Project HIRE: Building Public Awareness for Employment Creation for Persons with Mental Disability

Draft: Submitted to National Council of Social Service

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I. Understanding the Project Hire

Objective: Help Integrate Recovering persons with mental illness (PMHI) through Employment.

Primary challenge: Lack of awareness and stigmatism.

Existing Facets that need attention and their measurement criteria:

Facet 1: Employment opportunities:
Measurement:

- Number of PHMI placed in employment;
- Increase in employer acceptance to hire PMHI;
- Making PMHI job ready;
- Reducing the gap between employers and PMHIs via employment specialist.

Facet 2: Work related skills
Measurement:

- Vocational skills development;
- Social skills development.

Facet 3: Increase in social network
Measurement:

- Reintegration of PMHI in family and community;
- Media campaign, public education/awareness;
- Place and train model.

Facet 4: Self esteem and confidence
Measurement:

- Communications and stress management.

Facet 5: Medical condition
Measurement:

- Expenditure on medications.

Facet 6: Financial resources
Measurement:

- Monetary incentives (bursaries and subsidies for customized training).

Facet 7: Reintegration of PMHI's in society
Measurement:

- Removal of social stigma (amongst employers);

- Increased participation and training for caregivers by VWOs (support PMHIs to gain meaningful employment).

II. Public Awareness

Objective:

- Public awareness (of employability of persons with mental awareness).

Strategy:

- Media campaign and public education.

Outcome:

- Supportive and well-informed employers and colleagues willing to work with persons with mental illness.

Proposed Strategy

a. Employment forum – An annual forum designed to promote employers to employ PMHIs and recognize key employers who have shown exemplar performance to employing PMHIs.

Target Group: PMHIs

Facet: Employability

- Increased probability of employment of PMHIs by the participating employers;
- Opportunities for acquiring new skills;
- Training capacity;
- Participation in opportunities for recreation and leisure;
- Income opportunities for PMHIs.

Target Group: Caregivers

Facet: Employability

- Training and skills development;
- Income opportunities;
- Reduced burden.

Target Group: Employers

Facet: Awareness (Number of employers reached, number of employers influenced to hire PMHIs)

- Improved productivity.

b. Employment Ambassador: serves to recognize employers who have made significant efforts in employing PMHIs. The ambassadors will conduct awareness campaigns amongst the employer to increase employability of PMHIs.

Target Group: Employers
Facet: Awareness (Number of employers reached, number of employers influenced to hire PMHIs)

- Recognition of employers;
- Improved productivity.

Target Group: PMHIs
Facet: Employability

- Increased probability of employment of PMHIs by employers;
- Opportunities for acquiring new skills;
- Training capacity;
- Participation in opportunities for recreation and leisure;
- Income opportunities for PMHIs.

c. Media campaign and public education: will advocate the usage of videos, social media, and collaterals to create public awareness on the employability of PMHIs, besides profiling stakeholders, and communicating success stories. The primary aim of the campaign will be to increase employability of PMHIs.

III. Target Audience:

- PMHIs
- Caregivers
- VWOs
- Employment specialist
- Peer specialist (buddy scheme)

IV. Priori Knowledge

- 86.5% of the mentally ill in the workforce, do not ever seek help for problems related to mental health (due to lack of awareness, social stigma, and sensitivity of employers);
- Self perception and perception amongst employers and public of mental disability restrict employment of PMHI;
- People experiencing depression and/or anxiety are also more likely to have a comorbid chronic physical illness[1];
- Factors such as stoicism, a work climate discouraging taking medical leave, lack of recognition or denial of mental disorder, fear of stigma and discrimination;

[1] https://www.beyondblue.org.au/docs/default-source/policy-submissions/bw0089-policy-submission---workforce-participation-by-people-with-a-mental-illness.pdf?sfvrsn=2

- Other programs pertaining to awareness, may focus on mental health literacy programs (for PMHIs and employers), implementing non-stigmatizing and non-discriminatory screening, early detection mechanisms in the workplace, access to affordable clinics, literacy to the family of PMHI to improve home environment);
- Mental stigma costs loss of friendships, employment productivity, loss of career opportunities, and reduction in self-esteem[2];
- Stigma for PMHIs:
    - Health
    - Housing
    - Education
    - Workplace
- With appropriate treatment and support, people who have a mental illness can be loyal and productive staff members, offer much-needed skills and valuable contributions in the workplace. And 74% of employers described their experience as positive. [3]

Experts have identified areas where there have been changes in stigma over time (Carter Centre, 2009)

Positive	**Negative**
Increase in willingness to discuss mental illness	Increase in association with violence
Increase in willingness to seek help from non-medical mental health professionals	Permanence implied with genetic explanation
Belief that normal lives are possible	Belief that the general public is uncaring and unsympathetic.

Linked Benefits of Public Awareness campaigns:

- Spending time with people with mental illness is a powerful tool for changing attitudes, influencing fear, social distance, and hence stigma;
- Educational interventions can reduce stigma by providing information about mental illness and improving mental health literacy – knowledge and beliefs about mental illnesses, which aid their recognition, management or prevention;
- Long-term unemployment is associated with depression and social isolation, and as individuals move from unemployment to work their mental health tends to improve[4];

[2] https://www.sane.org/images/PDFs/ALifeWithoutStigma_A_SANE_Report.pdf
[3] https://www.sane.org/images/PDFs/ALifeWithoutStigma_A_SANE_Report.pdf
[4] https://www.beyondblue.org.au/docs/default-source/policy-submissions/bw0089-policy-submission---workforce-participation-by-people-with-a-mental-illness.pdf?sfvrsn=2

- Providing individuals with a defined social role, identity and purpose; access to social support and social networks; and a routine and structure;
- Employment may also be a key component of recovery, which is beneficial not only for the individual, but also their employer and the broader society;

Costs of non/low participation in workforce:

- There are significant social and economic costs of low levels of workforce participation;
- Depression in the workforce costs the society $ billions over one year, with the majority of these costs related to lost productivity and job;
- Employers bear the vast majority of employment-related costs from depression;
- Employees with depression who do not get paid sick leave incur costs due to absenteeism.

Awareness benefits[5]:

- Increase understanding about the most common mental health problems in the workplace;
- Promote greater understanding of the impact of these problems on the lives of people affected, including their work performance;
- Improve attitudes towards a colleague with depression or a related disorder and decrease stigma;
- Increase the willingness and confidence to assist and/or manage a person who may be experiencing depression or a related disorder;
- Promote a greater understanding of the responsibilities of staff and the organisation as they relate to these issues;
- Increase awareness of support services available for staff to seek help.

Measurement indicators:

- Average number of work loss days (absenteeism) per capita among those with a mental disorder (0.5 per month that is equivalent to an annualized national projection of approximately 0.3 million productivity days);
- Average work-cutback days (presenteeism) (0.4 days);
- Earnings;
- Work-hours;
- Cost to workers, employers and hence the whole economy (public support to the PMHI);
- Mental and physical facet:
  - *Use of medication and health services (individual costs)*
  - *Use of public services (societal costs)*
- Self reported surveys (Studies have shown that self reported data are reliable in case of people with mental disorders)

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5 http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/public_policy_submissions/employment_and_education/Documents/employment_discussion_paper_jan10.pdf