EQUIL
Equality in Learning

Training Module:

Educator/practitioner skills for supporting people with mental health issues who want to work

Ed. KernKracht

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www.equilcoproduction.eu

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Content

Description

Through research and co-production the training programme will include a range of tools and exercises to enable practitioners to work with people experiencing mental health issues to support them to work. Developed with experts by experience the module will upskill practitioners to work with people with mental health issues using person centred approaches to support and motivate people to (return to) work.

The training module will give tools and exercises for practitioners who support people with mental health issues into work.

The concepts of recovery, stigma and competences developed by lived experiences will be further explored and converted into tools and exercises in the training module.

Tools and exercises for practitioners

The tools and exercises in this training module can be used individual or in groups. Below you find recommendations for practitioners which apply for all the tools and exercises.

The appendixes for the tools and exercises can be found after the descriptions of the tools and exercises.

Recommendations

- The facilitator is familiar with the concepts: recovery, stigma and self-stigma, competences developed by lived experiences, experts by experiences
- Care for a safe atmosphere
- The practitioner uses his or hers own experiences to create equality with the participants
- Fluid approach to asking questions
- To respect everybody's pace
- Ask the group to suggest some ground rules. After they brainstorm some, please make sure the following are on the list:
    - We would like everyone to participate.
    - Information provided in the groups must be kept confidential
    - Stay with the group and please don't have side conversations
    - Turn off cell phones if possible
    - Have fun

- Introduce an expert by experiences in exercises in which own experiences are the main topic if possible.

- Think of referring participants in need for more support to experts by experience or peer support groups besides professional support.

- If the practitioner is an expert by experience, the practitioner presents his own experiences in a functional way for the participants. For example to create a safe atmosphere, to give an example, in order to acknowledge and recognize experiences, to empower the participants.

1. Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Diagnose me !!**
Goal	Icebreaker The aim of the exercise is to become aware of own stigmatizing thoughts and behaviour. The goal is to approach others with an open mind.
Groups	3-15 persons
Individual	-
Length	15-30 minutes
Necessities	15 blank cards
Method	**Brief description of the content**
	All participants, including the practitioner, writes on one card a vulnerability and a hobby or passion. All the cards are collected and shuffled. In turns a participant takes one card and reads out aloud the vulnerability and hobby / passion. The participants guess to whom the vulnerability and hobby belongs. In the end the participant who wrote down the vulnerability and hobby / passion comes forward. Then the participant who's card was picked, takes a new card. The same steps are followed till all cards are come up.
Example	A participant writes down on a card: *Vulnerability: I find it difficult to trust someone* *Hobby / passion: synchronous swimming* After the participants have guessed to whom these card belongs, the participant comes forward. In this example the participant has trust issues, but is able to trust others in carrying out her hobby. This can learn the participants that a vulnerability is specific for a person in certain circumstances and does not mean you are not capable of dealing with others at all.

2 Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Cross the Stigma Line**
Goal	Icebreaker Getting to know each other better and to create awareness about the similarities you might have (sometimes you have more in common than you think). Being aware of prejudices.
Groups	5 - 50
Length	15 - 60 min.
Method	**Brief description of the content**
	Do you cross the Stigma Line? Honest answers to stigma questions. Do you dare? "I would like to invite you to cross the stigma line if:" 1. you are nervous for this game 2. you have a pet that is very important to you 3. you dare to be vulnerable 4. you sometimes are afraid 5. you sometimes feel judged by others 6. you are good in saying 'no' 7. you're good in asking for help if you need a helping hand 8. someone close to you has mental health issues 9. you have (or had) mental health issues yourself 10. you sometimes cannot take a measure in taking alcohol 11. you sometimes feel left out 12. you sometimes feel quite gloomy 13. you ever have used drugs 14. you often feel alone, also when there are people around you 15. if your situation at home was or is not always nice 16. if you now feel more connected to each other

1 Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Green card**
Goal	Equality in the relationship between client and practitioner. To show that you recognize something.
Groups	2 - 20
Individual	
Length	No time limit, during group meetings, in individual support etc.
Necessities	Green cards
Method	**Brief description of the content**
	Before starting have an agreement how to use the green card. If you recognize something from the experiences shared by others, you can insert the green card. The experience may not be exactly the same, but sometimes you recognize the feeling, or some obstacles, treatment etc. This way you can see that sometimes there are more people with similar experiences without being aware of this. **Step 1** Explain to the group / individual participant the function of the green card and how it will be used **Step 2** Make agreements on what to do if the green card is used: discuss it immediately or afterwards. **Step 3** Green cards are being used during the meeting / conversation **Step 4** Afterwards a short evaluation follows if necessary

Example	One participant tells a gripping story about stigma in the workplace. Participant with a history of addiction is accused of drinking alcohol during working hours. A colleague went without telling her to her boss, and she had to defend herself. She had not been drinking, but her boss did not believe her: Once an alcoholic, always an alcoholic. One participant uses his green card and shares an experience with being stigmatized.

4A. Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Flip Thinking**
Goal	Awareness that experiencing Mental Health Issues (MHI) can besides struggles, difficulties and negative feelings be positive. Experiences produces skills, qualities and competences that you might not had developed when you did not have mental health issues. These qualities can be used in getting back to work and improve your opportunities on the labour market.
Groups	Number of persons: 2 – 12
Individual	Can be used also individual
Length	45 minutes
Necessities	• Appendix Competences developed by lived experiences • The list with competences/skills/qualities • Flipchart • Pencils & Paper • Good sense of humor J
Method	**Brief description of the content**

	1 Introduction of the exercise (5 min) 2 Working in small groups (30 min) 3 Plenary discussion (10 min) **Exercise:** 1) Share an experience with being vulnerable . It doesn't matter what kind of experience you will share. It can be about mental health issues, addiction problems, losing your job, a relationship or a person you loved etc. 2) We are not discussing the shared experiences, we will not give advices or solutions for the shared experience. 3) We can ask questions for a better understanding. 4) The group is going to find competences, qualities and or skills developed by this experiences You can use the list with competences/skills/qualities who is translated into English.
Example	<u>For example: (it can be of course also a less intense topic)</u> *"For a couple of years I heard voices in my head. Hereby it was pretty busy and noisy in my head. The voices were very negative towards me and they constantly said me what to do or not to do. It did cost me a lot of energy to focus on my tasks, ignore the voices, not talking back to them in public situations like work, friends, study etc. Dealing with hearing voices all day was hard working"* Qualities/skills/competences produced by these experiences: (see also Appendix List of competences) 1 Handle conflict 2 Perseverance 3 Empathy 4 Listening 5 Dealing with resistance 6 Problem solving ability 7 Collaborate 8 Self-knowledge 9 Self-reflection

4B. Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Phases of Recovery**
Goal	Gain insight into their own recovery process and how to use it in support of customers.
Individual	For practitioners to do it by themselves
Length	30 Minutes
Necessities	Appendix The phases of recovery
Method	**Brief description of the content**

Read the appendix with the phases of recovery. Think of a situation when you were vulnerable, when you did experience a major life event. For example losing a job, an illness, the breaking up a relationship, losing a loved one. If you are dealing with a major life event, you will go through a recovery process. This exercise allows you to gain insight into your own recovery process.

Identify at every phase of your recovery process in keywords some concrete experiences. Then think of the competences you developed by dealing with these experiences.

Phases	Short description of experiences	Competence
Phase 1		
Phase 2		
Phase 3		
Phase 4		

4C. Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Phases of Recovery**
Goal	Gain insight into your own recovery process and how to use it in getting back/into work
Groups	2-12
Length	60 Minutes
Necessities	Appendix The phases of recovery
Method	**Brief description of the content**

Read the attachment with the phases of recovery and at each phase write down an experience with being vulnerable.

Identify at every stage in keywords concrete experiences and link it up to 3 skills that have helped you during that period.

Phases	Short description of experiences	Competence
Phase 1		
Phase 2		
Phase 3		
Phase 4		

Take the competences listed in the schedule and think of how you use or can use these competences in study, (voluntary) work, or other activities.

Phases	**Competences**	**(Desire) occupation, study, work, voluntary work, other activities**
Phase 1		
Phase 2		
Phase 3		
Phase 4		

5. Inventory methods for practitioners

Organization	KernKracht
Country	The Netherlands

Title	**Is there a stitch loose?**
Goal	Sharing experiences and thoughts on the basis of statements and questions with the aim of: • Supporting the client in telling his story • Make is more easier to talk about vulnerabilities • Getting more insight in employment history, present and future • Gathering information for drawing up an action plan • Acknowledge and recognize experiences • Empowerment • Awareness of stigmatizing thoughts and behavior
Groups	2-20 persons
Individual	Practitioner and participant
Length	45 – 60 minutes
Necessities	The game: ***Is there a stitch loose?*** • Cards with statements, questions and concepts regarding education, work and stigma. • Appendix Stigma
Method	**Brief description of the content**
	• It is a method for groups • For practitioner and his participant • For the participant • For employers • It is a method with talking, discussion and drawing elements

Example(s)	Group: You can use these statements and concepts in different ways. • Put all the cards on the table and let the participants pick a card that is important for him / her. After that you can start talking with each other. So there are different themes addressed • You can also let them draw their experience • Also as a practitioner you can choose one or more cards you think it is important to discuss with this group; for instance because the group avoids some subjects • When the group members knows each other better and the atmosphere is safe, group members can choose a card with a statement or concept they like to ask one of the other members of the group Individual: • Put all the cards on the table and let the participant pick a card that is important for him / her to discuss about • When talking about a subject you can ask him to draw the situation • Also as a practitioner you can choose one or more cards you think it is important to discuss with the participant; for instance because he avoid some subjects • The participant can take home a statement or concept and write about it. This can be the starting point for the next meeting **Note:** The practitioner also participates in the exercise. The statements, questions and concepts regarding education, work and stigma are all based on experiences of people with mental health issues. Although you may not agree with some statements, can you imagine that people with mental health issues have experienced the stigmatizing thoughts and behaviour? As a practitioner ask the participants this question instead of simply agree or disagree. Support a discussion about the topic on the card.

6. Inventory methods for practitioners

Organisation	KernKracht
Country	The Netherlands

Title	**Daily life roles of clients**
Goal	The goal is to create awareness of the loss or change of roles of clients in daily life if they get mentally ill or addicted. And how to focus on other roles than the patient role. This can help clients in rebuilding their self-esteem.
Groups	5-15 practitioners, teams
Individual	Exercise on paper for a practitioner
Length	20 minutes
Necessities	Flap over or whiteboard
Method	**Brief description of the content**
	Psychiatric illness and / or addiction often involves the loss of roles, eg. the role of employee, parent or partner. Clients have the experience that they are often seen only as a patient by the healthcare workers. There is no or little attention to the roles they have lost or that they have to perform these roles under other circumstances. **The method used is** • Discussion on the base of questions • Discussion on the base of questions in subgroups • Guest: an expert by experience tells his story

Example	Psychiatric illness and / or addiction often involves the loss of roles, eg. the role of employee, parent or partner. Clients have the experience that they are often seen only as a patient by the healthcare workers. There is no or little attention to the roles they have lost or that they have to perform these roles under other circumstances. **Role exercise** Talking about the most important roles in life. **Questions the practitioners discuss:** 1) What roles do you have in daily life. 2) What do these roles mean to you, what is the added value? 3) What would happen if you suddenly lose your role as employee? How would you feel? **The practitioners can invite an expert by experience** The expert by experience then tells a story about his experience with losing roles. What happened? How did it feel? Was there from healthcare workers focus on other roles than patient? What was helpful and what not? Practitioners can ask questions to the expert by experience. **Experiences of experts** • From ordinary world to the world of psychiatry • Powerlessness • No longer allowed to make own decisions • Loss of self-esteem • Only seen as a patient • Linking all behaviour to diagnosis and symptoms • Emotions due to loss experiences labelled as symptoms

Appendixes for the tools and exercises

Appendix Recovery

Recovery is a unique and lifetime process of getting better, through acceptance and understanding of illness and using your coping strategies to live the best and healthiest life you can, whilst saying goodbye to negativity by realising you are in charge, by choosing the right people around you.

MEANING OF RECOVERY?

- Unique Process
- Living the best life you can and coping at that time
- Getting better
- Understanding and dealing with illness and accepting
- Ongoing/Lifetime process
- Personal development
- Gaining lost ground and empowerment
- Recognising you are in charge
- Good relationships with others and choosing people who are a good influence
- Saying goodbye to negativity

Phases of recovery

- **Phase 1: Overwhelmed**
  During this phase daily life often becomes a mental and physical struggle as people try to understand and manage what is happening, yet feel confused, disconnected from themselves and others, out of control, and powerless over their lives

- **Phase 2: Struggling**
  This phase is characterized by a continuing struggle with the disability, prejudice, discrimination, and feelings of hopelessness and loneliness.

- **Phase 3: Living with**
  In this phase of recovery people come to terms with their disabilities and feel confident about managing them. While they may still feel limited by their disabilities, they have found niche in their worlds.

- **Phase 4: Living beyond**
  In this phase of recovery the disability is a much smaller part of people's experience and does not significantly interfere with their having a satisfying and contributing life

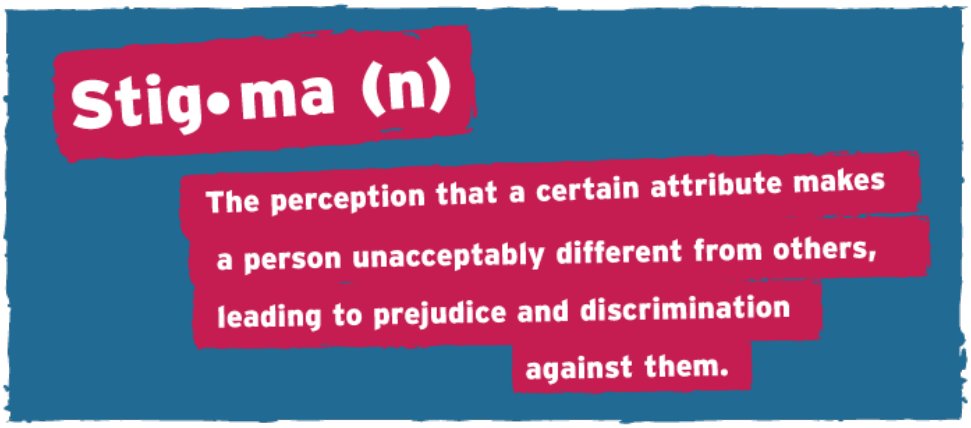
10 top tips for recovery-orientated practice

After each interaction, ask yourself 'did I'…

- Actively listen to help the person make sense of their mental health problems?
- Help the person identify and prioritise their personal goals for recovery?
- Demonstrate a belief in the person's existing strengths and resources?
- Identify examples from my own lived experience which inspires and validates their hopes?
- Pay particular attention to the importance of goals which enable the person actively to contribute to the lives of others?
- Identify non-mental health resources relevant to the achievement of their goals?
- Encourage self-management?
- Discuss what the person wants in terms of therapeutic interventions, respecting their wishes wherever possible?
- Behave at all times so as to convey an attitude of respect for the person and a desire for an equal partnership, indicating a willingness to go the extra mile?
- While accepting that the future is uncertain continue to express support for the possibility of achieving these self-defined goals – maintaining hope and positive expectations?

Adapted from Making Recovery a Reality Shepherd, G., Boardman, J. and Slade, M. (2008) Centre for Mental Health

Appendix Stigma



What effect does stigma have?

Making friends, holding down a job, keeping fit, staying healthy… these are all normal parts of life. But the stigma that surrounds mental illness makes all these things harder for people who have mental health problems.

Stigma isolates people. People often find it hard to tell others about a mental health problem they have, because they fear a negative reaction. And when they do speak up, the overwhelming majority say they are misunderstood by family members, shunned and ignored by friends, work colleagues and neighbours.

Stigma excludes people from day-to-day activities. Everyday activities like going shopping, going to the pub, going on holiday or joining a club are far harder for people with mental health problems. What's more, about a quarter of people with a mental illness have been refused by insurance or finance companies, making it hard to travel, own property or run a business.

Stigma stops people getting and keeping jobs. People with mental health problems have the highest 'want to work' rate of any disability group – but have the lowest in-work rate. One third report having been dismissed or forced to resign from their job and 70% have been put off applying for jobs, fearing unfair treatment.

Stigma prevents people seeking help. We know that when people first experience a mental health problem they tend not to seek help early and tend to come into contact with mental health services only when a crisis has developed.

Stigma has a negative impact on physical health. We know that people with mental health problems tend to have poorer than average physical health and their physical health problems are often misdiagnosed. As a result, people with the most severe mental health problems die on average ten years younger.

(Time to change, UK, 2016: http://www.time-to-change.org.uk/what-is-stigma)

- **Myth: Mental health problems are rare**
- **Fact: 1 in 4 people will experience a mental health problem in the course of a year.**
- **Myth: People with mental health problems never recover**
- **Fact: With the right support most people with mental health problems get better**
- **Myth: People with depression could 'just snap out of it ' if they wanted to.**
- **Fact: People with depression have serious symptoms which aren't in their control**

(PPT Merseycare NHS Trust, Equil TNM 1, Palermo)

Appendix Competences developed by lived experience

Awareness about Mental Health Issues (MHI). Experiencing MHI can beside struggles, difficulties
and negative feelings be positive. Experiences produces skills, qualities and competences that you might not had developed when you did not have mental health issues. These qualities can be used in getting back to work and improve your opportunities on the labour market.

Living with a vulnerability can be very hard. But when you're struggling in life you learn very important lessons. This will be your knowledge through experience!

	Experience	Competence	Study/work/activity
Phase 1	Living in a mental health institution (closed unit)	Knowledge of different kinds of medication	Using in my work as an experience coach (when the cliënt has an appointment with the psychiatrist)
Phase 2	Living in a mental health institution (therapy unit)	The power to go on	When it's very busy at my work I still go on Showing my cliënts a source of hope: 'If you will keep going on, you will get there'
Phase 3	Living 'a normal life' at home. Going to school and work. Sometimes it's hard, but I know what to do.	Using on time my skills to regulate my emotions Self reflection	I know when to say: 'No that's to much' At school (social work education) I don't have to learn self reflection
Phase 4	Having a job instead of a social benefit	The experience of the meaning to transfer from a social benefit with voluntairy work to a real job	In the European project Equil

Using your experiential knowledge in your job

Step 1: Experience

Step 2: Flip thinking

Step 3: Translation to work situations

Step 1 Experience: I worked many years in mental health care. But after many years I got mental ill and now I'm a client of the mental health institution

Step 2: Flip thinking: experience as a social worker and the experience of being a client

Step 3: Translation to work:
- Understanding of both positions: clients and social worker
- More understanding and empathy for clients in my work

List of competences

1. Attention to detail
2. Adaptability
3. Accurate
4. Advise
5. Keep one's distance
6. Ambitious
7. Analyze
8. Anticipate
9. Argue
10. Assertiveness
11. Authenticity
12. Influence
13. Decisive
14. Involvement
15. Coaching
16. Collegiality
17. Commercial insight
18. Handle conflict
19. Creativity
20. Delegate
21. Didactic skills
22. Discipline
23. Discuss
24. Handle diversity
25. Set goals
26. Asking further questions
27. Perseverance
28. Create support
29. Dare
30. Empathy
31. Energetic
32. Giving feedback
33. Receiving feedback
34. Flexible
35. Focusing
36. Interview skills
37. Helicopter view
38. Managing information
39. Initiative
40. Empathy / sensitivity
41. Innovativeness
42. Integrity
43. Customizable
44. Acting cost-conscious
45. Critical thinking
46. Quality Focus
47. Learning ability
48. To lead
49. Loyal to organization
50. Active listening
51. Developing employees
52. Knowledge of human nature
53. Oral communication
54. Motivate
55. Networking
56. Taking minutes
57. Observing
58. To deal with aggression

59. Dealing with resistance
60. Dealing with pressure
61. Environmental awareness
62. Independence
63. Negotiate
64. Enterprising
65. Making judgements
66. Solution-oriented
67. Organisational sensitivity
68. Organisational talent
69. Convince
70. Preponderance
71. Present
72. Motivationm to achieve
73. Set priorities
74. Problem solving ability
75. Reflect
76. Results-oriented
77. Collaborate
78. Improve collaboration
79. Written communication
80. Sensitivity / empathy
81. Can switch quickly
82. Sociability
83. Handling stress
84. Tact
85. Teambuilding
86. Time management
87. Responsible
88. To meet
89. Sell
90. Innovation-oriented
91. Vision development
92. Monitor progress
93. To preside
94. Asking questions
95. Working in a team
96. Self-control
97. Self-knowledge
98. Self-reflection
99. Independent
100. Self-confidence

Key findings of the Focus groups

Own main barriers to work

An important own barrier to work the participants of the Focus groups describe is the fear for rejection if they apply for a job. The experience of rejections lead to a low self-esteem and a lot of frustration, it deprives them from hope for a better result next time. They are concerned about how to explain their lack of experience in work due to mental health issues and what to reveal about it and what not. Some of them experience a lot of tension in how to discuss their vulnerabilities.

Another barrier they experience is their fear for relapse. They are concerned that the demands on the job are too much and that they will be mental ill again. Several participants indicate that they have to find a balance in what they can handle and what not, and that they don't know yet what the right balance is. They have to find that out and they fear that they don't get time for it, that there is no space for variation in productivity. Some of them also indicate to have prejudices about the distributing authorities. They are afraid that they are forced to accept a job they are unhappy about. Another own prejudice they mention is that they believe that employers will not accept them due to their vulnerabilities.

External barriers to and in work

A main external barrier the participants of the focus groups experience is that they are overestimated. Mental health issues are not visible and if you can express yourself well, employers think that you can handle a lot. Another external barrier mentioned is that they are underestimated, that they are protected and that the focus lies on the vulnerabilities and not on the possibilities.

An external barrier they also indicate is that employers are not willing to take the risk to engage a person with vulnerabilities, they fear loss on work.

A lot of participants of the focus groups mention several barriers due to the tightness of the labour market: being too old, not having the right diplomas, an obligation to apply for jobs, a lot of candidates for one job.

Received support

The received support the participants experienced can be divided in support by the distributing authorities and support by independent organisations. The support given by distributing authorities is not without obligation, it can have consequences in the end for your benefits if you don't accept the support. The support by independent organisations is by own choice.

Profile of supporters to work

The needed support to work had to be customized support that takes into account the individual needs of the person with vulnerabilities. The participants of the focus groups stress the importance of empathy, the understanding of your vulnerabilities, empowerment and equality. They need a supporter who: can listen, asks: what do you need?, sets achievable goals, gives hope, is optimistic, has a positive approach, is reliable, flexible and has an open mind for your own ideas.

Recovery

Some participants did get support in a recovery focused way. They find it very helpful if the supporter shows empathy, understands their vulnerabilities, and increases their self-confidence, empowers them. Other aspects they find important is that the support is customized, and that own knowledge of their vulnerabilities is included in the support.

The participants indicate that it is important that wishes, hopes and dreams are central in the support. They stress out though that it must be in a realistic way.

Equality between practitioner and clients is also mentioned as an important aspect of recovery focused support. A practitioner who stands next to you and supports you to find your own solutions instead of telling you what to do.

Stigma and self-stigma

Unfortunately several participants encountered stigmatizing thoughts and behaviour in getting (back) to work. In case of family and friends they encountered stigma in protective behaviour, but also in underestimating their vulnerabilities.

Stigmatizing thoughts and behaviour which are encountered from employers and colleagues are the idea that they are ill a lot of the time, costing a lot of money, are not fitting in the team, are not flexible, cannot deal with stress, are not reliable, lack perseverance. Some participants indicate that they do not dare to go on sick leave if they are physically ill because they fear that this will be seen as a relapse. Some other participants mentioned that employers conclude that they are not capable, because they have had various jobs.

The participants mentioned also a lot of self-stigmatizing thoughts and behaviour in getting (back) to work. Self-stigmatizing thoughts they call are related to a low self-esteem and a lack of self-confidence. These kind of self-stigmatizing thoughts are limiting the beliefs in being successful in getting (back) to work and prevents some participants in taking steps towards work.

The support the participants need in dealing with stigma and self-stigma is a practitioner who understands and motivates, works with lived experiences, shows empathy, is patience, gives confidence and increases self-understanding.

Competences developed by lived experiences

Most participants of the focus groups believe that it is possible to develop competences and skills by experiences with mental health issues. At first some of them had to get familiar with that approach. They never thought of that possibility before, but recognized the examples. Competences and skills the participants developed are: more patience, more empathy for

others, less prejudices, more knowledge of administration and finances because of received support for it, learned to listen, more daring and fun to go outside, better communication skills, discover the strengths of others.

All participants see added value of competences and skills developed by lived experiences for work. The added value they call: human dignity, empowerment, self-confidence, recovery, self-knowledge, feeling better, function better, better contact with family, creativity.

Most participants think they can use these competences and skills developed by lived experiences to go (back) to work.

Experts by experience

Some of the participants of the focus groups have experience with experts by experience. The advantage they mention is that they could be themselves and that they felt understood.

All of the participants saw profit of experts by experience in support. The added value they mention regards being heard, more understanding, more knowledge of strengths and vulnerabilities, better communication, an equal approach and mediate with distributing authorities and influence the system.

Most participants would like a practitioner with lived experiences in their support to work. They believe that they have more understanding of their vulnerabilities and have a more equal approach. Some participants state that it is most important that the practitioner who supports them to work meets their expectations, regardless of whether or not the supporter has lived experiences.

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