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Ministry of Social Development

Saturday, June 10, 2017

(Room 10)

11:00 - 11:55 WS #119: The Path to Inclusion

12:05 - 13:00 WS #131: The Path to Inclusion (Repeated)

The Path to Inclusion

What will be covered

- Definitions
- Context
- Barriers
- How you can help
- Employment as a “Pathway to Inclusion”
- Case study

Understanding your values

- Stella Young: I'm not your inspiration, thank you very much - TED.com

Inclusion

- "a sense of belonging
  - Feeling respected
  - Valued for who you are
  - Feeling a level of supportive energy
  - Commitment from others so you can do your best "
- Valuing all individuals
- Equal access and opportunity
- Removing discrimination and other barriers

Context

- UN Convention on the Rights of People with Disabilities
- Revised NZ Disability Strategy
- Definition of Health - ability to adapt to change and self manage in the face of social, physical and emotional challenges

What do we know?

According to Statistics NZ (2013):

1. 24% are disabled people.
2. 49% of disabled people of working age are in paid employment compared to 77% of non-disabled people.
3. Disabled people are less likely to be employed than any other minority group.
4. The more qualified disabled people are, the more likely they will get a job.
5. Disabled students are twice as likely as non-disabled people to leave school without a qualification.

Barriers to access

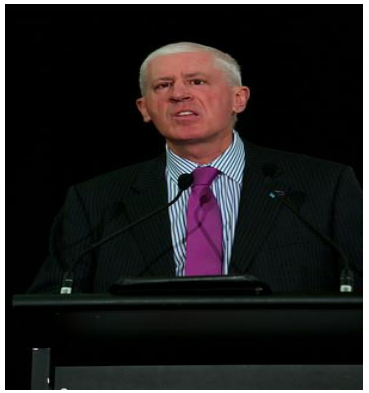
- Financial
- Physical environment
  - Services and facilities
- Information
- Lack of choice and control
- Attitude and knowledge of health professionals
- Lack of a holistic approach to health
  - "Recognising the importance of physical health in mental health and intellectual disability."

Outcomes

- Higher mortality and shorter lifespans
- Not achieve their full potential
- Acquire other disabilities
- Limited participation in life
  - Education
  - Employment

How can you help

- Understand your values
- Strengths based language
- Accessibility
- Avoiding the soft bigotry of low expectation
- Choice and control
- Aspiration and dreams



A "Case" to Consider

- A 28 yr old man presents with a complaint that he is bothered by the negative voices he is hearing. He has a history of Schizophrenia which developed while he was at University. He completed his engineering degree although it took 2 years longer than usual as he had several acute admissions to the mental health unit. He is currently unemployed. He reports he is taking his usual medication.

Question – what would be your clinical opinions around employment?

Strength based language

- Language
  - Confined to a wheel chair
  - Sufferer/suffering
  - Victim
- Empathy rather than sympathy

- Treat people as you would like to be treated

- Reinforce the skills people have acquired in managing their impairment or health condition

- Ask
- Don’t make assumptions

Accessibility

- Physical accessibility
  - Into a building including the weight of doors
  - Accessible toilets
  - Chairs in waiting room
  - Examination tables
- Appointment systems
  - On line - Rachel’s story
  - Ability to text or fax

Accessibility- Easy Read

All about Health Passports

What is a Health Passport?
A Health Passport is a booklet that has information about you.

Your Health Passport belongs to you.

You keep your Health Passport with you.

You decide how much information you put in your Health Passport.

What kind of Health Passport should I get?
Remember, you can get a Health Passport in:
plain language
Easy Read with words and pictures
big writing.

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Accessibility – NZSL

- NZSL Interpreters
  - Ministry of Health contract
    - Face to face interpreting
  - Ministry of Business, Employment and Innovation
    - Video Remote Interpreting

Choice and control

- People with disabilities are experts and that expertise needs to be harnessed
- The attitude of others impacts on the a person's successful participation in society
- Attitude change is possible but it needs the commitment of all stakeholders
- Building a trusting relationship
- Health Literacy


1
Pre
Contemplation
2
Contemplation
3
Preparation
4
Action
5
Maintenance
Cycle of Change

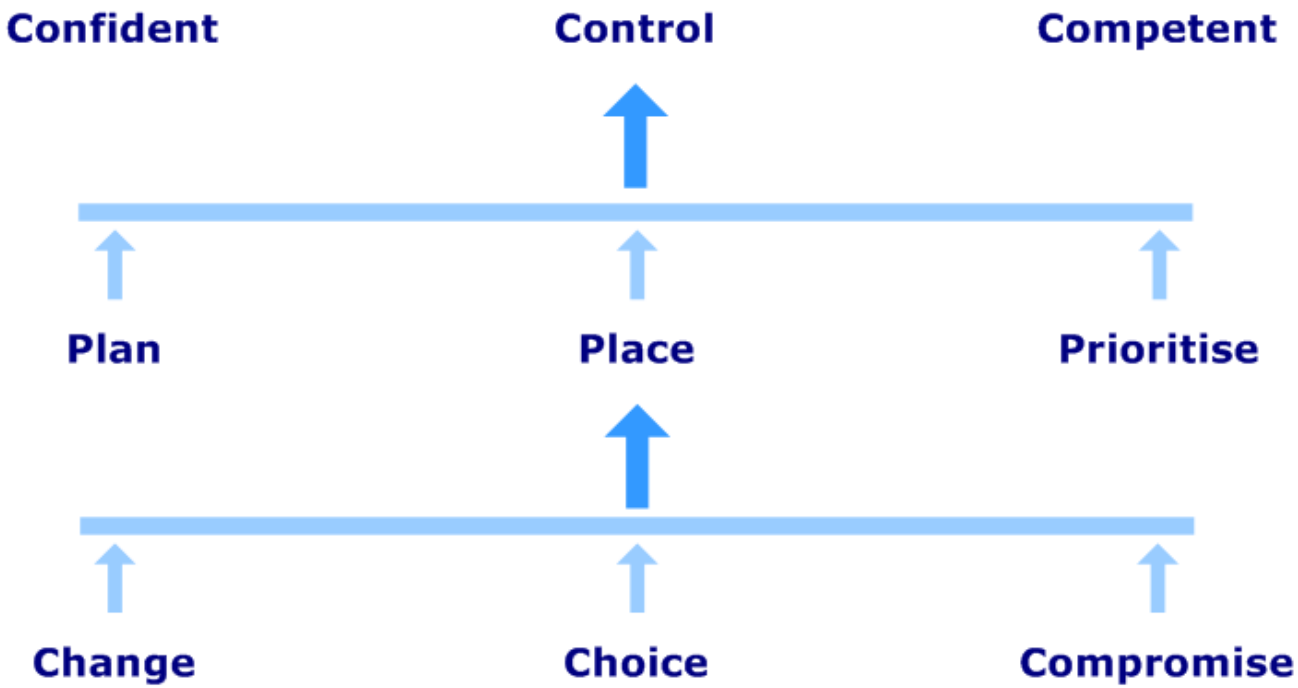
Consideration

"It's much more important to know what sort of person has the disease than what sort of disease the person has"

Sir William Osler, 1896

What is the implication for your practice?

Living with a long-term condition



Skills

Supported by others through:

- **S**taying power
- **K**nowledge
- **I**nformation
- **L**earning to Change
- **L**ove Yourself
- **S**upport
- **S**ense of Humour.

Golem effect – Low expectation

- Psychological phenomenon - low expectations placed upon individuals either by others or themselves, lead to poorer performance
- Because of constant put downs, disabled people start to believe they can't and start to limit their participation

Enable aspirations and dreams

Employment as an aspiration

Your role in employment

- Don’t be the person that creates the obstacles – be a facilitator
  - Living a good life with an on-going long term condition- role of employment.
  - Employment is an integral part of recovery.
  - Conversations around change
- Transferrable skills
- Enable people to have HOPE.

Employment -part of inclusion

- Work is an important therapeutic intervention- Health Benefits of Work
- Impact of been out of work:
  - Loss of Income
  - Loss of self-respect
  - Risks of ill-health
  - The "psychological scar" persists
    - Suicide in young men > 6mths out of work is increased 40x (Wessely, 2004)
  - Greatest impact on the children
- Your role as an advocate?

How Employment helps

- People with mental illness are likely to be in debt
- Employment increases housing opportunities and helps prevent eviction;
- 66% of men under the age of 35 with mental illness who completed suicide were unemployed.
- Deterioration in mental health is first observed at work.

So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patients progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify medical and non-medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with others

Risk Taking

To laugh is to risk appearing a fool
To weep is to risk appearing sentimental
To reach out for another is to risk involvement
To expose feelings is to risk exposing your true self
To place you ideas, your dreams before the crowd is to risk their loss
To live is to risk dying
To hope is to risk despair
To try is to risk failure
But risks must be taken because the greatest hazard in life is to risk nothing. The person who risks nothing, does nothing, has nothing, is nothing. He may avoid suffering and sorrow, but he cannot learn, feel, change, grow and love …..live, chained by his certitudes, he is a slave; he has forfeited freedom. Only a person who risks is free.