WORKING MEETING REPORT FROM LUXEMBOURG, SPECIALISTS IN MENTAL HEALTH.
THE PROJECT SPSM—EMPLOYABILITY

Mihaela Gavrilă-Ardelean, PhD
„Aurel Vlaicu” University of Arad, Romania
miha.gavrila@yahoo.com

Abstract: In an atmosphere of early fall, at a round table in the location Institute for Public Health in Luxembourg, there was the second meeting of specialists involved in the project Insertion Employment of Persons with Mental Disorders (SPSM - Employabilité). Under this innovative research project to improve the employability of people with mental/physical disabilities came together: researchers, professors, doctors, psychologists, responsible for public health and journalists from five participating countries: Luxembourg, Switzerland, France, Romania and Belgium. During the two days of work there was done a SWOT analysis of the results of the three response categories:
- The recipients (patients with mental illness);
- Employers (responsible for enterprise and directors);
- Specialists (workers, trainers).
We have analyzed and have concluded several schemes to be played in detail below, as they were set by the project team meeting in Luxembourg, strengths, weaknesses, opportunities and threats in the field of employability these people with the peculiarities of each country in the project.

Keywords: investigates, strong points, weaknesses, opportunities and threats.

In 3–4 September 2015, in Luxembourg, the Institute for Research on Public Health, held the transnational meeting of specialists involved in the project: Employability SPSM. Under this innovative research project to improve the employability of people with mental / physical disabilities came together: researchers, professors, doctors, psychologists, responsible for public health and journalists from five European countries involved: Luxembourg, Switzerland, France Romania and Belgium. During the two days of work there was done a SWOT analysis of the results of the three surveys responses:
- The recipients (patients with mental illness);
- Employers (responsible for enterprise and directors);
- Specialists (workers, trainers).

They have analyzed and have concluded several schemes, whose conclusions will be given in detail below, strengths, weaknesses, opportunities and threats in the employability of these people, with the peculiarities of each country in this project.

**The general framework of issues**

Given that in the XXI century, mental illness presents a real public health problem by increasing incidence and prevalence of psychiatric pathologies, directly related to social and economic factors and research issues at European level is an issue for the various countries involved **SPSM project - Employability**.

It is estimated by the World Health Organization (WHO), 60% of deaths worldwide are caused by chronic diseases and in between, no. 6 as morbidity are mental disorders after cancer, diabetes, cardiovascular disease and respiratory diseases. By 2020, WHO estimates a 10 percent increase in deaths caused by mental disorders (www.who). According to the study conducted by the Institute of Public Health Bucharest, 1999, in Romania, in 1998, mental illness and behavioral disorders were the third leading cause of morbidity after cardiovascular diseases and malignant tumors (ISPB, 1999).

**Table 1. Structure DALYS by cause, Romania, 1998**

<table>
<thead>
<tr>
<th>Group of diseases</th>
<th>DALY per 1000 inhabitants</th>
<th>% of total DALY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>60</td>
<td>31.88</td>
</tr>
<tr>
<td>Malignancies</td>
<td>18.97</td>
<td>10.1</td>
</tr>
<tr>
<td>Mental /behavioral disease</td>
<td>18.79</td>
<td>9.98</td>
</tr>
</tbody>
</table>

Source: Institute of Public Health Bucharest, 1999

As shown by studies conducted by the working group of Romanian Psychiatric Association and the Romanian League for Mental Health (Assoc. Prof. R. Mihăilescu, Prof. Dr. P. Boișteanu, Dr. D. Ghenea, Raluca Nica, Assoc. Prof., Dan Prelipeanu, Dr. R. Teodorescu, Dr. Bogdana Tudorache, Prof. Dr. T. Udrisțoiu), after which it was produced within the mental health of the Stability Pact for South-Eastern European countries, strategy mental health for the Ministry of Health of Romania, lifetime prevalence of mental illness in Romania is ~33 %, or one in three people will suffer lifelong mental disorder. ½ year prevalence is ~20 %.
The economic costs of mental disorders expressed as the ratio of overhead costs and direct costs of healthcare are in a ratio of 9:1, leading to the conclusion that prevention psychiatric pathologies lowers the cost of economic health, improving the country's economic strength, and the patient's quality of life (Katschnig, Ciumâgeanu, Mugur, Ghenea, Sfetcu, 2009).

Thus, as I mentioned in Article "Psycho-prophylaxis and Mental Health Education", published in the journal Agora Psycho-Pragmatic, 2008, Volume II, No. 4, on page 58, a particularly important role in maintaining the mental health of the company is returning to psycho-prophylaxis. "By understanding the amount of mental prophylaxis methods aimed at maintaining and developing mental health and prevention of mental diseases, we can maintain the individual or the socio-human health. These measures are likely: psychological, medical, medico-social: bio-psycho-social, professional, economic, environmental, etc. and are aimed at maintaining the health of the individual and mental disease prevention persons and/or social communities of individuals" (Gavrilă, 2008).

Currently there are three types of Psycho-prophylaxis: primary, secondary and tertiary. The research project SPSM - Employability, focuses on tertiary prevention, aimed at preventing/ reducing/eliminating the mentally handicap. "Tertiary psycho-prophylaxis addresses to mental care, provides specialized rehabilitative type and prevents dependence on individual or mental disorder" (Gavrilă, 2008). This type of prevention works by: assessing the degree of incapacity for work as a result of physical or mental disability level, rehabilitation, individual and social reintegration (Rădulescu, 2002). "It works by psychotherapy and occupational therapy, individual preparing to face social life beyond the hospital (re-socialization). Through these functions, tertiary psycho-prophylaxis has a prospective value, based on the individual behavior and its actual conditions on the assumption that the person concerned might provide a profession, raise a family and best fits the environment. The target group is formed of patients with chronic/ incurable psychiatric disease. Specialized services are provided by social institutions, centers of occupational therapy and/or retraining and socio-professional reintegration (Gavrilă, 2008).

The costs of assisting a psychiatric patient are, on the one hand, the price of treatment (cost of medicines, medical services) and decreased work productivity, the involvement in labor disputes, and conflicts, accidents, increased absenteeism (for those persons with mental disorders who are employed and get a stage of decompensation of the disease by increasing the number of medical leave with ITM - temporary inability to work) until his retirement due to illness and, on the other hand, assisting them with social and medical services, making it the working population, of the population
becoming active, passive population (beneficiaries). Employability of patients with mental illness in order to decrease / eliminate mental disability is a very topical subject in Europe. This, on the one hand, due to the small percentage of mentally ill workers and, on the other hand, high costs of health economics and socio - medical services involved in assisting this category of beneficiaries (Enăchescu, 2004).

The employability of patients with mental diseases research project aims to reduce all the costs of health economy and increase the quality of life of these patients with mental disorders.

The work capacity of patients with mental illness is determined primarily by the gravity and the severity of their symptoms, psychiatric diagnosis, the degree of deterioration of cognition, and the personality of the patient, but very important is the social support for this ill people (Honney, 2003). The social support for integration into employment of psychiatric patients is achieved by involving all the people that come in contact with the patients: family, community, professionals (multidisciplinary team: physician, social worker, personal assistant, psychologist, team leader). All labor market prospecting work together to find a suitable job available that outstands the patient’s functional capacity (the ability to post jobs and worker job adapting work to the worker ergonomics occupational - Păunecu, 2004), informing and educating the working staff to eliminate prejudice, stigma and discrimination against the psychiatric patients.

**Research Objectives**

The main research objective is to improve the employability of people with mental / physical disabilities in the labor market, depending on the remaining functional capacity and fitness for work established by a labor medicine physician. The study was conducted by specialists in the five project countries: Luxembourg, Switzerland, France, Romania and Belgium.

To increase employment indicators, the specialists have discussed ways of psycho - socio - occupational work for employment of these people.

**Research Methodology**

Was an analysis that established the needs of the beneficiaries: patients with mental illness; employers (companies and executives responsible) and specialists: workers trainers.

As for the working instruments, they used three sets of grids that have been applied to these categories in each of the five European countries involved in this project.

**Research results**
The results of the investigations were concluded by each country into a set of three reports: beneficiaries, employers, professionals.

In the working meeting in Luxembourg, the specialists have discussed these reports and have conducted a SWOT analysis phase of the project results. They have concluded for each country, strengths, weaknesses, opportunities and threats in the employability of these people, with the particularities of each country in the project.

For the specialists in the field, the SWOT analysis in each country has the following results:

**Luxembourg:**

**Strong points:**
- Individualized support;
- Adaptable system (time);
- Socialization question;
- Conflict Management;
- Confidence - positive return.

**France:**

**Strong points:**
- Existing and evolving methodological (job coaching, specific services);
- Will associations develop supported employment (approach, frequency of meetings, regular support and no time limits, availability and responsiveness adapting to each situation);
- Privileged link with the employer (upstream and in case of difficulties).

**Belgium:**

**Internal strong points:**
- Expertise at the interface of knowledge of enterprise, workstation and the user;
- Rhythm of the person;
- Self- determination;
- Follow instead of "pull";
- Ability to adapt to the rhythm of the user;
- Knowing what to bring concrete elements;
- Creating alliances with employers facilitating the use of services;
- Collaborations with other;
- Professionals around the person;
- Integration with SM teams;
- Method 3 sets ...;
- Written and standardized methodologies;
- Making technical accompaniment business (upstream or on the workstation).

**External strong points:**
- Risk taking "covered" by the hierarchy;
- Financial aid for employment;
- Growth sectors;
- Internships in companies - human test;
- Methodologies (IPS- Boston) available;
- Interdepartmental coordination (Health - employment training);
- Collaborations between similar devices.

**Romania:**

**Strong points:**
- Adapt a flexible program concrete as the case of the person;
- Collaboration Development Strategy between various sectors (social - health employment);
- Internal communication based on many of casuistry.

**Luxembourg:**

**Weaknesses:**
- Internships for testing (under certain conditions);
- What about the political will?
- No statistical distinction level ADEM service between types of disability;
- Partitioning still strong between social and health
- "Perverse" effects sheltered workshops that are "overprotective" and no financial incentive to move ...;
- Heavy administrative procedures.

**France:**

**Weaknesses:**
- Lack of "labeling" complicating relationships with carriers and enterprises;
- Lack of internal tools to support the interface human values and the reality of the labor market (the question of legitimacy);
- Entry delay in connection with the other partners concerned (award of tests and assessments ...).

**Belgium:**

**Internal weaknesses:**
- Distancing difficulties with the problem of the person;
- Information / Knowledge sufficient on labor laws;
- Relapse anticipation of difficulty;
- Too wait- facing employers.

**External weaknesses:**
- The capacity for initiative users;
- Lack of cooperation between health services mental and employment accompanied device;
- Need to convince a number of people around the patient / the issue of employment;
- Rigid administrative rules in the function.

Romania:

Weaknesses:
- Bureaucracy;
- Focus on the file and not on the person;
- The number of professionals’ accompaniment is undersized.

Luxembourg:

Opportunities:
- Different types of training: per helpers, rights/companies, company (eco and financial, mediation, no stigmatization;
- Consider initiatives/new structures related with the economic empowerment of persons + PeopleEmpowerment (Germany);
- Analyses practices/Supervision recurring;
- Learnt to communicate between different professionals.

France:

Opportunities:
- Sharing experiences with foreign countries;
- Financing methods by European funds;
- Existing work tools that can inspire us.

Belgium:

Opportunities:
- Transnational exchanges with similar devices;
- Having in its network a "business guide".

Romania:

Opportunities:
- Continuing training for employment counselors;
- Develop a common vision (all actors included) on regional integration;
- Creating a professional counseling service for people with a disability certificate;
- Develop the business expertise for this job;
- Work in multidisciplinary teams.

Luxembourg:
Threats:
- Psychological supervision, refusal by certain professionals;
- The ever present stigma.

France:
Threats:
- Refusal to share experiences;
- Lack of training cycle;
- Sustainable employment counselors!
- Precariousness of sustainable funding, lack of internal training on appearance, medical psychological disability.

Belgium:
Threats:
- Negative associations of users and counselors at the working face value;
- Unions have no ownership of problematic work of people with disabilities.

Romania:
Threats:
- The legislation is incomplete and focused on providing psychiatric services and lesson social and employment;
- The outdated and rigid mindset on social inclusion;
- The financial benefits to employers are not available in the case of certified handicaps.

From the perspective of the employers in the countries participating in the project, the strong points are different. Strong points which may enable facilitation hiring an employee with a disability. Weak points differ, depending on the context you work in. From the perspective of the employers, not many people with mental health problems can get a job.

Luxembourg:
Strong points:
- The presence of brings PSHP "things" to the company;
- After adaptation-successful integration.

France:
Strong points:
- Variety of work arrangements;
- Operating in more oriented project model to the collective performance;
- Diversity of skills and careers (rather cadres).
Belgium:

**Internal strong points:**
- The "family" part of the company (small and micro companies) or in medium/large, services of organizations by: adaptability of schedules, work organization has some flexibility allowing mutual aid;
- Adapt: the trust between the company and the attendant;
- Accessibility of public transport;
- Concern about the wellbeing of people at work;
- Values/Charters where integration in public;
- Difficulties is one of the strongest positions;
- Risk appetite/Human Resources;
- The ability of information/awareness work teams;
- Capacity of enterprises/Personals challenge and question their prejudices;
- The close personal relation, disease in the entourage.

**External strong points:**
- The hiring subsidies;
- The trust between the company and the attendant;
- The company internship opportunities.

Romania:

**External strong points:**
- Legislation favorable to the employer: tax reduction, financial, business assistance by the state.

**Internal strong points:**
- The ability to identify workstations: positions without excessive stress;
- The good relationship between the employer and the employee;
- Knowing the difficulties disease impacting on work: the right attitude in terms of attitude holds imbalance face, the knowledge by the employer of issues persons with disabilities;
- Direct link with the insertion advisor.

Luxembourg:

**Weaknesses:**
- Some activities incompatible with disability;
- Some intellectual functions incompatible with disability;
- The indirect costs of the companionship to business: companionship, time, productivity;
- Loss of earnings insurance;
- Red tape on aid to ask.
France:
Weaknesses:
- The notion of performance/efficiency within companies;
- Disappearance of lesser postsqualification and any capital gain;
- Post that requires scalable capacity adaptation PSHP.

Belgium:
Internal weaknesses:
- Certain sectors, production standards: rigidity;
- The inability to reduce working time valorization;
- Career evolution;
- The hierarchy—especially in administration;
- Managing stigma/look, hygiene behaviors.

External weaknesses:
- Centralized decisions/branches.

Romania:
Weaknesses:
- Lack of professionals specialists’ accompaniment to the employment of PSHP;
- Lack of information on trades/positions may correspond to PSHP;
- Network supports specialist emerging.

Luxembourg:
Opportunities:
- Inform companies about the disease to anticipate behaviors;
- Training in diversity-tolerance/Education managers;
- Training in the integration strategy with plans and individualized goals to advance to "no breakfast";
- Develop managerial skills in a specific context (PSHP);
- Training exchange between businesses and social structure;
- Inter-knowledge between work protected and unprotected work;
- Compared with the starters (if employed youth);
- Establishment of sheltered workshops/social enterprises, proportional to the number of beneficiaries.

France:
Opportunities:
- Provide access to examples of companies "good practices" in terms of variety of employment arrangements + project mode;
- Use the levers of well-being at work to change corporate positions;
- Rehabilitate corporate support functions.

**Belgium:**

**Opportunities:**
- Use the means of business federation to deepen benefits (profitability) and benevolent management experiences.

**Romania:**

**Opportunities:**
- Create a specialized center that directs the organization and the promotion of socio-professional integration;
- Build social and political conditions of equal opportunities;
- Creating an institutional service that provides multidisciplinary teams to load accompaniments for people with disabilities;
- Develop prevention programs for mental health with state funding;
- Adapt the number of sheltered workshops/at a user needs in the presence.

**Luxembourg:**

**Threats:**
- The legislation: absence of implementation;
- The mentality of the companies: the images inaccurate mental illness, lack of knowledge and prejudices;
- Bureaucracy.

**France:**

**Threats:**
- Mental health plans without translation, field (decrees, can ...);
- Economic crisis;
- The problematic labor market.

**Belgium:**

**Threats:**
- Fragility continuing businesses - sustainability risk that relegate further insertion priorities.

**Romania:**

**Threats:**
- Lack of a national strategy for mental illness; organize direction the Ministry of Health!
- Social stigma;
- Difficult communication between employers and beneficiaries, divergent views.

The professionals have formulated some conclusions. We will present them in the following.

Luxembourg:
Strong points:
- Individualized support;
- Adaptable system (time...);
- Socialization question-Conflict Management-confidence-positivereturn.

France:
Strong points:
- Existing and evolving methodological, job coaching specific services, punctual;
- Will associations develop supported employment approach;
- Frequency of meetings: regular support and no time limits, availability and responsiveness, adapting to each situation;
- Privileged link with the employer (upstream and in case of difficulties).

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Internal strong points:
- Expertise at the interface of knowledge of enterprise, workstation and the user;
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- The legislation is incomplete and focused on providing psychiatric services and lesson social and employment;
- The outdated and rigid mindset on social inclusion;
- The financial benefits to employers are not available in the case of certified handicaps.

**Conclusions:**

In conclusion, we can say that the work of the Luxembourgs meeting was fruitful.

Researchers from the five countries participating in the project have established the strengths, weaknesses, opportunities and threats in entering the labor market of people with mental health problems and the particularities of each country.

These findings constitute the foundation for the next step in the project.

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Figure 1. Scheme of work in the next meeting of the steering committee of the project

In Romania, the public policies for the protection of persons with mental illness are still insufficient. The legislation by Law no. 487 of 11 July 2002 on *Mental health and the protection of persons with mental disorders*, published in the O.M. Part I no. 589 of 8 August 2002 was republished in September 13th, 2012 under Article II of the Law 129/2012. Mental Health Strategy should provide
a legal framework to protect the socio-professional reintegration programs for people suffering from mental illness to reduce/eliminate discrimination. To streamline employability psychiatric patients are required to create subsystems "interface" by establishing connections with other systems for a cross health strategy for increasing the effectiveness of interventions.

Bibliography:

Enăchescu, Constantin, Tratat de igienămentală, ediția a II-a, Editura Polirom, Iași, 2004;


Păunca, Elena-Ana, Medicina Muncii, Editura Orizonturi Universitare, Timișoara, 2004;

Rădulescu, M. Sorin, Sociologia sănătății și a bolii, Editura Nemira, București, 2002;

Legea nr. 487 din 11 iulie 2002 a Sănătății mentale și a protecției persoanelor cu tulburări psihice, Monitorul Oficial, Partea I nr. 589 din 8 august 2002 – republicată în 13 septembrie 2012 în temeiul art II din legea 129/2012;

www.who.