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Zorg voor werk en dagbesteding

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Summary

Many people with a psychiatric history encounter problems finding and keeping a job or in their daily activities. They consequently experience considerable limitations in their everyday functioning. People find it hard to structure their day and to maintain social contacts. They are in danger of becoming lonely, passive and feeling useless. From the mid-eighties onwards, public authorities in the Netherlands have been developing a policy to deal with these problems. The idea is to develop a range of services in each region aimed at providing employment and daily activities tailored to this group.

Many of the projects and programmes are presently still the development stage. That is why very little is known about how these services match the needs, how successful they are and the specific problems encountered in the implementation of the services. Nevertheless, research into the development of vocational rehabilitation and a programme of daily activities is important if we are to understand the difficulties of designing and planning the provision of care from an early stage. This thesis is aimed at supplying building bricks for such a development.

The general proposition is accompanied by seven research questions. Four of these (questions 1 to 4 inclusive) are being researched on the basis of literature and source analysis, while the remainder (5 to 7 inclusive) are also being investigated on the basis of empirical research in the province of Groningen.

- 1 What are the central elements of government policy in the field of vocational rehabilitation and daily activities? What targets are being identified and how are these supposed to be achieved?
- 2 What do we know about the (development) potential and handicaps of people with a psychiatric history regarding employment and daily activities?
- 3 What is the importance of employment and daily activities for people in this group, what is known about their needs and what can we say about the effects of employment and daily activities on the functioning and living situation/condition of clients?
- 4 How should programmes aimed at vocational rehabilitation and daily activities be designed ideally? What knowledge is available about the characteristics of successful programmes in this field?
- 5 What is the situation with regard to employment and daily activities in the province of Groningen and what are the wishes and needs of clients in this field?
- 6 In what way are daily activities and vocational rehabilitation developing in the province of Groningen and what are the stumbling blocks?
- 7 In what way might a regional provision in the field of employment and daily activities develop while meeting the wishes and needs of people with a psychiatric history?

The background to the increasing interest in employment and daily activities in psychia-

try from early eighties onwards is described in the analysis of policy in **chapter 2**. One of the reasons for this increasing interest can be found in the declining job opportunities for clients in the last few decades, which made the problems more obvious. Another reason for the revival in the value of employment and daily activities is the policy of extramuralisation in psychiatry. Some of the 'informal' asylum functions that were being catered for by the hospital, such as protection, daily activities and social contacts, are not being replaced automatically by facilities in the community. That is why new facilities, as well as a regional planning of employment opportunities and daily activities, is necessary.

The provision of these services may on a governmental level be regarded as the responsibility of the Department of Health and the Department of Social Security & Employment. However, the initiative has so far been taken by the Department of Health. One of the starting points for this policy is that employment and daily activities should as much as possible fit into mainstream social frameworks. Only a limited proportion of the clients (20 to 30% of the mental health care clients with long-term mental health problems) are supposedly handicapped in their functioning to such an extent that they continue to require specialized day-care centres. For the remaining clients, measures have to be taken to promote the use of general services and participation in the job-market. However, measures aimed at vocational rehabilitation are still few and far between. An effective policy in this field would require the adoption of a joint policy by two ministries, the Department of Health and the Department of Social Security & Employment.

The policy of vocational rehabilitation and daily activities is particularly aimed at people with long-term mental health problems. An assessment of the desired services for this group calls for insight into their developmental potential and their handicaps. We give our views on this in **chapter 3**, on the basis of the literature on the phenomenon of chronicity. Most of the research in this respect pertains primarily to people diagnosed as 'schizophrenic'. People in this group experience quite a few obstacles in their functioning, but there is also a great variety in development potential. In the long term, there is improvement in the performance of a great many of these people, which means that they are able to live independently, to have and keep a job and to maintain social relationships.

Current explanatory models assume that the limitations in the clients' functioning is the result of a combination of a genetically or biologically determined vulnerability, as well as of psychological and social factors. We discuss the *handicap-model* of Wing, the *disability-model* of De Jong, as well as the *vulnerability-model* of Zubin and the *interactive development-model* of Strauss and Carpenter. The model of Strauss et al. provides the most differentiated picture of the interactions between person, vulnerabilities and environmental impact. This model also presents a good case for the principles to be followed in order to effect a functional improvement. One of the methodological implications of this model is that it requires a multidisciplinary approach, which dovetails interventions focusing on various 'areas of living', such as housing, working and social relationships.

On the basis of a review of the literature, in **chapters 4 and 5** we highlight the importance of both daily activities and employment for people with a psychiatric history. 'Daily activities' is a term created by public authorities. The policy-makers are limiting the contents of the activities provided within the framework of daily activities to 'leisure activities' at one end of the spectrum and paid work at the other. So 'education', 'recreational facilities', 'getting-together', 'voluntary work' can all be found within the same framework. The amount of research assessing the needs of clients with the clients themselves has so far been rather limited. However, on the basis of an analysis of the available literature, it is still possible to come to the conclusion that the wishes and aspirations as to facilities for daily activities differ greatly. Among other things, there are differences as to the following questions: (a) 'less formal character' versus 'more structured and aimed at skills-training'; (b) 'safe contact with peers' versus 'opportunities to meet other people'; (c) focusing on 'education', on '(voluntary) work' or aimed at 'getting-together' and 'leisure time activities'; (d) a location in a centre 'of our own' versus a location in a centre for several groups of participants (locals, people on disability pensions).

An important desire emerging from the available research is 'having a paid job'. Work may have positive effects on the mental health of this group, such as a decrease in psychological symptoms, a rise in independent functioning and increased well-being. It should also be pointed out that relatively little is known as yet about the consequences of unfavourable working conditions. What is clear however is that people with mental health problems may benefit from somewhat adapted, protected working conditions, such as: the availability of support by others in the job situation, the opportunity to evaluate the job performances together with others and the dovetailing of job requirements and capacities.

The review of the literature is rounded off in **chapter 6**, where we take a look at how a rehabilitation approach should be shaped methodologically and organisationally. Following the example of Anthony, rehabilitation is seen taking care of someone with a psychiatric handicap in such a way that this person can exercise those physical, social and intellectual skills necessary for living, learning and working in society in an environment of one's own choice. Rehabilitation is not a single form of support, but comprises a number of approaches. More specifically, we discuss the approach of the so-called Boston school (e.g. Anthony) and the views of Shepherd and Bennett in England. The former place more emphasis on the importance of skills-training with the client, while the latter stress the need to provide support by influencing the environment of the client.

We are also reviewing the literature more generally for successful experiences with projects aimed at vocational rehabilitation, both in this country and abroad. Available research from the United States of America (among others Bond 1992, 1994) suggests that vocational rehabilitation programmes are consistently, albeit modestly, successful in leading to employment. Vocational rehabilitation programmes which are a well integrated component of a more general support programme seem to be particularly successful in this area. Other quality criteria which are promoting success according

to the literature include: a target-based approach; a combination of interventions aimed at the individual, as well as those directed at the environment; a long-term guidance process and, if necessary, continuing contact; ensuring the normalisation of job relationships in projects; taking into account the interrelationship of developments in the various areas of the client's life; a dovetailing of care and job-coaching and ensuring an active role of the client in designing the course of their own rehabilitation.

The empirical part of the thesis begins with a further analysis of the needs of clients in the field of daily activities and vocational rehabilitation. After an explanation of the approach to the research into the needs of 62 clients, we give an outline of the situation regarding the daily activities of the target group (**chapters 7 and 8**). The majority of the respondents no longer had a paid job. Of those clients who were jobless, approximately half of them were actively involved in a categorized employment project. Many common obstacles emerged from their stories. The most significant obstacles are: the lack of (adjusted) opportunities for daily activities; negative images of the clients' (employment) potential on the part of employers, as well as on the part of the clients themselves and people in their immediate environment; the lack of social skills and employment skills; little support; mental health problems and lack of stability. What this involves in many instances is a combination of obstacles reinforcing each other in such a way that motivational problems and the fear of failure are the firstly to emerge.

Nevertheless, it is also becoming rather obvious that the majority of clients do need work and leisure activities. A large group (60%) continues to focus on employment. Virtually all of those in the limited group who still have a paid job want to keep their work, regardless of the fact that the work often demands a great deal of effort on their part. Comparable percentages emerge from other research into client needs. Clients are no different from other unemployed people in this persistent job-orientation.

The strong interest in work does not imply that most clients would like to get to work either today or tomorrow. On the basis of our analysis, it is possible to distinguish four attitudes among clients with respect to the unemployment situation, i.e.: acceptance of unemployment, putting it off, actively seeking a job or keeping themselves available. The people who accept unemployment for what it is focus on alternative forms of daily activities, including categorized projects. Those people who would like to postpone the resumption of work for a while, cite several aspects of their functioning which should be improved before they can work, such as becoming more stable, a better response to medication, learning how to make choices, gaining work experience in a work project. The people who are actively trying to find work form a relatively small group. It is striking that these people are looking for a job without much planning and direction. If it fails to yield results, people stop looking after a while, but the situation of being unemployed is not being accepted: they remain available.

An important part of the research into needs pertains to the question of which job conditions patients consider important (**chapter 10**). The importance attached to employment by clients, like other people, is related to the financial rewards and its

socio-psychological benefits: a structure to the day, contacts with others, a feeling of status and incentives to remain active. An additional importance for this group is that work is regarded as an opportunity to take part in society again and regain the sense of self-esteem. Work may also serve as a basis for 'coping' in order to prevent the reoccurrence of or increase in mental health problems. It may serve as an anti-depressant; it may provide an incentive for not drinking or it may divert attention from mental health problems.

The interviews with clients revealed that they do not see getting a job solely in terms of its advantages, but also anticipate problems which may arise in job-situations: keeping up an entire working week, dealing with colleagues, etc. So many clients make getting back to work dependent on the fulfilment of certain conditions. Many prefer a part-time job or work in adjusted or sheltered circumstances. In addition, many clients would like work to be adjusted to individual capacities, as well as to fluctuations in their functioning. This expressed in, for instance, adapted working hours and an adjusted working tempo. Moreover, 'social safety' appears to be an important condition. This may mean that it should be possible to withdraw from work now and then. This also involves socio-emotional support by colleagues and superiors, as well as the acceptance by others of one's own psychiatric past and actual mental health problems. In the experience of the respondents, it is superiors more than anyone else who are decisive in maintaining a good co-ordination of the requirements of the work and the individual's developmental potential. Superiors are also pivotal in maintaining a safe working atmosphere.

This outline of the needs on the basis of the client interviews is followed in **chapter 11** by an analysis of interviews with mental health professionals and registration research into 1495 patients in the province of Groningen. We describe the situation with regard to work and daily activities and the way these aspects are being dealt with in providing client support. One conclusion is that the situation with regard to employment and daily activities is not very promising. Only a quarter of the entire group of people younger than 65 years acquires their main income from employment. A large proportion of the entire group, nearly a third, was not taking part in any regular daily activities – apart from involvement in treatment programmes. Two particular groups emerged from the research as having very few opportunities. Firstly, the group of people with previous admissions to a psychiatric hospital. Less than 15% of the clients of mental health services with a history of previous admissions still had a paid job. Secondly, the permanent residents of the long-stay psychiatric units, as well as residents of any form of sheltered housing, where little was undertaken in the field of daily activities.

Another important finding is that the lack of employment and daily activities is being recognised as a significant problem by mental health professionals. However, this does not lead to action by many of them. A variety of explanations for this was given in the interviews. The most important ones are: lack of time, lack of facilities tailored to the needs of this group of clients and little insight into and knowledge of the existing employment opportunities and daily activities outside the realm of psychiatry. Some professionals state that their own passivity and lack of hope about the

situation of clients constitutes a major obstacle. Improvement might be effected by developing categorized projects, giving clients and their helpers practical starting points for working on reintegration into employment and daily activities. This categorized provision is examined in part 4 of the thesis, together with the opportunities offered by mainstream employment services (**chapters 12 to 14 inclusive**).

In the province of Groningen, the last few years have seen the development of a number of new daily activities projects, in addition to the 'Drop-In' Centre that has been around for many years now. The main role of these centres is to provide social contacts and introduce a structure to the day. They are less effective as possible bases for access to general cultural and educational services and to employment. This is partly due to the fact that no specific coaching is being provided for this purpose. Because of the differences in provision and atmosphere, these projects are attractive to a variety of target groups. Yet, some target groups benefit less than others from this range of services, such as women, elderly people, people who function with great difficulty or, alternatively, who function fairly well.

Compared to the interventions aimed at vocational rehabilitation, the development of daily activities has been taken on board quite readily by mental health services. People with a psychiatric history benefit little if at all from regular employment opportunities, for instance via employment agencies, GAK¹ or sheltered work opportunities. Categorized agencies may bridge the gap to some extent between mental health services and the world of employment. Following the example of Van Weeghel and Zeelen (1990), we distinguish four functions of vocational rehabilitation: preparing for (sheltered) employment; integration into (sheltered) employment; coaching in sheltered employment and coaching in regular jobs. Despite the establishment of projects in all these fields in the province of Groningen, the total number of places for vocational rehabilitation is still limited. In addition, these projects face an uncertain future. One problem is that responsibility for funding such facilities is accepted by neither mental health services nor by employment services.

In recent years, however, a great deal of knowledge has been gained that could be important to the improvement of projects. An important point of attention can be found in the cooperation of employment-coaches and mental health professionals. Initially a rather deliberate distance was kept both in daily activities projects and in work projects vis-a-vis professional care. 'Care' was not supposed to be a part of these projects. At this moment in time, attempts are being made reduce this distance between mental health professionals, on the one hand, and job-coaches in categorized projects on the other. This stems from a growing awareness of its possible benefits for the course of re-integration.

¹ GAK is the Dutch abbreviation for *Gemeenschappelijk Administratiekantoor* (joint administration office for social security). This agency has a duty with regard to the payment disability pensions. Its tasks also cover other job-related issues, such as the re-integration into work of physically handicapped people, people with emotional or psychiatric problems and the mentally retarded.

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Chapter 15 brings together and integrates the findings from the review of literature and the research carried out in the province of Groningen. In addition to a number of summarizing conclusions, we offer some suggestions for improving the situation dealt with in this thesis. The focus is primarily on the group of the most vulnerable clients. Among other things, we advocate extending facilities for daily activities to include (coaching in) sheltered employment. A better regional distribution of daily activity centres and more variety in the facilities offered by different centres should increase their accessibility to a wider range of the target group. When setting up new centres, it would be preferable to use the space available in regular social-cultural centres and neighbourhood centres. We also call for the placement of employment consultants in daily activity centres, so as to allow those who wish to take the step towards employment, training and regular leisure activities. A third important aspect of the policy aimed at people with chronic psychiatric problems is increasing the opportunities for sheltered or supervised employment. One recommendation is to set up more experimental projects in this field, including independent sheltered businesses and projects for supported employment. Access to sheltered employment should also be improved by means of a quota system for psychiatric clients. These innovations require the support, in terms of policy and finance, of both employment services and mental health organisations. This also means changes in the present care system. This should focus more on care aimed at employment and daily activities.