

MAINSTREAMING BUSINESS SUPPORT FOR MENTAL HEALTH

Guidelines & Training for Business Counsellors
& Advisors (BCA)

These guidelines have been supported and authored by the Hamlet Trust and Project North East

INTRODUCTION

Lack of access to work and jobs is a primary cause of social exclusion for people with recurring mental health problems. Whilst self employment & business start up is unlikely to suit a large constituency of people with long term mental health problems, it does present an under exploited option for some service users who are currently living within the disability & incapacity benefits framework and who want to get back into the world of work. Adults with mental health problems are one of the most disadvantaged groups in society. Although many want to work, fewer than a quarter actually do. This is the lowest employment rate for any of the main groups of disabled people.

Because productive work is so linked to mental well being, there is now a concerted national effort to help people with mental health problems to get back to work. There are growing numbers of examples of service users successfully doing this. Starting and running their own businesses has some obvious advantages for this client group over traditional employment which are discussed later in these guidelines.

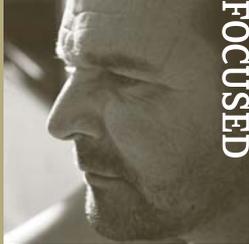
The success of this will depend on business counsellors and advisors being:-

1. Free of ignorance and prejudice
2. Better prepared and trained
3. Willing to go the extra mile for this client group



Many projects will rely on clients being referred or coming in of their own accord. However, there is no reason why clients should not be actively encouraged to come and talk about their ideas. A letter to General Practitioners (the Primary Care Trusts do regular mailings to all GPs) telling them about the service should help raise awareness. The more adventurous might want to offer to run clinics in GP surgeries or to visit and talk to people at day centres and user run projects in the local area. This gives people the opportunity to meet you face to face and feel more comfortable in arranging a one to one appointment in the future.

Disability Employment Advisors (DEAs) are especially trained to deal with people on Incapacity Benefit, so would be a good initial link. Voluntary organisations also have a role. The BCA, as well as using the full range of their skills with the client, may also need to use more energy than normal in helping to secure the normal resources, such as financing, in order to assist the client in traveling this road. There is also the added complication for clients on benefit of managing the transition to financial independence. This is a complex and challenging task but, if job satisfaction is commensurate with the social importance of the work, then this will be the most rewarding work you will ever do.



DISPELLING SOME MYTHS/ CONFIRMING OTHERS

- People with the most serious mental illnesses can live happy fulfilled and productive lives, holding down stressful jobs and enjoying full relationships.
- Mental illness affects people from all social classes and all intelligence levels more or less equally. It does not affect intelligence.
- People with Bipolar Disorder may be more creative than the average and include some of the most creative people of the last 200 years.
- People with mental health problems are generally not prone to be more dangerous or violent; people with mental health problems are far more likely to be the victims rather than the perpetrators of violence.
- Most areas now have organisations of people with first hand experience of mental illness, as well as carers, who will help business to help service users.

WHY RUNNING A BUSINESS MAY HAVE ADVANTAGES OVER STRAIGHTFORWARD EMPLOYMENT

Some research and work has been done with a number of companies and employers to help people with mental illness to obtain and retain jobs; however, little has been done with business start-ups. This position is counter-intuitive, to the extent that having a business offers ways round many of the problems people with mental illness see in trying to get jobs.

The following problems are associated with returning to work and job retention:

- Inflexible employment practices
- Stigma, discrimination and ignorance about rights
- Fear of disclosure of mental ill health
- Inability / unwillingness to negotiate adjustments
- negative thinking

All of these problems might be eased by having a business, provided these issues don't simply move to the BCA, banks and other essential agencies. The following are issues which might be aggravated by having a business;

- Unable to self-manage stress and symptoms
- Wrong assumptions about work and the management of long term conditions

The factors that support both returning to work and the establishment of a business are;

- Positive attitudes
- Good job match and job satisfaction
- Health conscious workplace
- Good management support
- Availability of natural support
- Flexible ways of working and individual adjustments
- Early intervention, minimum time off

Enabling productive and rewarding work offers an enormous opportunity to change people's lives for the better. The establishment of a business or regular self-employment, whilst it might not suit everyone, can offer a bridge towards people having more control of their lives, a better lifestyle and better mental health.

THE ADVICE OR COUNSELLING SESSION

Interviewing a client with a history of mental illness is not significantly different to interviewing other clients. Communication should not be a problem. You may have to pay more attention to making the client feel comfortable and to listen sensitively. Clients will usually have had extensive experience of being interviewed but some of this experience may have been quite negative. Issues of trust are important.

A Some things to consider

- Try to make the appointment on the same day at the same time –this promotes routine for the client which is needed to maintain good mental health.
- If a client is not used to business meetings, make the first one at 10.00am rather than earlier in the morning. Consider the BCAs dress code-very often people are intimidated by business dress; a more relaxed code can be more productive.
- If possible aim to make the appointment somewhere the client feels comfortable in; anxiety or phobias may be aggravated in small or windowless rooms – try to find a space where you will not intrude on the client’s personal space.
- If the appointment is to be in the BCAs premises make sure, as with any other new client, that there are good maps and directions to send out, or clear landmarks to find the premises. Suggestions of a taxi company which knows the premises well, or knowledge of bus routes is important if clients are travelling in this way.
- Some medication can make you very thirsty – offer a drink of water and let the client know where the toilet is located. Also have a box of tissues handy which the client can see.
- Give clients longer than usual to reach the point – it is not the business which will be the issue, it is the illness and what they think this means.
- Rejection-Clients may find it more difficult to deal with rejection and may need added support for this. It may be better to have rejection letters from funders etc sent to the BCA, as a letter on the wrong day with no-one to discuss it with may have implications for the client.
- Many clients will be expert in their illness, often knowing much better than the doctors what works for them and when to increase and decrease their medication etc. But don’t assume the client always understands their illness, they may have serious misconceptions. If you think this is the case, get them to check with the GP or mental health worker. Mental health clients often know what triggers their illness and what environments they need for a healthy lifestyle; a BCA should respect the client’s opinion on how much stress and pressure they can handle.

B Preparation

If you know in advance the referral is from a GP or a CPN, or a local user group or day centre, then it is possible you will be given some information about the client's illness, mental state or aspirations. There are brief descriptions of the main illnesses in Appendix 2 but further information is easily found through the additional resources websites in Appendix 4. If you feel you need more information from health workers before actually seeing the client, be aware that they are bound by rules of confidentiality. It is probably better to ask for more information when you are face to face with the client.

C Discussing illness

At certain times for all clients the illness will be the most important fact in their life. As it is better managed, it will recede in importance. Most clients will have thought and talked about their illness a great deal.

The issue is usually not willingness to talk, but whether the BCA is trustworthy. Will the BCA listen sensitively? Will the BCA pass information on to others? Will the BCA judge them unfairly and not give them equal opportunities? Is the BCA scared? The overwhelming imperative in this interview is to establish an open and trusting relationship. The BCA must not be afraid to talk openly about their own experiences if they feel able. The most helpful attitude is one where the illness is regarded as simply another consideration which must be taken into account but may offer some advantages.

(e.g. better conscious management of stress) as well as some disadvantages.

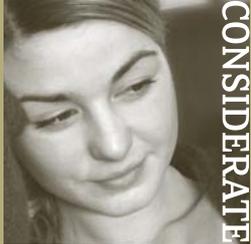
D Developing the business plan

BCAs may want to consider the factors identified as likely to make a return to work successful as discussed earlier in the guidelines.

Some of these will form an automatic part of your work, i.e. positive attitude, whilst others need to be proactively considered and built into the business plan, such as a health conscious workplace and time off to manage stress. It may be worth getting the client to produce a stress management chart where times to relax and unwind are built in. Also, introducing the client to working to deadlines is important, as often deadlines will not have been part of their lives. Plan charts can be used so sections of the business plan can be sent to the BCA on given dates etc. Many of these are positive advantages that would benefit every business but may be seen negatively.

Market research can be a problem for clients with confidence problems. Setting up workshops in this area can be an excellent way for clients to assist each other. For example, more confident clients can use the phone for market research and others can do the 'leg work' such as collating information etc.

Additionally the BCA will want to consider how the business can be developed using the new rules for those clients on Benefit.



FROM BCA TO LIFE COACH

Working with people with mental illness requires a particular aptitude as well as skills. Do not be afraid to refer clients to another counsellor if you don't feel suited to this aspect of the work. Also it can be worthwhile to offer clients appointments with another counsellor so they can make a choice of who they would like to work with; the relationship a client develops with the BCA needs to be supportive and mutually rewarding.

To help people with mental illness you will need to;

- Build a high level of trust
- Spend more time in each visit
- Have more visits
- Work more holistically, taking account of many aspects of that person's life
- Be willing to explore with them the strengths and weaknesses of their illness

One of the most important aspects of supporting and assisting people with mental health issues is being clear as to your task and what belongs to the General Practitioner (GP) or community psychiatric nurse (CPN).

In some circumstances, for instance in agreeing how to manage stress, it might be desirable to have a three way meeting with the client and their CPN.

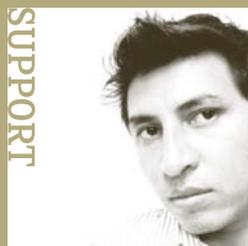
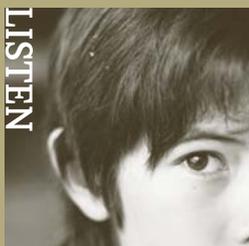
WORKING WITH THE NHS

A Primary care

Ninety eight per cent of the population are registered with a GP. The majority of mental illness is treated in the primary care system. Many GPs have known their patients for years and are seen as a source of general advice as well as specific advice on illness. Encouragement and support by a GP could be very helpful. It will be for the patient to ask their GP to make contact with you. But it is perfectly proper to offer to talk to a GP about the stress involved or other issues if you think this will help and the client agrees.

B Secondary care

Community mental health teams are always keen to help clients to establish themselves in recovery. There are few better indicators of recovery than steady work. The key worker will be the best point of contact but again this must be done through or by the client. It is quite likely a CPN, social worker or Occupational Therapist will be willing to join a three way meeting with the client to work out how to provide extra help to support the business venture.



ALTERNATIVE APPROACHES TO OTHER AGENCIES

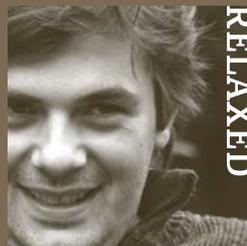
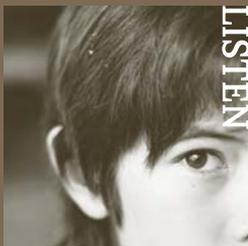
There will be a presumption among many clients that their illness will prejudice any chance they may have of raising finance or getting insurance.

This may simply not be true and should be checked with local agencies. It should not affect access to grants or to statutory guarantees and the support and presence of the BCA may be all that is necessary to give confidence and affect the necessary financial support. Many organisations involved in business and enterprise support have specialist loan funds specifically designed to help those who cannot access traditional streams of funding. BCAs must be aware that this area of lack of support in finance, insurance etc could potentially be a pitfall to an individual wanting to start a business.

Where this does not achieve the desired outcome, more specialist advice and information is available from many voluntary organisations.

MAINTAINING SUPPORT

Many clients will see it as essential that you remain a source of help and advice to them well beyond start up or problem solving. Often this will require no more than the BCA's willingness to be contacted. Some clients may want continuing reassurance. Whilst for the generality of clients this would not be a good use of your time, for this client group it may be the difference between success and a disproportionately negative impact on the business. There are many voluntary organisations that can also help support the client, and a list of local organisations should be researched.



A GLOSSARY OF TERMS

Psychiatrist

Doctors who have chosen to specialise in mental health, and are the only members of the mental health team who can prescribe medication. Consultant psychiatrists spend between seven and 10 years in specialist training before their appointment.

Clinical Psychologist

Sometimes just known as a Psychologist. Trained in different forms of psychological therapy and specific types of counselling. May be part of the mental health team or work in their own department of mental health services, or be attached to a GP surgery.

CPN or Community Psychiatric Nurse

A nurse with special training in mental health who will have worked with clients for some years in a psychiatric setting and now works either with a GP or a CMHT (community mental health team) or a specialist team working in the community

ASW or Approved Social Worker

Social workers who have special training in mental health and have the power jointly with doctors to detain people under the Mental Health Act

CMHT or Community mental health team

A team of professionals including a psychiatrist, several CPNs several social workers.

Care Plan

A written document describing the care and treatment a client should be receiving for their mental health problems. This has a section for employment plans but this and the plan as a whole may not be very detailed.

Risk Assessment

If a client is judged to present a risk to themselves or others, a risk assessment will be carried out and a risk management plan developed. Clients should always be involved in this process.

'Sectioned' or 'being sectioned'

This is common parlance for being legally detained in hospital under a section of the Mental Health Act.

SSRI

A relatively new class of drug that is useful in treating depression for example Prozac, Seroxat

CBT

Cognitive behavioural therapy – a therapy that helps clients to manage their thoughts and control their illnesses

Lithium

A commonly prescribed drug for manic depression

Anti Psychotic

Drugs that are prescribed to help clients control psychosis; the most recent drugs are very effective and have fewer side effects

Anti-depressant

Drugs that help combat depression - these are widely used and are generally very successful

THE MAIN MENTAL ILLNESSES

Much mental ill health is not disabling and can be episodic in nature. People who have grown to know their condition well can often work out excellent coping strategies which allow them to manage their illness and move forward successfully with life and work. Mental well being is stimulated by the ability to engage in productive work, and there are many examples of service users who are moving back into work, sometimes adapting working circumstances to suit their illness. The most common forms of problem which are described as mental illness are:

Depression

In its mildest form- depression can mean just being in low spirits. It doesn't stop you leading your normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major depression (also known as clinical depression) can be life threatening, because it can make people suicidal or simply give up the will to live.

Seasonal affective disorder (SAD)

If you usually become depressed only during the autumn and winter, it could be due to not getting enough daylight. You may benefit from spending time sitting in front of a special light box.

Postnatal depression

Many mothers have the baby blues soon after the birth of their baby, but it usually passes after a few days. Postnatal depression is a more serious problem and can appear any time between two weeks and two years after the birth.

Anxiety

Can mean constant and unrealistic worry about any aspect of daily life. You may feel restless and have problems sleeping. You may also suffer from physical symptoms. Your heart may beat faster, your stomach may be upset, your muscles may tense up and you may feel shaky. Anxiety also feeds on itself. Someone who is highly anxious may develop other related problems, such as panic attacks, a phobia or obsessive compulsive disorder.

Panic attacks

These are sudden, unexpected bouts of intense terror. You may find it hard to breath, and feel your heart beating hard in your chest. You may have a choking sensation and a pain in the chest, begin to tremble or feel faint. It is easy to mistake these for the signs of a heart attack, or other serious problem. Panic attacks can occur at any time, and this is what distinguishes them from a natural response to real danger.

Obsessive

Compulsive disorder (OCD)- Someone with an obsessive compulsive disorder feels they have no control over certain thoughts or ideas that are highly disturbing to them, but which seem to force themselves into consciousness. These thoughts, or obsessions, create unbearable anxiety, which can only be relieved by performing a particular ritual to neutralise them. This could be something like repeatedly opening and closing a door, washing your hands, or counting.

Personality Disorder

Does not fit into any obvious diagnostic category and many people feel there is no such thing. Used to describe a person who has difficulty coping with life and whose behaviour persistently causes distress to themselves or others.

Phobias

A phobia is an unreasonable fear of a particular situation or object. It may cause major disruption to life because it imposes such restrictions on the way people live. Agoraphobia can cause such paralysing fear that a person may remain isolated in their own home, afraid to go out. Other common phobias include fear of animals, heights, flying and enclosed spaces

Manic depression (bipolar disorder)

Some people have mood swings, when periods of depression alternate with periods of mania. When manic, they are in a state of high excitement, and may plan and may try to execute grandiose schemes and ideas.

Schizophrenia

Symptoms may include hearing voices and seeing things that other people cannot. Someone with these problems may become confused and withdrawn. Most people with schizophrenia are able to lead productive lives but a minority suffer from long term disabling symptoms.

LOCAL & NATIONAL CONTACTS

Fill in your network contacts here.

Name:

Address:

Tel:

Email:

Mobile:



Project North East, 7-15 Pink Lane, Newcastle, NE1 5DW.
T: 0191 261 6009 F: 0191 233 0206 W: www.pne.org

