

COMPLEXITIES OF PARTICIPATING IN THE ESTONIAN LABOUR MARKET: EXPERIENCES OF PERSONS WITH MENTAL HEALTH PROBLEMS, EMPLOYERS AND SERVICE PROVIDERS

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ABSTRACT

The article explores how mental health services, social services and support from employers enable young persons with mental health problems to participate in the labour market. The qualitative study based on 32 semi-structured interviews was carried out within the framework of the project “Positive Attitude Development (PAD) – access to labour market for young adults with mental health problems” among persons with mental health problems, service providers and employers in Estonia. The results showed that young people with mental health problems, aged 18-35, are interested in participating in the labour market, but they experience multiple problems in different domains of life due to their disease, an insufficient educational level and working skills, and the lack of a supportive environment. Employers are motivated to employ them, but they need more support and counselling. A various selection of supportive services has been developed and provided by the Unemployment Insurance Fund, but the availability varies in different Estonian regions. The service providers and specialists point out the positive influence of the closest network and support programmes. The main supportive key elements were identified to be the following: (1) increasing tolerance and changing attitudes towards mental health problems in society; (2) more equal and open opportunities to participate in community life; (3) the need for the provision of specific support services in order to increase the self-confidence and working skills of youth and to develop the cooperation between service providers and employers; (4) more flexible solutions are needed for encouraging employment and entrepreneurship among vulnerable people in the community. Using the potential of the Estonian eGovernance system, easy access to entrepreneurial opportunities, flexible part-time positions and taxation solutions are needed to increase entrepreneurial spirit among young people with mental health problems.

Keywords: Mental Disorder, Labour Market, Participation, Unemployment, Social Protection.

INTRODUCTION

The development of the society is sustainable if all its members are active, involved and contribute to its development as much as they can. A manifestation of active involvement and contribution is employment, which enables active participation and guarantees income and coping, as well as being able to contribute to the development of the society. Several novel challenges have arisen connected to this topic in the recent decades, including the employment of young people and the opportunities of disabled persons, mainly disabled youth, for taking part in societal life and employment.

Combating youth unemployment is a particular and immediate objective, considering the unacceptably high number of young Europeans who are unemployed. All efforts must be mobilised around the shared objective of getting young people who are not in education, employment or training back to work or into education or training within four months, as set out in the Council’s recommendation on the “Youth Guarantee”¹.

¹ EUCO 104/2/2013. Cover Note from General Secretariat of the European Council, REV 2, Brussels, 27/28 June 2013.

Building on the Commission's communication on youth employment, determined and immediate action is required at both national and EU levels. Today, the European Council agreed on a comprehensive approach to combat youth unemployment, building on the following concrete measures: speeding up and frontloading the Youth Employment Initiative; speeding up implementation of the Youth Guarantee; increased youth mobility and involvement of the social partners. The EU and its member states have put in place a series of concrete measures to help young Europeans get a job, an apprenticeship or further education². The social partners need to be fully involved and actively engaged in these efforts. The European Council welcomed the "Framework of Actions on Youth Employment" agreed by the social partners on 11 June 2013.³

At national level, where most of the competences related to employment are, Member States should advance with their reforms. They are taking measures to modernise vocational and education systems, strengthen the cooperation between education and business to facilitate the transition from school to work, improve the integration of low-skilled young people into the labour market, and promote apprenticeships and traineeships in key economic sectors, as well as entrepreneurship and start-ups⁴.

The economy is one of the most important social environments that affect well-being, and community psychologists have studied the social costs of one of the key economic stressors –job loss. However, economically inadequate employment has received much less research attention than unemployment concerning mental health effects.⁵ Finally, at the OECD Expert Meeting in 2010, policymakers across the OECD discussed the relations between job losses and mental health problems⁶. For the latter, governments have to continue pushing forward with structural reform to ensure the best use of future labour potential especially among disadvantaged groups. In this regard, there is a growing need to improve labour market participation for people with mental health conditions and disability. This is crucial for achieving both higher economic growth and greater social cohesion in society, given the relation between health, employment and productivity.

The OECD's thematic review⁷ showed that the employment rate of people with disability is low; typically, 40% below the average rate in the population. Most strikingly, on average only one in four individuals reporting a mental health problem is employed, and of those with a severe mental illness, up to 90% are not economically active.

In this article, we describe the key factors which support the participation of young people with mental health problems in the labour market. The study was conducted during the PAD⁸ project implementation. The current text introduces the results of the Estonian part of the study.

THEORETICAL FRAMEWORK

Young Age, Mental Health Problems and Unemployment

During the last decade, several European Union member states have paid increased attention to the employment issues of people with a reduced work ability, which involves changing the principles of allocating benefits, simplifying access to labour

² Youth unemployment in the EU-28: facts & figures, October 2016. Unemployment statistics, October 2016/ 22.02.2017

³ Framework of Actions on Youth Employment. European Council welcomes the European Social Partners, June 2013.

⁴ International Labour Office. (2017). World Employment and Social Outlook 2017> Sustainable enterprises and jobs. Formal enterprises and decent work. Geneva:ILO

⁵ Dooley, D. (2003). Unemployment, Underemployment, and Mental Health: Conceptualizing Employment Status as a Continuum. American Journal of Community Psychology, Volume 32, Issue 1-2, September 2003, Pages 9–20

⁶ Sickness, Disability and Work: Breaking the Barriers. OECD's thematic review. OECD Expert Meeting, Paris, 26 - 28 April 2010.

⁷ OECD (2009). Sickness, disability and work: Keeping on track in the economic downturn. Background Paper. High - Level Forum, Stockholm, 14 - 15 May 2009.

⁸ It was an interactive project where partners (high schools / universities, non-governmental and public organizations) from Finland and from Estonia were involved. In Finland the project was realized in cities of Helsinki, Vantaa and Espoo. In Estonia in the cities of Tallinn, Haapsalu and Keila. Co-operative partners in Finland were the two largest NGOs - Finnish Central Association for Mental Health and The National Family Association promoting Mental Health in Finland. In Estonia, the main co-operational partner was Tallinn Mental Health Centre. The project contributed to EUSBSR strategy by improving prosperity among young persons suffering from mental health and social problems to get access to labour market. The project was also in line with EU strategy thorough educational and training activities planned at the project.

market services and developing various support schemes for fostering the employment of people with special needs.⁹ More than 4.2 million young Europeans under 25 are unemployed today (2.9 million in the euro area). This means that more than one in five young Europeans on the labour market cannot find a job.¹⁰ Youth (under 25 years) unemployment rate in Finland is 22.4% and in Estonia it is 13.1%.¹¹

In 2016, the work ability reform was initiated also in Estonia, with the objective of supporting the full and active life of people with a reduced work ability. The reform renewed the principles of how work ability is evaluated (starting from 1 July, 2016, the Unemployment Insurance Fund evaluates the work ability and pays work ability allowance to people whose incapacity for work has never been determined by the Social Insurance Board or whose assessment was done before July 2010), the system of support and the variety of services (starting from 1 January, 2016, the Unemployment Insurance Fund and the Social Insurance Board started providing totally new and renewed services to people in need) and the Unemployment Insurance Fund took over the administration of the system. The reform is accompanied by the responsibility of the state to assist people with special needs in finding work, keeping work and improving their coping with everyday life, taking into account the individual abilities and needs of the person.¹²

Involving more than 100 000 persons in Estonia, among whom a large proportion is already working or would like to find work, the work ability reform is accompanied by the responsibility that the people with a reduced work ability are expected to be active; until now, however, this responsibility has remained unclear for many, creating insecurity and prompting questions. The activity requirement does not mean that people are expected to start working immediately, but rather that the people with a reduced work ability who do not work have to register themselves as unemployed in order to be entitled for the work ability allowance. They should also look for work and cooperate with the Unemployment Insurance Fund, from where they are entitled to receive monetary assistance and various types of support necessary for finding work.¹³ It is assumed with the implementation of the reform that a person makes an effort to find work and makes use of the services that are offered in order to increase the likelihood of finding work. Being active involves, for example, also studying, caring for a child less than 3 years of age or caring for a person with a disability.

The aim of the work ability reform is to support bringing together the employers and the employees with a reduced work ability. Previous studies¹⁴ indicate that employers face the problems of shortage of labour supply and see hiring people with a reduced work ability as a solution, but they need support for this to happen in practice. In order to support employers, the Unemployment Insurance Fund offers services directed at the employers who already employ or wish to employ people with a reduced work ability. The work ability reform signifies a huge step in bringing Estonian social and labour policy up-to-date, and in that context incapacity for work is perceived as a challenge for the inclusion of people into the community and the labour market.

Considering the context and activities of the above-mentioned reform, the target group of the current study consists of young people with mental health problems in the age group of 18-35, who have been diagnosed with a mental disorder and have been assessed as in need for special care services. According to the registry of the Social Insurance Board¹⁵, 35626 persons have

⁹ European Commission. (2010). European Disability Strategy 2010-2020: A Renewed Commitment to a Barrier-Free Europe.

¹⁰ Youth unemployment in the EU-28: facts & figures, October 2016. Unemployment statistics, October 2016/22.02.2017

¹¹ Unemployment statistics - Main statistical findings. Recent developments in unemployment at a European and Member State level, Eurostat, Statistics Explained, December 2016

¹² Ministry of Social Affairs. (2017). Work Ability Reform. <http://sm.ee/en/work-ability-reform>

¹³ Arusoo, M. (2017). Töövõimereform õnnestub koostöös. Sotsiaaltöö. 3/42-44.

¹⁴ Sotsiaalministeerium. (2016). Teadlikkus ja hoiakud vähenenud töövõimega inimeste ning töövõimereformi teemal. Turu-uuringute AS CentAR. Töötajate ja töökeskkonna mõju ajutise ja püsiva töövõimetuse kujunemisel. Tallinn: Eesti Rakendusuuringu Keskus CentAR. 2015

¹⁵ Ministry of Social Affairs (2014). Special Care and Welfare Development Plan for 2014-2020. https://www.sm.ee/sites/default/files/content-editors/eesmargid_ja_tegevused/Sotsiaalhoolekanne/Puudega_inimetele/special_care_2014-2020.pdf

been registered in Estonia as permanently incapacitated for work (10-100%), with one of the reasons for incapacity being a psychiatric diagnose. This is more than one in five persons with an incapacity for work. In addition, there are persons in whose case a mental disorder is an accompanying problem. One of the key characteristics of mental disorders is early onset. The median age at onset across all types of mental disorders is around 14 years of age, with 75% of all illnesses having developed by age 24. Anxiety disorders start particularly early in life and substance use disorders typically in youth, whereas the first appearance of mood disorders shows a broader distribution across age, with more frequent onset in the thirties and forties.¹⁶

One of the main targets of the National Reform Programme “Estonia 2020” is to increase the employment rate of 20-64-year-olds to 76% by 2020, which means bringing 43,000 new people to the labour market. Most people with mental health problems belong to the group of people with 40-100% loss of capacity for work. 42.9% of them are unemployed, and young people between 18 and 30 have the greatest chance to be activated on the labour market.

Life Domains, Participation and Support Model

People with a psychiatric disability often have difficulty engaging in the community. They are often faced with fewer opportunities than other citizens due to health problems, stigmatisation, discrimination and poverty.¹⁷ A modern community support system could be seen as complementary to an individual or personal support system.¹⁸ The type of support needed depends on the specific needs connected to different life and personal domains. In the CARE model, eight different domains are described: four life domains (the areas of housing, working, learning, and recreating) and four personal domains (self-care, health, purpose and meaning, and social relationships). A person might need completely different support in one domain than in another. Someone can be depending on persons in one area, in order to be independent in another.¹⁹

Social inclusion refers to a policy designed to ensure that all people are able to participate in society regardless of their background or specific characteristics, which may include, for example, disability. Compared to the general population, groups with such special characteristics are much more likely to face low education, unemployment, homelessness and the resulting poverty and social exclusion. The goal of social inclusion is to give all people an equal chance for participation in society. In order to achieve this goal, the barriers to participation in all aspects of life, such as education, employment, leisure, and citizenship must be addressed. The barriers may be material, such as physical inaccessibility; however, very often the barriers are intangible, for example, discrimination, which serves to exclude.²⁰

The support model is developed to provide community care and community support. It is based on a number of the following models: supported living, psychosocial rehabilitation, community support, the presence approach and the empowerment model. The main principles of the support model are: (1) the focus is always on the interaction between a person(s) and their environment; (2) the emphasis is on existing resources; professional support is only given when existing resources fail or are insufficient; (3) the focus is on empowering individuals and communities, in order for them to increase and use their own strengths; (4) the focus is on strengths, options, empowerment, growth and development and not on limitations; (5) the focus is on inclusion and participation: working together on ‘social capital’.²¹ A person with disabilities has the same rights as every other citizen and, consequently, also the same obligations.²²

¹⁶ OECD. (2011). Sick on the Job? Myths and Realities about Mental Health and Work©

¹⁷ World Health Organisation. (2011). World report on disability. Geneva: Author.

¹⁸ Wilken, J.P. (2013). Community Support. <http://thecareurope.com/?c=community-support&l=en>

¹⁹ Wilken J.P. and D. den Hollander (2005). Rehabilitation and Recovery. Amsterdam: SWP Publishers.

²⁰ Schneider J. and C.J. Bramley (2008). Towards social inclusion in mental health? *Advances in Psychiatric Treatment* (2008) 14: 131-138.

²¹ Wilken J.P. (2005). Working on Social Inclusion: the development of a Support Model. In: Van Eijken J. & H. van Ewijk (eds), *Reinventing Social Work*. Utrecht: Hogeschool Utrecht

²² Wilken J.P. and D. den Hollander (2005). Rehabilitation and Recovery. Amsterdam: SWP Publishers.

It can be expected that a greater emphasis will be put on the community in the near future. This also means that social workers should focus more on supporting individuals in the community and on encouraging and developing grass root forms of mutual assistance in the communities. This requires, however, a shift in thinking and acting, both in the community and among professionals. There are needs for such community (re)development towards more social cohesion, support and counselling for people with a disability, their families and social networks, and a better cooperation between service users, professional workers, civil servants and policymakers.²³

METHODS

The aim of the study was to develop the knowledge base about how to support more effectively the participation of young people with mental health problems in the labour market, based on the viewpoints of youth with mental health problems, service providers and employers.

The study attempted to answer the following research questions: (1) What have been the positive and negative experiences of young people with mental health problems in finding and keeping a job and participating in work life in general? (2) What have been the experiences of the specialists and service providers who support the youth in finding a job? (3) What are the experiences of employers who have supported young people in becoming and being employed?

The qualitative research method was implemented as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, with data typically collected in the participant's setting. Data analysis inductively builds from particulars to general themes, and the researcher interprets the meaning of the data.^{24,25} The study was based on a phenomenological approach, in which the researcher identifies the "essence" of human experiences concerning a phenomenon, as described by participants in a study. Understanding the "lived experiences" marks phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning.^{26,27}

The empirical data was collected from September to December 2016, through semi-structured interviews conducted with young persons with mental health problems (7), service providers (including specialists from the Unemployment Insurance Fund) (12) and employers (13). The sample was conducted based on purposive sample principles²⁸ in 3 different Estonian regions (Harjumaa, Tartumaa, Lääne-Virumaa). The purpose was to include in the sample various representatives (young persons, service providers, employers who have the hiring experiences) from the north, south and central-eastern part of Estonia (see Table 1).

²³ Jean Pierre Wilken, Zsolt Bugarszki, Karin Hanga, Dagmar Narusson, Koidu Saia & Marju Medar (2017): Community orientation of services for persons with a psychiatric disability. Comparison between Estonia, Hungary and the Netherlands, *European Journal of Social Work*, DOI: 10.1080/13691457.2017.1289896

²⁴ Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. University of Nebraska, Lincoln. Sage Publications.

²⁵ Creswell, J.W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, University of Nebraska-Lincoln. Sage Publications.

²⁶ Moustakas, C. (1994). *Phenomenological Research Methods*, Sage Publications, Thousand Oaks California, p. 180-182.

²⁷ Creswell, J.W. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, University of Nebraska-Lincoln. Sage Publications.

²⁸ McLaughlin, H. (2012). *Understanding Social Work Research*. Second Edition. SAGE Publications Ltd

Table 1. Sample for interviews

Region in Estonia	Service providers	Young persons with mental health problems	Specialists of Unemployment Insurance Fund	Employers	Total
Harjumaa	8	7	2	5	22
Tartumaa	1	-	-	3	4
Lääne-Virumaa	1	-	-	5	6
Total	10	7	2	13	32

The interviews were conducted in Tallinn, Rakvere, Tapa and Tartu. The interviews were recorded and then transcribed – the scripts had a total length of nearly 70 pages.

The qualitative content analysis method was used for data analysis, which is a systematic qualitative data describing method characterised by three main features: it contains data, is systematic and flexible.²⁹ During the data analysis process, the inductive category development was implemented.³⁰ It consists of formulating categories and assigning the categories working step-by-step through the text. In the end, the category system stands for the whole material, so the recording unit has to comprise all text. The results were interpreted and illustrated by using quotations from the interviews (information about the interviewed person is provided in brackets). In the Results' section, the key categories have been marked in bold.

RESULTS

The key results based on the experiences of young persons with mental health problems, employers and service providers about the domains that influence participation in the labour market are described below and shortly mapped in Table 2.

Table 2. Domains that influence successful participation in the labour market³¹

Life / personal domain	For young persons	For employers	For service providers
Housing			
Learning	-Insufficient education	-Now learning through practice +Guidelines and training, support coping -More enterprise-specific training on site needed	+Cooperation with teachers at school, youth, service providers, employers, communities as the key factor

²⁹ Schreier, M. (2014). Qualitative content analysis. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 510-524). London: SAGE Publications Ltd.

³⁰ Mayring, P. (2014). *Qualitative content analysis: theoretical foundation, basic procedures and software solution*. Klagenfurt, Austria 2014.

³¹ + which has been perceived as positive; - which has been perceived as a negative factor

Working	<ul style="list-style-type: none"> -If unsuitable conditions – then worsening health, burnout +Part-time job realistic +Family members as support persons for working -Unrealistic expectations -Transport problems in rural / remote areas 	<ul style="list-style-type: none"> -Building working habits etc. difficult -Support services needed in bigger amount (individual-specific) -Expect other goods if hiring these persons -Part-time not preferred -More services (i.e. support person in bigger workload) needed 	<ul style="list-style-type: none"> +See the positive influence of programmes directed to youth and employers & activity supervisors -Unrealistic expectations by the youth and by employers +Internship supports +The detailed description of work profile necessary for youth
Recreating			Hobby activities support working
Self-care			
Health	<ul style="list-style-type: none"> -Health influences dropout from school -Unsuitable conditions at work 	<ul style="list-style-type: none"> -Need to be informed about health conditions and trained how to communicate, solve problems -Bad habits -Employees try to hide the disability 	<ul style="list-style-type: none"> -The hardest target group are undiagnosed persons -Learnt helplessness & vulnerability combined +Part-time working and adjusted working conditions
Purpose and meaning	<ul style="list-style-type: none"> +Flexible career choices +Individual support 	<ul style="list-style-type: none"> -As social project, not valued enough +Recognition and positive feedback, equality motivates employees 	<ul style="list-style-type: none"> +Much depends on the youth' and the employers' motivation to cooperate, previous experiences +Important to preserve youth dignity -Unclear identity related to working (youth)
Social relationships	<ul style="list-style-type: none"> -Not understood -Low-paid and short-time jobs do not motivate or create relationships -Should be more open with employers +Value good relationships with employer and with colleagues 	<ul style="list-style-type: none"> -Support person needed to cope in the team of workers +Organization culture and equally treating support relations 	<ul style="list-style-type: none"> -Youth are afraid of stigmatisation and do not want to inform employer and colleagues -Resistance of family members

The experiences of young persons in finding work and maintaining it

Young persons with mental health problems have little experiences in looking for and finding work. They have mainly done preparations for starting to look for work and received help from different service providers. The process has been complicated due to **insufficient education** – dropping out of school has been related to personal health problems as well as problems at school. It has been difficult to obtain education due to the curricula and study forms that do not take into account their special needs. Young people would like to have more flexibility in their career choices while studying, and they need more individual support in the form of career counselling.

The incomplete educational opportunities of young people and wrong career choices lead to burnout and **worsening health**. It is considered important that the school supports the ability and willingness of young people to cope in the main life domains, including working life. *When heading towards burnout, young people start to drink. Career choices should be made at the beginning of secondary school. Being absent from school, complaints and bad grades lead to burnout, stress and symptoms of illness. It is important to ensure that the person still has the ability and willingness to act.* (22-year-old male, 10 grades of education).

On several occasions, the experiences young people have obtained from the process of searching for job are negative, as they have not received work although they have applied for it or they have not been able to keep their job. The reasons for not getting a job have been mainly mentioned as health problems and **unsuitability due to special needs** for performing certain tasks, e.g. jobs needing strength and psychological resilience and self-defence skills. In addition to previously mentioned problems, there is the fear that special needs are not understood and people will be ridiculed. Also, the received experiences are deepening this understanding that the society does not accept and does not understand.

Young people would like to find **part-time work**, as this is suitable and realistic considering their health problems. *I am not able to work every day, I would like to find work for a few days in a week, because I have an anxiety disorder. I take pills.* (22-year-old male, basic education). Young people have often been offered low-paid and short time jobs, which does not motivate them to maintain the work relationship.

Young people have positive views of their experiences of looking for work and working, when the **working conditions are flexible** – they have been able to choose their working time and make their own schedule, and when work has entailed physical activity and creativity. *For a while, I dug ditches and worked in construction. Now I work as a substitute in a retail chain. I put out the goods, I see discounted goods, I look at people, I can choose my working hours and make my own schedule. I can plan my work more there, I can leave earlier. They pay an hourly wage. This work is physical enough and it is interesting.* (22-year-old male, 10 grades of education).

Young people have received support in looking for work, finding work and going to work mainly from their **family members**, who have assisted them in finding information, making contacts and have acted as a support person. *I have been supported by my stepfather, girlfriend and mother. My mother has supported me in general, and acted as a contact person and a support person (e.g. waking up in the morning).* (22-year-old male, 10 grades of education). Young people have sometimes received information from acquaintances and social media. When looking for work, finding work and working, information from the CV Centre (a job advertising portal) and the Unemployment Insurance Fund have been useful. At the same time, there are young people among the interviewed persons, who have not turned to the Unemployment Insurance Fund.

Young people understand that they should be more **open with employers** when discussing their special needs, which will prevent future problems. An obstacle is also that young people are insufficiently heard and included in making the decisions that concern them in the work context. Young people wish to choose their own paths, find their talents and skills. At the same time, they feel the pressure to meet the demands of their parents, school and society. *Young people should be allowed to choose their own paths, find their talents and skills. I feel two kinds of pressures, graduate secondary school and choose a career in addition to addictions and disorders.* (22-year-old male, 10 grades of education)

Young people feel there is too much **bureaucracy** when looking for work and getting work, and requirements for work

are too high and unreasonable. *For example, speaking four languages in a restaurant. Young people are pressured to study and work at the same time. (22-year-old male, 10 grades of education).* It can also refer to the difficulties in assessing the realistically suitable work places before submitting their application. The target group needs more guidance on how to evaluate the appropriateness of available job offers.

Sometimes **transportation problems** are an obstacle for young people in going to work, including having no driving license and/or a suitable public transport connection. This is an issue which needs to be more supported in rural and remote areas.

Young people **value good relations** with their employer and colleagues. They expect that employers offer legal counselling, safety guidelines and advice as supervisors. *It is positive when you experience flexibility, humanity, good company and normal wages, for example, 4,50eur per hour. (22-year-old male, 10 grades of education).* Self-confidence is important for coping and this should not be trampled upon.

Young people emphasise the need to develop **critical thinking** skills already in the education system, which also ensures their ability to cope with working life. Young people felt they could not participate enough as they lacked the knowledge, skills and abilities to be heard. *Young people should be trained and included. They should be prepared for inclusion. Young people are good at recalling things (because they have learned these by heart at school), but they are not able to think. Young people need to be taught how to think, after which they can be included, otherwise we do more harm than good. (22-year-old male, 10 grades of education).*

Experiences of employers in supporting young people in finding work and keeping the job

The interviewed employers have hired young people with mental health problems mainly through the Unemployment Insurance Fund or the NGO Hea Hoog³². In both cases, the cooperation has produced positive results. While looking for workers, if necessary, the employers turn directly to the institution where young people with special needs reside and recruit an employee who is recommended and whom they need.

The employers need to be **aware of the special needs** of these young persons for the work to be more efficient. The employer needs to know what these young people are capable of doing, otherwise work cannot be done and these special needs are not taken into account. Supervision needs to take into account the peculiarities of these young people and demonstrate how a task should be done, as then work is performed with great precision and diligence. The employers have to pay attention to developing the work habits of young people and take the peculiarities of their employees into account outside the working hours and, if necessary, teach them the rules of communication. The knowledge of the employers has been gathered through everyday practice and disability is not directly an issue in the work place. *Experiences are good, it is good to communicate with young people, and they are dutiful, humane and positive. Young people are proud and thankful for being offered a job and fulfil their tasks dutifully depending on their abilities. (Manager of service company)*

The main task of the employer is to manage his business, and it is not possible to assume additional duties for arranging the work. For that reason, the employers would especially like to receive **support services**, but also additional resources or other goods from the welfare system, while hiring young people with special needs. Support persons, a service provided by the state, offer support to a person when starting work and getting used to it. However, the service is not always provided to a personalised extent, as much as the specific individual needs. The employers say that they have received some support in supervising work from support persons, the NGO Hea Hoog has also contributed activity supervisors, and this support has been effective. However, often times when the employers have needed support they have not received it, as the specialists are unable to help.

Concluding a contract of employment with employees who have mental health problems is complicated for employers, because it is difficult to organise the work as usual and observe that the tasks have been carried out. The employers are not interested in investing additional time and money related to organising the work of young people with special needs.

³² Authors' comment: a non-profit organisation, founded for supporting people with psychic special needs and provides services all over Estonia

For the employers, it is a **social project** and usually not valued enough by society. *The employers have to take into account the health condition of young people with special needs, including planning work and leisure time so that there is no mental overload and health issues related to it. The employer lives indirectly according to the rhythm of the employee/client, takes into account when the employee eats and sleeps. (Manager of a catering company)*

Part-time work is a problematic factor for the employer. The employers find that there could be more part-time jobs, if there were no limitations in hiring people with special needs, e.g. a strict background check by Riigi Kinnisvara AS (State Real Estate Ltd).

From the employer, working with youth requires positive attention related to supervision of work and blending into the **staff**. Problems sometimes occur when working with young people and, in this case, support from a support person is needed. Support persons can be activity supervisors, appointed support persons or family members. *Young people communicate actively with activity supervisors and, in this case, there is always access to communication channels and information about the persons. We act as one team, young people, support persons, employers and other members of the team. (Manager of a landscaping company)*

The employers feel responsible for their young employees with special needs and try to give them tasks that can be completed. *It is necessary to assist young people with blending into the team, in order for the work to go well and for team members to accept each other. (Manager of a landscaping company).* Young people are motivated through **recognition and feedback** on their work. *It is a simple rule that if an employer gives praise, then work goes well and results are good. People are proud of being recognised. Young people enjoy their work being valued. Young people need to be accepted as equal partners. (Chairman of a housing association)*

The employers point out that it is necessary to draw up **guidelines on** how to act with young people with special needs in a work situation and in a work collective. Up to now, help has been received from the specialists of the Unemployment Insurance Fund and AS Hoolekandeteenus (Social welfare services Ltd), also from support persons and specialists from the Astangu Vocational Rehabilitation Centre.

The employers need knowledge and **training**. *More knowledge is needed about psychological peculiarities in order to better understand and support one's employees and prepare tasks taking into account their special needs. Knowledge is also needed in the areas of planning, organising and financing work when it is related to hiring people with special needs. (Manager of a landscaping company)*

Training should be organised in a flexible manner, e.g. training courses in businesses (Manager of a catering company). There is a lack of an expert group that would give advice. Sometimes the quality of training content is problematic (e.g. punishment method).

The employers emphasise a viewpoint related to the organisation culture that people with special needs should be **equally treated** in the enterprise. *Co-workers should be like friends. This way of thinking can be developed in case the focus is not directly on the disability and special needs, in which case communication takes place between the actual persons. This creates a good work climate and a positive environment. (Manager of a catering company).*

Another problem for the employers that they are unaware of the background, capabilities and skills of the young people with special needs. Often young people do not want to acknowledge their disability and **try to hide** their special needs, e.g. *give the reading tasks to someone else. The employer needs to know if young persons can read and write and what they can do, otherwise there are problems with contracts and work-related documentation. (Manager of a landscaping company)*

Negative aspects include the **bad habits** of these young people, e.g. stealing, eating disorders or overly critical and demanding attitudes. The employers claim that sometimes they are employing people who clearly have special needs but are not diagnosed. This is seen as incomplete work on the part of the Unemployment Insurance Board, because the board should also be able to notice undiagnosed persons and refer them to respective specialists (e.g. Asperger).

It was seen as a problem that the service of **work-related rehabilitation is insufficiently available** in certain regions, and the specialists of the Unemployment Insurance Board have not always been prepared for offering this service. The employment of young people with special needs is obstructed by overly complicated and strict rules enforced by the Labour Inspectorate and the Unemployment Insurance Board.

The support person service offered by the Unemployment Insurance Board does not always suit young people with mental health problems, because it does not take into account special needs and is more suitable for an ordinary person. The time needed for learning is longer than the foreseen duration of the support person service. In some cases, the need for a support person is long-term or life-long. (Manager of a company offering sport services)

In some cases, the obstacle lies in the organisation of transport or observing the bus schedule. Sometimes, it is not very clear, who needs help, the young person or his family, and it is necessary to work with all of them in order to increase the ability to work.

Experiences of support service providers in supporting young people in looking for work and finding it

The main instruments for supporting young people with mental health problems, who are looking for work and working, are **different programs** that support employment, developed by the Tallinn Mental Health Centre, the Astangu Vocational Rehabilitation Centre and the Unemployment Insurance Board. Currently, several programs that support employment, including symptoms control program, developing communication skills with video training, a family training program for the family members of people with mental disorders, an inpatient rehabilitation program, vocational rehabilitation programs and others, are available for people living in Tallinn and Harju County. The experiences of specialists in communicating with employers are positive. If employers have the necessary knowledge, it is possible to agree on what the employee wishes, determine individual conditions and inform the employer about how to support the young person.

Young people usually say during the first meeting that they are interested in finding a job, but the evaluation often concludes that this is **not realistic**, as people tend to overestimate their abilities and possibilities. *The family members expect that young people will go to work, but they do not last long there as people with mental health issues have problems with handling stress. Parents have elevated expectations and it is hard to cope with these. (Specialists of the Unemployment Insurance Board)*

Cooperation is going on at the level of institutions and specialists, including vocational education teachers, specialists in centres (psychologist, psychiatrist, employment specialists, social workers, etc.) in order to support the young people. Cooperation is also going on with local governments, and these activities focus mostly on providing support and services, adjusting a person's living place and on issues of transport and access to information needed every day.

The experiences of the specialists of the Unemployment Insurance Board have been both positive and negative in supporting the employment of young people with mental health problems. Getting employment depends on the young person himself, the support he receives from home, and whether previous experiences related to looking for work or working have been positive or negative.

It depends on young people how they **disclose information** and if they are knowledgeable about their illness. If young people disclose information in time, it can be taken into account, but there are also those who do not want to talk and then it is harder to support them. *If a young person is referred to the Unemployment Insurance Board from the Mental Health Centre, then the client has been prepared and is ready to receive services offered by the board. (Specialists of the Unemployment Insurance Board)*

The specialists point out that it should be kept in mind that the target group is very **vulnerable**, and the dignity of these young people has to be respected in all activities as then cooperation is better and more effective. *Young people might be afraid of stigmatisation, and they do not wish to reveal things related to their illness. At the same time, employers need to know about the special needs so they can take these into account. (Specialists of the Unemployment Insurance Board)* The experience so far is that if a special need is mentioned in the employment contract, the employer is aware of it and even the changing of a manager does not affect the work.

Negative experiences are related to the fact that young people with mental health related special needs do not stay at work for a long time. If they are aware of their illness, they stay at work for a longer time and are not afraid of asking for help. It is important to be able to attend **work-related internships**. If a young person does well during the internship, then there is a 50% guarantee that the place of internship becomes their future place of work.

Both employment specialists from the Astangu Vocational Rehabilitation Centre as well as case managers from the Unemployment Insurance Board find that people with mental health disorders are the **most complicated** target group, *as you don't know, what the special need means, how the person with a special need thinks and acts. The hardest client group are undiagnosed people, who should in fact be sent to a psychiatrist.* (Specialists of the Unemployment Insurance Board, employment specialists of the Astangu Vocational Rehabilitation Centre)

Obstacles of getting and maintaining work are: a low level of knowledge and a lack of information among employers regarding the peculiarities of their employees; resistance from family members and learned helplessness acquired by the young person himself, and a lack of work motivation and information about support services and support measures, especially in the case of youth who **do not speak Estonian**. (Specialists of the Unemployment Insurance Board, employment specialists of the Astangu Vocational Rehabilitation Centre)

It is important to work with the **identity** of young people, i.e. who I would like to be, an artist, an employee, etc.? *It is important to understand what the person himself wants and if it is possible to achieve it.* (Specialists of the Tallinn Mental Health Centre)

Finding employment is made easier by certain personality traits that young people have, e.g. being positive and taking into account **hobby activities**. It is necessary to find suitable jobs for young people, including opportunities for part-time work, adjusted working time, etc. It is important for the young person to find his place. *If the strengths and skills of the person have been well tested and have been taken into account in finding employment, then work becomes more stable and subject to fewer risks.* (Specialists of the Tallinn Mental Health Centre)

In matters related to the work of young people with mental disorders, it is necessary to determine and describe their work profile in detail, so that the employer can then find the right tasks for the person. **An activity supervisor** can supervise the young person in his communication with the employer, including discussing one's problems and needs in order to avoid future misunderstandings.

DISCUSSION

The ongoing work ability reform³³ in Estonia is aimed at supporting bringing together employers and employees with a reduced work ability, including young persons with mental health problems. The current study shows that all partners – young persons, service providers and employers – perceive the importance of developing better cooperation, communication and mutual support in this process. **Cooperation networks** of various parties that support bringing young people to the labour market, including vocational education teachers, case managers, employers, specialists (psychologists, psychiatrists, employment specialists, career counsellors, social workers, etc.), educators in different fields and others, should be made more efficient so as to better support the employment of young people. The specialists who participated in the study mentioned that society is judgemental and this will not change before the focus is on the person and their strengths. Decreasing stigmatisation in society happens through **positive experiences**. Positive experiences need to be described and introduced to the wider public, by using the help of experienced advisors. It is necessary to decrease people's fears related to special needs. Thus, emphasising the success stories should be an everyday task for the support system.

³³ Ministry of Social Affairs. Work Ability Reform. <http://sm.ee/en/work-ability-reform>

As previous thematic studies³⁴ have indicated, employers need more support services, training and positive attention while they are planning or employing young persons with mental health problems. The necessary services must be equally accessible in all regions. Most of the employers interviewed see it as a social project, and it is not easy for them to adjust the working conditions, to solve the practical problems caused by the employee's health-related issues, to invest extra time and other resources. In order to foster the access of young people with mental health problems to the labour market, the **employers need training and counselling** – this helps to broaden the awareness of employers on the issues related to mental health problems and the behavioural patterns of people who suffer from such disorders. Knowledge is needed about psychological peculiarities in order to better understand and support one's employees, and to prepare job related tasks, taking into account their special needs. Employers are in need of training also in terms of other issues related to entrepreneurship, including work planning, marketing, concluding agreements, cooperation with partner organisations like local governments, financing, etc., and all this first and foremost in the context of special needs. Employers need to be advised on the issues of how to organise and supervise the work of young people with special needs. Employers should be prepared for offering jobs and hiring young people so that what they expect is realistic.

Full participation, carrying the responsibilities and duties of a full citizen is still a challenge for persons with mental health problems, and there are still stigmas, myths and negative attitudes in society which build barriers for persons with mental health problems. People with a psychiatric disability are often faced with fewer opportunities than other citizens, due to health problems, stigmatisation, discrimination and poverty.³⁵ Young persons with mental health problems mentioned that the main supportive agents during looking for job and maintaining it are their closest family members, which means an individual support system.³⁶ But it was pointed out that there are also needs for community (re)development towards better social cohesion, support and counselling of people with disabilities, their families and social networks, and better cooperation between service users, professional workers, civil servants and policymakers.³⁷

The skills related to work and other areas of life should be developed already **in the education system**. In the education system, both in general and vocational education, it is necessary to provide young people with special needs an education that takes **into account their special needs** through specialised curricula and learning forms. In terms of education, young people see the need for greater flexibility in terms of career choices and timely career counselling. The insufficient career opportunities and wrong career choices of young people lead to burnout and worsening health. Communication and other social skills can be developed through **extracurricular activities**.

The opportunities of participating in specific support programs need to be expanded to cover all young people with special needs and their families in need of those services when preparing them for going to the labour market. While participating in **different programs**, it is important to focus on the identity of young persons, on increasing their self-esteem and work motivation and facing fears related to becoming employed. It is especially vital to participate in the symptoms control program, because being knowledgeable about one's illness allows young people to better keep their jobs and encourages asking for help. Being knowledgeable about one's illness allows having and maintaining a job. It is also very important to guarantee young people with mental health problems continued support after the program has ended in order to avoid relapses, and support their entry into the labour market in a more efficient way.

³⁴ Bugarszki, Z., Medar, M., van Ewijk, J.P., Wilken, J.P., Narusson, D., Saia, K., Kriisk, K., Kiis, A., Susi, M., Sooniste, I., Rahu, A. (2016). Uuring psüühilise erivajadusega inimestele suunatud erihoolekandesüsteemi ümberkorraldamiseks ja tõhustamiseks teiste riikide praktikate alusel. Lõppraport

Wilken, J.P., Admiraal, L., Bugarszki, Z., Leenders, F., Medar, M., Narusson, D., Saia, K., Hanga, K. (2014). Improving community support for persons with disabilities. A study in three European countries.

³⁵ World Health Organisation. (2011). World report on disability. Geneva: Author.

³⁶ Wilken, J.P. (2013). Community Support. <http://thecareeurope.com/?c=community-support&l=en>

³⁷ Jean Pierre Wilken, Zsolt Bugarszki, Karin Hanga, Dagmar Narusson, Koidu Saia & Marju Medar (2017): Community orientation of services for persons with a psychiatric disability. Comparison between Estonia, Hungary and the Netherlands, European Journal of Social Work, DOI: 10.1080/13691457.2017.1289896

The current study shows that the **employers fulfil a key role** in easing young people into working life and training them. The employer acts as a mentor and a supervisor. Humane treatment, creating a positive atmosphere, recognising young people and providing feedback concerning the tasks that are performed, contribute to a great extent to young people holding on to their jobs. Specialists responsible for supporting employment see that realistic expectations about working, positive experiences in looking for work and employment support are some of the preconditions for long-term employment.

Part-time work and **adjusted working conditions** were mentioned by all target groups as an important way in which to employ young people with mental health problems. The expectations of young people and support specialists for part-time jobs are opposed by employers, for whom creating a part-time work place is complicated, “bureaucratic” and time-consuming. For that reason, work mediation programs and services should support the elimination of these obstacles through legal counselling and active work supervision in work places to avoid extra duties for the employer as the work relationship starts and continues.

Topics related to the main life and personal domains³⁸ which need special attention and which influence the success of finding a job and maintaining it are: learning (the education system is not supportive or flexible enough; employers need more specific training); working (the youth have unrealistic expectations, they need adjusted working conditions, internship is needed), recreation (hobby activities supporting coping at work), health (employers need to be informed, but employees tend to hide their disability; health conditions influence coping at work), purpose and meaning (work is important for youth; employers need to be recognised more; cooperation as a key factor), social relationships (give value for working; reflect participation, inclusion and equality).

In order to achieve an equal chance for participation in society, the barriers to participation in all aspects of life must be addressed.³⁹ The interviews revealed that the main barriers that influence the success of finding and maintaining a job are related to the inflexible education system, the negative attitudes towards persons with mental health problems, the lack of information and continuous support for employers who plan to or have hired persons with mental health problems. The employers and service providers see persons with mental health problems as a vulnerable group, but they also see the learnt helplessness and poor skills, combined with a readiness to carry the rights and obligations of a fully-fledged citizen.⁴⁰ Thus, the results of the study show that there is still room for improving the implementation of the principles of the support model⁴¹ as empowering individuals and communities, strengthening existing resources, working together on “social capital” related to the participation of young persons with mental health problems in different life areas including work.

LIMITATIONS AND CONCLUSIONS

These findings are drawn from a small, qualitative study conducted with a small number of young persons with mental health problems, employers and service providers – it raises questions about the generalisability of the findings. Therefore, findings are exclusive to the particular study context and, as such, there is no intention to seek generalisations. More research with larger samples from different regions would allow for more definite conclusions.

Despite these limitations, the findings of this study shed light on the perspectives of participation of young persons with

³⁸ Wilken J.P. and D. den Hollander (2005). *Rehabilitation and Recovery*. Amsterdam: SWP Publishers.

³⁹ Schneider J. and C.J. Bramley (2008). *Towards social inclusion in mental health? Advances in Psychiatric Treatment* (2008) 14: 131-138.

⁴⁰ Wilken J.P. and D. den Hollander (2005). *Rehabilitation and Recovery*. Amsterdam: SWP Publishers.

⁴¹ Wilken J.P. (2005). *Working on Social Inclusion: the development of a Support Model*. In: Van Eijken J. & H. van Ewijk (eds), *Reinventing Social Work*. Utrecht: Hogeschool Utrecht

mental health problems in the labour market. The findings suggest that Estonian young persons with mental health problems are interested in participating in the labour market. However, they experience multiple problems in various domains of life related to their health conditions, to insufficient flexibility of educational system mechanisms, which need to be strengthened to fully support their entry into working life, (fear of) being stigmatised and the limited options to work with adjusted working conditions. Employers who are planning or who have hired persons with mental health problems must be supported to acquire the knowledge and skills to create supportive working conditions and to understand the issues related to the disabilities. Also, the findings of the study suggest that support services need to be equally available for the young persons, their family members and for employers in all Estonian regions. The formal supportive system should provide specific services in order to increase the self-confidence and working skills of the youth and to develop strong and mutual cooperation between the service providers and employers. Furthermore, the findings suggest that service providers and employers need to be encouraged to foster support model principles in the process of cooperating with persons with mental health problems.

DECLARATION OF INTEREST

The authors have no conflicts of interest.

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