MENTAL HEALTH CONSUMERS AND EMPLOYMENT OPPORTUNITIES

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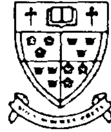

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Abstract

Mental health consumers experience significantly high rates of unemployment compared with the general population. A qualitative study was conducted to identify the key barriers hindering employment opportunities. Evidence from this research suggests many barriers to employment, including stigma, lack of social support networks, low-levels of educational attainment and vocational experience, lack of meaningful employment opportunities, lack of vocational training and overall lack of awareness about programs and services available to provide vocational rehabilitation and support. Major findings include the significant impact of level of awareness mental health consumers have with respect to vocational program and service availability and the importance of strong social support networks as a key to successful employment outcomes. This study concludes that a strategy needs to be implemented by decision makers aimed at increasing awareness among mental health consumers through the centralization of information within the different mental health organizations in Vancouver.

Executive Summary

The three recommendations enclosed in this study serve as a roadmap for a collaborative journey by key decision makers, mental health consumers and mental health organizations to alleviate the employment challenges facing mental health consumers in Vancouver. These recommendations outline the key steps required to be taken by decision makers in three main areas of priority: broadening awareness among mental health consumers; removing stigmatic attitudes about mental illness from the public; and developing collaborative partnerships among mental health organizations and the Vancouver business community to enhance meaningful employment opportunities through the creation of consumer – run businesses.

Policy Problem

Employment is highly valued in Western society as it provides individuals with a sense of well-being and security. The job market is generally quite competitive and increasingly challenging for individuals with a mental illness. Mental health consumers experience significantly high rates of unemployment averaging at 70-90% in comparison to the general population averaging at 7.6%. The policy problem this study investigates is why mental health consumers face low levels of employment opportunities in Vancouver. There is a gap between the desire to engage in the workforce and the level of active participation among the mental health consumer population.

The purpose of this study was to identify the barriers facing mental health consumers in Vancouver and introduce various innovative strategies to bridge this gap and open the door to employment opportunities. The rationale for closing this policy gap is two-fold: it is beneficial to both the mental health consumer and society as a whole. Employment provides a means for various human needs such as social connections, equitable income, occupation, social standing and a sense of identity in addition to improving mental health, quality of life and self-esteem. The rational from society's view point is based on the economic burden arising from the high rates of unemployment among mental health consumers. The economic burden of mental illness in Canada (dependence on welfare and medical system) was estimated at $14.4 billion in 1998.

The Current Study

A qualitative study including literature review, individual interview with 22 mental health consumers and 5 mental health service providers was conducted to identify the barriers to employment faced by mental health consumers and develop a catalogue of strategies for overcoming these barriers. This qualitative investigation revealed various barriers that impede mental health consumers from achieving their employment goals. These include stigma, lack of social support networks, low-levels of educational attainment and vocational experience, lack of meaningful employment opportunities, lack of vocational training and overall lack of awareness about programs and services available to provide vocational rehabilitation and support.

Responses from the survey process showed 68.2% of the participants were unemployed, yet the majority of these participants had the desire to find work. Contrary to other research findings, this study discovers different possible causes of unemployment amongst mental health consumers in Vancouver. These findings broaden the perspectives on the causes of high unemployment rates of mental health consumers, and in doing so open a window of opportunity for policy options to promote employment among mental health consumers. Major findings include the significant impact of level of awareness mental health consumers have with respect to vocational program and service availability and the importance of strong social support networks as a key to successful employment outcomes.

Recommendations

This report proposes three policy options aimed at reducing the barriers to employment faced by mental health consumers. These strategies can provide key decision makers in Vancouver with a set of tools that can be used to alleviate the pressing issue of unemployment among mental health consumers.

1. Centralization of Information
    - Mental health organizations do not coordinate the dissemination of information to assist mental health consumers in becoming employable and finding employment
    - Information needs to be aimed at increasing awareness among mental health consumers regarding the various social and vocational supports available to enhance employment outcomes

- A preliminary plan would include producing a type of booklet or brochure that clearly identifies the key vocational and social support programs and services available in the city of Vancouver

2. Broaden Awareness

    - It is widely recognized that negative attitudes towards mental health consumers play a significant role in their high unemployment rate
    - To help reduce the impact of stigma, community-based approaches need to be developed that will be delivered by both media advertising campaigns and community-based education and awareness strategies targeting younger generations at the high school level and adults in the workplace.

3. Collaborative Dialogue among Key Stakeholders

    - Mental health organization need to establish and support a collaborative dialogue with the business community of Vancouver aimed at encouraging and facilitating enhanced dissemination of information about new and innovative models of increasing the number of meaningful employment opportunities (i.e. consumer run businesses) for mental health consumers.
    - A consumer-run business is a successful employment venture that needs to be recognized and acted upon by mental health organizations in Vancouver. It is an endeavour that gives mental health consumers a recognized place in society which acts as a powerful agent in promoting mental health and well-being.

This study concludes that decision makers need to implement a strategy aimed at increasing awareness among mental health consumers through the centralization of information within the different mental health organizations in Vancouver. The most important first step is to guide these individuals in the right direction; that is, equip them with the necessary tools required to become aware of what employment assistance programs are available. Upon implementation of the first alternative, decision makers should begin to consider the implementation of the other two policy options in a sequential and gradual manner.

Dedication

Sonny, my husband and best friend, thanks for all your love, support and encouragement. I could not have made it this far without you. I love you and cannot wait to finally start our life together. To my mom and dad, thank you for all that you have done for me throughout my life. It is because of you I am where I am and it is because of your encouragement and support that I took education so seriously and pursued my Masters degree. I cannot wait to come home and relax and be pampered by the both of you. To my family and friends, thanks for putting up with me these past few months and I have appreciated all the love, support, encouragement and patience.

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1 Introduction

Employment is highly valued in Western society as it signifies individual security and well-being. Working is an essential and integral part of life that links members of a community into a common bond. Each becomes a productive and responsible member making a valuable contribution to society, thereby enhancing the overall well-being and prosperity of society. However, not all members of the Canadian population enjoy this inclusion into society. The job market is generally quite competitive; however, a person with a mental illness faces even greater barriers to obtaining employment. Mental health consumers[1] are a significantly marginalized group who experience high rates of unemployment and in turn are isolated from the integration into society. Mental health consumers are denied the opportunity to make a valuable contribution to society due to barriers that hinder their ability to actively participate in the workforce.

According to the Canadian Mental Health Association between 70-90% of mental health consumers in Canada are unemployed, which is astronomical when compared to the unemployment rate of the general population averaging at 7.6% in 2003 (Statistics Canada, 2003, p.12). There is a need for a significant reduction in the unemployment rate for mental health consumers but many barriers stand in the way of achieving this outcome. The research study examines the why mental health consumers face such low levels of employment opportunities. Moreover, what are the barriers that prevent mental health consumers in this Western society from actively participating in the workforce and making a valuable contribution to society? There is a gap between the desire to engage in the workforce and the level of active participation in the workforce amongst the mental health consumer population. In order to bridge this gap it is important to identify those barriers that are responsible for the high unemployment rate amongst mental health consumers.

The current study is a pilot project with the goal to identify potential barriers to the employment of mental health consumers and to develop strategies to overcome these barriers. Various research avenues were explored and examined. The research conducted included surveying a cross-section of 22 mental health consumers from five different mental health

[1] In this report people with a mental illness will be referred to as mental health consumers.

organizations, six informational interviews with mental health program managers and directors, in addition to literature reviews of various research studies on this topic. The objective of this process was to explore and examine the identified barriers to help develop effective and innovative strategies to rectify the problem. As a pilot project, the analysis of this issue was restricted to a focus on consultations with mental health consumers and mental health professionals residing in the Vancouver area.

Mental health consumers face tremendous challenges in seeking and obtaining employment. This introductory section provides background on these challenges and looks at the importance of employment to one's mental health and well-being. The following discussion provides an in-depth look at the scope of the problem with a focus on the challenges to employment, the rationale for mental health consumers to seek employment and the historical foundation for the development of this problem.

1.1 Mental Illness and Mental Health

To understand the lack of employment opportunities for mental health consumers, it is imperative to understand the concept of mental illness. As identified in Health Canada's (2002), *A Report on Mental Illnesses in Canada,* mental illnesses are "characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with significant distress and impaired functioning over an extended period of time." Mental illnesses can take various forms, which include schizophrenia, mood disorders, major depression, anxiety disorders and personality disorders (Canadian Psychiatric Association, 2004; Health Canada, p. 16).

Mental illness is a medical condition that can significantly affect the way a person thinks, feels and behaves, which can in turn create a gap in one's functioning in everyday life activities such as work. With the development of antipsychotic medications, symptoms of the illness can be controlled, thereby enabling persons with a mental illness with the capability to work (Garske & Stewart, 1999; Marrone & Golowka, 1999). Just as diagnosis of a disease is part of the cure, medical treatment is also only partly responsible for the mental health and wellness of persons with a mental illness. The absence of a mental illness does not constitute the mental health of an individual as it involves a more complex set of factors than the medical treatment of the illness. The World Health Organization has defined mental health as a "state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities" (World Health Organization, 2003, p. 7).

Mental health is equally important to physical health, as they both act as vital organs of life responsible for the overall well-being and functioning of individuals. On the surface medical treatment appears to provide the necessary support that an individual requires to cope and recover from the illness. However, medical support is only part of the required support persons with a mental illness need to recover and succeed in life (National Electronic Library for Mental Health). The remaining support comes from both a social support network[2] and from "opportunities to enjoy the same range of services and facilities with the community as everyone else" (National Electronic Library for Mental Health), such as employment opportunities. The more focus is targeted away from reliance on areas of medical and social assistance and towards mainstream opportunities such as employment, the more likely mental health consumers will become integrated and accepted into society.

1.2 Historical Background

Various studies view social integration as an important factor in employing persons with a mental illness (as cited in Storey & Certo, 1996). With the changes occurring in the realm of psychiatry during the past few decades there has been a movement towards deinstitutionalization of mental health consumers. The underpinning motivation for this movement lies in the ideology of normalization and social integration (as cited in Storey & Certo, 1996). Like the general population, persons with a mental illness seek to gain full participation into society through mainstream opportunities such as employment. Mental health consumers "wish to lead normal lives and view work as a signifier of normal adult life" (Becker & Drake, 1994; Garske & Stewart, 1999, p.4).

Contrary to common beliefs and misconceptions, mental health consumers have both the capability and desire to engage actively in the workforce (Becker & Drake, 1994; Garske & Stewart, 1999). Prior to deinstitutionalization vocational rehabilitation was not considered a possibility. Persons with mental illnesses were confined either to the four walls of a psychiatric ward or shunned in the back rooms of their homes. With the evolution of medical treatment and introduction of antipsychotic medications, symptoms of the illness became controllable and patients were being released from hospitals. According to Torrey et al., it soon thereafter became evident that even those persons with extremely severe cases of mental illness had the capability to "learn work skills and seek and retain jobs" (Garske & Stewart, 1999, p. 4).

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[2] Social support network refers to support coming from family, friends, schools, employers, communities and neighbours.

Deinstitutionalization required a shift from institutional care and support to community mental health care and support. This shift introduced mental health support and services aimed at providing residential services, vocational rehabilitation programs and income support (The Standing Senate Committee on Social Affairs, Science and Technology, p. 142). These programs were established to help maintain and integrate mental health consumers in the community. Various innovative models have been developed to help provide mental health consumers with the opportunity to integrate into the community via mainstream opportunities such as employment. These models are built on the foundation of vocational support and job placement aimed at enhancing an individual's opportunity to gain employment and reduce social and economic marginalization of mental health consumers. Various approaches have been developed to meet such goals of community integration and are briefly discussed below.

1.2.1 The Clubhouse Model

The Clubhouse model is a community-based vocational rehabilitation program for mental health consumers, which offers vocational opportunities, pre-employment services, and recreational activities (Mental Health Practice, 2004; McReynolds, 2002; Jack Beatty, 2005). It originated at the Fountain House in New York and there are currently 400 Clubhouses located in 27 countries around the world. Transitional employment (TE) is an integral part of the Clubhouse model, whereby part-time job placements are provided in the community to members of the Clubhouse. The clubhouse is responsible for choosing, training and supporting the member (Mental Health Practice, p. 23; Jack Beatty, 2005).

TE provides members with initial work experience that serves to enhance their resumes. In short, it helps build the member's "capacity for paid work, to increase his or her confidence and earn genuine job reference before the member finds a full or part-time job" (Mental Health Practice, p. 23). After TE members are introduced to supported employment placements.[3] At this time the job belongs to the member, although support is still provided by other members and staff at the clubhouse.

1.2.2 Individual Placement and Support (IPS)

The individual placement and support model stems from the notion that "work is so many things to so many people, we might define it simply as a structured, purposeful activity that we

[3] In Vancouver we have the Coast Clubhouse where supported employment is provided by Human Resources Development Canada through a program called PACT.

usually do in exchange for payment" (as cited in McReynolds, p. 5). In this approach members are encouraged by their team to become actively involved in the job search process and are given the option to choose from various work possibilities (part-time, full-time or volunteer). The success of this program lies in follow-along support provided by a team of workers who administer a "more seamless method of service delivery versus receiving separate services from various professionals in a non-coordinated manner" (McReynolds, p. 6).

1.2.3 Supported Employment (SE)

Supported employment is another approach developed to provide mental health consumers with the opportunity to become successful members of society. This approach emphasizes, as briefly described within the clubhouse model, direct placement in a community job, whereby, a member receives assistance in finding job in addition to continual support after obtaining job. Studies show that this type of vocational support provides mental health consumers with the ability to "exercise more control over their career choices" (McReynolds, p. 6) thus enabling individuals to become actively involved in their recovery and employment success.

However, the adoption of these programs has not successfully aided in the full integration of mental health consumers into society. Although various support groups and services are available in Vancouver to help integrate mental health consumers into mainstream society, unemployment remains a reality for them on a daily basis. This begs the question of why despite an array of program and services available, such a large majority of mental health consumers are unemployed. As a nation committed to equal opportunity for all, Canada still lags quite far behind in pursuing this issue to its full potential. To help explore this policy problem an extensive review of literature helps identify the potential obstacles in the way of achieving fruitful employment and success.

1.3 Literature Review

Literature suggests that persons with mental illness have the capacity to sustain employment (Sheer, 2003, p. 3). According to a study conducted by Zlatka Russinova and colleagues, persons with a mental illness are able to work, contrary to commonly held beliefs.[4] Russinova and colleagues found that of the 687 participants, 74% had held the same job for 24

[4] Note: Senior research associate Zlatka Russinova, PhD of Boston University's Centre for Psychiatric Rehabilitation specializes in researching the connections between mental illness and employment.

months or longer and of these participants, 28% suffered from major depression, 17% had schizophrenia, 42% had been diagnosed with bipolar disorder and 11% had post-traumatic stress disorder or other dissociative disorder (Sheer, p. 3). The following is an overview of key findings from the literature review conducted to provide a better picture of the barriers present in society and the benefits and costs of high unemployment rates for both the individual and society as a whole.

1.3.1 Barriers to Employment

Social isolation and marginalization is an adverse effect persons with mental illnesses face in their road to recovery, which impedes their ability to fully integrate into society. They are disenfranchised from society and begin to develop a loss of self that leads to low levels of self-esteem and self-respect, which is detrimental to their achievement of mental health and well-being. Employment is an important factor of recovery for mental health consumers, as it provides a means of economic support and significantly contributes to self-esteem (Rothenberg & Barrett, 1998, p. 17). In addition to a boost to their self-esteem, the economic support paves a smoother road to recovery for mental health consumers who have been disconnected from normal functioning of everyday life as the rest of society enjoys.

The major obstacles mental health consumers face with respect to employment is not the illness itself but rather various attitudinal institutional and structural barriers found in the external environment. These barriers are often cited by studies as stigma (Newhill & Korr, 2004, p.298; Dalgin & Gilbride, 2003, p. 306; Garske & Stewart, 1999, p.5; Health Canada, 2002; Tsang, Tam, Chan & Cheung, 2003), lower educational attainment (Baron & Salzer, 2002), lack of meaningful employment (Baron & Salzer, 2002), lack of social support networks (Shankar & Collyer, 2002; Storey & Certo, 1996; Russell & Lloyd, 2004) and the lack of vocational and educational experience (Dalgin & Gilbride, 2003, p.306; Shankar & Collyer, p. 2). These barriers are next considered individually.

1.3.1.1 Stigma

Although medical treatment for mental illnesses has evolved, making it possible for persons with the illness to control its symptoms, the perceptions of society remain stagnate. The move from institutionalization in psychiatric wards to the outside world and into the communities has not been an easy transition for persons with a mental illness. According to the Canadian Mental Health Association, the label of mental illness has itself created a barrier for those

wanting to return to work. Stigmatization has been identified by various studies as the culprit responsible for such labels to surface that express negativity towards mental health consumers (Newhill & Korr, 2004, p.298; Dalgin & Gilbride, 2003, p. 306; Garske & Stewart, 1999, p.5; Tsang, et al., 2003; Russell & Lloyd, 2004)

According to Cockerham (1996), the word stigma originally came from ancient Greece and "referred to marks on the body that represented something morally negative about an individual" (as cited in Garske & Stewart, p. 5). There are no universally accepted definitions for this complex phenomenon. Stigma has often been identified "as a sign of disgrace or discredit, which sets a person apart from others" (The Standing Committee on Social Affairs, Science and Technology, 2004, p.37) and as "stereotypes that reflect a group negatively" (The Standing Committee on Social Affairs, Science and Technology, 2004, p.37). Thara and Srinivasan (2000) defined stigma as "social devaluation of a person because of personal attribute leading to an experience of sense of shame, disgrace and social isolation" (as cited in Tsang, et al., 2003, p. 384).

Research has also distinguished between public stigma – ways in which the general public reacts to a group based on stigma about that group and self-stigma (internalized) – when individuals turn against themselves because they are members of a stigmatized group (Watson & Corrigan). According to the Mental Health Commission (1998), "in painful collusion with others who discriminate, [people with a mental illness] often see themselves as others see them" (as cited in Caltaux, 2003, p.539). It is important to note that just as public stigma can become the building block between mental health consumers and employment, "internalized stigma can also potentially prevent people with a mental illness from both obtaining and maintaining successful employment" (Caltaux, p. 540).

Stigma is "socially constructed and is often formed subtly, as stereotyping and prejudices gradually become a part of cultural or social belief system" (Caltaux, p. 539) and thereafter are internalized and interpreted with the behavioural response to such prejudice. Stereotyping, prejudice and discrimination are three cognitive and behavioural components identified by Watson and Corrigan as structures involved in the process of stigmatization of persons with a mental illness (Watson & Corrigan, p. 5). Identifying and understanding these behavioural and cognitive structures helps design strategies to reduce stigma. Consider Table 1 (Watson & Corrigan, p. 5). Stereotypes are "efficient knowledge structures that govern understanding of a social group; e.g., all police officers are good people to seek out when you are in trouble" (Watson & Corrigan, p. 5). With stereotyping, individuals are viewed only by the characteristics

of the group they are deemed to belong to, not their personal characteristics. Examples of stereotypes used against mental health consumers include the following: (a) they are dangerous and should be avoided; and (b) they are incapable of functioning in normal activities, e.g. working. According to Watson and Corrigan, prejudice "is an agreement with negative stereotypes ("That's right; all people with mental illness are dangerous!")." Discrimination is the behavioural response to a prejudice, which involves actions such as withholding help to individuals.

Table 1: Three Levels of Psychological Structures That Comprise Public And Self-Stigmatization

Behavioural and Cognitive Structures	Public Stigmatization	Self-Stigmatization
Stereotype	Negative belief about a group, e.g. dangerousness, incompetence, character weakness	Negative belief about the self, e.g. character weakness, incompetence
Prejudice	Agreement with belief and/or negative emotional reaction, e.g. anger, fear	Agreement with belief, negative emotional reaction e.g. low self-esteem, low self-efficacy
Discrimination: Behaviour responses to prejudice	e.g., avoidance of work and housing opportunities, withold help	e.g. fails to pursue work and housing opportunities

Source: Amy C. Watson and Patrick W. Corrigan, "The Impact of Stigma on Service Access and Participation," a guideline developed for the Behavioural Health Management Project.

Executive director of the National Alliance for the Mentally Ill, Laurie M. Flynn identifies stigmatization of mental illness as "preventing capable individuals from fulfilling their potential" (as cited in Rothenberg & Barrett, p. 16). Studies indicated that society perceives those who are living with a history of the illness as not having the capability to work (Canadian Mental Health Association, p.6; Garske & Stewart, 1999; Watson & Corrigan). The media has become one of the primary vehicles driving the public eye through the negative portrayal and perception of mental illness (Sieff, 2003, p. 260; Tsang et al., p. 384-385). Both the general public and potential employers who "often understand mental illness through the eyes of the popular media" (Canadian Mental Health Association, p. 6) have come to view mental health consumers through a negative lens. Through this lens, negative characteristics and stereotypes have developed that continuously act as barriers for mental health consumers to fully participate in normal social activities and in productive employment (Garske & Stewart, 1999; Tsang et al., 2003).

According to the Canadian Mental Health Association, "4 out 5 Canadians believe that people labelled mentally ill are irrational, dangerous and violent." The media is often cited as being responsible for contributing to such perceptions of stigmatization that have become

intrinsically embedded in the mindsets of the population at large (The Standing Committee on Social Affairs, Science and Technology, 2004, p.43). Many of the stories depicted in the media or in television programmes and movies portray mental health consumers as individuals who are involved in criminal activities. Such portrayals have saturated the society with negative depictions of mental health consumers and their capabilities. This has led to the socialization of individuals into disapproving the capacity of mental health consumers to become equal members of society and in particular within the work force.

1.3.1.2 Work Experience

Some studies have claimed that persons with mental illness are unskilled and therefore ill equipped to enter the workforce due to their lack of work experience (Shankar & Collyer, p. 2; Dalgin & Gilbride, p. 306). Lack of work experience is a barrier that the general population of Canada is also facing as evidence shows that Canadians who have higher levels of education and more work experience have made the most significant gains in earnings (Public Services Human Resources Management Agency of Canada, 2004). These claims stem from the notion that the individual has not developed any skills (social or technical) or expertise that can be transferable to another job. Therefore, individuals do not have the capacity to become active members of the workforce. However, it is important to note that that these studies fail to consider volunteer work as equivalent to paid work as a means of determining experience. The current study analyzes to some extent the role of volunteering to help put into perspective the importance of non-paid work as a means to achieving work experience and thereafter employment opportunities in the future.

1.3.1.3 Education

Studies have identified that lower levels of educational attainment may have negative consequences on successful employment outcomes for mental health consumers (Shankar & Collyer, p. 2; Baron & Salzer, p. 594). Researchers have noted that education is of great importance as it "makes a difference in peoples' capacity to get and to sustain better jobs" (Sheer, p. 5). The importance of educational attainment with respect to the Canadian labour market demands for higher skilled and educated workers is a reality that the general population faces as well.

> Riddell and Sweetman (2000) describe the importance of educational attainment as a result of the "relative demand shift" view [that] sees technical change, or structural change in Canadian labour markets, increasing the demand for higher skilled workers relative to lower skilled workers. Thus, growing employment opportunities for highly educated workers signal the need for increased

> educational attainment to meet the growing demand for this type of labour and to prevent an increase in unemployment that would be associated with declining demand for less skilled labour (as cited in, Emery, 2004, p. 79).

According to Human Resources and Skills Development Canada (HRSDC), high school dropouts are much less likely to be employed than those that graduate (HRSDC, 2000). Furthermore, the "employment rate of individuals with some high school is 10 to 15 percentage points lower than that of high school graduates," and "dropouts with no high school education have employment rates 20 to 30 percentage points below those of high school graduates" (HRSDC, 2000). In addition, as of 1999, "only two-thirds of dropouts with some high school were employed, while only one-half of dropouts with no high school were employed" (HRSDC, 2000). The relationship between education and successful employment outcomes is not just evident amongst the mental health consumer population but rather amongst the general Canadian population as well. Moreover, mental health consumers are more likely to succeed if they are equipped with a better education before diagnosis of a mental illness or after thorough vocational rehabilitation programs.

1.3.1.4 Social Support Networks

Literature recognizes the importance of social support networks as a key to successful employment outcomes and social integration (Storey & Certo, p. 2). According to Russell and Lloyd (2004), social networks either formal (family) or informal (mental health support groups and vocational programs) help support individuals in recognizing their capabilities to engage in the workforce. Personal and validating relationships are a result of such networks, which enable an individual to have a sense of belonging and thus help remove feelings of worthlessness and loneliness (Russell & Lloyd, p. 268). As a result mental health consumers develop better social skills, high levels of self-esteem and personal worth, which are integral components for achieving mental health and well-being.

A study conducted by Shankar and Collyer (2002) revealed that emotional support was significantly correlated with employment outcome suggesting the importance of the availability of support as a positive influence on employment outcomes. Gaining employment becomes a possibility once the individual realizes their capacity to succeed. Studies such as this one demonstrate the crucial role of support in securing and instilling thoughts of success in this deemed and marginalized population; a population assumed incapable of meeting the demands of mainstream opportunities. Strong social support networks provide individuals with a positive

foundation built on emotional support, which is valuable for not only enhancing vocational outcomes, but also important for improving mental health and well-being.

1.3.1.5 Meaningful Employment Opportunities

The overall number of meaningful employment[5] opportunities available for mental health consumers to access is too low (Baron & Salzer, p. 592). Baron and Salzer (2002) suggest that the scarcity of good jobs plays a huge role in preventing mental health consumers from joining the work force. With the apparent lack of meaningful opportunities of employment in the labour market, mental health consumers are forced to rely on lower-end jobs. According to Russinova, contrary to popular belief, people with a mental illness are capable of doing more than the "old myths that [suggest] they could only do low-level jobs – the so-called F jobs: flowers, filing, food' (as cited in Sheer, p. 3). Studies have indicated that a person with a mental illness has the capacity to be successful at higher end jobs[6] (Sheer, p. 3).

The lack of meaningful employment is an apparent barrier, which many societies around the world have acknowledged. Recognizing the apparent reality of the labour market, various studies were consulted to determine the options to increase the number of meaningful employment opportunities available for mental health consumers. This consisted of the exploration and examination of initiatives in place in various societies aimed at providing opportunities of employment to the targeted population. The shortfalls of the labour market have been addressed by the development of consumer-run businesses (CRBs) and enterprises that are built on the partnership between mental health consumers and mental health service providers and business communities.

Across the world, a new movement is on the rise that goes beyond simply training mental health consumers for jobs and finding the job placements. The development and establishment of entrepreneurial opportunities for mental health consumers has been established through the creation of consumer-run businesses. Consumer-run businesses are an extension of the European

[5] Meaningful employment refers to jobs that provide the worker with a sense of fulfilment and participation in society, good living conditions and hope for the future. Although the key issue here is employment it is however important to find "meaningful" employment that an individual will find engaging and will provide a sense of worthiness. Meaningful employment does not refer simply to jobs that provide high wages but rather opportunities that provide individuals with a sense of fulfilment and meaning to life.

[6] Higher end jobs do not necessarily constitute higher wages rather they are extensions that provide an individual with a higher sense of control, empowerment and a greater sense of responsibility and opportunity to grow.

developed social firm model[7] (prominent in Italy and Germany), which is a not-for-profit, high street businesses created for jobs for disadvantaged people and is characterised by full wages and equal opportunities for a mixed workforce (O'Flynn, 1999). A social firm is a business that creates employment for people with a disability or any other type of disadvantage in the labour market (Bates, 2001, p. 1). A social firm is any type of commercial activity but is often a business within the service industry, "such as catering, or enterprises within a specialized niche, such as jewellery design and manufacture" (O'Flynn, 1999). For example, in Germany a project established to recycle and resell fridges proved to be quite successful (O'Flynn, 1999).

On the other hand, consumer-run businesses are a "USA version of social firm, where all the people in business are consumers of mental health services" (O'Flynn, 1999). A consumer-run business is an "organization planned, directed, and staffed by mental health consumers, survivors and ex-patients" (National Mental Health Consumers' Self-Help Clearinghouse, p. 4). According to the Canadian Mental Health Association, consumer-run businesses "operate within a triple bottom line model of health, empowerment and employment" whereby individuals "work on the premise that people can create their own work that fits their lifestyle needs." A consumer-run business provides mental health consumers with the opportunity to take an "active part in running the enterprise, dealing with customers and sharing the economic fruits of the labour" (Sheer, p. 2).

Other extensions of the social firm model include social cooperatives or social enterprises, which also work similarly to consumer-run businesses in which all of the employees have some type of disability and have the majority control over the company (Bates, p. 1). The other primary difference between social cooperatives and consumer run-businesses is that they "offer a more limited amount of work and will often employ people on a part-time basis giving people the option to continue other day time activities and undertaking work related training outside of the organization" (Bates, p. 2). All of these business models provide mental health consumers with the opportunity to join the workforce and gain the benefits of income security, self-esteem and well-being in addition to giving them the chance to become actively involved in the whole process by taking control over the progression of the business.

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[7] The social firm model originated in Italy in the 1960's and were initiated by the "Movement for Democracy in Psychiatry," which produced a transformation of psychiatric services. The most "notable in Trieste where a model decentralized low cost service works with some 500 people in small businesses engaged in a variety of commercial activity including catering, farming, fashion, publishing and tourism" (Bates, 2001, p.1). There are over 40, 000 jobs in Italy as a result of social firms accounting for a turnover of 590 million Euros (Bates, 2001, p. 1).

Table 1 illustrates (Appendix A) a few examples from across the world that have incorporated the fundamentals of this new movement towards consumer-run businesses in addition to the social firm model and social cooperatives. Although, for the purpose of this study consumer-run businesses are the primary focus, the description of the other two models is included to provide a general overview of types of initiatives that have proven successful in increasing opportunities of employment for various disadvantaged populations around the world. It is important to note that any one of these models can be fine-tuned and restructured to fit the need of particular mental health consumers.

2 The Policy Context

To ensure accurate understanding of the present issue it is important to define the policy problem in a concise and clear manner. In defining the policy problem and its fundamental components, this section also sheds light on the gap created by the presence of the policy problem in addition to exploring the rationale for closing this policy gap. The rationale examines the potential costs and benefits endured by both the individual mental health consumer and population as a whole.

2.1 Policy Problem Defined

The policy problem this study examines is why mental health consumers face low levels of employment opportunities in Vancouver. There is a gap between the desire to engage in the workforce and the level of active participation in the workforce amongst the mental health consumer population. There is also a gap between the demand for employment amongst mental health consumers and the barriers hindering suppliers from providing jobs for mental health consumers. The purpose of this study is to identify the barriers facing the mental health consumer population of Vancouver and introduce various innovative strategies to open the door to employment opportunities.

The policy problem is at the second stage of the policy cycle, known as the formulation stage (Howlett & Ramish, 2003, pp. 144-147).[8] The issue has arisen at a time of great concern regarding the mental health and well-being of a marginalized population. Many studies and experts identify the opportunity to join the workforce as an avenue that will help move mental health consumers into societal inclusion and integration thus leading towards mental health and well-being. The high unemployment rate amongst mental health consumers is a significant

[8] Note: When a problem is identified, some course of action is needed. In this case the problem stems from the high unemployment rate amongst a population that is capable of working. According to Howlett and Ramish, "formulating such a course of action is the second major stage in the policy cycle: policy formulation." "Policy formulation involves assessing possible solutions to policy problems" "Defining, considering and accepting or rejecting options is the substance of the second stage of the policy cycle."

obstacle standing in the way of achieving mental health, which presents a "window of opportunity"[9] in the policy cycle (Kingdon, 1995, p.165).

It is important for interaction amongst key decision-makers to initiate interest in this enduring issue facing many Canadians today. It is hypothesized that if effective strategies aimed at closing this policy gap are implemented, mental health consumers can become contributing and valued members of society. The movement towards providing such mainstream opportunities such as employment not only promotes social integration but also significantly contributes to the mental health and well-being of an individual.

2.2 Rationale for Employment

The breakdown of the barriers hindering the capability of mental health consumers from getting meaningful employment will be beneficial to both the individual and the society they live in. By bridging this policy gap, mental health consumers gain the benefit of economic security in addition to mental health and well-being. "If consumers don't have the opportunity to become part of the workforce, they are marginalized and not part of the community," said Rick Kugler[10] (The Collaborative Support Programs of New Jersey, 2004). According to Kugler it is exactly this type of situation that exacerbates mental health problems. "Being part of commerce means being a part of the community" (The Collaborative Support Programs of New Jersey, 2004).

Employment is a means for providing various human needs such as social connections, equitable income, occupation, social standing and a sense of identity in addition to improving mental health, quality of life and self-esteem (Caltaux, p. 539). The rationale for employment from the consumer side stems from the notion that it significantly contributes and promotes social integration, self-esteem and quality of life. Hence, employment is recognized as a mechanism that can be used to aid in the recovery and reduction of the frequency and severity of symptoms by providing structure, the opportunity for social connections and integration leading to a fuller life (The Standing Committee on Social Affairs, Science and Technology, 2004, p.106; Health Canada, 2002). Research indicates that consumers who are engaged in employment have more self-esteem, fewer symptoms, and are less dependent on social assistance and medical services.

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[9] Note: According to Kingdon, the policy window is an opportunity for advocates of proposals to push their pet solutions, or to push attention to their special problems. Sometimes a window opens predictably but in other times like with the case of the unemployment rates amongst mental health consumers, it opens quite unpredictably.

[10] Rick Kulger is an instructor and employment consultant at the Integrated Employment Institute (IEI), Department of Psychiatric Rehabilitation, University of Medicine and Dentistry New Jersey.

According to the Canadian Psychiatric Association (1995), work plays an important role for a person recovering from a mental illness because it "provides a social support system and the opportunity for people to regain their sense of self-esteem, control and self-worth." This leads to better control of one's symptoms, which reduce or completely end one's dependence on social assistance in addition to reducing an individual's needs for medical services and support (The Standing Committee on Social Affairs, Science and Technology, 2004, p.106).

Contrary to popular beliefs, work is less stressful for individuals with a mental illness than the stresses of unemployment (Marrone & Golowka, p.188). According to Marrone & Golowka (1999), "issues that unemployment, particularly long-term unemployment, brings to the fore are depression, feelings of worthlessness, self-pity, self-absorption, higher risk of substance abuse, greater chance of isolation." It has been argued that the "lack of employment due to mental illness may jeopardize a person's recovery" (The Standing Committee on Social Affairs, Science and Technology, 2004, p.106), which may reduce income and standard of living leading to both economic dependence and reliance on medical services resulting in low self-esteem and self-worth.

The dependence on the welfare and medical system has detrimental effects on economic well-being of Canadian society (Health Canada, 2002). As shown in Table 2, the economic burden of mental illnesses in Canada was estimated at $14.4 billion in 1998; of which direct health care costs amounted to $6.3 billion and indirect costs (lost productively and early death) reached $8.1 billion (Stephens & Joubert, 2001).

Table 2: Economic Burden of Mental Illness in Canada, 1998.

Cost Component	In Billions of Dollars	
Direct Costs (Health Care)		**6,257**
Medications	642	
Physicians	854	
Hospitals	3,874	
Other Health Care Institutions	887	
Indirect Costs (Lost of Productivity)		**8,132**
Short Term Disability	6,024	
Long Term Disability	1,708	
Premature Death	400	
Total		**14,389**

Thomas Stephens and Natacha Jouebert, "The Economic Burden of Mental Health Problems in Canada," *Chronic Diseases in Canada,* *Vol. 22, No. 1, 2001.*

Looking through the lens of the external environment, extending opportunities of employment to mental health consumers will help alleviate the economic burden felt by society from the high costs associated with unemployment. The overall well-being of society is affected by the high costs associated with the hospitalization and social assistance that mental health consumers become dependent on when they are denied the opportunity to engage in the workforce. Through opportunities of employment these costs can be offset, as mental health consumers will become less dependent on social assistance and the medical system as they regain their place in the work world and thereafter into society.

3 The Current Study

The aim of this study is to identify potential barriers to employment faced by mental health consumers in Vancouver, to develop a catalogue of strategies for overcoming such barriers, and to ease the integration process of these individuals into society. With this in mind, I surveyed a cross-section of 22 participants from 5 different mental health organizations established to provide members with social and vocational support.[11] Participants in the study were all diagnosed with a form of mental illness[12] and shared the goal of being employed with emphasis on becoming a part of society. In addition, a series of informational consultations with managers and program coordinators of various mental health programs and organizations in Vancouver were conducted to provide further insight into the scope of the problem.

3.1 Methodology

The methodology in this study is composed of two phases – surveying mental health consumers and informational interviews with mental health providers. Participants for the first phase were recruited through personal contact with five mental health organizations. Criteria for inclusion in the study were as follows: (a) being a mental health consumer between ages 18-55[13]; (b) being a member of the mental health organization being contacted; and (c) being voluntarily willing to participate in the study. As shown in Table 1, the sample consisted of 22 participants who have been diagnosed with some form of a mental illness. Participants were generally 35

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[11] These include the Kettle Friendship Society, The Living Room, The Coast Clubhouse, Gastown Vocational Services and Motivation Peer Association.

[12] Individuals were not required to disclose the form of mental illness they had. As a requirement to be a part of these organizations it was imperative that the member provide certification of being diagnosed with a history of a mental illness. It is from this that it can be concluded that the participants being surveyed were in fact mental health consumers.

[13] It is important to note that due to ethical considerations, the survey did not question respondents about the nature of their mental illness. Therefore it is possible that an individual is not employed due to the severity of their mental health problem. However it should also be noted that in conversation, many respondents disclosed the nature of their mental illness and in these cases individuals stated that their symptoms were under control with medications. During the survey the 22 respondents all appeared to be cognitively sound, intelligent and articulate. In addition, none of these individuals mentioned their illness as a barrier to obtaining employment when given the opportunity in the end to share any further comments on their employment experience. It is thus possible that the sample over-represents the mental health consumers who are the most employable in the total population of mental health consumers.

years of age and older, relatively well-educated, male participation was dominating at 68.2%, and 81.8% of the sample was Caucasian.

Table 3: Demographic Characteristics of Participants[14]

	Total Sample N=22	Employed N=7	Unemployed N=15
Age			
18-25	9.1%	14.3%	6.7%
26-34	13.6%	14.3%	13.3%
35-45	36.4%	28.6%	40.0%
46-55	40.9%	42.9%	40.0%
Gender			
Male	68.2%	100.0%	46.7%
Female	31.8%	0.0%	53.3%
Ethnicity			
Caucasion	81.8%	71.4%	86.7%
Non-White	18.2%	28.6%	13.3%
Marital Status			
Married	4.5%	14.3%	0.0%
Single	59.1%	71.4%	53.3%
Divorced	18.2%	14.3%	20.0%
Common-law	18.2%	0.0%	26.7%
Education			
Less than highschool	36.4%	42.9%	33.3%
Highschool diploma	27.3%	0.0%	40.0%
Some college	13.6%	14.3%	13.3%
College diploma	9.1%	28.6%	0.0%
University degree	13.6%	14.3%	13.3%
Housing			
Rent apartment/condo	77.3%	85.7%	73.3%
SRO	22.7%	14.3%	26.7%

The recruitment process was difficult because participants were not eager to participate in any type of survey or interview. A number of reasons could explain their reluctance. They may

[14] When looking at the demographic characteristics of the participants it is important to recognize that given the small sample the percentages may look more significant than they are. Future studies may want to incorporate a larger sample to put these percentages in more perspective. For example, Table 3 shows that 28.6% of the employed participants were 35-45 years of age, which corresponds to 2 participants in the survey.

be preoccupied with activity[15] one was engaged in or perhaps some had reservations about becoming a participant of a study.[16] In addition, the busiest times these organizations typically have are during meal times and therefore not many participants remained after eating their meal. As a result, the sample size is relatively small. However, the respondents provided detailed information and gave me considerable insight into my policy problem. As this is a very small study, the results are indicative of what one might find in a larger study. A larger population of mental health consumers should be surveyed to see if the results of this study are supported.

Participants for the second phase of this study were also recruited through personal contact with different mental health organizations. The criteria for inclusion in the elite interviews was as follows: (a) program coordinator or manager of a mental health vocational or emotional support group; (b) being voluntarily willing to participate in the study; (c) willing to disclose name and affiliation with program and agreeable to be cited in report. The recruitment process of this phase of the study was relatively smooth as all participants were quite open and cooperative in the whole interview process.

3.2 Instruments

There were two measures used in this study. A semi-structured questionnaire on employment barriers amongst mental health consumers was developed and used as the main scale to measure level and types of barriers possibly hindering the opportunities of employment from the viewpoint of mental health consumers. A set of open-ended interview questions for the elite interviews were developed to understand the barriers to employment from the mental health professionals' view point.

3.2.1 Questionnaire on Employment Barriers

A questionnaire attempts to measure the types of barriers that may be correlated to negative employment outcomes for mental health consumers. The mental health and employment literature helped me determine the questions in the survey. Further elaboration on these items is provided in the following discussion. The questionnaire was administered in a face-to-face manner to help avoid occurrences of non-response. The questionnaire was accompanied with a

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[15] Many of the organizations used to contact mental health consumers were oriented towards providing leisure activities for individuals to engage in with others. These ranged from bingo, pool, card games and watching movies.

[16] Please refer to Appendix B – Mental Health Consumer Questionnaire for further details on how the sample was collected and who declined to participate.

letter describing the purpose of the survey and study in addition to the statement that their participation was voluntary and anonymous. The Ethics Committee of Simon Fraser University examined and approved the items used in the questionnaire. The complete questionnaire used to survey the mental health consumer participants can be found in Appendix A.

3.2.2 Informant Elite Interview Questions

A set of open-ended questions were developed (Appendix A) for the informational interviews used to determine the perspective of mental health providers on the types of barriers hindering mental health consumers. These questions were designed to stimulate discussion on this current issue in addition to gaining insight into what solutions may be feasible for alleviating this policy problem. Prior to conducting the interview respondents gave consent to be cited in this report whereby their identities have been disclosed. The responses from these interviews were hand written and later formatted into a concise table outlining important findings.

3.3 Variables in the Analysis

In this study the major question being probed is: why do mental health consumers face low opportunities of employment in Vancouver? The outcome (dependent) variable in this study is employment rate amongst mental health consumers, which is dichotomized as employed and not employed. Employed is defined as any type of work that generates income excluding welfare and disability income. This variable is considered to be a proxy for employment rates amongst mental health consumers within the geographic area of Vancouver. For the purpose of this study, employment rates were based on the self-report of respondents answering questions of whether they were employed or not. Rates of employment amongst mental health consumers in the focused geographic area are presumed to be linked to the occurrences of unemployment amongst mental health consumers on a generalized basis. Following is the description of the various items (independent variables) used in the questionnaire administered to mental health consumers to measure the outcome variable.

3.3.1 Support Variable

The support variable describes the level of support, both vocational and emotional, the individual has acquired outside the family domain. Vocational support provides insight into the level of support and assistance consumers are receiving to find a job placement. Emotional support sheds light on the amount of support consumers are receiving to build their self-esteem

and their social skills. The support variable assesses whether the likelihood of being employed increases with a stronger foundation of social support networks. Various reports indicate that a strong social support network is indicative of increasing employment outcomes amongst mental health consumers. Hence, my hypothesis is that when consumers have the access to higher levels of social support networks employment outcomes also increase.

The hypothesis is based on the assumption that strong social support networks strengthen an individual's sense of self and lend towards building their self-esteem and self-worth, which contribute to their ability to recognize and believe that they have the capacity to work. Shankar and Collyer (2002) recognized the importance of family dominated support networks as key to the enhancement of employment outcomes. Although family members can be "supportive and provide valuable resources," (Shankar and Collyer, p. 12) it is important to recognize that not everyone is blessed with a supportive family network. According Kulger (2004), "mental health support groups are key sources of support, and they are among the resources that help connect consumers to the workforce and other things the world has to offer." It is for this reason that the support variable in this study was used to shed light on types of emotional and vocational supports individuals are seeking outside the family domain.

3.3.2 Vocational Skill Training Variable

The vocational skill training variable includes elements of skill development and training for vocational and educational preparation. This variable is used in the analysis to determine whether individuals are participating in any form of skill training aimed at the development of general, technical or job search skills[17] that consumers need to help succeed in vocational rehabilitation or to pursue their educational goals. My hypothesis is that active participation in vocational skill training programs is positively correlated with successful employment outcomes.

3.3.3 Awareness Variable

The awareness variable describes the level of awareness that participants have about the type of emotional and vocational support groups are available to assist in enhancing their employment opportunities. My hypothesis is that the level of awareness significantly impacts the increase in successful employment outcomes. This seems quite logical, as individuals are more aware of programs available to assist in their endeavour for employment there is an increase in

[17] General skills refer to such skills as organization and people skills. Technical skills refer to such skills as operating a computer and accessing the internet. Job search skills includes such components as resume writing and interview preparation.

access to such programs. With an increase in access, it is presumed that individuals will become more likely to enhance their employment outcomes. This variable was an additional item in the survey as none of the studies consulted focussed on such a logical factor hindering opportunities of employment for mental health consumers.

3.3.4 Education Variables

The literature widely recognizes that education is positively correlated with successful employment outcomes. This variable measures the level of education in relation to likelihood of being employed. My hypothesis is that the higher the level of education one has acquired, the more likely it is for them to be employed.

3.3.5 Work Experience Variable

The literature has suggested that persons with a mental illness do not have the capacity to obtain employment due to their lack of work experience (Shankar & Collyer, p. 13). This variable provides insight into the level of past work experience gained by the participants. It sheds light on the effect of inadequate levels of work experience upon employment outcomes. My hypothesis is that poor work experience levels is correlated with high rates of unemployment amongst mental health consumers.

3.3.6 Meaningful Employment

The literature, in addition to the informational interviews, recognizes that there are low numbers of employment opportunities available for mental health consumers to secure. This variable is used to determine the types of jobs held by the employed participants in comparison to jobs held in the past by both the employed and unemployed groups. According to various studies, it is understood that the current state of the labour market corresponds to the high unemployment rate amongst mental health consumers. This variable helps understand the degree to which employed mental health consumers are holding jobs that are considered meaningful.

4 Results

4.1 Informational Elite Interviews

In order to further explore the potential barriers to employment and grasp an understanding of such barriers from a first hand look, a number of informational elite interviews were conducted with managers and program coordinators providing day-to-day support and services to mental health consumers directly. Table 4 illustrates the responses these mental health workers provided to the question: "what are some of the barriers to employment for mental health consumers?" As shown in the table there was consensus amongst the group that stigma is a barrier to employment. When asked the question, "of the barriers you identified, what is the most significant?" respondents again identified stigma. Stigma is widely recognized by the literature and amongst mental health service providers as a fundamentally significant barrier hindering the opportunities of mental health consumers to join the workforce.

Jack Beatty, manager of the Coast Clubhouse and Rob Wilson, community resource manager of The Living Room both identify the media as the culprit for the inaccurate portrayal of persons with a mental illness. The media is partly responsible for the dissemination of information on various subjects and events; for many, it is the primary source for up-to-date information. The media fails to dispel the picture of mental illness through positive and affirmative action, instead the media has continued to take the negative and at best the passive stance to this issue of stigma. Rob Wilson expressed that due to these inaccuracies, in society people have the "Hollywood image of what somebody with a mental illness is like." According to Jack Beatty, the public perception of what a mental illness is a development from the lack of education and awareness as many seem to believe that those with a mental illness are "child molesters or criminals."

Sixty percent of the respondents in the elite interviews stated that there is an apparent lack of awareness amongst mental health consumers regarding the services available for them to access by way of employment training programs. One cannot access resources and services without having the prior knowledge of its availability. Terry Fraser, an individual who as a mental health consumer has been in and out of the system and is now employed as a program

Table 4: Barriers to Employment

Respondents	Significant Barriers to Employment								
	Stigma	Lack of Awareness	Lack of Support	Meaningful Employment	The Illness	Lack of Capacity	Lack of Skills	Lack of Education	Past Work History
Jack Beatty Manager, Coast Clubhouse	✓	✓		✓					
Joy Anson Occupational Therapist, GVS	✓	✓		✓			✓		
Terry Fraser Facilitator, GVS	✓	✓							
Rob Wilson Community Resource Manager The Living Room	✓		✓				✓		
Chantal Desruisseaux Program Coordinator, MPA	✓		✓				✓		
Total Responses	**5**	**3**	**2**	**2**	**0**	**0**	**3**	**0**	**0**

Source: Informational Interviews, 2005

facilitator for a vocational rehabilitation program, confers that there is an apparent "lack of information available to mental health consumers."

Other barriers that showed signs of importance in overcoming were the lack of social support and reality of the lagging resources providing meaningful opportunities of employment. When asked for suggestions on how to improve the current situation, many participants identified education and awareness as key elements in helping remove stigmatizing attitudes embedded within the general population. Society generally feels uncomfortable with the idea of integrating mental health consumers into mainstream opportunities, such as work, and as a result, there is a need to educate people about mental illness so that they could react in a different manner.

4.2 Major Study Findings

The aim of this analysis was to determine why mental health consumers are facing low opportunities of employment in Vancouver. Of the 22 participants 68.2% were unemployed. According to Statistics Canada Vancouver's unemployment rate was 7.4% in 2003 (Statistics Canada, 2003, p.35). Qualitative responses from the survey process showed that participants generally had the desire to find work. Contrary to other research findings, this study displays a few different causal links to unemployment amongst mental health consumers. These findings introduce a different perspective on the cause of high unemployment rates and in doing so open a window of opportunity for policy options to alleviate unemployment among mental health consumers. The following section provides a synthesis of key findings from the survey.[18]

4.2.1 Support variable

The support variable assesses whether the likelihood of being employed increases with a stronger foundation of social support networks. As hypothesized, strong social support networks strengthen an individual's ability to gain employment. All of the participants were enrolled in some form of a support group as shown in Figure 1 below. However, it was very interesting to find that only 6.7% of the individuals who were unemployed were enrolled only in a vocational support group while 28.6% of the employed participants were enrolled in vocational support programs, 57.1% were enrolled in emotional support groups and 14.3% were enrolled in both emotional and vocational support groups. The employed participants had a more rounded

[18] The results presented in this study that are recognized as significant are subject to the limitations of the small sample size. Future studies need to seek a larger sample in order to avoid overselling results obtained in the study.

network of social support outside the family domain while the unemployed individuals had more of a one-sided support network focussed on emotional support.

Table 5: Type of Support Group Participant is Enrolled

Type of Support Group Crosstabulation

			Support Program			
			Emotional support	Vocational support	Both	Total
Employment	Unemployed	Count	13	1	1	15
		% within Unemployed	86.7%	**6.7%**	**6.7%**	100.0%
		% within Program	76.5%	33.3%	50.0%	68.2%
	Employed	Count	4	2	1	7
		% within Employed	57.1%	**28.6%**	**14.3%**	100.0%
		% within Program	23.5%	66.7%	50.0%	31.8%
Total		Count	17	3	2	22
		% within Employ	77.3%	13.6%	9.1%	100.0%
		% within Program	100.0%	100.0%	100.0%	100.0%

Note: The top left hand row shows the results for those respondents who were unemployed and the middle left hand row is for those individuals currently employed. The table describes the level of participation amongst both groups in emotional support groups, vocational support groups and the combination of both.

The unemployed participants in the study received an unbalanced form of support that rested solely on emotional support (86.7%), which does not lend any support in the way of job searching and placement. These individuals may be connected to a support network that helps them build their self-esteem and self-worth, which may contribute to their ability to recognize and believe that they have the capacity to work. However, these individuals do not have a strong support network enhancing their capacity to find a job. For this reason the social support networks for mental health consumers should be two-fold, composed of both emotional and vocational supports.

4.2.2 Vocational Skill Training Variable

The results of the study correspond with the hypothesis that active participation in vocational skill training programs is positively correlated with successful employment outcomes. Of the unemployed participants, 86.7% were not enrolled in any vocational skill training classes aimed at enhancing their general, technical or job search skills. The interesting component of this variable was the finding that 80% of the unemployed participants wanted to take skill training

classes. This begs the question of why they are not enrolled in these programs, which will be addressed in the following section.

4.2.3 Awareness Variable

As hypothesized, the level of awareness significantly influences the employment outcomes. Table 6 shows the results to the question, "Are you aware of any other support groups aside from the one you are a part of?" Although 66.7% of the unemployed participants were aware of another support group, none of the groups mentioned were vocational support groups. Of those employed, most of the groups mentioned were also emotional support groups. The reason for this stems from the fact that many of the employed individuals are already members of vocational support groups currently or have been in the past.

Table 6: Are you aware of other Support Groups?

Level of Awareness of Support Groups Crosstabulation

			Support Group Awareness		
			no	yes	Total
Employment	Unemployed	Count	5	10	15
		% within Unemployed	33.3%	**66.7%**	100.0%
		% within Awareness	62.5%	71.4%	68.2%
	Employed	Count	3	4	7
		% within Employed	42.9%	57.1%	100.0%
		% within Awareness	37.5%	28.6%	31.8%
Total		Count	8	14	22
		% within Employ	36.4%	63.6%	100.0%
		% within Awareness	100.0%	100.0%	100.0%

Note: The top left hand row shows the results for those respondents who were unemployed and the middle left hand row is for those individuals currently employed. The figure describes the level of awareness amongst both groups with regard to both emotional and vocational support groups. The level of awareness against the yes/no response shows the percentage of individuals aware of or not of both types of support programs.

Table 7 presents the findings to the question, "Are you aware of any skill training programs or classes?" Of the individuals who were unemployed, 53.3% were not aware while only 14.3% of the employed individuals were not aware of any skill training programs. In addition, of the unemployed individuals who were aware of any skill training programs only 40% were aware of specific vocational training programs in Vancouver aimed at enhancing an individual's general, technical and job search skills. Also, it is important to note that there are

some possible reasons why mental health consumers who in spite of being aware of vocational and educational skill training programs are not currently enrolled in them. These stem from the notion that many of these individuals have misconceptions of how to become members of these programs. Many of the respondents indicated that these programs have high costs to become members and others indicated difficulties in finding how to become members.

Table 7: Vocational Skill Training Program Awareness

Level of Awareness of vocational skill training Crosstab

			Skill Training Awareness		Total
			no	yes	
Employ	Unemployed	Count	8	7	15
		% within Unemployed	**53.3%**	46.7%	100.0%
		% within Skillaware	88.9%	53.8%	68.2%
	Employed	Count	1	6	7
		% within Employed	**14.3%**	85.7%	100.0%
		% within Skillaware	11.1%	46.2%	31.8%
Total		Count	9	13	22
		% within Employ	40.9%	59.1%	100.0%
		% within Skillaware	100.0%	100.0%	100.0%

Note: The top left hand column shows the results for those respondents who were unemployed and the middle left hand column is for those individuals currently employed. The figure describes the level of awareness amongst both groups with regard to vocational skill training programs. The level of awareness against the yes/no response shows the percentage of individuals aware of or not of vocational skill training programs. Skillaware refers to awareness of vocational skill training variable.

4.2.4 Education Variables

The literature recognizes that education is positively correlated with successful employment outcomes. This study found similar results as evident in the literature whereby education does have a notable influence on employment outcomes among mental health consumers. One-third of the unemployed participants did not have a high school diploma and only 26.6% of these individuals had any type of post-secondary education.[19] In comparison, 57.2% of the employed participants had some type of post-secondary education. Therefore as hypothesized, the higher the level of education an individual has acquired, the morel likely it is

[19] Some post-secondary education (refer to Table 3) refers to the combination of some college, college diploma and university degree.

for them to be employed. This provides more reason for mental health consumers with limited levels of educational attainment to acquire additional levels of vocational training and rehabilitation to help strengthen their skills and enhance their opportunities to obtain employment.

4.2.5 Work Experience Variable

The literature cited above suggests that persons with a mental illness are not capable of attaining employment due to their lack of work experience. Prior work experience was not found to be a significant variable in my sample, as both groups presented a relatively strong record of work experience. Qualitative responses indicated the types of jobs individuals held in the past along with the duties and responsibilities each had. These responses indicated a well-built resume of extensive long-term work experience for both groups. 93.3% of the unemployed individuals and 85.7% of the employed individuals held long-term jobs with extensive duties and responsibilities in the past. In addition, of the individuals who were unemployed, 73.3% were volunteering as a means to gain extra experience and reference on their resumes. This indicates a strong desire to find employment and become contributing members of society.

4.2.6 Meaningful Employment

Many of the respondents felt that they should have the opportunity like all Canadians to participate in life to the fullest of their ability with respect to getting employment. The desire to work amongst the participants was generally quite high as 60% of the participants were currently looking for employment. Those who were not currently looking for work were either already employed, volunteering, or felt that they did not have the adequate "tools"[20] to get the job.

Literature in addition to consultation with mental health program coordinators and managers has indicated that a lack of meaningful employment opportunities for mental health consumers. The findings from this study supported the conclusion that there is a lack of meaningful opportunities available for mental health consumers. Meaningful employment was another factor many participants acknowledged as a reason for their unemployment. One respondent indicated that they did not want to work in a fast food restaurant to flip burgers. Similar responses identify the lack of opportunities for meaningful employment and their lack of interest in working in low-end jobs that do not provide a sense of responsibility and fulfilment.

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[20] The terms "tools" was used by a few participants as reference to skills, training and resources (money to start a business).

4.3 Summary of Key Findings

The findings from the current study have uncovered several links to unemployment amongst mental health consumers presenting a different angle of focus on alleviating unemployment amongst mental health consumers. It is, however, important to note that a number of findings proved to be quite consistent with the literature review of many other studies. Table 8 summarizes the major barriers to employment amongst mental health consumers discussed in this report.

As shown in the table below, stigma, for example, is widely recognized by the literature and amongst mental health service providers as a fundamentally significant barrier hindering the opportunities of mental health consumers to join the workforce. Other barriers that showed signs of importance in overcoming were the lack of social support and vocational training in addition to the reality of the lagging resources providing meaningful opportunities of employment. As evident in the literature, social support networks and the opportunity to engage in vocational skill training is fundamental in achieving positive employment outcomes.

The interesting and surprising element of the findings from the survey of mental health consumers was the lack of correlation between work experience and employment outcomes as the majority of respondents participating in this study had acquired a solid level of work experience. This opens up a window of opportunity for a set of unique policy options for alleviating unemployment amongst mental health consumers. The most remarkable result this study presents is the finding that there is lack of awareness amongst mental health consumers with respect to the large number of programs and services available to assist in the employment venture. No evidence of a previous study was found that even considered the possibility of that lack of awareness of programs and services hinders employment opportunities for mental health consumers.

This finding, in addition to others discussed above, presents an opportunity for policy makers to reduce the high levels of unemployment faced by a population that has the desire and capability to work. In the following section, various policy alternatives are presented to help guide decision makers alleviate the high levels of unemployment among the mental health consumer population.

Table 8: Summary of Key Findings

Employment Barrier	Content	Literature	Current Study
Stigma	Identified as major factor responsible for hindering employment opportunities for mhc	This finding is consistent with the evidence found in the literature (other studies)	
Lack of Meaningful Employment	Overall number of meaningful employment opportunities available for mhc is too low	This finding is consistent with the evidence found in the literature (other studies)	
Lack of Awareness	There is an apparent lack of awareness amongst mhc with respect to the types of programs available to assist them in obtaining employment opportunities		This finding presents a new perspective on the current state of unemployment amongst mhc in Vancouver
Lack of Work Experience	Overall the respondents had an extensive employment background & experience		Contrary to existing literature this study found that the unemployed sample surveyed did not have a lack of work experience-in this case level of employment outcomes were not related to level of work experience attained by the mhc
Lack of Education	Majority of the respondents did not have a high school diploma (33.3% of the unemployed & 42.9% of the employed)	This finding is consistent with the literature – low levels of education attainment is relative to higher unemployment rates amongst mhc	
Level of Support	Majority of the unemployed respondents lacked a strong social support network	This finding is consistent with the literature, which suggests that strong social support networks strengthen an individual's ability to gain employment	Contrary to the literature, this study recognizes the importance of support found outside the family domain as an important factor in obtaining employment
Vocational Skill Training	86.7% of the unemployed respondents were not enrolled in any type of vocational skill training programs	This finding is consistent with the literature, which suggests that vocational skill training programs help enhance an individuals ability to gain employment success	

5 Alternatives

According to Geva-May and Wildavsky (1997) the "target role of policy analysis is alternative selection: alternatives address and answer the problem on which the entire analysis process is based, and provide the foundations for policy design." Kingdon (1995) provides an interesting analogy to the generation of the alternative selection as "analogous to biological selection," whereby "policy analysis selection is resolved by pre-determined criteria," which in this case ranges from cost analysis to political and social feasibility.

5.1 Description of Alternatives

Through an iterative process, three alternatives have been identified from the combined analysis of literature review, elite interviews, and the results from surveying mental health consumers. This section introduces policy options aimed at closing the policy problem that has surfaced due to the gap between the demand for employment amongst mental health consumers and the barriers hindering such opportunities from meeting this demand. These strategies can provide key decision makers in Vancouver with a comprehensive set of tools that can be implemented to alleviate the pressing issue of unemployment among mental health consumers. The following is a comprehensive look at the alternatives developed in part to meet the objectives of this study.

5.1.1 Centralization of Information: Alternative 1

As indicated by both the qualitative responses gathered through elite interviews with program managers and coordinators and those from surveying mental health consumers, the lack of awareness is a significant barrier to opportunities of employment. This lack of awareness among mental health consumers regarding the various social and vocational supports available stems from the absence of centralized information within the mental health services offered in Vancouver for mental health consumers. The various mental health organizations are disorganized with regard to disseminating information to mental health consumers about the various vocational rehabilitation programs and services.

Based on the findings from the surveys and informational consultations in addition to personal observations, there is a communication gap among mental health organizations in Vancouver. This gap seems to have surfaced in part due to a lack of collaboration between the different programs in addition to the lack of awareness that a problem exists. It may simply not be apparent to many organizations in Vancouver that there is an awareness problem amongst mental health consumers. The shift from institutionalization to community-based mental health programs and services has brought to the surface the gaps and problems with information dissemination between the organizations. The lack of effective communication and regular collaboration has complicated accessibility and effective service delivery for mental health consumers. Instead of taking full advantage of the various programs and services available to help direct individuals towards opportunities of employment, many mental health consumers simply lack the knowledge of the existence of these enterprises.

Promoting awareness among mental health consumers regarding different programs and services available to help gain employment should be a priority. Without an adequate awareness of what is available, access to such programs aimed at enhancing employment opportunities is virtually impossible. There is an urgent need to bridge the existing communication gap among the mental health organizations that are all working towards the same goal of bettering the lives of a marginalized section of the population. Bridging this gap will this broaden awareness amongst mental health consumers regarding the availability of programs and it will also provide a stepping stone to the road to employment success.

The steps needed to address the urgent need to develop a bridge between the various mental health organizations stems from the notion of centralized information. The roadmap to developing such a strategy begins with the understanding that there is a problem with the dissemination of information across the different groups, which has become a huge barrier to many individuals wanting to achieve employment success. In recognizing the urgent need to overcome these barriers it is suggested that mental health organizations around Vancouver come together and jointly develop a list of key programs and services that are essential for mental health consumers to access in order to become integrated members of the workforce. The following is a preliminary plan that program managers and coordinators can follow to help implement a strategy of centralized information.

1. Produce a type of booklet or brochure that clearly identifies the key programs and services available in the city of Vancouver. These brochures should be developed in

collaboration with all of the organizations in Vancouver providing vocational and emotional support to mental health consumers.[21]

2. In describing the programs, it is important to detail: (a) content – the program's focus and it's success rate; (b) location of program – address, telephone; (c) any eligibility and/or fees associated with becoming a member of the program.

3. To avoid high production costs it is important to keep the brochure itself simple and the content rich in detail. Brochures should be about 6-8 pages, printed on plain paper.[22]

4. These booklets or brochures should be distributed within each of these organizations. It is important to display the booklets or brochures on a message board that is easily accessible and widely visible; also post online.

5.1.2 Broaden Awareness: Alternative 2

It has been widely recognized that negative attitudes towards mental health consumers play a significant role in their high unemployment rate. In order to change this, there is need for a multi-faceted approach that includes the general public, mental health consumers, the business community, potential employers and mental health service providers (The Standing Senate Committee on Social Affairs, Science and Technology, p.52; Pinfold, Toulmin, Thornicroft, Huxley, Farmer, Graham, 2003; National Institute for Mental Health in England, 2005). To help reduce the impact of stigma, community-based approaches need to be developed that will be delivered by both media advertising campaigns and community-based education and awareness strategies targeting younger generations at the high school level and adults in the workplace.

An extensive list of programs from around the world aimed at reducing stigma has been compiled and is found in Appendix B. It should be noted that Canada, in particular British Columbia, is lagging far behind other jurisdictions in developing strategies aimed at reducing stigma in their community. The comprehensive list of programs in Appendix B provides a preliminary foundation upon which mental health organizations in Vancouver can base programs geared towards fighting stigma. Most all of these programs have one thing in common; they are all developed on a multi-faceted approach that includes the general public, mental health

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[21] This includes such organizations as Canadian Mental Health Association, Coast Foundation, Kettle Foundation, Motivation and Peer Association, The Living Room, Gastown Vocational Services and THEO BC.

[22] Having previous experience in producing similar types of brochures I found that the costs can be limited by producing them on an office computer and printer. Various programs are available on Microsoft Word and Publishing designed to produce such brochures. Time needed for such a project is anywhere from 2 weeks to about a month (depending on resources).

consumers, potential employers and the media. The mode of information dissemination used by many of these programs is education and contact. Education and contact have been identified by studies as significant mechanisms leading to an improvement in public attitudes about mental illness (Watson & Corrigan, p. 9).

Education programs are effective because they can help people identify the myths and inaccurate stereotypes associated with mental illness and thereafter be replaced with an accurate portrayal of mental illness with factual information. This can be accomplished by providing the public with simple facts that help overcome current myths regarding mental illness. The presentation of educational information can be further improved if it is heard from the source of the prejudice and stereotype – the mental health consumer. Contact with persons with a mental illness has also been seen to significantly improve attitudes about mental illness. This may seem to be a difficult task to perform but it is not impossible. An effective strategy is to facilitate contact between mental health consumers and the general public in environments such as schools, churches, workplaces and businesses where mental health consumers can be brought in to share their stories and experiences.

Mental health program coordinators and managers confirm the arguments in the literature that "public education campaigns are most effective when they are locally based and focussed on the anxieties of their target groups" (The Standing Senate Committee on Social Affairs, Science and Technology, p.53). It is important therefore to target education campaigns towards specific groups and audiences to achieve higher levels of success in reducing stigmatic attitudes. That is to organize education campaigns and/or presentations by mental health consumers to audiences that are segregated by age and profession (i.e. students, working adults, businesses and the media). A mental health awareness intervention directed at 472 secondary school students in Britain aimed at increasing mental health literacy and challenging negative stereotypes associated with mental illness found positive changes in reducing stigmatic attitudes and thinking (Pinfold et al., 2003). Educational sessions aimed at younger students are a useful approach as it provides an opportunity to challenge the development of any stereotypical attitudes towards mental illness (Pinfold et al., p. 345). In addition, a workshop targeted at British police officers also found positive impacts on their attitude towards mental illness (The Standing Senate Committee on Social Affairs, Science and Technology, p.54). This study found that "targeting a group in the work-place provides the opportunity to challenge the negative stereotypes while addressing specific work-based training needs, thus creating a more favourable learning environment for

addressing attitudes and behaviours" (as cited in The Standing Senate Committee on Social Affairs, Science and Technology, p.54).

The education and contact model tackles not only public stigma (general public and the media) but also engages in addressing the problem of self-stigma. Although there are few studies that have focussed on means to diminish self-stigma, it is likely that education is the key to success. Educating individuals, who self-stigmatize, about their capabilities due to their mental illness is a means to help overcome their negative perceptions. The following is tentative plan that the Ministry of Health in collaboration with mental health organizations in Vancouver can follow to help implement a strategy aimed at reducing stigmatic attitudes towards mental illness.

1. The target groups should include secondary school students, the general public, the media, mental health consumers, employers and business communities.
2. The mode of dissemination should be a joint collaboration of education and contact through presentations made by mental health consumers.
3. Communication material needs to be produced and should include: (a) employers' tool kit and resource pack; (b) resource kit for schools (c) media/journalists' guide to mental illness; (d) anti-stigma campaign advertisements on TV, billboards, and buses; (e) need to distribute informative leaflets to both the general public and mental health consumers.
4. The contact model should consist of public educational programmes in which mental health consumers make presentations to various audiences such as the youth, the media, employers, general public and businesses. This will engage the consumer and the outside world in a discussion and understanding of the stories and experiences of living with a mental illness. It may be helpful to develop a low cost video to aid in the presentation.

5.1.3 Collaborative Partnerships among Key Stakeholders: Alternative 3

There needs to be increased emphasis on the movement towards businesses run by mental health consumers in Vancouver. Although some efforts have been made by the Canadian Mental Health Association (Vancouver/Burnaby branch), additional work is still required. Mental health organization need to establish and support a collaborative dialogue with the business community of Vancouver aimed at encouraging and facilitating enhanced dissemination of information about new and innovative models of increasing number of meaningful employment opportunities for mental health consumers. Stakeholders to be included consist of the program coordinators and managers of mental health organizations in Vancouver and potential employers and business

community members in addition to representation from mental health consumers. As shown in Appendix A, various societies around the world have become actively involved in this joint venture enabling a marginalized population greater employment success.

As described earlier, consumer-run businesses not only provide meaningful opportunities of employment, but also give the consumer the power of exercising control over all aspects of the business. This increases the individual's sense of responsibility and promotes their self-worth and self-esteem enabling them to stand up in society with a real identity. A consumer-run businesses is a successful employment venture that needs to be recognized and acted upon by mental health organizations in Vancouver. It is an endeavour that gives mental health consumers a recognized place in society, which acts as a powerful agent in promoting mental health and well-being. The following is a tentative plan that the Province of BC, in collaboration with mental health organizations and business communities in Vancouver, can follow to help implement a strategy aimed at increasing opportunities of meaningful employment.

1. Mental health organizations need to come together with mental health consumers to address this idea and devise a plan to be presented to both the business community and the provincial government.
2. This plan needs to illustrate the benefits of proceeding with a consumer-run business model in addition to outlining the goals and objectives. The plan also needs to include input from mental health consumers – what their role may be in the process.
3. Need to set up open dialogue between the mental health organizations and mental health consumers and business interests and potential employers to help devise a business plan to facilitate the establishment of consumer-run businesses.
4. Present a business plan to the provincial government for funding assistance (analogous to what was conducted in Ontario).

5.2 Evaluation of Alternatives

The three alternatives described above were analyzed against a set of feasibility criteria that included economic, effectiveness, political feasibility, social feasibility and administrative feasibility. Criteria are used to compare and evaluate how close different policy alternatives will come in achieving the goal of reducing unemployment among mental health consumers in Vancouver (California State University, 2005). The following summarizes how the criteria are

measured and the key considerations involved in the assessment of each policy option. Table 9 illustrates an analysis of the three alternatives against the set of feasibility criteria.

Table 9: Criteria Matrix Evaluating the Proposed Policy Options

Criteria	Indicator	Tools of Measurement	Centralization of Information	Broaden Awareness	Collaborative Dialogue Among Key Stakeholders
Economic Criteria	Direct Costs	Evidence found in the literature and current study through informational interviews and mhc questionnaire	Moderate costs for materials and advising	Higher costs in enforcement – materials and other resources	Moderate costs for materials and resources
Effectiveness Criteria	Extent to which propose policy option will attain the goal of reducing unemployment rates among mhc	Evidence found in the literature and current study through informational interviews and mhc questionnaire	Mental health service providers concur the need to centralize information as a means to increase awareness among & thereafter reduce unemployment rates among mhc The effectiveness of the other two alternatives depends on this alternative – without implementing this alternative the other two will not achieve the goal of employment adequately	Literature supports findings of improved attitudes toward mental illness and mhc among the public through public campaigns – thereby improving employment outcomes	Mental health service providers concur to the notion of collaboration to increase the number of meaningful employment opportunities through consumer - run businesses as a means to bring stability to the problem of unemployment Successful outcomes have been reported across nations & Canadian provinces with the implementation of consumer-run businesses. Literature & discussions with mental health providers indicate positive signs of acceptance among key stakeholders & decision makers.
Political Criteria	Political viability – level of acceptance among key stakeholders and decision makers – i.e. mental health organizations	Evidence found in the literature and current study through informational interviews and mhc questionnaire	Mental health service providers accept this option as viable	Literature & discussions with mental health providers indicate positive signs of acceptance among key stakeholders & decision makers. Successful outcomes	Literature & discussions with mental health providers show support for the implementation of consumer-run businesses and similar ventures as a means to increase employment opportunities for mhc

Criteria	Indicator	Tools of Measurement	Centralization of Information	Broaden Awareness	Collaborative Dialogue Among Key Stakeholders
				have been reported across nations & Canadian provinces with the implementation of educational campaigns to help reduce stigmatic attitudes	
Social Criteria	Whether the policy alternative is acceptable to Vancouver citizens	Evidence found in the literature and current study through informational interviews and mhc questionnaire	This policy option does not require social acceptance from Vancouver residents	Successful outcomes of the implementation of stigma reducing programs show positive reinforcements from society	Success stories from other jurisdictions & Canadian provinces indicates the positive feedback from societal acceptance – specifically from the business community and employers
Administrative Criteria	Administrative operability and ease in implementation of alternative	Evidence found in the literature and current study through informational interviews and mhc questionnaire	Mental health service providers have indicated the feasibility of administering this option in their environment	Some questions of authority to implement & resources (staff, training & material) arise with respect to administrative feasibility Implementation across nations & Canadian provinces strengthens the possibility of implementation ease in Vancouver	Some questions of authority to implement & resources (staff, training & material) arise with respect to administrative feasibility Implementation across nations & Canadian provinces strengthens in addition to positive feedback from mental health service providers strengthens the possibility of implementation ease in Vancouver

5.2.1 Economic Criteria

Analysis of policy alternatives involves some form of economic criteria to help determine the impacts of public spending on the economy and society. The economic criteria in this case includes the direct costs[23] that may arise from the implementation of the policy alternatives prescribed by this study. The evaluation process involves identifying the direct costs associated with the policy alternatives and assessing how each alternative compares against one other. The direct costs associated with each policy option have been derived from information provided by elite informational interviews and from similar policy models from nations that have implemented some of these options.

5.2.2 Effectiveness Criteria

Effectiveness measures the extent to which the proposed policy will attain the goals set forth in the problem statement. Effectiveness is used in this analysis to help judge each policy option on the level of stability and continuity it will provide to the problem of unemployment. The key consideration with this measure is to determine the extent to which each option will bring forth the greatest level of stability and continuity to the problem of unemployment. This is determined from the analysis and evaluation of similar models operating in other nations and through discussions during the informational elite interviews with mental health service providers.

5.2.3 Political Criteria

The political criteria involves evaluating and assessing whether the proposed policy alternatives meet the requirements of political viability. Key issues that require some consideration are whether the policy options will be acceptable to key stakeholders and decision makers[24], whether the policy options are appropriate to the values of the Canadian society, and whether they meet the real or perceived needs of the target group. Acceptance of these options has been determined by the positive feedback from various mental health organizations and

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[23] Note: Direct costs refer to those costs that can be quantified (i.e. materials and resources used to implement the policy option) and directly attributable to the policy alternative (California State University, 2005)

[24] Key decision makers and key stakeholders in this case refers to mental health organizations, provincial government and business community.

through the successful implementation of similar options in other nations and Canadian provinces.

5.2.4 Social Criteria

One of the key barriers to employment for mental health consumers is the issue of stigmatic attitudes amongst society. Literature and results from the informational elite interviews have voiced the negative perceptions society continues to associate with mental illness. Hence, social feasibility is a key measure that needs to be considered when evaluating each alternative. Other nations have implemented similar options proposed by this study that have concluded positive and successful outcomes with respect to societal approval. In addition, literature identifies the economic burden of unemployment on society, which further promotes the implementation of these options as they will be beneficial to the society as a whole.

5.2.5 Administrative Criteria

Some type of public agency will implement all of the proposed policy alternatives and therefore it is important to consider administrative operability and ease when evaluating each policy option. Key considerations include (California State University, 2005):

- Does the agency have the authority to implement the proposed policy?
- Does the proposed policy have the commitment of top managers, field staff, and support staff?
- Does the agency have the resources to implement the proposed policy, in terms of staff, skills, money, training, expertise, etc.?
- Are the facilities, equipment, and other support available for the proposed policy?

Administrative feasibility has been inferred by the discussions with mental health service providers and the reported successful outcomes of the implementation of similar options in other nations and Canadian provinces.

5.3 Recommendation and Rationale

The research question, *"Why are mental health consumers facing low opportunities of employment in Vancouver,"* requires that key decision makers implement new strategies that will combat unemployment among mental health consumers. The alternatives presented above are not

to be considered as independent alternatives but rather as congruent solutions ordered on a hierarchical basis. Hence, as described previously, broadening awareness amongst mental health consumers is the key step in achieving the goal of increased employment opportunities. I recommend that decision makers consider all three options as effective strategies in achieving the desired outcome of increased employment opportunities in a sequential manner.

It is most feasible to first implement Alternative 1, which will tackle the root of the problem by increasing awareness amongst the targeted population. According to responses from the elite informational interviews with mental health service providers, information is not appropriately coordinated for access across different mental health organizations. These organizations have the capacity and resources to help mental health consumers achieve their employment goals but are lacking the organizational component of disseminating important information. By addressing the core of the problem, it will become easier in the future to work outwards and alleviate other barriers such as stigmatization and lack of meaningful employment. Without implementing a strategy based on broadening awareness amongst mental health consumers, implementing strategies that attempt to increase the number of meaningful employment opportunities or removing stigmatic attitudes within society will be less effective. Therefore, I recommend immediate implementation of Alternative 1 and incremental implementation of the other two policy options after further study.

While all three alternatives are important strategies that will ultimately aid in the alleviation of unemployment and certainly demand attention from decision makers, Alternatives 2 and 3 are more complex with respect to implementation. Further studies need to be conducted to oversee the impact of the implementation of these strategies on the reduction of unemployment among mental health consumers. This study in addition to evidence found in the literature does however, strongly suggest the importance of removing stigmatic attitudes from society and creating more meaningful opportunities of employment that provide a stronger sense of fulfilment and self-worth. An anti-stigma policy will inevitably promote awareness among society and in turn, aid in increasing employment opportunities for mental health consumers it will require a great deal more resources and initiative from the mental health organizations and other stakeholders. It is important to recognize that Alternative 2 is an important strategy that needs to be addressed and implemented over time. Evidence suggests that stigma is a significant barrier that impedes the opportunity of mental health consumers from achieving their employment goals and it is therefore imperative for decision makers to take actions to remedy this problem

Some may criticize Alternative 3 on the grounds that any type of employment would be better than being unemployed; why should there be a policy to support businesses run by mental health consumers. This point is well taken, however, it is important to recognize that this alternative not only aims to enhance meaningful employment opportunities but also in doing so, creates employment in general for mental health consumers. It is important to not to confuse the term 'meaningful' with concept of higher paying employment, but rather as an opportunity to enhance an individual's sense of control, responsibility, fulfilment and overall self-worth. Implementation of this alternative is not necessarily an immediate priority, however I recommend it receive attention from decision makers in the near future. Before implementing Alternative 3, decision makers need to first consider the strategy proposed in Alternative 2, as it makes little sense to pitch a strategy to increase meaningful employment opportunities to a society that holds stigmatic attitudes regarding mental health consumers. My advice to decision makers is to implement Alternative 2 and 3 over time in a gradual and sequential manner.

A reconciliation of the trade offs between all three alternatives suggests that all three options bring to the table a mutually reinforcing set of benefits that will help alleviate the high unemployment rate among mental health consumers. Although Alternative 2 and 3 have higher costs and administrative obstacles, it is however, important to consider these options as effective and beneficial in tackling this policy problem. The most complex issue of this recognition is that no one strategy can be implemented to provide the level of success required to reduce unemployment amongst mental health consumers. The effectiveness of all three alternatives is dependent upon each other. All three alternatives on their own provide a certain degree of effectiveness, however when combined they can produce higher levels of success in overcoming the barriers to employment for mental health consumers. Implementation for all three strategies will be addressed in the following section.

5.4 Implementation Considerations

The implementation stage of this report is based on a series of stepping-stones that provide to establish the foundation on how to implement these alternatives. In order to acquire the greatest amount of success in achieving the goals of the study, it is most viable to implement all three alternatives in a combined manner. All three alternatives bring to the table a different set of strengths that when simultaneously implemented can produce overall success in combating the problem of unemployment among mental health consumers. A combination of all three alternatives will contribute to the greater good of society as it will not only tackle the problem at

hand but will also provide Canadians with the opportunity to engage in the process and become actively involved in the resolution process. To implement alternatives, a proposed next step plan for each alternative has been established below, which is a more brief and concise format to the earlier descriptions of the alternative:

5.4.1 Alternative 1: Centralization of Information

1. Develop an open dialogue of partnership between all of the mental health organizations in Vancouver providing supports and services to mental health consumers.
2. Elect representatives from each organization to set the scope for the revision process of the current state to one that is more organized
3. This revision process should be conducted within a time period of three to six months. Review current trends in information dissemination and make changes to that trend in relation to centralization of information to help broaden awareness amongst mental health consumers.
4. Review policy formulation once research is completed
5. Communicate findings and find way of implementing new changes in collaboration with all mental health organizations and mental health consumers.

5.4.2 Alternative 2: Broaden Awareness

1. The Ministry of Health in collaboration with mental health organizations and mental health consumers need to set the parameters of this mode of dissemination.
2. Identify the target groups.
3. Compile the communication materials for education and contact presentations. Research and accumulation of materials should be conducted within a 3 to 4 month time framework.
4. Put the actions into motion with regard to educational material distribution and contact presentations within a 6 month time framework.

5.4.3 Alternative 3 : Collaborative Partnership with Key Stakeholders

1. Mental health organizations and mental health consumers need to address this idea of consumer-run businesses and devise a plan to be presented to both business communities and potential employers.
2. Mental health organizations in collaboration with business community representatives and other potential employers need to set the parameters for this dialogue panel.
3. The panel should consist of mental health organizations, business interests and potential employers of Vancouver in addition to mental health consumer representatives.
4. This panel should work within a timeline of six months. Review current practices and establish means to incorporate the model of consumer-run businesses more rigorously in Vancouver.
5. Objective should be to establish partnerships between businesses and employers and mental health consumers to devise a business plan leaning towards consumer-run businesses.
6. Policy review to be conducted once the panel review and discussion is completed. Findings need to be interpreted and business presented to the Provincial government for funding requests.

6 Conclusion

A window of opportunity exists for the application of these alternatives to the high rates of unemployment amongst a population that has both the capacity and desire to work and become contributing members of society. The quality of mental health and well-being of mental health consumers would increase if they were employed. Employment has been recognized as one of the key values of society and a component that provides individuals with various human needs. These needs extend further than simple economic security to such basic needs of social connections, social standing and sense of identity, improvement of mental health, quality of life, self-esteem and self-worth. I propose a new policy that is based on a combination of all three proposed alternatives. Such a strategy helps provide solutions to overcome the barriers to employment for mental health consumers.

The current study was a pilot study that provided a glimpse into the huge problem faced by mental health consumers – their low opportunities of employment. This policy problem needs to be examined in a larger context with application of larger sample carried out in a broader study that encompasses mental health consumers from various regions of British Columbia. The scope of this study was quite small. It does not include every factor responsible for the high rates of unemployment among mental health consumers. However, this small-scale study does find an interesting element that is quite important in alleviating the high rates of unemployment and requires much deeper exploration. That is, the issue of the lack of awareness among the mental health consumer population of Vancouver with regard to the large number of programs available to assist them in their journey to employment success.

Employment is an important and valued route for mental health consumers in their integration into mainstream society. Access to information, readily available on a timely basis helps open the doors to employment. According to my data, this access does not currently exist. The most important first step is to guide these individuals in the right direction; that is, equip them with the necessary tools required to become aware of what employment assistance programs are available. My advice to decision makers is immediately implement an awareness strategy that will disseminate key information to mental health consumers with respect to the programs and services available for them to utilize and take full advantage of. That is, decision makers need to

organize a type of conference or workshop, which engages key mental health organizations and mental health consumer representatives who will jointly draw up a tentative plan on what information is necessary to be included in the brochure. This brochure should be designed and distributed by mental health organizations in collaboration with employees and mental health consumers to all the different mental health organizations and online on a website designated for this purpose. This complete process should take effect as immediately as possible in order to provide opportunity for individuals to begin their road to employment recovery. Upon implementation of Alternative 1, decision makers should begin to consider the implementation of the other two policy options. It is however, important to consider further investigation into these two policy options to determine their viability in terms of costs and administrative barriers.

Appendices

Appendix A

Table 10: Stigma Reducing Programs in Canada

Canada	Demographics	Project Title	Organization	Date	Cost to Date	Target	Content
Nova Scotia	Nova Scotia Population	"Partnership Programme"	Schizophrenia Society of Nova Scotia	1995-Ongoing	Individual fundraising & private donations	General public, secondary school students, families of mental health service users	• Public educational programme in which people suffering from schizophrenia, members of their families & mental health professionals jointly deliver presentations on schizophrenia to various audiences • Personal stories help humanize the illness - adding sympathy • Video presentation "Walk beside me" video describes experience of living with schizophrenia • Program has receive positive feedback
Nova Scotia	Nova Scotia Population	Televised Schizophrenia Awareness & Fund Raising Auctions	Schizophrenia Society of Nova Scotia	1995-Ongoing	• Local firms donate gifts to be sold on the auction • Local TV/radio network providing services for free	General public	• One or two weeks before Christmas auction of donated goods is held, broadcast on local television • Entertainment provide by local artists and discussions on schizophrenia by services users, their families and mental health workers • Viewers can call in to bid on auction or join discussions – 5000 viewers at any one time

Source: World Psychiatric Association. (2002). Compendium of Programs Aiming to Reduce Stigma and Discrimination Because of Schizophrenia or Mental Illness in General, Volume IV. www.openthedoors.com/english/media/vol_4.pdf.

Table 11: *Stigma Reducing Programs in the United States*

United States	Demographics	Project Title	Organization	Date	Cost	Target	Content
Program 1	Bay Area of California	"Stamp Out Stigma"	• Stamp Out Stigma (SOS)	1990-Ongoing	$21,000	• General public, families, of mental health service users, politicians, students, health professionals & police department	• SOS is a speaker's bureau • Successfully giving presentations for over 10 years
Program 2	American population	National Stigma Clearinghouse	• National Stigma Clearinghouse • Website: http://community2.webtv.net/stigmanet/STIGMAHOM_EPAGE/index.html	1999-Ongoing	• All volunteer organization – low operating costs – a few thousand dollars per	• Mental health advocates & media professionals	• Tracks & responds to stigmatizing media images of mental illness & provide information about stigma • Monitor presentation of mental illness in popular media – films, newspapers, television & advertising • Website has links about anti-stigma work
Program 3	American population	National Mental Health Awareness Campaign	National Mental Health Awareness Campaign	2000-Ongoing	•have many projects – cannot estimate numbers	• Youth, adults & seniors	• Creates public service ads on TV, radio, print, website & hotline • Youth campaign launched on MTV Music Television – June 2000 • Brochures, web links to American mental health organizations offering help & information

Source: National Institute for Mental Health in England. http://www.nimhe.org.uk/antistigma/default.asp?ct=Home&l=1

Table 12: Stigma Reducing Programs in Australia and New Zealand

Australia	Demographics	Project Title	Organization	Date	Cost	Target	Content
Program 1	11-18 year olds as a proportion of 19,875,036 as of March 2003	"Mind Matters: A Mental Health Promotion Program for Australian Secondary Schools"	• Australian Principle Associations Professional Development Council • Curriculum Corporation	2000-Ongoing	AU $5.8 million – AU $5.50 per annum per head	• 11-18 year old secondary school students in Australia	• Offers free resource kit for every Australian school & two-day professional development programme • 67% schools have participated in training & 88% have implemented the program
Program 2	Whole population of 19,875,036	"Stigma Watch: Media Education Campaign	• SANE	1999-Ongoing	• AU $1 million	General public, advertisers & Australian media	• Education, applied research used towards stigma reduction • View that stigma impacts people with a mental illness at all levels – on the bus, local employers, local GP & government • Studies & publications – media monitoring; annual Stigma Watch Report; the Sane 'Guide to fighting Stigma: guidelines for journalists; the 'Media Monitoring Project'; 12-month study of how journalists portray mental illness in media
New Zealand	4 million people	"Like Minds, Like Mine: Project to Counter Stigma & Discrimination Associated with Mental Illness	• Mental Health Foundation of New Zealand	1996-Ongoing	• $4 million	General public, mental health workers, public sector agencies,	• Involves public relations, advertising, development of national policy & curriculum guidelines • Program includes: a quarterly newsletter; series of 5 fact sheets; TV documentary; TV & radio adds; workshop/resource directory; teaching kit; media handbook; CD; posters; 'Community Voices'; Training Information Resources

Source: National Institute for Mental Health in England, Website: http://www.nimhe.org.uk/antistigma/default.asp?ct=Home&l=1

Table 13: Stigma Reducing Programs in Europe

Europe	Demographics	Project Title	Organization	Date	Cost	Target	Content
England	49 million people	"Mind Out for Mental Health"	• Department of Health • National Institute for Mental Health in England	2000-2004	£2,825,867.34	• Voluntary sector, the media, companies, youth & student organizations & employers	• Produced a range of communications material • Runs a series of workshops & events • Communications material includes: employers' toolkit & resource pack, postcards & posters, newsletters, media guide & youth pack
Scotland	5 million people	"see me" Scotland	• Scottish Executive • Scottish Association for Mental Health • www.seemescotland.org	2002-2006	£2.6 million	• People across Scotland	• Campaign combines award – winning national publicity programme with local & national anti-stigma action • Individuals who have experienced stigma are involved in the campaign • Campaign advertises on TV, cinema, billboards, buses & sends out thousands of leaflets & posters
United Kingdom	60 million people	"Changing Minds – Every Family in the Land"	National Mental Health Awareness Campaign	1998-2003	£958,511	• Young people, medical professionals, employers, students, ethnic minorities, the media & general public and service users	• Campaign involves public & professional education • includes "toolkit" available on website; leaflets/booklets for young people & teachers; information on discrimination within medical profession; guide for journalists reporting on mental illness; posters; video & cinema trailer; online book & CD-Rom for students & teachers

Source: National Institute for Mental Health in England. http://www.nimhe.org.uk/antistigma/default.asp?ct=Home&l=1

Table 14: Consumer-Run Businesses in Ontario

Toronto, Ontario	Organization	Objective	Content	Business	Role of MHC
	Ontario Council on Business Alternatives	• Provincial organization that assists in the development of economic opportunities for people who have been through the mental health system • Promotes the notion of "real work for real money"	• The Council provides "hands-on" development support to groups wanting to address their economic status through business development & entrepreneurial activities • The council has assisted a number of economic initiatives – presently represents 11 alternative businesses across the province • Employees over 600 mental health consumers across the province	1. Raging Spoon Café – restaurant & catering 2. Inspirations/Ideas Studio – craft shop 3. New Look Cleaning – office cleaning 4. Prezents of Mind – consignment shop 5. A-Way Express – courier service 6. ABEL Enterprises – cabinet making & woodworking 7. Cambridge Active Self-Help – ceramics 8. Fresh Start Cleaning & Maintenance – office cleaning 9. Quick Bite Catering & Take Out – deli & catering	• The business must provide goods & or services as defined by the employees • Participation in the business must be completely voluntary • Employees must be able to choose to participate in some aspects of the business without being required to participate in others • Training & assistance is provided by the employees of the business to one another & may also be provided by others as selected by the employees • Overall direction of the business, including responsibility for financial policy decisions, is in the hands of the employees • The responsibility of the business is to the employees & not to relatives, treatment institutions or the government

Source: The Ontario Council on Alternative Businesses, http://www.icomm.ca/ocab/

Table 15: Consumer-Run Businesses in the US

United States	Name of Business	Description of Business
Program 1	Ace & Ace	• Cleaning & maintenance business • Started in state psychiatric centre by a group of in-patients who had experience in janitorial services • Received technical assistance & support in developing their business idea from experienced consumers & rehabilitation counsellors
Program 2	Albert & Associates	• A graphic design & desktop publishing facility producing brochures, flyers announcements, posters primarily for mental health agencies & services
Program 3 – New York	Words R-US	• Consumer operated word processing business • Received an award for excellence from the Mental Health Association in New York State • The business provides training opportunities and jobs for 20 consumers
Program 4 – New York	INCA Housing	• A consumer-run initiative • Housing project that is completely run by consumers & provides apartments for ex-patients • Helps people find an apartment and supports them • INCA Housing employs 8 consumers on a full-time basis & provides services to 50 individuals & families

Source: Gerold Schwarz, Peter Stastny & Miriam Kravitz. Consumer-Run Businesses in the USA: A New Approach To Vocational Rehabilitation For People With Psychiatric Disabilities.
http://www.socialfirms.co.uk/docs/resources/consumer_run_businesses_in_the_usa.pdf?PHPSESSID=da852f2341bf6730b93ba258353dc427

Table 16: Consumer-Run Businesses in Vancouver

Vancouver, B.C.	Organization	Objective	Content	Name of Business	Role of MHC
	• Canadian Mental Health Association	• Create supportive employment that equally values empowerment & confidence building, health and wellness, profit and employment	• CMHA supports individuals with personal experience of the mental health system & or mental illness in their efforts of economic development • Consumer-run business is divided into 2 program streams: 1. Self-Employment – occurs when an individual develops an enterprise that meets their own work needs 2. Community Business – exists to hire and provide stable employment for persons with disabilities. A group of people are involved in the development & operation of business	Lunch a la Kart	• Consumer-run business that acts as vehicle for training and employment opportunity • Launched operations in January 2004 • Lunch delivery service business

Source: Canadian Mental Health Association. Consumer-Run Businesses. http://modena.intergate.ca/cmha-vb/test/Pages/index.htm?crbbprog.htm

Appendix B

Mental Health Consumer Questionnaire

Mental health consumers were surveyed using a semi-structured questionnaire, which is outlined below. Participants for this survey were recruited through personal contact with five different mental health organizations. Key issues that need to be considered with respect to the interview process are as follows:

- I went into these organizations and introduced myself and the purpose of my study.
- I set up my survey station within the premises of the organization and allowed individuals to use their own discretion and choice to participate in the study. Participants were informed that their identities would remain anonymous and that their participation would be considered strictly voluntary. That is, participants were advised that they would not receive any form of money for their participation.
- Hence, participants were self-selecting.
- It is important to note that due to ethical considerations I cannot conclude or appropriately address the issue that the mental health consumers were not be employed due to their health; for ethical reasons, I could not ask about their health status (what type of illness they have and whether they were taking their medications).
- Also cannot tell whether those who did not participate in the survey had significantly different characteristics than those who did; i.e., whether sample is biased in any way. However, I have no reason to believe that individuals who did not participate in the study for such reasons as they were not being paid to participate, had personal characteristics that might explain their employment status (i.e., significantly different education or work experience).

The Questionnaire

1. What is the most recent level of education completed and when?

2. Are you in any skill training classes now?
   a. If yes, what is the program?
   b. Have you ever taken any skill training classes in the past?
      i. What was the program and when did you take it?
   c. Are you aware of any skill training classes? Which ones?
   d. Do you want to take skill training classes?
   e. Are there long waiting lists for enrolment?

3. Are you employed?

4. If employed now:
   a. Where do you work?
   b. How long have you been employed in your present job?
   c. What is the nature of the job (i.e. duties and responsibilities)?

5. If not employed now?
   a. How long have you been unemployed?
   b. Are you looking for work?
   c. Are you volunteering anywhere?

Now I'm going to ask you some questions related to any past work experience you may have had.

6. Previous employment
   a. What jobs have you had in the past?
   b. How long did you work in those jobs?
   c. What was the nature of those jobs (i.e. duties and responsibilities)?

7. Are you a part of any support groups or organizations?
   a. If so, which ones?
   b. How long have you been a part of them?
   c. If not, are you aware of any support groups?
   d. Do you want to be a part of any support groups?
   e. Are there waiting lists for these support groups?

Questions to be asked at the end: Now I'm going to ask you a series of questions about your age, marital status and income. If you do not feel comfortable answering these questions please let me know.

8. How old are you?
   a. 18-24 b. 25-34 c. 36-45 d. 46-55

9. What is your marital status?
   a. Married b. Single c. Divorced d. Widowed e. Common- law

10. Do you have any children, if so how many?

11. What income bracket are you in?
   a. <10, 000 b. 10, 000 – 20,000 c. 20,000-35,000 d. 35,000 – 50,000 e. >50,000

12. Do you own a home or rent?

13. Are there any other things you want to share with me about your employment experience?

Informational Elite Interviews

1. What are some of the barriers to employment for mental health consumers?

2. What is the most significant one?

3. How do you believe this problem can be rectified?

4. Does the general public, including potential employers have stigmatic attitudes towards mental illness?
5. Is there a lack of awareness amongst mental health consumers with respect to the support and vocational programs and services available in the Vancouver area? What do you think about centralizing information across mental health organizations in Vancouver?
6. What do you think of consumer-run businesses? Is it a viable option to provide meaningful employment opportunities for mental health consumers?

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