Gaining insight from experience: lessons from a Flemish employment programme

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The Flemish ECHO project is a joint initiative of some Flemish mental health services in close co-operation with the LUCAS research institute (Catholic University Leuven). In this article, Professor Dr Chantal Van Audenhove and Guido Lissens describe the social context of vocational rehabilitation in Flanders, and the way that the project was organised by the partners in the Flemish ECHO network. In the second part they describe the method of working in the project and offer some conclusions based on the scientific evaluation of the project.

The context of the Flemish ECHO HORIZON project

Mental Health Care in Flanders

The Flemish ECHO project has its origin in mental health care. In 1990, the Belgian mental health care system was thoroughly reformed. Since this reform, 2,180 patients have moved from mental hospitals into sheltered housing facilities. A number of sheltered housing services already existed before the psychiatric reform. Other activities were established as a result of the new regulations (Ministerie van de Vlaamse Gemeenschap, 1999).

Psychiatric reform was not as far-reaching as in some other European countries. In 1999, there were 12,167 beds available in residential care facilities in Flanders which meant 2.01 beds per 1,000 inhabitants (Ministerie van de Vlaamse Gemeenschap, 1999; Centrum voor Overheidsinformatie, 1999). The number of beds in

psychiatric hospitals decreased by 4,398 beds in the period 1990–1995 (18.7 %), but no hospitals were closed. In comparison with other European countries Flanders puts great emphasis on residential mental health care.

Work and mental health care in Flanders

Although the idea of work as a vehicle to social integration has become widely accepted, there are still only a few psychiatric hospitals and community mental health centres developing new services in this area. Because of the lack of attention to vocational re-integration, the situation is difficult for psychiatric patients who want to resume work after a period of hospitalisation or long-term unemployment. However, as a result of the first ECHO project (1995–1997) the situation is gradually improving.

Psychiatric hospitals need to meet the expectations of both government and consumers. Often these expectations are contradictory. The Government expects

the hospitals to provide psychiatric treatment. Creating work opportunities, or providing work-related guidance is not considered part of this medical approach. On the other hand, consumers and their families expect the hospitals to facilitate the patients' social integration and vocational rehabilitation. They request a more comprehensive rehabilitation effort. A client says:

'Thanks to ECHO, I didn't rush straight into looking for a job. The idea of wanting to do any kind of work, just to get out of psychiatric care, is wrong. You must think about what you can cope with, what you want for yourself, and what you can do in the long term.'

During the last few years, a trend towards more co-operation between residential treatment and community-based services can be noticed. This co-operation fosters the development of community care, and vocational rehabilitation is considered as an important element in this approach.

The structural and organisational context of the Flemish ECHO project

During the last five years many centres for daytime activities have been established. This new provision can be seen as a cornerstone in the development of community care. The aims and goals of these centres can be different. Some of them are primarily meeting places for psychiatric patients living in the community. Others offer prevocational training and individual vocational guidance according to the methods that were developed in the ECHO project.

In the ECHO project, two such centres for daytime activities were involved together with a psychiatric hospital and two services for sheltered housing. The co-ordination of the project was the responsibility of the LUCAS research institute (University of Leuven). The main goal of the first Flemish ECHO project (1995–1997) was to develop a

method of individual vocational guidance for people with mental health problems in co-operation with the European partners. In the second ECHO project (1998–1999), the development of the method of individual guidance continued. In order to meet the needs of a specific target group – namely people with mental illness with a limited vocational background or people whose long-term unemployment was caused by their mental illness – we also developed a specific vocational training programme (Van den Bogaard, 2000). This new element in the programme enabled us to implement more thoroughly a number of important aspects of the integration process, such as vocational assessment and orientation. Currently, the ECHO vocational integration method is gradually making progress in Flanders. In Sint-Niklaas, in 1999, 118 clients entered the programme, 20 clients started the vocational training programme and 88 were involved in other modules.

Description of the working method in the Flemish ECHO project

In the programme, two phases can be distinguished: the stage of job-preparation and the stage of supported working.

Clients are mostly referred to the programme by mental health agencies. After the initial interview, the counsellor and the client outline a pathway that includes participation in one or more modules of the programme. In the job-preparation phase, the client can make a choice between entering the vocational training programme, participating in the orientation course or starting a traineeship in a normal company. The goal in this phase is mainly to help the client get his bearings in the world of work. After concluding this first phase in the process, the counsellor helps the client in his or her decision-making about further steps in the process. In the supported working stage, the goal is to help the client find and keep a job. The programme provides support to achieve these goals including (optional) interview skills training. Continuity of

care is a basic principle in the ECHO approach. From the moment that the client enters the programme till the closing of the support, one single vocational counsellor will guide the client individually.

1. The initial interview

The goal of the initial interview is to enable the client to make a clear decision about entering the programme. The intake procedure in the Flemish ECHO project consists of at least three conversations.

In these conversations, the clients' needs and preferences with regard to work are discussed and the counsellor provides information about the content of the ECHO programme. During the last interview the client together with the counsellor decide whether or not the client will further participate in the programme and if the client will continue, what steps need to be taken. If the client decides not to enter the programme, he/she will receive advice about alternative options.

Points to note about the intake are a clear defining of the role of the vocational counsellor and the client, and a careful discussion about the psychiatric problems of the client. These problems are only discussed in relationship to the vocational background and the future vocational plans of the client.

2. The vocational training programme

The main goal of the vocational training programme is to improve basic vocational skills of clients. It was set up to meet the needs of two specific target groups, namely young clients with a limited vocational background or clients who have experienced long-term unemployment as a result of their mental illness and are confronted with severe difficulties in resuming work. The prevocational programme consists of two parts: a work experience part and an educational part. The programme lasts for three months but if necessary, the programme can be lengthened.

The work experience enables the participant to get acquainted with life as a worker in a relatively protected, but realistic working situation. In Sint-Niklaas and Bierbeek the activities are organised in different workshops in rehabilitation centres. In Ghent, the work experience takes places in regular companies. The phase of work experience starts with a trial period of one week. At the end of the trial period, in consultation with the counsellor, the participants decide if they will continue to participate and if so, whether they will work full-time or part-time. During the training period, the clients are offered continuous evaluation of their work performances and attitudes. One client commented:

'It was a test for myself, to see what I was still capable of and I learned quite a lot. I got to know myself better, I learned that I need a regular rhythm, that I don't work fast but that I finish everything on time and try to produce good work... I gained greater insight.'

The clients who participate in the work experience are mostly involved in the educational part of the programme, which is organised on Fridays. This course is very practical and deals with crucial aspects concerning returning to work, such as whether or not clients should inform colleagues and employers about mental illness and treatment and how to explain the empty periods in their curriculum vitae.

3. The orientation course

The orientation course lasts two weeks and it's organised as soon as a group of five to ten participants who are eligible for it can be made up. This course provides a more in-depth acquaintance with the world of work and includes a stronger involvement of clients compared with the educational programme in the vocational training.

The main goal of the orientation course is to enable clients to outline their vocational profile. First, by means of discussions with other group

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members, the participants try to situate themselves within the communities where they live and work. Secondly, they provide an overview of the technical skills they acquired in the past. An important topic in the course is stress at work and how to cope with it. In the discussions with the participants, previous work experiences are analysed with the focus on stress-provoking factors, symptoms of stress and coping strategies. During these discussions it is

important that the participants make the link between their psychiatric problems and their vulnerability to specific stress provoking factors. Questions the clients need to answer for themselves in this first week of the course are:

- which factors cause stress in my (working) life?
- how can I recognise symptoms of stress?
- what are my limits?
- how can other people see I am stressed?
- how do I cope with stress?
- how can I improve my coping behaviour?

Finally, the most important question that needs to be answered is:

- what kind of working conditions are suitable or not suitable for me in order to maintain my psychological stability?

The last step in designing the vocational profile is to develop realistic vocational goals. By means of group discussion and individual work, the participants try to find out what kind of work they prefer, their personal perception of this preferred job and the objective requirements of the job. In the second week of the orientation course an overview is given about possibilities for vocational training in the region. The participants also pay a visit to the training department of the local job

centre. After the introduction, the participants are offered the opportunity to improve their job searching skills. They have brief training in telephone skills, interview skills and curriculum vitae writing. On the last day of the course, the vocational counsellor works with the clients on their individual vocational rehabilitation plans. In this plan, the clients formulate their specific vocational goals and the pathways they are going to follow in order to achieve these goals. Participants describe how they felt supported and acknowledged by working in the group sessions:

'It was the first time I had had my problems discussed in a group and that was helpful. I really got something out of the group atmosphere. It was good to hear that I was not the only one with problems about work. Those people all had problems.'

'I also thought it was fascinating and instructive to hear what other people thought about going back to work after having being in psychiatric care for a while.'

4. The traineeship in a normal company

A cornerstone in the ECHO project is the work experience period or traineeship in a normal working environment, which lasts at least four weeks and is planned as soon as the client is ready for it. This traineeship plays an important role in the assessment of the client's vocational functioning, his readiness for work and his technical and social skills. This situational assessment has a great influence on the course of the guidance process and is of great predictive value for future employment. It also introduces important elements concerning the functioning of the client, which can be used later on in the guidance process. The traineeship can be very confrontational. A participant noticed that her pathology was still too much in the foreground:

'I realised that I am in worse shape than I was sometimes willing to admit. Since ECHO, I realise that some things are no longer possible, that because of my illness I shan't be able to work anymore.'

In the second place, the traineeship offers the client the possibility to re-enter the world of work after a long period of inactivity. This transitional period enables the client to gradually resume the social role of a 'worker' without running the numerous risks that are involved in taking on a real job, for example the risk of losing benefits, the risk of failure etc. About this traineeship a client remarks:

'The traineeship helped me to show that I can do it and to prove myself for my own benefit and for other people. I was sure of myself but I wanted to get rid of the last bit of self-doubt remaining, and I succeeded.'

5. Support in finding a job

The goal in this phase of the process is to help the client to find a suitable job. Firstly, the client and the counsellor try to outline roughly the preconditions for a job. For this purpose, they make use of the capacity profile. This document will be used as a guideline in this phase of the integration process. It is an essential element in the matching of preferred jobs with clients who have a clearer view of their options. Secondly, the counsellor will inform the client about job finding procedures and the services in the community that are responsible for job mediation. Thirdly, the counsellor will help the client to search actively for a job: making a selection of job advertisements, improving knowledge of job promoting regulations, planning appointments, learning interview skills. Contrary to practices in other approaches, the counsellors do not assertively search for jobs on behalf of their clients. In the Flemish ECHO project, the clients are encouraged as much as possible to find jobs

themselves. If necessary, (temporary) alternatives for regular employment are discussed: voluntary work, another traineeship, work in a social firm or in a social workplace. A stepwise approach is used in order to help the client cope with the new situation. The counsellor clearly points out what will be the next steps in the process and how the guidance will be organised after the client has found a job.

In this phase of the process, a change takes place in the role of the vocational counsellor. He will gradually act more as a case manager or a community connector and leave some elements of the support to his colleagues from other agencies (eg training centres, job mediating services etc). However, to guarantee the necessary continuity throughout the whole process, his support will remain accessible. Clients appreciate this continuity:

'The idea of continuing vocational guidance is a clever innovation. I am glad it exists and that it will continue.'

Making this transition is not obvious for clients; they often used to play another more passive role as a client in mental health care. It is important that the client and all the professionals involved share the same strategy. It is also important that the other professionals involved carefully take notice of the capacity profile of the client. Based on this profile, the official job mediators will be able to adapt better the pace of their efforts to the specific needs of clients.

6. Support in fulfilling and keeping the job

In the Flemish ECHO project, the extent to which employers are involved in the support is different. Working out a single approach for employers was not a priority. This choice is based on the experiences of the vocational counsellors with different attitudes and assumptions of employers and clients. For some reason, a number of employers strictly refuse any involvement of external counsellors in their companies. In other

companies the issue of mental illness cannot be discussed openly. Mostly based on previous experiences, other employers show their willingness to recruit people with mental illness and co-operate fully with the ECHO project. From the viewpoint of clients, the interventions of the counsellor in the workplace are not obvious. Some clients fear an increase of stigmatisation. They explicitly don't want to be treated 'as a special case'. In this phase of the process, the support that is delivered by the vocational counsellor is balanced according to the expressed needs of all the parties involved. For this balancing, the counsellors have outlined a list of different options for support. The client and the counsellors make a choice from these options that vary from administrative support to the employer about adaptations in the workplace to intensive personal support for the client.

Evaluation

The route that each client follows through the ECHO vocational programme can be different. Depending on their needs and preferences, clients take part in specific components. Because of the limited number of participants in each programme component, it was not easy to work out a comparative evaluation of all the programme components. However, the group of clients in the vocational

training all received relatively the same content and this group was fairly large.

Therefore, in the framework of this article, we focus on the evaluation of the process and the outcome phase of this particular programme component.

The group of participants in the vocational training programme consists of persons with serious mental illness. The most frequently observed diagnoses are substance abuse, schizophrenia or another psychotic disorder and personality disorder. The mean score on the GAF indicates that the participants have social

and psychological limitations. For these people, entering the labour market is not an obvious option. They need help to overcome different barriers on their way to employment – related to their illness and their psychological and social functioning. It would be naive to expect sudden and remarkable changes in their functioning after a few months or weeks (of training), but the time limits of ECHO forced the researchers to evaluate the outcomes during the summer of the second year, whereas the project still continued.

A follow-up study of 25 participants of the vocational training programme was conducted three, six or nine months after entering the programme. At the moment of questioning, 17 participants knew their work situation after the programme. For 10 out of 17, the new work environment implied a greater integration in the society. Most of them moved from a day activity centre, from the hospital or from home to regular employment or to voluntary work. Two persons left the hospital to work in a day activity centre.

Most of the objectives set by participants at the start were considered by them to have been attained, but the programme did not come up to the expectations of participants who wanted to improve their financial status. In the opinion of some of the participants their income had even decreased. This decrease can possibly be accounted for (at least partly) by expenses related to the participation in the programme, such as relocation and clothing expenses.

The vocational rehabilitation process is not a separate process: it may be connected with other changes in the participant's life, such as changes in his living conditions and in the use of mental health care services. Whereas participation in the programme does not seem to influence the living conditions of the participants, it seems to coincide with changes in the use of mental health (care) services. After the programme many of the persons who were in residential psychiatric services were discharged and used outpatient

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psychiatric care. This illustrates the integration of the vocational rehabilitation efforts in the overall rehabilitation efforts that are made on behalf of these clients. The referral to ECHO was in many cases part of the discharge procedure in the inpatient psychiatric services.

The changes in the field of vocational functioning induced by the programme are intertwined with changes in many other fields of functioning. The participants feel for instance more self-competent and have more insight in their own functioning in vocational situations.

The relationship with the counsellor was the most important supporting factor in the opinion of the participants, whereas the exchange with group members was by some participants considered as less helpful. The differences between the participants concerning their readiness and ability to work, may explain why for some of them it was not easy to experience a supportive relationship with other participants.

Discussion

The ECHO project was the result of a unique interaction process between a university research centre and a number of practically oriented mental health workers. This method has resulted in an intensive process of study and discussion, and gradually a number of basic principles that support the programme have been formulated. Unfortunately, within the scope of this contribution it is only possible to mention them briefly:

- the importance of vocational training in a realistic working environment
- the emphasis is on the process, not on the outcome. Competitive employment is considered as one possible choice between many
- the programme as an element in a comprehensive rehabilitative care programme for the individual client
- the importance of a careful vocational assessment and the participation of the client in this process
- the importance of continuous support and the essential role of the counsellor
- the close linking of the support to the needs and preferences of clients
- the mix of different approaches (individual counselling, group work, other)
- the role of the counsellor as a guide and a pathfinder.

The development of the programme was based on general psychiatric rehabilitation principles (Bachrach, 1991; Shepherd, 1989) and in particular on the principle of 'recovery' (Anthony, 1993; Van Weeghel & Dröes, 1999).

During the past four years, the ECHO project has given a boost to the development of vocational rehabilitation in Flanders. The results of the project have been published recently (Van Audenhove *et al*, 2000) and training courses for counsellors will be organised very soon. In the near future, the Belgian Government will build on the ECHO experience in order to adapt its community mental health care policy to the vocational and occupational needs of clients. In the past four years, the ECHO methodology has proven to be successful and the number of clients who apply for participation is still increasing. In the future we hope it will be possible to further improve the method in co-operation with some new European partners.

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Events Diary

Title: **Mentally Disordered Offenders**
Pavilion in association with Turning Point,
Mental Health Services of Salford and North
West Mental Health Development Centre

Date: 15 March 2001

Venue: Manchester Town Hall

Contact: Pavilion, Tel 01273 623222, Fax 01273 625526 or
email pavpub@pavilion.co.uk
Book online at www.pavpub.com

Title: **Therapeutic Interventions in Self-injure**
Pavilion in association with the University of Salford

Date: 29 March 2001

Venue: UMIST, Manchester

Contact: Pavilion, Tel 01273 623222, Fax 01273 625526 or
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Title: **New Policy Developments in the Mental Health
Act – Implications for Risk Management**
Pavilion in association with HRRI

Date: 5 – 6 April 2001

Venue: ORT House Conference Centre, London

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Book online at www.pavpub.com

Title: **Mental Health and Leisure**

Date: 11 April 2001

Venue: College of Ripon and York St John, York

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Title: **Whose Crisis? Meeting the Needs of Seriously
Disturbed Young People**

Pavilion in association with YoungMinds

Date: 2 May 2001

Venue: Manchester Conference Centre, UMIST

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Book online at www.pavpub.com

Title: **Advocacy and Mental Health**

Date: 12 June 2001

Venue: London Voluntary Sector Resource Centre,
Holloway Road, London

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