


A Canadian Model of Work Integration for Persons with Mental Illness


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Purpose of Study

- To develop theory regarding work integration of persons with significant mental illness in Canada
- To identify the ideology and values that underlie work integration efforts
- To delineate trends in Canadian practice




Rationale

- Most literature on WI of people with SMI is American; context differs
- No unifying theory, principles, or set of practices re WI within Canadian landscape
- Theoretical understanding is necessary for vision and strategy
 - for program development
 - for policy




Methods

- Systematic search and analysis of Canadian documents on work and mental illness/mental health (n=543)
 - Academic; policy; organizational; popular press; program/service documents
- Interviews with key informants (n=19)




Methods (cont'd)

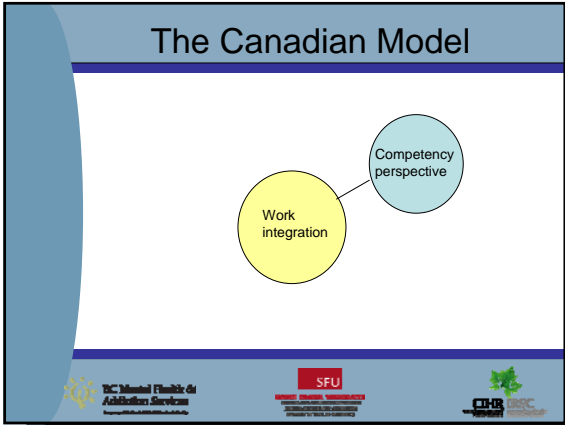
- Discourse analysis
 - Assumes written documents reflect assumptions of their time
 - Conveys ways in which writing contributes to patterns of domination
- Constructivist grounded theory methods



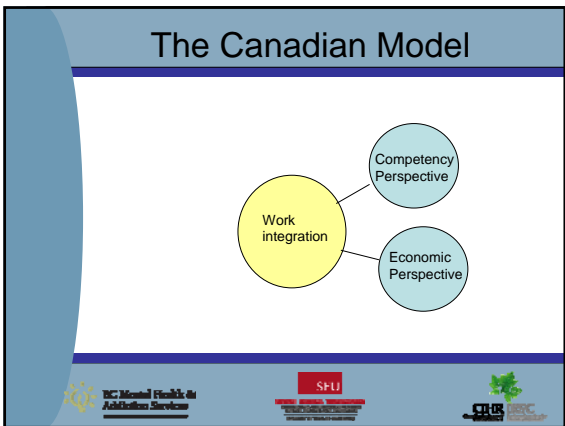
Work Integration in Canada

- Six Perspectives on Work Integration
- Each of the six perspectives
 - aims to improve WI in different ways
 - is based on a set of assumptions about work, MI
 - explains a set of practices and responses to workplace challenges
 - has “voices” or group(s) that support it
 - is accompanied by tensions and competing views






- ## Competency Perspective
- Assumes skills/competencies needed for work
 - Abilities are needed to do the job, “fit in”, be healthy
 - Knowledge-based economy
 - Views persons with MI as lacking in skills
 - Considers some people cannot work
 - Calls for structures to “care for”
 - Supported by professionals
 - Assessments and interventions are skill-focused
 - New evidence-based models eg SE

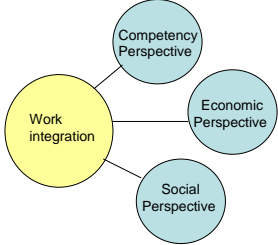



Economic Perspective

- Assumes investment in MH of workforce is financially beneficial
 - Productivity, absenteeism
 - Competition, global pressures
- Views persons with MI as costs
 - They are also stakeholders in economy
- Supported by policy makers, Business Round Table
 - Calls for HR and employer attention to workplace policy and practices



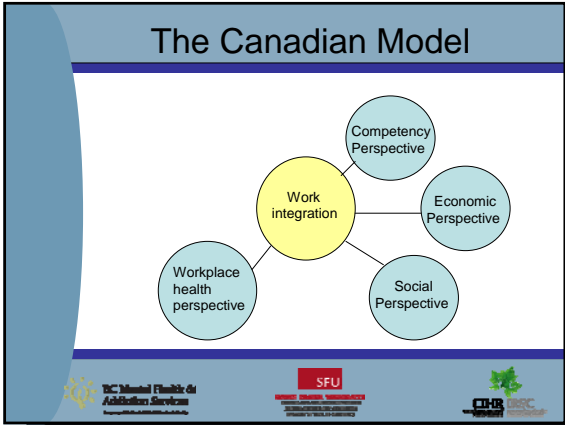
The Canadian Model

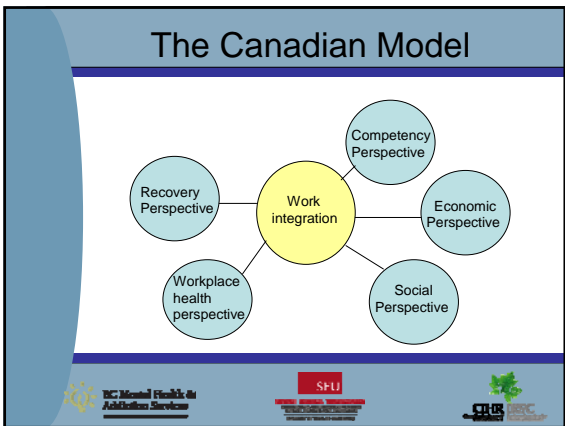
Social Perspective

- Assumes work is integral to social justice
 - A right and responsibility
- Views persons with MI as citizens
 - Have been denied access to work
 - Addresses stigma
- Supported by new social models, consumers
 - Government intervention to ensure opportunity
 - “Reasonable accommodation”
 - Partnerships, coalitions, unions






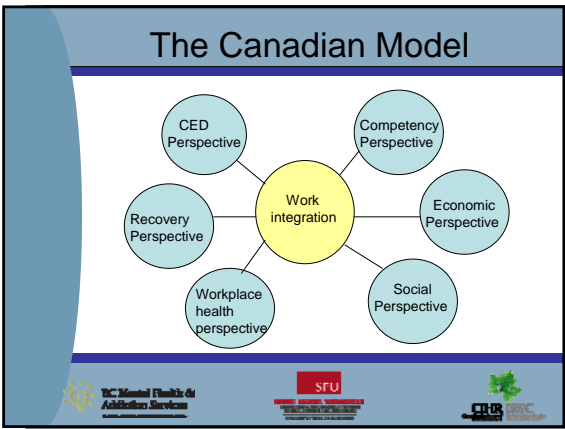
- ### Workplace Health Perspective
- Assumes features of work promote health/illness
 - Role of work stress
 - Views workplace as venue for detection, intervention
 - Career opportunities, choice, control,
 - Supported widely
 - Employer responsibility for healthy workplaces
 - Education re MI



Recovery Perspective


- Assumes work promotes personal growth, realization of potential
 - Work has meaning
- Views persons with MI as having experienced disruption of evolving self
 - Work can reconstruct self identity
- Supported by consumers, recovery oriented system and services

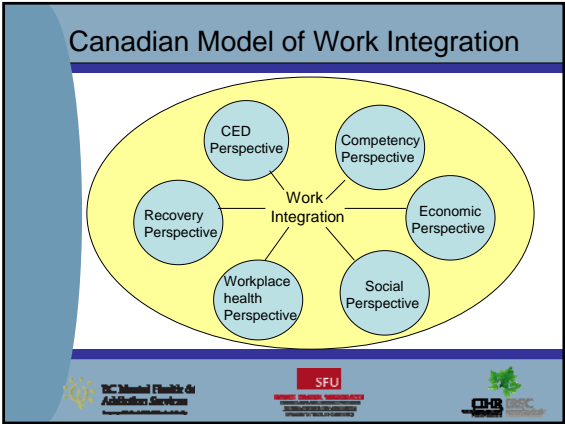




Community Economic Development Perspective

- Assumes there can be a balance between community & economic advancement
 - Competition of labour force can be neutralized
- Views persons with MI as able to work when employment a collective process
 - Social and vocational potential expressed for monetary gain
- Supported by consumer movement
 - Alternative businesses, consumer businesses





- ### Model Utility
- Captures and organizes a diverse field
 - Offers choices, a theoretical map
 - Provides clarity of others' perspectives
 - Explains alternative viewpoints and interventions

Thank You

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