Aims
- help us see our place (or remember our place) in contributing to mental health - a pat on the back
- a rallying cry for evidence – we must get better at this
- Make plans to communicate our place; to communicate what we do, with mental health stakeholders
- Van Gogh – work seemed to help him avoid/push away his illness
- River – illness was channeled and helped him do his work
Emphasize the public perception that “career development” is the same as “find work”
We need to differentiate the effects of work on mental health and the effects of
intentional career development on mental health
What do we know, what do we not know, and what can we do?

***
The figure comes from the National Institutes of Health in the US:
Genomic Analyses Reveal the Influence of Geographic Origin, Migration, and Hybridization on
Modern Dog Breed Development
Heidi G. Parker,1 Dayna L. Dreger,1 Maud Rimbault,1 Brian W. Davis,1 Alexandra B. Mullen,1
Gretchen Carpintero-Ramirez,1 and Elaine A. Ostrander1,2,*
1Cancer Genetics and Comparative Genomics Branch, National Human Genome Research
Institute, National Institutes of Health,
Bethesda, MD 20892, USA
Mental Illness

- “Mental illnesses are... characterized by alterations in thinking, mood or behaviour associated with significant distress and impaired functioning” (PHAC, 2017)

Mental Health

- “...feel, think, act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity” (PHAC, 2017)

mention that mental illness will be dealt with only incidentally – mental health will be the focus
Not just coping, but includes coping; not just happy but includes happy; not just personal, but includes personal – all is in relationship to community
The “good life” and “meaningful life” rather than only the “happy life”

http://www.phac-aspc.gc.ca/cd-mc/mi-mm/index-eng.php (Public Health Agency Canada)
- This is not what the talk is about!

Mental Illness & Mental Health Together

- Mental health co-exists with mental illness
- Corey Keyes – 2 continua model

mention Mark Slomp (and Janet Miller & Anna-Lisa Ciccocioppo)
describe Keyes’ model and the 4 main labels, noting that one can flourish AND have a mental illness
  - Flourishing
  - Languishing
  - Mental Health
  - Mental Illness
describe hedonic and eudaimonic
Describe labels
Go through this quickly

This may be less directly influenceable than we think – “happiness metabolism” – (ref. Rohinton Mistry’s “A Fine Balance”)

Connect to Seligman’s PERMA – positive psychology – flourishing

THESE 3 LISTS WILL BE WHAT WE’RE AIMING FOR
Work and Mental Illness

**Impact of Mental Illness on Work**

- Little is known re: career dev’p interventions for individuals with mental illness
- Individualized Placement & Support (ISP) seems to work

**Cultural scripts need changing**

THANKS to Christa Boychuk - PhD, Rehabilitation Science, Queen’s University

Now, let’s look at relationships

Bi-directional – how mental illness affects work; how work affects mental illness

Little is known re: employment / career development interventions for individuals with mental illness

Individualized Placement and Support (IPS) programs (place-then-train) are backed by some evidence for employment (not necessarily good employment or career development)

Need to change the “cultural scripts” regarding mental illness

Talk cultural scripts

Mention that it’s well known how mental illness affects the ability to get and keep work - Especially with young people, we know post-sec completion is lower, career identity is weaker, less decision-making competence, perceptions of fewer options


Cultural scripts are sets of beliefs of a culture that set the range for how we think about things. "Pick yourself up by your own bootstraps" "If you want to lose weight, just have the discipline to eat less"
- Especially with young people with mental illness, we know post-sec completion is lower, career identity is weaker, less decision-making competence, perceptions of fewer options
**Work and Mental Illness (cont’d)**

<table>
<thead>
<tr>
<th>Impact of Work on Mental Illness</th>
<th>Strong evidence that unemployment is “generally harmful…”</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>“…re-employment leads to improved self-esteem, improved general and mental health…”</td>
</tr>
<tr>
<td></td>
<td>“meta-analyses…unemployment is not only correlated to distress but also causes it”</td>
</tr>
</tbody>
</table>

Strong evidence that unemployment is “generally harmful to health, including… poorer mental health, psychological distress, minor psychological/psychiatric morbidity” (Waddell & Burton, 2006)

“…re-employment leads to improved self-esteem, improved general and mental health, and reduced psychological distress and minor psychiatric morbidity” (Waddell & Burton, 2006)

“meta-analyses…endorsed the assumption that unemployment is not only correlated to distress but also causes it” (Karsten & Moser, 2009)

**CAVEAT** – depends on the nature of the work, workplace/employer

Work and Mental Health – Warr’s “Vitamins”

<table>
<thead>
<tr>
<th>Impact of Work on Mental Health</th>
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<tbody>
<tr>
<td>Opportunity for personal control</td>
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<tr>
<td>Opportunity for skill use &amp; acquisition</td>
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<tr>
<td>Externally-generated goals</td>
</tr>
<tr>
<td>Variety</td>
</tr>
<tr>
<td>Environmental clarity</td>
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<tr>
<td>Contact with others</td>
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<tr>
<td>Availability of money</td>
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<tr>
<td>Physical security</td>
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<tr>
<td>Valued social position</td>
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<tr>
<td>Supportive supervision</td>
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<tr>
<td>Career outlook</td>
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<tr>
<td>Equity</td>
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</tbody>
</table>

These are known benefits of work
All are known contributors to or components of mental health
Italicized items are exclusive to work situations; all pertain to work situations (Peter Warr)
Related to CMHC’s 13 Factors (hold up study)

https://www.shef.ac.uk/polopoly_fs/1.523751!/file/Happinessandmentalhealth.pdf – Warr, P.

To appear in
J. C. Quick and C. L. Cooper (Eds.),
Handbook of stress and health: A guide to research and practice
Cuteness break! And, this is us, sometimes, cute and naïve, not fully realizing or seeing our potential as a field – we don’t know our own power
Career development is the lifelong process of managing learning, work, leisure, and transitions in order to move toward a personally determined and evolving preferred future (S&Gs).

“Work” is only a part of this; “managing” may be the far more important part!

CDAA Definition, from Cdn Standards & Guidelines:
http://www.careerdevelopment.ab.ca/whatiscd

We spend a significant portion of our lives working, and the rest of our waking hours managing how all our other roles fit together to live the life we want!
Kintsugi – ‘golden joinery’

© tsugi.de

Kintsugi - golden joinery
Wabi-Sabi - embracing of the flawed or imperfect
- These are how one’s life is changed
- Could include pattern, routine
- We’ll skip this quickly
We’ve discussed mental health in relationship to direct outcomes via Warr’s “vitamins.” What may be more important are the competencies we help clients/students acquire in the process.

Here’s Canada’s set of career development competencies – from the Blueprint for Life/Work Designs:

- **Personal Management**
  - Maintain a positive self-image
  - Build positive relationships
  - Change and grow throughout life

- **Learning and Work Exploration**
  - Participate in life-long learning supportive of life/work goals
  - Locate and use life/work information
  - Understand the relationship between work and society/economy

- **Life/Work Building**
  - Secure/create and maintain work
  - Make life/work enhancing decisions
  - Maintain balanced life and work roles
  - Understand the changing nature of life/work roles
Understand, engage in and manage one’s own life/work building process

Emphasize that this is what career development practitioners work on; more so than “getting a job”

Together, these competencies form a realistic basis for “career self-efficacy”
Also, as these develop, some “outcome” effects start to be created – re: purpose, contribution and connection
Self-Efficacy
   I can do this!
Hope
   I see possibilities to reach my goals.
Identity
   I know who I am.

Mention Amundson & Niles – hope can be a starting point
Might be one of the reasons that coop programs are so effective re: transitions from post-sec to work
Broaden-and-build theory (Frederickson)

Add “Work Volition” to Self-Perception – agency/ownership/causality (thanks for Janet Millar and Lisa-Anne Ciccocioppo)
- Freud and ambiguity
- Cognitive bandwidth explanation – the more resourceful you are, the more resourceful you can become
- “Intention creates attention”
  - “Purpose” fits with attention
The world treats you differently when you treat it differently
Birds and coloured markers example
- No evidence for this, but I’d argue every set of effects creates a little energy, ultimately creating a virtuous cycle of increasing or at least sustained energy.
Let’s tie all this together...
Split the “effects” into internal / external
Tie the “effects” to 3 sets of indicators of flourishing

Connecting outcomes of c.d. with mental health outcomes
Table Discussion

• What could you track/measure that would help you show the link between your career development work and mental health outcomes?

• What language / terminology would your mental health community connect with?
  • What is our common language?

• Who could you meet with / talk to / collaborate with in the mental health community?
  • What would you talk about with them?
Results re: Tracking/Measuring

- NOTE: THE FOLLOWING NOTES ARE FROM THE TABLE DISCUSSIONS AND ARE MOSTLY VERBATIM. THE "PRE-POST" IDEA IN THE 2ND BULLET BELOW WAS REPEATED SEVERAL TIMES
- Testimonials
- Optimism (measure), psychological capital, self-esteem, confidence
- Pre/post – measure before and after or ask only at end and have people think back
- "Happy or not" button (provided by a company)
- Longitudinal study – measure throughout to see impact
  - Follow client
  - Support beyond 3, 6, 12 months
  - Challenge somewhat to move on... try 3 times
- Over surveyed?
Results re: Tracking/Measuring

- Client appreciation events – share stories
  - Quantitative and qualitative data (focus groups / testimonials)
- Measure hope through stories of success / failure (alumni)
- Dialogue earlier (K-12) – help have later P.S. students to attend
- Help maintained after case completed
- Have checklist completed every time they come in (the little things)
- Every time they return to see you builds confidence / trust
Results re: Tracking/Measuring

- A method of assessment that measures clients' improvements
  - What does this assessment look like? Formative? Summative? Pre & post assessment?
  - What are we asking?
  - How do we measure the impact?
- Measure trust, risk-taking, self-worth, creativity, vision/direction?
- Practitioners share their results regularly with researchers / gov’t
- An assessment tool that you can relay back to the clients – show them their progress
Results re: Tracking/Measuring

- Using Employment Readiness Scale to measure needs and outcomes especially self-efficacy and outcome expectancy (which combine to measure motivation)
- Integrated case management (ICM) system (provided by BC Ministry of Social Development & Poverty Reduction):
  - tracks clients from starting point through to 52 weeks time employed including service needs (all assessments), interventions used, the action plan, steps taken and employment outcomes. It has a business intelligence (B.I.) portal that allows for the roll-up of data and analysis across clients. Can query e.g., “specialized clients” (persons with disability, youth, native, etc)
Results re: Tracking/Measuring

• Narrative approach to ID themes
• Linking to resources who can assist with research (e.g., grad student)
• “over time impact” not just immediate pre/post
• Worries: over-asking clients
• ID the key elements to track and then use these (e.g., hope/optimism), not just job retention
• Self-assessment
• Pre/post assessments session-to-session
Results re: Tracking/Measuring

- Feedback from employer on performance
- Assessment of relationship dynamics
- Narratives and changes within the narrative
- Retention with employment
- Assessment of physical health
- Ask person to identify ways they would know their MH has improved in relation to the career development work being done, and assess against
- Engagement level
- Changes in awareness
Results re: Tracking/Measuring

- Person making action
- Confidence levels
- The way the person speaks about career development (living life vs. work)
- Self-empowerment
- The change between co-dependency and independence
- Assess improvement in self-confidence/self-esteem of clients – survey using Likert scale
  - “Dress for success” program assesses after service 3 months post-program
Results re: Tracking/Measuring

- Regular contact, referrals to outside agencies
- Small measures – e.g., resume; keeping housing
- Too much focus on labour market outcome
  - If someone could study/examine case notes would get a better picture of this
- Tracking hope – not sure how to track
- Employment Readiness Scale – should bring back
- No ?? measure currently
- Pre-post measures (post-what?) – career dev’p self-efficacy, CCAPS 34 (Post Sec Psychological symptoms)
- Focus groups – executive summary report
Results re: Tracking/Measuring

• How do we define well-being?
  • Impact? Interventions? Environments we need to create to feel safe? Resiliency
  • More questions than answers right now
• Efficacy, ability, opportunity – which could be linked to show increase in mental health
• Self-reports asking pre, during, post (any career intervention)
• Small measurable steps (e.g., getting a student to go to bed 10 minutes earlier)
Results re: Tracking/Measuring

• Outcomes from career dev’p in a post-secondary environment are anecdotally linked to wellness
  • Aggregate data between counselling centre and career centres?
  • Collect info at counselling that say they are there for career concerns
  • Code students who have anxiety and send them to a career workshop to help with a major rather than a ‘career’ (‘career’ too far)
• Could use NCHA data more
• Could use more data such as Mike Huston’s career workshop measures – hope and optimism
• Rating scales at beginning and end of sessions…using client perspective
Results re: Tracking/Measuring

- Front line workers: feel more hope; would like to explore tools to track self-efficacy, etc., following client appointments
- Difficulty tracking: Client transformed but how? Social / psychological factors?
- Qualitative approach through client storytelling
- Mental Health First Aid: Single assessment at discharge about entry vs exit
- Attendance: missed appointments @ beginning of process, but appointment attendance increases as process progresses – this is a positive measure of engagement
- Follow through of client – attendance and completing of action plan and review what has been completed
  - Treatment and action plans – easier to measure
Results re: Tracking/Measuring

• Attitude dimension and engagement – measure this
  • Hope? Positivity? Cognitive changes? Behavioural impacts? Resiliency / self-esteem – are clients even able to dream...or can they articulate this?

• In PSE, how much student perceives and embraces uncertainty?
  • This is a normal developmental stage of life
  • Measure how to assess change in uncertainty...tolerance/embrace scale

• Transition assessment
  • Wheel of change
  • Used at beginning and part way through process
  • If return later, recycled clients

• Measure success of every intervention although clients in at different levels
Results re: Tracking/Measuring

- Self-efficacy
  - Sense of personal agency
- Measure # of connections within community the individual has
  - Could be as simple as how many times did you go out for coffee this week
- Let client lead conversation about job search and how they want to move forward
- Mental health “champions” part of an individuals’ job
- Confidence level – self-report self-ratings of confidence
Results re: Tracking/Measuring

- Questionnaires / follow up with clients
- Tracking clients who are moving forward in their action plans
- Employment stats (maintaining employment)
- Self-efficacy – not needing as much help
- During follow-up question client on the satisfaction in all areas of their lives including work life, ability to handle challenges, spirituality, social life, family life, contribution to society, feelings of connection in life and overall well-being and feelings of hope for the future
- For clients dealing with a mental illness, tracking if they have moved to an area of mental health even while dealing with the illness
Results re: Tracking/Measuring

• Project by Suzanne Klinga (CCDF) measuring:
  • Hope, self-esteem, having a notion of the future, relating to others, having a goal, sense of purposes
  • Re-establishment of core sense of identity
• Linking to purposeful activity / in group
• Career writing – we could measure:
  • Positive emotion words (LIWC)
  • Other narrative markers of identity development
    • (Program – Pennebaker)
• Mental health is also promoted through collective action (empowerment)
  • Back to the sixties! Or some of the great things – we don’t do it alone
Thank You!

Slides will be posted on the conference site
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