

# Honouring employment aspirations

WORK COUNTS

Dr Helen Lockett



## Ko wai au?

Tēnā tātou katoa

Nō Ingarangi au

E noho ana au ki Horomaka

He kaitohutohu kaupapa rautaki ahau

E mahi ana au ki te Wise Group

Ko Helen tōku ingoa

Kia ora tātou katoa

# Overview

- Health and employment are inextricably linked
- Yet we often do not make this link in the delivery of health services
- Making this a reality: Integrating employment support in mental health and addiction services

# A bit about language

## Real language, real hope

Adapted by Caro Swanson, service user lead, from 'Recovery Language' by Otto Wahl

Language reflects our beliefs and the way we view people. We are often unaware of the impact that the words we choose can have on our own attitude as well as on those around us.

The way we speak to and about people is a window into what we are really thinking. Communication is a highly complex thing. The words we choose can convey the facts we truly value people – we believe in them – and we genuinely respect them. Or, the words we choose can make it clear we do not.

People who experience mental health and/or addiction problems can feel and be put down, discouraged, stigmatized, and marginalized. People can either reinforce what the language they choose or they can fight it.

None of us should be defined or limited by our challenges, labels or diagnoses, or by a single aspect of who we are. We are people first and foremost.

### Consider this...

**DO NOT portray successful people who experience mental health and/or addiction problems as super-humans or special.** This carries the assumption it is rare for people who live with these problems to do great things. It is also patronising to those who make various achievements.

**DO NOT sensationalise mental health and addiction experiences.** This means not using terms such as "afflicted with," "suffers from," "victim of" and so on. These terms create and convey a sense of helplessness and victimhood that negates the positive experiences, growth and powerful learning that experiencing these challenges offer people.

**DO NOT describe people as their label or diagnosis.** Say, for example, "person who experiences psychosis" rather than "schizophrenic." We are people NOT a set of symptoms or a disease. Schizophrenia is increasingly seen as a negative label that has been sensationalised and overused. A more generic "person who has experience of psychosis" or "someone really" is more acceptable.

**DO emphasise abilities, not limitations.** Terms that are patronising, "whining" (them, those people etc.) or condescending must be avoided.

- DO focus on what is strong instead of what is wrong.
- The most respectful way to refer to people is as people.
- Whenever possible, use the persons name.

There are times when other language has to be used, particularly when putting things into writing.

### Conveying respect

Some options you can use that still convey respect are noted below.

#### When referring to a group of people

Think about what you're trying to say about the group – who is it you are referring to?

- Are you referring to people with experience of mental health or addiction problems?
- Individuals who experience mental health or addiction problems.
  - People who experience mental health or addiction problems.

- Are you referring to people who are using mental health services?
- Service users.
  - People receiving mental health services.
  - People being served by the mental health system.

Are you referring to people who are using your programme?

- The people in the programme.
- The individuals we serve.
- The people we work with.

### When referring to an individual

Again, what is it you are trying to convey?

- That someone experiences mental health and/or addiction problems?
- Ian is working on his recovery.
  - Carly experiences addiction issues.
  - Maria has lived experience of mental health problems.
  - Stone has experience of mental distress.

That someone receives services as your agency?

- Joshua receives services as our agency.
- Natalie is one of the people we serve.

That someone has a specific diagnosis?

- Alice experiences bipolar disorder.
- Nick experiences depression.

### How about not using labels at all?

#### Samples of recovery language

The following are some of the terms we have traditionally used to describe people and/or their behaviours. These terms place judgement and blame on the individual and generalise their actions. It is more helpful to describe the specific situation a person is facing than to use generic and punitive clinical terms.

# Employment vs. unemployment

- For most people, work has a positive influence on health and wellbeing
- Long term work absence and unemployment have a negative impact on health and wellbeing.
- The longer you are away from work, the harder it is to return to work
- The model of 'getting better first and then returning to work is unsuccessful and unhelpful

# Do people 'want to work'?

If you ask a young person who experiences psychosis to put the following in order of importance, what would the order be?

**A** Housing

**B** Relationships

**C** Health

**D** Employment and education

# Answer

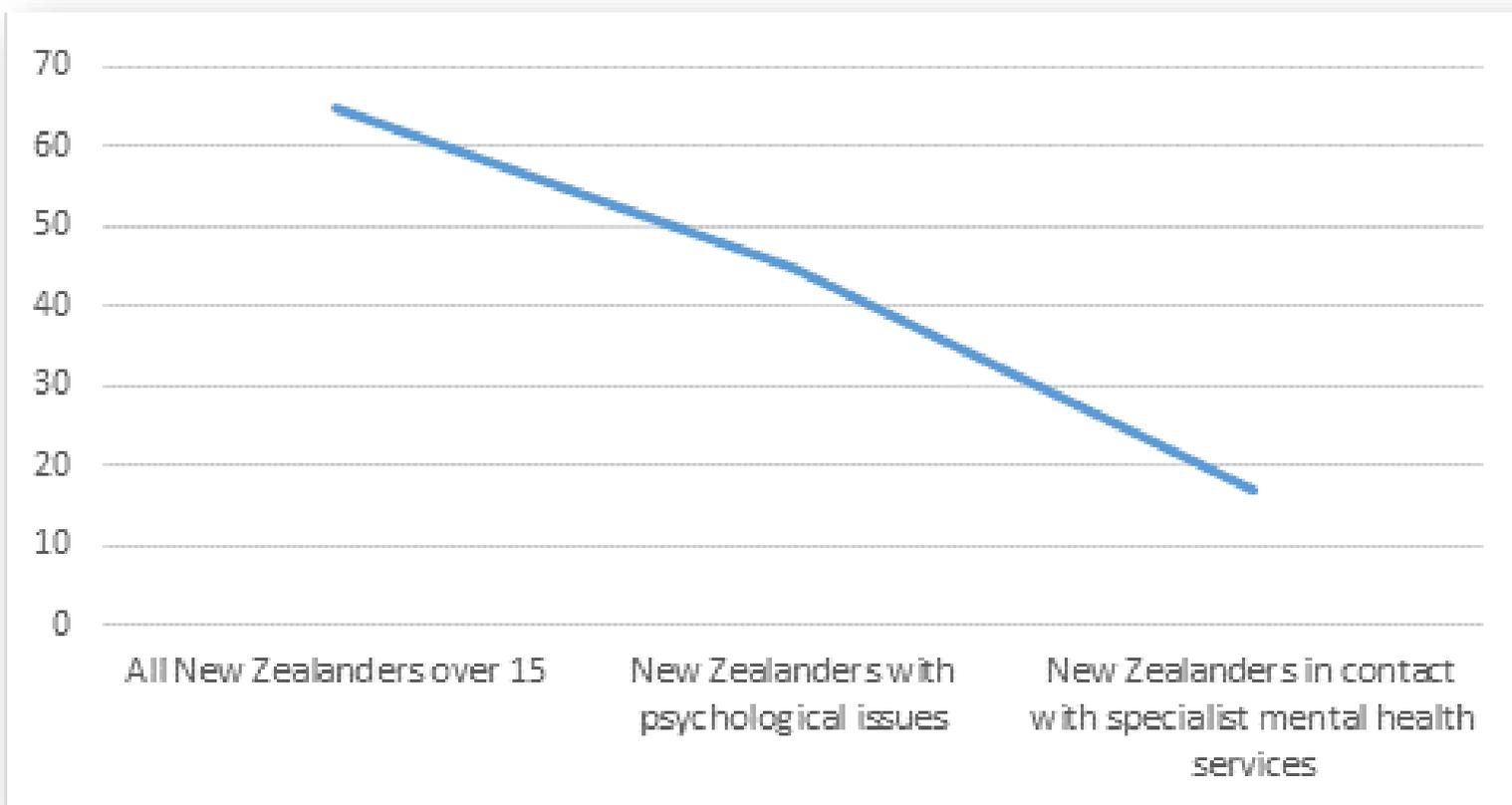
**This is the exact opposite order to the focus of health services, so often we prioritise health first.**

**How do we make it an ‘and and’?**

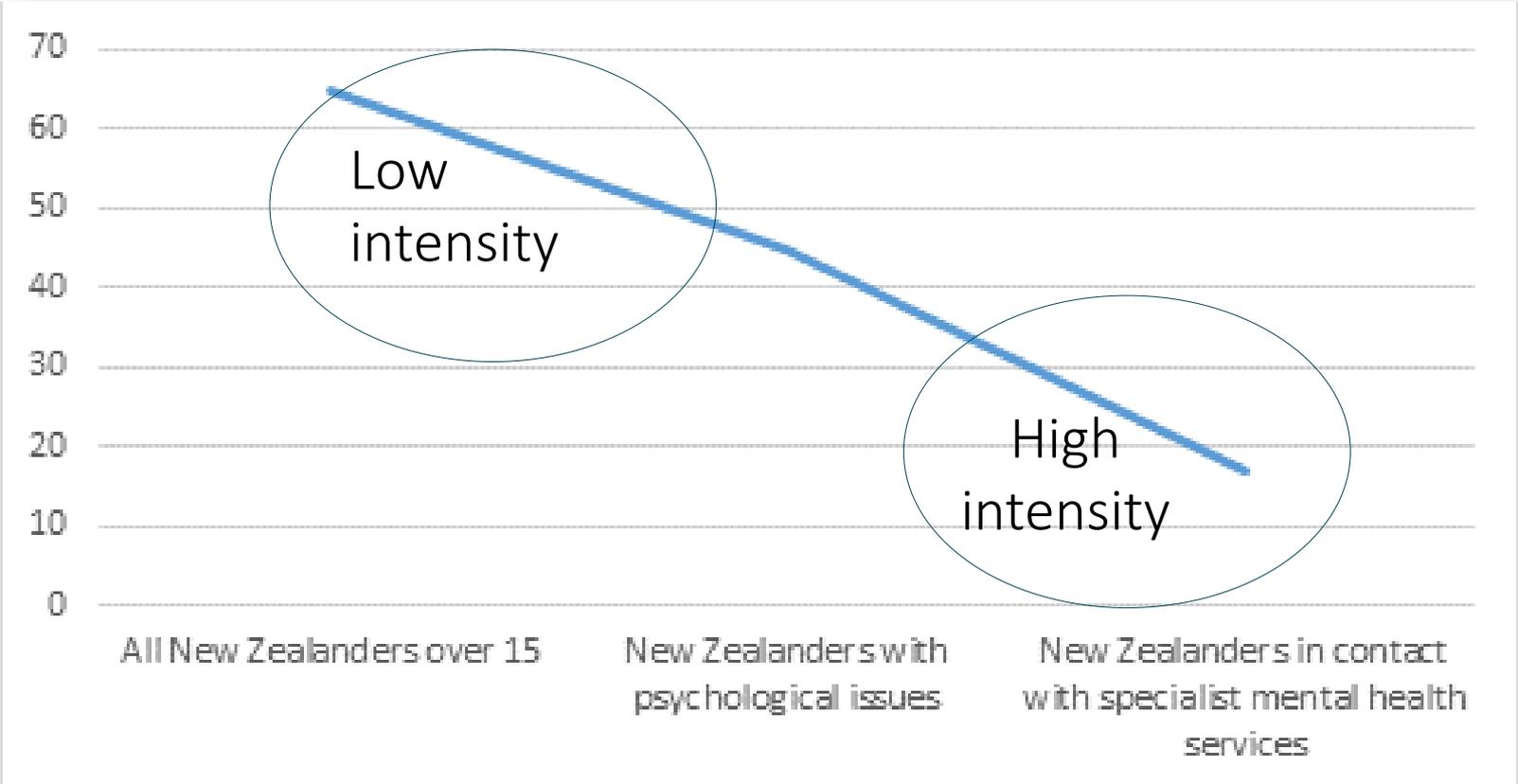
- 1 Employment and education
- 2 Housing
- 3 Relationships
- 4 Health

Source: Iyer et al., 2011; Ramsey et al., 2011

# Percent of labour force participation



# Intensity of vocational rehabilitation



*“We had to examine the thought that we were becoming barriers to people starting work, rather than helpful, because we were determining when we felt they were ready to go to work – as if that was something we had ownership over”. CMHC team manager, ADHB*

*Te Pou o Te Whakaaro Nui, 2016*

**Why is it hard to ask *everyone*  
about employment?**

# The Northland Story

- *Te Ara Oranga* – the path to wellness, methamphetamine harm reduction pilot



# Socio-demographic characteristics

**Gender:** 44% female / 56% male

**Age:** Median 36.5 years

**Ethnicity:** Māori 49% / Non Māori 51%

**Primary diagnosis:** addiction 40% / mental health 60%

**Secondary diagnosis of addiction:** 44%

**Highest qualification:** no qualification 46% / school leaver 25% / Trade 13% / Tertiary 16%

**Length of time out of work:** <6 months 14% / 6-12 months 16% / >12 months 52% / never worked 21%

**Criminal convictions:** 50%

**“We all thought what a great idea! But you do know there aren't any jobs here right?”**

Clinician, Dargaville

# Results (12 months)

- 40% participants commenced paid employment
- 63% commenced paid employment or vocational training
- Half the people who commenced employment identify as Māori
- Weekly hours worked: 33 hours (average)
- Weekly earnings: NZD \$613 (average)

Priest & Lockett, 2020



# Peoples' experiences

“It's been good because [name of employment specialist] is aiming for ... the sky. Yeah. She's aiming for something that I am still a little bit confused about because my expectation is not for the sky. And if somebody is reaching for the sky for me, then that gives me some uplifting hope. Because somebody else is there fighting for me. Not just myself. I'm not alone. She's showing me hope that you can get through that struggle, you just have to do time. She's giving me that much hope that I can overcome it. So the expectations that she's got for me outweighs mine but it uplifts me. So it makes me want to try.”

“It's a self-sense of dignity for me. If I can't provide for my family, who am I?”

Dobby



# People's experiences

“Cause when they start talking to you and they go, "Oh, I don't know. All I've ever done is sell meth." Well, you can sell. You can sell something. You must have some strengths there. It's finding out what those strengths are and reminding them what they're good at. Because, they've been reminded so much what they suck at.... And just instilling that faith in them again to believe in themselves.”

Clinician



# In summary

- Health services have an important collaborative role in honouring and supporting employment aspirations
- We need to increase access to personalised, higher intensity employment support (especially for people with long-term conditions)
- Employment support and health treatment should be integrated
- **Advocate and Ask**



# Ngā mihi nui

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