

Some Approaches to Employment Problems in Chronic Psychiatric Illness

DAAPHNE GLOAG, Staff Editor, *British Medical Journal*, Tavistock Square, London WC1

A personnel manager told me of a father who said of his son who had had some mental illness, "I didn't know what a nice son I had until he got a job." Even the most apparently dreary work may be a life saver for someone with chronic psychiatric problems. On the other hand, an able young man in one of the work projects I discuss here was outraged by the boring packing work he had had earlier in his illness. But clearly a whole constellation of problems, stemming from the person concerned and from society, provides obstacles to getting work, interesting or otherwise, and keeping it. Many approaches have been evolved over the years in the provision of work as therapy, with graded work, detailed assessment, and perhaps psychological methods,¹ and of later work with support as necessary.² However, it is still all too common for these people to sit at home doing absolutely nothing.

For later work many opportunities are available, at least on paper. The Manpower Services Commission, for example, has various schemes for disabled people and others with difficulties.²⁻⁴ Usually they are not specifically geared to psychiatric problems; but there are, for instance, special 'psychiatric' courses at Leicester and Egham Employment Rehabilitation Centres. Disablement resettlement officers (DROs) tend not to be in a good position to tackle such time-consuming and difficult problems, and some hospitals and other services and projects have their own employment liaison officer or similar worker. The MSC's sheltered placement scheme for individuals and groups within open employment (formerly known as sheltered industrial groups) is suitable for some, although only 5% of the 1600 places went to the mentally ill in 1985. Both local authorities and voluntary organisations have projects and provide funding, and some excellent projects are supported jointly by statutory and voluntary services. There are also the various industrial therapy organisations and, to some extent, Rempoy. But overall the provision of services from the various sources is criticised by many people as too fragmented and often not realistically enough related to today's world of work, with its new limitations and also new opportunities.

Here I describe three very different small-scale projects that have many features of general relevance.

This article is based on a lecture given at a day course on rehabilitation of young chronic patients at Netherne Hospital, Coulsdon, Surrey in April 1986, which arose out of an article in the 'British Medical Journal'.⁴

Portugal Prints: a psychiatric rehabilitation workshop

Portugal Prints, set up in 1979 in central London, is a rehabilitation art workshop for people with severe psychiatric disabilities, who stay there for up to two years. It is under the auspices of Westminster Association for Mental Health and has funding from the local authority, the business community, and elsewhere. The woman who runs it—with the help of two other members of staff—is an occupational therapist who was involved years ago with a therapeutic community at Shenley Hospital. She describes it as a task-oriented workshop drawing, on the best of the therapeutic community concept and the industrial therapy concept.

The environment is both stimulating and supportive. They produce chiefly high quality prints and cards, the staff doing as little as possible of the actual work. Each worker has the opportunity to create his own designs—with help from the art therapist in developing his ideas in a professional and marketable way—there is also the actual printing and so on. But everyone has to be a jack of all trades. The jobs include sales, accounting, secretarial work, packing, manning the telephone, and shopping—a variety of activities useful for the world of work and for everyday life, with a range of simple tasks when a person is unable to do something more demanding. They also have voluntary art therapy sessions plus other optional activities, including a creative writing group with a magazine. A new line is the use of microcomputers in secretarial work. A tutor visits once a week to help with basic things important for getting a job.

There is a long-term sheltered workshop producing prints on metal, which is expanding to three days a week; here the workers may stand to gain from the profits under the DHSS therapeutic earnings rule. An imaginative new work group, the Birthday Project, is starting soon. Workers will produce 'birthday kits,' making special cards, decorated cakes, and so on for children in care and elderly people in homes and centres in the borough, and thus giving a service to others in need.

With the rehabilitation workshop the therapeutic element is, of course, important. Each worker has half an hour of counselling a week from one of the staff. This has a practical focus but is a personal and intimate kind of counselling, grounded in aspects of the work, the responsibilities and the need for support; short-term and achievable goals are set. There is a ground of reassurance, approval, and respect.

Places are given to people who say that they want to get jobs eventually—often unrealistically, it has to be said. In the first five years 15 people out of the total of 119 were

assessed as functioning at the best level on the Griffith test when they left (they all suffered from chronic psychoses). All got jobs but none kept them. The leavers who have kept their jobs (precise numbers are not available) have all had neurotic illnesses.

But employment resettlement is not, of course, the only criterion of success here. The quality of achievement should be judged against the histories of the workers. One man, barely literate as well as disabled by schizophrenia, dealt competently with my purchases and drew my attention, inarticulately, to the delightful 'get well' card he had designed. Another man has been unable to work since he developed schizophrenia while at Oxford reading politics, philosophy and economics; he has done a whole series of most beautiful cards and prints with horse designs, each one finished with a different colour wash.

It was said to me that the workers, if left to themselves, would sit there all day doing nothing, and the staff have to create motivation for them—"It's like pushing a boulder uphill but we do it with some style."

The NSF bookshop project

The Manpower Services Commission is supporting a project of the National Schizophrenia Fellowship (NSF) in Godalming, Surrey. It has two main strands: firstly, a very nice second-hand bookshop, which helps to finance the scheme as well as providing work experience and acting as the headquarters of the Surrey NSF branch for counselling and other activities; and, secondly, a rehabilitation programme geared directly or indirectly to work. This is for people well on the way to recovery (usually but not always from schizophrenia) who should be capable of getting jobs. Clients stay perhaps about a year, or else drop in for more informal help. About 25 are in the rehabilitation activities programme at present.

The MSC supports the project as a community scheme, which means that it must give employment only to people previously unemployed. Three of the eight paid jobs in the first year were done by people with chronic schizophrenia, including a science graduate who worked as the secretary. A great snag is that MSC support under this scheme is for two years at most, and although this project has been approved for a second year the employees normally have to leave after 12 months to make way for new people, just as experience is building up. But voluntary workers are also involved in the project, and they form a nucleus against the day when MSC support ends.

The project director is a retired businessman from a large insurance company, who came via the organisation REACH (the Retired Executive Action Clearing House). The sponsor (also retired) is chairman of the Surrey branch of the NSF, and he helps to run the project. Of the seven paid staff (two of them full-time), the employment liaison officer gives help to people who are looking for jobs and preparing for applications and interviews and he visits employers, DROs, and job centres; he is also concerned with the administration. There are two paid support staff—secretary/book keeper and general assistant. The paid

activities organiser, who has done a social skills training course, has three paid activities assistants; and there are three voluntary instructors to give training in drama, art, cookery, carpentry, and gardening. An art therapist also does one session a week.

The training is not very vocational but it is serious, and work-oriented in a wide sense: the activities are stepping stones primarily, and provide a context for acquiring social skills needed for getting jobs—withdrawn and unconfident people, for example, can begin to develop social skills simply by mixing with others in a purposive way and working with them.

The more specific social skills training does not look only at aspects such as speech and demeanour and interview techniques. It is grounded in cognitive assessments and training; a psychologist, working on a voluntary basis, has done the assessments and the activities organiser develops specific training programmes for each individual in the light of these assessments, based on relevant work situations. The aim is to lessen social deficits by attending to the cognitive deficits, perhaps in perception or information processing, that underlie the social problems. They now have a video for role play, feedback, and so on. The two psychologists concerned in the setting up of the Godalming project had started a successful course of social skills training, relevant to work and applying for jobs, for Netherne Hospital. The account of this⁵ is somewhat out of date because they have done more research and taken the process further by going back to the cognitive deficits rather than attending mainly to the end products of behaviour. This work is not ready for assessment, but the staff do see general improvements in the clients. Just as important, 20 of the 50 medium to large firms in the area that have so far been approached have said that they would be prepared to take on suitable people from the centre.

Many Hands: an employment initiative

Many Hands is a scheme aiming at eventual self-employment, or at least real and lasting work—with the security of support to fall back on—for some people with severe problems and the likelihood of relapses. It was set up by the Kensington and Chelsea Association for Mental Health in August 1985 with capital funding from the Greater London Council and three years' funding from the Monument Trust, a charitable trust based on industry.

The scheme's work development officer had previously been in charge of a KCAMH gardening project, but her workers found it boring and unsatisfying and she had a revolt on her hands. When she got in a builder and a carpenter, however, it became a great success—they liked being involved in a really constructive project and she became convinced that even people with severe problems were capable of real work. This has been followed by other schemes run by the association in West London (where there is a high unemployment rate). Most of the workers in the new project had been in one or other of these.

In the new work development project five teams of six to eight people are to be properly and professionally trained

in some special skill and helped to establish themselves in work. The first team have been trained in painting and decorating. Most have chronic schizophrenia, with poor or non-existent work records; one young man had spent three years in Horton Hospital and another became a vagrant after leaving art college. A carpentry team was set up in March 1986, and an office skills team (largely for women) started recently; two more teams will be created in 1987.

The staff consists of a technical adviser and an administrator, as well as the work development officer; and various specialist tutors are used as needed. Besides the special training, instruction in business and numeracy and in driving and also assertion training are being provided. For the first six months instruction is given in a spacious workshop or office on the spot and in training jobs. For the following year the workers are to do real jobs, with more advanced training on the job; but they are likely to be rather slow and will have the financial safety net of remaining on benefit during this time. Their earnings are paid into an 'amenity fund,' to be used for things like holidays that benefit is not intended to cover. By the end of 18 months at least some of the workers should be able to become self-employed (or, in the case of office skills, be employed elsewhere), but anyone will be able to go back on benefit if his or her health and wellbeing require it. The staff will act as agents and general advisers and give support. Meanwhile the painting and decorating and the carpentry teams have been completing their jobs to a good standard and Kensington and Chelsea Council has been providing a steady flow of work—and varied private work is also forthcoming.

The workers take it in turn to act as chairman and take the minutes at the weekly business meetings. These deal among other things with problems such as unreliability, with the help of peer pressure. The emphasis of Many Hands is on self-management, focusing on strengths rather than problems and disabilities. But there have, needless to say, been difficulties, including anxieties among the workers and at some points tiredness and loss of motivation. Two men had relapses after a few months—unnecessarily severe ones. Now the staff make sure that they have a good hospital contact for each worker and can get in immediate touch with the right person if necessary. They also emphasise the need for some kind of regular support outside the project for each worker.

The staff speak with feeling of all the people who do well in day rehabilitation and short term sheltered work projects, but then fail to get jobs and begin to go downhill once they start sitting at home isolated and doing nothing. The big gap, say the staff, at least in West London, is in the provision of suitable stepping stones—intermediate work projects that could prepare more people, through serious work and perhaps training, for the much greater commitment required for permanent work with high professional standards.

Comment

These three very interesting projects illustrate some of the

most important approaches to problems of employment. They all have personal support built into their structure; all teach new skills—and ones that are creative or constructive in some way. The first two projects, which are concerned with work preparation, carry out assessments and provide a range of activities, both simple and demanding, and also offer recreational activities. All the projects give some kind of help towards getting work. Two of them are specifically dealing with social skills and all have groups and group interaction in one way or another. And all the projects can cope with people who are withdrawn or have other sorts of difficulties. Research has shown that an acceptable 'work personality' is more important in general than competence at specific tasks,¹ and this is clearly something that a rehabilitation programme must try to tackle.

But what about all the people with severe problems who have no access to suitable work projects or centres, or have no employment liaison officer or special DRO or similar person based at their hospital or centre? Possibly, if there are no formal local arrangements that meet the case, there is more scope for various professionals to act informally as a kind of work liaison officer for individual patients. However that may be, there will inevitably be many people with no hope of getting a job. This means that providing satisfying alternative activities, including voluntary work where possible, in day centres and elsewhere is of the utmost importance.

Amazing things can be done on a shoestring, but more money is desperately needed for both statutory and non-statutory schemes concerned with work and occupation. These can after all provide some escape routes for people whose only landscape otherwise may be desert or abyss.

ADDRESSES

- Many Hands* (Judy Scott) Units 2–3, Acklam Workshops, 10 Acklam Road, London W10 5QZ
National Schizophrenia Fellowship Godalming Project (Robin Chalkley) NSF Bookshop, 9 Queen Street, Godalming, Surrey GU7 1BA
Portugal Prints (Gaynor Reynolds) Parish House, Portugal Street, London WC2

REFERENCES

- ¹WATTS, F. N. & BENNETT, D. H. (eds) (1984) *Theory and Practice of Psychiatric Rehabilitation*. Chichester: John Wiley.
- ²WANSBROUGH, N. & COOPER, P. (1980) *Open Employment after Mental Illness*. London: Tavistock.
- ³GLOAG, D. (1985) Occupational rehabilitation and return to work: (1) General services. (Part of Needs and Opportunities in Rehabilitation series). *British Medical Journal*, **290**, 1135–1138.
- ⁴— Occupational rehabilitation and return to work: (2) Psychiatric disability. *British Medical Journal*, **290**, 1201–1203.
- ⁵O'SULLIVAN, F., CANTER, S. & WILKINSON, J. (1981) Work social skills programme for rehabilitation of chronic psychiatric patients. In *Social Skills Training Manual. Assessment, Programme Design and Management of Training* (J. Wilkinson and S. Canter) Chichester: John Wiley.