

# A Canadian Model of Work Integration for Persons with Mental Illness

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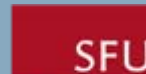
# Purpose of Study

- 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

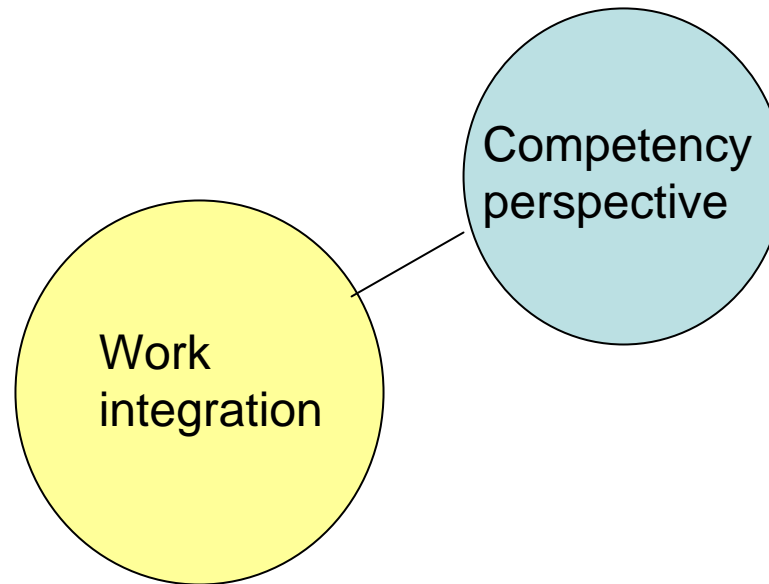


# Work Integration in Canada

- 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



# The Canadian Model



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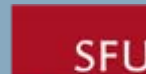
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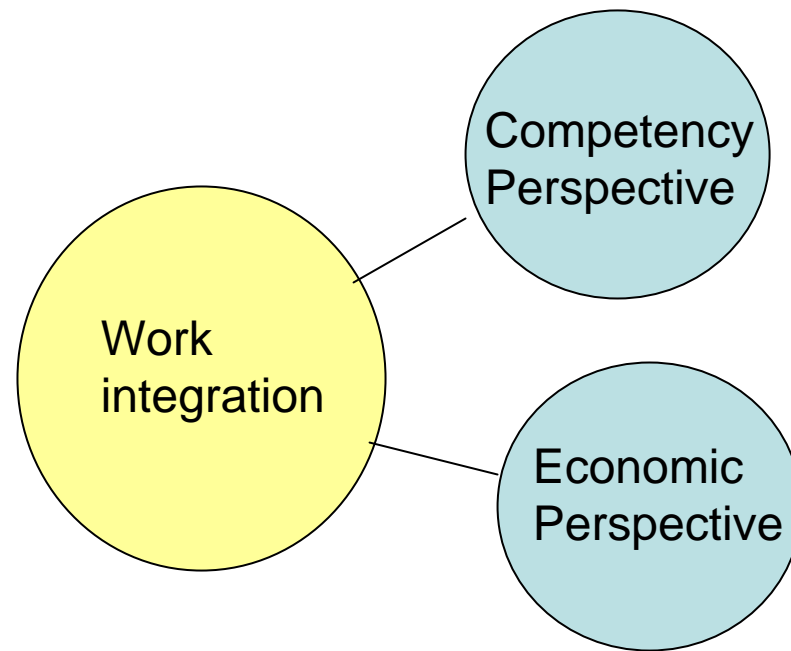
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# Competency Perspective

- 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

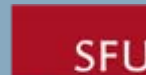


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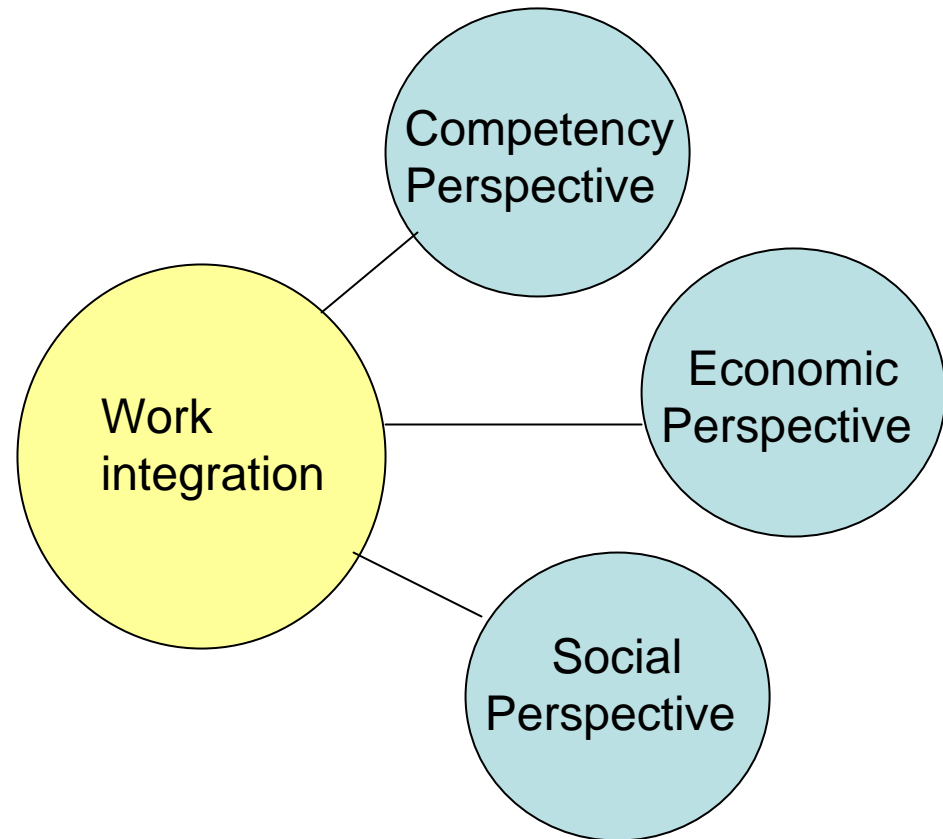
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# Economic Perspective

- 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



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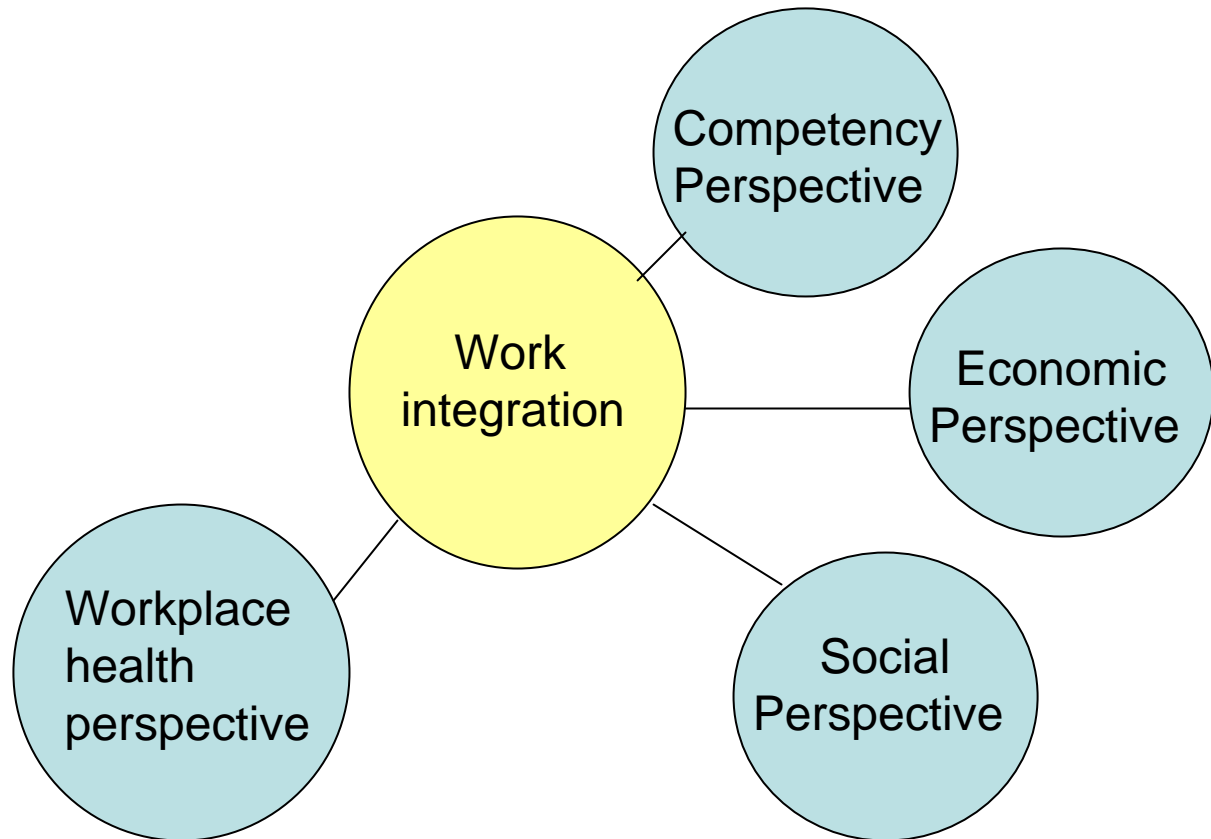
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# Social Perspective

- 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



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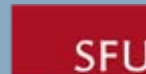
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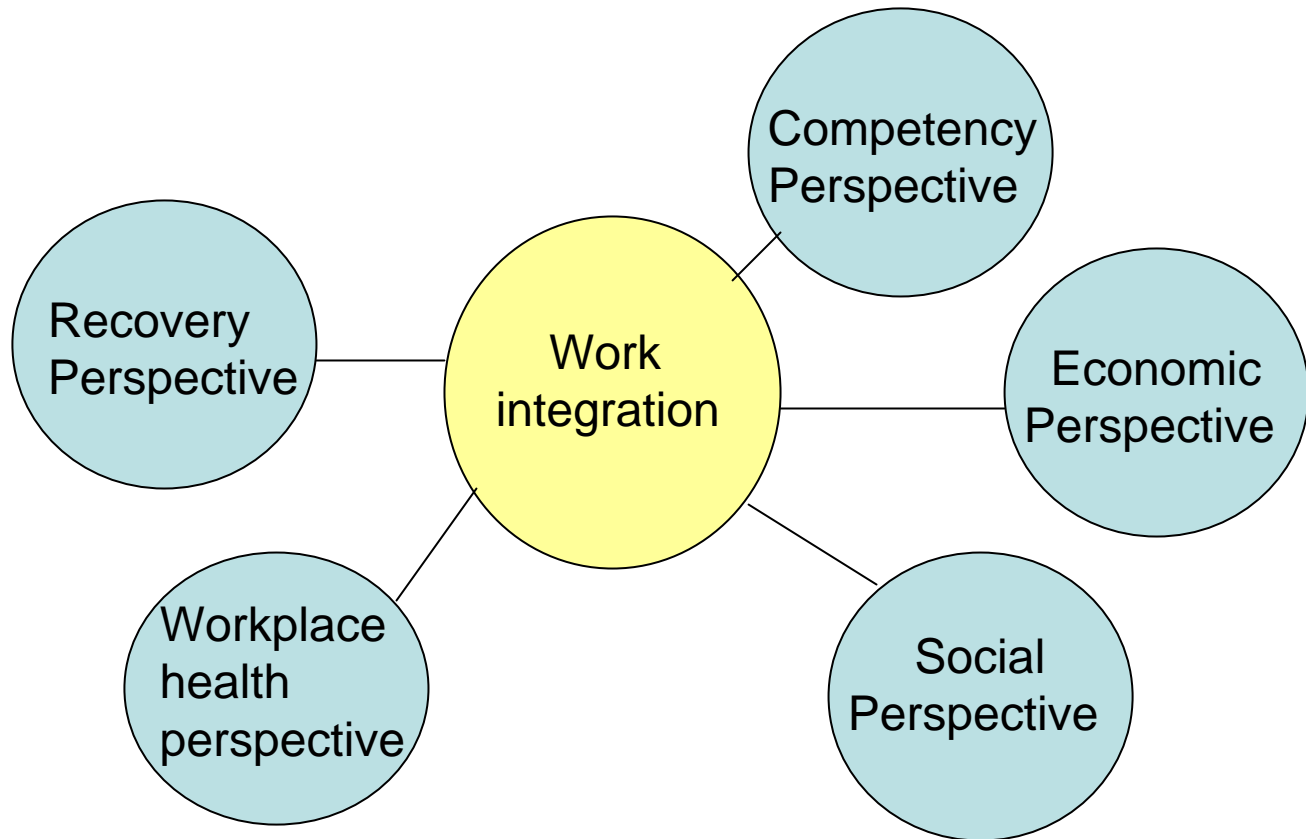
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# Workplace Health Perspective

- 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



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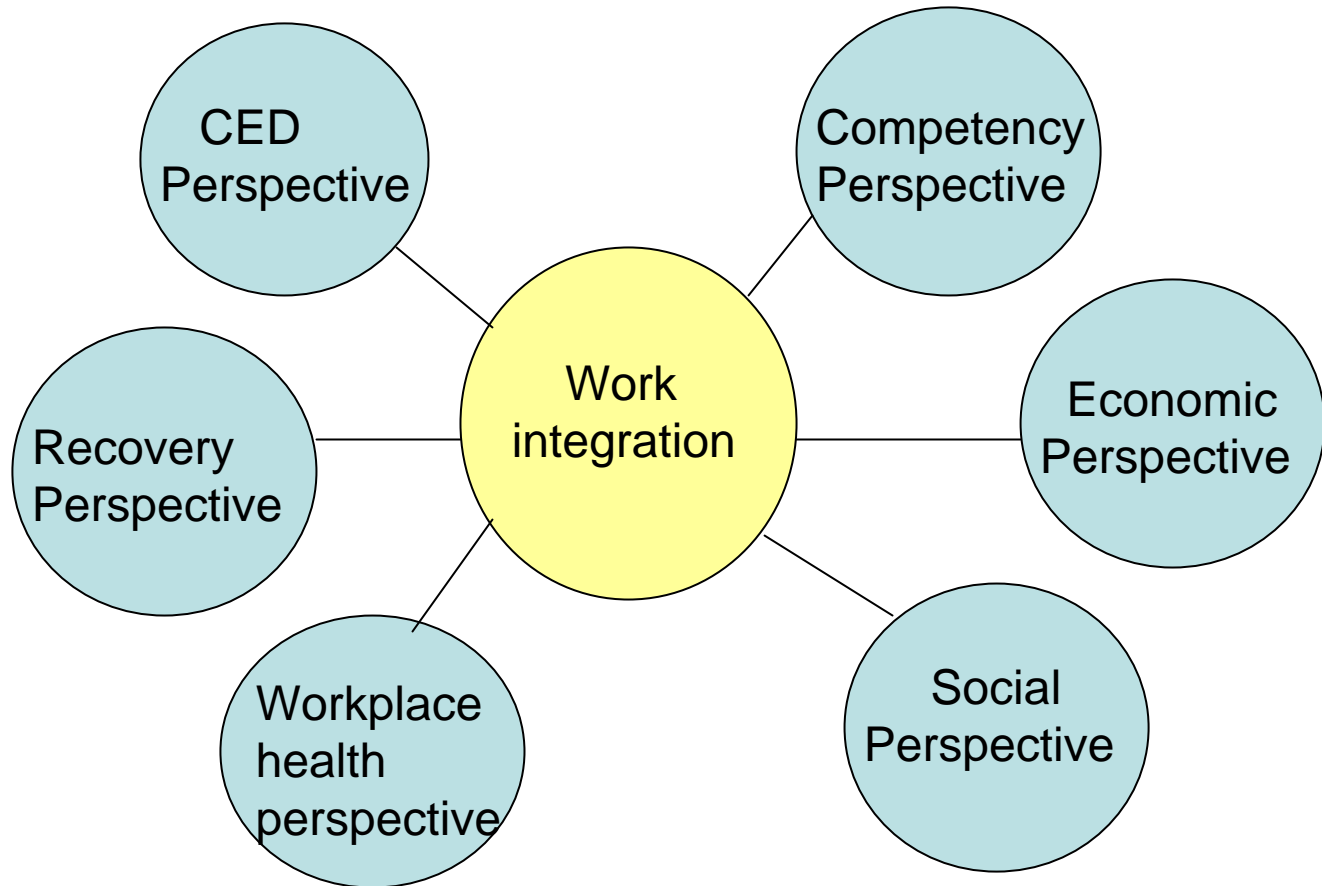
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# Recovery Perspective

- 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



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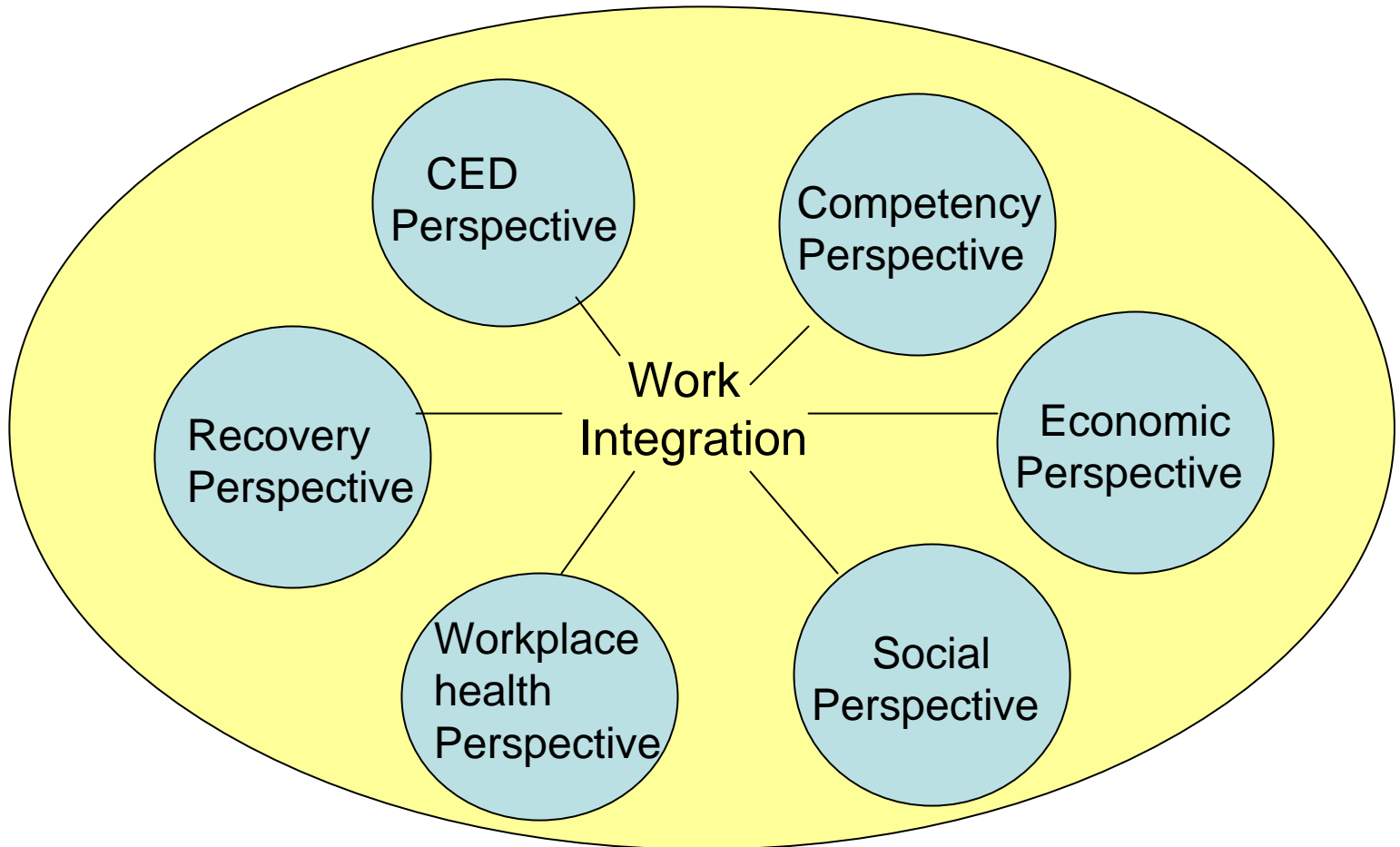
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# Community Economic Development Perspective

- 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



# Canadian Model of Work Integration



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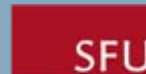
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# Model Utility

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



# Thank You

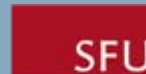
## Contact us

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