



National Forum: Reducing Employment Barriers for People Living with Mental Illness

Summary Report and Key Recommendations

Background

The value of quality employment for the maintenance and improvement of mental health for all people is clear and widely understood. Employment not only provides a paycheck, but also a sense of purpose, opportunities to learn and a chance to work with others. More importantly, work offers hope, which is vital in the recovery from mental illness. The lives of people living with a mental illness are often plagued by stigma as well as discrimination. Individuals living with a mental illness are much less likely to be employed. Unemployment rates are as high as 70% to 90% for people with the most severe mental illnesses.

In 2013, the Mental Health Commission of Canada (MHCC) released the report, [*Aspiring Workforce: Employment and Income for People with Serious Mental Illness*](#). The term *Aspiring Workforce* describes those people who, due to mental illness, have been unable to enter the workforce, are in and out of the workforce due to episodic or persistent illness, or wish to return to work after a lengthy period away from work. The intent of the report was to identify existing and innovative evidence based practices that would assist people living with a mental illness to secure and sustain meaningful employment and a sustainable income.

Everyone in Canada should have the opportunity to achieve their best possible mental health and wellbeing.

On November 28, 2017, MHCC hosted a one-day forum which brought together more than **80** stakeholders, including members of all levels of government, researchers, community service providers, and people with lived experience to exchange ideas and share promising practices towards achieving a **single goal: identifying actionable recommendations to reduce employment barriers for individuals living with a mental illness.**

Overview

The Honourable Patricia Hajdu, Minister of Employment, Workforce Development and Labour provided opening remarks to the forum and touched on both personal and professional experiences related to mental health and the workplace. Hearing from individuals with lived experience is a cornerstone of the MHCC's work and with that in mind, the forum opened with a panel of individuals who shared personal employment experiences and reaffirmed the importance of employment in their recovery journey, stating that beyond the monetary benefits, work contributed to their overall happiness, greater self-confidence and socialization. The remainder of the day was structured to provide an overview of the research and best practices of three approaches to create and support employment for people living with a mental illness: Supported Employment (specifically the Individual Placement Support (IPS) model), Social Enterprises, and Disability Income Support. Following these panel presentations from the researchers, participants were given the opportunity to provide feedback and engage in group discussion.

Key Recommendations

A summary of the key recommendations over the course of the day were gathered from a cross section of stakeholders, including individuals living with a mental illness, researchers, government representatives and community service providers and are captured below.

POLICY CONSIDERATIONS

- New policies or mechanisms may be considered that allow for reduced day-to-day survival burden on individuals when not at work, such as:
 - helping offset additional disability-related costs for individuals when unemployed;
 - removing earning reductions for individuals earning pensions and working in consumer survivor businesses;
 - raising allowances for earnings exemptions, increasing disability income support rates to reflect today's higher cost of living;
 - reducing red tape in the application and receipt processes;
 - enabling options for gradual re-entry into the workforce; and
 - implementing rapid re-entry onto disability support for former recipients who become unemployed, etc.

Such measures are known to support recovery and contribute to a faster return-to-work.

- Review existing mechanisms that help reduce disincentives to return-to-work in light of the current economic and social needs of this population, e.g. The Working Income Tax Benefit (WITB), The Disability Tax Credit, etc. Establish clear tax guidelines for social businesses.

FUNDING

- Further consideration should be given to innovative approaches around programs and services.
 - One such consideration would be to require decentralization of programs and services, allowing community-based organizations to make more decisions around designing service delivery practices. Providing funds to local employment service agencies instead of third parties, such as training boards, is shown to be more efficient in terms of government investment and customer service.
- Increased funding for the development of evidence-based employment approaches, including supported employment programs and social enterprise formation may be considered. Evidence suggests that working in a social enterprise supports the notions of security and a sense of caring, both of which are major advantages to fulfill the needs of this vulnerable workforce. Social enterprise programs are structured to be more flexible and accommodating to this target population.
- Increased funding for housing for individuals living with a mental illness. We know that without access to safe and affordable housing it is unlikely to be able to move forward in any other part of our lives, including employment.

ACCESS TO SERVICES

- All Canadians, including those living with a mental health problem or illness, would benefit from access to programs that help them develop the skills necessary to find and keep meaningful employment.
- To increase employment participation of individuals living with serious mental illness, it is recommended that they have access to evidence-based interventions, such as Individual Placement and Support (IPS) which would contribute to positive employment outcomes and career development.
- Limit barriers to access disability income supports, including onerous application processes and documentation requirements.
- Raising accessibility to employment support programs would allow individuals on disability benefits to be informed about how earnings from employment will impact their income support, requirements for reporting, and options for employment services.
- Ensure programs are flexible to accommodate the cyclical nature of many mental health illnesses. Clients should be able to enter/exit programs as needed without undue hardship or delays in benefits or services.

Next Steps

In order to move forward with the above recommendations, MHCC will be requesting meetings with members from all levels of government who impact decisions around funding, program design/delivery, and policy related to employment for individuals living with mental illness in the coming months. These meetings will offer an opportunity to provide further details around each of the above recommendations and to discuss collaboration around the implementation of these recommendations. MHCC is committed to helping to eliminate barriers to employment for individuals living with mental illness and we look forward to continuing this important discussion.

Visual Storyboards

The following visual storyboards were illustrated by a graphic recorder who attended the event and captured what she heard from the panelists, presenters and participants over the course of the day. The graphic recorder was able to connect ideas in ways that helped delegates make meaning of complex relationships and weave them into simple, coherent, visual storyboards. The two visual storyboards are titled “Bridging the Employment Gap” and “Call to Action” and are presented below.

Bridging the Employment Gap

500,000 Canadians are **UNABLE TO WORK** every week due to mental health issues.

SYSTEMIC DISCRIMINATION

marginalization

harassment

violence

HUMAN SUFFERING

compassion

fatigue

SILENCE

The adrenaline of being a first responder has an **ADDITIVE** quality.

detachment

instability

We're not service recipients. We can work.

We don't hire **THEM**.

ASPIRING WORKFORCE

We show up, perform well, and we're **LOYAL** and **RELIABLE**.

We need to address serious **LABOUR SHORTAGES**.

lack of safe and affordable **HOUSING**

Honour everyone's journey

EARLY INTERVENTION

Starting to work reinforces over time.

OFF BALANCE

I have to start moving...

I need a home, a job, a friend.

When I **BELIEVE** in myself, I can take the next **LEAP**.

KNOWLEDGEABLE, EMPOWERED CONSUMERS

• Build workplace "know-how" literacy

PERSONAL RELATIONSHIP

RESUME

The program helped me get organized and get **READY** for a job.

What work do you want to do?

Let's prepare for your interview

What setting do you prefer?

RAPID approach

Adopt an **Individual Placement Support** model

Keep people **OFF ME** as a first line of defense

ODSP

CREATE FINANCIAL SECURITY

• offer job supports

• Fund peer support initiatives

• measure and track **OUTCOMES**

job tenure

We run as a business, not a program

• Learn to **KEEP** learning

Stay **OPEN**

• Create provincial training and consulting **CENTRES**

learning **COMMUNITY**

PSYCHOLOGICALLY SAFE & INCLUSIVE ENVIRONMENT

• I value having a **CHOICE**

• The job meets my skills. I'm good at it!

COLLABORATION

The benefits of workplace accommodations outweigh the costs. My double.

BEST PRACTICES

• Focus on **social inclusion**

• Show you can **CREATE EMPLOYMENT**

• Share **social capital**

• It helps to have a weekly routine.

CONFIDENCE

SELF ESTEEM

My life has **MEANING**, which helps my recovery.

It helps to **TALK OPENLY** and to have **TOOLS** to stay well.

I socialize with people I work with.

...and we earn a competitive wage.

• Doing a good job is rewarding and makes me **happy**.

• Professional networking is instrumental.

I'm learning what employers need from me.

I go on **outings** and **EARN MONEY**.

Cost of leave

physical illness

mental illness

Thanks for your support.

• Jennifer Sheehy
www.livinglapses.ca

Call to Action



Health Canada Santé Canada

The views represented herein solely represent the views of the Mental Health Commission of Canada. Production of this material is made possible through a financial contribution from Health Canada.



Mental Health Commission of Canada

Commission de la santé mentale du Canada