



The EMILIA Project



**ACCESSING LIFELONG LEARNING
AND EMPLOYMENT FOR PEOPLE WITH
SERIOUS AND ENDURING MENTAL
ILLNESS ACROSS EUROPE:
introducing the Pathway Readiness
Evaluation Tool (PRET)**

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This presentation



1. Describing Obstacles and Facilitators to Lifelong Learning and Employment Identified in 4 consecutive surveys (2006-2008)
2. Introducing the Pathway Readiness Evaluation Tool (PRET)



Part 1



- **Obstacles and Facilitators to Lifelong Learning and Employment: methods from 4 consecutive surveys**

METHOD

Survey 1 (April 2006): **questionnaire by email to researchers** at all 8 demonstration sites \leftrightarrow email exchanges if clarification needed

Short version \rightarrow 6 other EMILIA sites with experience in mental health service delivery and lifelong learning.

Survey 2 (September 2006): **Face-to-face interviews with researchers** from 7 demonstration sites (8th interview at Barcelona meeting Oct)

Survey 3 (November 2006): questionnaire by email \rightarrow researchers at all demonstration sites asked to get **information from employment and social work specialists** \leftrightarrow email exchanges if clarification needed

Survey 4 (Feb-June 2008): questionnaire by email to researchers concerning **first 3 users included** at all 8 demonstration sites

THE FIRST SURVEY (April, 2006)

Objectives

- History of employing users at each site
- Current access to information, training and employment
- Current plans for EMILIA implementation
- Obstacles and facilitators already identified in the early stages of the project

THE 2nd SURVEY (June, 2006):

Evaluating the current situation at all sites

Aim: to measure the extent to which each site had developed an integrated EMILIA implementation plan.

Method: Face-to-face interviews with researchers from each demonstration site

The last question investigated the « obstacles » question

The 3rd survey (November 2006)

Objective

- make sure that demonstration sites are aware of all possible obstacles and facilitators and take them into account while developing their implementation plans

METHOD of the 3rd SURVEY

Questionnaire developed around

- Findings from first 2 surveys
- Study of the literature

Data collection

- Survey questionnaire by email
- Specific request to consult social work or job integration specialists
- Specific meeting at Athens (January 2007) to discuss results and implications for implementation

The 4th Survey (Feb-June 2008)

Context: each site had begun recruiting users into the project. Delays at beginning recruitment at certain sites → survey spread over 6 months.

Objective: investigate obstacles and facilitators encountered by the first three users during the first 6 months after recruitment

Method: email questionnaire to researchers at all sites (February to June 2008)

4th survey: questions

For the first three users

- age
- gender
- mental health profile
- educational and professional experience
- main individual obstacles encountered
- facilitators available

For the project

- describe any institutional obstacles encountered



Part 2



- **Building a checklist of obstacles and facilitators for institutions and users: The Pathway Readiness Evaluation Tool (PRET)**

Prêt

Færdig

Gotov

Preparados

Ἔτοιμος

Ferdig

Ready

Gotów

P

R

E

T

The two PRET Checklists

1. Is your institution ready?
→ the PRET Checklist for Institutions
2. Are you ready?
→ the PRET Checklist for Users

The PRET Checklist for Institutions

A simple checklist to be used by your learning organisation as you begin implementation.

- Check the issues in the left-hand column and see whether it concerns your institution.
- In the second column, you will find solutions
 - used by sites that have already confronted these issues
 - or by lifelong learning or employment projects described in the literature.

New “issues” and new “solutions” will be added as the EMILIA project moves forward.

The checklist is in three sections:

- institutional issues
- macrosocial issues
- project methodology issues

Checklist for Institutions: examples of institutional issues

Statutory legitimacy to train users: some healthcare institutions have no mandate to train users (so they cannot use their funds to do this)	Produce evidence that social inclusion will significantly reduce use of services. Engage authorities in a research and development strategy to investigate this. Convince authorities to support lifelong learning activities for mental health users by funding an NGO to do the training.
Occupational health experts consider that employees with SMI may put patients under undue risk	Produce convincing evidence that this has been tried and tested in other places. Convince OH experts. Then use the OH experts as allies.
Some Mental Health services are not allowed to employ people who do not possess specific diplomas	Investigate possibility of creating links with a teaching institution to get accreditation for EMILIA modules. Study legal texts governing accreditation in your country.
The medical model of rehabilitation (train then place) keeps the person in the “sick/disabled” role.	Promote the ‘social inclusion’ model (place and train at same time). Provide training modules on “Recovery” Provide on-the-job training.

Checklist for Institutions: examples macrosocial issues

High unemployment rates in local region and much competition for the jobs	Identify legal incentives for employing disabled workers, including in statutory mental health service providing organisations.
Some users accumulate additional sources of discrimination and stigma: gender, age, ethnicity	Take these into account for each user. Produce programmes and training modules that are adapted to each cultural context. Give access to documents on applying equal opportunities laws in your country.
Stigma and discrimination against people with SMI	Train all stakeholders
Prejudices saying people with disabilities are unable to/should not work	Create information sources on: <ul style="list-style-type: none">• The right to work is enshrined in the Universal Declaration of Human Rights 1948.• If users work or have an activity, society benefits from this work• If users work and earn a salary, society no longer has to pay disability benefits

Checklist for Institutions: examples of project design issues

Resistance from professional or stakeholder groups within research team	Involve all stakeholders as early as possible in the planning process
Training modules do not take into account two very different sorts of users: people with F20, people with F31.	Adapt training modules to populations recruited locally. Organise a local or an EMILIA meeting on this question.
Parts of the EMILIA training programmes being developed may be unfamiliar to local care culture	adapt programmes and training modules to each cultural context, without sacrificing EMILIA and ENTER Mental Health principles

The PRET Checklist for Users

A simple checklist to be used with every user integrating the project in conjunction with the career development training module.

- Check the issues in the left-hand column and see whether it concerns this user.
- The second column describes solutions found/used by sites that have already confronted these issues or by lifelong learning or employment projects described in the literature.

New “issues” and new “solutions” will be added as the project moves forward.

The checklist is in five sections:

- Illness and disability issues
- Individual knowledge and skills
- Inertia related to current personal situation
- Microsocial issues: family, network, support
- Employer/Employment issues

Checklist for Users: examples of illness and disability issues

The user has symptoms.	Managed psychiatric symptoms – the person’s psychiatric symptoms are managed to the degree necessary to participate in a specific job at a specific time. Ongoing on-the-job support.
The user is sometimes ill. They may relapse.	Provide relapse prevention training for the user. Check that the employer is aware of this issue if it is a risk. Study the option of consultant work or work with flexible hours.
The user has difficulty relating to others	Training on social and communication skills
Low self-esteem	Strengths-building training

Checklist for Users: examples of knowledge & skills issues

Knowledge of possibilities and rights	Information on possibilities
Particular skills are necessary to do the job	Training to acquire skill
Little experience of work	Integrate trial periods in supportive employment contexts
Availability of choices – the person has a choice of jobs that are meaningful to him or her.	Systematically build choice into the social inclusion programme

Checklist for Users: examples of inertia issues

Fear of losing current social situation with multiple benefits & allowances	Conduct a professional feasibility analysis of resources at all steps of the proposed individual EMILIA pathway
Current situation is comfortable, no pecuniary advantage to working	The proposed employment must bring advantages. Analyse possibility of accumulating 2 comfortable situations
Fear of going back into a difficult world, unsure of being able to, unsure of being able to do it alone	working part-time, on the job learning, employer/health care provider network support, underline the right to make mistakes, to say “I don’t know”, do not forget humour, establish support networks

Checklist for Users: examples microsocial issues

Family depends on grants and is worried about losing them	Working with the families from the start
Family afraid of social stigma	Fight against stigma, working with the families
Work in large groups is intimidating for many users	build training programmes and adapt jobs so that the user works in small groups
Lack of social power: accessing rights often depends on who the person knows	importance of linking with user organisations

Checklist for Institutions: examples of employer and employment issues

Users are not accepted into some programmes because the providers demand too many admission criteria	Create close links with providers so that they do not refuse our users in their programmes
Mutual trust and respect – the person diagnosed with mental illness and his or her employer must have the necessary level of mutual trust and respect for the person to participate in a job. (Linshorst, 2006)	Mutual monitoring of integration process and regular ongoing bilateral monitoring of work and lifelong learning situation.
People with positive symptoms might cause problems with other employees	Add specific CBT interventions in the workplace; train all employees on living with mental health problems
Employers can fulfil their obligations by employing people with other disabilities	Proactive approach to employer

EMILIA has shown me that maybe ma vie de merde (my shitty life) might be useful for something