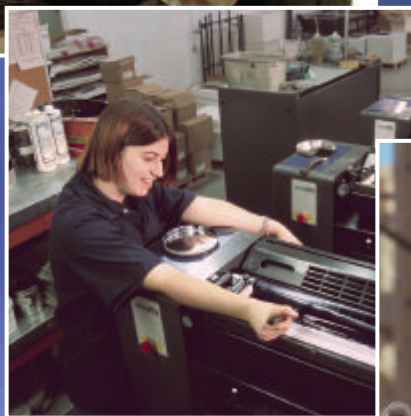


A FRAMEWORK FOR THE TRAINING AND EMPLOYMENT OF PEOPLE WITH MENTAL HEALTH DIFFICULTIES

JULY 2007



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CHAPTER 1

INTRODUCTION

In August 2003, the Mental Health Employment and Training Consultative Forum scheduled a meeting with Ms. Shira Mehlman, Director - Social Inclusion, FÁS, to discuss a mental health employment service proposal which had been submitted to the Department of Employment & Enterprise in August 2002. Whilst the proposal itself was unsuccessful, it highlighted many issues, which Ms. Mehlman acknowledged and indicated that FÁS would be interested in exploratory discussions looking at options and opportunities at the time. The original Forum membership included, Margaret Webb, E.V.E Limited, Cillian Russell, Schizophrenia Ireland, Caroline McGrath, Mental Health Ireland, Michael Coughlan, National Learning Network, Noreen Naughton, Burton Hall and Colette Nolan, Irish Advocacy Network. At this meeting, it was agreed that the group would undertake a review of existing provision in the area of rehabilitative training and vocational training and look at the concerns being expressed by people with mental health difficulties in terms of access issues and progression both from and between the services.

Arising from this review, it was agreed that a generic framework for the training and employment of people who experience mental health difficulties would be proposed. This focus was to include consideration of the strengths of existing service models in order that a framework of provision can be developed based on the positive experiences of both service providers and participants to date. In this context, it was agreed to look at existing structures that may need to be modified and possible future structures which need to be developed to provide a comprehensive compendium of options for people who experience mental health difficulties; while simultaneously ensuring appropriate supports and facilitating progression.

Since establishing in August 2003, the Forum has completed a comprehensive review of existing provision looking at the training and employment currently being delivered under the auspices of the Health Services Executive (HSE) and FÁS. This review has highlighted gaps in service delivery, information deficits and critically, a lack of seamlessness in service delivery systems. Our group has, with the co-operation of both FÁS and the HSE, been in a position to address some of the issues raised within local structures.

BACKGROUND

According to the International Labour Organisation, mental illness “hits more human lives and gives rise to greater waste of human resource than any other form of disability”. Yet, one in four people will at some stage experience a mental health difficulty. Mental illness affects over 27 percent of European Adults every year, and the Mental Health Commission (2002) estimated that over 700,000 Irish people will be affected by this impairment. It is estimated that by 2020, depression will be the highest ranking disease in the developed world (WHO: 1996).

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Until its dissolution in June 2000, the National Rehabilitation Board (NRB) provided a dedicated occupational guidance, training and employment service for people with disabilities. Both occupational guidance for the people with disabilities, and training them for open employment, operated nearly exclusively in a segregated setting. While some people with disabilities would have availed of mainstream training with agencies such as FÁS, the vast majority would have been trained for employment with specialist training providers, most often offered by voluntary agencies in the disability sector. This training sector expanded considerably in the 1980s and 1990s with the assistance of European Union (EEC) funding.

After an extensive consultation exercise, the Commission on the Status of People with a Disability, in 1996, issued its report 'A Strategy for Equality'. Underpinning their recommendations was the concept of mainstreaming, including a 'social model' of disability and equality of choice. This 'social model' of disability increasingly questioned the segregated nature of the delivery of labour market services for people with disabilities. It also implied that services should be directed at the removal of societal barriers to full and equal participation of people with disabilities, rather than seeing the 'disability' as a medical condition to be cured.

'A Strategy for Equality' recommended that occupational guidance and training services for the people with disabilities should be provided in an integrated setting with the aim of offering a greater choice than was previously available. It further recommended, among others, that responsibility for vocational training (and employment services) for people with a disability should transfer to the Department of Enterprise, Trade and Employment (DETE) from the Department of Health and Children. As the mainstream agency for providing these labour market services, FÁS undertook this additional responsibility subsequent to the dissolution of NRB in June 2000. Rehabilitative Training and Sheltered Work (Sheltered Occupational Services) was to remain the responsibility of the Department of Health and Children.

In October 2002, the Dept of Enterprise Trade and Employment commissioned Bearing Point Consultants to review the effectiveness and efficiency of vocational training for people with disabilities. Bearing Point's 'Review of Vocational Training for People with Disabilities in Ireland' was published in May 2003. FÁS' Board has accepted its recommendations in 2004. Bearing Point's review highlighted 'many of the positive initiatives and provisions of service in place currently in the vocational training providers reviewed. In addition, the review, while acknowledging the role of Specialist Training Provision (STP), felt there was room to increase the number of people with disabilities on mainline training, with the correct supports, and to improve operational provision within, and between the various forms of provision. More importantly, there was a need to develop and enhance 'seamless' provision from rehabilitation training to vocational training, STPs to mainline training, from Bridging Programmes to Specific Skills Training, and ultimately training

¹ Disability is defined in Disability Act 2004 as 'a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment'.

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into employment. It also recommended further investigation by FÁS into variance in costs between FÁS delivery of training and STPs, and also between the STPs themselves.

In early 2004, FÁS' Community Services, in response to Bearing Point Report, developed an Action Plan against the recommendations as it related to Specialist Training Provision, in consultation with these providers. However, in examining the recommendations, there was a need to develop a broader vocational training strategy – strengthening 'mainstreaming'. To this aim, the 'Mid-Term Review of Sustaining Progress – Pay and the Workplace' (13.5) specifies that 'FÁS will publish a strategy on vocational training for people with disabilities arising from the recent review of vocational training services' (June 2004). This Strategy was completed in April 2006.

Concurrent with this process, Sustaining Progress (Para 2.6.2, Page 27) specified that "[T]he Department of Health and Children will carry out a strategic review of existing service provision, in consultation with relevant interests, with a view to enhancing health and personal social services to meet the needs of people with disabilities". To this aim, the Department of Health and Children formed a number of 'Specialist Study Groups' to carry out this review; among them the Specialist Study Group on Training and Sheltered Work (Links with Enterprise, Trade and Employment) was established in April 2004. This report was completed in April 2005 and is now being considered by the Department of Health and Children.

BARRIERS TO TRAINING AND EMPLOYMENT

Many barriers exist for people with mental health difficulties in terms of accessing the workplace. These obstacles occur on a number of levels and their cumulative effect is significant.

Internal barriers can be defined as those issues that relate mainly to the functional limitations associated with particular mental health difficulties. While it is impossible to draw accurate generalisations about the needs of all persons with psychiatric disabilities, certain areas of functional limitations seem to recur.

These include difficulties with: -

- Duration of concentration
- Screening out environmental stimuli
- Maintaining stamina throughout the work day
- Managing time pressure and deadlines
- Initiating interpersonal contact
- Focusing on multiple tasks simultaneously
- Responding to negative feedback
- Low self-confidence and esteem related to self-stigmatisation
- Managing change
- Fear of failure
- Medication side-effects

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Personal barriers can be defined as those issues that relate to the social or environmental context (Auerbach et al, 2005) which can negatively impact upon the individual's capacity to function effectively in employment and other settings. Examples of this type of barrier include residential instability, relationship difficulties and social isolation.

Work-based barriers can be defined as those issues that relate specifically to the person's relationship with a specific workplace setting and may include inadequate workplace supports including accommodations, an environment that is not 'disclosure friendly' and over demanding job roles etc.

Public/Societal barriers relate to those wider attitudinal and policy level issues that serve to exclude individuals with mental health difficulties. These obstacles include stigma and stereotyping leading to discriminative practices, the 'benefits trap', restrictive funding arrangements or entry criteria attached to particular social and economic inclusion initiatives.

It is therefore a prime function of providers to devise individually tailored strategies, environmental modifications and programmes which address the aforementioned barriers and through training and practice, enable the client overcome such barriers. The individual programme devised for the person (for in this business a 'one size fits all' policy does not work) with the proper assistance will mean that in many cases a chance of gaining employment and maintaining employment is a realistic goal.

Systemically, it is therefore essential that the framework for training and work services maximises the opportunity for success and ensures that the individual needs of the person are acknowledged and supported at every stage in the rehabilitative and training process. The framework has in addition to be sufficiently flexible to acknowledge the episodic nature of mental health difficulties and the requirement for legitimate trial and error and vocational exploration.

CHAPTER 2

FRAMEWORK FOR DELIVERY OF TRAINING SERVICES

Since the introduction of Rehabilitative and Vocational Training there have been many positive developments in the quality and standard of programme delivery for people with mental health difficulties. Within Rehabilitative Training, people with mental health difficulties can now access programmes, which acknowledge their needs for a more rounded approach in programme design and delivery. Whilst there are some positive initiatives in Vocational Training, they are, to date, an inadequate response to the needs of the person with a mental health difficulty who wishes to pursue a vocational option. People who experience mental health difficulties do not perceive FÁS to be an environment which either understands their needs or has the supports available to meet their needs should they declare them. In short, they do not perceive the mainstream training option to be a realistic choice at this time.

Progression remains low and suggests a gap between the issues and skills being addressed within the various types of training provided. This has developed into a cycle of training that, for many people with mental health difficulties, is circular in nature and sometimes difficult to break out of. Poor job readiness, job retention, interpersonal and management skills with regards to life and illness-related issues; along with ineffective assessment leading to poor guidance at the referral stages are among the reason for poor progression².

Of the 2,643 Rehabilitation Training places (December 2004) approximately 31% of those are assigned to people who experience mental health difficulties. In the absence of formal bridging programmes, a level of progression to vocational training is occurring. An analysis of outcomes in 2005 reveals that 8.5% of people with disabilities progress from Rehabilitation Training to Vocational Training. 65 of those to progressed in this way experienced mental health difficulties. This figure also represent 11.5% of all mental health graduates in 2005.

The number of people 'In Training' in FÁS (excluding Apprenticeships) during the period 2004 and 2005 were as follows: 24,953 for 2005 and 17,071 for 2004. Further analysis of these training figures indicates that 1,555 people with disabilities (i.e., a total of persons in receipt of disability-related payments Disability Benefit, Disability Allowance, Blind Pension and Invalidity Pension) were 'In Training' in 2005, representing 6% of the total. The figure for 2004 was 1,662 people with disabilities which represent a little less than 10% of the total for that year. Of the 1,555 people with disabilities 'In Training' in 2005, 1,175 were referred to Specialist Training Provision. In 2004, of the 1,662 people with disabilities; 1,246 were referred to Specialist Training Provision. This represents 75% of the people with disabilities 'In Training' for 2005 and 2004[1].

Given the mainstreaming agenda in FÁS and the issues regarding disclosure of mental health difficulties, it is not possible to accurately identify the number of people accessing vocational training who experience mental health difficulties.

² Reference Schizophrenia Ireland's (2005) Review of Job Club.

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According to the Bearing Point Report of 2003, progression to employment from Vocational Training provided by specialist training providers averaged 29%. However, again, it is not possible to extrapolate the number of individuals securing employment who experience mental health difficulties.

There are five broad categories of training programmes which can potentially be accessed by people with mental health difficulties, and which offer a range of outcomes which include employment opportunities and opportunities to improve their quality of life. Within each of these categories, providers have developed a range of courses which meet the needs of the target audience, some of which have been particularly innovative and are outlined in text.

Categories of Training and Preparation for Work Programmes

1. Rehabilitation Training (HSE)
2. Clubhouse (HSE)
3. Bridging Programmes (HSE and FAS)
4. Vocational Training in Specialist provision (FAS)
5. Vocational Training in Mainline provision (FAS)
6. Job Clubs (FÁS)

REHABILITATIVE TRAINING (RT) (HSE)

According to the 'Guidelines for Health Board Funded Training for People with Disabilities (2001:1), Rehabilitative Training is defined as "... programmes for people with disabilities (that) are designed to equip participants with foundation level personal, social and work-related skills that will enable them to progress to greater levels of independence and integration". Subsequently, Rehabilitative Training programmes are characterised by their focus on areas of personal development, community and life skills, social and leisure activities and some vocational exploration. It has provided an opportunity for agencies to respond to the expressed needs of individuals with mental health difficulties and provide a range of modules. In response, for people with mental health difficulties, it has afforded a valuable opportunity to explore many issues pertaining to their lives in a supportive environment. The development of rehabilitative training has afforded a good foundation programme to prepare people for making informed choices about their future, and maximises the opportunities for success in obtaining them. Outcomes from rehabilitative training include; raised personal confidence and self-esteem, reclaiming a valued social role in their community, and progression to vocational training or progression to employment. In addition, Rehabilitative Training is subject to accreditation against the 'Standard for Training and Development for People with Disabilities' QA 00/01.

The success in Rehabilitative Training lies in its potential for flexibility and innovation in meeting the needs of people with mental health difficulties. It responds to the individual needs of trainees identified at the initial and on-going individual training plan meetings. Skill sampling is provided in a range of identified areas, and these skills are applied in planned and supported work experience and/or community placements. For many trainees with mental health difficulties, the achievement of nationally

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recognized certification throughout their progression within the programme provides on-going motivation and increased esteem in their capacities and potential to progress forward. It fosters a culture of opportunity and has the potential to make a real, necessary and positive difference in an individual's life (The Strategic Review of the Specialist Study Group on Training and Sheltered Work, Department of Health and Children: 2005).

While rehabilitative training provides real and viable options for people with mental health difficulties, there are a number of issues of concern for provision in this area. The Strategic Review Group on Training and Sheltered Enterprise (Department of Health and Children: 2005) noted that "the provision of, and access to, rehabilitative training for people with mental health difficulties has not been advanced, nor developed, at the same level and pace as services to people with intellectual, physical and sensory disabilities". In addition, provision of rehabilitative training is predominately based on prescribed structure, duration and locations, which does not always meet the needs of people with mental health difficulties. Therefore, there is a need to provide flexibility in the structure of the programmes on offer, facilitating provision in community or other locations (outside the centre). New development funding for more flexible models, appropriate to accommodating the episodic conditions experienced through the impairment by people with mental health difficulties is also required. Facilitating such innovation includes reviewing the current Whole-Time Equivalent (WTE) model of funding. Finally, many people with mental health difficulties are not informed or aware of the options available through Rehabilitative Training, subsequently its promotion needs to strengthen.

RECOMMENDATIONS

The Forum recommends that:

1. Consistent with the Recommendation 3.1 in the Strategic Review of the Specialist Study Group on Training and Sheltered Enterprise (Department of Health and Children: 2005), the provision of non-medical rehabilitative services for people with mental health difficulties should be developed as a defined, discrete service option and funded in the same manner as that which is provided for other disability groups.
2. Rehabilitative Training becomes more flexible in their development and delivery to meet the needs of people with mental health difficulties. Providers should endeavor to develop and integrate more community-based training options in addition to centre-based delivery. To facilitate such options, there is a need to move from the WTE model of funding.
3. New development funding should be made available to programmes for people with mental health difficulties. This funding should assist development of more innovatory and responsive programmes for people with mental health difficulties, such as the Basin Club (Ref: Appendix 4, page 52).

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4. Recovery outcomes for the individual in vocational services are both qualitative and quantitative. Therefore outcome measures need to be developed to measure a range of outcomes that are of significance to the individual and society, and are a true and valid reflection of the progress made by individuals and groups of individuals towards further training or employment. Centres should develop modules at FETAC Levels 1 & 2 to meet identified need.
5. Appropriate modules of FETAC certification be available through all models of rehabilitative training to assist progression through the various forms of training provision, and to provide currency for the trainee in their progression towards employment.
6. Publication of available Rehabilitative Training Programmes: content, duration, supports and outcomes should be available on HSE web-site. Links should also be established with FÁS and other relevant agencies to facilitate information and dissemination.

BRIDGING PROGRAMMES

Fundamental to this framework is the need for co-ordination between the HSE (rehabilitative training) and FÁS (vocational training) in creating bridging between these programmes. Little has been developed in this area, and what is developed is ad-hoc and lack the seamless progression. The lack of continuity of the National Co-ordinating Committee has left a void in the development of a continuum of options for people with Disabilities. Subsequently, it is essential that this forum be embedded to address the issues outstanding and drive positive developments in this area.

Whilst there are a number of programmes already in operation enabling people with mental health difficulties to progress from Rehabilitative Training to vocational training, progression rates remain low. *"Partnership and Progress"*, the report of the Task Force of Service Providers in response to the Devolution of Rehabilitative Training, Work and Employment Services, envisaged that some form of 'bridging pathway' from rehabilitative to vocational training would be necessary to maximise disabled people's progression towards employment. To this aim, this Task Force recommended that:

1. Liaison between HSE (Area Health Boards) and FÁS in the development of bridging programmes;
2. Issues, such as what is meant by bridging programmes and how they should be financed, must be addressed;
3. Bridging programmes should be considered an essential component of the new training landscape, but should not be mandatory for entry into vocational training.

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The nature and content of bridging programmes, to date, remain undefined. However, several training programmes have described themselves as 'bridging' such as National Learning Network's 'Fresh Start' programme. These programmes focus, in particular, on vocational skills, job seeking skills, and exploration work. Personal development is also a vital aspect of these programmes, supporting the needs of the individual in making the transition to a vocational environment. Many examples of 'Bridging Programmes' are also found in mainstream education and FÁS training. These are generally designed to bridge the educational or skills gaps needed to access courses and are often as a result of inclusion policies aimed at marginalised and disadvantaged groups

This Forum defines 'Bridging Programme' as a programme designed to address specific learning, skills, knowledge, attitudinal or understanding deficits needed to gain access to, to progress within, or to up-skill within education, training or employment. In this context, they may fulfil a variety of purposes including:

1. A pre-entry programme, featuring for example: career guidance/choices, opportunities, goal setting, personal development and effectiveness, and assessment. FÁS' 'Connection Programme' would be an example of bridging for this purpose.
2. A bridge between levels (often associated with a specific goal or discipline) featuring for example: specific criteria based learning e.g. maths, technical literacy, study skills, effective writing or technical writing, information access and information systems, and information technology and computers.
3. An exit programme, featuring for example: job seeking skills, job retention skills, assessment and goal setting, opportunities and choices (guidance) and interpersonal skills.
4. A programme or course developed to support another programme or job featuring for example: new technology, dealing with work place stress, new and developing practices/ new legislation and supported employment.
5. A programme or course developed to link different disciplines for example: engineering and health and safety or education and disability.

Bridging programmes are either delivered as a full-time or part-time course, in a self-contained block or through flexible modular provision. In the case of a self-contained block, the programme is completed in its entirety before progressing to the next stage. Flexible modular provision provides the scope for additional support modules to be completed alongside modules from a vocational or academic course or provide the opportunity for an individual to complete a programme independent of time.

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Consideration needs to be given to existing programmes and services; the changing needs of their client groups; the compatibility of the services aims and structure with these needs and appropriate changes in structures and funding made to allow the development of more responsive services. Consideration also needs to be given to the content of programmes with due regard to the entry criteria and aims of the following programme or service. The developing role of FETAC, as the national awarding body for further education and training, has a significant role to play in developing progression routes between services and courses. Finally, consideration must be given in relation to the preparation for individuals to move from Rehabilitative Training to vocational training within specialist provision or other mainline options.

RECOMMENDATIONS

This Forum recommends that:

1. Responsive bridging programmes need to be developed to enable and support individuals with mental health difficulties to progress smoothly between the different service blocks or levels. The programme content needs to be developed jointly by HSE and FÁS, in conjunction with service users and providers, and should be co-funded accordingly.
2. These courses should be a short (no more than 3 months) Introductory Course focusing on the soft skills necessary to prepare trainees to cope with a vocational training environment. A mapping exercise identifying the skills, knowledge and aptitudes required should be developed accordingly, and the best mode of delivery decided.
3. The National Coordinating Committee on Training, Work and Employment, chaired by the Department of Health and Children, is the appropriate vehicle to identify future streams, nominate responsibilities and agree management structures for bridging between Rehabilitative Training and Vocational Training.
4. Complementary and support programmes and services need to be developed to run parallel with vocational, educational and employment services to optimise the success of these programmes. These should be modular in structure and available part-time.
5. Programmes to assist progression for people with mental health difficulties from Bridging to Specific Skills Training, within FÁS mainline provision, should also be explored within FÁS Training Services.
6. When developing these programmes existing models of practice need to be explored and where appropriate expanded upon.

VOCATIONAL TRAINING (VT) (FÁS PROVISION)

Vocational training is defined as 'supplementary to initial training which is part of an on-going process designed to ensure that a person's knowledge and skills are related to the requirements of his or her job and are continuously up-dated'. FÁS provide a wide range of training courses, industrial and commercial in nature, through FÁS Training Centres, Community Training Centres and Community Training Programmes and contracted training providers. FÁS also offers interactive training courses through its E-College. FÁS training provision for job seekers maintains a clear focus on jobs delivered either through skills training on courses closely related to work and jobs, or through participation in foundation training courses with high probabilities of progression, to more specific job related training. Within the framework of early school leaver provision, FÁS Community Training Centre deliver the foundation phase of Youthreach which continues its separate focus from VEC Youthreach Centre provision. Its primary aim is to encourage and assist young people to gain formal education qualifications. FÁS Traineeships involve a mixture of off-the-job and on-the-job training that can be a valuable entry route into some occupations. There is also widespread FÁS training provision for socially excluded persons in Community Training Centres, Local Training Initiatives and Bridging Programmes.

All of these training programmes are available to people with disabilities with a mental health difficulty. In addition, because disabled people may require extra training duration, enhanced programme content, reduced trainer trainee ratio and/or specially qualified staff, FÁS contract with approximately 20 Specialist Training Providers to deliver training to disabled people at 57 centres nationwide. Within this provision, it is estimated that there are approximately 3 Specialist Training Providers offering courses exclusively to people with mental health difficulties.

Review of training provision with FÁS shows 'Disclosure' is a major issue for FÁS in that many individuals with mental health difficulties do not disclose their illness in their interaction with FÁS and often this information comes to light at a later stage when the individual is experiencing difficulties on a course (or in employment). Whilst self-declaration of a mental health difficulty is desirable, FÁS recognises the need to build customer confidence so they believe that their needs will be appropriately addressed when they declare their mental health difficulty. The issue of disclosure is a complex issue for people, which is influenced by personal perspectives of how others such as FÁS, their peers and potential employers might perceive the individual. However, it is equally important that people with mental health difficulties recognise that FÁS is unable to support them when their needs have not been clearly identified at time of registration. This applies to all disabled people irrespective of the type of disability.

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In addition, disclosure of mental health illness to prospective employers is a concern for many people with mental health difficulties on completion of training. Concurrently, employers have concerns and need assurances that they can obtain information and 'professional' support services ensuring the transition into employment is managed smoothly. To assist the process, there is a need to support this transition from vocational training into open employment.

RECOMMENDATIONS

The Forum recommends that:

1. FÁS should develop a leaflet, outlining the benefits of disclosure when interacting with FÁS to avail of their services, in conjunction with service users and providers.
2. Access to vocational training services, through the FÁS 'Gateway' needs to be more proactive in engaging with people with mental health difficulties for whom FÁS is an appropriate service. To address this, outreach initiatives should be developed by FÁS in conjunction with service users and providers.
3. The development of an on-going programme of staff training and support. It is particularly important that staff develop understanding and skills in the following key areas:
 - Mental distress as a part of the human condition. An understanding of critical concepts in mental health education and rehabilitation will assist FÁS Staff to encounter the myriad of unhelpful myths surrounding this area that have typically led to the marginalisation of people who experience mental health difficulties. It is envisaged that access to such information will assist them in adopting an informed and confident approach when working with persons who experience mental health difficulties.
 - Communication and problem solving skills and crisis intervention guidelines necessary to address and manage, in collaboration with the trainee, mental health related issues that may arise in the training environment and to effectively access appropriate external supports.
 - Creating a conducive environment in which the disclosure of a mental health difficulty can be facilitated early and the necessary supports arranged speedily.

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VOCATIONAL TRAINING IN SPECIALIST PROVISION

Some people with mental health difficulties, because of the nature or severity of the illness, may have needs that would not be met through non-specialist vocational training provision, therefore, FÁS contract specialist training providers to supply a more instant training programme. National Learning Network (NLN) is currently responsible for the delivery of 80% of vocational training programmes in designated specialist provision. Other agencies including EVE Limited, Schizophrenia Ireland and Burton Hall also deliver vocational training programmes under contract to FÁS. NLN currently provide Introductory Skills Training (IST) and Specific Skills Training (SST) throughout 42 locations in Ireland to over 750 individuals with a mental health difficulty each year. The programmes are matched to local employment opportunities and specialise in offering individual, flexible and responsive services that address the difficulties that each learner brings to the training course.

Each learner is referred through the local FÁS office and a comprehensive assessment of the barriers to employment that each person encounters is completed by a highly competent and resourced support team that includes a psychologist, a counselor, a special needs teacher, a social skills instructor, a vocational skills instructor and the manager of the service. Using this team approach with the learner at the centre of the process, each learner's barriers to employment are identified and a comprehensive action plan is put in place and reviewed as part of the learning programme. This system is known as Individual Action Planning and it captures and measures all of the actions taken with each individual over the course of the programme.

Precise need and resulting 'special' provision required will vary from individual to individual.

The additional features of specialist training include:

- Additional training duration
- Adapted equipment
- Enhanced programme content
- Reduced trainer – trainee ratio
- Specially qualified staff

Recurrent illnesses are a feature of mental illnesses and individuals with mental health difficulties may require periods of hospitalisation as part of their recovery journey while engaging with vocational training services. This feature of the illness needs to be understood by both funders and providers and the appropriate accommodations put in place to ensure that the individual is not 'penalised' for his or her ill health. Provision must be flexible, ensuring that a person may take up a place on a programme when they feel fit and ready and take a break when they experience short periods of ill health.

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RECOMMENDATIONS

The Forum recommends that:

1. STP provision continues to be provided but there is a need to review outcomes to ensure that individuals progress into employment and that the appropriate supports are provided to both the individual and the employer to ensure continuity of employment.
2. Appropriate accommodations are made for trainees who are admitted to hospital during their training programme and who wish to make a speedy return and for trainees who time out when unwell.
3. Outcomes measures for the trainee in Vocational Training (with STPs) should be broadened to measure the level of support required for the individual to progress to employment or further training.
4. Research should be undertaken to explore the medium and long-term employment outcomes of people with mental health difficulties who are offered an on-going and variable support structure.

VOCATIONAL TRAINING IN MAINLINE PROVISION

Inevitably some trainees will experience mental health difficulties while participating in a vocational training programme. For some people this may be a reoccurrence of a previously existing condition, while others may experience a mental health difficulty for the first time while participating in a training course. In both instances, the support of the training centre will be important in minimising the impact of any difficulties on the participation in the training programme. Strategies for supporting a person with a mental health difficulty in a vocational training programme will, to a large extent, reflect the needs of trainees experiencing other health difficulties or disabilities. In common with all health conditions, flexibility in responding to the individual situation will be important in each instance. Notwithstanding the individual nature of any health difficulty, it is possible to put in place structured supports and policies for addressing issues which may arise if a person becomes unwell while participating in a mainstream vocational training programme.

It is likely that in the course of his or her career, all trainers will meet trainees who have, or who develop, a mental health difficulty in the course of the training programme. As such, it is useful to have in place some guidelines which can assist staff in providing necessary support to trainees in such circumstances. In this context, FÁS' Handbook on Supporting People with Disabilities in Training provides an overview of common psychiatric disabilities and accommodation solutions within a training context.

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However, to enhance provision further, it is necessary to develop, and communicate, a protocol outlining the supports that will be offered to people with mental health difficulties in mainline training. In drafting this protocol, the following issues should be considered:

- The development of an on-going programme of staff training and support. It is particularly important that staff develop an understanding of mental health difficulties and how this can impact on a person's daily life including participation in education, training and employment. Programmes such as the Applied Suicide Intervention Skills Training (ASIST) training programme presently available nationwide, may also be relevant to staff.
- The need to place the development of support services for trainees with mental health difficulties in the wider context of an organisational culture promoting positive mental health and well-being
- Recognition that for some people with a mental health difficulty, participation in full-time programmes presents difficulties, either because of the impact of the illness or where a person needs to attend medical appointments on a regular basis. Access to part-time and flexible training opportunities is essential to continued recovery and maintenance of good mental health for many people with mental health difficulties.
- Acknowledgement that each individual trainee must be treated with dignity and respect. This includes an emphasis on maintenance of privacy and respecting the choice of each individual to seek or not to seek treatment for any illness. At the same time, it must also be recognised that if an individual chooses not to seek treatment, and becomes unwell during a course, that they cannot be expected to remain on the course should their behaviour be disruptive to the group as a whole.
- Linkages with local statutory and voluntary service providers and support networks for people with a mental illness to develop connections and knowledge of mental health services and supports.
- Development of mainstream training support services which are accessible to trainees with mental health difficulties. Two ideas which may be of particular benefit include peer-led support/information for trainees as well as a consideration of models for supporting study skills and additional tuition for trainees.

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RECOMMENDATIONS

The Forum recommends that:

1. A Protocol for mainline vocational training provision be developed for people with mental health difficulties, modeled on the draft outline provided in Appendix 2.

JOB CLUBS

Job clubs provide a structured programme in which unemployed people who are ready for work can come together to actively prepare for and access employment. They are a short intervention, a bridge between unemployment and employment; the focus is on developing the techniques, tools and personal resources necessary to secure employment and improve tenure. Work-relevant skills such as decision-making, confidence, assertiveness and stress-management are addressed. Both the programme itself and the group process support the development of individual strengths. The anticipated outcome of a Job Club is that participants will find work or go on to further training as part of a planned progression towards achieving vocational goals.

RECOMMENDATIONS

The Forum recommends that:

1. Job Clubs for people with mental health difficulties should be funded through FÁS. It may either be funded as a stand alone programme or incorporated into the funding for Supported Employment.
2. Job Clubs, as an option for people with mental health difficulties, should be actively promoted by NES Gateway services.
3. The value of Job Clubs in facilitating people with mental health difficulties in employment requires strengthening. As a first point, promotional materials should be made available through all FÁS Employment Services Office and Local Employment Services Offices and available on the FÁS web-site.
4. The existing network of community based Job Clubs should be inclusive of people with disabilities and linked with the support employment services.
5. Job Club has proved itself as an effective assessment process for those exploring their progression option. This needs to be recognised as a key function the Job Club service.
6. Formal links should be established between Job Club and other training and employment services to establish progression routes for service users.
7. Formal links should be established between Job Club and other training and employment services to identify user needs and develop cooperative responses.

CHAPTER 3

FRAMEWORK FOR DELIVERY OF EMPLOYMENT SERVICES

The desire to work is acknowledged as universal, however, people with mental health difficulties traditionally do not fare well in obtaining and maintaining employment independently. Mainstream employment services are provided by FÁS, however, it is recognised that the majority of activity and initiatives have emanated from the disability sector (both statutory and voluntary sector) to address this difficulty. From this has grown a broader view of “employment” and a more flexible understanding of the legitimacy of various employment models. In addition, there is also a growing understanding of the potential value of the person with a mental health difficulty in the workplace if the appropriate accommodation, supports and knowledge is made available.

For each type of employment described, the goal of “working” and achieving the desired social and economic status is achieved. In addition, by adopting this more flexible view of employment, opportunities have been created which facilitate movement between categories and allow people work to their potential which may vary at different times in their lives.

Categories of Employment

1. Transitional Employment
2. Community Employment
3. Employment with Supports
4. Supported Employment
5. Social Firms

TRANSITIONAL EMPLOYMENT

The delivery of a Transitional Employment Programme to date has been unique to Clubhouse. This model grew out of a desire to enable people with a mental health difficulty to return to the workplace on a phased basis and have the opportunity to have a variety of work placements. Implicit in the model is the requirement that the Club member is paid the rate for the job and it is understood that the job is owned by the Club and used as a work site for nominated members for a fixed time period. The employer is guaranteed that the work station will be covered at all times thereby giving the member the comfort of knowing that if they cannot present for work, they will not lose their job as it will be covered. In this context, the delivery of Transitional Employment is governed by the Standards laid down by the International Centre for Clubhouse Development.

Transitional Employment provides Clubhouse members, as a right of membership, opportunities to work on job placements in the private, public or community and voluntary sector. Placement availability is contingent upon the desire to work, and placement opportunities will continue to be available regardless of success or failure in previous placements. Members are paid the prevailing wage rate, but at least minimum wage, directly by the employer. Placements are drawn from a wide variety of job opportunities and are part-

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time and time-limited, generally 15 to 20 hours per week and from six to nine months in duration. Selection and training of members on Transitional Employment is the responsibility of the Clubhouse, not the employer which ultimately maximises opportunities for success in the workplace. Members working full-time continue to have available all clubhouse supports and opportunities including advocacy for entitlements, and assistance with housing, clinical, legal, financial and personal issues as well as participation in the evening and weekend programmes. The Clubhouse assists and supports members to secure, sustain and up-grade from Transitional Employment into Competitive Employment.

This style of employment is not engaged with outside of the Clubhouse model. In terms of the level of flexibility and support available through this model, it has proven attractive to both employer and employee. In the wider business community, there is a major task required to make employers aware of the benefits of this model and the unique opportunities it represents. Many employers express difficulties with the concept of the Clubhouse owning the job as opposed to a nominated individual as they are traditionally more familiar with the Supported Employment concept. Yet it is this very characteristic that ensure the job is completed at all times and is a distinct advantage to the employer. It is also an advantage to the employee who does not have to worry about losing their position if they do not feel well enough to attend for work on a given day. It is essential that Transitional Employment is seen as part of a continuum of employment options which facilitate the individual gain a range of work experience in the vocational exploration and preparation phase.

RECOMMENDATIONS

The Forum recommends that:

1. This model of employment should be explored and financed by Department of Enterprise, Trade and Employment and administered through FÁS to facilitate the entry of people with mental health difficulties into the workforce in a manner appropriate to their needs.
2. This model should be advertised and information disseminated regarding the potential value it holds for both employers and prospective employees.

COMMUNITY EMPLOYMENT SCHEMES

Community Employment (CE) is a FÁS programme that benefits both the community and the participants. The projects are involved in areas such as arts, community recreation, environmental, community advice and support, schools, tourism, health and welfare services. CE schemes can provide long term unemployed people with part-time work opportunities and training/development options and it can help you into a job and/or further education and training.

CE Schemes have proved in the past a valuable contribution to employing people with a mental health difficulty. CE is viewed by those who may have tried alone in the past to have much strength in that:

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- Co-workers are people who have been out of work and know the mutual problems,
- The CE Supervisor is seen as a person who will assist them in being successful,
- The stress of working in a competitive market is reduced by the type of work in which CE Schemes are based,
- The 19 hour requirement, and the flexibility in meeting same, helps those who have not worked for a long period.
- The earning of a wage gives dignity and respect.

From the perspective of the recovery model in mental health CE in our experience demonstrates significant value in assisting people maintain success in employment. There is a need to evaluate the effectiveness of CE for people with disabilities. This information should be captured and disseminated in order to inform further programme design and delivery.

However, the number of places available on CE Schemes and eligibility for participation are strictly controlled by the Department of Enterprise, Trade and Employment. In addition, the progression rate from CE Schemes to other forms of employment is less than 10% for disabled people. Participants tend to regard CE as an end in itself rather than as a means of progression to the open labour market which in turn contributes to the on-going debate about the long-term funding of the programmes. Finally, the pertinent question is how the CE model might be adapted to assist people with mental health difficulties access the open labour market; enhancing progression while simultaneously providing the supports and strengths inherent to the scheme.

RECOMMENDATIONS

To address these issues, the Forum recommends that:

1. The CE Supervisor be made part of the community mental health team involved in Person-Centred Planning for the person with a mental health difficulty to assist progression.
2. An evaluation to identify the infrastructural supports inherent within Community Employment, which supports people with mental health difficulties, be conducted by FÁS, and based on its finding that a pilot building in these supports be implemented with private employers.

EMPLOYMENT WITH SUPPORTS (OTHER THAN SUPPORTED EMPLOYMENT)

People experiencing mental health difficulties have the same problems associated with gaining employment as others in society. In general, people go to work for a variety of reasons, which include: economic gain, self-esteem, stature and respect in the community. Kaplan (1988) stated that, "the right to employment is as much a symbol of full citizenship in a modern society as is the right to vote." Alternatively, employers are becoming increasingly aware that work health influences worker productivity, and that productivity has a positive impact on organizational performance and competitiveness. Employers are also recognising their role in promoting good mental health, particularly in managing stress within the workplace.

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With the passage of the Employment Equality Act, 1998 and Equality Act, 2004, an increasing need has developed to be knowledgeable about 'appropriate measures' for people with mental health difficulties. Such knowledge assists employers in hiring and retaining people with mental health difficulties. Difficulties are compounded by the fact the many employers have the misperception that people with mental health difficulties are difficult to accommodate. Yet, this is not true. EVE's Just ASK: A Handbook for Employers and Employees, provides basic information about common limitations, useful questions to consider and accommodation possibilities for people who mental health difficulties. However, the opportunities afforded in overcoming mistaken attitudes and perceptions of people with mental health difficulties, as promoted in this handbook is under utilised.

In addition to attitudinal barriers which include stigma and stereotyping, and benefit inefficiencies, barriers to employment may exist on a personal scale depending on the individual's impairment and the demands of the specific work setting. While it is impossible to draw accurate generalizations about the needs of all persons with mental health difficulties, certain areas of functional limitations seem to recur. These include:

- maintaining stamina during the workday;
- maintaining concentration;
- difficulty staying organised and meeting deadlines;
- memory deficits
- working effectively with supervisors;
- interacting with co-workers;
- difficulty handling stress and emotions;
- attendance issues;
- issues of change.

When considering accommodations for someone with a mental health difficulty, it is important to remember that this process must be conducted on a case-by-case basis with input from the person. Limitations may range from dealing appropriately with job related stress to difficulties prioritizing job assignments. **Appendix 1** provides a list of useful accommodation possibilities for people with mental health difficulties.

In addition, FÁS offers a range of direct grants to private sector employers to help the integration of people with mental health difficulties into the workplace including:

Disability Awareness Training Support Scheme

Disability Awareness Training assists in eliminating mistaken perceptions about people with disabilities and their capacity to be productive and effective colleagues and employees. It covers topics such as the use of appropriate language and preparing existing staff when they are being joined by a new colleague with a disability. Funding is available from FÁS to companies in the private sector at a level of 90% of costs in the first year and 80% of costs in subsequent years. The maximum funding available is € 20,000 in any one calendar year. The scheme is available through FÁS Services to Business.

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Wage Subsidy Scheme

FÁS' Wage Subsidy Scheme (WSS) is aimed at assisting employers to take on people with disabilities even in circumstances where they might not be as productive in their role as a person who does not have a disability. Where it is agreed that the employee has a productivity level of less than 80% of what would be regarded as normal work performance and annual subsidy is provided. There is also an incentive for an employer who hires more than two people with disabilities. In this context, the employer could avail of a top-up grant to cover the cost of additional supervisory, management or other work-based costs. For those employing 30 or more people with disabilities there is a grant of €30,000 to assist in the employment of an Employment Assistance Officer. This Scheme is available through FÁS Employment Service Offices.

Employee Retention Grant Scheme

Funding is available to support the retention of any existing employee, at any level or occupation within the company, who acquires an illness, disabling condition or impairment (occupational or otherwise) which impacts on their current ability to do the job when his/her disability begins to impact more severely. External assistance may be required to deal with the challenge of adapting the job or work environment so that he/she can continue to contribute productively within the company. The grant scheme funds this and operates in two phases. Funding towards the cost of the development of an individual retention strategy is available to the maximum of €2,500 under Stage I. A Stage II grant is available to implement the strategy, to a maximum of €12,500. The scheme is administered by FÁS Services to Business.

These grants may be accessed through FÁS' network of offices or through its web-site www.fas.ie.

RECOMMENDATIONS

The Forum recommends that:

1. JUST ASK should be actively promoted by all service providers and people with mental health difficulties to potential employers and employees.
2. The Employee Retention Grant Scheme be actively promoted by people with mental health difficulties, statutory and non-statutory organisations to assist people with mental health difficulties retain their employment.
3. All providers and people with mental health difficulties have an important role to play in promoting and placing people with mental health difficulties into the workforce. This role must be strengthened.
4. Support structures are developed through which people with mental health difficulties could access assistance when problems arise in the workplace. This programme would be available outside work hours, and could be availed of through programmes such as Clubhouse, subject to appropriate funding levels.

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5. A programme promoting a 'work buddy system' within the workplace, using natural supports, be developed by FÁS in consultation with people with mental health difficulties, service providers, employers and trade unions to assist assimilation into the workplace.
6. FÁS should research and develop programmes with employers and trade unions that will assist access to, and retention of, employment for people with mental health difficulties including mechanisms for providing supports and advice to employers and employees' in handling difficulties that may arise, or have arisen, in the workplace.

SUPPORTED EMPLOYMENT

Supported Employment is a well-defined approach to helping people with mental health difficulties find meaningful jobs in the competitive labour market. Supported employment is paid competitive employment (minimum wage or better) for people who have employment as a goal and who have demonstrated an inability to obtain or maintain traditional employment. Based on consumer preferences, supported employment occurs in a variety of normal, integrated business environments with the level of professional help they need including follow along supports. It is based on the principal that every one can and has the right to work and it focuses on enabling people with disabilities to be employed in paid jobs in the open labour market.

Supported Employment provides support to job seekers with disabilities and their employers and co-workers. A Job Coach or Employment Facilitator is engaged to support the individual in making informed and realistic choices about the kind of work they would like to do. They then support the individual in identifying and applying for, suitable jobs. Finally, the Job Coach's role is to support the new employee in becoming and remaining a competent worker. Relevant support and advice is available to the employee with a disability, employer and co-workers at this stage. The amount of support decreases over time as the employee adapts to the job and the workplace. The support given allows individuals with disabilities to become and remain gainfully employed. People with a wide range of disabilities e.g. physical, sensory and intellectual disabilities as well as people with mental health difficulties, have become successfully employed using the Supported Employment Model.

When the concept of supported employment developed in Ireland in the early 1990's it was largely confined to the Intellectual Disability sector. As it developed, it became apparent that this employment model was very suited to the person with a mental health problem, in particular as it afforded opportunities to engage in the world of work in a more flexible manner. In 2002, FAS launched an initiative to fund Supported Employment on a national basis, within a labour market context. Under this Scheme consortia were

⁵ Adapted from NAMI Advocate, Psychiatric Services and NC Science to Service Project

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established to deliver the programme, bringing together service providers in the disability sector including services for people with mental health difficulties. The scheme was successful for participants who meet the criteria laid down by Department of Enterprise, Trade and Employment and FÁS.

Supported Employment enables access real jobs within the open labour market for market rate. Duration of hours of employment is flexible and atypical work patterns are offered. Employers receive a professional service to assist them in implementing an equal opportunities policy. Employees have access to additional learning opportunities in the work place, increase self-confidence and greater integration into their communities and the workforce in general. Employers and colleagues have opportunities to increased awareness of mental health difficulties and associated issues. More importantly, employers have access to a committed labour pool and free advice and support during recruitment and selection process through the assistance of the Job Coach or Employment Facilitator. Both employers and employees have available ongoing advice and support throughout the recruitment and placement process.

FÁS' Supported Employment Programme requires participants to achieve 18 hours in the work place, with the agreement that this may be incrementally achieved on a case-by-case basis, per individual. This criterion has become a major issue in the delivery of the programme and has resulted in the exclusion of many people with mental health difficulties who cannot meet this demand. For people with mental health difficulties it is often not just a concern about lost of secondary benefits, but about capacity because of the severe and enduring nature of the impairment. Subsequently, for people with mental health difficulties who are unable to meet this criterion, they may only avail of supported employment if service providers offer this service independent of the FÁS programme, with funding from other sources. This result in people with mental health difficulties, not meeting the 18 hour criteria, receiving this type of support and service in an ad-hoc manner.

RECOMMENDATION

The Forum recommends that:

1. Funding mechanisms for supported employment supports for people with mental health difficulties, who do not meet the 18 hour criteria, be sourced through the Department of Community, Rural and Gaeltacht Affairs or through the Department of Health and Children as part of Sheltered Occupational Services.

SOCIAL FIRMS

Social firms can be defined as a company or firm that is set up with the intention of employing people as its primary objective rather than solely for profit making. They have been used as a therapeutic tool for engaging many difficult to place groups into employment such as groups of drug mis-users, persons with intellectual difficulties, and persons with mental health difficulties.

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In Italy there has been a long history of developing social firms for the employment of people with mental health difficulties.

What is unique about the social firm is that they are managed by the staff who have an equal say in the day-to-day management of the firm, input into all operational decisions that affect the running of the firm and to all financial information and generally have an overall responsibility for the running of the firm. They can choose to employ staff with knowledge of the particular business or they can employ someone to support the employees who have the necessary skills to ensure a healthy workplace and a stress-free working environment. The manager is generally a person without a mental health problem who can assist the business and the development of each employee.

In the U.K. social firms are supported financially by the state through the allocation of funds obtained through the penalization of companies who do not adhere to their quota obligations.

In the Irish context, a number of social firms were established by Rehab in partnership with the former Eastern Health Board and ran successfully from 1989-2000 and were called the IRISH SOCIAL FIRMS INITIATIVE (ISFI). Examples of the social firms established include Harrison's (restaurant), Abbey Wools and Furniture shop, Mug n' Muffin, Design Forum (graphic design studios) and the Parnell Sq Business Centre (secretarial bureau).

Social firms are an opportunity to offer people with mental health problems a chance to engage in a real work environment, supported by their peers and non-service user staff, within the community. A structure is created that protects employees from undue stresses and difficulties that may give rise to the onset of mental health problems again and again thus leading to relapses and loss of employment opportunities.

The Irish experience demonstrated that Social Firms significantly reduced the rate of admissions/readmissions to psychiatric hospitals, reduced the length of stay for the person while in hospital, and were proven to increase levels of health and social gain.

To date, social firms model such as Social Economy have proven to not be viable labour market programme, in meeting both economic and social objectives. Yet, European initiatives in this regard (under EQUAL) have shown that this is a potentially viable outcome for people with mental health difficulties. Therefore, funding of such initiative should be explored through Department of Community, Rural and Gaeltacht Affairs.

RECOMMENDATION

The Forum recommends that:

1. A funding stream under the umbrella of Social Economy is established for the piloting and development of Social Firms for people with mental health difficulties.

CHAPTER 4

FRAMEWORK FOR DELIVERY OF SHELTERED OCCUPATIONAL SERVICES

There is considerable debate ongoing whether services will adopt models of “employment” under the mainstreaming agenda with DETE or will opt to deliver sheltered occupational services under DH&C in preference in order to better serve the needs of their current and future service users. Regardless of the final decision, change in this area is predicated upon the acknowledged need for considerable investment in the services both in revenue funding and also in terms of a major capital programme.

Many service providers, in anticipation of the introduction of the Code of Practice for Sheltered Occupational Services have been reviewing their current models of service delivery.

Under the terms of the Programme for Prosperity and Fairness, an undertaking was given that the Department of Health and Children (DH&C) would focus on the introduction of a Code of Practice for Sheltered Workshops. A working group was established in 2000 and following a lengthy national consultative process, the Draft Code of Practice for Sheltered Occupational Services was developed. Concerns have been expressed regarding its implementation given the significant delay in its ratification.

Sheltered workshops have traditionally served the needs of people with enduring mental health difficulties in local communities around the country. A wide variation exists in terms of the levels of quality and attitudes in the services bought about by limited and inconsistent resourcing, lack of direction, organizational beliefs, staffing levels and a lack of specific expertise in this area. The delivery of sheltered services particularly for people with mental health difficulties will benefit dramatically from the introduction of the Code of Practice, the proposed National Standard for Disability Services and the activities of the Mental Health Commission.

Whilst many are critical of the current model, it must be acknowledged that this style of service provided valuable support to people for whom there was no alternative. The challenge of introducing the Code of Practice is not to be underestimated. However, there is an appetite for this particular person-centered approach from not only provider but more importantly, from the service user themselves. In organizations that have proceeded with the introduction of the Draft Code, the response has been extremely positive.

The Code of Practice for Sheltered Occupational Services, (2003:6) states that:

“A Sheltered Occupational Service (SOS) comprises a combination of structured occupational activities and support services for people with disabilities who require a significant amount of flexibility, time and personal supports to develop their capacity.”

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A Sheltered Occupational Service (SOS) comprises a combination of structured occupational activities and support services for people with disabilities who require a significant amount of flexibility, time and personal support. An SOS service should have a rehabilitative and developmental focus, should be flexible in its response to individual needs whilst offering a stimulating, secure and supportive environment to service users and should provide individuals with progressive and challenging opportunities to develop their personal skills, core capacities and life experiences.

The Code of Practice for SOS should theoretically allow service providers flexibility in their interpretation of its requirements. Ultimately, there is a need to provide a range of meaningful occupational activities that are compatible with the individual's needs and capacities as identified in their Person-Centred Plan. The purpose of such activities should be to adequately address the occupational and personal development needs of service users, including occupational activities, confidence, stamina, and capacity building to participate in society.

Sheltered Occupational Services makes clear distinctions between work and employment and eliminates the confusion which existed to date in this area. It adopts a person-centred approach thereby assisting individuals identify their choices, develop plans based upon realistic goals which include opportunities for further education, training development, community integration and progression. SOS is focused on enabling the individual achieve their own goals including progression options into employment, education, further training and increased community participation, and is sufficiently flexible to facilitate individuals who wish to avail of part-time employment options, and still require other service supports as outlined in their person-centred plan. Whilst SOS may be the service of choice for some, it is not an end in its self for everyone. It represents a dynamic approach to rehabilitation planning, responsive to the needs of the service user at different times of their lives, unlike the static model which previously prevailed. It has the capacity to offer individuals with opportunities to develop their personal skills, core capacities and life experiences. Finally, unlike sheltered work, Sheltered Occupational Services will be subject to accreditation in accordance with the Code of Practice and therefore quality assured.

While these developments are positive, there remain issues of concern. If the Code of Practice is ratified to proceed to the implementation stage it will need to be piloted and be introduced on a phased basis to allow for a consensus regarding its implementation by service providers and users. In the absence of clarity around sheltered enterprises, as to whose remit they will rest and what funding will be provided, it is not possible for service providers to make an informed choice regarding the future direction and focus of their services. Additionally, the review of existing programmes by service providers will be extremely complex and will need to be supported externally.

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Adequate transition times will have to be agreed to facilitate the level of dialogue and development work required to deliver the necessary changes. Agreement regarding the level of funding must be reached, and the funding programmes both capital and revenue must acknowledge the historical legacy of under-resourcing in this area, in particular in mental health services. Service providers are concerned that the introduction of a person-centred model of programming in the absence of adequate resourcing will compromise the “service-contract” between the user and provider. Therefore, it is the view that the service contract will be predicated upon the availability of resources which fundamentally undermines the principle of person-centred planning. Service providers are keen to ensure that Sheltered Occupational Services are not an end unto itself, in that individuals should be able to access supported employment and other relevant services, on a flexible basis. The implementation of the Code and this model of service should be the subject of an overall monitoring and evaluation protocol in order to ensure that it is meeting its stated objectives.

RECOMMENDATIONS

The Forum recommends that:

1. The case of practice for all occupational services needs to be ratified by the Department of Health & Children and an implementation plan announced. Should there be an alternative position adopted, the Department of Health & Children needs to consult with service providers and service users immediately to advise on their plans.
2. In order to ensure seamless progression between services, there is a need to build bridges between Sheltered Occupational Services and all other training and employment opportunities.
3. Sheltered Occupational Services needs to be operationally defined with consideration given to ensuring that definitions of all service provision across the continuum of community provision are reviewed simultaneously.
4. The implementation of the Code of Practice should also take account of those with mental health difficulty who engage in the traditional version of sheltered work in mental health day settings and have historically been ignored in this debate.
5. Given the similarities which have emerged in the Rehabilitative Training programme design and the New Code of Practice for Sheltered Occupational Services, a merger of both should be considered, where appropriate.

CHAPTER 5

CONCLUSIONS

Current Rehabilitative Training options are funded by the HSE, subsequent to the government decision to maintain services for people with disabilities. This equates rehabilitative training being administratively based in the 'disability brief', which by definition only includes people with a learning disability and a physical disability. Within this framework, the Fora have put forth that the non-medical rehabilitative needs of a person with a mental health difficulty should be formally acknowledged. It was the shared experience of the service providers within the group that no additional Rehabilitative Training places had been made available in mental health for the last two years and this is a particular area of concern for the future. As the Department of Health is engaged in two independent reviews i.e. the Review of Mental Health Policy and the Review of Disability Services, our group suggested that both groups should liaise to ensure that the non-medical rehabilitative needs of a person with a mental health difficulty is acknowledged appropriately, and that a seamless approach to funding be agreed.

In addition, we highlighted to the Review groups the good practice models which had been identified which have much to contribute to the future shape of mental health services, for example, the Focus Programme, Clubhouses, the Basin Club, Transitional Employment and the Employee Retention Grant Scheme.

The proposed generic framework for training, work and employment (outlined in figure 1) represents a platform of opportunity for people with mental health difficulties.

National policy favours a person-centred approach whereby people can easily access the training and employment options of their choice thereby enjoying a level of flexibility in the ways in which they choose to engage depending on their needs at a given time point. The platform model facilitates this flexibility and acknowledges that people with mental health difficulties require multiple points of entry to a range of vocational and rehabilitation options. Seamless provision in this area requires the co-operation of three Government departments, which, if achieved, will remove historical systemic and institutional barriers.

In promotion of mental health for the population, we need to recognise that the one in four people who will experience mental health difficulties during their lives will need access to a range of training and work options. As people engage in their own recovery journey, they will need re-assurance that the national framework for provision affords the flexibility to explore courses and work options which are linked by effective bridging mechanisms. This is essential given the episodic nature of mental health difficulties which may require people to re-think their rehabilitative and vocational options at any time whether they aspire to work or are struggling to maintain their current employment.

The recent publication of the Department of Health and Children's policy on the development of mental health services entitled "A Vision for Change" highlights the need for formal co-ordination between the health services and employment agencies as a priority in order to achieve the delivery of seamless service options.

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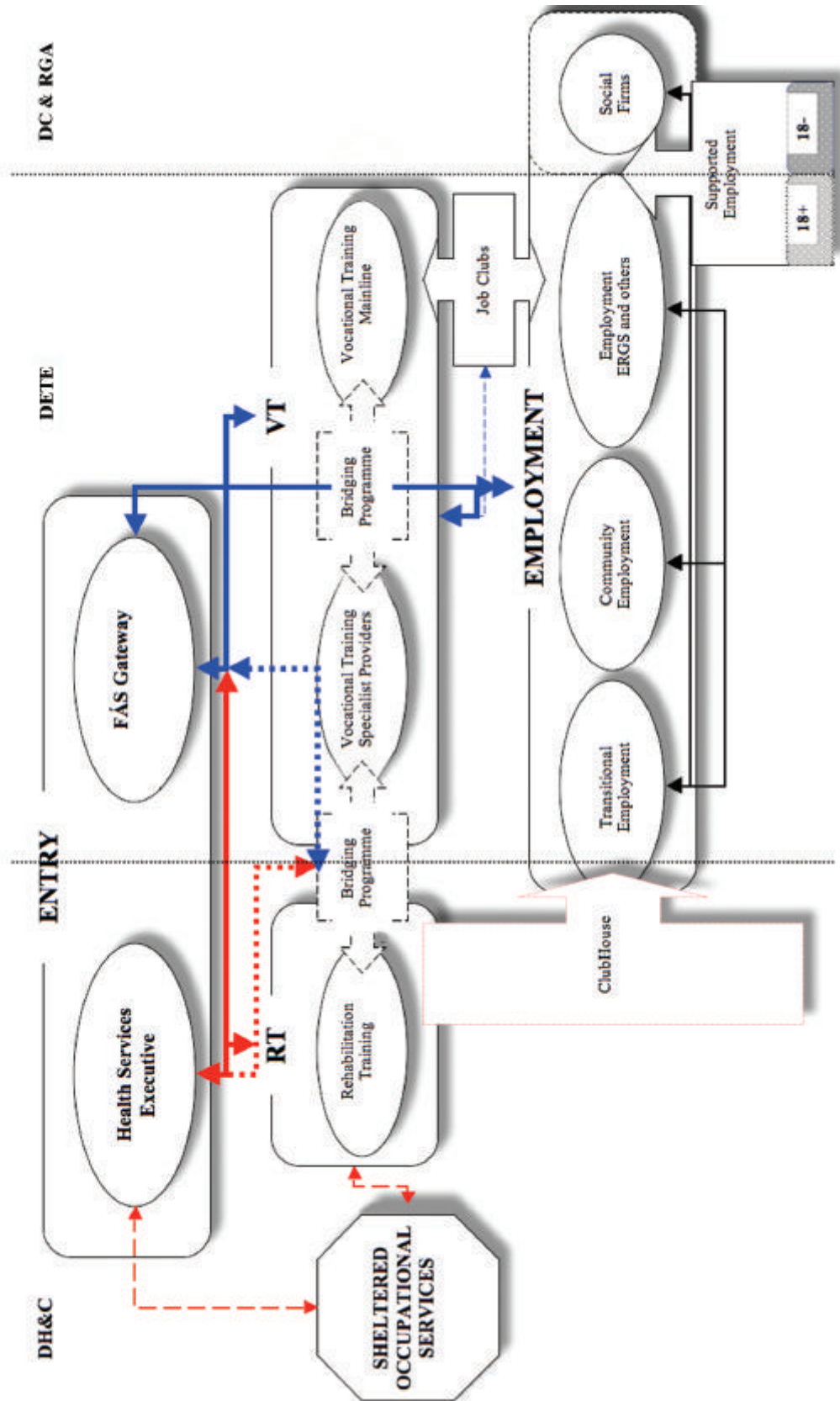
In addition, it recommends the development of accessible mainstream training support services and co-ordination between the rehabilitation services and vocational agencies in order to facilitate people who experience mental health difficulties re-establish meaningful employment.

Initiatives in collaboration with both FÁS and the HSE have demonstrated what can be achieved when one looks at community based person-centred services. The aim of this Fora was to ensure that future provision should be as seamless as possible and that we maximise every opportunity for the provision of quality services to people with mental health difficulties within the community.

The Department of Health and Children has also, in 2006, published its Sectoral Plan as provided for in the Disability Act 2005. It sets out a range of proposals to improve services for people with disabilities to assist with full inclusion in society. They are a key part of the National Disability Strategy; designed to support fullest participation in all areas for people with disabilities. Five other government departments have also published Sectoral Plans, including Department of Enterprise Trade and Employment.

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FIGURE 1: FRAMEWORK FOR SERVICE PROVISION FOR PEOPLE WITH MENTAL HEALTH DIFFICULTIES



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SUMMARY OF RECOMMENDATIONS

REHABILITATIVE TRAINING (RT) (HSE)

The Forum recommends that:

1. Consistent with the Recommendation 3.1 in the Strategic Review of the Specialist Study Group on Training and Sheltered Enterprise (Department of Health and Children: 2005), the provision of non-medical rehabilitative services for people with mental health difficulties should be developed as a defined, discrete service option and funded in the same manner as that which is provided for other disability groups.
2. Rehabilitative Training becomes more flexible in their development and delivery to meet the needs of people with mental health difficulties. Providers should endeavor to develop and integrate more community-based training options in addition to centre-based delivery. To facilitate such options, there is a need to move from the WTE model of funding.
3. New development funding should be made available to programmes for people with mental health difficulties. This funding should assist development of more innovatory and responsive programmes for people with mental health difficulties, such as the Basin Club (see page 52).
4. Recovery outcomes for the individual in vocational services are both qualitative and quantitative. Therefore outcome measures need to be developed to measure a range of outcomes that are of significance to the individual and society and are a true and valid reflection of the progress made by individuals and groups of individuals towards further training or employment.
5. Appropriate modules of FETAC certification be available through all models of rehabilitative training to assist progression through the various forms of training provision, and to provide currency for the trainee in their progression towards employment.
6. Publication of available Rehabilitative Training Programmes: content, duration, supports and outcomes should be available on HSE web-site. Links should also be established with FÁS and other relevant agencies to facilitate information and dissemination.

CLUBHOUSE

The Forum recommends that:

1. Existing Clubhouses, with its emphasis on a recovery model should continue to receive funding from Health Service Executive.
2. Innovative and flexible models, such as Clubhouse, should be expanded with appropriate funding is provided by the Health Services Executive.

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BRIDGING PROGRAMMES

This Forum recommends that:

1. Responsive bridging programmes need to be developed to enable and support individuals with mental health difficulties to progress smoothly between the different service blocks or levels. The programme content needs to be developed jointly by HSE and FÁS, in conjunction with service users and providers, and should be co-funded accordingly.
2. These courses should be a short (no more than 3 months) Introductory Course focusing on the soft skills necessary to prepare trainees to cope with a vocational training environment. A mapping exercise identifying the skills, knowledge and aptitudes required should be developed accordingly, and the best mode of delivery decided.
3. The National Coordinating Committee on Training, Work and Employment, chaired by the Department of Health and Children, is the appropriate vehicle to identify future streams, nominate responsibilities and agree management structures for bridging between Rehabilitative Training and Vocational Training.
4. Complementary and support programmes and services need to be developed to run parallel with vocational, educational and employment services to optimise the success of these programmes. These should be modular in structure and available part-time.
5. Programmes to assist progression for people with mental health difficulties from Bridging to Specific Skills Training, within FÁS mainline provision, should also be explored within FÁS Training Services.
6. When developing these programmes existing models of practice need to be explored and where appropriate expanded upon.

VOCATIONAL TRAINING (VT) (FÁS PROVISION)

The Forum recommends that:

1. FÁS should develop a leaflet, outlining the benefits of disclosure when interacting with FÁS services, in conjunction with service users and providers.
2. Access to vocational training services, through the FÁS 'Gateway', needs to be more proactive in engaging with people with mental health difficulties for whom FÁS is an appropriate service. To address this, outreach initiatives should be developed by FÁS, in conjunction with service users and providers.
3. The development of an **on-going programme** of staff training and support. It is particularly important that staff develop understanding and skills in the following key areas:
 - Mental distress as a part of the human condition. An understanding of critical concepts in mental health education and rehabilitation will assist FÁS Staff to encounter the myriad of unhelpful myths surrounding this area that have typically led to the marginalisation of people who experience mental health difficulties. It is envisaged that access to such information will assist them in adopting an informed and confident approach when working with persons who experience mental health difficulties.

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- The different types and characteristics of various mental health difficulties that trainees may experience, the potential impact of such difficulties on learning and on participation in the person's daily life and the respective best practice learning support strategies, protocols, guidelines and environmental modifications recommended to maximise the effectiveness of instruction.
 - Identification of typical stress indicators that trainees may exhibit that indicate that appropriate supports and interventions may be required.
 - Communication and problem solving skills and crisis intervention guidelines necessary to address and manage, in collaboration with the trainee, mental health related issues that may arise in the training environment and to effectively access appropriate external supports.
 - Creating a conducive environment in which the disclosure of a mental health difficulty can be facilitated early and the necessary supports arranged speedily.
4. Programmes such as the Applied Suicide Intervention Skills Training (ASIST)⁶ training programme, presently available nation-wide, should also be made available to staff.
 5. A 'Resource Handbook' for FÁS staff identifying external supports to assist be developed, in conjunction with people with mental health difficulties and providers. Inclusive in this 'Handbook' should be the linkage with, and use of, 'peer advocates' available through the Irish Advocacy Network, and supports available through other organisations such as Mental Health Ireland.

VOCATIONAL TRAINING IN SPECIALIST PROVISION

The Forum recommends that:

1. Outcome measures for the trainee in Vocational Training (with STPs) should be broadened to measure the level of support required for the individual to progress to employment or further training.
2. Research should be undertaken to explore the medium and long-term employment outcomes of people with mental health difficulties who are offered an on-going and variable support structure.

VOCATIONAL TRAINING IN MAINLINE PROVISION

The Forum recommends that:

1. A Protocol for mainline vocational training provision be developed for people with mental health difficulties, modeled on the draft outline provided in Appendix 4, Framework diagram.

⁶ The objective of ASIST is to provide practical training for caregivers seeking to prevent the immediate risk of suicide. Its content includes: a) recognizing invitations for help; b) reaching out and offering support; c) reviewing the risk of suicide; d) apply a suicide intervention model; and e) linking people with community resources. It is delivered over a two day period.

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JOB CLUBS

The Forum recommends that:

1. Job Clubs for people with mental health difficulties should be funded through FÁS. It may either be funded as a stand alone programme or incorporated into the funding for Supported Employment.
2. Job Clubs, as an option for people with mental health difficulties, should be actively promoted by NES Gateway services.
3. The value of Job Clubs in facilitating people with mental health difficulties in employment requires strengthening. As a first point, promotional materials should be made available through all FÁS Employment Services Office and Local Employment Services Offices and available on the FÁS web-site.
4. The existing network of community based Job Clubs should be inclusive of people with disabilities and linked with the support employment services.
5. Job Club has proved itself as an effective assessment process for those exploring their progression option. This needs to be recognised as a key function the Job Club service.
6. Formal links should be established between Job Club and other training and employment services to establish progression routes for service users.
7. Formal links should be established between Job Club and other training and employment services to identify user needs and develop cooperative responses.

TRANSITIONAL EMPLOYMENT

The Forum recommends that:

1. This model of employment should be explored and financed by Department of Enterprise, Trade and Employment and administered through FÁS to facilitate the entry of people with mental health difficulties into the workforce in a manner appropriate to their needs.
2. This model should be advertised and information disseminated regarding the potential value it holds for both employers and prospective employees.

COMMUNITY EMPLOYMENT SCHEMES

To address these issues, the Forum recommends that:

1. The CE Supervisor be made part of the community mental health team involved in Person-Centred Planning for the person with a mental health difficulty to assist progression.
2. An evaluation to identify the infrastructural supports inherent within Community Employment, which supports people with mental health difficulties, be conducted by FÁS, and based on its finding that a pilot building in these supports be implemented with private employers.

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EMPLOYMENT WITH SUPPORTS (Other than Supported Employment)

The Forum recommends that:

1. JUST ASK should be actively promoted by all service providers and people with mental health difficulties to potential employers and employees
2. The Employee Retention Grant Scheme be actively promoted by people with mental health difficulties, statutory and non-statutory organisations to assist people with mental health difficulties retain their employment.
3. All providers and people with mental health difficulties have an important role to play in promoting and placing people with mental health difficulties into the workforce. This role must be strengthened.
4. Support structures are developed through which people with mental health difficulties could access assistance when problems arise in the workplace. This programme would be available outside work hours, and could be availed of through programmes such as Clubhouse, subject to appropriate funding levels.
5. A programme promoting a 'work buddy system' within the workplace, using natural supports, be developed by FÁS in consultation with people with mental health difficulties, service providers, employers and trade unions to assist assimilation into the workplace.
6. FÁS should research and develop programmes with employers and trade unions that will assist access to, and retention of, employment for people with mental health difficulties including mechanisms for providing supports and advice to employers and employees' in handling difficulties that may arise, or have arisen, in the workplace.

SUPPORTED EMPLOYMENT

The Forum recommends that:

1. Funding mechanisms for supported employment supports for people with mental health difficulties, who do not meet the 18 hour criteria, be sourced through the Department of Community, Rural and Gaeltacht Affairs or through the Department of Health and Children as part of Sheltered Occupational Services.

SOCIAL FIRMS

The Forum recommends that:

1. A funding stream under the umbrella of Social Economy is established for the piloting and development of Social Firms for people with mental health difficulties.

FRAMEWORK FOR DELIVERY OF SHELTERED OCCUPATIONAL SERVICES

The Forum recommends that:

1. The case of practice for all occupational services needs to be ratified by the Department of Health & Children and an implementation plan announced. Should there be an alternative position adopted, the Department of Health & Children needs to consult with service providers and service users immediately to advise on their plans.

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2. In order to ensure seamless progression between services, there is a need to build bridges between Sheltered Occupational Services and all other training and employment opportunities
3. Sheltered Occupational Services needs to be operationally defined with consideration given to ensuring that definitions of all service provision across the continuum of community provision are reviewed simultaneously.
4. The implementation of the Code of Practice should also take account of those with mental health difficulty who engage in the traditional version of sheltered work in mental health day settings and have historically been ignored in this debate.
5. Given the similarities which have emerged in the Rehabilitative Training programme design and the New Code of Practice for Sheltered Occupational Services, a merger of both should be considered, where appropriate

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ACKNOWLEDGEMENTS

We take to this opportunity to acknowledge the work of this Fora and it members, who have dedicated their thoughts, time and energy towards defining this framework. The members of the Fora were:

| | |
|--------------------------|---|
| Alan Chapman | FÁS |
| Michael Coughlan | National Learning Network |
| Caroline McGrath | Mental Health Ireland* |
| Shira Mehlman | FÁS |
| Noreen Naughton | Burton Hall Cluain Mhuire Services |
| Collette Nolan | Irish Advocacy Network |
| Martin Quilty | HSE Dublin North East |
| Cillian Russell | Schizophrenia Ireland |
| Dr. Margaret Webb | EVE Limited |

* **Replaced by Mick Cummins**

The Fora would particularly like to acknowledge the work of Margaret Webb and her team in EVE Limited for the additional energy and time spend driving the report to its completion. This additional work, as an addition to an already overburdened schedule of work, is significantly noted.

Additionally, a number of submissions were made by the Fora, as follows:

1. Submission to the Expert Group on Mental Health Policy
2. Submission to the Review of Disability Services
3. Submission to the H.S.E.

It is our intention to continue to promote this framework at every level of discourse available and ensure that barriers experienced by people with mental health difficulties continue to be overcome.

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APPENDIX 1

ACCOMMODATING PEOPLE WITH MENTAL HEALTH DIFFICULTIES IN THE WORKPLACE

Be aware that not all people with mental health difficulties will need accommodations to perform their job and many others may only need a few accommodations. Subsequently, the following is a sample of potential accommodations that could be used for people with mental health difficulties. You will also note that many of the accommodations listed are reflected of best Human Resource Development (HRD) practice; benefiting not just those with mental health difficulties, but all employees generally.

Maintaining Stamina during the Workday

- Flexible scheduling
- Allow longer or more frequent work breaks
- Provide additional time to learn new responsibilities
- Allow time off for counseling
- Allow for use of supported employment and job coaches
- Allow an employee to work from home during part of the day or work
- Part-time work schedules.

Maintaining Concentration

- Reduce distractions in the work area
- Provide space enclosures or a private office
- Allow the employee to play soothing music using a CD player
- Allow the employee to work from home and provide the necessary equipment
- Divide large assignments into smaller tasks and goals
- Restructure the job to include only essential functions.

Difficulty Staying Organised and Meeting Deadlines

- Make daily TO-DO lists and check items off as they are completed
- Use networked calendars to alarm meetings and deadlines
- Remind employees of important deadlines
- Use electronic organizers
- Divide large assignments into smaller tasks and goals.

Memory Deficits

- Allow the employee to tape record meetings
- Provide type written minutes of each meeting
- Provide written instructions (e-mail is often a useful tool for this purpose)
- Allow additional training time
- Provide written checklists.

Working Effectively with Supervisors

- Provide positive praise and reinforcement
- Provide written job instructions
- Develop written work agreements that include the agreed upon accommodations, clear expectations of responsibilities and the consequences of not meeting the performance standards

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- Allow for open communication to managers and supervisors
- Establish written long term and short term goals
- Develop strategies to deal with problems before they arise.

Interacting with Co-Workers

- Educate all employees on their rights under the equality legislation
- Provide sensitivity training to co-workers and supervisors. This could be incorporated in bullying and harassment training.

Difficulty Handling Stress and Emotion

- Provide praise and positive reinforcement
- Refer to counseling and employee assistance programmes
- Allow telephone calls during work hours to doctors and others for needed support
- Allow the employee to take breaks as needed.

Attendance Issues

- Provide flexible leave for health problems
- Provide a self-paced work load and flexible hours
- Allow employee to work from home
- Provide part-time work schedule
- Allow the employee to make up time.

Issue of Change

- Recognise that a change in the office environment or of supervisors may be difficult for a person with a mental health difficulty
- Maintain an open channel of communication between the employee and the new and old supervisor (if possible) in order to ensure an effective transition
- Provide weekly or monthly meetings with the employee to discuss workplace issues and production levels.

APPENDIX 2

GLOSSARY OF TERMS

Access

Full and equal access to all the rights, responsibilities and benefits of society for people with disabilities.

Accountability

The use of evidence-based planning, implementation and evaluation at a financial, organisational and professional level to ensure that available resources are used to efficiently meet service user needs and expectations.

Accreditation

A system whereby organisations can be certified or validated as meeting the requirements of a standard in providing training programmes for people with disabilities.

Best Practice

The accepted range of safe and reasonable practices that result in efficient and effective use of available resources to achieve quality outcomes for the service user.

Capital Funding

Money allocated for spending on assets, such as buildings or equipment, which will be used for more than one year.

Certification

A formal written statement of standards achieved by an individual participating on a rehabilitative or vocational training programme.

Eligibility

Refers to whether or not a person qualifies to avail of services, either without charge or subject to prescribed charges.

Entitlement

A right granted by law or contract, especially to benefits or services.

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Evaluation

The measurement and verification of an organisation's key activities to avoid undesirable trends and service user dissatisfaction.

Evidence-based Practice

Practice which incorporates the use of best available and appropriate evidence arising from research and other sources.

Health Gain

Concerned with the improvement in the quality of an individual's life through the cure or alleviation of an illness or through any other general improvement in health of the individual.

Mainstreaming

Mainstreaming concerns the delivery of services for people with disabilities by the public and private bodies that provide the services for population-at-large. FAS' 'Guidelines for Supporting People with Disabilities in Training' (March 2002) defines mainstreaming as the 'systematic integration of people with disabilities into the open labour market; by actively creating conditions whereby people with disabilities can compete and operate in the labour market on an equitable basis with their non-disabled peers - - -'.⁷

Partnership

A shared understanding of the key mechanisms and relationships in the formulation and implementation of policy, which reflects inter-dependence between partners.

Person Centredness

An approach to service delivery that identifies and responds to the needs of individual service users, is planned and delivered in a co-ordinated way and helps service users to directly participate in the decisions on the types of services they receive.

Quality

Meeting (and where possible exceeding) the assessed needs and defined expectations of the service user, through efficient and effective management and processes.

Reasonable Accommodation

The accommodation of the needs of people with disabilities, by providers of goods and services, through making reasonable changes in what they do and how they do it where, without these changes, it would be very difficult or impossible for people with disabilities to obtain these goods or services.

⁷

Quoted in BearingPoint Review of Vocational Training Provision for People with Disabilities in Ireland (May 2003) 2.2.2.

Rehabilitative Training (RT)

Rehabilitative Training has a therapeutic rather than a vocational emphasis and preparation for employment may not be a primary goal. The amendment to the Health Act of 1970 defines RT as 'a structured programme of life skills development that focuses on the acquisition of personal and social skills, maturation, increased independence and community integration of the individual⁸. RT courses are financially supported and monitored by the Health Services Executive on behalf of the Dept. of Health and Children and are run by organisations for disabled people in the state and voluntary sector.

Revenue Funding

Money allocated for the operational costs of a service.

Service Contract

A document, which clearly outlines the nature and extent of the service being provided to a service user by a service provider and the terms of the relationship, which exists between the two parties.

Service Provider

Person(s) responsible for providing the service, this includes staff and management that are employed, self-employed, visiting, temporary, volunteers, contracted or anyone who is responsible or accountable to the organisation when providing a service to the service user.

Service User

A child or adult with a disability, their family member or carer who is receiving a service from the service provider.

Specialist Training Providers (STPs)

STPs offer labour market training programmes for disabled people and that sector alone. They are financially supported and monitored by FÁS on behalf of the Dept. of Enterprise Trade and Employment. They offer greater flexibility and increased support than that which would be available on FÁS mainline training. This provision is contacted by FÁS, and providers come from state and non government agencies for disabled people.

Social Gain

Concerned with the broader aspects of quality of life including the quality added to the life of an individual as the result of the provision of support services.

⁸ Head X – Amendment of Section 68 of the Health Act 1970.

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Standard

A behavioural statement, always written in objective, measurable and achievable terms, that sets the degree of quality or quantity to be achieved.

Stakeholders

All those in society who have a right or duty to ensure quality and standards in services, including people with disabilities, their families and friends, carers, advocates, service providers and funders.

Value for Money

Examinations carried out that aim to establish whether resources have been acquired, used or disposed of economically and efficiently.

Vocational Training

'Supplementary to initial training which is part of an ongoing process designed to ensure that a person's knowledge and skills are related to the requirements of his/her job and are continuously updated accordingly⁹.

⁹ CEDEFOP, Glossarium: Vocational Training P 63 quoted in BearingPoint 2.1

APPENDIX 3

DRAFT PROTOCOL FOR SUPPORTING TRAINEES WITH MENTAL HEALTH DIFFICULTIES

Mental Health Difficulties become apparent in different ways depending on the nature of the illness, the context in which behaviour is witnessed, and the individual concerned. It should also be noted that changes in behaviour are not always attributable to mental illness and only a qualified medical practitioner is in a position to offer an accurate diagnosis. However, to assist those trainees with mental health difficulties a Draft Protocol for Supporting Trainees with Mental Health Difficulties is recommended. Outlined below is a structure that may provide the basis for developing such a protocol.

Any such protocol would need further development in individual settings, and in consultation with relevant parties.

Disclosure of Mental Illness:

Where a person discloses a prior history of mental illness, it may be useful to consider what supports can be provided in the course of the training programme. Subsequently, the following should be discussed with the person before commencing a training programme:

- Does the person require any reasonable accommodation in undertaking a training programme?
- Is the person anyway concerned about the possibility of relapse during the course?
- If so, are there any 'tell-tale' signs which a tutor or key contact person can be aware of which may assist the person in identifying any change of behaviour which may indicate deterioration in a person's health?
- Is there a key health worker or other person who the person would like to nominate, who may be contacted in the event that a concern arises regarding a person's health?

No Prior Disclosure of Mental Illness:

Where a person chooses not to disclose a prior illness, or in the event that a person becomes unwell during a training programme, the following protocol may be appropriate in addressing any difficulties which arise.

- All person with mental health difficulties should be aware of the training centres policy on supporting people with disabilities, including people with a mental illness, participating in their courses. Person with mental health difficulties should also be aware of the conditions attached to participation including attendance requirements and medical certification for absence etc.
- Any concerns regarding a people with mental health difficulties behaviour should in the first instance be addressed with the person with mental health difficulties.
- Where a trainer is concerned regarding a possible mental health difficulty for a person with mental health difficulties, the problem should be addressed without delay in a meeting with the person with mental health difficulties and trainer, in a non-public setting. During this meeting, the person with mental health difficulties should be assured that the training centre will treat any difficulties a person is experiencing in a sympathetic and confidential manner.

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- If a person with mental health difficulties has not previously disclosed a mental health difficulty or indicated that they are experiencing particular stress, it is not possible for a trainer to know whether any behavioural changes are as a result of a mental health related difficulty. In such instances a trainer should, without suggesting a person is experiencing a mental health difficulty, outline his or her concern in relation to the behavioural change. Common concerns may be increased absenteeism, reduced productivity, lack of attention or concentration, lateness, apparent difficulty following instructions, withdrawal from relationships with fellow person with mental health difficulties, insubordination or aggression behaviour.
- The person with mental health difficulties should be given the opportunity to explain any changes in behaviour. If the person with mental health difficulties does not mention any mental health related difficulty and the Person with mental health difficulties remains concerned that this is an issue, the person with mental health difficulties may be asked by the Person with mental health difficulties if she/he is experiencing stress.
- Where there is a denial of any difficulty, a trainer should outline as much detail as possible, concerns in relation to behavioural change and/or changes in performance on a course and the required improvement necessary for continued participation in the programme. The person with mental health difficulties should also be made aware of any consequences that would arise should the person with mental health difficulties not change their behaviour.
- If a trainee discloses a mental health difficulty, the person with mental health difficulties should be advised of any person with mental health difficulties support service available or third person with whom she or he can address any concerns (See previous on disclosure).
- The meeting should be confirmed in writing any proposals made, agreed actions and consequences, and a copy forwarded to the person with mental health difficulties.

If a person with mental health difficulties themselves approaches a trainer to discuss a mental health related issue or acknowledges when the issue is raised a mental health related difficulty impacting on their course participation, a meeting with the trainer involved should seek to address the following issues:

- To establish if there are factors within the course of training centre environment contributing to the present difficulties.
- Where the course content or structure appears to be a contributory factor there should be a review of participation on the course and any relevant reasonable accommodations which may be of assistance.
- Where the current difficulties appear not to be related to the course, the options for accessing support and assistance should be addressed. This may include facilitating a referral to an external agency for assistance where appropriate.
- Where appropriate, an agreed method for monitoring and reviewing the situation should be put in place e.g. meeting on a weekly basis.
- The meeting should be confirmed in writing and any proposals for reviewing the situation should also be documented.

Withdrawal from a Training Course due to Ill-Health:

In some instances, a person may need to withdraw from a course as a result of a mental health difficulty. This can be a particularly difficult experience when a person loses confidence in their ability and feelings of failure and rejection are common. The following suggestions may be effective in supporting a person with mental health difficulties who needs to withdraw due to ill-health.

- A key contact e.g. trainer, who has an established relationship with the person with mental health difficulties, should make initial contact where a person is out sick. This person should maintain regular contact with a person during a period of sick leave from a course.
- Be clear in letting a person know whether a training place can remain open and for how long the absence from a course can be maintained.
- Be as clear as possible in outlining a person's options to return to the course if appropriate or to consider any reasonable accommodations that may be put in place.
- Consider how a person can maintain some contact with the course during the period of treatment – e.g. is it possible to continue with one aspect of the course on a part-time basis?
- If a person has to withdraw from the course formally, reassure the person that they were offered a place on the course on merit and that they are welcome to contact the service in the future to consider future training options. The person should be offered a named person as a contact point to discuss their participation in a training programme in the future. It may also be appropriate to offer referral or information on other agencies offering Rehabilitative Training in the area.
- Consider what, if any, accreditation can be offered for work completed on the course, to date.

Such protocols are contingent upon staff being aware of organisational policy on supporting people with a mental health difficulty and having the requisite knowledge of reasonable accommodations which may be effective in supporting people with a mental health difficulty in participating in mainstream vocational training programmes.

APPENDIX 4

SUAIMHNEAS CLUBHOUSE

Suaimhneas Clubhouse was established in May 2003 under the auspices of Eastern Vocational Enterprises Limited (EVE Ltd.). It is one of four EVE Clubhouse, the other three being Platinum Clubhouse which is situated in Newbridge, Co Kildare, Phoenix Clubhouse which in Clondalkin, Co. Dublin and Conaí in Blanchardstown, Co. Dublin. The Suaimhneas Clubhouse is funded through the HSE and is subject to standards set by the International Standard for Clubhouse Development (ICCD).

Individuals who attend Suaimhneas are 'members' rather than 'patients' or 'clients'. Once you become a member you are a member for life, which means even if you are absent for a number of months you are still welcome back to the Clubhouse. The entire decision making is done equally among both staff and the members, as are the policies, future directions of the clubhouse and the day-to-day running of the clubhouse.

Suaimhneas has three different areas in which a member can choose. Decisions as to what area they would like to participate in is made at the daily morning meeting. Activities in each are as follows:

Membership, Catering, Administration and Maintenance:

- Membership includes activities such as showing prospective members around the Clubhouse, selecting new members, members outreach and promoting Clubhouse in the community.
- Catering focuses on the preparation and serving of daily meals, including ordering food and budgeting.
- Within the administrative area a Clubhouse newsletter is published, office work is carried out and basic computer training is provided.
- General maintenance and upkeep of all areas of the Clubhouse is carried out daily.

The Social Programme provides members with the opportunity to source entertainment within the community, plan and book outings, including costing and budgeting of events. Whereas the Employment and Education activities focus on job profiling for members; job preparation, information on welfare entitlements and sourcing of learning opportunities in the community. It also includes the Transitional Employment Programme and support to working members.

Clubhouse offers members a supportive environment by way of a vocational and social holistic framework, in which they can work alongside staff in the planning and operating of the Clubhouse. Activities are mutually planned, and Clubhouse includes the opportunity to work in a "real job". Every member who attend Suaimhneas Clubhouse has something valuable to contribute to the clubhouse, and society-at-large, irrespective of his or her diagnosis.

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THE JOB CLUB, BLESSINGTON STREET

The Job Club in Blessington Street is a FÁS-funded, six week programme for unemployed people who share experience of mental illness. The role of employment is particularly significant for people affected by mental illness, linked as it is to hope and a future orientation.

There is an initial assessment, in which the applicant and Job Club facilitators explore together the various vocational options, and look at whether or not the Job Club is the most effective step towards achieving the expressed goals. The applicant should feel ready in all areas of life to realistically take up employment. An individual plan of action is agreed with each participant at the beginning of the course, and developed and reviewed on an on-going basis.

The training modules are delivered in the mornings. They cover the necessary job-seeking tools such as curriculum vitae, letters of application, interview preparation and role-play, and include a work-related personal health management module. They also include disability issues, such as the question of disclosure of disability to employers, equality and anti-discrimination law, and information about statutory benefits and schemes. Career exploration and improving awareness of vocational strengths are integral to the activities of the Job Club. Skills learned should be able to be retained and used outside.

Afternoons are for individual work: the preparation of curriculum vitae, exploring local work opportunities and applying for jobs, with the guidance of the Job Club staff. Job Club facilities include the internet, vocational guidance literature and software, newspapers and stationery. Some opportunities for work experience exist.

The Job Club offers on-going support to members in employment, and there is a bi-monthly support group. It aims to work effectively with other employment and training services, including Supported Employment and FÁS Guidance Services, in order to extend the options for employment support and career development.

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THE BASIN CLUB

The Basin Club was opened in November 2002 following a period of consultation with people with self-experience of mental health and professionals living and working in the Dublin North City area. It was developed as an alternative to the rehabilitative training services model in use in Ireland to day.

The Basin Club is founded on the following beliefs and principles:

- That recovery is life-long and is gained from learning from and building on experiences and that recovery is a uniquely personal process that can not be prescribed by services but that services must engage with in a way that is conducive to and supportive of recovery.
- This requires services to acknowledge the process of recovery, to be responsive and flexible and to have a longevity that allow the development of a culture of support and hope to span a lifetime if necessary.
- That service users must be given a leading voice in the development and running of services used by them, both as a right and because they are best placed to identify their own needs and find their own solutions.

The Basin Club is best described as an empowerment model. It recognises the member as the key stakeholder, and is based on the principles of cooperation and partnership. To put this principle into practice a weekly meeting is held which is the main discussion and decision-making forum for the centre. It forms the basis of and underpins the centre's ethos of ownership and empowerment. Any member has the right to bring suggestions or issues as to any aspect of the activities, policies or procedures and the running of the centre or request changes to the same. Involvement in the centre is wholly the choice of each member. The day-to-day operations depend on the involvement and input of members with a growing numbers of aspects being peer lead.

The overall intention of the model is to support each individual member build the insights, understanding and capacity associated with recovery and mental illness. The importance of the peer group in reaching this is considered to be of paramount importance.

Membership is lifelong and open to anyone with self-experience of mental illness. New members are required to attend an introductory meeting and committee to the Club's Ground rules. There are no other entry criteria.

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Key activities of the Basement Resource Centre:

- Drop in
- Provision of impartial information and advocacy (e.g. training, employment, housing, rights and entitlements, services and supports)
- Day to day running of the resource centre
- Skills development through participation
- Access to resources (e.g. training and meeting rooms, computers, email and internet)
- Support, both one to one and group
- Learning and education groups (e.g. Wellness Recovery Action Planning)
- Creative groups, art and creative writing
- Social groups
- Networking with the local community services and supports

The Basin Club is open 6 day per week Sunday to Friday.

THE FOCUS PROGRAMME

The Focus programme was designed to provide and deliver a meaningful and holistic service to people with mental ill health in their own community. At its core is a desire to improve the quality of life of its participants through social interventions leading to greater inclusion, integration and de-stigmatisation.

The programmes design and content has been based on a comprehensive and detailed research undertaking in a range of areas and with a number of stakeholders/interest groups, including, for example, the HSE Disability Guidance Service, Community Mental Health Services and potential clients. Consultation and discussion was undertaken with an array of medical professionals to determine the potential aspirations, needs and desired outcomes of those experiencing mental ill health. Potential participants were invited to outline their views and submit their ideas to the programmes design and content. The local community for each programme has been extensively analysed to establish a community profile which ensures all essential and desirable criteria are present. Much has been derived from new and recent studies such as the HSE (Southern Region's) 'Focussing Minds' strategy and the Royal College of Psychiatrists 'Changing Minds' campaign. This is in addition to increased liaison with a variety of professional bodies in the mental health arena

The programmes design endeavors therefore to represent the many voices of those experiencing, possessing knowledge of and/or working with mental ill health. In the provision of this service, National Learning Network has undertaken to deliver a programme in partnership with and dependent upon a multiplicity of services and groups. Inherent in the programme and essential to its success is the notion of an evolving approach to be informed by client and colleagues as it progresses, thus allowing for adjustment and adaptation in line with emerging needs and requirements.

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By designing a tailored and community-focused programme, it is hoped that the outcomes for its participants will help narrow the gap between society and those with mental ill health. Finally, the programme seeks through increased understanding in the community to attempt to address the stigma and discrimination of this group.

In summary:

- The programme aims to enhance quality of life through personal development, community integrations, physical and mental health, well being and vocational orientation are the key focus of this programme
- This programme will be person-centred in partnership with a multiplicity of health, social and community services.
- This programme is a tri-partite relationship between National Learning Network, the HSE Disability Guidance Service and Community Mental Health Teams.

Printed by HSE Print & Design

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