1.

3.1. MH Professionals: Need for information (n=63, not all answered all questions)

	providing career information	available career services	access to supporting organisations	availability of & access to vocational training	job opporutnities
Mean	2,33	2,43	2,39	2,54	2,65
STD	0,78	0,73	0,70	0,73	0,65
Median	3	3	3	3	3
very much	32	36	32	42	46
somewhat	21	18	22	14	13
not much	9	9	8	6	3
not at all	1	0	0	1	1

Although at first sight there appears to be a clear ranking of information needs – with information on jobs topping the list, the difference between the categories is minute. As the median "3" for all indicates, in all categories "very much" was the most frequent answer. Of the nine saying that they see not much need for career information, four worked at vocational rehabilitation centres, of the nine not very much needing information on career services it was five who worked at such facilities. As these persons may work more closely towards labour market integration, it is likely that this explains the relative absence of need for support here. So, overall, there is clearly formulated need for information of all aspects of

the process of accessing vocational training and transition into employment. This is not entirely surprising as the need for more knowledge on labour market access and the support systems available has been already found in the literature review for this project (Work4Psy 2020). What the answers here also show, however, is that mental health professionals are aware of that need, which may also mean that they are prepared to close these knowledge gaps if offered the opportunity.

Their answers to the question regarding how helpful they find different sources of information and knowledge are summarised in table 3.2.

Table 3.2.: MH Professionals – Helpfulness of sources of information (n=63, not all answered all questions)

	academic textbooks	academic journal articles	targeted brochures	online sources	trainings and courses	exchange with colleagues	exchange with network partners
Mean	1,60	1,79	1,98	2,29	2,68	2,75	2,35
STD	0,75	0,74	0,70	0,60	0,53	0,44	0,69
Median	2	2	2	2	3	3	2
very helpful	6	9	14	23	45	47	29
helpful	30	35	35	35	16	16	28
less helpful	23	16	13	5	2	0	5
not helpful	4	3	1	0	0	0	1

Again, the apparent clear ranking of different sources must not obscure the fact that also the less favoured sources, namely academic ones, had a median on "2", i.e. "helpful". More than half of participating professionals therefore seem prepared to engage with academic literature to improve their knowledge regarding labour market integration of young people with mental health conditions. However, it is clear that the options by far out-favouring others are trainings and exchange with colleagues – options that, in fact, often do go together as courses are also good opportunities to discuss issues with fellow practitioners.

That such interaction has a potential to disseminate good practice is indicated by some of the professionals being able to report successfully supporting young people on their journey into the world of work. For example one professional working for an institution in Poland narrated that they were

> "accompanying a young woman during a crisis, supporting and motivating to group activities (very strong anxiety). The next step was to undertake action volunteering and then

> permanent volunteering. Along with reducing anxiety, the frequency of outings and group meetings increased, which helped to start the internship. The next step was to accompany the job search on the open market - we managed to find employment in a pharmacy (internet sales, office work, etc.). While working, the woman also obtained a driver's license and then opened her own business, which she continues to this day. We still have contact - now she moved to another city, got married. Throughout the period of overcoming the crisis, the therapist (educator) had contact with the woman's parents / family."

Some experiences, on the other hand, also seem to emphasise the need for creating wider networks and also for systemic changes in order to sustain any positive effects of professional interaction, as this example from an Italian mental health professional shows:

> "There are several stories I can tell, I have helped many people with mental health problems to find a course or a training activity, the biggest problem is that afterwards, in the vast majority of cases, except for some apprenticeship which we managed to find, there is no work placement, there is no job, the prejudice against people with mental disorder is still too high."

While systemic issues were present in the professionals' suggestions, they tended to emphasise aspects within their own field of practice – which may also be important to our other target groups. Such aspects were issues like motivation, self-image, planning skills still have implications for the way transitions into training and work are organised in wider networks – as in this account from a professional working in a German vocational rehabilitation facility highlights:

> "I think that the first thing that you need to achieve is a realistic self-assessment (Where am I? What am I good at? What do I still need to learn?). It is an advantage if the person concerned can accept the way s/he is (which isn't the case often). Depending on the specific condition, integration into vocational routines needs to be slower or faster paced. I find it very important that strengths and competencies are experienced made in other, not performance-oriented areas."

5. Career Counsellors

116 career counsellors responded to our questionnaire, ten from Poland, 70 from Italy, 26 from Germany and ten from Greece. Over a third of them (42) worked for the public employment services and over a quarter in the education sector (31). 11 worked as freelance or self-employed counsellors, eight for cooperatives and associations, seven for third-sector organisations, seven for private-sector organisations, two for social services and seven ticked "other".

As the other target groups and perhaps least surprising in this group, the importance given to vocational training and employment was very high, averaging on 4.6 on a five-point Likert scale with a median of 5. Like informal carers and mental health professionals (and hence much more than the young people themselves) they displayed a rather stern outlook on the

difficulties on the way to labour market integration. With 10 being "unsurmountable" they averaged out on 7.2 with a median on 8. In their evaluation of the quality of support, they were, however, more optimistic and came down in the middle between "very good – 10" and "very bad – 1", with both mean and median on 5. One possible reason could be that theirs is a position of a hinge between processes leading up to a level of personal skills and illness management that allows labour market entry and measures and processes leading into the labour market, hence having a better overview of support mechanisms.

4.1 Career counsellors: Need for information (n=116, not all answered all questions)

	mental health conditions & their effects	available social housing support	available psycho-therapeutic support	suitable vocational training	suitable job opportunities
Mean	2,47	2,21	2,41	2,39	2,62
STD	0,69	0,80	0,71	0,83	0,65
Median	3	2	3	3	3
very much	66	51	61	66	82
Somewhat	38	41	41	33	27
not much	10	21	12	10	5
not at all	1	2	1	5	2

For all themes, career counsellors saw, in their majority at least some need for more information and knowledge, and with the exception of social support, at least half saw very much need. This concerned the themes of mental health and how to find psychotherapeutic support for clients. Surprisingly, however, the greatest need for knowledge and information was on information on jobs, and there was also seen high need on vocational training. As we have to assume that, generally, as career counsellors participant will have good knowledge in both fields we can only assume that what is meant here is training and jobs which are adequate for young people with mental health conditions, i.e. "suitable" for them specifically. What already transpired in focus groups and interviews may be confirmed here, namely that mental health conditions pose a challenge for career counsellors when trying to find a matching position in the labour market for their clients.

4.2 Career counsellors: Preferred sources of information (n=116, not all answered all questions)

	academic textbooks	academic journal articles	targeted brochures	online sources	trainings and courses	exchange with colleagues	exchange with network partners
Mean	1,79	1,95	1,99	2,28	2,68	2,79	2,65
STD	0,73	0,70	0,74	0,79	0,55	0,45	0,61
Median	2	2	2	2	3	3	3
very helpful	15	23	26	52	82	93	82
helpful	65	64	67	47	30	20	28
less helpful	27	25	17	12	2	2	5
not helpful	6	2	5	4	1	0	1

The results here very closely match those for mental health professionals. While three quarters find academic literature as well as more condensed written information helpful or very helpful, the clear preference is on taught courses and interaction with peers and network partners.

Most career counsellors had comments both on good experiences and suggestions for improvement. It is perhaps to be expected that this group is the most optimistic when it comes to labour market integration as the young people they encounter in their professional activity have already completed a good part of their journey and have experienced enough support to consider, finally, to take on training and employment. That career counselling, while in itself being considered 'mental health modality – a primary treatment intervention' by Guindon and Giordano (2012: 418) – does not work without being supported by therapeutic progress becomes clear in one of the very few bleak outlooks by an Italian career counsellor working for the public employment services. Asked whether she can make any suggestions, she filled in the following:

> "None, because in my experience the mental health problem is not compatible with the state of health required by the world of business that job centres target"

The perspective of the majority of respondents was towards a proactive inclusion, relying on sustained support, sometimes utilising intensive programmes for transition, ideally bringing together mental health measures and vocational orientation and training, as this vocational rehabilitation careers counsellor working for the German public employment services:

> "As vocational rehabilitation counsellor I have made very good experiences with [name of a programme] at [name of a vocational training centre]. This is a three-months programme for people with mental illnesses who are not yet fully fit for work and therefore cannot enter regular vocational rehabilitation measures, but on the other hand do no longer require close

> medical attention. Clients can begin with three hours a day and then increase their capacity up to eight hours a day. On completion of the programme a plan is conceived in which client and facility together determine how to proceed further. This could mean a follow-up with further therapy or it could mean the path is free for the next vocational steps. I think the programme has bridged the gap between medical and vocational programmes."

Typically, concern for mental health issues is co-represented, even when at the stage career counsellors get involved, often the aspects of vocational orientation, career choice and planning for labour market integration move centre stage. Sometimes, support for mental health prevails and career counsellors find themselves in a position that resembles more that of social worker or even therapist, as one career counsellor working for an Italian private-sector employment agency regarding support for a vulnerable young female migrant:

> "We analysed her dreams, her abilities and together with the [name of a cooperative project] supported her as she started her entrepreneurial project as a designer of women's clothing with the support of a local company. The team also consisted of psychologists, employment agency, me, a social worker and other administrative staff. Collaboration was important."

In other cases we are closer to the core remit of supportive career counselling, though with greater investment in networking and sustained professional attention, as this counsellor from a Polish independent association reports:

> "Yes, I have my own experience completed with the successful activation of a young person with mental problems. A young boy asked for help in finding a job. He could not define what work he would like to do. Thanks to frequent meetings with a career counsellor, we identified the young boy's potential and established an action plan. As the first stage of entering the labour market, I proposed a professional internship. When choosing the place for the internship, I got involved in getting to know the company's work environment so that my student could feel "looked after". I found an employer open to cooperation with a young man with a disability certificate. I was very keen on the proper implementation of my charge to work, which is why I systematically conducted monitoring interviews with him, but also with the employer. I was very pleased with the satisfaction of both parties with the cooperation undertaken. The apprenticeship was the "gate" to enter the labour market, because thanks to these three months, the employer checked the possibilities of the young employee and gave him a job opportunity."

The target group also, showed great interest in both systemic reform and improved professional practice, many emphasising the need for stronger networks, involvement of informal carers, working against stigmatisation, better services at all levels from psychotherapy via social services to more time and resources for extensive labour market interventions accompanied by psychological support. The suggestions are often multifaceted and process-focused – as in this answer of a participant who is working for a German jobcentre

> "We need more time for counselling and also to try out different methods, such as doing house calls or things like that. We need more staff and we need more discretion. In my opinion, there is too little attention to mental health in schools – parents cannot be informed by school social workers [because of data protection] and therefore often do not know of their children's mental health conditions. I think it's important to have more public awareness about the issue. It should no longer be a taboo. The more people are ready to talk about it, the more other people will open up. We should have more examples of good practice made public, especially on local level, so that people can look to them and say: "They made it that way, that could be a programme that may help me too"

6. Conclusions

The survey answers add to the picture already emerging from our focus groups and confirm the importance of providing training and resources supporting the labour market inclusion of young people with mental health conditions. The qualitative responses support this, but also remind us that there is also a need for structural and cultural changes to facilitate access to labour market opportunities.

The results will inform the development of the curricula for the target groups. In particular, they highlight the need to be attentive to the specific learning needs and expectations in different target groups. In some cases there are also indications that there is a case for ensuring that trainings are adjusted to nationally specific conditions.

While giving indications, the survey cannot supply concrete guidance regarding the final shape and structure of didactic programmes and resources. However, they provide a perspective as to how to translate the results of IO2 into concrete trainings. They also put up a reminder that piloting will be not just a last confirmation of the validity of our programmes but rather further opportunity to adjust them to the needs and expectations of our four target groups in their regional contexts.

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