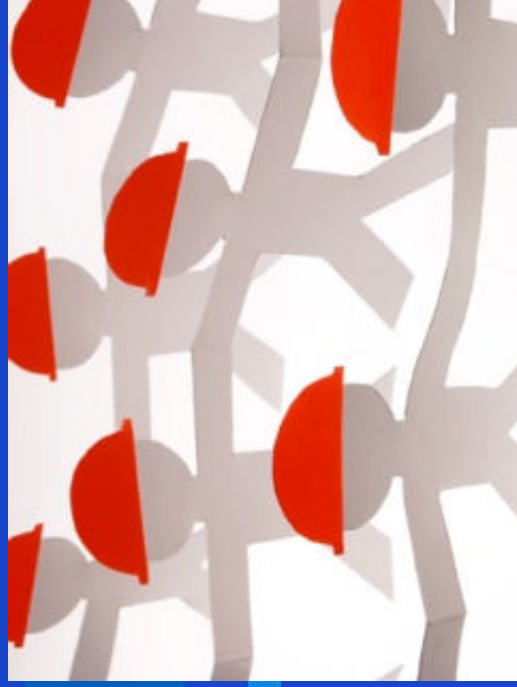


INCLUSIVE EMPLOYMENT: THE PECS AGENDA

Mental health and employment



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The HCN Pecs Policy Agenda: main recommendations

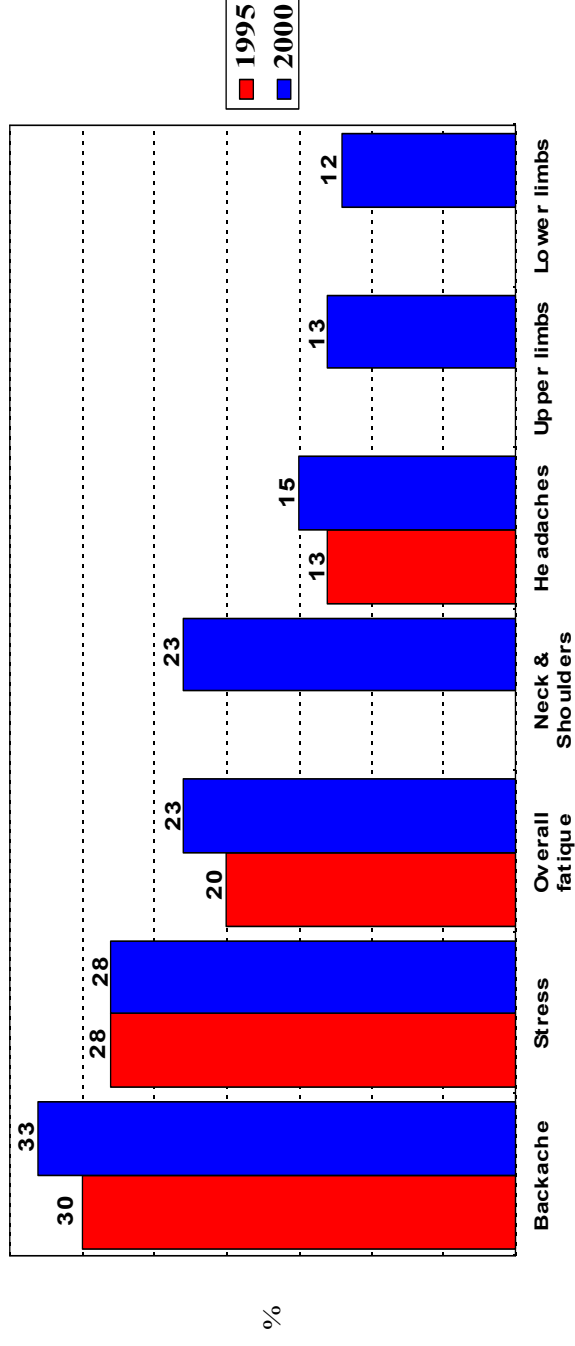
1. *EU regions need to organize transfer of professionals*
2. *Involve the health and social workforce in integrated regional employment.*
3. *Standardising medical qualifications.*
4. *Balance between regulations to allow flexibility*
5. *Encourage social enterprises and SMEs*
6. *Countries receiving skilled migrants acknowledge loss to provider country and act to ameliorate effects through structural funds.*
7. *Promote the asset-based community development approach*
8. *Make it attractive to stay in employment after retirement*
9. *Develop approaches to health and well-being in the workplace*
10. *The health care sector responsibility as an employer and as an enabler*



The health sector responsibility to show excellence as an employer

Work-related stress and burnout

Work related health problems 1995 - 2000



Source: European Foundation for the Improvement of Living and Working Conditions (2001)

Promoting the mental health of health-workers

Sources of stress:

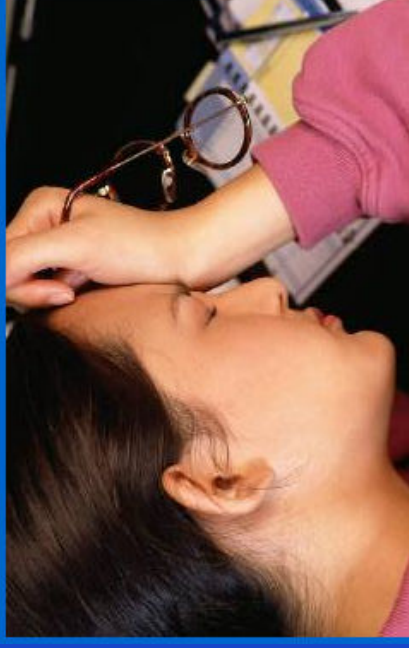
- *Direct relationship and contact with patients*
- *Relationship with the organizational environment as a system of labour and personal relations.*

Burnout - 3 Dimensions

✓ **Emotional Exhaustion**

✓ **Depersonalisation**

✓ **Reduced Personal Accomplishment**



(Maslach and Leiter, 1997)

Consequences of Stress & Burnout

1. Organisational functioning

- 📉 Job satisfaction (↓ work effectiveness, ↑ turnover)
- 📉 Org commitment (↑ turnover intent, ↓ job involvement)
- 📈 Turnover

2. Worker health & wellbeing

1. Depression
2. Psychosomatic complaints
3. Health problems

3. Client outcomes

(Garmen et al., 2002)

Need for Better Intervention Studies

We know that:

- Stress & burnout is a problem
- Negative repercussions for workers, organisations & clients

Intervention strategies have focussed on **individual**

...We also need to intervene at **workplace level**

BUT there is a lack of large, high quality studies evaluating organisation interventions (Edwards & Burnard, 2003)

Policy & Practice Implications

- Integrate and mainstream action into strategic EU activities to promote “more and better jobs” (Lisbon summit) and research programmes
- Revitalise the EU framework directive and propose positive incentives for its implementation
- Choose a holistic, stepwise approach using risk analysis and a combination of measures (work, worker, supporting policies) and evaluate interventions
- Involve workers and engage in social dialogue and partnerships
- Identify and disseminate Models of Good Practice

Action proposals

- Construct clarification: a shared view across EU
- Develop a set of indicators and tools
- Develop guidelines and technical documents
- Produce a catalogue of good practices and interventions; stimulate its application/ evaluation
- Promote partnership among different groups
- Promote research on burnout and on program implementation; enhance transference and use.

**The health sector as enabler of actions to
support vulnerable groups seeking
employment**



Case study: Inicia Project

***Action on employment in people with
long-term mental illness***



INICIA PROJECT

Financed by the Government of Cantabria (Spain). -
Ministry of health.-, and developed by:

•Padre Menni Hospital

HERMANAS HOSPITALARIAS
del Sagrado Corazón de Jesús
CENTRO HOSPITALARIO PADRE MENNI



•AMICA



•ASCASAM



Inter-agency collaboration

- Regional institutions that were already taking action for rehabilitation and social integration of vulnerable groups.
- Maximize the use of resources.



Let's go back,...

- ✓ Born in 1998 as a vocational rehabilitation programme for people with mental illness
- ✓ 98-99 Psychosocial rehabilitation programmes in combination with vocational rehabilitation activities and a family support program.
- ✓ 2000-2007 Financed by the local government

Intervention

Inter-agency assessment team



EMPLOYMENT

Sheltered employment
Supported employment



VOCATIONAL TRAINING

Monitoring standardized training

Program for disabled
(AMICA, ASCASAM)



PREVOCATIONAL TRAINING



Benefits

● For Service Consumers

- Alleviation of Poverty (*Cook & Grey, 2002*)
- Therapeutic Gain (*Bond et al., 2001; Lysaker et al., 1994*)
- Improvement in Quality of Life (*Arns & Linney, 1993*)

● For Society

- Contribution to Economy (*Cook et al., 2002*)
- Financial Return Via Taxes Paid (*Rogers, 1997*)
- Reduction in Use of Benefits (*CA DOR, 1995*)
- Reduction in Costs of Care (*CA DOR, 1995; Rogers, et al., 1995*)

What works in vocational rehabilitation? (Cook et al. 2000)

They are more likely to get jobs and keep them

if:

- are not impeded by poor social skills and negative symptoms
- have worked before
- have positive attitudes towards work
- situational assessment is used in the evaluation
- are placed as soon as possible in a job of their choice
- receive preparation targeted at work
- receive ongoing support
- are not worse off financially as a result of working
- competitive/supported employment rather than sheltered/unpaid work

Recommendations

Commissioners of MH services should consider:

- ❑ Using employment as a key performance indicator
- ❑ Ensuring access to a range of work-related provision for people with long MH problems
- ❑ Specifying social inclusion as a criterion of acceptable employment outcomes
- ❑ Procuring early intervention for people MH problems

Recommendations

Managers of MH services should consider:

- ❑ Integrating vocational reh. With community MH TEAMS, assertive outreach, crisis and early interventions.
- ❑ Converting day centres to provide supported employment.
- ❑ Training staff in its principles, as an evidence-based, psychosocial intervention.
- ❑ Working collaboratively with voluntary organisations, with social services and Jobcentre plus to promote employment opportunities.

Recommendations

Staff should consider:

- ❑ Getting access to expert benefits advice
- ❑ Assessing service user's work abilities on admission
- ❑ Referring them quickly to an employment specialist
- ❑ Treating negative symptoms
- ❑ Preventing loss of social skills
- ❑ Building work-related confidence and skills as part of the treatment and rehabilitation.

Recommendations

Campaigning organisations should consider:

- ❑ Initiatives to promote acceptance of MH disabilities in the workplace

Researchers should consider:

- ❑ Comparing the costs and effectiveness of vocational rehabilitational approaches in the each country context, paying particular attention to meeting individual needs.

Thank you !