Steps Forward to Meaningful Employment of young people with emotional well-being problems

Module 2: Promoting the employability of young adults with mental health issues

Authors: Priska Schukoff and Michael Longhino, Chance B Holding GmbH (Austria)

Learning objectives

The training module "**Promoting the employability of young adults with mental health issues**"

– gives an overview of the **interrelation** between the **support for persons with mental health issues** and **human rights**

– discusses the **Quality of Life** model and what role employment has in this concept

– explains **person-centred planning** as a success factor of personalised support

– introduces **Supported Employment** as a model to support young persons with mental health issues

– gives an **example for a digital tool** that can be used to evaluate the **impact of support services** that promote the employability of young persons with mental health issues **on their Quality of Life**

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Chapter 1: Support for persons with mental health issues and human rights

Co-funded by
the European Union

WHO Definition of "mental health"

The World Health Organization (WHO) **describes mental health** as

> **"a state of well-being** in which **an individual realizes his or her own abilities**, can **cope with the normal stresses of life**, can **work productively and fruitfully**, and is able to **make a contribution to his or her community"**. [1]

[1] *World Health Organization, Promoting Mental Health: Concepts, Emerging Evidence, Practice. Summary Report, WHO, Geneva, 2004, p. 12.*

Mental health condition vs psychosocial disability

For many years, the term '**persons with mental disabilities**' was used to group all people with psychosocial and intellectual disabilities and autistic people together.

Still there is **no clear-cut line between mental health conditions and psychosocial disability**. (UNICEF, 2021)

In practice, when supporting young persons to participate in society, **dual diagnoses** of a mental health condition and a disability can be seen.

Picture by Matthew Ball on Unsplash

2021-1-ES02-KA220-YOU-000028863

Protection of persons with mental health conditions

All people with mental health conditions are protected by the United Nations Convention on the Rights of Persons with Disabilities (CRPD), whether they consider themselves persons with psychosocial disabilities or not. (UNICEF, 2021)

The fact, that the CRPD defines people with long-term mental conditions as persons with disabilities is **polarising** since many mentally ill people interpret the term "disability" as a taboo.

Experience shows that the classification is (still) **stigmatising**, but, on the other hand, it means that **those affected** have the **right to certain benefits** and **support services**.

Picture by Vince Fleming on Unsplash

A human rights-based approach

The CRPD is intended as a **human rights instrument** which has an **explicit social development dimension**.

It reflects **a crucial change** in **attitudes and approaches** to persons with disabilities while adopting a broad categorization of "persons with disabilities", stating that **all persons** with **all types of disabilities must enjoy all human rights and fundamental freedoms**.

Instead of viewing them as "objects" of charity, medical treatment and social protection disciplines should view **persons with disabilities** as **"subjects" with rights.** Said persons are capable of **claiming those rights** and **making decisions** based on their **free and informed consent,** as well as being **active members of society**.

Picture by Markus Spiske on Unsplash

Background information: Medical vs. social model

The **medical model of disability**

- ... states that people are **disabled by their impairments or differences**.
- Disability is seen as **a problem of the person** that is directly caused by an illness, trauma or other health condition, and, therefore, **requires ongoing medical care in the form of individualised treatment** by professionals.
- The medical model **focuses on what is "wrong" with a person**. It creates low expectations and **causes people to lose independence, choice and control over their own lives**.

The **social model of disability**

- ... looks at **the ways in which society can be planned and organised to create accessibility, independence and opportunity** in a way that **empowers** rather than disables people.
- It is a cultural and ideological issue that requires individual, community and large-scale social change.

From this perspective, **equal access to work and education for people with an impairment/disability** is a **fundamental human rights issue** of great importance.

Articles 24 and 27 of the CRPD

The **CRPD** is an **important step towards improving the perception of persons with a mental health condition and their problems**. Even if not all formulations are adapted to mental health problems, they **can be translated well for this group and are also valid for them**. (pro mente Austria, 2017)

The four partner countries of the StepForME project have all ratified the CRPD since it entered into force 3rd May 2008, and all partner countries, except Ireland, have accepted the optional protocol about individual complaints procedures.

The CRPD identifies areas where adaptations must be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced. In the context of the StepForME project two articles of the CRPD are exceptionally relevant:

– **Article 24** on **Education** and

– **Article 27** on **Work and Employment**

Reflection task

Below you find links to the respective texts of the CRPD (in English) and some questions to reflect on.

Maybe you want to focus on one of the articles that is relevant for your actual field of work, maybe both are interesting for you.

Click [here](#) to access the full text of article 24 on education.

Click [here](#) to access the full text of article 27 on work and development

Now answer the following questions:

– Which aspects mentioned are well represented in your daily practice?

– Which aspects might need more attention?

– What would it need to give these aspects more attention?

Chapter 2: Employment and Quality of Life

Quality of Life

The UN Convention on the Rights of Persons with Disabilities is an important step towards **improving the quality of life** of persons with support needs.

The "**Quality of Life**" model we refer to in this online training was developed by Schalock et al. (2005).
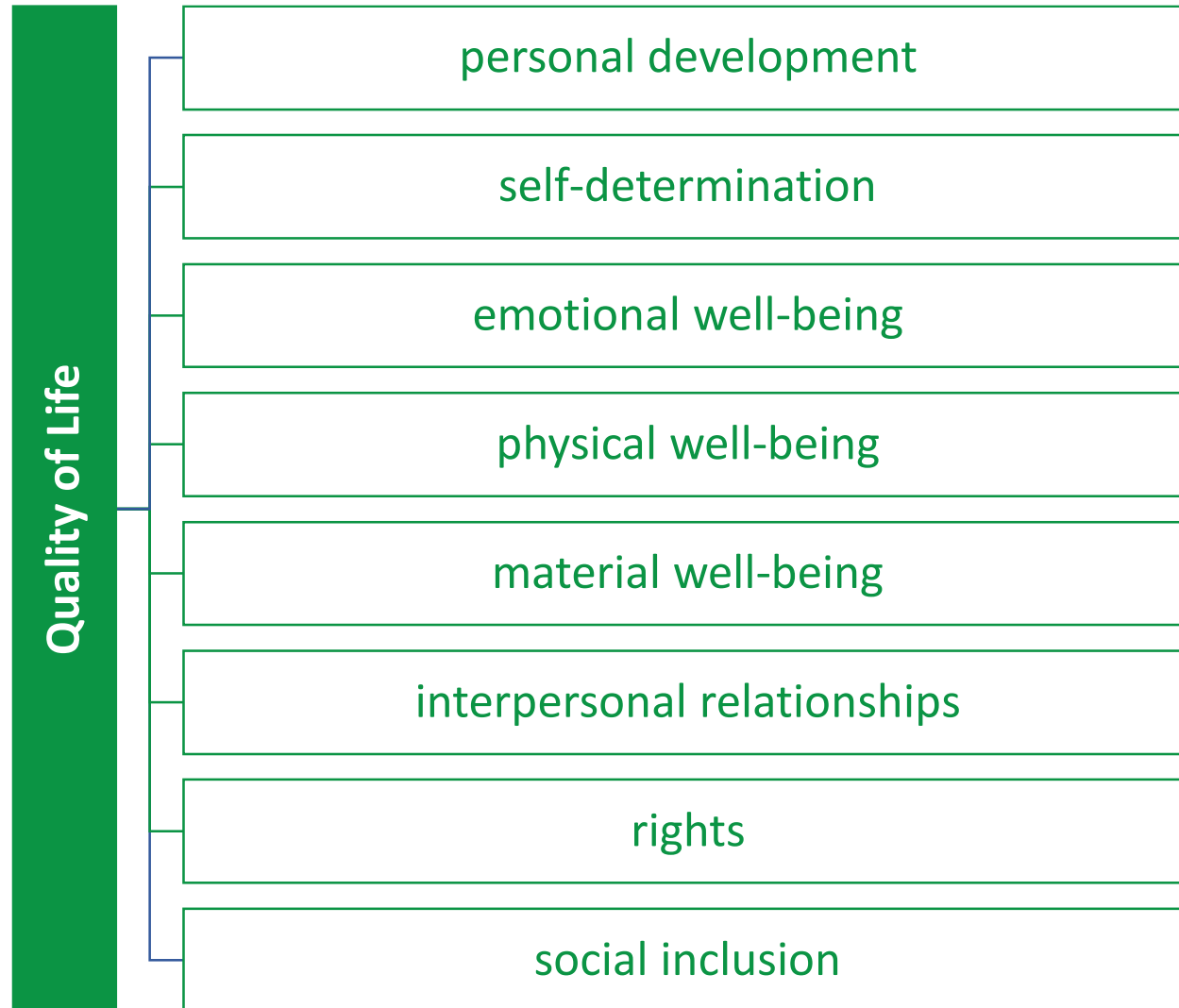
It is a multidimensional concept composed of **eight core domains** that reflect the degree to which people have experiences that are meaningful for them.

It is **also applicable for persons with mental health issues** or intellectual disabilities.

Picture by Diogo Nunes on Unsplash

Quality of Life – eight core domains

Quality of Life

personal development
self-determination
emotional well-being
physical well-being
material well-being
interpersonal relationships
rights
social inclusion

Support services improve the Quality of Life

"Quality of Life" models are interesting for **community-based services** for people with mental health problems or intellectual disabilities. However, within the concepts of inclusion and participation, it is important to look for the **most appropriate support strategies** that lead to an improvement in the quality of lives.
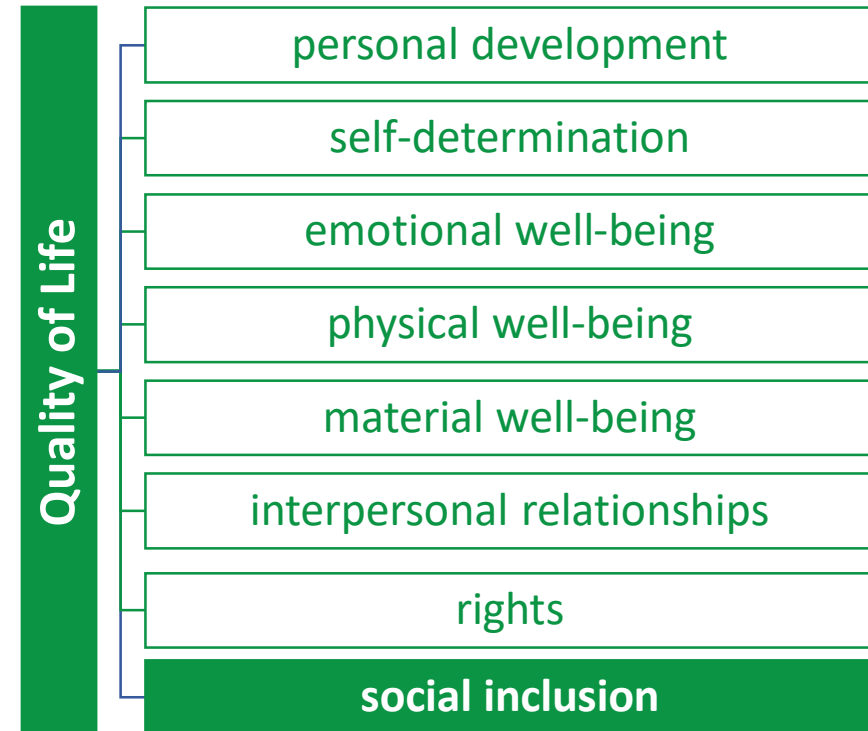
Support programmes following a QoL approach **strive for the equality of persons**, which is reflected in concepts such as self-determination, emancipation, inclusion, and empowerment.

In daily practice, however, support staff are often confronted with **challenges** because it needs to **balance control and elimination of all risks** on the one hand and a **"laissez-faire, laissez-passer" attitude** on the other hand.

Covering the aspects of **empowerment and regulation in an integrated manner** can lead to positive outcomes concerning self-determination, interdependence, social inclusion, emotional development and quality of life.

Employment as an aspect of the QoL domain social inclusion

- **Being able to work** can make a substantial contribution to the quality of life. People who are working are generally more satisfied with life.

- Having the **employability skills to seek and obtain work or employment** can increase the likelihood of having a job and a better quality of life.

- Being able to **keep a position once employed or to change employment**, if necessary, are also important employability skills.

Quality of Life

personal development
self-determination
emotional well-being
physical well-being
material well-being
interpersonal relationships
rights
social inclusion

In the following chapters **success factors to support the employability** of young persons with mental health issues are described in more detail.

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Chapter 3: Provision of Personalised Support

for young persons with mental health issues in the areas of education and employment

Inclusive support for the school-to-work transition

Young people without educational "normative" biographies especially struggle with being compared and the accompanying social pressure as they try to meet the high expectations of school, work, and family.

Additionally, mental health is an issue when they **experience stigma**, which can **impede their access to the labour market**.

Therefore, young people with mental health problems require an **inclusive (school and work) environment** that **supports them** regardless of their origin, family background, appearance, or mental health status and **supports their inclusion** in the regular labour market (Wintersteller et al., 2022).
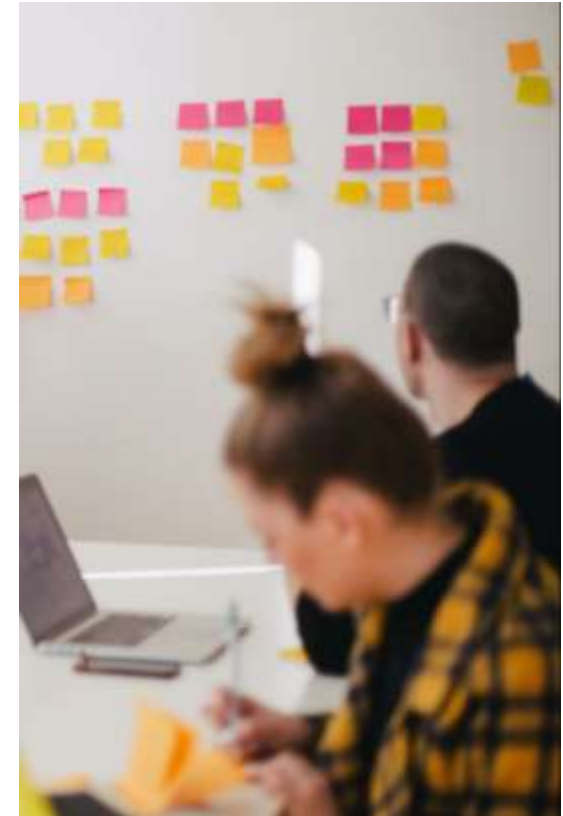

Picture by Ryan Tauss on Unsplash

Person-centred planning

A key factor of **promoting the inclusion** of persons with mental health issues and **supporting their employability** is **person-centred planning**.

This term refers to approaches that **empower persons with support needs** to be in **control** of the systems in place to help them.

- Person-centred planning **focuses on the person** and their **needs** and on **their full participation** in the community.

- The approach **puts the individual in charge** of defining the direction for their lives by **developing a plan with them** – not for them.

- **Person-centred planning** is based on self-determination, community building, commitment building and life planning.

Picture by Jason Goodman *on* Unsplash

Person-centred support vs System-centred support

This overview compares how person-centred support differs from system-centred support:
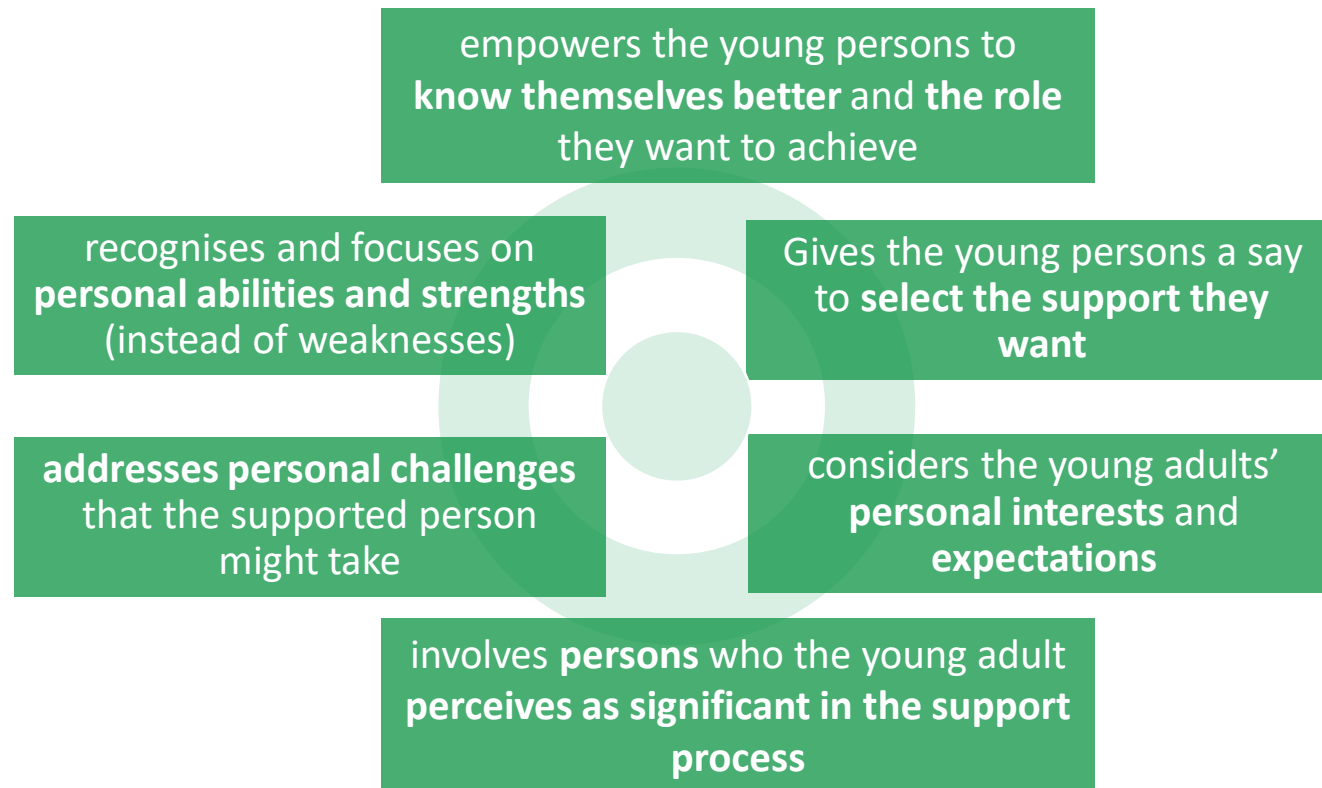
Person-centred

– planning with the person

– focused on strengths, abilities and skills

– things are done in a certain way because they work for the person

– talking with the person

– finding solutions that could work for anyone, preferably community based

– family members and community are seen as true partners

Service-centred / System-centred

– planning for the person

– focused on labels, diagnosis and defects

– things are done this way because they work for the staff or the service

– talking about the person

– creating support based on what works for people with 'that diagnosis'

– family members and the community are seen as peripheral

Full participation of the supported person

Person-centred planning ensures the **full participation of the supported person in the service provision process** which aims to enable them to **achieve reachable goals and personal dreams**.

empowers the young persons to **know themselves better** and **the role** they want to achieve

recognises and focuses on **personal abilities and strengths** (instead of weaknesses)

Gives the young persons a say to **select the support they want**

addresses personal challenges that the supported person might take

considers the young adults' **personal interests** and **expectations**

involves **persons** who the young adult **perceives as significant in the support process**

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Vocational profiling

"Vocational profiling" is an important element of a good job match and is based on a person-centred approach.

In this person-centred process the **support staff gets to know the young persons**, **identify together** with them their aspirations, learning needs, individual skills, past experiences and job interests.

This might also mean **working with families and other professionals** to gather the information needed and to develop together a good job match and identify the ideal job based on the person's skills and preferences.

Picture by Merve Sehirli Nasir on Unsplash

Recognition of non-formal/informal learning

In cases where young persons with mental health issues did not follow an "official" learning pathway yet master the transition from school to work successfully, they probably are not provided formal recognitions or certificates of their school career or vocational education.

Therefore, the **recognition and validation of non-formally and informally acquired competences** can be a **valuable element to promote their access to the labour market**.

Competence-oriented validation concepts are based on the assessment of learning outcomes, which express what individuals know, understand and are able to do at the end of a learning process, irrespective of whether it took place in a formal, informal or non-formal setting.

Picture by Med Badr Chemmaoui on Unsplash

Relevance of transversal skills for employability

Apart from the technical skills specific for a certain profession, so called **transversal skills** are relevant for any job as well as for a person's daily life.

Being able to **communicate**, to **work in a team**, to **solve problems**, to **reflect oneself and adapt oneself**, to **think critically**, to **plan,** and to **organise**...are **sometimes even more interesting skills for a future employer** than the technical skills, since these "hard skills" can more easily be trained on the job than the transversal ones.

Consequently, supporting young persons with mental health issues to access the labour market often goes hand in hand with **further developing personal and social skills**.

Picture by Matt Seymour on Unsplash

Chapter 4: Supported Employment

Working in partnership as a success factor of transition programmes

Supported Employment – a definition

The European Union of Supported Employment (EUSE) is a European umbrella organisation that represents service providers following the supported employment approach. EUSE defines supported employment as

> "the provision of support to people with disabilities or other disadvantaged groups to secure and maintain paid employment in the open labour market". (EUSE, 2013)

The central notion of this model is that **anyone can be employed** if **they want to work** and **sufficient support is provided.** This support process must be flexible and continuous and be designed to meet the individual's needs.

Supported Employment – target groups

In the beginning, the **Supported Employment** model was developed to support people with significant disabilities to access employment in the open labour market.

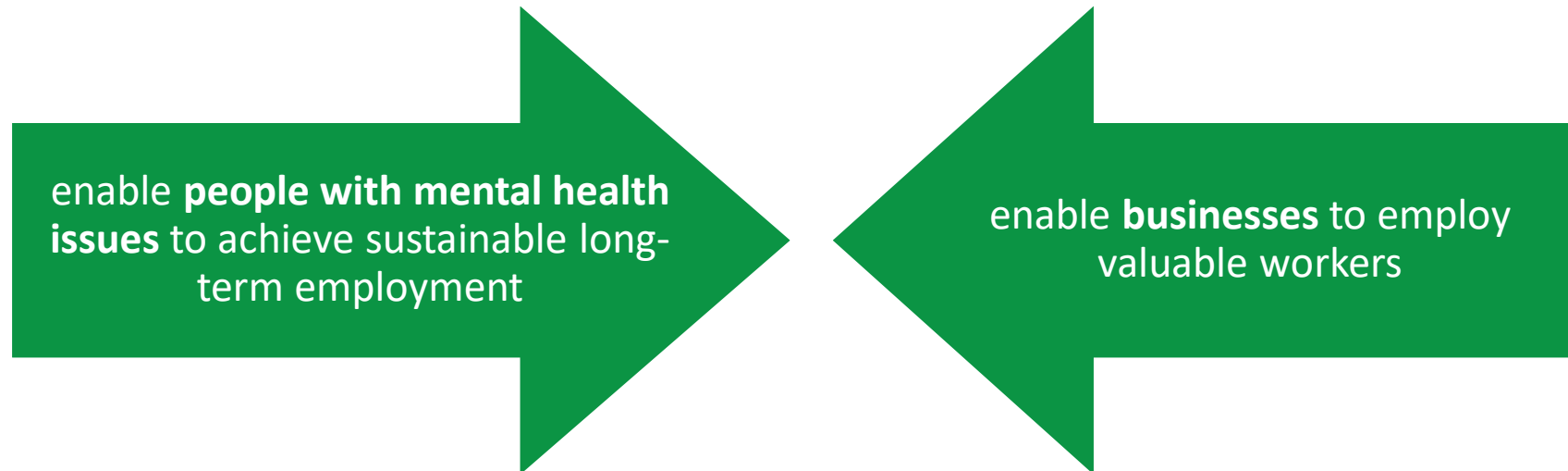Increasingly, **supported employment techniques** are being used to **assist other disadvantaged groups** as well.

When it comes to **supporting people with long-term mental health needs**, supported employment is often described as **Individual Placement and Support (IPS)**.

Picture by Austin Kehmeier on Unsplash

Supported employment – Partnership Strategy

The supported employment approach follows **a partnership strategy**:

enable **people with mental health issues** to achieve sustainable long-term employment

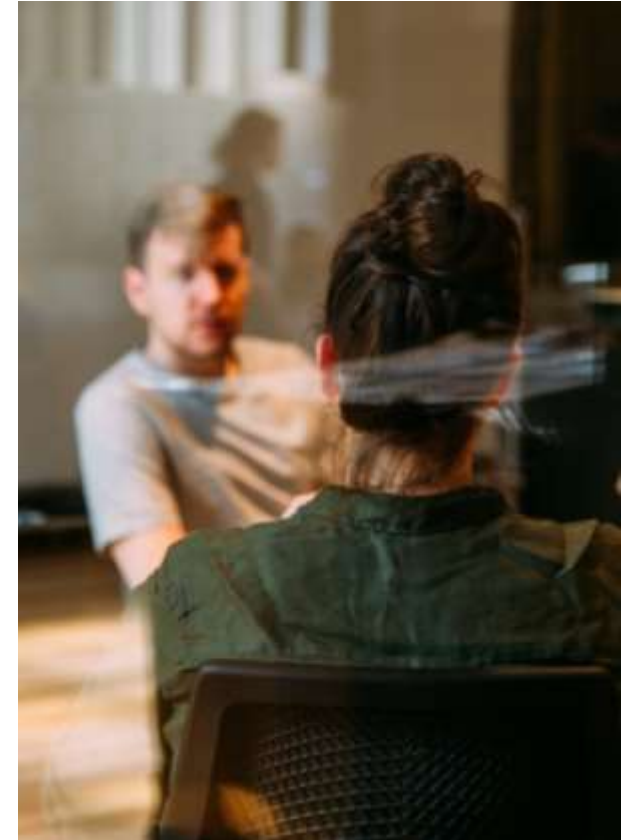enable **businesses** to employ valuable workers

Development goals

Generally, the aim of a supported employment is to **secure 'employment and training'** from the start of the partnership, instead of letting the employment follow a certain training period.

Individual development plans are usually used to **plan** and **monitor the employee's learning**.

Goals should include actions to **encourage the social inclusion of the person within the workplace**. As with all recruitment, not all workers will reach the productivity, quality and social standards set by the employer.

When applicable for the employee, supported employment also encourages their **career development** by promoting training opportunities and seeking options for increased responsibility.

Picture by charlesdeluvio on Unsplash

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Support on the work site

Supported employment also includes **appropriate levels of support on the work site** by dedicated support staff, but it also encourages the **involvement of the employer and co-workers** as mentors in the support process.

This involves **awareness raising measures** tackling prejudices about mental health issues among the employers and co-workers as well as **creating a safe environment** for the young person with mental health issues and a **stable relationship to support staff and/or mentors** to ensure a **trusted point of reference** to whom they can turn in case of concerns.

Picture by PTTI EDU on Unsplash

Practical example: "Emplea Sin Barreras"

Fundación INTRAS is a Spanish non-profit organisation which accompanies people with mental health problems in the recovery of their life projects.

"**Emplea Sin Barreras**" ("Employ Without Barriers") is a project developed by INTRAS which provides a **Supported Employment service** to improve the employment outcomes for people with disabilities due to mental illness.

© Fundación INTRAS

Reflection task

Click here to access the description of the project "Emplea Sin Barreras" ("Employ Without Barriers").

LINK

Read the case study and then answer the following questions:

– Which stakeholders contribute to the success of this support service?

– Which framework conditions are essential for the success of this support service?

Chapter 5: Example for a digital tool

To measure the impact of support services

Measuring the impact of the support service on QoL

The **Quality-of-Life Impact Assessment Tool (QIAT)** is an example of an online assessment tool that gathers the perceptions of both staff and participants about the extent to which a support service impacts positively on the quality of life of the supported person.

It is based on the Schalock/Verdugo model of "Quality of Life".

The QIAT has been developed in the Erasmus+ project QOLIVET ("Enhancing the Quality of Life Impact of Inclusive Vocational Education and Training and Community Care") which was co-funded by the European Union.

It is intended to be an accessible and easy-to-use digital tool to collect performance **data of how a support service or a community care service impacts the quality of life of a person**, which then can be used to **further develop and/or improve the support service**.

Reflection task

Click here to access the staff version of the Quality-of-Life Impact Assessment Tool (QIAT).

Explore the simulation of the QIAT.

Use the questions of the assessment tool to reflect on which domains covered by the questionnaire are relevant for the support services for young persons with mental health issues your organisation is providing.

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