WHAT WORKS:

Career–building strategies for people from diverse groups
A COUNSELLOR RESOURCE

Persons with Mental Health Disabilities

This is one of 13 chapters of an online resource for counsellors titled *What Works: Career-building strategies for people from diverse groups*. Visit **alis.alberta.ca/publications** to view, download or print other chapters.

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Statistics

Percentage of Albertans who reported psychological disabilities in 2006	11.3%[1]
Number of Albertans who will be diagnosed with schizophrenia in their lifetime	30,000[2]
Percentage of population in Canada affected by	12% anxiety disorders[3] 3.2% problem gambling[4]
Percentage of population in Canada affected by an eating disorder	3% of females[5]
Percentage of population in Canada who reported in 2006 a history of mood disorder symptoms	13.4% for mood disorder in general 12.2% for depression 2.4% for bipolar disorder 10% to 15% of women for post-partum depression[6]
Percentage of population in Canada who have a history of substance abuse	30% of persons who are gay or lesbian 10% to 12% of the general population[7]
Percentage of population in Canada who reported in 2006 embarrassment about their mental health problems	53.4% women 58.5% men[8]
Percentage of population in Canada who reported in 2006 discrimination due to mental health problems	52.8% women[9] 55.9% men[10]

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Context

Disabilities in *What Works* chapters

In *What Works*, disabilities are discussed in four separate chapters:

Persons with Developmental Disabilities
Includes persons with general developmental disabilities, as well as autism, Asperger disorder and fetal alcohol spectrum disorder (FASD)

Persons with Learning Disabilities
Includes persons with disorders in functional use of oral and written language, reading and mathematics, as well as non-verbal learning disorders (NLD)

Persons with Physical and Neurological Disabilities
Physical disabilities includes sight, hearing and mobility disabilities, as well as chronic pain and autoimmune diseases

Neurological disabilities includes acquired brain injury (ABI), epilepsy, Tourette syndrome and attention deficit hyperactivity disorder (ADHD)

Persons with Mental Health Disabilities
Includes persons with anxiety disorders, eating disorders, mood disorders, personality disorders, schizophrenia, problem gambling and substance abuse, as well as co-existing diagnoses

Counsellors may wish to read all four chapters for information and ideas that may be helpful for their client group.

Terminology and definitions

Disability is defined by Statistics Canada as an "activity limitation or participation restriction associated with a physical or mental condition or health problem."[11]

In general, *mental illness* involves an impairment of thought, mood, perception, orientation or memory.[12]

Avoid using the term for the disability to describe the whole person, such as "She's a schizophrenic" or "He's a psychotic." As well, avoid terms that suggest pity or victimhood, such as "He *suffers* from depression" or "She's a *victim* of schizophrenia."

An individual diagnosed with a mental health disability can be described in a respectful manner as a *person with a mental illness*, a *person with a psychiatric disability* or *a person being treated for a mental disorder.*

Be aware of slang or common terms that demean persons with mental illness. The words *crazy, lunatic, psycho, psychotic, neurotic, mad, maniac, demented, mental* and *loony* are words that describe behaviour, but again, they should not be used to describe a person.

Except for their legal use, the terms *insane* and *insanity* are derogatory.[13]

Legislation

Canadian Charter of Rights and Freedoms

The Canadian Charter of Rights and Freedoms in Section 15 guarantees equality rights and freedom from discrimination for people who have a mental or physical disability, as well as for other categories of people who face discrimination.

Employment Equity Act

The *Employment Equity Act* defines persons with disabilities as individuals who have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment, and who consider themselves to be disadvantaged in employment by reason of that impairment, or believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment.[14] Because this is a federal act, it is limited in scope and applies only to industries that are federally regulated.

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Duty to accommodate

Duty to accommodate refers to the legal obligation to take appropriate steps to eliminate discrimination resulting from a rule, practice or barrier that has—or can have—an adverse impact on individuals with disabilities. A similar duty applies to other areas such as reasonable accommodation for religious differences. Efforts to accommodate are required up to the point where the person or organization attempting to provide accommodation would suffer undue hardship by doing so. Undue hardship occurs if accommodation would create onerous conditions for an employer or service provider, for example, intolerable financial costs or serious disruption to business.[15]

Types of mental health disabilities

Clients with mental health disabilities may experience disruption in their major life activities, including difficulties in working, going to school and taking care of themselves. The onset of mental health problems occurs most frequently during adolescence or young adulthood but can occur at any age. The symptoms are often hidden or invisible except during acute phases.

This chapter includes the disabilities related to mental health:

- anxiety disorders
- eating disorders
- mood disorders
- personality disorders
- schizophrenia
- problem gambling
- substance abuse

The standard criteria for the classification of mental disorders is the *Diagnostics and Statistical Manual of Mental Disorders* (*DSM-IV-TR*), which is published by the American Psychiatric Association. Classification of mental disorders in the *DSM* has changed over the years, with some disorders being added and others removed. The *DSM-IV-TR* is currently under revision. For more information about the release date for *DSM-V*, see the website for the American Psychiatric Association.[16]

Anxiety disorders

Anxiety disorders relate to distress or fear and may include anxiety or panic attacks. Focused anxieties are called *phobias*. Anxiety disorders are the most common psychological disorders.[17]

Anxiety disorders include the following:

- *Social phobia* is a fear of social situations. An individual will avoid speaking in front of people, as well as going to public events.
- *Panic disorders* are repeated and unpredictable panic attacks that may involve sweating, shortness of breath and a sense of choking or fainting. The fear that a panic attack may occur is called *anticipatory anxiety*.
- *Post-traumatic stress disorder* (PTSD) includes flashbacks, persistent frightening thoughts and memories, and anger or irritability in response to a terrifying experience in which the person was physically harmed or threatened with harm.
- *Agoraphobia* is a fear of open, public places.[18]

Prescription medication (anti-depressants or anti-anxiety drugs) and cognitive behaviour therapy help clients turn anxious thoughts into less anxiety-producing ideas. Drowsiness is often a side effect of drug treatment and may affect the counselling process.

Eating disorders

Eating disorders are a serious disturbance in one's eating patterns, either by eating too much or too little. Eating disorders occur because of a combination of psychological, social and biological factors. Eating disorders usually include a distorted perception of one's own body, possibly influenced by society's overarching concern about thinness.[19]

The three most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. Most individuals diagnosed with an eating disorder are female, but males can also be diagnosed with eating disorders.[20]

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Individuals with anorexia may have a co-existing disorder (dual diagnosis) of anxiety disorders, depression or substance abuse. Some individuals with anorexia or bulimia recover, but others will have challenges throughout adulthood. In addition to the loss of functioning and balance in their lives, people diagnosed with an eating disorder may face physiological problems, such as kidney failure or heart conditions.

Successful treatment consists of a combination of monitoring physical symptoms, as well as

- cognitive therapy
- behavioural therapy
- nutritional counselling
- body image therapy
- education
- medication, if necessary

Mood disorders

Depression and bipolar disorder belong to a category known as *mood disorders,* also called *affective disorders*. The most common are bipolar (manic-depressive) and unipolar (depressive) disorders. Mood disorders are characterized by noticeable and persistent mood disturbances that colour the individual's view of the world.[21]

Mood disorders may result in problems in the following areas:

- loss of interest
- social skill deficits
- memory deficits
- performance skill deficits
- grandiose thoughts
- unrealistic thinking (impaired insight)
- rapid thought processes
- manic periods, in the case of bipolar disorder

Mood disorders are treatable through antidepressant medications and education in combination with various forms of psychotherapy, such as cognitive behaviour therapy. However, many individuals diagnosed with mood disorders fail to seek treatment or to maintain treatment or therapy.

Personality disorders

Persons with personality disorders exhibit inappropriate and maladaptive personality traits. Examples of personality disorders include

- anti-social personality disorder
- obsessive-compulsive personality disorder
- borderline personality disorder
- dissociative identity disorder
- narcissistic personality disorder
- oppositional defiant disorder
- paranoid personality disorder
- histrionic personality disorder[22]

Personality disorders cause behaviours that deviate from expectations of society. Behaviours indicative of a personality disorder include the following symptoms:

- "Difficulty getting along with other people. May be irritable, demanding, hostile, fearful or manipulative.
- Patterns of behaviour deviate markedly from society's expectations and remain consistent over time.
- Disorder affects thought, emotion, interpersonal relationships and impulse control.
- The pattern is inflexible and occurs across a broad range of situations.
- Pattern is stable or of long duration, beginning in childhood or adolescence."[23]

Self-harm is a symptom of both borderline and dissociative personality disorders and refers to a spectrum of behaviors where injury is self-inflicted. A person who self-harms is not usually seeking to end their own life. Instead they may be using self-harm as a coping mechanism to relieve emotional pain or discomfort in response to a history of trauma and abuse, which may include emotional abuse, sexual abuse, substance abuse and eating disorders. The most common form of self-harm is skin cutting and is most common in adolescence and young adulthood.[24]

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Because personality disorders are individualistic, clients may present a range of behaviours.

When treated effectively, individuals usually receive intensive personal and group psychotherapy, antidepressant drugs and family and community support.

Schizophrenia

Persons with schizophrenia are characterized by disturbances in language, communication, thought and perception.[25]

These disorders may result in problems in the following areas that may affect career counselling and work search processes:

- attention deficits
- abstract thinking disturbances
- planning and problem-solving deficits
- memory deficits
- difficulty with organizational skills
- verbal memory deficits
- hallucinations and delusions

Schizophrenia usually requires intense treatment, which consists of a combination of medication, education, primary care services, hospital care and community services such as adequate housing and employment.[26] The most common form of treatment is drug therapy. Some anti-psychotic drugs have significant side effects, which may range from drowsiness to blurred vision to weight gain. Patients may be prohibited from certain activities, such as use of machinery. Prescription medication controls the symptoms of schizophrenia and allows the individual to begin to regain a place in society.

Problem gambling

Problem gambling is overwhelmingly a hidden disorder. Unlike substance abuse, problem gambling has no physical signs, making it much more difficult to detect. According to the *Diagnostics and Statistical Manual of Mental Disorders* (DSM), problem or pathological gambling is an impulse control disorder.

The presence of five or more of the following indicates problem or pathological gambling:

- need to put increasing amounts of money into play to get the desired excitement
- repeated attempts (and failure) to control or stop gambling
- feelings of restlessness or irritability when trying to control gambling
- use of gambling to escape from problems
- frequent attempts to recoup loses
- lying to cover up the extent of gambling
- stealing to finance gambling
- jeopardizing a job or important relationships
- the need to rely on others for money to relieve the consequences of gambling
- preoccupation with gambling[27]

Substance abuse

Substance abuse is the continued use of substances despite negative consequences in major life areas. It is also defined as a progressive dependency on a substance (alcohol, glue, pharmaceutical drugs or illegal drugs) that may trigger other mental disorders and that results in withdrawal if the substance is no longer used. [28]

Long-term effects of heavy alcohol use can lead to stomach ulcers, sexual problems, liver disease, brain damage and many kinds of cancer. Inhalant abuse damages the central nervous system, leading to behaviours similar to those associated with psychotic disorders.

Common treatments include withdrawal from the substance (detoxification), followed by psychotherapy, counselling (including individual and family), continuing education and 12-step recovery programs.

The Alberta Alcohol and Drug Abuse Commission's (AADAC) fact sheets titled "The ABCs" are a series of one-page sheets about issues related to drug and alcohol use. Information is clear, brief and answers the most commonly asked questions. Space is available to personalize each sheet. Counsellors may want to use "The ABCs" as handouts for clients.[29]

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Co-existing diagnoses

Some mental health disabilities are concurrent with other psychological disorders. It is extremely important that clients diagnosed with co-existing disorders, also known as *dual diagnosis*, receive the appropriate treatment.[30]

Health Canada classifies these co-existing disorders or occurrences into five categories:

- substance use and mood and anxiety disorders
- substance use and severe and persistent mental disorders (includes problems related to anger, impulsivity and aggression)
- substance use and personality disorders
- substance use and eating disorders
- other substance use and mental health disorders, including sexual disorders and problem gambling[31]

Counsellors need to keep in mind the following facts:

- Mental illness increases the risk of developing an addiction.
- Addiction affects psychiatric treatment plans.
- Symptoms of mental illnesses may affect the onset, duration and effectiveness of addictions treatment. One example is that stimulant abusers will experience an emotional crash as part of withdrawal.
- Symptoms of mental illnesses may result from the experience of addictions. An example is that depression or anxiety may result from the loss of a job or a marriage or from a traumatic event related to the use of drugs.
- Untreated addiction problems can contribute to a relapse of the mental illness, and untreated psychiatric problems can contribute to a relapse of the substance use disorder.[32]
- Mood disorders frequently accompany anxiety disorders and personality disorders.[33]
- Individuals with depression are more likely to develop chronic diseases, such as diabetes.[34]
- Personality disorders commonly co-occur with substance abuse, sexual dysfunction, anxiety disorders, eating disorders and depression.
- Over time, symptoms may become difficult to distinguish. Clients may present with a complex set of symptoms.
- Disorders can develop independently at different times.

"When a person has a dual diagnosis, they are affected—physically, psychologically, socially, economically and spiritually—by both an emotional or psychiatric illness and chemical dependency. Although the two conditions are separate and independent, they interact in ways that increase the complexity of diagnosis, treatment and recovery."[35]

Barriers and challenges

Desire to function

"The level of people's ability to cope always amazes me. No matter if a person has been diagnosed with depression, schizophrenia or bipolar disorder, they continue to desire to function in a healthy manner. They want to be loved, be productive, get respect—no different than any other person. That destigmatizes a lot of things for me."

Sandra Taylor
Alberta Health Services

Rate of recovery

Treatment to assist in recovery from mental illness must reflect its complex origins. A variety of treatment strategies, such as psychotherapy, cognitive-behavioral therapy, medication and occupational therapy, can improve an individual's functioning and quality of life.[36]

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People with mental health disabilities can play an important part in their recovery, but they can't "snap out of it" or "pull themselves together." They don't lack will power nor are they weak. Rarely continuously ill, people with mental health disabilities may experience cyclical periods of ability and disability. Many develop successful strategies for their periods of disability if given support to do so, such as workplace accommodations.[37]

Responses to medication

It is not always possible to determine whether the traits a person with a mental health disability exhibits are caused by the disorder or its treatment.[38] The more overt side effects of drug therapy, as well as more subtle side effects (such as mood swings), decreased psychomotor control and concentration difficulties, are of major importance in the counselling process since they often present major barriers to the career/employment options open to the individual. Over the past decade, professionals in the field report that some employment barriers are straightforward, such as the prohibition on operation of high speed equipment. Others are more subtle and relate to the impact of a client's symptoms on the public, potential employer or counsellor.[39]

Stress

Response to stress is as individualistic for persons with mental health disabilities as it is for persons without these disabilities.[40] Stress can be caused by anything from struggling to do basic self-care to managing finances to relationship difficulties. People do not always understand the triggers of stress. The counsellor can support the client in determining what causes stress and then help the client develop practical coping strategies.

One cause of stress that may have been overlooked is the practice of placing an individual into a low-wage, unskilled job and not helping that person to move on. Sometimes the counsellor is unaware that the "stress created by a poverty-level lifestyle may be more destabilizing than the degree of stress engendered by challenging work."[41] This kind of mismatched placement often occurs because of concern about the client losing benefits due to a relapse or job loss.

Entry-level work can, however, be a stepping stone to a more suitable job and not an end in itself. This progression needs to be built into the career and employment plans.

Suicidal behaviour

Suicidal behaviour is highly correlated with mental illnesses, especially borderline personality disorder and depression. Women have a higher rate of attempted suicide, but the mortality rate for men is four times that for women.[42] "The suicidal mind has been described as constricted, filled with a sense of self-hatred, rejection, and hopelessness."[43]

The following framework categorizes the factors associated with suicidal behaviour:

- *Predisposing factors* are enduring factors that make one vulnerable to suicidal behaviour. Examples are mental illness, abuse, family history of suicide and difficulty with peer relationships.
- *Precipitating factors* are acute factors that create a crisis. Examples are financial difficulties, personal conflict and loss or rejection because of one's background or sexual orientation.
- *Contributing factors* increase the exposure of a person to either predisposing factors or precipitating factors. Examples are risk-taking behaviour, substance abuse, suicide of a friend, physical illness and history of unstable family relationships.
- *Protective factors* actually decrease the risk of suicidal behaviour. Examples are resiliency, sense of humour, tolerance for frustration, adaptive coping skills and positive, healthy family relationships.[44]

Treatment programs seek to address the various factors that influence suicidal behaviour.

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Stigma

Seeing the whole person

"People thrive on unconditional positive regard. Approach an individual with a mental illness no differently than you would anyone else. Have the belief in people that they can accomplish what they need to accomplish."

Sandra Taylor
Alberta Health Services

"Of all persons with a disability, those with a serious mental illness face the highest degree of stigmatization in the workplace and the greatest barriers to employment."[45]

Stigma may result in anger and avoidance behaviors. Stigma in the workplace has a profound impact on people with serious mental illness. This includes "diminished employability, lack of career advancement, and poor quality of working life. People with serious mental illnesses are more likely to be unemployed or to be underemployed in inferior positions that are incommensurate with their skills or training. If they return to work following an illness, they often face hostility and reduced responsibilities. The results may be self-stigma and increased disability."[46]

Despite increased awareness and understanding of mental illnesses, misconceptions persist. Perhaps the most damaging myths are those that promote the idea that people who have a mental illness are a danger to society. In fact, research has shown that people who have been diagnosed with a mental disorder are no more likely than the general public to commit crimes or act violently.[47]

Another myth promotes the view that people with a mental disorder are incapable of maintaining a job because they are less intelligent than healthy people and they have trouble learning. Another misconception is that mental illness is caused by a personal weakness.[48]

It is important for counsellors to deal directly with the myths and stigma facing their clients.

- Re-examine their own views about disabilities and confront any stereotypes they may harbour.
- Build relationships with and work with hospital staff and community-based programs, as appropriate, to improve services to clients and to raise public awareness about this issue.[49]
- Be proactive in sharing positive attitudes about clients who have a mental disability with colleagues and employers.[50]
- Help clients develop or enhance appropriate social skills.
- Encourage clients to become involved in self-help groups.
- Encourage clients to increase their knowledge by learning about mental disorders and treatments.

Clients' financial concerns

Income support systems include income from a pension plan, a long-term disability pension or government income support. Persons with disabilities who receive income from these sources may have the qualifications and the desire to work, but they may also fear jeopardizing their benefits if they take a full-time job. Many clients may be concerned especially about the loss of health benefits. In addition, some fear difficulties in reinstating benefits if the job does not last.

Individuals who receive financial assistance in Alberta are encouraged to maximize self-sufficiency, which usually means employment. Individuals who are working while receiving financial assistance may receive a supplement to their earnings. In other words, a portion of their wages may be exempt when their benefits are calculated. In Alberta, people leaving financial assistance for jobs may continue to receive health benefits both for themselves and their children.

So, while loss of health benefits may still be a concern for clients, it may not be a reality. Counsellors are encouraged to become familiar with details of financial assistance programs and help clients to get more information about income exemptions and health coverage.[51]

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Responding to Challenges: Strategies and Practices

What do I wish I had known when I started working with people diagnosed with a mental illness?

"I wish I had known how deeply disabling in terms of confidence and one's sense of competency mental illness can be. I don't think any of us grasp the depth of despair that individuals who suffer from mental health disabilities experience, and the amazing ways in which they cope."

Sandra Taylor
Alberta Health Services

Qualities of effective counsellors

Counsellors' personal beliefs

Basic beliefs about persons with mental health disabilities influence how counsellors relate to clients. Reflect on your own values, beliefs and assumptions with respect to mental health disabilities as an aspect of social identity.

Career counselling is likely to be effective when based on these ideas:

- Each person with a mental health disability deserves to be treated as a unique individual.
- Labels should be avoided whenever possible.
- Persons with mental health disabilities, no matter how disabled, have a limitless potential for becoming not what we desire them to be, but what it is within them to become.
- There are many ways to accomplish the same task. Be open to the possibilities and exercise creativity.
- Everyone has some form of disability. Career development can be a vehicle for growth for persons with disabilities.
- It is important to emphasize abilities, not disabilities, and to examine how society defines success.
- People can change or modify their jobs to focus on abilities and to avoid shortcomings.
- Accommodations are seldom costly, and these modifications can benefit other employees as well.[52]

Developing skills to counsel persons with mental health disabilities takes time. Consider using some of these strategies to build your own skills and competencies:

- Examine your coping mechanisms.
- Explore all the skills involved in practising unconditional positive regard.
- Build your awareness about your own style and approach.
- Read journal articles on mental health.
- Find out who is engaging in new developments and touch base with them.
- Use the Internet to explore new information in areas of mental health.
- Attend symposia, seminars, workshops and conferences on mental health issues.

Communicating with clients

Taking time to learn

"Remember to make time for yourself to keep learning. Sometimes professionals spend all their time with clients and forget about their own professional development. Take time to do that because that's how you'll figure out what works and see how other professionals are helping their clients."

Sikin Samanani
Treaty 7 Nations Health Services

A mental health disability may impair a client's communication skills. Therefore, it is important to communicate as clearly as possible.[53]

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Here are some suggestions:

- If the client seems to be having difficulty understanding, repeat what you have said and ask the client to restate in his or her own words what you have discussed.
- If the client seems anxious or distracted in your office, move to a quieter location, if possible.
- Make requests and suggestions positively, directly and honestly.
- Refrain from expressing negative feelings. If you must express displeasure, be clear that you are talking about a particular behaviour or action, not about the person.
- Show appreciation and be genuine.[54]

De-escalation of volatile situations

If the need to diffuse a volatile situation arises, counsellors may want to be prepared to use these strategies:

- Slow the situation down. What's causing the volatility? Remove the person or object that's the focus of frustration. Let the client talk.
- Be aware of the client's personal space. If you are within it, she or he might feel attacked. Give the client more space than normal. Keep listening.
- Ask the client "What would you like to do?" or "What would help you?" Ask if intervention is needed.
- Don't appeal to logic. Don't try to talk the client out of it or argue.
- Don't bring up emotionally charged issues.
- When you do speak, talk slowly and in a non-confrontational manner. Agree with the client when appropriate. Say something positive.
- Use body language that conveys calmness. Don't move suddenly or speak in an authoritarian tone.
- As soon as possible, encourage the client to make some choices. This strategy helps the client to regain some control over the situation and decreases the danger.
- Be aware that symptoms might worsen. It may become important to get help.

Helping clients with life skills

Moving forward

"Motivation is always a big issue—and the willingness to invest the energy hoping that the outcome will be favourable. It's hard for some people to move beyond the fear. I always ask about their daily routine and sometimes it is sleep, go to medical appointments, go home and sleep some more."

Sikin Samanani
Treaty 7 Nations Health Services

Sometimes counsellors need to take the time to hear about the life of a person coping with mental health disabilities. By doing so, the counsellor continues to build trust and learns how the client copes with practical challenges.

- Listen to the client's whole story about a problem or concern. Take notes. Summarize the story and check it with the client.
- Ask what the client would like you to do. If the client requests that you not take action, respect this request.
- Don't offer advice in areas beyond your expertise. If the client decides that you can help with a particular issue, keep the client informed of each step you take. Stop when and if you are asked to do so.
- Don't do more than the client asks you to do. Your task is to support the client and provide reliable information.
- Recognize your limitations. Don't say you'll do what you can't deliver on.
- The client must take an active role in clarifying the problem, finding an advocate and seeking information.
- Meet with third parties that you contact on behalf of the client with the client present. Support the client but don't take over.

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- Remember that a client's frustration may stem from an inability to communicate acceptably. Help the client rebuild communication skills.
- A client may be concerned about taking an issue to a higher authority. Let the client know that people in senior positions may be able to act on the client's concern. Help the client prepare material to present the problem effectively.
- Keep your supervisor informed about your activities and let your client know that you are doing this.
- Encourage your client to share the problem with others in similar situations. Mutual support and common action can often overcome feelings of isolation.[55]

Some clients' presentations may be "dominated by concerns about their symptoms, medication dosage and adherence, stress levels, and daily habits." Because of this practice, an individual's talents, abilities, strengths and interests are forgotten or relegated to the background by the concerned individuals helping them.[56]

Some clients will require help to identify their skills, interests and values and to test this self-knowledge against the realities of the work world.

Helping clients develop decision-making skills

Persons diagnosed with a mental illness may have little experience in making genuine choices and/or accepting responsibility for decisions that they have made. Sometimes their support system does not expect them to make their own decisions. Therefore, their responses to the decision-making process may include

- impulsive decision making
- a fatalistic approach
- an intuitive approach, regardless of appropriateness
- agonized indecision[57]

Helping clients with problem solving and organization

Sometimes mental disabilities can result in problems with organizing and problem solving. You can help your client with these issues by using structured situations. You may want to model performance of a task and then encourage your client to use self-instruction strategies, such as

- The client observes you modelling task performance.
- The client performs the task while listening to your instructions.
- The client performs the task while whispering instructions to self.
- The client performs the task while just thinking the instructions.[58]

Other supportive, structured methods clearly set out guidelines, expectations and consequences:

- Begin by discussing limited options, then progress to additional options as the client shows readiness.
- Be well organized in your approach.
- Use a checklist system for tasks and objectives at each meeting.
- Make time sequences concrete by using timelines and pictures to help the client visualize what will occur.
- Provide constant feedback.

Helping clients set goals

Looking to the future

"Just the process of seeing an individual getting excited about goal setting and making changes is satisfying for me. Also, thinking outside the box rather than just trying to fit the client into what's out there. Re-frame your approach to fit their goals. It's a partnership, and along the way you have to evaluate and monitor and make sure you're in sync with what they want. If it's not working, then do something else."

Sikin Samanani
Treaty 7 Nations Health Services

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To address many of the challenges mentioned above, it is important *not* to separate personal and work-related issues from each other. Instead, counsellors are to focus on the issue that is important to the client. If a client's top five goals don't involve work at this time, then consider focusing on one goal that is deemed by that person to be important. For example, if a client wants to learn how to use email in order to communicate with relatives in another part of the world, then that becomes a goal that counsellors can help the client achieve. In so doing, the individual will be learning the skills involved in accomplishing a goal as well as learning computer-based communication skills.

You can help clients set realistic goals by

- listening to the client's ideas about their goals
- finding out how clients have been using their skills
- exploring what is meaningful to each individual
- providing honest, non-judgmental feedback
- helping clients examine all the alternatives, options and different ways of doing work
- ensuring that clients realize the demands and requirements of specific career goals
- teaching goal-setting and action-planning skills[59]

Encourage clients to use the popular acrostic for goal setting:

Specific
Measurable
Achievable
Realistic
Time-targeted
Supported

Goals that meet these SMARTS criteria will have a better chance of success.

Making a better life

"Don't forget to ask your clients what they want to accomplish. Goal setting is crucial. Accountability is part of the everyday process. I think it is so important that people have a treatment plan. People come in with very different ideas about what they need assistance with to make their lives better. We need to work with this."

Sandra Taylor
Alberta Health Services

Career counselling approaches

Developmental approach

The developmental approach to career counselling for people with mental health disabilities has been successful.[60] Traditional employment counselling focuses on assessment, followed by helping the client prepare to job search alone. For persons with mental health disabilities, an incremental developmental approach is recommended to help people make the transition back into their communities.

Here is what you need to know about the client:

- How does the client learn best?
- Who are the members of the client's support system in the community? In other words, who are the doctors, hospital workers, family, friends, therapists and other community agencies? See yourself as part of that team.
- What can the individuals in the client's support system tell you about the client that applies to the client's goals?
- What is the impact of the client's disability on work and life aspirations? What are the client's dreams?
- What other community agencies, programs and services might be of assistance to the client?
- Where can you refer each client?

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Behavioural approach

A behavioural approach may be successful with clients who have a mental disorder because the focus is on events (behaviours) that are easy to observe and are clearly defined. Accountability is built into this approach, since the outcome readily shows whether or not the desired change has occurred.

The first step in applying a behavioural technique is to define the problem:

- What happens just before the behaviour occurs? What's the antecedent?
- Where, how often and for how long does the behaviour occur?
- What's the consequence of the behaviour?
- How long does the behaviour continue?
- What happens after the behaviour occurs? What is the consequence?

The second step involves constructing a baseline or standard against which change can be measured. This process involves observing the individual over a period of time and recording the frequency of the behaviour.

The third step involves choosing a technique with which to change behaviour.

The Choose-Get-Keep approach

This approach to career counselling persons with mental health disabilities has been used widely for several decades and applied to employment services.[61] The approach follows the usual process in career counselling with adaptations suitable for clients coping with mental illness.

1. The choose phase

The goal of the choose phase is to select an employment goal compatible with client values and qualifications. Client choice is inherent in this phase.[62]

Begin by ensuring that the client wants to work by surveying the risks and benefits of taking a job.

The next step is employment goal setting, which includes

- assessment of interests, values, education, training and skills
- taking extreme care to objectify personal values so that they are observable and provide criteria for making an informed career choice
- using personal criteria and qualifications to identify the type of work, the work environment and the number of hours

Example of a goal: I want to work as a library assistant within two months in a small art/music library for 20 hours a week.

In the decision-making step, after the participant has clarified his or her goal and is deciding which jobs to apply for, significant others (family, professionals, friends) may be involved to support the client's goal.

Making a choice is not always a comfortable activity for clients, so this first phase may take longer than expected. People with mental health disabilities may feel discouraged. Fully engage the client by building a close, trusting relationship. Allot time to teach decision-making skills so clients can improve their ability to make decisions with less professional support in the future.

Allow clients to repeat this phase if necessary, even after reaching the "getting" and "keeping" phases. Efforts to educate employers and co-workers will contribute to client success.

2. The get phase

This phase begins with job search and closes with the acceptance of a job offer. Teach job search skills to engage the client and to prepare him or her to apply for other positions or promotions when ready. Undertake placement planning.[63]

This phase includes these steps:

- job analysis—matching the client's social, mental and physical qualifications with the requirements of the job
- identifying tasks needed to secure the job
- identifying accommodations that might be required

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Direct placement may be part of this approach. This involves presenting the client to the potential employer, particularly if the client has good work potential but may not present well in an interview. You will need to know and apply a variety of strategies to overcome the employer's perceived liabilities of your client.

Placement support involves helping clients obtain the skills and resources needed to obtain the job independently. This would include using strategies to address any liability that the employer might perceive.

3. The keep phase

In this phase, less attention is paid to helping clients acquire necessary job skills than to helping them use existing or learned skills for the job. In the case of persons diagnosed with a mental illness, this usually means focusing on the interpersonal and intrapersonal skills demanded in the workplace.[64]

Activities in the keep phase include

- helping clients do functional and resource assessments of the skills and supports they need to be successful and satisfied in the job
- planning the interventions needed to address any skill and resource deficits
- planning skill development
- co-ordinating services and training
- modifying the work environment and arranging job accommodation if needed

Canadian Occupational Performance Measure

Certified occupational therapists may choose to use the Canadian Occupational Performance Measure (COPM) with mental health clients in order to facilitate goal setting with respect to areas of self-care, leisure and productivity. The COPM is an individualized outcome measure designed to detect change in a client's self-perception of occupational performance. Individuals report that they like it because it allows them to assess their own progress as opposed to the health professionals making that judgment.[65] The Canadian Association of Occupational Therapists makes available additional research into the uses of the COPM.

Focusing on Employment

Sharing one's mental health challenges in the workplace is a valid and significant concern for clients. Each situation must be dealt with on an individual basis. Some research sources recommend helping the client do a risk analysis, examining the pros and cons of any decision. For example, the client may be concerned about the risk of stigma in the workplace—employers or co-workers might feel uncomfortable or treat the client differently. A benefit of disclosure is that it opens the door for accommodations. You can help clients with this issue by helping them determine positive ways to describe the impact of the disability.[66]

The desire to blend in

"Learning about and using self-advocacy skills can be a catalyst to understanding who you are as a person with a disability. At the heart of it, for people with invisible disabilities especially, is the desire to blend in."

Dr. Patricia Pardo
Mount Royal University

Dealing with employers

Businesses that employ a diverse workforce, including persons with disabilities of any type, enjoy many benefits, such as

- *Competitive advantage*. Employees and their networks represent a cross-section of potential customers.
- *Unique perspectives and creativity*. Skills developed in overcoming obstacles and compensating for deficits are an asset to the business.
- *Improve company image.* Hiring persons with disabilities improves the community's impression of that business. Good corporate citizenship is an important trend right now.
- *Larger human resource pool*. By using new technologies and accessing employment specialists, these employees make valuable contributions to the workplace.

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- *Improved workplace culture*. A diverse workplace is more interesting and rewarding.
- *Preparation for the future.* Learning how to accommodate employees with disabilities now prepares businesses for accommodating aging customers with disabilities in the future.[67]

"Public perceptions, as shaped through the media, clearly influence social attitudes on hiring [persons with a diagnosed mental illness] due to an inaccurate belief and fear that people with mental illnesses cannot work effectively or that meeting their needs [such as workplace accommodations] will cost a great deal."[68]

In a Canadian study, the majority of employers contacted indicated that they have re-integration programs in place for employees who become disabled. However, they do not have any proactive recruiting programs that target potential candidates who have any disability. Any recruiting and placement inroads that this study uncovered involved partnership building. In some cases, a service agency will build a relationship with an employer before placing any clients there. Ongoing support is another aspect that contributes to successful placements.[69]

Disclosure to employers

Your clients may be reluctant to disclose their disability, as they are concerned that disclosure may limit job prospects or advancement opportunities due to misconceptions, stereotypes or generalizations. They are also concerned that they may be offered a token position to fill an employment equity target. They would rather be hired for their abilities, not their disabilities.[70]

Ultimately, the choice to disclose rests with the client who must evaluate each situation based on thorough research of diverse factors that include

- personal needs
- job descriptions
- possible accommodations required during or after the selection process
- the organization's sensitization to disability issues

Perhaps the more important question a client must consider is not whether to tell or not to tell, but rather the consequences of not telling. Can the client do the job or derive benefit from a post-secondary educational program without accommodations? If the answer is no, the individual with mental health disabilities needs to consider the following:

- How severe is the disability?
- How much does the nature or manifestation of the disability conflict with the needs of the job or educational program?
- How open is the employer or educational program to recognizing and accommodating individuals with disabilities?
- If there is a union in the workplace, what is its position toward and willingness to support members with mental health disabilities?

If clients wish to have accommodations made on the job, disclosure will be necessary. Also relevant is the fact that talking about the disability in an interview or on an application form can shift the focus from the abilities to disabilities.[71]

The following suggestions regarding disclosing information to prospective employers may be useful:

- Do not use medical terms, but describe the disability by its job-related outcomes.
- Know and state individual strengths.
- Know individual needs in relation to the job.
- Look for support and networking opportunities in the workplace.
- Understand the role of the union, if applicable.
- Understand that asking for accommodations is a reasonable request.[72]

Disclosing a mental health disability requires thought. Clients should carefully plan how they wish to disclose and know the implications of this action. Employees and/or candidates may first want to reveal a little bit of information at a time in order to establish a level of comfort and trust. Ultimately, the candidate must decide the time, the place and the degree of information to share with others.[73]

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Supported employment

Supported employment is "*real work* in an *integrated setting* with *ongoing support* provided by an agency with expertise in finding employment for people with disabilities."[74]

Definitions of the terms in *supported employment* are essential to understanding this approach:

- *Real work* is work that would be done by a typical member of the workforce if it were not done by the worker with a disability. Supported employment placements are *real work*, not vocational training, work experience or work preparation.
- An *integrated setting* is where the proportion of disabled workers is roughly equivalent to the proportion of people with disabilities in the general population. (Large work crews or enclaves, where disabled people work together on one site, are excluded from this definition.)
- *Ongoing support* includes job-support services that are, theoretically, not time limited. Support is provided for as long as the worker needs it in order to perform the work satisfactorily."[75]

Inviting employer participation and responding to business needs for a reliable labour source are important ways to facilitate the expansion of supported employment. After asking companies to make accommodations to the service system when hiring a supported employee, the next step is to answer the following questions:

- How can support be provided effectively to employers instead of only to employees with disabilities?
- What roles are co-workers already providing to employees with disabilities?
- What range of job accommodations can be used for employees with differing abilities?
- How do companies benefit from increasing their capacity to hire, train and supervise employees with severe disabilities?

Supported employment opportunities are typically provided through referrals to specialized community agencies. If you are counselling in an area where more than one agency exists for persons with developmental disabilities, it will be helpful to discuss the preferred agency with clients and their families or guardians. You may also want to consider supported employment services based on the following guiding principles.

Best practices for supported employment

The Alberta Association for Supported Employment has identified the following guiding principles to assist in the development and implementation of best practices in supported employment services:

- Design all processes, strategies or philosophies to promote greater workforce inclusion, personal choice and independence for persons with disabilities.
- Do not allow processes, strategies or philosophies to interfere with building personal capacity or reducing poverty for persons with disabilities.
- Ensure that any interventions used are those that are the least intrusive, most respectful and most effective strategies available.
- Strive to maintain or improve your service standards.
- Conduct assessment and planning which reflects person-centred support, choice and self-determination.
- Foster and facilitate career goals within the context of the individual's lifestyle, non-work priorities, goals and commitments.[76]

Ideally the employer would address training as per their usual orientation plan for new employees, with the service provider consulting to increase successes and outcomes in this area. It may be necessary in some circumstances for the service provider to enter the work environment to assist with training. This intervention should be implemented in a manner that increases the new employee's connections and inclusion in the workplace rather than segregates them from their co-workers.

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Keeping hope alive

"You can't lose hope yourself. If you do, the client knows it in a heartbeat. It is important to be a beacon of light for people who can't find that in themselves at that time. You have to create hope and you have to be empathetic."

Sandra Taylor
Alberta Health Services

Job accommodations

Job accommodation means providing technical aids or making adjustments to the workplace environment and its procedures. Social support and the opportunity to have some flexibility in performing the work are the two main job accommodations most frequently required by people with a mental disorder.

Employers can provide job accommodations through training and changes to employment practices and communications.

Training

- Assign the new employee to a supportive supervisor.
- Designate a co-worker as peer support or advocate.
- Provide individualized training for workers who may have trouble learning new material.
- Encourage additional training time, if needed.
- Provide detailed written instructions of duties, responsibilities and expectations.
- Provide or be open to the use of a job coach.[77]

Employment practices

- Permit phone calls to supportive individuals away from the workstation.
- Provide a quiet, distraction-free workplace for individuals who lose concentration easily.
- Permit a self-paced workload.
- Allow the use of sick leave for emotional as well as physical illness.
- Consider job sharing, part-time arrangements or work from home if appropriate.
- Restructure a job to eliminate secondary tasks that pose problems for a worker with a disability by exchanging those tasks for part of another employee's job description.
- Allow overtime to be banked for use in case of illness.
- Allow workers to shift hours to accommodate recurring appointments with a therapist.[78]

Communication

- Coach supervisors to provide clear directions and non-judgmental feedback.
- Educate managers about legislation so that they can foster discussions with employees about known disabilities and desired accommodations.
- Encourage supervisors to offer positive reinforcement and non-judgmental feedback.
- Develop strategies to deal with problems before they arise.
- Provide sensitivity training for co-workers about disabilities and why people require accommodation.
- Dispel myths by educating staff about the causes and treatment of mental disorders.[79]

Disability Related Employment Supports

Disability Related Employment Supports (DRES) from the Government of Alberta may be available to eligible individuals with documented permanent or chronic disabilities. DRES is available in the form of supports or services to reduce, alleviate, or remove the barriers for education, training, job search and/or employment. Examples include assistive technologies installations or worksite modifications, sign language interpreters or specific disability-related software.[80]

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In Conclusion

Research in the mental health field continues to progress. Counsellors can help clients who have challenges due to their mental health disabilities by staying aware of new developments in treatment and management of symptoms. Clients can be encouraged by new medical research breakthroughs. Health care services may offer more choices for treatment plans and community support services. Both counsellors and clients can have reasonable hopes that new treatment strategies, inclusive work settings and supported employment opportunities can offer a brighter future.

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