COMPETENCIES OR CAPABILITIES FOR THE MENTAL HEALTH WORKERS SPECIALIZED IN WORK PLACE ACOMPANIEMENT?

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Abstract

While relying on the concept of "empowerment" of people with psychiatric illness to their access and retention in employment in the mainstream, we seek to question the competence implementation by professionals. How they respond to problems situations that are as much obstacles to achieve the final task of job retention user? What skills they mobilize? From the perspective of the gaze crossed consumers, business leaders and team leaders identified what skills to support and maintain employment in this specific population? In what type of contexts are they exercised? What are the obstacles? How to overcome? What do the professionals themselves the exercise of their powers in this area? They are the competent, relevant, and adapted to the new economic situation? Users, business owners and professionals, they identify training gaps to deal with problem situations?

Key words: *mental health, empowerment, competencies, capabilities, job coaching, accompaniment*

About mental health and employment

When talking about the employment rate of the people with mental disorders we have to emphasize mostly non-biological factors as a field of investigation and specific intervention. "Empirical research on predictors of return to work or on the assessment of functional impact of psychiatric disorders emphasize that psychopathological assessment and that cognitive performance is insufficient to account for the professional reintegration opportunities, which refers to the need to specify other relevant dimensions "(Pachoud B,2012)

Multidisciplinary factors require a multidisciplinary approach and a multidisciplinary care. Ottawa Charter (WHO 1986) requires cross-sector

action within the living areas (work, schools) of the users in order to promote physical and mental health.

There are different models of accompaniment of the psychically challenged workersat the work place:

• "Supported employment": the employment support model, based on comparative studies gets an insertion rate of ordinary working environment at least two times higher than the traditional methods (Bond et alt, 2001- Drake et al, 2012)

• "Individual Placement and Support," IPS Integration into employment with individualized support is defined by seven principles (Jouet E, Ryan P, Cserhati Z, Grebenc V, et al. 2012). While the insertion rate is usually 24% in the traditional methods, it is about 60% after 18 months, according to several meta-analyzes.(Bond et alt, 2008) This approach is at odds with the traditional methods of "Train and place" (form and insert) and reverse the process with an "up and train". The role of the professional "job coach" is riding in the search for employment, integration and support of the user. Corbiere publications (2002, 2004) in Quebec, shows that 23 programs compared the variations of the results of the insertion rate of 27% to 78% depend mainly on the quality of support and especially the skills and abilities of professionals "job coach".

These works are highly relevant and show that these are not the characteristics and behaviours of users that are critical to the success of the integration and job retention, but the method of support and professional qualities that put establish optimal conditions for successful integration. These methods require efficient support skills, knowledge, know-how and skills of professionals who accompany users. What types are they?

Requirements for the professionals

While relying on the concept of "empowerment" of people with psychiatric illness to their access and retention in employment in the mainstream, our approach seeks to question the competence implementation by professionals. How they respond to problems situations that are as much obstacles to achieve the final task of job retention user? What skills they mobilize? From the perspective of the gaze crossed consumers, business leaders and team leaders identified what skills to support and maintain employment in this specific population? In what type of contexts are they exercised? What are the obstacles? How to overcome? What do the professionals themselves the exercise of their powers in this area? They are the competent, relevant, and adapted to the new economic situation? Users, business owners and professionals, they identify training gaps to deal with problem situations?

There is a long tradition of embedding the profile of health work professional within the framework of competencies models. Some definitions of the concept of competencies identified in the literature guide our approach:

◻ "An integration of skills, knowledge and abilities necessary for the application of a specific task." (Voorhees, 2001)

◻ "The combination of a set of relevant resources (knowledge, skills, qualities, resource networks) to manage a set of professional situations." (Boterf, 2004)

◻ "know-action complex ... Building on the mobilization and effective combination ... a variety of internal and external resources ... within a family of situations ..." (Tardif ,2006).

In Romania the Classification of Occupations (COR) states the competencies o f The Social Workers with competencies in mental health. In this context, according to the Classification of Occupations in Romania, we mention that this occupation is part of the 26 major subgroup Specialists in legal, social and cultural field; Minor Group 263 specialists in social and religious group; base group: 2635 Experts in social work and counseling, offering guidance and advice to individuals, families, groups, communities and organizations in response to personal and social difficulties. They help beneficiaries to develop their skills and to have access to the resources and services necessary to address underlying problems occurred due to unemployment, poverty, disability, addiction, criminal behavior and delinquency, marital problems and other hazards.

In addition to these responsibilities, the social worker can perform these types of tasks:

- Evaluation of psychosocial and physical persons with disabilities;

- Keeping records of the case;

- Assisting the family and the person with disabilities in therapy and counseling processes;

- Counseling and guidance to beneficiaries of the Centres;

- Social reintegration of persons with disabilities;

- Develop action plans, programs, and measures, activities specific to professionalized and specialized services. (Romanian Classification of Occupations, 2014)

Research design:

In order to identify the profile of competencies needed for the mental health workers accompanying the people with psychically illness at the

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workplace, we have invited 30 employers and 30 social workers to respond at two questions:

1. Only for the employers
- Do you have in your company employees with mental illness?
- a) yes
- b) no

2. If yes, please describe the skills gap of this category that prevent them to have an optimal performance

3. What competencies do you consider that the health workers accompanying the people with psychically illness at the workplace need to poses? (Common question for employers and specialists).

The results

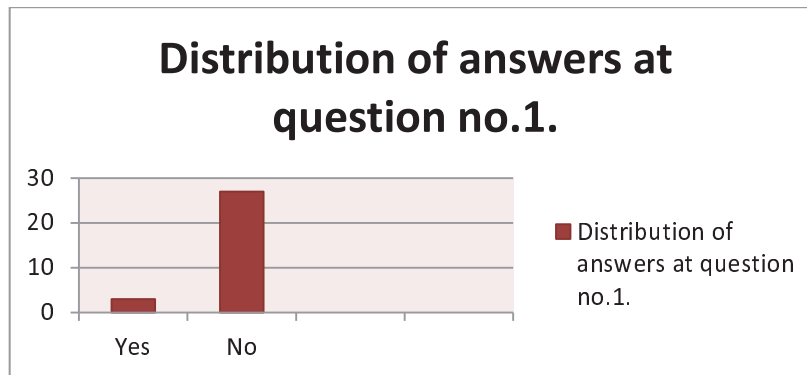As we can observe only 10% of the employers said that they have employees with mental illness.

Figure no.1 Distribution of answers at question no.1.

One employer mentioned that the mental health of an employee is a subject of confidentiality, suggesting that are more un-declared cases within the companies.

2. The three employers answering "yes" at first question mentioned that the problems of the mentally ill are not related to their professional skills but to their soft skills and personality traits that are influenced by the disease or/and medication. They have mentioned that a mental ill employee has:

- Difficulties in understanding complex tasks
- Low stress resistance, slow working pace, difficulties in coping with stressfull, new situations
- Delaid reaction to many urgent stimulus
- Motivation and perseverance problems
- Integration problems- poor communication with the colleagues and superior

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- More predisposition to be involved in work accidents
- Un-constant temper and attitude
- Taking the feedback to personally

4. As regarding the competencies of the specialists accompanying beneficiaries at the work place, the answers showed the following:
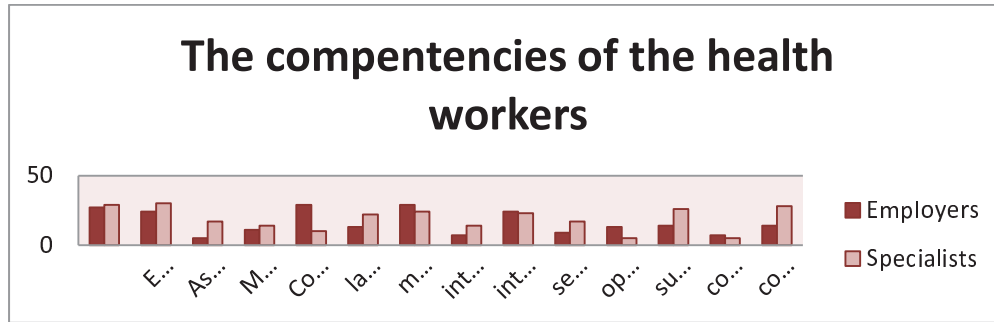
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Figure no.2 Distribution of the answers at the question no.2- The competencies of the health workers

We can observe that the most frequent competencies valued by both categories of subjects are: communication and empathy, knowledge about the mental health issues and intervention strategies.

The employers only values mostly Conflict management competencies. This preference shows tha tin the employers' representations and/or experience, an employee with mental illness would cause conflicts within the organization.

The specialists are valuing traits as being correct, supportive, assertive, and culturally aware and having a good sense of humor.

Conclusions:

The study shows that there is a poor insertion of the labor market of the people with mental disorders or those employed does not declare them selves out of the fear of being fired.

Another finding is that both specialists and employers describe mainly a moral-attitudinal-l portrait of the specialist accompanying the beneficiaries at the working place rather than one full with knowledge or professional specification.

It results that for the assistance of the people with mental illness at the work place, copation, communication and assertivity are most desired to be presented on both sides.

Following a documentation process we conclude that a more sophisticated model of mental health workers profiles need to be adopted.

A more compressive model: The capabilities of the mental health workers

The Sainsbury Centre for Mental Health (SCMH) proposed the model of Capable Practitioner, as shown in the figure below.
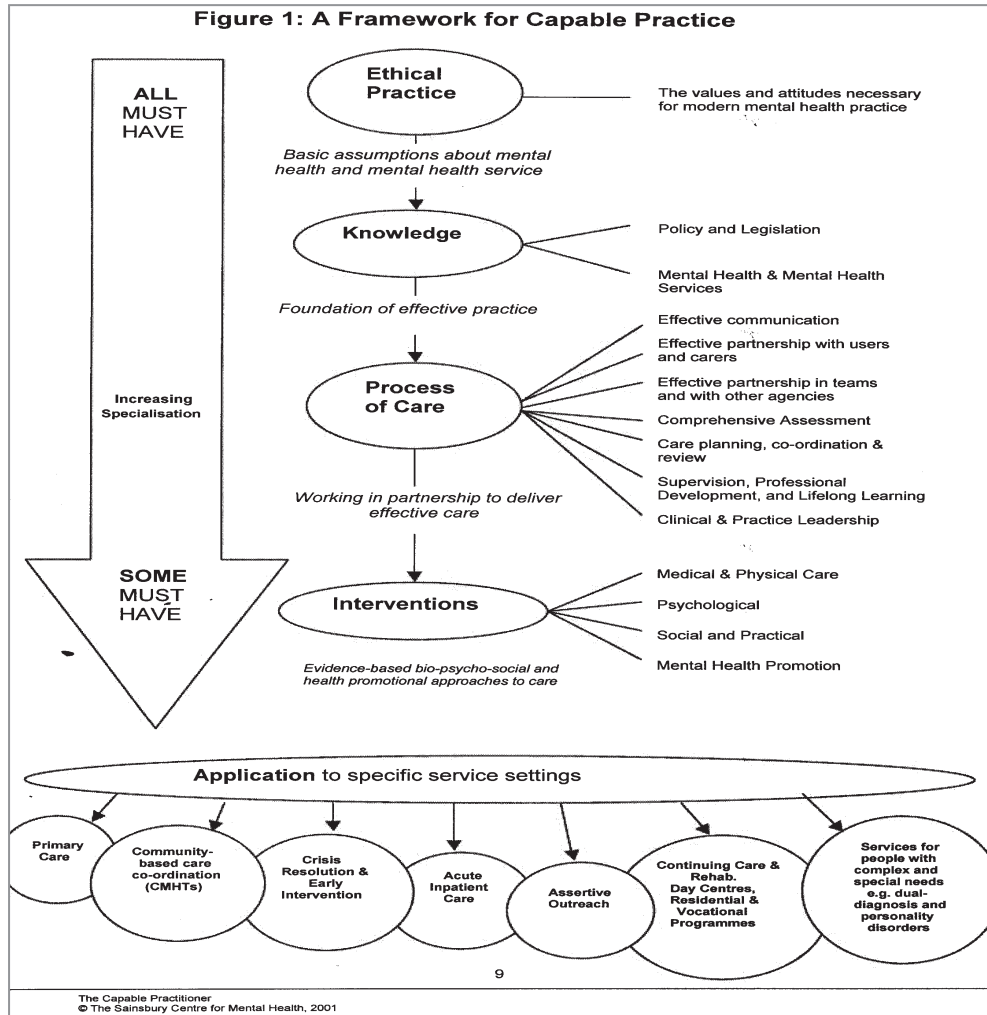

Figure no.3. The model of capabilities of the mental health workers

The Capabilities' model includes a **performance** component which identifies 'what people need to possess' and'what they need to achieve' in the workplace; An **ethical** component that is concerned with integrating a knowledge of culture,values and social awareness into professional practice; A component that emphasises **reflective practice in action**; The capability to effectively **implement** evidence-based interventions in theservice configurations of a modern mental health system; and a commitment to

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working with new models of professional practice andresponsibility for Lifelong Learning.

The Capability Framework combines the notions of the reflective practitioner with that of the effective practitioner. This Framework divides capability for   Modern Mental Health Practice into 5 areas:

6.   Ethical Practice makes assumptions about the values and attitudes needed to
7.   practice;
8.   Knowledge is the foundation of effective practice;
9.   Process of Care describes the capabilities required to work effectively in
10. Partnership with users, carers, families, team members and other agencies.
11. Interventions are capabilities specific to evidence-based, bio-psycho-social
12. Approaches to mental health care;
13. These areas are then extended to examine their context specific Application: outreach, crisis resolution.

Practitioners require more than a prescribed set of competencies. They need to becapable of providing the benefits of both effective and reflective practice. This requires an underpinning framework of values, attitudes and knowledge in addition tocompetencies along with an ability to apply these in practice.

A. Ethical Practice reefers to the values and attitudes that is necessary to be manifested by mental health worker. These assumptions come from the conviction that all those who work in mental health services, regardless of the setting, or discipline should respect the dignity of those they provide care for.

Service users, families and carers should expect to be treated in a manner, which preservestheir rights as citizens (as described by the law) and they should be entitled to live as fulland rewarding a life as their mental health allows. Whatever their age, background, genderor disability, service users have a fundamental right to receive services in the least restrictivemanner conducive to their safety and the safety of their families and their communities.

According to The Sainsbury Center for mental Health (2001), within the work place accompaniment process the social worker need to:
• Respond to the needs of people with psychical illness in an honest, non-judgemental and open manner which respects the rights of individuals and groups.
• Provide holistic, needs-led services that take account of the physical,

psychological, emotional, social and spiritual needs of individuals and groups.

- Conduct a legal, ethical and accountable practice and remain open to the scrutiny

of peers.

- Demonstrate a commitment to equal opportunities for all persons.
- Respond to the needs of people sensitively with regard for age, culture, race, gender, ethnicity, social class and disability and modify behaviour to optimise the Helping relationship.
- Encourage self-determination and freedom of choice.
- Adhere to local and professionally prescribed codes of ethical conduct and practice
- (e.g. confidentiality or other internally adopted regulation of the employer.).

The ethical principles needed to be demonstrated by the mental health workers are stipulated also in Romanian laws regarding the social work system. Some principles reefers to: (Gavrila, 2008 apud Morar, Boca et all, 2004)

- Respect for human dignity and individuality;
- Elimination all forms of discrimination;
- Availability of specialist support services;
- Freedom of choice for the type of service and the institution to provide;
- Partnership as a joint effort between state institutions and civil society organizations
- Increasing the quality of life of the people wit mental disorders
- Subsidiarity by the Romanian state that intervenes to complete or address health problems of this population groups;
- Providing welfare services quality, safe both for the beneficiary and community, flexible, tailored for the beneficiaries
- Informing patients about their rights and obligations, the measures
- legal protection, the possibility of contesting the decision of granting medical and social services;
- Confidentiality and respect for private life of the person.

No intervention and support addressing to people with mental illness should be done unless the principles and values describe above are respected.

B. Knowledge

Knowledge is the foundation of effective practice. The capability of a single practitioner would involve constant interplay between knowledge and the practical application of mentalhealth skills. Recognising the difficulty of

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separating knowledge from practice an attempthas been made here to outline the fundamental knowledge required for capability as amental health worker. This knowledge has been divided into two categories:

1. Knowledge of policy and legislation. For Romania, this involves the knowledge of the principles included in Romanian Constitution, The Human Rights Charter The Romanian Law of Labour, The Law 448/ 2006 Regarding The Protection And Promotion Of The Rights Of Persons With Disabilities , Law no. 76 of 16 January 2002 - (* updated *) Regarding the unemployment insurance system and stimulation of labour work force, Law no. 129/2012 amending and supplementing the Law on Mental Health and the protection of persons with mental disorder no. 487/2002, The Law of Social Economy, The Labour Code and other law or normative papers that creates the frame for the vocational integration and development of the people with mental illness.

2. Knowledge of Mental Health and Mental Health Service Delivery may include information's about:

- The development of mental and physical health;
- Citizenship roles and responsibilities;
- Culture, religion, language, disability, gender, age, sexual orientation and social class and how these factors effect individual experience.
- Knowledge of mental health and mental illness, causation, incidence, prevalence,
- description of disorders and the impact on individuals, families and communities
- Knowledge of the various explanatory models of mental health and the evidence which underpins them (e.g. Bio-psycho-social, Stress-Vulnerability, Medical), the strengths and limitations of each and how to make best use out of all available approaches to:
  - o the experience of mental distress/illness and the personal and social consequences
  - o the common/shared and additional special needs of people experiencing mental
  - o health problems
  - o the application of the best model of care for the needs of individuals with mental
  - o health problems and their families
  - o the impact of all aspects of social and cultural diversity on the mental health of
  - o individuals and groups

C. The Process of Care

Addressing people with mental illness at the work place require system of effective care-co-ordination of all services that are to work in harmony to the benefitof the service user.

The health workers accompanying the beneficiaries at the work place are expected to demonstrate:

- Effective communication in identifying beneficiaries' needs, in informing the potential employers regarding those needs, in matching the users with the work place requirements, in solving the problems that may occur
- Effective partnership with users and their families. Some time the traditional Romanian families are not supportive to the idea of employment of their ill-affected members. They are preoccupied about the workplace solicitations or they are embarrassed about the illness, they are in many cases, reluctant about the perspective of employment of their mentally ill members.
- Effective partnership in teams with the employers and other structures involved in work force occupation policies (County Agency for Workforce Occupation, NGOs, Regional Inspectorate for labour etc) for identifying the required skills and the skills gap of the users inserting on labour market
- Comprehensive assessment of the illness but also of the professional skills and motivation of the beneficiaries need to be done by mixed teams in order to identify the optimal career path for the users.
- Employment insertion planning, co-ordination & review is a continuous capability that must be demonstrated by the specialists
- Supervision, Professional Development and Lifelong Learning is another fundamental capability of mental health worker that discretely helps beneficiaries to identify, insert and perform at the working place

D. Interventions

Although some categories of mental health workers participates in the diagnosis, treatment or care of mental &physical illness, the employment accompanying specialist will be involved mainly in psychological, social and practical interventions requiring capabilities as: identifying and collaborating with the range of local specialist and non- specialist community resources available to service users and their families to assist them to maintain quality of life including:Housing & residential services;Health care; Work; Education; Leisure; Social welfare, income and support; Individual and systemic advocacy.

The specialist who accompanies the beneficiaries at the working place needs capabilities for workplace.. Psychosocial prophylaxis within work

environment consists of all measures aimed at maintaining and developing mental health in the workplace, prevention of mental disorders due to a work environment stressogenic factors, with the creation of a professional environment optimal for an employed individual (Gavrila, M., 2008 pag.61).

E. Applications- Refers to the domains where the specialists can apply their capabilities. In this case the domain is the labour market, the companies employing people with mental health challenges.

We pledge for mental health professionals with strong ethical principles, who base their interventions on strong knowledge on the legislation and mental illness, who facilitate the partnership between the beneficiaries and the companies. Such specialists are strongly needed in Romania, where the rate of employment insertion of the mentally ill people is very low.

References

Bond GR, Drake RE, Becker DR. (2008), *An update on randomized controlled trials of evidence-based supported employment. Psychiatric Rehabilitation Journal 31*(4):280-290.

Corbière N et alt,(2002), *Obstacles à l'insertion socioprofessionnelles de personnes ayant des problèmes graves de santé mentale / données empiriques et repères théoriques* in « Santé Mentale » au Québec, n 27, p 194-217

Corbière n et alt,(2004), *Perceptions of bariiers to employment, coping efficacy and carer efficacy in people whit mental health problem* in "Journal of carreer assessment", n 12 2004.p 460-478,

De Pierrefeu I, Pachoud B, (2014), *L'accomompagnement vers de dans l'emploi comme voie de retablissement pour les personnes en situation de handicap psychique; les ESAT de transition de l'association Messidor*, in « L'information psychiatrique », vol XNX, XXX 2014

Gavrilă A., M., *Psihoprofilaxia şi educaţia pentru sănătatea mentală,* în Revista AS&PS Agora Psycho-Pragmatica Nr. 8, Editura Universităţii „Aurel Vlaicu" Arad, 2008, ISSN: 1842-6840, pg.58-63;

Gavrilă A., M., *Serviciile sociale specializate şi activitatea asistentului social în cazul pacienţilor cu boli cronice*, în Revista AS&PS Agora Psycho-Pragmatica Nr. 6, Editura Universităţii „Aurel Vlaicu" Arad, 2008, ISSN: 1842-6840, pg. 41-45; apud Morar, V., Boca, I., et. all., Ghid de bună practică în formarea profesională a asistenţilor personali, Ed. Ama Mater, Cluj-Napoca, 2004, p.50-58

Grance S, Pachoud B, (2012), *Un potentiel préservé, point d'appui pour se rétablir* in « Santé mentale », n 166, mars 2012

Greacen T, Jouet E, Ryan P, Cserhati Z, Grebenc V, et al. (2012*). Developing European guidelines for training care professionals in mental health promotion. BMC public health* 12:1114.

Le Boterf, G. Construire les compétences individuelles et collectives, Éditions d'organisation, 2004

Ministerul Muncii, familiei, protectiei sociale si persoanelor varstnice,(***), *Clasificarea Ocupatiilor din Romania*, http://www. mmuncii.ro/j33/images/Documente/Munca/COR/2015-03-26_ISCO_08_COR_lista_alfabetica.pdf

OMS, 1986, *Charte d'Ottawa*, Genève

Pachoud B, (2013), *Pratique d'accompagnement vers l'emploi et empowerment des personnes en situation de handicap psychique,* in ADSP, n 84, septembre 2013,

Primăria Arad, (2013), *Raport privind Starea Economică, Socială și de Mediu a Municipiului Arad pe anul 2013,* Http://www.primariaarad.ro/ html/ron/infointerespublic/Raport2014_Var3_site.pdf

Tardif J. (2006). *L'évaluation des compétences. Documenter le parcours de développement.* Montréal ; Chenelière Education.

The Sainsbury Centre for Mental Health (SCMH), (2001), *The Capable Practitioner -A framework and list of the practitioner capabilities required to implement The National Service Framework for Mental Health,* report to the Competencies Sub-Group of the Workforce Action Team (WAT).

Voorhees, R. A. (2001), *Competency-Based Learning Models: A Necessary Future. New Directions for Institutional Research*, : 5–13. doi: 10.1002/ir.7

Waghorn G, Lloyd C, Tsang HWH. (2010),.*Vocational Rehabilitation for People with Psychiatric and Psychological Disorders. In:* JH Stone, M Blouin, editors. "International Encyclopedia of Rehabilitation". Available online: http://cirrie.buffalo.edu/encyclopedia/en/article/39/