

YOUR GUIDE

**For people who are thinking about work, learning,
training and volunteering while maintaining
good mental health**



**This guide was produced on behalf of advice-resources by the
International Centre for Guidance Studies (iCeGS) in association with
OLM-Pavilion.**

(Last updated March 2009)



About this guide

Your guide



Who is this guide for?

This guide is for people who want to find out more about learning, work, training and volunteering opportunities that will support their good mental health. It may also be useful for people who are already in work but want to rethink the options available to best support their mental health. This aims to provide general help to people to access opportunities that might be right for them. Although this guide is for adults with mental health problems, we recognise that everyone is different and has different needs, so we suggest that you take what is helpful for you from the different parts of the guide and skip the other bits. There are two other guides: one for advisers and the second for managers of careers and advice services.

How should I use the guide?

It is intended that this guide be used with the broad support of your 'IAG' (information, advice and guidance) or careers adviser. Your adviser may have suggested that you download a copy of this guide from the internet, or you may have found it yourself. Whichever way you have found this guide, you can use it how you like: writing ideas down, reflecting on what you have learned, or finding out new information. The guide is divided into sections on different topics. You can read the whole guide in full or simply go to the section that you are interested in. The guide is organised in the order suggested by people with mental health problems, but you can read through the sections in any order you like. It aims to give information and ideas on issues that are useful for people with mental health problems. The guide is designed to help you to record your ideas if you want. Also, you may want to discuss what you write or what you think is important with your adviser.

The information in this guide

Many individuals and expert organisations have informed the content of the guide. References to many of the materials used are to be found in section 14 of the adviser's guide. The contents of this guide have been checked for accuracy. However, some information may change quickly – for instance, web addresses. If you find such a change, you should inform advice-resources at ca-advice-resource@lsc.gov.uk

How can I give feedback?

If you have comments about this guide, please send them to ca-advice-resource@lsc.gov.uk. You can also talk to your adviser about them.

Who produced this guide?

This guide was produced on behalf of advice-resources by the Centre for Guidance Studies, University of Derby in association with OLM-Pavilion. Many other organisations have been involved in the development of this guide, including Building Blocks Solutions Ltd and CAPITAL (West Sussex). We would like to thank all the individuals and experts who have contributed to this guide. This guide will be updated regularly.

(Last updated March 2009)

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1 Introduction

Your guide



This guide focuses on assisting people with mental health problems. There are lots of different ways people talk about mental health. Sometimes people refer to ‘mental health issues’, ‘mental health difficulties’, or ‘mental distress’. In this guide we use the term ‘mental health problems’ because it is the form of words that is most commonly used today. The guide has been developed with the assistance of experts who work in the field of mental health. We have also talked with people who have experienced a variety of mental health problems and we have taken their advice on the broad contents of this guide. It provides a mixture of **information, ideas and suggestions, and offers opportunities for you to think about and reflect on your own situation.**

Most of us will experience a mental health issue at some point in our lives, which might be related to stress, personal circumstances such as bereavement, or due to other factors. The mental health problem may not necessarily be confirmed by a clinical diagnosis made by a doctor. This guide, therefore, takes account of a wide range of circumstances that may result in a mental health problem.

Evidence shows that people with mental health problems often want to take part in education, training, volunteering and employment. However, stigma, discrimination and ignorance can often act as barriers to people moving on. This guide covers not only what you can do yourself, but also how an **adviser** can help. In this guide, **adviser** means any careers or information, advice and guidance (IAG) adviser. She or he may be called a careers adviser, nextstep adviser, careers coach or other similar titles. Further information is given in section 3.

This guide provides an opportunity to make notes as you read through it. To begin with, you may want to record some notes about yourself. You can use this as a starting point to record where you are now and what you want from an adviser. It will also give you some ideas about what you want to discuss with an adviser.

My starting point

My hopes for my future

(Write down practical ideas, like 'Sort out my dyslexia', 'Move nearer to the station', as well as any other ideas you have.)

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My strengths/abilities

Here are some starters. Choose (circle) four words that most apply to you at present, then write down any other strengths you have.

- Caring
- Determined
- Encouraging
- Enterprising
- Friendly
- Good-for-ideas
- Good listener
- Good organiser
- Leader
- Organised
- Pioneer
- Planner
- Punctual
- Reflector
- Reliable
- Researcher
- Someone who gets things done
- Strong
- Team player
- Trier
- Trustworthy

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My concerns for my future (including my financial situation)

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Broadly I would describe myself as

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What do I expect from an adviser?

Do you want to know about work opportunities, or something else?
(You may want a listening ear, or an adviser who can give you ideas.)

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What I can do myself to find out more about opportunities in work, training and education

(For example, it could be 'telling my adviser more about myself', or using the internet.)

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2 Glossary of terms and jargon buster

Your guide



The 'jungle' of jargon words used in the mental health world confuses loads of people. This section aims to explain some of the more common ones. The mental health field is awash with jargon and acronyms. There are words to describe specific mental health problems, terms to describe treatments – including various medications – and terms to describe medical workers and services. There are other words that come from the learning and work field. Do not feel afraid to ask for an explanation of any term that you come across and don't understand; your adviser can probably help here.

AMHP – Approved Mental Health Professional – a social worker or other professional mental health worker who has been approved to carry out a variety of functions under the Mental Health Act 1983.

Assertive outreach team (sometimes called the AOT) – a team that works in a proactive way with people who have significant needs and who sometimes find it 'difficult to engage' with support services

AtW – Access to Work

BME – black and minority ethnic

CAMHS – Child and Adolescent Mental Health Services

CBT – Cognitive Behavioural Therapy – a form of talking therapy that combines working to change a client's thoughts (cognition) and what they do (behaviour)

CMHT – community mental health team – a multidisciplinary team of mental health workers that work with people outside of hospital

Co-morbidity – a term that is used to indicate that someone has two or more diagnoses at the same time

CPA – Care Programme Approach – the care planning system that is used for service users who are in contact with specialist mental health services and are considered to be in the greatest need

CPN – community psychiatric nurse – psychiatric nurses are now officially called mental health nurses, but the old terminology of psychiatric nurse and CPN is also still commonly used

Crisis resolution team (sometimes described as a home treatment team) – provides support to people in crisis, with the aim of preventing admission to hospital

DDA – Disability Discrimination Act (1995 and 2005)

DEA – Disability Employment Adviser – a specialist adviser who works at Jobcentre Plus

Early intervention team – a team that provides a service for young people with psychosis and their families

Forensic services – covers services for people with mental health problems who have committed offences and come into mental health services through the courts. Includes services such as low and medium secure units and ‘secure hospitals’ (formerly known as ‘special hospitals’), such as Broadmoor

IAG – information, advice and guidance

IAPT – Improving Access to Psychological Therapies – a Department of Health initiative to make therapy and counselling (often CBT – see above) more widely available to people with mental health problems

ICBA – Incapacity Benefit Adviser – a specialist adviser who works at Jobcentre Plus (note that in some areas of the country this job title is different)

IMHA – Independent Mental Health Advocate – a trained advocate who is available to offer help to patients who are subject to the Mental Health Act 1983

IPS – Individual Placement and Support

JIS – Job Introduction Scheme

Jobcentre Plus work psychologists – a network of approximately 80 occupational psychologists who offer a range of local services aimed primarily at helping Jobcentre Plus disabled and disadvantaged customer groups progress into work

LIT/LIG – Local implementation team/group – the group that is charged with seeing that the NSF for Mental Health is implemented in their locality

Mind – The National Association for Mental Health – most localities have a local Mind association, some providing a wide array of services (www.mind.org.uk)

NDDP – New Deal for Disabled People

NIMHE – National Institute for Mental Health in England – set up in 2003 to take forward implementation of the NSF for Mental Health by providing guidance and support for local services

NSF (MH) – National Service Framework for Mental Health

NVQ – National Vocational Qualification. These are job related, or occupational qualifications. You can work for these qualifications in a job, in college, or most usually with a mixture of college and employment study

OCD – Obsessive compulsive disorder

PALS – Patient Advice and Liaison Service – each NHS trust should have a PALS to provide initial information and advice to patients concerned about standards of their care and treatment

PCT – primary care trust

Primary care graduate workers – employed since 2004 to help GPs manage their mental health workload by offering short courses of therapy

PTSD – Post-traumatic stress disorder

Rethink – a national voluntary organisation for people with severe mental illness and their families – provides services through local branches (<http://www.rethink.org/>)

STR worker – support, time and recovery worker (sometimes called STAR worker) – a new type of worker introduced in 2004 to work with service users. They offer day-to-day support to service users to work with them towards their recovery

Note here any terms you are unsure about. You might want to talk about these with your adviser. Are there any other words or initials you need to get ‘translated’?

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3 Advice and guidance services and how they can help

Your guide



You may already be in touch with the right careers and advice services for you. This section describes who does what. There are several government services available to support people, young and old, who want to consider work, learning, training and volunteering. All aim to support adults with mental health problems. Some have expert staff, and all have networks and contacts with specialists who can offer other support. Most of the services are free to unemployed people with mental health problems. However, in some areas, clients may be asked to pay a fee – for instance, if they are already in work. You should be aware that there are differences in services between one area and another.

The person who may support or advise you may be described as ‘adviser’, ‘career coach’, ‘careers adviser’, or other similar title. Some organisations will use the term IAG: short for Information, Advice and Guidance. In this guide, the term ‘adviser’ is used to cover all who have a support or advisory role. Summaries are given here of the main careers and advice services for adults. The nextstep service is going to merge with the Careers Advice Service, forming a new adult advancement and careers service (AACCS) in 2010.

nextstep

The nextstep service has offices in most towns and can help people in several ways. It helps people to improve their career prospects by learning new skills, retraining or gaining new qualifications. The services of nextstep are mainly delivered face-to-face and are offered in offices and centres that are open during office hours on weekdays: usually 9.00am to 5.00pm (there are local variations). Free information is provided on learning and work to anyone aged 20 and over, although people aged 18 or 19 can be seen by a nextstep adviser if they have been referred from Jobcentre Plus. Free face-to-face advice is offered by nextstep for people who have fewer than five GCSEs or have not yet achieved an NVQ level 2 qualification. In some areas, nextstep is able to provide extra services to other people not in this group. Local organisations work in partnership with nextstep. Occasionally these partner organisations have specialist knowledge in mental health matters. You can contact your local nextstep via www.nextstep.org.uk, which will give you telephone contacts in your area.

Careers Advice Service

This offers personalised career guidance and advice, mainly over the telephone, by career coaches. There is also email support and much useful information to be found on the website at <http://careersadvice.direct.gov.uk/>

The telephone advice service is open seven days a week, 8.00am to 10.00pm, tel: 0800 100 900.

Jobcentre Plus

Jobcentre Plus provides help and advice on jobs and training for people who can work, and financial help for those who cannot. Jobcentre Plus provides considerable job and vacancy information. It is also the access point for welfare benefits (including benefits available for those in work who have a specific disability). The **Disability Employment Adviser (DEA)** is a specialist role in Jobcentre Plus. Besides helping clients with the various schemes: Work Preparation, Workstep, Job Introduction Scheme and Access to Work (described in Chapter 8), and also giving advice to individuals with a disability who may be in work or seeking work, the DEA can access specialist support and training. DEAs provide information about the Disability Discrimination Act. DEAs can also support clients in relation to their Personal Capability Assessment (PCA).

Jobcentre Plus (www.jobcentreplus.gov.uk) has both face-to-face and telephone contact points for job information, benefits information and help locally.

College and university careers services

All universities and colleges have a career guidance and advice service. Most offer specialist information, including information on mental health issues relevant to their students. A central service is available for university graduates, offering website information and email advice and guidance (www.prospects.ac.uk).

4 Other people's stories

Your guide



Your adviser can probably give you information about the ways in which people with mental health problems have found and developed opportunities in your area. Advisers won't be able to give you precise details of what people have done recently, but they can give you tips on what works well for most people similar to you. This section gives some examples of what works well with some people who want to look for work, learning and volunteering opportunities.

If you are not working with an adviser, the best place to start is by talking to an adviser from nextstep (or one of its partner organisations), Careers Advice Service, or the Jobcentre Plus (details of these are in section 3). Alternatively, if you attend a college or university, visit the careers adviser there.

The advisers from these organisations:

- are suitably trained and work within relevant codes of practice, including confidentiality
- work in a very client-centred way, and work in the best interests of each client, but are also impartial
- are generally aware of the issues that affect clients with mental health problems.

To tell, or not to tell?

If you are going to a careers or IAG (information, advice and guidance) service for the first time, you will need to decide whether or not to talk about, or 'disclose', a mental health problem. In general, disclosure to an adviser helps the adviser, especially if you can share with the adviser how the mental health problem affects your day-to-day living, for example, 'My medication makes me tired in the mornings and I am much more lively in the afternoon'.

Here are some examples of clients and advisers working well together. Read through these and note what seems to work well for these people. Jackie has written her own story. The other two have been written with advisers.

Jackie: in her own words

The background

In 2005, I became very ill with depression and by the time I saw my GP I was on the verge of a nervous breakdown. I was not eating or sleeping, was very anxious and I had lost a stone in weight. I could see no future, no reason to go on, and I had to give up my job due to my illness. I had worked all my life, mainly in factory work, but I had the fear that I would never work again.

My GP had a good chat with me and prescribed antidepressants. He also talked to me about an organisation that provided support to people in my situation. I was given a leaflet that explained how I could get help in finding another job, so I decided to give it a go. I was allocated a support worker who was great. His role was to help me with a CV, job application forms, and assorted paperwork. I went on some courses to help me manage my anxiety and lack of confidence. My support worker even offered to take me to job interviews. 'But who would want to employ me?' I thought. I was over 50 years old, with no qualifications.

My adviser-worker was very approachable and supportive, and I was able to find another job, which seemed to go well to start with. My life seemed to be going well and I no longer needed support. Then, out of the blue, I received a letter in the post from my employers – ending my employment! I rang my support worker when I got the letter, and he was able to see me that day. I was devastated. In all my working life, I had never been sacked. The support team wrote a letter on my behalf to the area manager and I got a letter back to say I had been badly treated and she apologised on behalf of the company. But this meant I had no job again.

A happy outcome

I had always been interested in working with older people and my adviser encouraged me to consider voluntary work. I was able to take up a voluntary post in July 2006 and I loved it. I could feel some of my confidence and self-esteem coming back. The more I did, the better I felt. I was climbing back out of that deep black hole. In September two part-time jobs came up in the service. I decided to apply. I did not really think I had much chance, but I had learnt a lot from my voluntary role. My interview went very well and I was offered one of the positions.

I have been a support worker now for eight months, I still cannot believe it. I love my job and I am honoured to wear my ID badge. I still have to pinch myself to see if it's real. I love to get up in the morning to do my job. I am not the old Jackie, I am the new Jackie. I love life more than ever.

Jackie is a support worker for the Senior Steps Service (Building Blocks Solutions)

Jane

Background and situation

Jane had been out of work for many years before she made contact with a careers adviser. Her last role had been at a local nursing home, where she was employed for two years before becoming physically unwell. The impact of being off work had caused her to become unwell with both depression and anxiety, which had a major effect on her ability to integrate into the local community and socialise with others.

The barriers for her to move forward were:

- getting out into the community, because of low confidence and self-esteem
- a belief that she was no longer able to cope with the pressure of work and that when she went out everybody was looking at her and talking about her.

Jane and adviser: moving on

The local jobcentre referred Jane to a community and voluntary organisation requesting support for Jane to explore possible options available to her for work in the surrounding area. Over a period of weeks, Jane and the adviser explored the following issues:

- **trust** between Jane and her adviser gradually developed, enabling her to consider what she thought about herself, what she would like to do in the long term and what the barriers were to achieving this; however, she remained anxious that she would be forced into employment or risk losing her benefits
- **options** were considered, particularly those that would help her to improve her self-confidence; uncertainty remained about whether she would be able to attend a course on her own; the adviser suggested Jane attend a confidence-building course with another person who lived locally and was also about to start; Jane's fears were allayed after meeting her fellow learner
- **improvement** was clear after several weeks, both in terms of confidence and motivation and her capacity to develop rapport and build friendships
- **local learning opportunities** were discussed with her adviser, to continue the positive improvement
- **qualifications** were required to enable Jane to pursue her chosen career in administration; she started an IT course and continued her weekly meetings with her adviser, either face-to-face or by telephone; checks were made on how she was coping and support was offered, should she begin to struggle.

Progress had been made to a sufficient level after two months of engagement with her adviser. Jane decided initially to undertake voluntary work to prepare her for full-time or part-time work. **Supported** by her adviser, Jane spoke to an appropriate voluntary organisation and visited the place where she would work.

What worked well for Jane:

- her ability to see that, despite lots of difficulties, she was ready for a change
- Jane's 'stickability' and emerging desire to engage with social and learning opportunities, helped by the fact that she made new friends
- her ability to build a positive relationship of trust with her adviser.

John

Background and situation

John is a 35-year-old man with a diagnosis of schizophrenia. He was diagnosed at the age of 20, following his first admission to a psychiatric hospital. When John is unwell, he often hears voices as well as having a distorted view of reality. He has tried several medications and has been admitted to hospital on more than one occasion.

John now feels more confident; his current medication is proving successful and he believes that he has learnt how to manage his illness more effectively, becoming less fearful of new situations. Although he still experiences incidences of anxiety, he feels ready for a new challenge.

A referral was made by his support worker for advice and guidance to enable him to look for suitable employment options, ideally part-time.

The barriers for John to move forward were:

- **coming off benefits** – John is concerned that his benefits will be adversely affected by any moves towards employment; he is very worried that he will be worse off financially
- **bad experiences** of full-time employment prior to admission to hospital; a stressful environment led to John exhibiting increasingly bizarre behaviour following his diagnosis; John did not feel well enough to consider paid employment
- **motivation** is difficult to find when he feels unwell; he can find it a challenge to perform even basic domestic tasks
- **anxiety** occurs when he is in a public place, even when he feels fairly well
- **fear of unwanted attention** – John recognises that sometimes his behaviour might be considered unconventional and fears that other people might 'pick on him'
- **past actions** – John was arrested for a minor shoplifting offence while unwell; he was treated very leniently by the court, but is concerned that people will think that he is dishonest and untrustworthy.

John and adviser: moving on

The adviser contacted John to set up a meeting. John requested that this take place at his home, in surroundings in which he felt comfortable, with his medical support worker also present.

- **Interest** was expressed by John in gardening and landscaping. John had gained experience of this after helping his friend.
- **Outdoor work** was considered by John to offer more freedom. He didn't like the idea of spending all day in an office, where he feared he would feel enclosed.
- **Enrolling** on a horticultural course was discussed with his adviser, who informed him that one ran at the local college.
- **Welfare benefits** as the course was only one morning a week, it did not affect his benefits entitlement.
- **Part-time work** was John's goal; he hoped this would be possible if he did well on the course.

- **Apprehension** was felt by John at the prospect of travelling the five-mile journey from his home to the college, especially as he would have to use public transport.
- **Preparation** – John and his adviser decided that it would be good groundwork to visit the training facility prior to taking part.

Outcomes

- John attended an interview with the local disability employment adviser and he was assessed as suitable for the training package.
- John has been accepted onto a horticultural course run by his local college, which he attends part-time.
- John still has regular support from his mental health support worker – who also liaises regularly with the college on John's behalf.

What worked well for John:

- **empathy and compassion** were shown regarding the way that John's schizophrenia had impacted on his confidence and anxiety levels
- **developing an 'action plan'** that meant something to him
- **help accessing public transport.**

1 Now that you have read about these people, make a note of what you feel might work well for you in working with an adviser.

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- 2 Think about any worries you might have in relation to finding out about learning and work. You may like to discuss these with an adviser. *(For example, getting to an appointment on time, any childcare responsibilities, your thoughts about filling in an application form, any concerns about benefits and finance.)*

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5 Learning, work and mental health Your guide



This section gives you some background information about learning, work and mental health. Your adviser will have more information if you want to explore this further.

Remember, there are lots of people who are looking for support in finding work and learning opportunities

About one person in four has, or has had, mental health problems.

What really can work for most people

- Education, training and employment all contribute to better mental health.
- Most people with a mental health problem would prefer to be in work.
- Benefits of returning to learning or employment include a sense of achievement and satisfaction, improved self-confidence and self-esteem, and greater social activity and friendship. Learning and work also give structure and purpose to the day.
- Either staying in your present job or finding a job can provide an identity and stated role in society.
- Work can give you additional income and improve your general well-being in lots of ways.

Barriers to access to work and learning

Typical barriers include: the benefits system, stigma and discrimination, employers' attitudes, professionals who don't always understand, personal loss of motivation and confidence, side effects of medication, lack of energy, concentration and memory difficulties.

How best to break through the barriers

Tackling the benefits system

- Be empowered. It is tough to break out of the benefits trap, but once you manage to do it you can be a lot better off, both money-wise and as a person. Don't be afraid to ask experts for help.

- Take advice from experts: from the Jobcentre Plus, from a trained welfare rights adviser, from the Citizens Advice Bureau or similar centre, or from a college or university advice centre. Your adviser can put you in touch with the right person or organisation.
- Remember that the benefits system is complicated and changes quite often.
- In general, the benefits system is moving to encourage more and more people into employment.

Focus on the positives

- Work with an adviser to identify opportunities.
- Reflect on your strengths – one of your key strengths might be the way you manage your mental health.
- List what you can do well and recent achievements, including the small steps you have managed.
- Ask friends and people you know to give you feedback on your strengths.

Try out some opportunities

- For many, small steps are the most successful – this may be working with your adviser to arrange a visit to three or four employers or college courses, or reading some leaflets about local opportunities. These activities can help you to find out about what might be best for you.
- Make sure that you develop a good network of people who can give you the support you need – your adviser may be able to suggest local community and voluntary organisations, as well as disability-positive employers.

Keep your information up-to-date

- Work with an adviser to help update your CV.
- Chat to your adviser about new work and learning opportunities locally, and find out what information is best to look at. There are lots of websites, newspapers and agencies that may give you the information you may need.

If you are in a work

- Discuss your personal situation with the HR (Human Resources or personnel) people in your organisation. Very often, small changes can make big differences. For instance, many employers can make arrangements for later starting times if this would help with a medication routine.
- Under the arrangements of the Disability Discrimination Act (see below), you and your employer may be able to get support from the Jobcentre Plus, particularly from the Disability Employment Adviser (DEA).
- Consider whether or not you wish to 'disclose' information about your mental health with your work colleagues. There is no right answer here, but it can often help. Discuss it with your manager or HR manager.
- You need to tell your manager about any aspects of your mental health or related medication that may have health and safety implications for you, your work colleagues or customers.

Sometimes the law can help you. Make sure you know a little about the Disability Discrimination Act (DDA) 1995 and 2005

To qualify as disabled under the DDA, a person must have a physical or mental impairment. (The term 'mental impairment' covers both learning disabilities and mental health problems/conditions.) In addition, the impairment must have both substantial and long-term negative effects on the person's ability to carry out normal day-to-day activities.

People with mental health problems often do not consider themselves to be 'disabled'; indeed, disability legislation has, in the past, been less well geared towards people with mental health problems. However, the 2005 DDA made the rights and potential benefits from the legislation more accessible to people with mental health problems. In summary, the rights for mental health service users under the DDA include:

- the right not to be discriminated against because of their mental health condition
- the right to have 'reasonable adjustments' made in the workplace to enable them to get a job, stay in work or use services (public and private/commercial).

There has been some work to date on what 'reasonable adjustments' might mean in relation to a person with mental health problems. Flexible working hours, access to support and supervision, and a sympathetic, well-trained line manager are some of the adjustments that people with mental health problems might find helpful. You will have your own ideas about what adjustments would make education and employment more accessible for you.

The Disability Rights Commission developed much useful information on the DDA 1995 and 2005. The Disability Rights Commission is now part of the Equality and Human Rights Commission and has valuable materials on its website. Also you can talk to your adviser about your rights under the DDA.

The Care Programme Approach and the Mental Health Act 1983

The Care Programme Approach (often referred to as the CPA) is the care planning system used for people who are using specialist mental health services and are considered to be in the greatest need. For more information, there is a Department of Health leaflet for service users and carers: Making the CPA work for you – available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083650 or write to: DH Publications Orderline, PO Box 777, London SE1 6XH

The Mental Health Act 1983 is the key piece of mental health legislation. In 2008, a new power of supervised community treatment was introduced into the Act. Some patients who are in hospital under a section can be subject to a community treatment order (CTO) when they are discharged from hospital. If you are on a CTO or have any questions about mental health legislation, please discuss this further with your adviser, or with one of the organisations listed in section 7 of this guide.

1 What do you think the benefits would be for you to start learning, training, work or volunteering?

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2 Which barriers (some are listed on page 15) have been most significant for you? How can you start to overcome these?

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6 Opportunities, opportunities, opportunities? Your guide



People with mental health problems need a range of work and learning options, as everyone's needs are different. This section talks about many of the most common possibilities: looking at work and education opportunities, and staying in your present job. This section also gives a summary of types of special opportunities available in England.

Work, education and voluntary opportunities

First, here are some of the options currently available for people who are planning to get back to work eventually.

Your adviser will be able to tell you more about these, and also which may be available in your local area. Some of the government schemes are developing and changing in 2009 and in the future.

- People with mental health problems sometimes need extra support to give them confidence and to encourage them to redevelop skills, before they are ready to consider entering the job market. This kind of support is called **day activity and support**, which involves therapeutic activity and daily structure as a 'first step' into employment. This type of employment support can be offered at day hospitals, day centres, community mental health team bases or resource centres, drop-in centres and social clubs.
- **Voluntary work** is a great option for some. Mostly it will not affect your benefits and it will give you up-to-date experience, which can give you confidence, skills and a useful reference to use in your CV. You can opt to take a wide range of voluntary jobs, including practical jobs (for example gardening), social jobs (helping out with older people or children for instance), administrative work and many others.
- **College courses** can be very good, especially in updating or giving you baseline work-related skills, like computer skills. Some courses will lead to nationally recognised qualifications (for example, NVQs). Check carefully first how college study may affect your benefits. Sometimes you need to make sure that the number of hours you study each week fits into your benefit allowances.
- **University courses** may provide the right educational situation for you. You can study part-time. University programmes and foundation degree courses are a useful training for some job areas. You will need to ensure you get advice on the financial help available – each university will have information on this.

- In 2009 the government is developing employment schemes for many groups of people – including those with mental health problems. A number of schemes are listed below and further information will be available from your adviser.
- **Employment assessment** can help people find out how their disability might affect the type of work or training that they are interested in. This is accessed through Jobcentre Plus. An action plan is agreed following on from the meeting. Participation does not affect benefits.
- **New Deal for Disabled People** is a voluntary programme aimed at people who are looking for work and receiving disability or health-related benefits.
- An individually tailored **work preparation programme** helps people prepare to work following a long period of unemployment or sickness. It can also help people who are at risk of losing their job because of their disability. The programme lasts between several days and weeks, depending on whether undertaken on a part or full-time basis, with a report produced at the end to inform an action plan to achieve stated goals.
- **Job Introduction Scheme** is a weekly grant payable to an employer for the first few weeks of employment if an individual or employer has concerns about their ability to manage a particular job because of their disability. The individual will be paid the normal rate for the job.
- **Pathways to Work** is a scheme operating in specific areas to provide support to help people claiming incapacity benefits move back into or closer to the labour market. During 2008 Pathways to Work was developed further. Everyone making a new or repeat claim for Incapacity Benefit will automatically be part of Pathways to Work, which means attending an initial work-focused interview with a personal adviser. Most will then go on to attend another five work-focused interviews with the same adviser at monthly intervals. Advisers will help with building action plans and review meetings.
- **WORKSTEP** provides help to people who face complex barriers to getting and keeping a job, but who can work effectively with the right support. It enables eligible disabled people to work in a commercial environment and, whenever possible, progress into open employment. The WORKSTEP provider will introduce the individual to their manager and colleagues and maintain contact to ensure everything is going smoothly. A development plan is agreed with the employer and individual to help ensure they have the necessary training and support to develop.

Staying in your present job

If you are already at work, you may find it more difficult to find an adviser to give support. Many of the nextstep organisations are not able to give help to people already in work. However, you can still ask your adviser for details of other organisations that could help you locally. There are many positive things you can do – for instance:

- talk to the HR manager in your organisation, if there is one; large employers will certainly have experience of supporting employees when needed, and it may be possible to negotiate things like changing starting times to fit in with therapy
- contact your local DEA (disability employment adviser) at Jobcentre Plus; there may be ways in which the DEA can help your employer
- contact your local nextstep organisation or the national Careers Advice Service line; even if they cannot help you themselves, they should be able to put you in

touch with a local agency that can help, like Mind. A list of some of these groups is given in section 7: Useful contacts.

Starting your own business

For some people running their own business gives them the opportunity to plan their own work and be independent. This is not always an easy option but there are opportunities to access financial assistance from business development agencies. Your adviser can give you further local information.

Range of options – ‘work, learning and training opportunities’

There are lots of ways and schemes to encourage employment and training possibilities for people with mental health problems. The following tables are adapted from one produced by the Department of Health on Occupational Interventions (2003), and gives a useful summary of the key types of special opportunities available. Not all these opportunities are available in every area of the country. However, some of these schemes were started up by people with mental health problems themselves, and these ideas and models have spread to other areas.

Table 1: Types of work, learning and training opportunities – sheltered employment

<p>Sheltered employment Any occupational project, paid or unpaid, in which participants are brought into contact mainly with other people with mental health problems and staff members</p>	<p>Social firm – a business created for the employment of people disadvantaged in the labour market. At least 30% of employees should fit this description. Work opportunities should be equal between disadvantaged and non-disadvantaged employees. Types of social firm include:</p> <ul style="list-style-type: none"> • community businesses – overseen by a group of directors whereby profits are invested in its employees • co-operatives – a legal structure for a company owned and managed democratically by its employees.
	<p>Sheltered employment – people with disabilities/disadvantages are engaged in work with other people with disabilities/disadvantages. The government (2007) regards this option as less helpful for disadvantaged adults and is encouraging people to enter mainstream employment.</p>
	<p>Sheltered workshop – clients are engaged in work activities in a sheltered setting and, for a number of reasons, do not receive a wage at the going rate for a job, but might receive Permitted Earnings (formerly, ‘Therapeutic Earnings’).</p>
	<p>Work crews – working (building, decorating, furniture removals) in small groups of people with disabilities. Little used in UK, apart from in some sheltered settings.</p>

Table 2: Types of work, learning and training opportunities – training and education

<p>Training and education These schemes can be educational and employment related. Many emphasise people's capability to work</p>	<p>Clubhouse work-ordered day – members attend the clubhouse as day care, but follow a structured routine designed to facilitate moving on to transitional employment (see below).</p>
	<p>Rehabilitation/vocational training – clients are taught vocational skills and may gain qualifications. Projects are often located in colleges or training centres, or arrange workplace training.</p>
	<p>Supported education – people with expertise in mental health issues advise and support people who wish to undertake training and education in inclusive settings (eg. mainstream college). Not widely recognised in the UK as a coherent intervention approach.</p>
	<p>Work placement and voluntary work – work in real settings but without pay or employment rights. Sometimes used while an individual's benefits are being assessed or while clients are gaining work experience and relevant workplace skills or building confidence.</p>

Table 3: Type and focus of occupational interventions – supported employment

<p>Supported employment All forms of work in open settings for real pay, whether transitional, temporary or permanent</p>	<p>Supported employment (SE) and Individual Placement and Support (IPS) – involve clients working in open employment with support from a job coach or other support staff. Clients are paid the going rate for the job, which can be full-time or part-time. In IPS, the provider is an integral member of the community mental health team.</p>
	<p>Supported Placement Scheme (SPS), Workstep and Personal Advisor Scheme (PAS) – schemes for people with disabilities provided by the Department for Work and Pensions. The SPS scheme offered long-term support in the workplace; its successors after April 2001, Workstep and PAS, are time-limited, offering placement, some training, and support in open employment. This service is provided mainly by voluntary organisations and individual contractors, and is funded by the Department for Work and Pensions.</p>
	<p>Transitional employment – time-limited exposure to open employment, with ‘ownership’ of job being in a clubhouse, thus freeing a person taking transitional employment from commitment to do work full-time.</p>

Opportunities, opportunities, opportunities?

1 Which of these various opportunities sounds interesting to you?

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2 If you already have some experience of work, what are the advantages of self-employment to you?

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3 If you are in work at present, what things are most important to you in relation to your job?

For example: Do you want to stay with your present employer, but to try to find a way in which you can be best supported? Do you think that a change to a similar job in another company might help you (by perhaps considering a job in an organisation that has shown a positive attitude to disabled people)?

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7 Useful contacts

Your guide



Mind – www.mind.org.uk for details of local Mind groups

Rethink – www.rethink.org for details of local Rethink groups and services

MDF: the Bipolar Organisation (formerly the Manic Depression Fellowship) –
www.mdf.org.uk

British Association for Counselling and Psychotherapy – for details of talking therapists –
www.bacp.co.uk

Samaritans – www.samaritans.org

Together service-user directorate – <http://www.together-uk.org/>

beat – beating eating disorders – www.b-eat.co.uk

National Phobics Society – www.phobics-society.org.uk

Alcoholics Anonymous – www.alcoholics-anonymous.org.uk

Gamblers Anonymous – www.gamblersanonymous.co.uk

Narcotics Anonymous – www.ukna.org

The Compassionate Friends – www.tcf.org.uk

Cruse – www.crusebereavementcare.org.uk

8 Further reading and information

Your guide



Department of Health website – for all documents relating to current policy and legislation. www.doh.gov.uk

Mental Health Foundation (2000) *Strategies for Living Update – Summary of a report of user-led research into people's strategies for living with mental distress*. London: Mental Health Foundation. Available to download from www.mentalhealth.org.uk

Mental Health Foundation (2007) *The Fundamental Facts: The latest facts and figures on mental health*. London: Mental Health Foundation. Order from www.mentalhealth.org.uk

Mind Publications catalogue. A comprehensive list of books, reports and leaflets, available from: Mind Publications, 15–19 Broadway, Stratford, London E15 4BQ tel: 020 8221 9666 email: publications@mind.org.uk. Mind also has a wide range of fact sheets and booklets that can be downloaded from www.mind.org.uk

NIACE/NIMHE partnership project. See:
<http://archive.niace.org.uk/Research/HDE/Projects/NIMHE.htm>

NIMHE (2003) *Employment for People with Mental Health Problems. Expert briefing*. Leeds: NIMHE. Available from: www.sesami.org.uk/employment_report.pdf

Sainsbury Centre for Mental Health. Publishes various briefing papers covering all key policies and many other crucial issues in mental health, available to download from www.scmh.org.uk

Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister. The Social Exclusion Unit has also produced a mental health, training and education factsheet (2004) available from <http://www.socialinclusion.org.uk/publications/SEU.pdf>

Heyes, S (2007) *Mental Health Jargon and Acronym Buster*. Yeovil: Speak Up Somerset. Available from: Speak Up Somerset, PO Box 3484, Yeovil BA21 5ZH tel: 01935 850979 email: info@artofrecovery.com web: www.artofrecovery.com

Together (2007) *Talking About Mental Health*. London: Together. A resource that explores how mental health conditions are described, and helps you define your experiences in your own terms. Available to order from www.together-uk.org

Volunteering: more information is available from: www.doit.org.uk

