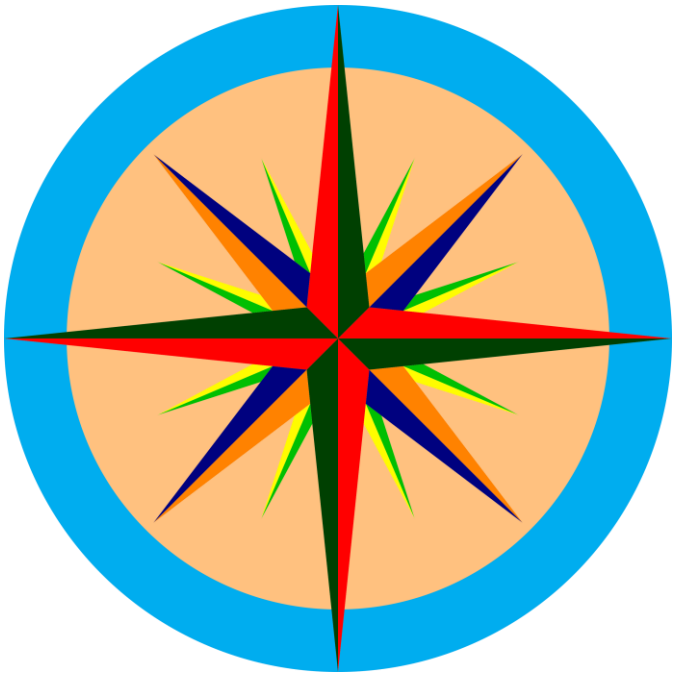

CHARTING THE COURSE:
MAPPING THE CAREER PRACTITIONER ROLE IN SUPPORTING PEOPLE WITH MENTAL HEALTH CHALLENGES

Final Project Report

Neasa Martin, Project Researcher

Submitted to

Nova Scotia Career Development Association &
Canadian Education and Research Institute for Counselling

November, 20th 2012

REPORT INDEX

INTRODUCTION -PROJECT CONTEXT

Employment is a cornerstone of social inclusion. It provides identity, purpose, meaning, social connections, as well as the financial resources needed to participate in one's community. [i],[ii] People living with mental health issues face the highest unemployment rate of any disability group and for many, work remains an illusive goal. Being left out of work leads to material deprivation, poverty, worsens physical and mental health, increases family burden, weakens social ties and creates a sense of personal shame. [iii], [iv] Although people want to work, they report that stigma, discrimination, restrictive public policies and limited access to needed supports and services play a critical role in their exclusion from the workforce - beyond the limitations of their illness. [v]

Mental-health related illnesses are the fastest growing occupational disability within Canada and are the single biggest cause of work-place disability leave. Sixty percent of workdays lost are due to depression and 1 in 20 workers will be diagnosed with a mental health problem/illness. Work-related mental illness & substance misuse is estimated to cost the Canadian economy $33 billion annually.[vi] How well these issues are identified and managed can dramatically impact time off, disability costs and successful return to employment. Employers are recognizing the need to enhance knowledge and skills in addressing work-place mental health problems early, and that profitability is tied to supporting a mentally healthy and engaged workforce. A changing legal landscape, at federal and provincial levels, is placing a legal duty of care on employers to address workplace mental health, safety, and inclusion and an increasingly litigious workforce is creating incentive to take proactive steps. A focus on creating mentally healthy workplaces is being seen as beneficial to all employees and represents a window of opportunity for moving people identified with mental illness back into the workforce.

Career practitioners (CPs) across Nova Scotia report finding more of their clients are disclosing mental health issues as a factor in their unemployment and as an element in their career-planning journey. CPs are critical gatekeepers to employment and report feeling challenged in understanding and responding to this expanding need. Current knowledge, skills, attitudes, and funding practices are being identified as potential barriers to providing quality service. This project is about engaging partners from across Nova Scotia to assess the level of stigma and discrimination people with mental health problems/illnesses face within the career planning context and to identify the knowledge, skills and resources career practitioners need to successfully enhance their employment support and social inclusion.

PROJECT GOALS

The Nova Scotia Career Development Association took on sponsorship for this project based on its established leadership role in professional development for career practitioners and its commitment to promoting client-centred services. The goal of this project is to identify how career practitioners can best assist increasing numbers of clients with mental health problems/illness in their job search/career-planning journey. When career practitioners have the right information and supports they are powerful agents in supporting clients to enter, retain, return to traditional employment or to support those who may have given up seeking work. There is currently no systematic training in Nova Scotia for career practitioners on mental health employment issues to guide their actions. This project is intended to test assumptions about the impact of stigma, identify learning needs, build a shared understanding and create a collaborative action plan.

The project objectives include:

1. Building knowledge of evidence-based best practices and ways to reduce stigma and discrimination within the counselling relationship.
2. Defining the educational and training needs of career counsellors in supporting mental health clients.
3. Creating a multi-sector strategy on the policy and practice that enhance employment and changes required to strengthen employment-related social inclusion. Confirm an agreement to act.

STEPS TAKEN

A transformational research project approach was taken to build a common understanding on stigma and discrimination and change attitudes and practices. Using an iterative learning approach each project step helped to build knowledge, insight and create agreement for action.

1. We developed a Charting the Course project website to support information sharing including: mental health & employment facts, finding mental health resources in Nova Scotia, understanding mental illness, self-directed resources, consumer-focused employment resources, educational and family resources, A project blog was used for updates and resource sharing.

2. We recruited a Project Advisory Committee to provide leadership and facilitate community linkages including service users, employment counsellors, and program managers.
3. We created an on-line survey of career practitioners. Knowledge, skills, training needs and concerns were identified. Survey of clients with self identified mental health issues accessing career services was undertaken to explore their experience and needs.
4. We hosted regional education & focus groups with career practitioners, guidance counsellors, vocational services, educators, and policy planners. A presentation on mental health stigma, discrimination, and best practices in its reduction was delivered.
5. We held a province-wide roundtable meeting with Career Centre Managers to confirm findings and identify organizational opportunities.
6. Project findings were presented at the 7th annual Tools For Life Conference.
7. Project findings were presented at Cannexus 2012 and input sought. The presentation was recorded and available on Virtual Cannexus.

PROJECT NUMBERS

Survey: 266 (176 Career Practitioners, 90 Service Users)

NS regional meetings: 5 meetings (100 participants)

Program Managers: 2 meetings (50 participants)

Cannexus 2012 Workshop: 45 participants

CERIC Webinar: http://cannexus.scholarlab.ca/home

Tools for Life Conference: 1000 participants.

NSCDA Provincial Roundtable: 29 participants

Hope & Recovery Conference: 23 participants

Charting the Course website usage: 15,720 hits

8. A pre-conference provincial roundtable sponsored by NSCDA brought together career practitioners, educators, policy makers and people living with mental health problems to create a joint strategy to bridge the knowledge and skill gaps identified through the project.
9. A summary report of the feedback was distributed to stakeholder to confirm accuracy and agreement (Appendix A).
10. Project results were presented at NSCDA's Hope Filled Approaches to Career Development conference.
11. Discussion with government policy planners and community leaders are underway to link project goals to existing activities, and build an agreement to act on recommendation.

12. A project summary and recommended next steps was presented to the Board of Directors of the NSCDA for approval. (Appendix B) Next steps were approved.

13. The final project steps include: a) Presentation & roundtable workshop at Cannexus 2013, and b) submission to The Canadian Journal of Career Development.

SURVEY PROCESS

Two-online anonymous surveys, using Survey Monkey,[vii] were developed in consultation with the Project Advisory Committee using qualitative and quantitative questions. The definition of mental illness, and stigma survey tool, drew upon the Mental Health Commission of Canada's framing to facilitate future comparisons. Survey links were posted to the NSCDA website, and distributed by email through its membership. A province-wide Career Managers Group was recruited to serve as project champions. Stakeholder groups with an interest and role in delivering specialized mental health career planning services were targeted (i.e. Canadian Mental Health Association - N.S., Psychosocial Rehabilitation Canada - N.S.). Participation was built using a 'snowball recruitment' approach. Employment Counsellors within the Department of Community Services and the College and University Counselling Services were included in the survey process.

> ***Definition of mental health problem used****: "An emotional or mental health condition that may need treatment from a health professional. This includes any mental disorder that significantly interferes with a person's functioning (mood & anxiety disorders, psychotic disorders, excessive stress, substance abuse, gambling disorder etc.) MHCC*

Over the project's first six months, all clients accessing career-counselling services were invited to participate in a voluntary and anonymous on-line survey. We sub-selected those clients who self disclosed having a mental health issue. Findings presented are based on this sub-group. Mental health service users were also recruited through specialized disability services, the Self-Help Resource Centre, family organizations, mental health community-based and hospital services. A Client Engagement Tool was developed to support recruitment. The Charting the Course website was used as a central repository for survey tools and related resources, and to provide ongoing project updates.

Stakeholders were asked in the survey to identify current strengths, gaps, issues, and concerns that CPs face in supporting people to reach their career/ employment goals. Through a

combination of on-line surveys, key informant interviews, sector-specific consultations, presentations, and roundtable plenary sessions, we identified policy, practice, educational needs and strategies required to remove attitudinal and behavioural barriers and suggestions for improve accessing career counselling. Using iterative engagement process findings were continuously refined and confirmed with stakeholders. The goal was to build agreement and a commitment to act of the survey findings.

SURVEY FINDINGS

SURVEY PARTICIPANTS

266 survey participants (81.5% completion rate)	
176 Career practitioners	90 Clients
> 50% work as career practitioners, 5% at a Masters level. ⅓ working in career centres. 14% mental health professional. 85% provide individual counselling.	62% female, 38% male. 41% under 40 years old, 46% live in Halifax, 47% have college/trade certificate, 20% are university graduates. 6% have a graduate degree. 14% hold a high school diploma.
91% are working with mental health clients.	34% unemployed (30% < one year, 56% < 5 years, 11% unemployed > 6 years. 4% no work history.
57% feel disclosure is increasing, 27% don't know.	62% report mental health problems
46% of CPs report a personal history of mental health problems. *see definition below.	Income: 43% salary, 51% government pension (40% prov. 11% CPP, 17% training student loans), 6% supported by friends, family, or savings.

[viii]

CONTACT & DISCLOSURE

At the outset of this project, Career Practitioners (CPs) felt there were greater numbers of clients presenting with mental health issues as a factor in their employment. There were also concerns raised of whether these clients "belonged" in mainstream services or would they be better served through specialized programs. Research on stigma and discrimination reveals that positive contact to people with a mental illness is critical in shifting negative attitudes and discriminatory behaviours. Through the survey 91% of CPs reported that they are currently working with mental

health clients. Fifty-seven percent agreed that the levels of disclosure within the counselling relationship are increasing. CPs also report high levels of contact amongst their co-workers feeling 86% of their colleagues have mental health issues. CPs also note contact is also high within their family and friendships (78%). Over one third of CPs report they would willingly disclose this information to their employer and almost three quarters feel their boss would be supportive. However disclosing also has risks. A willingness to disclose mental health issues is limited by the fear of discrimination and rejection. Clients are particularly reluctant to share their experience with employers (62%) because *"I would loose all credibility."* This reluctance may be based on personal experience as less than 7% reports being treated fairly in the workplace. One third of both CPs and service users (clients) say they would only disclose a mental illness "*if they had to"*.

ACCEPTANCE IS A CRITICAL FACTOR

Feelings of safety and acceptance were identified as critical factors in a client's willingness to disclose mental health issues. The more intimate the relationship (spouse, family, friend) the greater the likelihood a person is to share this information. Eighty percent of clients reported they *would* disclose mental health problems to their Career Practitioner. Although they are also less than certain they would be accepted (68%). Disclosure is higher within this counselling context because clients recognize that sharing this information is linked to accessing additional funding, programmatic supports and because they see receiving accommodation as a legislated right. All survey participants report being least likely to disclose mental health problems to workmates, employers, and neighbours based on the potential risk of discrimination and rejection. Accessing services in a small town or rural community, it is noted, presents a particular challenge where service choice is limited CPs and mental health workers may be delivering services to their family, friends, and/or neighbours. Concerns for privacy is limiting people's willingness to access needed career and mental health counselling services.

CAREER PRACTITIONERS ARE NOT IMMUNE

Nearly half of CPs reports a personal experience with mental health problems (46%). This rate is significantly higher than the population average of one in four. CPs also believe a very high number of their colleagues may have a mental health problem (86%). Disclosure of personal mental health issues by CPs to colleagues within their workplace is seen as risky. Workmates are not always felt to be supportive. Observing incidents of discrimination towards clients with mental health problems in the workplace is identified as a reason for maintaining secrecy and the

sting of insults and jokes is being personally felt. Self-stigma is negatively impacting self-efficacy, a sense of personal entitlement and the willingness to pursuit of personal goals. In this survey CPs who also live with a mental illness, and who are reluctant to disclose, are seen by peers to act in more discriminatory ways with mental health clients. This is consistent with research findings. Unresolved self-stigma may impact service quality given the high incidence of mental health issues CPs report through this survey. Disclosure and engagement with peers through peer support groups has been found to lessen the sting of stigma and serve as a protective factor. Although clients value peer support not all CPs are knowledgeable about peer support or know how to access it in their community.

Agreement On What Clients Need

There is a high level of agreement amongst CPs on what they need to know in order to help clients who have mental health problems. CPs unanimously agree that the stigma of mental illness has a negative impact on work (99%), and that they need to know more about how to recognize and reduce it. They need to better understand mental illnesses (99%), and develop deeper knowledge of mental health treatment and when, where and how to access specialized services (79%). They also need to learn more about peer support (97%) and where it is available in the community. To be effective CPs acknowledge that they require specialized skills in motivating clients (96%), and ways to enhanced work-related coaching skills specific to mental illness. To open up new employment opportunities CPs also want information on how to assist employers in supporting workers with mental health problems (94%), and strategies for supporting recovery (89%). Helping mental health clients explore both the positive and negative implications of disclosure is also identified as an important under developed skill.

Career Practitioners Current Knowledge & Skills

CPs were asked to rate their current knowledge and skills regarding critical elements of the counselling relationship, confidence in serving mental health clients and specific knowledge of resources, rights, legal entitlements issues. Mental health clients were also asked to rank CPs on their perceived knowledge of mental health/illness, ability to make appropriate referrals - including linking people to peer support, their comfort in working with the mental health issues of their clients, ability to invite disclosure and communicating accurate information about legal rights and entitlements.

CPs clearly recognizes they are missing critical skills and knowledge they need to effectively support mental health clients. And their clients would agree! Consistently, CPs self-rated more

positively then did their clients. On a number of parameters they both gave and received a failing grade. Of significant importance is the discrepancy in referral to peer support. Given that participating in peer support is positively correlated with reduced self-stigma and better recovery outcomes this is important to address. Understanding and explaining legal rights, entitlements, and exploring the risks and rewards of disclosure is essential in opening up opportunities and accessing resources.

Assessment of knowledge & skills	CPs self-rating	Client rating CPs
Recommending peer support	88%	40%
Understanding mental health problems	81%	58%
Making the right referrals	81%	51%
Comfort discussing client's mental health issues	57%	51%
Comfort working with mental health clients	57%	33%
Explaining rights & entitlements	55%	36%
Understanding legal rights	55%	33%
Discussing positive & negatives of disclosure	41%	66%

CPs do not feel a high degree of confidence or comfort in working with mental health clients and clients appear to feel it. Half of mental health clients surveyed feel CPs do not have, and are not sharing, tools for coping with work-based challenges (50%). Nor do they feel CPs have the knowledge to help them with work related issues, or that they receive good support in accessing work and training opportunities. In fact, 28% of mental health clients feel they are less likely to be refered for training than clients who are not identified as having mental health issues.

DISCRIMINATION IS COMMON

Mental health clients (90%) and CPs (78%) agree that discrimination is common in the workplace and within counselling services. Disturbingly, less than 7% of mental health clients feel they are treated fairly by employers. Clients have a much higher perception of discrimination than CPs reporting *"It happens all the time".* CPs see discrimination occurring less often (48%). Some CPs feel that clients are too sensitive to this issue *"Quit being so paranoid".* Both CPs and clients identify similar examples of discrimination as expressed through jokes, gossip, not being hired/ promoted/ fired, exclusion from social events, work-related planning and decision-making activities, not being taken seriously, name calling, bullying, and increased workload expectations

Clients specifically report feeling shunned, isolated, verbally and emotionally abused, that they are facing negative judgments and the denial of benefits and sick days related to mental health problems. Clients report experiencing lifelong discrimination leading to their hiding their illness, suffering in silence, withdrawal and social isolation, and increased stress and sickness. However, some mental health clients report that the experience of being discriminated against has actually empowered them. This has led to taking on leadership roles in advocating for change, refusing to give up, remaining motivated to succeed, and pushing against stereotypes.

WORK IMPROVES MENTAL HEALTH

On a positive note, CPs strongly endorse that work improves mental health, and that people do not need to be symptom free to engage in employment (89%). Clients strongly agree (80%). CPs also do NOT think people with mental health issues make less reliable employees (86%). Most clients (79%) hold out hope they will work. However, both groups agree that having a mental health problem can make work more stressful and that having additional support is beneficial. Some CPs also report the presence of positive policies of inclusion, including preferential hiring practices and the protection of rights.

> "Sometimes (stigma and discrimination) is very apparent and other times it is hidden but lurking below the surface. I was once told at a workplace that I would advance no further in my career because of my mental illness."

BARRIERS TO EMPLOYMENT

Both clients and CPs identify similar barriers in supporting a return to work. Stigma, discrimination, and fear were by far the greatest identified barriers. A lack of understanding, common myths of impulsivity, irrationality, and dangerousness leads to seeing people with mental illness as different and ultimately to social distance and rejection. Both groups feel employers are reluctant to hire people with mental health issues, and a lack an understanding of what accommodations are required decreases motivation to employ them. Mental health clients report that pessimism by all counselling professionals (including mental health professionals), negative judgments, a lack of empathy, limited knowledge of mental illness and recovery concept, and limited counselling skills make it hard to get the help they need. CPs identify additional internal barriers for clients including: symptoms of their mental illness; decreased concentration and motivation; a lack of communication skills; and the loss of self confidence. Some clients are also seen to lack insight, set unrealistic employment goals, are in denial of their illness, and are treatment non-compliant. A small number of CPs noted a fear of impulsivity and potential for violence as a barrier for their engagement with mental health clients.

Client life-impact of mental health problems?

- Decreases self confidence (100%)
- Interferes with employment & finances (97%)
- Reduces involvement in community (93%)
- Harms friendships & family relationships (86%)

CPs living with mental health issues note that the negative attitudes of their co-workers, the perceptions that they are less competent, that they place a greater burden on others when accommodations are required leads to them being ostracized and excluded from decision-making and social aspects of work.

PEOPLE ARE FACING MULTIPLE CHALLENGES

CPs recognizes that some clients face multiple compounding challenges as both a cause and a consequence of mental illness. This includes greater poverty, housing instability, loss of family and social support, difficulties accessing childcare, transportation, poorer overall health, addictions issues, legal issues and transportation barriers. This makes career planning much more complex. Service protocols which limit amount of time and number of visits spent with clients cobble the ability of CPs to provide the support needed. Structural barriers of the federal and provincial disability programs limit the ability of clients to move into employment without risking the loss of benefits and medication coverage.

CAREER PRACTITIONER RELATIONSHIP IS VERY IMPORTANT

Clients have a clear and consistent picture of the variables that are important to them in the career practitioner relationship. They want to be given choices (91%) and feel confident that the CP believes in their capacity for recovery (91%) and that they inspire hope when people feel all hope is lost (84%). Trust, feeling respected and treated fairly is core. Given the stigma and discrimination towards mental illness, people want to be assured that their privacy will be respected, that they will be listened to without judgment (91%) and that there is a sense of care and compassion (84%) in their relationship with the CP. It is important to note that what clients most want reflect attitudes, beliefs and behaviours and not knowledge-based skills.

> We realized that we may have been creating barriers for clients based on our internal beliefs that present as stigmatized and discriminatory attitudes. It was both a shocking and eye-opening discovery for us to realize that the limiting factor in our clients' progress is our inability to see a limitless future for every client.

HOW TO BE HELPFUL

CPs and their clients share similar ideas of how to be helpful when mental health is an employment factor. People want to feel respected and included in decision-making. Clients want CPs to be aware of how mental illness impacts employment but to keep their focus on helping them pursue their career goals, not provide mental health counselling. Both groups feel working with employers to build acceptance is critical to creating opportunities for employment and enhancing knowledge regarding what constitutes reasonable accommodation. Clients report their accommodation needs are minimal and include: flexible hours to allow for appointments; occasional adjustment in deadlines and work timetables; providing a less chaotic workspace when required; educating managers and co-workers about mental illness; and creating positive policy fostering inclusion.

> HAVE PATIENCE.... we will jump in when we are ready; just offer the tools and services so that we can make an informed decision. Do not force us. We have enough struggles already, this has to be something that we do for ourselves...and we will...trust me! :0)"

It is helpful if CPs learn more about available mental health resources and how to access them, work collaboratively across service sectors to help build and strengthen support networks, and help clients access supports - when they need it. Most importantly, clients want to be treated as partners in the planning, and that CPs stay focused on their work needs and not their mental health problems. Building hope, insight, confidence, self-esteem, and a positive vision for a working future is essential to weathering the multiple challenges clients face. CPs needs to know their limits and refer clients for mental health service when it is beneficial to the client. Many see the policy practice of automatically referring clients who disclose a mental illness to specialized mental health services as an example of systemic discrimination. However, 43% of mental health clients report they would prefer to receive career planning services through specialized mental health/disability services over mainstream services (23%) or peer support employment counselling services (18%) – when the decision is theirs to make.

SATISFACTION / FRUSTRATION WORKING WITH CLIENTS

CPs report the areas of satisfaction in working with mental health clients is no different than with all their clients: seeing progress, helping support change, gaining trust and assisting clients to find and maintain employment. They are more satisfied when they can help clients achieve their goals, see improvements in confidence and self esteem and watch them become more connected with family, friends and within their community. An overarching and recurring theme for CPs is the frustration of not having the knowledge or skills to support mental health clients. They are worried that without this knowledge they are likely to cause more harm than good. This knowledge gap decreases their professional confidence, makes them more tentative to help and more likely to refer people to specialized disability career services. Formal policies within some work settings require automatically referring clients when mental illness is disclosed. This "passing off" of clients creates frustration when CPs feel this is unnecessary, stigmatizing or when they feel they can better handle the employment needs of these clients. Other CPs noted their willingness to refer clients to specialized mental health/disability career-planning services depends on their level of comfort and confidence in the quality of services they will receive. For some counsellors the lack of client insight and motivation, cyclic nature of mental illness, difficult and challenging behaviours and 'unrealistic' career goals makes working with mental health clients stressful.

"Treat People Like People… Not a Disorder" "Include us as partners in planning".

INADEQUATE SERVICES - LIMITED SUPPORT

Frustrations with the quality and accessibility of the mental health care system were a strongly expressed concern. The lack of available mental health services, particularly in rural and smaller communities, long wait times, insufficient resources and/or a lack of knowledge on how to access services and when, makes it difficult for CP to counsel clients with complex, multifaceted needs. Many CPs feel there is too much emphasis placed on medication and treatment compliance in mental health services and not enough on providing psychological counselling and psychosocial support. CPs feel clients are being discouraged by health practitioners and mental health care professionals to pursue work and that mental health professionals are often too pessimistic about their abilities or overly protective in encouraging employment. A focus on illness and disability rather than wellness and competence undermines the confidence of clients and discourages them from pursuing their career goals. The lack of knowledge about mental illness, treatment, and available services is also felt to play a significant role in stigma and social exclusion. The inability to access a consultation with a mental health professional, in a timely way, heightens a sense of feeling lost, hopeless, and powerless and having little to offer to mental health clients. CPs frequently mentioned the need for closer collaboration with mental health services. When this is in place, people note, the overall quality of service and employability improves.

SEGREGATED VS MAINSTREAM SERVICES

In one regional session, there was considerable "push back" on the issue of specialized versus mainstream services. In presenting the international research and 'best practices' in addressing stigma and discrimination the consultant used language of 'segregated' versus 'specialized' services. This touched a painful nerve amongst some professionals working in specialized services. Segregation, it was felt, holds specific historic meaning attached to racial segregation in Nova Scotia. It was felt by some that this survey was part of a provincial government strategy to transform mental health services and raised fears that their specialized disability services would lose funding support. This was not the case. Some specialized service staff feels they play a critical role *because* of the level of stigma and discrimination clients face within mainstream services. They feel they provide a safe and

> "The mental health resources in my community are woefully inadequate. This is why I am uncomfortable trying to refer them - often it is a dead-end for clients."

supportive environment that allows clients the opportunity to explore career planning without judgment. Protests to suppress the survey's distribution were taken to the NSCDA Board along with requests to change the language in all reports and presentations.

Within the context of this project, 'segregation' refers to the lack of choice for mental health clients in deciding which door they wish to use to access services. Fundamental to addressing discrimination is recognizing that every citizen has the right to utilize publicly funded services. It is the obligation of mainstream services to develop the skills they need to provide effective quality service to people with mental illness. Mental health and disability specialist could play a role in this education process.

CONSULTATION PROCESSES

The approach taken through this project was intended to build a common understanding on stigma and discrimination, transform the attitudes and practices of Career Practitioners, build partnerships and foster an agreement to take action. Using an iterative learning process each project step helped to build knowledge. The results of the survey were presented through a variety of regional, provincial, and national consultative processes to seek input, guidance and confirm the veracity of the findings. This was done through:

1. Hosting five regional education and focus groups session across the province.
2. Presentation at Cannexus 2012 to a national and international audience.
3. Province-wide, multi-sector roundtable. Summary report distributed to stakeholders to confirm agreement. (Appendix A)
4. Workshop at NSCDA's Hope Filled Approaches to Career Development conference.

Overall, there was a high level of agreement with the key findings of the survey, the identified needs for training of CPs to enhance their confidence, knowledge, and skills. People shared their personal experiences and specific examples of behaviours, attitudes, policies and practices that they felt were limiting. Through the consultation processes

> One of the early lessons I learned formally at College, and informally on the job, was that if you lived with a mental illness or were having any personal issues or crisis you **never-never** disclosed it…. This thinking and training forced me to keep my own struggles a BIG FAT SECRET.

people were challenged to reflect on their own beliefs about mental illness and the values attached to those who live with mental illness. This researcher was willing to disclose her personal experience living with a mental illness and as a peer encourage participants to challenge stereotypic ideas about "the mentally ill". Kathy McKee, project manager, shared in the consultations and presentation her own thoughts and how the project has transformed her ideas of the role CPs can play in supporting clients. The inclusion of consumers as project advisors and co-educators also helped bring an authenticity to the discussions. A Career Centre Manager and front-line Career Counselor living with mental health challenges have made personal submissions which explored the impact of the project on their thinking and feelings. (Appendix C)

Participants spoke candidly of their frustrations and concerns of not having the requisite skills or access to needed community mental health services to successfully support this growing segment of their client population. Government policies and funding models create challenges in providing quality services when mental health is not part of a program's mandate.

IDENTIFIED TRAINING NEEDS

In Nova Scotia there is currently a lack of budget for professional development or funding for workplace training to support new learning.

- Understanding stigma and ways to enhance social inclusion.
- Recognition and treatment of mental illness (with focus on employment).
- Knowledge of legal rights and obligations to accommodate.
- Managing disclosure and exploring positive and negative consequences related to work.
- Targeted assessment tools, motivation, and adult learning strategies.
- Mental health specific coaching and promoting recovery concepts.
- Knowledge of local mental health resources, access points, and referral processes.
- Peer support and its role in employment.
- Ways to support employers: addressing accommodation needs, support and coaching.
- Understanding labour market trends and opportunities.
- Promoting mentally healthy workplaces.

PREFERRED TRAINING APPROACHES

- Mental Health First Aid with an employment specific focus.
- Joint training with mental health professionals and community partners.
- Consumer-led workshops.
- Mentorships to support learning.

- Case studies based learning.
- Workplace seminars.
- Professional development workshops.
- Development of web/print materials for clients.

PROJECT TAKE AWAY MESSAGES

The findings from the survey and consultation are consistent with the research on stigma and discrimination. The following represents emerging key messages:

- Mental health issues and their disclosure within the counselling context are increasing, and are seen as a complicating factor within career practitioner's role.
- There is no "them" and "us". Mental health problems are common, it is the lack of disclosure which gives us a distorted view of who the 'mentally ill' are.
- CPs are not immune from experiencing mental illness and face similar fears of discriminations in the workplace should they disclose.
- CPs are a critical bridge to inclusion in the workforce and in accessing training and education benefits. CPs are not always confident or comfortable in dealing with mental health clients or feel skilled in providing appropriate support. Their clients would agree.
- There is a high level of agreement that stigma and discrimination are playing a significant limiting role in the ability of people to reach their full potential Change will require that people start with their own attitudes, beliefs and actions.
- Clients want to be seen as people not as a diagnosis and want CPs to focus on career planning challenges.
- Accessing mainstream services is seen as a right. CPs working in mainstream services need to be adequately trained and resourced to deliver quality service to all clients. Specialized mental health vocational services have an important role to play - when inclusion is by choice.
- One role is to help improve the knowledge and skills of the broader career practice community. Integrating approaches may be an important direction to consider.
- The NSCDA is seen as a natural leader in developing educational tools. They are also seen as a potential advocate for better funding and accessibility to mental health services with

government. Working collaboratively, across disciplines and service sectors will improve the quality of services.

- CPs can also play a meaningful role in addressing stigma in the broader community by promoting positive profiles of client successes including within the media. This also includes addressing program barriers and policies that limit client opportunities.

> "Have your people not be therapists...but be knowledgeable about the clients they are trying to help integrate back into society. We want to be part of the workforce but may only dip our toes in and then back away, come back and test the water again...several times before we are really ready.

RECOMMENDATIONS TO NSCDA

Multiple 'Charting the Course' consultations, across many stakeholder groups, confirm a high level of agreement on the importance of the project's goals and objectives. Counsellors report they do not feel they have the knowledge and skills they need to serve this client population effectively. Stigma and discrimination is seen as a major barrier and it is felt that a collaborative multi-sector approach to address this challenge is required to enhance employment-related social inclusion.

There is a broad-based desire amongst stakeholders for the NSCDA to continue its leadership role in addressing the knowledge and skill gaps CPs identified in working with their clients. CPs are looking to the NSCDA to develop professional educational and training tools, using webinars, conferences, workshops, and toolkits to improve their knowledge and counselling skills in addressing the mental health, employment and training needs of their clients. As a recognized leader in the employment-counselling field, stakeholders would like to see the NSCDA play an advocacy role by:

1) Encouraging better coordination between mental health and career services;
2) Partnering with consumers in developing training tools;
3) Advocating for improved mapping, availability and access to mental health supports and services; and
4) Addressing with government program polices and funding practices which impede access to training and employment services for people living with mental health issues.

There is also a recognized need to identify strategies and educational tools to engage and support employers in hiring people with mental health issues and for best practice guidance on how to successfully accommodate people in the workplace. CERIC has confirmed that the issues identified through this research have broad national implications. The NSCDA can take a leading role in developing educational resources and tools which can be shared more broadly though provincial and national networks. Nova Scotia career practitioners have voluntarily agreed to adopt National Guidelines for Career Practitioners as their practice model. Included within these guidelines are standards on diversity and inclusion. NSCDA can encourage the expansion of these guidelines to provide direction on mental health-related issues to make operational 'best practices' on mental health, stigma and social inclusion through career counselling.

AGREED NEXT STEPS:

The Board of Directors of the NSCDA reviewed and approved moving forward on Phase Two of the Charting the Course Project to fulfill the recommendation emerging from this study. At their October 2012 meeting they approved the following actions:

Engage Neasa Martin, project researcher to develop a proposal for training tools to be delivered in partnership with NSCDA.

Seek funding from CERIC to develop resources with NSCDA as the sponsoring agency.

Identify funding opportunities from foundations / government for hosting a mental health and employment conference.

Create a mental health knowledge stream into NSCDA Annual Conference.

PROJECT CHALLENGES

1) SURVEY MONKEY TOOL:

The use of Survey Monkey presented significant and unanticipated challenges. Due to Privacy Laws in Nova Scotia, the servers of Universities and Colleges, Government Departments and Hospitals would not support dissemination of the project survey. Because Survey Monkey is an American survey tool, and data is stored on US servers, results are potentially subject to review by Homeland Security under the Patriot Act. Alternative ways to access the survey were created but this barrier may have influenced participation levels of stakeholders from these sectors. There are documented cases of Canadians being denied entry into the United States based on their history of mental illness, use of 911 emergency services, and/ or taking psychotropic medications. Although the survey was anonymous, the unique IP addresses for each participant could potentially be used to identify participants. Although the risk may be very low it is ill-advised to use this survey tool for research involving clients with mental health and addictions issues. A Canadian tool "Fluid Survey" provides flexibility and greater privacy protection.

2) TIMELINES SET WERE TOO AGGRESSIVE

Because of the challenges associated with the survey dissemination, we were only able to present partial results at the scheduled roundtable meetings. It also took longer than anticipated to engage the Advisory Committee and have adequate time to effectively engage them in planning and review processes. It would also have been beneficial to meet with the Advisory Committee to undertake a more detailed review of the findings and flesh out the recommendations based on their localized knowledge and networks. However, the schedule was created to align with pre-existing meetings and conference opportunities, which helped to increase visibility and reduce project costs.

3) PROMOTING CHANGE CAN PROVOKE RESISTANCE

A summary of emerging research and expert advice on addressing stigma and discrimination in mental health was presented to the province-wide roundtables. This information contradicted prevailing orthodoxy and challenged people to reconsider current approaches to public education and client care. Research presented on the prevalence of stigma in mental health services and the international movement toward social inclusion by improving access to mainstream vs specialized services provoked angry responses in one roundtable meeting. This led to questioning the survey methodology and the veracity of findings. These challenges were offset when consumers could share their experience and confirm the veracity of the research and

personal experiences. However, the absence of a strong 'consumer voice' in one session made it more challenging to respond to these criticisms. Protests from specialized disability career counselling services placed pressure on the NSCDA Board of Directors to influence the survey findings and to request a change in the language used. Having additional time would have allowed for deeper engagement of this sector to build understanding and consensus. Having robust consumer involvement in other sessions was very important in creating context and exploring these sensitive areas.

4) Engagement of Partners

The mental health sector was not as actively engaged in this project as hoped. The reason given was the lack of human resources to commit to projects outside of core organizational activities. The under funding of mental health services in Nova Scotia was a frequently noted barrier to accessing supports and this extended into participation in this project.

Project Lessons Learned

This project was able to achieve a high degree of success because:

- The issue of stigma and discrimination has received greater visibility and prominence as an issue of concern making this a timely project of interest to the community.
- The Government of Nova Scotia is currently undertaking a strategic transformation of mental health and addictions services and addressing stigma and discrimination is a stated priority.

The NSCDA was the perfect project sponsor:

- NSCDA's involvement enhanced the credibility of the project and fostered positive engagement.
- NSCDA holds a leadership role in enhancing the training and support of CPs and in promoting client-centred practice.
- Recommendations emanating from this consultation can be 'operationalized' through the NSCDA, making participation more meaningful.
- The timing of this project corresponds with the development of National Guidelines for Career Practitioners, creating an opportunity for direct application of findings.

On-the-ground support was critical:

- Kathy McKee's knowledge of local and regional networks was invaluable to the project's success. Her ability to mobilize her positive working relationships with province-wide Job Resource Centre Managers helped legitimize the project, to foster inclusion and coordinate consultations.
- The enthusiasm and support of Kathy's staff and their willingness to draw on personal experiences added an important dimension to understanding stigma and discrimination from the CP's perspective.

ACKNOWLEDGMENTS

Projects like this require the support, encouragement, and enthusiasm of many people to be successful. This project benefited considerably from many people:

- Special thanks goes to CERIC, our project funder who made this project possible. In particular, thanks to Riz Ibrahim for his ongoing trust, support, and wisdom.
- Thanks to the Board of Directors of the NSCDA for taking a leap of faith in sponsoring this project, for accepting an 'outsider' into the fold and for providing ongoing advice.
- My heartfelt gratitude goes out to the members of the Project Advisory Committee for their patience, insights, and responsiveness. Thank you Andy Cox, Pam Halverson, Roy Muise, Betsy Paine, and Lori Robitaille. It is with sadness that we acknowledge the passing of Marc Porter who added invaluable insights from a business and employment perspective. You are missed!
- Colossal thanks to Kathy McKee, for her amazing project management skills, sound knowledge of career practices, extensive networks and unfailing good judgment, courage and humour.
- Huge thanks also to the staff of the Windsor Job Resource Centre, particularly Francesco Trolli for his creative and technical talents in developing the project website and Janice Langille for her ongoing support, enthusiasm for the project and unique insights.
- Many thanks to the champions of the regional roundtables including Janice Langille, Amanda White, Marilyn Ruelland, and Barbara Buchanan.
- Thanks to the Career Resource Centres Managers Group. A special note of thanks goes out to Margo Hudson for her creative ideas and passion for enhancing client services.
- Huge thanks to the Self Help Connection particularly Roy Muise - an inspiration to us all! Thanks to Linda Bayers for her wisdom and Beth Carmichael who adeptly filled in for Roy Muise at the provincial roundtable and presentation.
- Most importantly, thanks to all of the career practitioners, mental health professionals, and service users who participated in the survey. Your honesty in talking about a topic too often kept secret made this study possible. I hope I was able to accurately capture your experiences, needs and hopes for the future.

REFERENCES & NOTES

[i] Kirsh, B. (2000). Work, Workers, and Workplaces: A Qualitative Analysis of Narratives of Mental Health Consumers Journal of Rehabilitation, Oct-Dec, 2000

[ii] Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (Literature review, expert advise, online consultations and public hearings).

[iii] Wilton, R. D. (2003). Poverty and mental health: A qualitative study of residential care facility tenants. Community mental health journal, 39(2), 139–156.

[iv] Marwaha, S., & Johnson, S. (2004). Schizophrenia and employment - a review. Social Psychiatry and Psychiatric Epidemiology, 39(5), 337-349. doi:10.1007/s00127-004-0762-4

[v] Martin, N., Johnston, V. Time For Change: Tackling Stigma and Discrimination Sept. 2007. (Literature review, expert consultations, on-line stakeholder consultations.

[vi] Stephens, T., & Joubert, N. (2001). The economic burden of mental health problems in Canada. Chronic Diseases in Canada 22(1). Updated link retrieved August 16, 2005 from http://www.phac-aspc.gc.ca/publicat/cdic-mcc/22-1/d_e.html

[vii] The use of Survey Monkey created serious concerns in accessing government, hospital, university and college staff. Because it is an American survey tool, its contents are subject to review by Homeland Security Service under the Patriot Act. This is explored further in 'lessons learned'.

APPENDIX A

Roundtable Strategic Meeting
Summary Report
May 30, 2012
Holiday Inn, Dartmouth

The purpose of this provincial roundtable was to invite diverse stakeholders with an interest in mental health together to review the findings of the Charting the Course project. We looked at identified gaps, needs, potential policies, practices and resources required to strengthen the capacity of career counsellors to meet the needs of clients with mental health issues. Change requires leadership and through our discussions with key influencers and decision-makers, we hope to map a course forward for career practitioners and build commitment for ongoing implementation of these recommendations.

Questions asked:

1. **What needs to be done?**
2. **Who needs to take action?**
3. **What are the next steps?**

Training – What is needed?

- Ongoing mentorships needed
- Mental health first aid
- Training with employers – lunch and learns
- Basic sensitivity training for all – current mental health vs situationally induced
- Understanding use of resources and making appropriate referrals
- Tying this work into competencies and guidelines
- Assessment and techniques – broader general knowledge
- Share best practices
- Get experience and work with consumers
- Positive psychology
- Train locally maybe through webinars

Recurring Themes
Get Mental Health on the table….

- Policy is a problem – if agencies don't have mental health in their mandate or contract it is difficult to access staff training
- Build a business case that shows a need to invest in training - there are social health consequences of not attending to or being sensitive to this issue
- Careers NS – timely to bring this to government for Career Practitioners
- Our communities calls us to task on this issue – it is a societal issue affecting everyone

Collaboration is key…

- Must have knowledge of what other agencies do
- Hands on experience – go to other agencies and really know what they do
- Knowledge of local resources
- Need to collaborate to strengthen the voice
- Need resource mapping of areas (not available everywhere)

Personal responsibility to make change…

- Help clients feel safe to disclose
- Begins with individual – attitudes, values and beliefs
- Responsibility to know and be comfortable with other community resources
- When focusing on the client – the system changes
- What am I doing today to make a difference?
- Get rid of us vs them in our own NS Career Practitioner world
- Take advantage of what is already available – make it a goal
- We need to be comfortable with each other and then will be better equipped to share with clients

Program delivery…

- Programs don't always match need – connection between realities – be part of the process
- Working with government to make sure connections are more fluid
- Partners working together as one voice
- Hold government accountable for their funding envelopes – if it isn't right let's work together provincially to make it right
- Government funding separates services – can we do this better?
- Peer support part of mainstream – embed it – get personal contact
- Discussions across agencies and expertise is the beginning of how we can transform our work
- Transparency on what we do and what we have to offer
- Need to map out resources
- Our current systems can be exhausting to clients

- Front line workers feel that they are working at cross purposes with those designing the programs
- Assessments – need money for those
- Value for specialized services

What can the NSCDA do?

- Professional development – conference or PD days - leadership
- Mentorship and collaboration – facilitate groups getting together
- Consider different types of learning and learners
- Help develop support for employers. Inform and educate.
- NSCDA – messages to government – sharing the difficulty of fitting people into boxes
- Should be the lead on this initiative for the development of the skills of Career Practitioners

APPENDIX B

RECOMMENDATIONS FOR NSCDA

Submitted to NSCDA Board

Monday, October 22, 2012

Recommendations Overview:

Multiple 'Charting the Course' project consultations, across multiple stakeholder groups, confirm a high level of agreement on the importance of the project's goals and objectives (See summary report below). Mental health issues and their disclosure within the counselling context are increasing, are seen as a complicating factor within career practitioners role, counsellors do not feel they have the knowledge and skills they need to serve clients with mental health problems effectively, stigma and discrimination is seen as a major barrier and it is felt that a collaborative multi-sector approach to address this challenge is required to enhance employment-related social inclusion.

There is a broad-based desire amongst stakeholders for the NSCDA to continue its leadership role in addressing the knowledge and skill gaps identified by career practitioners in working with their clients. Career practitioners are looking to the NSCDA to develop professional educational and training tools, through the use of webinars, conferences, workshops, and toolkits to improve their knowledge and counselling skills in addressing the mental health, employment and training needs of their clients. Through this research career practitioners also disclosed that they are not immune to mental health issues and identifying ways to minimize stigma within the workplace is an identified concern. As a recognized leader in the employment counselling field, stakeholders would also like to see the NSCDA play an advocacy role by: 1) encouraging better coordination between mental health and career services; 2) partnering with peer support programs in developing training; 3) advocating for improved mapping, availability and access to mental health supports and services; and 4) addressing with government program polices and funding practices which impede access to training and employment services for people living with mental health issues. There is also a recognized need to identify strategies and educational tools to engage and support employers in hiring people with mental health issues and for best practice guidance on how to successfully accommodate people in the workplace.

CERIC has confirmed that the issues identified through this research have broad national implications. The NSCDA can take a leading role in developing educational resources and tools, which can be, shared more broadly though provincial and national networks. Nova Scotia career practitioners have voluntarily agreed to adopt National Guidelines for Career Practitioners as their practice model. Included within these guidelines are standards on diversity and inclusion. NSCDA can advocate for the expansion of these guidelines to provide direction on mental health-related issues to make operational 'best practices' on mental health, stigma and social inclusion through career counselling.

Recommended next steps:

1) NSCDA endorse the recommendations for action:
   - Engage Neasa Martin to develop a proposal for training tools to be delivered in partnership with NSCDA.
   - Seek funding from CERIC to develop resources with NSCDA as the sponsoring agency.
   - Identify funding opportunities from foundations / government for hosting a mental health and employment conference.
2) Create a mental health knowledge stream into NSCDA Annual Conference.
3) NSCDA develop a policy position statement and key messaging tools aligned with project findings.
4) NSCDA support the engagement of government partners and community stakeholders to achieve advocacy objectives.

APPENDIX C

DISCLOSURE IS KEY – Project Notes From a Front-line Career Practitioner

I am formally trained in mental health and community services counselling. I have worked for over 20 years in the helping professions. My experience has been both paid and as a volunteer. I have always been active in the community to make positive change and provide supports for those in crisis. As an outspoken advocate for marginalized persons and those without family or community support has earned me a reputation for being a maverick, or depending on who you speak with, a trouble maker.

One of the early lessons I learned formally at College, and informally on the job, was that if you lived with a mental illness or were having any personal issues or crisis you **never-never** disclosed it. The message was if you identified with or disclosed that you have any sort of mental health issue that you at the very least your motives were suspect, at worst you were incompetent and would likely cause more harm to your clients than you could ever help.

This thinking and training forced me to keep my own struggles a BIG FAT SECRET. I have chronic and severe anxiety and depression. My anxiety is managed by the RIGHT medication, and the symptoms have lessened as I grow older and am less worried about others opinions which bring me to the point of why I am writing this narrative.

Last year during the workshop on career practitioners and mental health put on by Neasa Martin, (who I admire greatly and who I think is brilliant and a consummate professional) disclosed that she has a mental illness. She did not qualify it, explain it, or try to soften it by using terms such as slight, minimal, or not severe. Many of us in the room, employment counsellors for the most part, (some) were shocked and all were surprised that Neasa would admit to a group of her peers that she has a mental illness. ‘ Oh no’, I thought, ‘the death knell to counsellors.” Statistically about 20% of Canadians have had or are living with a mental illness. I find that interesting. Clinical wisdom would have us believe that, ‘people *who choose these fields are trying to figure out our own messed up lives or head*.” That being the case then 20% stat may be much higher in the helping professions.

Long story short, I have since felt an enormous sense of relief about not having to hide my own life long struggles, that I was a mental health consumer, needed community supports and

services and that I wasn't born with a master degree in counselling because I am truly an altruist. I don't know if this was the sole reason I choose the helping profession, but I do know that I still seek answers to troubling issues for my clients, friends and yes myself. My desire to help and my personal experiences have helped me to become very good at helping others in need of support or counsel. I now disclose openly, if appropriate that I have chronic anxiety, that I have been unemployed, have needed help and support at various times in my life. My clients in turn are sometimes shocked and surprised, but I sense that mostly they are grateful that I meet them on a level playing field and it's not an "us and them" situation. It's all of us together to live the best lives that we possibly can.

THE NEW NORMAL – Notes From a Career Resource Centre Manager

Prior to my engagement in the Charting the Course project, I was certain that I approached my interactions with clients and the public from a helpful pedestal. I was "normal," caring and grounded in my work and provided common sense advice to staff and clients about how they could move forward in their careers and lives. It was a joy to see successes and to share these with fellow practitioners when hard work paid off. There were inevitable setbacks and challenges; sometimes clients were annoying, sometimes they didn't follow a proscribed path, and sometimes they just seemed crazy. Last year it began to seem like everyone was a little "off" – 80% of our clients were reporting mental health problems, practitioners were now presenting with mental health issues (how was this possible??) and the mood of the workplace was undergoing a change.

Our discussions with clients seemed to focus on deficiencies – the clients were deficient in that they weren't prepared for or didn't accept help, and we were deficient in that we didn't have to the tools address client needs, and even questioned whether clients with mental health challenges even belonged in our centres. Wasn't there someone else who could deal with them? We didn't feel that we were qualified and because this work is hard enough as it is, the additional layer of mental health concerns made us want to shed these clients as soon as possible.

Fortunately, we met Neasa Martin and heard a different story about the world and the people in it. Mental health challenges are not just experienced by "others" but by all of us, career practitioners

included. In fact, the research shows that career practitioners have disclosed as having mental health challenges at a much higher rate than in the general population. We realized that we may have been creating barriers for clients based on our internal beliefs that present as stigmatized and discriminatory attitudes. It was both a shocking and eye-opening discovery for us to realize that the limiting factor in our clients' progress is our inability to see a limitless future for every client.

So, what is normal? I have discovered that there isn't one. There isn't a magical line or single definition that enables us to categorize individuals and our services for them. We are all in this together. I am now certain that everyone is doing the best they can on any given day. And I no longer stand on my 'normal' pedestal, confident that in this helping profession I have all of the answers. We are all a work in progress. Thanks for the opportunity to examine this issue, I believe it has changed the lives of many people in our province.