

Working with Individuals with Mental Health Issues: An Employment Perspective – Part I

Presented by:



Mariella Bozzer



Dr. Sarah-Jane Meachen

Hosted by:

BC Centre for Employment Excellence

The webinar will begin shortly.

Welcome & Agenda

Agenda

5 mins Welcome & Introductions

45 mins Presentation

10 mins Discussion

We encourage you to ask questions! We will address them during and after the presentation. To submit a question:

- Use the “Questions” tab at the right of your screen (at any time during the presentation.)

Working with Individuals with Mental Health Issues – an Employment Perspective

April 2nd, 2014

Presenters:

Mariella Bozzer

&

Dr. Sarah-Jane Meachen



Learning Objectives

- Following this Webinar, you will...
 - Understand why career practitioners and employment specialists need to focus on mental health
 - Have a basic understanding of the major principles of recovery and psychosocial rehabilitation.
 - Recognize the characteristics of successful employment specialists as suggested by research
 - Have a basic overview of some common mental health conditions that may affect employment and some treatment options
 - Have a list of useful internet resources related to mental health and employment



Background: Mental Health in Canada

- 1/3 of Canadians experience a mental health problem¹
- 1/5 Canadians will have a mental health problem this year²
- 6% of hosp admissions are for mental health reasons³
- Total economic burden of mental illness is \$51 billion⁴
 - \$20 billion from workplace losses



Background: Mental Health in the Workplace⁵

- Up to 90% of Cdns. with serious mental health issues are unemployed
- Stigma and discrimination are barriers to employment
- Persons with mental health issues increasingly turning to disability income support programs
- Skills and talents of persons with mental health issues are often wasted
- Many / most mental health conditions emerge in adolescence / early adulthood...important time for career development

Background: Mental Health in the Workplace⁵

“Employment is nature’s best physician and is essential to human happiness” – Galen, 172 A.D.

- People with mental illness who work
 - Are hospitalized less often
 - Use fewer mental health services
 - Are 2-3x less likely to commit suicide



Recovery and Psychosocial Rehabilitation (PSR): Principles

- **Goal:** Accomplish & support fullest integration of individual as active productive member of his/her family, community and/or culture⁶
- **PSR Services** : focus on client's functioning, help clients gain / regain skills, manage health and wellness, and build necessary skills, strengths and supports to recover and live fulfilling lives
- “Successful recovery is facilitated by opportunities for meaningful engagement in society through school, work and leisure pursuits”⁷



PSR Services and Approaches⁶

- PSR approaches need to be delivered in a consistent and quality manner based on evidence-based practices.
- Clients are actively involved in the assessment , goal setting process, are provided with choice, and are in the 'driver seat' in all aspects of service planning.
- Rehab programs that offer employment support have resulted in 50 – 60 percent of MH clients obtaining and maintaining employment.



Role of Employment Specialist⁸

- Research in the SE literature indicates certain 'characteristics' of employment specialists were found to be correlated with clients achieving positive employment outcomes:
 - Positive attitude
 - Being flexible and available
 - Having a client-centered philosophy.

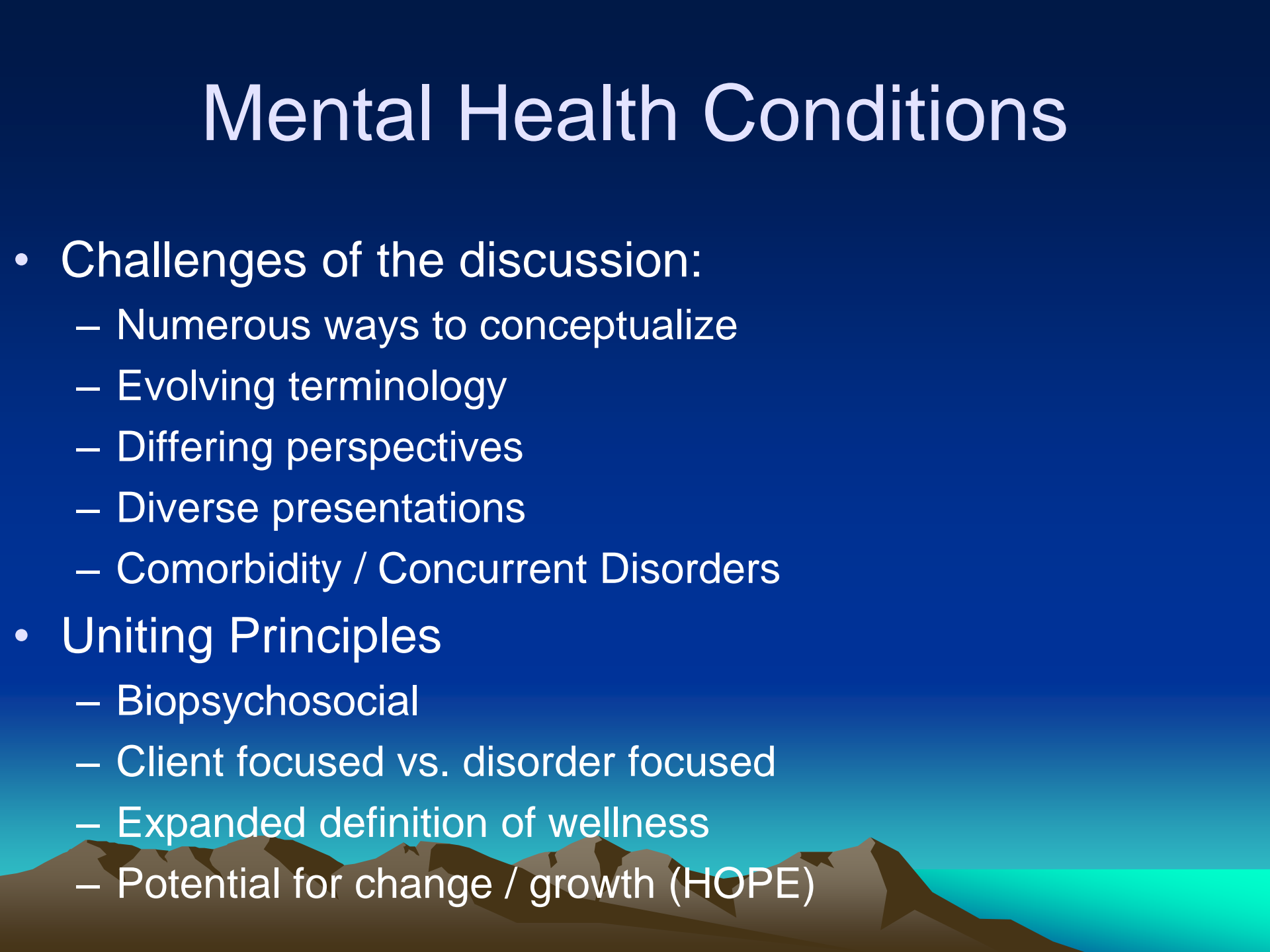


Characteristics: (continued)⁸

- Marketing ability and ability to develop and assist with marketing strategies
- Developing a positive working relationship with the client (belief in recovery and SE principles- displaying acceptance, empathy, and high degree of encouragement and hope)
- Working collaboratively with treatment and support team (family, significant others)



Mental Health Conditions

- Challenges of the discussion:
 - Numerous ways to conceptualize
 - Evolving terminology
 - Differing perspectives
 - Diverse presentations
 - Comorbidity / Concurrent Disorders
 - Uniting Principles
 - Biopsychosocial
 - Client focused vs. disorder focused
 - Expanded definition of wellness
 - Potential for change / growth (HOPE)
- 

Overview of Mental Health Conditions⁹

- Mood Disorders
- Anxiety Disorders
- Psychotic Disorders
- Obsessive Compulsive and Related Disorders
- Trauma- and Stressor-related disorders
- Substance-related and addictive disorders




Depressive Disorders

- Major Depressive Disorder
 - Most common of all mood disorders
 - Affects about 13% of Canadian adults at some point¹⁰
 - Typically first appears in adolescence / young adulthood
 - First onset late in life is not uncommon
 - One of the leading causes of work absenteeism¹⁰
 - Leading contributor to global disease burden in ppl 15-44¹¹



Bipolar Disorders

- In addition to one or more episodes of depression
 - One or more episode of “mania”
 - Extreme optimism, euphoria, feelings of grandeur
 - Rapid, racing thoughts
 - Excessive movement ; rapid speech
 - Decreased need for sleep
 - Increased irritability; at times agitation or paranoia
 - Impulsiveness / reckless behaviour
- 

Anxiety Disorders


- Excessive fear and/or anxiety
- Differ from each other in terms of types of objects or situations that provoke fear/anxiety
 - Specific Phobia
 - Social Anxiety Disorder (Social Phobia)
 - Panic Disorder
 - Agoraphobia
 - Generalized Anxiety Disorder
- Differ from normative fear/anxiety in terms of pervasiveness, excessiveness, and persistence, and affect on daily functioning

Obsessive-Compulsive and Related Disorders⁹

- New category in DSM-V
- Close relationship with anxiety disorders
- Obsessive Compulsive Disorder (OCD)
 - Unwanted / distressing thoughts, ideas, images, or impulses = Obsessions
 - Behaviours, rituals, or mental acts you do to ease anxiety caused by obsessions = compulsions
 - Person recognizes obsessions / compulsions are excessive, unrealistic at some point
 - Cause marked distress; impair functioning



Post Traumatic Stress Disorder

- Experience trauma
 - Persistent symptoms (< 1 month)
 - Intrusion
 - Avoidance
 - Negative Alterations in Cognition / Mood
 - Alterations in Arousal and Reactivity
 - Significant distress or impairment of functioning
 - Trauma-Informed Practice
- 

Psychosis

- Psychosis – symptoms characterized by loss of contact with reality
 - Hallucinations
 - Delusions
 - Catatonia
 - Thought Disorder
- Affects 3% of population
- May result from intoxication, extreme stress, or medical condition
- May be a symptom of a larger condition such as schizophrenia or bipolar disorder.
- Early identification and treatment is crucial




Schizophrenia

- Complex disorder or group of disorders
- Affect 1% of population
- Key symptoms
 - Delusions
 - Hallucinations
 - Disorganized speech
 - Disorganized or catatonic behaviour
 - Negative Symptoms (apathy, decreased speech, lack of pleasure, blunted emotions)



Substance Use Disorders (Addictions and Dependencies)


- About 20% of people with a mental health condition have a co-occurring substance use problem.
 - Use of substances is a common coping strategy
 - Substance Use Disorders
 - Use of substance in increasingly larger amounts
 - Unable to reduce or abstain ; cravings
 - Effect on occupational / social functioning
 - Tolerance / Withdrawal
- 

Additional Conditions

- Personality Disorders
- Neurodevelopmental disorders
 - Fetal alcohol spectrum disorder
 - Attention Deficit Hyperactivity Disorder
- Learning Disabilities
- Feeding and Eating Disorders



Identifying clients with mental health issues

- Created safe spaces for clients
 - Have the conversation
 - Be alert for changes in client mood, appearance, behaviour
 - Coordinated care – collaboration between care providers
 - Family / Social Network engagement
 - Get informed
 - Take a course: Mental Health First Aid
 - Webinars, seminars, conferences,
- 

Working with clients who have mental health conditions

- Core principles: empathy, warmth, hope
- Flexibility
- Collaboration / consultation
- Client-centered
- Self care: risk of burnout



Identifying Suicide Risk

- “Working with the Suicidal Patient: A Guide for Health Care Professionals”:
 - www.sfu.ca/carmha.ca/publications
- “Working with the Client Who is Suicidal: A Tool for Adult Mental Health and Addiction Services”
 - www.sfu.ca/carmha.ca/publications



Identifying Suicide Risk: Two mnemonics

IS PATH WARM

- I = Ideation
- S = Substance Use
- P = Purposelessness
- A = Anxiety
- T = Trapped
- H = Hopelessness
- W = Withdrawal
- A = Anger
- R = Recklessness
- M = Mood Change

SAD PERSONS

S = Sex (Male)

A = Age (adolescent / elderly)

D = Depression

P = Previous Attempt

E = Ethanol Abuse

R = Rational thinking loss
(psychosis)


S = Social supports lacking

O = Organized plan

N = No spouse / partner

S = Sickness (especially
chronic/uncontrolled pain)

Overview of Medications for Mental Disorders

- AKA: psychotropic, psychoactive, psychotherapeutic
 - Alter availability of chemicals in brain involved in mood
 - Prescribed by a physician – general or specialist
 - Treat symptoms – not a cure
 - Short term or long term
 - Medications often combined for best effect
 - Medications often combined with other interventions
 - Medications affect people differently
 - Medications may have side effects
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Therapy / Counselling

- Individual vs. group Modality
- Various theoretical orientations
- Differing training backgrounds: psychologist, psychiatrist, counsellor, psychiatric nurse, mental health worker, etc.
- Brief vs. Long-term
- Research suggests as effective as medications for treating most mental health conditions



Additional Interventions

- Psychosocial Rehabilitation
 - Discussed in further detail in next webinar
 - Expanded view of wellness
 - Education
 - Leisure
 - Employment
 - As career practitioners, you play a central role in helping clients on their wellness journey



Useful Websites: Fostering Mental Health in the Workplace

Great-West Life Centre: www.gwicentreformentalhealth.com

Guarding Minds at Work: www.guardingmindsatwork.com

Health Canada: www.hc-sc.gc.ca/

Here To Help B.C.: <http://www.heretohelp.bc.ca/>

Mental Health Commission: www.mentalhealthcommission.ca

Mental Health Works: www.mentalhealthworks.ca

Working Through It: www.gwicentreformentalhealth.com/wti

Workplace Mental Health Promotion: www.wmhp.cmhaontario.ca



Mental Health Websites

- Anxiety BC: www.anxietybc.com
- BC Partners for Mental Health and Addictions Information: www.heretohelp.bc.ca
- Canadian OCD Network: canadianocdnetwork.com
- Centre for Addiction and Mental Health: www.camh.ca
- Centre for Applied Research in Mental Health and Addictions (SFU): www.sfu.ca/carmha
- Canadian Mental Health Association (B.C. Div): www.cmha.bc.ca
- Learning Disabilities Association of B.C. www.ldabc.ca
- Mood Disorders Canada: www.mooddisorderscanada.ca

Mental Health Websites

- The Obsessive Compulsive Foundation:
www.ocfoundation.org
- Schizophrenia Society of Canada:
www.schizophrenia.ca
- Substance Abuse Mental Health Services Administration (SAMHSA) www.samhsa.gov
- Therapy Works: www.therapyworks.ca



Therapyworks.ca

- Dr. Christine Korol
- Online sessions for treating anxiety
- Free of charge

<http://wiredtoworry.com/webinar/?currentPage=2>



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4. Mental Health Commission of Canada (2013). *Making the Case for Investing in Mental Health in Canada*. Accessed on January 4, 2014 at www.mentalhealthcommission.ca
5. Mental Health Commission of Canada (YEAR). *The Aspiring Workforce: Employment and Income for People with Serious Mental Illness*.
6. Psychosocial Rehabilitation Canada Website. <http://www.psrrpscanada.ca/index.php?src=gendocs&ref=Ontario> . Accessed March 24, 2014.



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7. Ministry of Health (2010). *Healthy Minds, Healthy people: A 10-Year plan to address mental health and substance use in British Columbia*. Accessed March 24, 2014, at http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf
8. Corbiere, M., Zaniboni, S., Lecomte, T., Bond, G., Gilles, P-Y., Lesage, A., & Goldner, E. (2011) Job acquisition for people with severe mental illness enrolled in supported employment programs: a theoretically grounded empirical study. *Journal of Occupational Rehabilitation*, 21 (342-54).
9. American Psychiatric Association (2013). *The Diagnostic and Statistical Manual of Mental Disorders* (Fifth ed.). Arlington, VA: American Psychiatric Publishing.
10. Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa (ON): Minister of Public Works and Government Services Canada.
11. World Health Organization. *Depression*. http://www.who.int/mental_health/management/depression/definition/en

Questions and Discussion

To submit your question:

- Please use the “Questions” tab to the right of your screen.

Upcoming Webinars

April 23rd & May 14th

Working with People with Mental Health Issues from an Employment Perspective
– Parts II and III

Presented by: Gastown Vocational Services

The second webinar will focus on applying principles of Psychosocial Rehabilitation and Recovery to successfully engage clients in the supportive employment process. We will review skills and tools for assessing readiness, as well as strength-based approaches to client goal-setting. Specific recovery tools and strategies for wellness in the workplace will be introduced. Finally, we will discuss the value of engaging the client's support network in facilitating work integration.

We will send the registration link in tomorrow morning's follow up email.

Thank you for attending today!

Continue the conversation at www.cfeebc.org.