Journal Plus Education, ISSN: 1842-077X, E-ISSN (online) 2068-1151 Vol XII (2015), No. 2. pp. 218 - 233

WORKINGMEETINGREPORTFROMLUXEMBOURG, SPECIALISTS INMENTAL HEALTH. THEPROJECT SPSM– EMPLOYABILITY

Mihaela Gavrilă-Ardelean, PhD

„Aurel Vlaicu" University of Arad, Romania

miha.gavrila@yahoo.com

Abstract: *In an atmosphere of early fall, at a round table in the location Institute for Public Health in Luxembourg, there was the second meeting of specialists involved in the project Insertion Employment of Persons with Mental Disorders (SPSM - Employabilité). Under this innovative research project to improve the employability of people with mental/ physical disabilities came together: researchers, professors, doctors, psychologists, responsible for public health and journalists from five participating countries: Luxembourg, Switzerland, France, Romania and Belgium.*
During the two days of work there was done a SWOT analysis of the results of the three response catagories :

- *The recipients (patients with mental illness);*
- *Employers (responsible for enterprise and directors);*
- *Specialists (workers, trainers).*

We have analyzed and have concluded several schemes to be played in detail below, as they were set by the project team meeting in Luxembourg, strengths, weaknesses, opportunities and threats in the field of employability these people with the peculiarities of each country in the project.

Keywords:*investigates, strong points, weaknesses, opportunities and threats.*

In 3-4 September 2015, in Luxembourg, the Institute for Research on Public Health, held the transnational meeting of specialists involved in the project: Employability SPSM. Under this innovative research project to improve the employability of people with mental / physical disabilities came together: researchers, professors, doctors, psychologists, responsible for public health and journalists from five European countries involved: Luxembourg, Switzerland, France Romania and Belgium.
During the two days of work there was done a SWOT analysis of the results of the three surveys responses:

- The recipients (patients with mental illness);
- Employers (responsible for enterprise and directors);
- Specialists (workers, trainers).

They have analyzed and have concluded several schemes, whose conclusions will be given in detail below, strengths, weaknesses, opportunities and threats in the employability of these people, with the peculiarities of each country in this project.

The general framework of issues

Given that in the XXI century, mental illness presents a real public health problem by increasing incidence and prevalence of psychiatric pathologies, directly related to social and economic factors and research issues at European level is an issue for the various countries involved **SPSM project - Employability**.

It is estimated by the World Health Organization (WHO), 60% of deaths worldwide are caused by chronic diseases and in between, no. 6 as morbidity are mental disorders after cancer, diabetes, cardiovascular disease and respiratory diseases. By 2020, WHO estimates a 10 percent increase in deaths caused by mental disorders (www.who). According to the study conducted by the Institute of Public Health Bucharest, 1999, in Romania, in 1998, mental illness and behavioral disorders were the third leading cause of morbidity after cardiovascular diseases and malignant tumors (ISPB, 1999).

Table 1. Structure DALYS by cause, Romania, 1998

Group of diseases	DALY per 1000 inhabitants	% of total DALY
Cardiovascular disease	60	31.88
Malignancies	18,97	10.1
Mental /behavioral disease	18,79	9.98

Source: Institute of Public Health Bucharest, 1999

As shown by studies conducted by the working group of Romanian Psychiatric Association and the Romanian League for Mental Health (Assoc. Prof. R. Mihăilescu, Prof. Dr. P. Boișteanu , Dr. D. Ghenea, Raluca Nica, Assoc. Prof., Dan Prelipceanu, Dr. R. Teodorescu, Dr. Bogdana Tudorache, Prof. Dr. T. Udriştoiu), after which it was produced within the mental health of the Stability Pact for South-Eastern European countries, strategy mental health for the Ministry of Health of Romania, lifetime prevalence of mental illness in Romania is ~33 %, or one in three people will suffer lifelong mental disorder. ½ year prevalence is ~20 %.

The economic costs of mental disorders expressed as the ratio of overhead costs and direct costs of healthcare are in a ratio of 9:1, leading to the conclusion that prevention psychiatric pathologies lowers the cost of economic health, improving the country's economic strength, and the patient's quality of life (Katschnig, Ciumăgeanu, Mugur, Ghenea, Sfetcu, 2009).

Thus, as I mentioned in Article "Psycho-prophylaxis and Mental Health Education", published in the journal Agora Psycho-Pragmatic, 2008, Volume II, No. 4, on page 58, a particularly important role in maintaining the mental health of the company is returning to psycho-prophylaxis. "By understanding the amount of mental prophylaxis methods aimed at maintaining and developing mental health and prevention of mental diseases, we can mentain the individual or the socio-human health. These measures are likely: psychological, medical, medico-social: bio-psycho-social, professional, economic, environmental, etc. and are aimed at maintaining the health of the individual and mental disease prevention persons and/or social communities of individuals" (Gavrilă, 2008).

Currently there are three types of Psycho-prophylaxis: primary, secondary and tertiary. The research project **SPSM - Employability**, focuses on tertiary prevention, aimed at preventing/ reducing/eliminating the mentally handicap. "Tertiary psycho-prophylaxis addresses to mental care, provides specialized rehabilitative type and prevents dependence on individual or mental disorder" (Gavrilă, 2008). This type of prevention works by: assessing the degree of incapacity for work as a result of physical or mental disability level, rehabilitation, individual andsocial reintegration (Rădulescu, 2002). "It works by psychotherapy and occupational therapy, individual preparing to face social life beyond the hospital (re-socialization) . Through these functions, tertiary psycho-prophylaxis has a prospective value, based on the individual behavior and its actual conditions on the assumption that the person concerned might provide a profession, raise a family and best fits the environment. The target group is formed of patients with chronic/incurable psychiatric disease. Specialized services are provided by social institutions, centers of occupational therapy and/or retrainingand socio -professional reintegration (Gavrilă, 2008).

The costs of assisting a psychiatric patient are, on the one hand, the price of treatment (cost of medicines, medical services) and decreased work productivity, the involvement in labor disputes, and conflicts, accidents, increased absenteeism (for those persons with mental disorders who are employed and get a stage of decompensation of the disease by increasing the number of medical leave with ITM - temporary inability to work) until his retirement due to illness and, on the other hand, assisting them with social and medical services, making it the working population, of the population

becoming active, passive population (beneficiaries). Employability of patients with mental illness in order to decrease / eliminate mental disability is a very topical subject in Europe. This, on the one hand, due to the small percentage of mentally ill workers and, on the other hand, high costs of health economics and socio - medical services involved in assisting this category of beneficiaries (Enăchescu, 2004).

The employability of patients with mental diseases research project aims to reduce all the costs of health economy and increase the quality of life of these patients with mental disorders.

The work capacity of patients with mental illness is determined primarily by the gravity and the severity of their symptoms, psychiatric diagnosis, the degree of deterioration of cognition, and the personality of the patient, but very important is the social support for this ill people (Honney, 2003). The social support for integration into employment of psychiatric patients is achieved by involving all the people that come in contact with the patients: family, community, professionals (multidisciplinary team: physician, social worker, personal assistant, psychologist, team leader). All labor market prospecting work together to find a suitable job available that outstands the patient's functional capacity (the ability to post jobs and worker job adapting work to the worker ergonomics occupational - Păuncu, 2004), informing and educating the working staff to eliminate prejudice, stigma and discrimination against the psychiatric patients.

Research Objectives

The main research objective is to improve the employability of people with mental / physical disabilities in the labor market, depending on the remaining functional capacity and fitness for work established by a labor medicine physician. The study was conducted by specialists in the five project countries: Luxembourg, Switzerland, France, Romania and Belgium.

To increase employment indicators, the specialists have discussed ways of psycho - socio - occupational work for employment of these people.

Research Methodology

Was an analysis that established the needs of the beneficiaries: patients with mental illness; employers (companies and executives responsible) and specialists: workers trainers.

As for the working instruments, they used three sets of grids that have been applied to these categories in each of the five European countries involved in this project.

Research results

The results of the investigations were concluded by each country into a set of three reports: beneficiaries, employers, professionals.

In the working meeting in Luxembourg, the specialists have discussed these reports and have conducted a SWOT analysis phase of the project results. They have concluded for each country, strengths, weaknesses, opportunities and threats in the employability of these people, with the particularities of each country in the project.
For the **specialists** in the field, the SWOT analysis in each country has the following results:

Luxembourg:
Strong points:

- Individualized support;
- Adaptable system (time);
- Socialization question;
- Conflict Management;
- Confidence - positive return.

France:
Strong points:

- Existing and evolving methodological (job coaching, specific services);
- Will associations develop supported employment (approach, frequency of meetings, regular support and no time limits, availability and responsiveness adapting to each situation);
- Privileged link with the employer (upstream and in case of difficulties).

Belgium:
Internal strong points:

- Expertise at the interface of knowledge ofenterprise, workstation and the user;
- Rhythm of the person;
- Self- determination;
- Follow instead of "pull";
- Ability to adapt to the rhythm of the user;
- Knowing what to bring concrete elements;
- Creating alliances with employers facilitating the use of services;
- Collaborations with other;
- Professionals around the person;
- Integration with SM teams;
- Method 3 sets ...;
- Written and standardized methodologies;

- Making technical accompaniment business (upstream or on the workstation).

External strong points:

- Risk taking " covered " by the hierarchy;
- Financial aid for employment;
- Growth sectors;
- Internships in companies - human test;
- Methodologies (IPS- Boston) available;
- Interdepartmental coordination (Health - employment training);
- Collaborations between similar devices.

Romania:

Strong points:

- Adapt a flexible program concrete as the case of the person;
- Collaboration Development Strategy between various sectors (social - health employment);
- Internal communication based on many of casuistry.

Luxembourg:

Weaknesses:

- Internships for testing (under certain conditions);
- What about the political will?
- No statistical distinction level ADEM service between types of disability;
- Partitioning still strong between social and health
- " Perverse " effects sheltered workshops that are " overprotective " and no financial incentive to move ...;
- Heavy administrative procedures.

France:

Weaknesses:

- Lack of " labeling " complicating relationships with carriers and enterprises;
- Lack of internal tools to support the interface human values and the reality of the labor market (the question of legitimacy);
- Entry delay in connection with the other partners concerned (award of tests and assessments ...).

Belgium:

Internal weaknesses:

- Distancing difficulties with the problem of the person;
- Information / Knowledge sufficient on labor laws;
- Relapse anticipation of difficulty;
- Too wait- facing employers.

External weaknesses:

- The capacity for initiative users;
- Lack of cooperation between health services mental and employment accompanied device;
- Need to convince a number of people around the patient / the issue of employment;
- Rigid administrative rules in the function.

Romania:

Weaknesses:

- Bureaucracy;
- Focus on the file and not on the person;
- The number of professionals' accompaniment is undersized.

Luxembourg:

Opportunities:

- Different types of training: per helpers, rights/companies, company (eco and financial, mediation, no stigmatization;
- Considerinitiatives/new structuresrelatedwiththeeconomicempowerment ofpersons+PeopleEmpowerment (Germany);
- Analysespractices/Supervisionrecurring;
- Learnto communicatebetweendifferent professionals.

France:

Opportunities:

- Sharing experienceswith foreign countries;
- Financing methodsby European funds;
- Existingwork toolsthat caninspire us.

Belgium:

Opportunities:

- Transnational exchangeswith similardevices;
- Havingin its networka"business guide".

Romania:

Opportunities:

- Continuing training foremployment counselors;
- Develop a common vision(allactorsincluded)on regionalintegration;
- Creating aprofessionalcounseling servicefor people witha disability certificate;
- Developthebusiness expertforthis job;
- Work inmultidisciplinaryteams.

Luxembourg:

Threats:

- Psychologicalsupervision, refusalby certain professionals;
- The ever presentstigma.

France:

Threats:

- Refusal toshare experiences;
- Lack oftraining cycle;
- Sustainableemploymentcounselors!
- Precariousness ofsustainable funding, lack ofinternal trainingon appearance, medicalpsychicdisability.

Belgium:

Threats:

- Negative associationsof usersand /orcounselorsat the workingfacevalue;
- Unions have noownershipisproblematicwork of peoplewith disabilities.

Romania:

Threats:

- The legislationis incomplete andfocusedon providingpsychiatric servicesand lesson socialand employment;
- Theoutdated andrigidmindseton social inclusion;
- The financialbenefits to employersarenotavailable in thecase ofcertifiedhandicaps.

From the perspective of the **employers** inthe countriesparticipating in the project, the strong points are different. Strong pointswhich mayenablefacilitationhiring anemployeewith a disability. Weak points differ, depending on the context you work in. From the perspective of theemployers,not many people withmental health problems can get a job.

Luxembourg:
Strong points:

- The presence ofbringsPSHP"things"to the company;
- Afteradaptation-successful integration.

France:
Strong points:

- Variety ofwork arrangements;
- Operating inmore orientedproject modeto thecollective performance;
- Diversityof skills andcareers(rathercadres).

Belgium:

Internal strong points:

- The"family" part ofthe company (small and micro companies) or in medium/large, servicesof organizations by: adaptabilityschedules, work organizationhas someflexibility-allowingmutual aid;
- Adapts: thetrust betweenthe company andthe attendant;
- Accessibility ofpublic transport;
- Concern about thewellbeing of peopleat work;
- Values/Charterswhere integrationinpublic;
- Difficultiesis one of thestrongestpositions;
- Risk appetite/Human Resources;
- The abilityof information/awarenesswork teams;
- Capacity of enterprises/Personalto challengeand questiontheir prejudices;
- Theclosepersonalrelation, diseasein theentourage.

External strong points:

- Thehiring subsidies;
- Thetrust betweenthe company andthe attendant;
- Thecompanyinternship opportunities.

Romania:

External strong points:

- Legislationfavorableto the employer: tax reduction, financial, business assistanceby the state.

Internal strong points:

- The ability to identifyworkstations: positionswithout excessivestress;
- The goodrelationship between the employerand the employee;
- Knowing thedifficultiesdiseaseimpactingon work: the right attitudein terms of attitudeto holdimbalance face, the knowledgeby the employer ofissues personswith disabilities;
- Direct linkwith theinsertionadvisor.

Luxembourg:

Weaknesses:

- Someactivities incompatible withdisability;
- Someintellectual functionsincompatible withdisability;
- The indirect costsof the accompaniment tobusiness: accompaniment, time, productivity;
- Loss of earningsinsurance;
- Red tapeon aid toask.

France:

Weaknesses:

- Thenotion of performance/efficiencywithin companies;
- Disappearance oflesserpostsqualification andanycapital gain;
- Poststhat requirescalablecapacityadaptationPSHP.

Belgium:

Internal weaknesses:

- Certain sectors, production standards:rigidity;
- The inability toreduceworking timevalorization;
- Career evolution;
- The hierarchy-especially inadministration;
- Managingstigma/look, hygienebehaviors.

External weaknesses:

- Centralized decisions/branches.

Romania:

Weaknesses:

- Lack ofprofessionalspecialistsaccompanimentto the employment ofPSHP;
- Lack of informationon trades/positionsmay correspond toPSHP;
- Networksupportspecialistemerging.

Luxembourg:

Opportunities:

- Inform companiesabout the diseaseto anticipatebehaviors;
- Training indiversity-tolerance/Educationmanagers;
- Training inthe integration strategywith plansandindividualizedgoalsto advance to"no breakfast";
- Developmanagerial skillsin a specific context(PSHP);
- Trainingexchange betweenbusinessand social structure;
- Inter-knowledge between workprotectedandunprotectedwork;
- Comparedwiththe starters(ifemployedyouth);
- Establishment ofsheltered workshops/social enterprises, proportional to the numberof beneficiaries.

France:

Opportunities:

- Provide access toexamples ofcompanies"good practices"in terms of varietyof employment arrangements+project mode;

- Usethe levers ofwell-being atworkto changecorporatepositions;
- Rehabilitatecorporatesupport functions.

Belgium:

Opportunities:

- Usethe meansof businessfederationsto deepenbenefits(profitability) benevolentmanagementexperiences.

Romania:

Opportunities:

- Createa specialized centerthat directsthe organizationandthe promotion ofsocio-professional integration;
- Buildsocial and political conditionsofequal opportunities;
- Creating an institutionalservice thata multi-disciplinaryteamloadaccompanimentsfor peoplewith disabilities;
- Developpreventionprogramsmental healthwithstate funding;
- Adaptthe number ofsheltered workshops/atuser needsin the presence.

Luxembourg:

Threats:

- The legislation: absence ofimplementation<
- The mentality of thecompanies: the images inaccurateMental illness, lack knowledge,prejudices;
- Bureaucracy.

France:

Threats:

- MentalHealthplans withouttranslation, field(decrees,can ...);
- Economic crisis;
- Theproblematiclabor market.

Belgium:

Threats:

- Fragilitycontinuingbusinesses-sustainability/riskthat relegatefurtherinsertionpriorities.

Romania:

Threats:

- Lack of a nationalstrategy for mentalillness; organizea directionthe Ministryof Health!
- Social stigma;

- Difficultcommunication betweenemployers andbeneficiaries-divergent views.

Theprofessionalshave formulatedsome conclusions. We will present them in the following.

Luxembourg:
Strong points:

- Individualized support;
- Adaptable system(time...);
- Socializationquestion-Conflict Management-confidence-positivereturn.

France:
Strong points:

- Existingand evolvingmethodological, jobcoachingspecificservices,punctual;
- Willassociationsdevelopsupported employmentapproach;
- Frequencyof meetings:regularsupport andno time limits, availability andresponsiveness, adaptingto each situation;
- Privileged link withthe employer(upstreamand in case ofdifficulties).

Belgium:
Internal strong points:

- Expertiseat the interfaceof knowledgeofenterprise, workstation and the user;
- Rhythmof the person: self-determination, followinstead of "pull", ability to adaptto the rhythmof the user;
- Knowingwhat tobringconcrete elements;
- Creatingallianceswith employersfacilitatingthe use ofservices: collaborationswith otherprofessionalsaround the personintegration withmental healthteams, method3 sets;
- Writtenand standardizedmethodologies.

External strong points:

- Risk taking"covered" by the hierarchy;
- Financialaid for employmentgrowth sectors;
- Internships in companies-humantest;
- Methodologies(IPS-Boston) available;
- Interdepartmental coordination(Health-employment training);
- Intervisionsbetweensimilardevices.

Romania:
Strong points:

- Adapt aflexibleprogram, concreteas the caseoftheperson;

- CollaborationDevelopment Strategybetweenvarious sectors(social-health employment);
- Internal communicationbased onmanyofcasuistry.

Luxembourg:

Weaknesses:

- Internshipsfor testing(under certain conditions);
- What about thepolitical will?
- Nostatistical distinctionlevelADEMservicebetween types ofdisability;
- Partitioningstillstrong betweensocial andhealth;
- "Perverse" effectssheltered workshopsthat are "overprotective" andnofinancial incentiveto move;
- Heavy administrative procedures.

France:

Weaknesses:

- Lack of "labeling" complicatingrelationships withcarriers and enterprises, thequestion of legitimacy;
- Lack ofinternal toolstosupportthe interfacehumanvalues andthe realityof the labor market;
- Entry delayin connectionwith the other partnersconcerned(award oftests andassessments).

Belgium:

Internal weaknesses:

- Distancingdifficulties withthe problemof the person;
- Information/Knowledgesufficientonlabor laws;
- Relapseanticipation ofdifficulty;
- Toowait-facing employers.

External weaknesses:

- Thecapacity for initiativeusers;
- Lack of cooperationbetween healthservicesmentaland employmentaccompanieddevice;
- Need to convincea number of peoplearound the patient/theissue of employment;
- Rigidadministrative rulesin the public service.

Romania:

Weaknesses:

- Bureaucracy;
- Focus onthe file andnotonthe person;
- The number ofprofessional’saccompaniment isundersized.

Luxembourg:

Opportunities:

- Differenttypes of training: peer helpers, rights/companies, company(ecoand financial), mediation, no stigmatization;
- Considerinitiatives/new structuresrelatedwiththeeconomicempowerment ofpersons+analysespractices/supervisionrecurring (formerGermany);
- Learnto communicatebetweendifferent professionals.

France:

Opportunities:

- Sharing experienceswith foreign countries;
- Financing methodsby European funds;
- Existingwork toolsthat caninspire us.

Belgium:

Opportunities:

- Transnational exchangeswith similardevices;
- Havingin its networka"business coach".

Romania:

Opportunities:

- Continuing training foremployment counselors;
- Develop a common vision (allactorsincluded) on regionalintegration;
- Creating aprofessionalcounseling servicefor people witha disability certificate;
- Developthebusiness expertforthis job;
- Work inmultidisciplinaryteam;
- Continuing training foremployment counselors.

Luxembourg:

Threats:

- Psychologicalsupervision, refusalby certain professionals;
- The ever presentstigma.

France:

Threats:

- Refusal toshare experiences;
- Lack oftraining cycle;
- Sustainableemploymentcounselors!
- Precariousness ofsustainable funding;

- Lack ofinternal trainingon appearance;
- Medicalpsychicdisability.

Belgium:

Threats:

- Negative associationsof usersand/orcounselorsat the workingfacevalue;
- Unions have noownershipisproblematicwork of peoplewith disabilities.

Romania:

Threats:

- The legislationis incomplete andfocusedon providingpsychiatric servicesand lesson socialand employment;
- Theoutdated andrigidmindseton social inclusion;
- The financialbenefits to employersarenotavailable in thecase ofcertifiedhandicaps.

Conclusions:

Inconclusionwe can say thatthe workoftheLuxembourgmeetingwas fruitful.

Researchersfrom the fivecountriesparticipating in the projecthave establishedthe strengths, weaknesses, opportunities and threatsinentering the labor marketof people withmental health problemsand theparticularitiesof eachcountry.

These findingsconstitute thefoundation for the nextstepin the project.

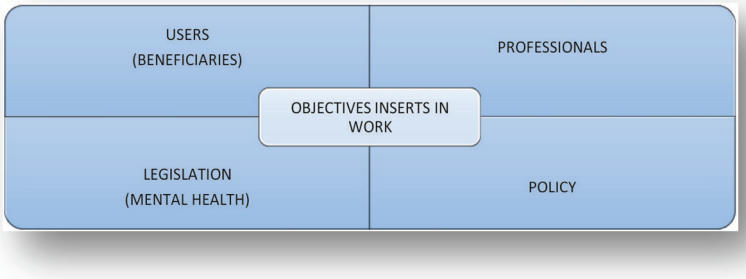

Figure 1. Scheme of work in the next meeting of the steering committee of the project

In Romania, the public policies for the protection of persons with mental illness are still insufficient. The legislation by Law no. 487 of 11 July 2002 on *Mental health and the protection of persons with mental disorders*, published in the O.M. Part I no. 589 of 8 August 2002 was republished in September 13th, 2012 under Article II of the Law 129/2012. Mental Health Strategy should provide

a legal framework to protect the socio-professional reintegration programs for people suffering from mental illness to reduce/eliminate discrimination. To streamline employability psychiatric patients are required to create subsystems "interface" by establishing connections with other systems for a cross health strategy for increasing the effectiveness of interventions.

Bbibliography:

Enăchescu, Constantin, *Tratat de igienămintală*, ediția a II-a, Editura Polirom, Iași, 2004;

Gavrilă A., Mihaela, *Psychoprophylaxis and Mental Health Education*, in Agora Psycho-Pragmatica, 2008, vol.II, no.4, p.58;

Honney Anne, *The impact of mental illness on employment: Consumers' perspectives*, *Work,* 2003, 20: 267-276;

Institutul de Sănătate Publică Bucureşti, *Pactul de Stabilitate pentru ţările din Sud-Estul Europei*, *Strategia în domeniul sănătăţii mintale*, grupul de lucru al Asociației Psihiatrice Române și al Ligii Române pentru Sănătate Mintală (Mihailescu, R., Boișteanu, P., Ghenea, R., Nica, Prelipceanu, D., Teodorescu, R., Tudorache, B., Udriștoiu, T.), 1999;

Katschnig, Heinz, Ciumăgeanu, Mugur, Ghenea, Dan, Raluca, Sfetcu, Vol. 1: *Set de instrumente pentru serviciile de sănătate mintală* în *Linii directoare pentru echipe multidisciplinare,* Cluj-Napoca: Qual Media, 2009, vol. 3;

Păuncu, Elena-Ana, *Medicina Muncii*, Editura Orizonturi Universitare, Timișoara, 2004;

Rădulescu, M. Sorin, *Sociologia sănătăţii şi a bolii*, Editura Nemira, București, 2002;

Legea nr. 487 din 11 iulie 2002 a *Sănătăţii mintale și a protecţiei persoanelor cu tulburări psihice*, Monitorul Oficial, Partea I nr. 589 din 8 august 2002 – republicată în 13 septembrie 2012 în temeiul art II din legea 129/2012;

www.who.