PES AND MENTAL HEALTH

Flanders cooperation between employment specialists and mental health specialists
CONTENT

- background
- objectives and expectations of the policy shift
- description of what exactly the policy is about
- implications for, and roles of, different stakeholders
- outcomes or provisional outcomes or estimated outcomes
- main challenges in implementing the policy shift
- lessons learnt on strengths and weaknesses of the approach
Social protection Belgium

- Unemployment benefit
- Sickness benefit
- Disability benefit
- Guaranteed minimum income
BACKGROUND

GTB: Specialized vocational counseling agency

- A specialized guidance service for people with a work disability toward suitable employment.
- Subsidized by the Flemish Public employment service
- Experienced in casemanagement
  - Brokerage model: refer and follow-up
  - Caseload: 70 – 100 per FTE
- The case manager of GTB is the companion of the jobseeker, throughout his whole process
- Main goal: support people to find appropriate paid employment
  - The regular job market
  - In sheltered workshops
  - If this is not feasible, casemanager looks for unpaid alternatives
- Programs
  - Vocational counselling, Application guidance
  - Referral to
    - specialised assessment centres
    - specialised vocational training agency
OBJECTIVES AND EXPECTATIONS OF THE POLICY SHIFT

• The **target group** of jobseekers with a big distance to the labour market:
  – Custom-made suit principle to realise inclusion
  – Philosophy that all persons with a disability can work: look for opportunities and not focus on impairments and limitations
  – A better view on this target group
  – Programs for 1,100 jobseekers with a large distance to the labour market each year

• **Cooperation between mental health and employment specialists** to overcome the gap between work and mental health:
  – Installation of a platform of health and employment specialists to enhance knowledge sharing
  – Scientific research to advice VDAB about evidence-based principles
  – Set up of 5 local partnerships of health and employment specialists
  – Learn from good practices in other European countries
DESCRIPTIONS OF WHAT EXACTLY THE POLICY IS ABOUT

• Target group
• Participation ladder
• Labour care
• Activation program
• Activation of persons in labour care
**DESCRIPTIONS OF WHAT EXACTLY THE POLICY IS ABOUT**

**Target group:**
- *multiple problems*
- *Care avoiders*

<table>
<thead>
<tr>
<th>Mental health problems</th>
<th>Physical problems</th>
<th>Mental retardation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Back pain</td>
<td>Severe mental retardation</td>
</tr>
<tr>
<td>Depression</td>
<td>Neck pain</td>
<td>Mild mental retardation</td>
</tr>
<tr>
<td>Psychosis / schizophrenia</td>
<td>Upper limbs</td>
<td>Moderate mental retardation</td>
</tr>
<tr>
<td>Addiction</td>
<td>Lower limbs</td>
<td></td>
</tr>
<tr>
<td>Personality disorders</td>
<td>Long diseases</td>
<td></td>
</tr>
<tr>
<td>Behavioural problems</td>
<td>Stomach and intestines</td>
<td><strong>Psycho-somatic problems</strong></td>
</tr>
<tr>
<td>Psychosocial problems</td>
<td>Heart problems/blood pressure</td>
<td>Fibromyalgie</td>
</tr>
<tr>
<td>Vague psychic complaints</td>
<td>migraine</td>
<td>Chronic fatigue</td>
</tr>
<tr>
<td>Developmental disorders/</td>
<td></td>
<td>Vague somatic complaints</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DESCRIPTIONS OF WHAT EXACTLY THE POLICY IS ABOUT**

**Target group:**
- *multiple problems*
- *Care avoiders*

<table>
<thead>
<tr>
<th>Problems not related to the labour market</th>
<th>Problems related to the labour market</th>
<th>Other problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low self esteem, insecurity, stigma</td>
<td>No diploma</td>
<td>Mobility problems</td>
</tr>
<tr>
<td>No realistic job target or low motivation</td>
<td>Little work experience or long periods of incapacity to work</td>
<td>...</td>
</tr>
<tr>
<td>Avoiding professional support</td>
<td>Problems with basic work attitudes</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Need for job adaptations</td>
<td></td>
</tr>
<tr>
<td>Low frustration tolerance, aggression</td>
<td>Less productivity</td>
<td></td>
</tr>
<tr>
<td>Lack of social skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems in social network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DESCRIPTIONS OF WHAT EXACTLY THE POLICY IS ABOUT

6 steps of growing participation to society

• Step 6. Paid employment
  – We
• Step 5. Paid employment with support
  – Wage subsidy
  – Sheltered workplaces
  – Supported employment: Jobcoaching in paid employment
• Step 4. temporary step
  – Activation program
  – Activation of persons in labour care
• Step 3. Volunteer work
  – Labour care: organised volunteer work with support
  – Volunteer work
• Step 2. Social contacts outside family
  – Sport club
  – Religion
• Step 1. Isolated
Step 3: Labour care

- Organised **volunteer work** with support
- **Preservation of benefit** (unemployment benefit, disability benefit, sickness benefit,...)
- Several **unpaid activities** in
  - separate workplaces
    - social restaurant
    - semi-industrial work
    - garden maintenance
    - farming
    - ...

- **Goal:**
  - Labour care is a stepping stone to paid employment
  - Training working attitudes

- **Hours:** minimum 12 hours a week
Step 4: Activation program: prevocational rehabilitation

- Tender
- 1100 customers/year
- Counseling with psychologists of several psychiatric hospitals or centres for mental health
  - Psycho-education, stress management, assertiveness training
  - Working on the self-image: Over/underestimating
- Empowerment modules
  - Individual, groups
  - To reinforce the employment strengths of individuals (communicative skills, mobility, personal budget, housing, leisure activities, child care, attitudes,...)
- Internships (520 hours) in
  - Regular labour market/Sheltered workplaces / social enterprises/Labour care
- Employment specialist (GTB) = casemanager
Step 4: Activation of persons in labour care

- Tender
- 400 customers/year
- Multidisciplinary team consisting of
  - Psychologists
  - Empowerment coach
  - Employment specialist GTB = casemanager
- Internships in paid employment (max. 800 hours)
- Goal:
  - Increasing level of participation
  - Ideally paid employment
**ROLES: THE GTB COACH**

**Role:**
- Is the case manager and coördinates the whole process
- Sets up and follow up of an individual actionplan together with the job seeker
- Brings the person in contact with the health coach and the empowerment coach who are responsible for identifying the right services in the health sector and welfare sector respectively
- Makes sure that the activation guidance has a focus on work
- Organises regular customer meetings (gtb, customer, empowerment coach and psychologist)
- Important role in networking with different organisations in and out the partnership
- 1100 euro

**Implications:**
- Coördinate the proces, not controlling or take over from client or organisations
- Stop the counselling if work or labour care is not possible: difficult because there is no casemanager health care that can take over the guidance
- Good communication skills to reach a consensus with the different coaches and the client about the actionplan
Role:
– Psychologist working in a psychiatric hospital or centre for mental health
– Focuses on the medical, mental, psychological or psychiatric problems and provides rehabilitation and training in, f.i. self-confidence, handling stress, assertiveness, getting the self-image right (dealing with under/overestimation), etc.
– Individual or group therapies are provided in-house or by partner providers.
– 900 euro

Implications:
• Professional secrecy: how communicate about the diagnosis?
• Change in mindset: not first cure and then work, vision of recovery, rapid job search
• Do not know all the active labour market measures and tends to underestimate the chances on a job
• Clinical ‘language’, no language for competences, possibilities
Role:

- A counselor from a non-profit organisation with experience in sheltered employment or employment care
- Focuses on the psycho-economical, psychosocial or social impediments and deals with issues such as mobility, personal budget, housing, leisure activities, etc.
- The empowerment coach works either on an individual or group basis.
- 600 euro

Implications:

- A lot of problems to solve and not enough resources
- Not always easy to find employers to organise an internship
- Sometimes role-conflict with the GTB-coach
ROLES: THE CLIENT

Role:
– Cooperate in this proces
– Impact on action plan
– No financial costs for the client

Implications:
– Motivation
– Information
– Self understanding
– Communication
– Voluntary but also obligatory
– Meetings with or without client
– Which information is shared with the client?
Step 4

• **Positive outcome related to our goals:** handle the most important obstacles to the labour market so that the jobseeker is ready to move forward:
  
  • By starting a guidance to the labour market
  
  • By leaving the unemployment benefit (see figures):
    
    – Towards a paid job
    
    – Towards a more adapted benefit system
Step 4

• 5 years of prevocational rehabilitation (2007-2012)
  – Quantitative
    • 2440 customers registered as finished the prevocational training
    • 35% able to work, 65 unable to work
    • 20% employed
    • 30% changed benefit: from unemployment to sickness
  – Qualitative
    • Increased self-efficacy
    • Increased acceptance of problems
• Estimated outcomes activation of persons in labour care
  – 30% works (normal labour market and sheltered workplaces)
<table>
<thead>
<tr>
<th>End opinion after program</th>
<th>Amount</th>
<th>Outflow unemployment benefit</th>
<th>% outflow unemployment benefit</th>
<th>Outflow to work</th>
<th>% outflow to work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ready to work 35%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>normal economic circuit</td>
<td>523</td>
<td>357</td>
<td>68%</td>
<td>260</td>
<td>50%</td>
</tr>
<tr>
<td>sheltered workplaces</td>
<td>322</td>
<td>184</td>
<td>57%</td>
<td>135</td>
<td>42%</td>
</tr>
<tr>
<td><strong>not ready to work 65%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>labour care</td>
<td>585</td>
<td>323</td>
<td>55%</td>
<td>68</td>
<td>12%</td>
</tr>
<tr>
<td>no participation possibilities</td>
<td>1010</td>
<td>278</td>
<td>28%</td>
<td>22</td>
<td>2%</td>
</tr>
</tbody>
</table>

Important remark: the other jobseekers are still in guidance to the labourmarket (also positive result)!
MAIN CHALLENGES IN IMPLEMENTING THE POLICY SHIFT

- Interagency co-operation
- Lack of integrated service
- Lack of case management in sector of mental health and welfare
- Target group is a low priority for clinicians in mental health
- Difficult target group:
  - care avoiders
  - high percentage of persons with personality disorders (including anti-social personality disorders)
  - It is hard to convince jobseekers with the largest distance to the labourmarket to change from benefit system and to start specialised health care because of a benefit trap and care avoiding
MAIN CHALLENGES IN IMPLEMENTING THE POLICY SHIFT

• Need of a shared
  – vision between PES and mental health sector: recovery model
  – Language between PES and mental health sector: ICF

• Lack of focus on work resumption in sector of mental health and welfare.
  – Work is still seen as a stressfactor and a cause of sickness and not as a healing factor
  – Need of focus on risico management and not on risico avoidance
LESSONS LEARNT ON STRENGTHS AND WEAKNESSES OF THE APPROACH

Strengths

• Focuses on COOPERATION of existing services (PES and mental health services) and NOT on creating new services
• Focus on casemanagement: helps to keep the customers in the program
• The presence of psychologists supports the employment specialists and the jobcoach to deal with persons with severe mental health issues
• People with a large distance to the labour market and mental health issues receive opportunities to find paid employment
  o Presence of internships in the programs
  o Presence of jobcoach during internships
• Importance of multidisciplinary customer meetings
• Presence of psychologists with different expertises concerning mental health issues
LESSONS LEARNT ON STRENGTHS AND WEAKNESSES OF THE APPROACH

Weaknesses

• The cooperation between existing services through means of a tender procedure creates difficulties in dealing with the principle of confidentiality. The exchange of information about the customer is sometimes hindered.

• No fixed teams. It takes time before the team members get to know each other and work well together.

• High caseload:
  – difficult to work proactive
  – low intensity of guidance

• Continuation of mental health care is often hindered by waiting lists in the mental health sector.
THANK YOU

Questions?

Michael.DeHerdt@vdab.be
Lut.Gailly@vdab.be