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Employer guides: An interdisciplinary service for vocational rehabilitation

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Agenda

- Perspectives within vocational rehabilitation
 - Fragmented vocational rehabilitation system
 - The medical model (supply side approach)
 - The employers perspectives (demand side approach)
 - The merger: support side approach
- Employer guides
 - Background and organisational affiliation
 - The model for work and mental health in enterprises
 - The approach: Appreciative inquiry (exemplified)
 - Employers' experiences (evaluation)
- Challenges ahead
 - Discussion

Mental health care and employment services

- «The disintegration of mental health care and employment services, as well as the fragmentation within the mental health system itself (...) is a main barrier for labour market inclusion»
- «The mental health sector has no systematic focus on employment»
- «Employers are not equipped to deal with mental health problems in the workplace»

OECD (2013): Mental Health and Work: Norway

- A major challenge within vocational rehabilitation:
→ job retention!

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The medical model for vocational rehabilitation: Treat → train → place (Supply side-approach)

- Mental health treatment is aiming at making patients ready for vocational rehabilitation
- Subsequent vocational sheltered training is aiming at making the clients “work ready”
- The basic idea of “train then place” is to increase clients’ productivity and employability, allowing them to fit in with employers’ anticipated expectations.
- The effort is directed towards the supply side within the labour market: The individual job seeker/employee

→ This model has poor results in terms of entering into employment

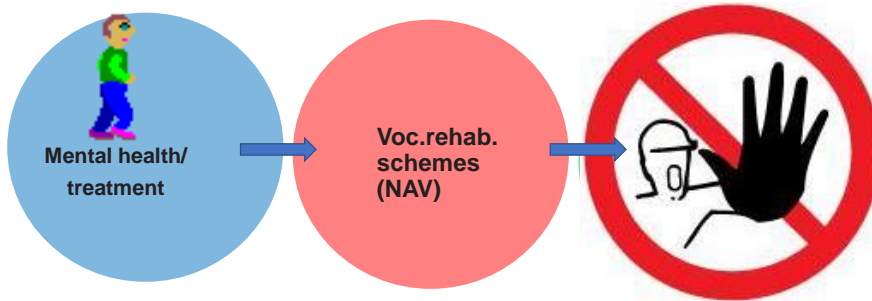
→ People at risk for dropping out of employment may not return when there are no adjustments at their work place

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(Spjelkavik 2014; Frøyland, Schafft & Spjelkavik (in press))

The model for vocational rehabilitation

↑
real



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Addressing employers' needs (Demand side approach)

- Increasing attention towards demands from the work environment and the role of the employers'
- Various programs, information campaigns are aiming to change employers attitudes, rise their awareness, educate them.
- Employment policy reforms have turned towards more employer-oriented measures
- Companies are expected to play a greater role in helping disadvantaged people into employment

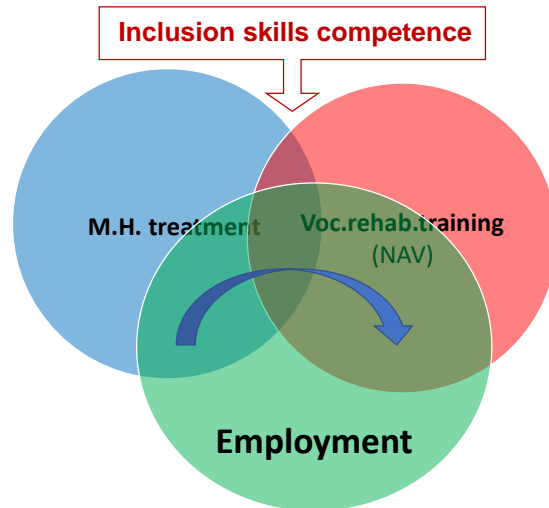
→→ But

- Even though many people with mental health disorders want to work an increasing number are offered disability benefits
- Corporate social responsibility is mainly performed as prevention of absence among already employed persons and not inclusion of the jobless

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(Frøyland, Schafft & Spjelkavik (in press))

Place-then-train (Support side approach)



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(Berge & Falkum 2013, Frøyland, Schafft & Spjelkavik (in press))

Place-then-train approach for vocational rehabilitation

- Supported Employment, Individual Placement and Support (IPS)
- «JobPrescription» (Jobbresept) at Stavanger University Hospital
- Research on recovery explains the success.
 - **This approach has good results in terms of job acquisition, but not necessarily in terms of job retention**
 - **Can the approach utilised by Employer guides improve both work inclusion and retention of people with mental health disorders?**

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(Borg & Topor 2007, Spjelkavik 2014, Hegelstad mfl 2014; Schafft 2009)

Background for implementing Employer guides

- **Policy framework**

- **The Three partite Agreement on a More Inclusive Working Life (IA agreement)**

- Reduction of sick leave
- Increasing labour market inclusion and job retention,
- Increasing the average period during which people over age 50 are actively employed
- 19 Inclusive Workplace Support Centres (one in each county)

- **The National Strategic Plan for Work and Mental Health (2007-2012)**

(<https://www.regjeringen.no/en/dokumenter/national-strategic-plan-for-work-and-men/id546573/>)

- **Pilot project (2009-2012)**

- **Formative evaluation (AFI)**

(Schafft, Brøgger & Spjelkavik (2012))

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Employer guides

- **Allocated nationwide in Inclusive Worklife support centres (NAV- Arbeidslivssentre)**

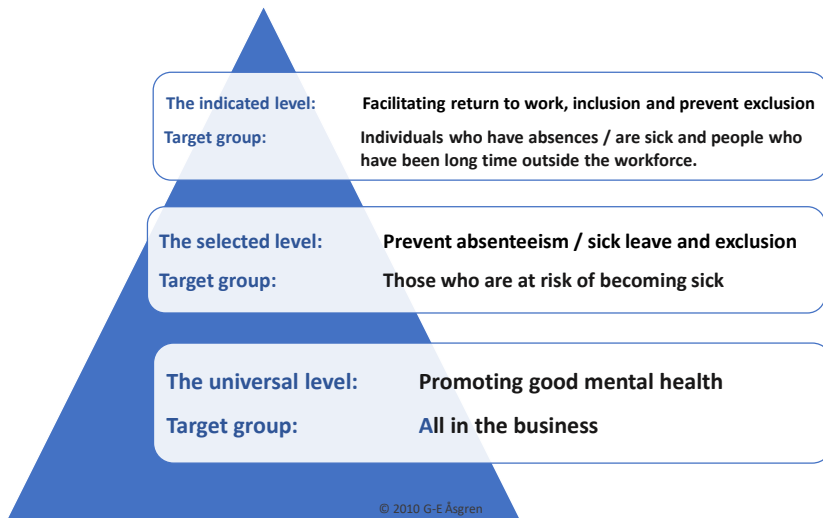
- **Employer guides provide:**

- Expertise and guidance to managers/employers about how to communicate with employees struggling with mental health conditions
- Expertise on how to facilitate work, with focus on employability
- Educational programs/courses on mental health problems, tools, methods and measures to improve mental health at work (“See You Tomorrow” – Sees I morgen)
- Knowledge about relevant policies and tools available from National labour and welfare administration NAV
- Help to create safety and “headroom” at the workplace for those who struggle

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(<https://www.nav.no/no/Person/Arbeid/Oppfolging+og+tiltak+for+a+komme+i+jobb/Relatert+informasjon/hva-er-en-arbeidsgiverlos>)

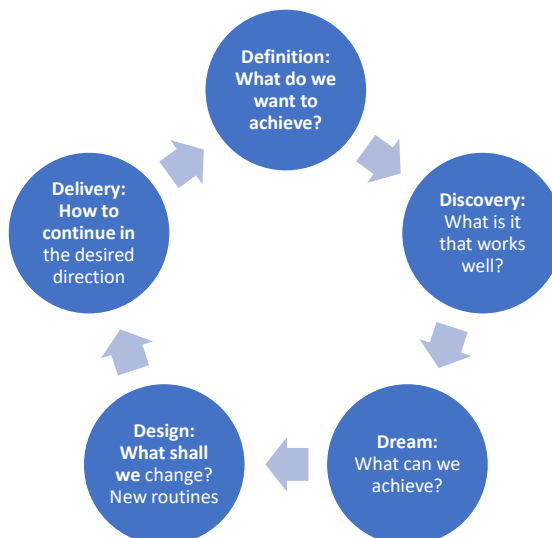
Model for Work and mental health in enterprises



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(Schafft, Brøgger & Spjelkavik (2012))

Appreciative inquiry approach



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(Zandee & Cooperider 2008)

Example given by an Employer guide:

Phase 1: Startup

First I always ask what the leader wants to achieve by this conversation. I spend much time on exploring the situation: Find out what is the problem, for whom, who will be influenced, etc. I also spend time on exploring resources of the management, the employees, colleagues etc. At the end I sum up with the leader in order to get a common understanding.

Phase 2: Exploration

In the next phase I take a more consultant position. I often tell something about mental health problems in general, a little about diagnoses with a special emphasis on cognitive impairments. We establish a common understanding that it is not the diagnosis we will focus on, but the challenges that particular behaviour and performance can have for the workplace, the manager, customers and colleagues. Then we talk about how managers can be both supportive and controlling in relation to the employee. We talk a lot about how the leader is experiencing it. Then the manager and I create a common understanding of the problem / challenge.

Phase 3: Measures

In this phase we discuss measures, often measures at all levels within the organization and adapted to the individual employee. We systematically discuss risk factors and implementing preventive measures, systematic efforts to increase the knowledge of work and mental health, and of measures to enhance well-being. The aim is related to returning from sick leave, inclusion, prevention of sick leave and the promotion of good mental health in general.

Phase 4: Summary

Clarification of what then will be the first step and clarification if the aim of the conversation is achieved.

Follow-up:

We observe at different times, assuming that there is an opportunity of taking action before the situation is hopeless - and that this opportunity then should be taken.

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(Schafft, Brøgger & Spjelkavik (2012))

Employers' experiences with Employer guides

- **254 employers who got assistance from an EG participated in a survey**
- **73% of them are positive about employing someone with mental health problems**
- **80% say they have improved their ability to**
 - **deal with employees who are struggling with mental health problems,**
 - **prepare and conduct a conversation with an employee about mental health issues**
 - **and to employ a person with mental health problems.**

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(Schafft, Brøgger & Spjelkavik (2012))

In-house results

- Employer guides provided a type of assistance that comprised more than individual cases
- Employers and human resource professionals gained knowledge about mental health in the workplace and tools they could use in their leadership role.
- Employer guides have moved the focus of attention from diagnoses and diseases towards specific methodology of guidance and empowerment – help to self help

→ The results of interventions were created through employers interaction with, and support from, an employer guide.

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(Schafft, Brøgger & Spjelkavik 2012, Schafft 2014a,b)

Challenges ahead

- Employer guides can provide competent and comprehensive support to employers and frontline managers so they can maintain employment of people with mental health disorders.
- But:
 - The employer guide service at the Inclusive working life centres (NAV-ALS) is not well known everywhere – neither in NAV (PES) nor among businesses who signed an Inclusive Work life (IA) agreement, and certainly not in the mental health sector.
 - There is a need to make “employer guide” competencies and approaches more available to both job seekers and employers

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Discussion/brainstorming

- Can you relate to the themes of this session from your own professional practice?
- Can you relate to it from your experiences as leader/colleague at your own work place?
- Factors for success
What are the most important factors related to successful work inclusion and job retention for people with mental health disorders?
- How to bridge the gap? From your point of view:
 - a) Which actions or arrangements can improve co-operation and co-ordination of mental health care, employment services and employers?
 - b) Any examples?

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