

# Facilitator Support Pack: Introduction to Working with Customers with a Mental Health Condition

May 2014

V2.0

# Introduction

## The Facilitator Support Pack

This facilitator support pack has been produced at the request of Learning and Development Officers whom we consulted during the design stage. Feedback suggested that, due to the sensitivities involved in the facilitation of the subject matter, that some background information would be appreciated.

## How this material was produced

This product has been developed with the support of DWP Psychologists and external mental health organisations including:

- Leeds Partnership Foundation Trust
- Our Celebration – an independent provider of mental health services in York
- An independent mental health trainer
- Future Prospects –national training and advice service
- The National Mental Health Development Unit – National Policy Advice Centre

- Yorkshire and Humber Improvement Partnership – a local group aimed at improving health and social care services
- South Yorkshire Condition Management Programme project – part of the health-related offer under Pathways to Work.

### The Aim of the Learning

This product is designed to introduce the learner to a potentially complex and sensitive subject. It aims to identify and then dispel the myths that exist around mental health conditions and increase the confidence of learners in providing the right levels of support for customers in a variety of circumstances.

The learning reinforces the ethos of good customer service - dealing with everyone professionally according to their individual needs. The ability to do this does not require in-depth knowledge about mental health conditions.

One of the most important things learners need to take away is the concept of the customer as the expert on their health condition.

### Key Points to bring out through the learning:

- The prevalence of mental health conditions

- The term covers many conditions and experiences
- The majority of conditions can be managed
- Most people with mental health conditions want to work and the majority are able to do so; some will need workplace support on a short term, intermittent or long term basis
- Work is generally beneficial to mental health and many people with mental health conditions are currently in work
- Individuals vary in the extent to which the condition may affect them and how they manage their condition - therefore they are the main expert in their own condition, how it affects them, and the most effective coping strategies for them
- Staff do not need to know lots of information about conditions and medication in order to help customers
- Mental health conditions may co - exist with other health or developmental conditions and substance misuse
- Information gathering should be related to employment with particular reference to a specific job goal. Staff should not be afraid to ask pertinent

questions, as they would of people with physical disabilities

- There is support available for staff and customers both internally and externally

### Topic 1: Welcome and Domestics

Levels of comfort with the subject can vary widely dependant upon a range of factors, such as any personal experience with a mental health condition. Some people are comfortable to share experiences that would cause others discomfort either to share or to hear – so contracting around openness, information sharing and confidentiality is particularly important.

There are things that you can do to influence both individuals and the group - for example - being 'up front' about potential discomfort whilst selling the benefits of this for the group's learning. Talking about the subject in an open and objective way, emphasising the intent of removing myths and playing a part in de-stigmatising mental health conditions will hopefully help.

An organisation which works to dispel these kinds of myths is 'time to change' whose motto is 'let's end mental health discrimination'. Their website (type 'time to change' into the search engine) includes items about a range of personal experiences with mental health conditions from the general public and those in the public eye.

## Topic 2: What is a Mental Health Condition?

This topic addresses communication and the predominantly negative language associated with mental health conditions.

Learners need to be supported to appreciate that the words they choose can reinforce negative beliefs and therefore stereotyping behaviours – including on the part of the customer.

The topic examines the mental health professionals' views and those of organisations who support people diagnosed with a mental health condition. In fact this is an ever evolving landscape in which professionals do not always agree.

The subject of 'what is normal anyway' can be used to emphasise that one person's beliefs for example may be another person's interpretation of mental ill health.

The misinterpretation of behaviour, either on the learner's or the customer's part, can cause all sorts of easily avoidable problems.

It is important that when dealing with concerns about customer behaviour, particularly if violence is mentioned, that you refer them to Keeping Safe learning.

### Topic 3: Facts and Myths

This topic broadly covers the kinds of mental health conditions learners may encounter in the working environment. Learners have the opportunity to privately examine their own views and possible prejudices. They will be given factual information which they can use to 'myth bust' with customers and colleagues alike.

This topic also considers what happens when a customer states and intention to self harm or commit suicide. This subject potentially touches so many people's lives that it is likely you will have someone in your audience with personal experience of it.

We want the learners to understand what action is appropriate to take in terms of any duty of care to the customer and also to protect themselves from any emotional repercussions where a customer succeeds in harming themselves or taking their own lives.

An understanding of the factors involved in suicide and self-harm can be helpful. A good source of information is the Samaritans website <http://www.samaritans.org/>

### Topic 4: Roles and Responsibilities

This topic covers the subject of the learner's responsibilities within their job role when working with a customer with a mental health condition. It is crucial that

they know the boundaries of their role. Some people feel a sense of responsibility for a customer's actions subsequent to any interview. All you can do is to remind them that they are expected to deal with all customers with sensitivity and professionalism and give advice about work and claiming benefits.

Where any difficult conversations arise they need to be able to signpost a customer to appropriate professional help and support – so developing a thorough understanding of what forms this takes locally is particularly important. Local Work Psychologists and DEAs have a wealth of expertise and can help them develop a better understanding of mental health issues.

This also extends to any concerns they may have about their responsibilities under the Equality Act 2010 and the rules around disclosure of health conditions.

### Topic 5: Mental Health Conditions and Work

The theme in this topic is that work is generally good for mental health and this is a view supported by experts. This is intended to enable learners to speak more confidently with their customers about working.

In order to do their jobs effectively learners also need an understanding of why individual circumstances can make it difficult to find work, whether those circumstances relate to health, caring responsibilities or other factors.



As with all customers in all circumstances, it is important to focus on the 'positives' – the customer's qualifications, skills, abilities and what they can offer which will benefit the employer.

### Topic 6: Applying What you have Learned

This topic is all about applying what they have learned to a set of scenarios. The case studies used have been produced in conjunction with organisational psychologists and should reflect the types of circumstances that they might meet with Jobcentre Plus customers.

### Topic 7: What Happens Next?

Closing this event is an opportunity to assess if learners views about the subject have changed. This is not the end, however – learners should be thinking ahead to how they can apply what they have learned in the workplace and how they can continue to develop their skills.

### Further Background Information

The following information has been provided by DWP Psychologists. \* Indicates a reference to the section on 'Supplementary Information'.

#### **Affective or Mood Disorders**

##### Depression

Depression is the most common mental health condition in the UK. It can be caused by a combination of factors. It often runs in families, suggesting a genetic component and it may be linked to some chemical imbalance in the brain. Life events, which may trigger depression, include bereavement, chronic illness, unemployment, relationship problems and financial difficulties.

Possible Symptoms may include (but will vary with each individual in nature and severity):

- Feelings of helplessness and hopelessness
- Constant questioning of thoughts and actions; a need for reassurance
- Feeling vulnerable and being oversensitive to criticism
- Loss of energy and the ability to concentrate, inability to do simple tasks
- Changes in weight and lack of interest in personal appearance
- Sleep disruption or a need to sleep very long hours
- Withdrawal from friends/family/colleagues; feeling lonely/ isolated
- Low self esteem and lack of motivation.

##### Bi-polar disorder (previously known as manic depression)

This condition is much less common than depression. The first episode usually but not necessarily occurs below age 30. It is characterised by dramatic swings between manic “highs” and depressed “lows”, alternating with periods of normal mood. Intervals and the duration of each period will vary.

### Anxiety Disorders

These are among the most common mental health conditions in the UK. They include:

- Obsessive Compulsive Disorder (OCD)\*
- Panic disorder
- Phobias
- Post-traumatic stress disorder.

Possible symptoms may include (but will vary with each individual in nature and severity):

- Panic, fear, apprehension, excessive worrying
- Problems sleeping
- Inability to be still and calm
- Difficulty in concentrating
- Irritability
- Obsessive thoughts and compulsive behaviours such as repetitive checking, hand washing etc (OCD)
- Possible physical effects – breathlessness, dry mouth, palpitations, upset stomach
- Symptoms often more pronounced at times of greater stress.

### Psychotic Disorders

#### Schizophrenia

Schizophrenia is much less common than anxiety and depressive disorders and sometimes wrongly referred to as “split personality”, which leads to confusion with multiple personality disorder\*.

It is thought to be caused by imbalances in brain chemistry resulting in disturbances in thinking, emotions and behaviour. The first onset of symptoms is typically when in teens or twenties. Episodes may be acute, short lived or chronic.

Possible Symptoms may include (but will vary with each individual in nature and severity):

- Irrational thoughts and beliefs
- Hallucinations: these can involve vision, hearing, smell, touch and taste.
- Delusions
- Perceptual disturbances
- Inappropriate or flat emotions
- Social withdrawal

### **Common Treatments for Mental Health Conditions and Sources of Support**

#### **Medication**

It is not necessary to have detailed knowledge of medication but it is important to know that some people may experience side effects which may affect work and jobseeking activities, especially if doses of medication have recently changed.

Possible side effects may include:

- Fatigue/drowsiness
- Restlessness
- Blurred vision
- Nausea

Therapy includes:

- Cognitive behavioural therapy (CBT)\* – now more widely available under the Improving Access to Psychological Therapies (IAPT)\* initiative
- Counselling
- Psychotherapy – one to one or group.

### **Self help**

Self help resources such as books and interactive computer packages (guided self help is accessible via GPs in some areas):

- Relaxation techniques
- Healthy lifestyle
- Support groups.

Skills acquisition

In some areas, courses or workshops are available via NHS or other organisations such as MIND in anxiety management, confidence building, assertiveness, anger management etc.

JCP provision e.g. Work Choice

### **Implications for Jobseeking and Employment**

The extent to which a mental health condition may affect employment will vary for each individual. Possible effects include:

- Loss of confidence and self esteem – underplaying skills and achievements
- Lack of motivation, difficulties in being pro-active and promoting self to employers
- Performance anxiety
- Timekeeping - may arrive very early for appointments or late, due to disturbed sleeping patterns

- Poor self- presentation at Jobcentre Plus and job interviews due to anxiety, difficulties in concentrating and assimilating information, lack of eye contact, withdrawal, physical manifestations such as dry mouth, shortness of breath
- Inappropriate employment-related standards of appearance and hygiene
- Fatigue and reduced mental and physical stamina
- Difficulties in interaction with work colleagues.

At times when the condition has a more severe impact:

- May need time off during acute phases
- May not be able to work consistently due to mood changes or increased anxiety
- May experience difficulty in being flexible and adapting to change.

### **Good Practice in Supporting Customers**

Good practices in customer care and interviewing skills apply equally to people with mental health conditions, however the following points may need to be highlighted.

General customer contacts:

- Remain supportive and constructive through the contact but avoid being over positive as this may not sit well with individual's doubts and insecurities and affect rapport
- Be alert to customers' patterns of behaviour – how are they interacting, self presentation, signs of anxiety, attendance at appointments etc. This may indicate that they are experiencing some mental distress (or could be signs of other conditions such as a learning difficulty)
- Recognise and work within the limits of your own remit and expertise; maintain a focus on work related issues.

Refer on or seek further guidance as appropriate, involving other colleagues and professionals where necessary.

Collaborative working can be very important but you may need the guidance or support of a DEA or Work Psychologist to do this:

- Utilise internal and external sources of information and support
- Be aware of the risks of forming preconceptions and making assumptions; be aware of your own attitudes and possible prejudices which may influence interaction with customers
- If possible, take a break following any particularly challenging contacts and arrange a debriefing with your line manager, a colleague, mentor or buddy
- Wherever possible, arrange for the customer to see the same member of staff each time to build up rapport and reduce anxieties
- Regularly review office systems, procedures and culture to ensure they do not unfairly disadvantage customers with a mental health condition. Raise any concerns with your line manager.

### **Work Focused Interviews - General points**

- Inform the customer of the purpose, format and length of any interview, ideally in advance, to help minimise anxiety
- Address any concerns about privacy and confidentiality
- Be as flexible as possible in the scheduling and length of appointments to meet customer needs
- Identify any other arrangements the customer might need to help them participate fully in the interview (e.g. presence of own Support Worker)
- Use regular summaries and check understanding
- Relate questions to employment and specific job goal
- Remember that the customer is the expert in their own condition, how it affects them personally and what helps them manage any effects.

The content of each interview will vary according to the customer's situation and the type of interview. However, the following areas are generally relevant and should be addressed in the specific context of the customer's job goal:

How personal symptoms of condition may affect achievement of job goal, for example:

- Stamina and concentration levels
- Confidence in interpersonal interaction
- Ability to cope with job demands
- Any work related side effects of medication
- Coping strategies used currently or in the past
- Stability of condition
- What professional support and treatment currently receiving, and;
- Any specific support needed in meeting JCP requirements, job seeking generally, participating in employment programmes and returning to and maintaining employment.

### **Contacting Employers**

The following are guidelines on the type of information to disclose to employers, with the customer's permission:

- The individual's skills and personal qualities and previous experience relevant to the job, and, if appropriate:
  - Effective coping strategies used currently and/or in previous jobs
  - Any short or long term support needs and ways of addressing these, for example via Access to Work, Work Choice programmes
  - The stability of condition

Signpost to other sources of information/advice if needed e.g. Shift, Employers Forum on Disability guides (see sources of further information, below).



### Sources of Further Information

Remember that the customer is generally the expert on their own mental health condition. However, the following sites provide general background information:

1. Employment, Health Conditions & Disabilities Guide notes for Advisers accessed via the Advisory Services Team Site:

[http://intranet/1/jcp/adviser/sites/dea/dwp\\_s164060.asp#TopOfPage](http://intranet/1/jcp/adviser/sites/dea/dwp_s164060.asp#TopOfPage)

2. Information on emotional support services for customers in specific locations can be searched on the following NHS website:

<http://www.nhs.uk/ServiceDirectories/Pages/ServiceSearchAdditional.aspx?ServiceType=Mentalhealth>

The District Mental Health Coordinator will also be able to give advice on local provision such as IAPT services.

3. General information on mental health issues and links to other sites:

- Mind [www.mind.org.uk](http://www.mind.org.uk)
- The Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk).

4. Information for employers:

- Shift ([www.shift.org.uk](http://www.shift.org.uk)) includes access to information and resources for employers
- The Employers' Forum on Disability ([www.efd.org.uk](http://www.efd.org.uk)) publishes Line Managers guides and briefings for employers on various disabilities including Mental Health conditions.

### Supplementary Information

#### Cognitive Behavioural Therapy (CBT)

An evidence-based therapy that provides effective help for a wide range of mental health conditions, particularly depressive and anxiety based disorders. CBT is based on the idea that there are strong links between how people think, how they act, and their emotions. Unlike some of the other talking therapies, it focuses more on the "here and now" problems and difficulties, instead of focussing on the causes of distress or symptoms in the past.

For further information see the Royal College of Psychiatrists website:

[www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx](http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx)

#### Computer-aided CBT

There are currently two software programmes recommended by the Department of Health:

- Beating the Blues for people with mild and moderate depression
- FearFighter for people with panic and phobia.

#### Improving Access to Psychological Therapies (IAPT)

IAPT aims to improve access to evidence based talking therapies in the NHS through an expansion of the psychological therapy workforce and service. The programme offers evidence-based intervention and treatment primarily to people with mild to moderate depression and anxiety disorders.

Mental Health Co-ordinators can provide up to date information on how to access these services locally.

#### Obsessive Compulsive Disorder

OCD is characterised by intrusive, recurring concerns (such as safety of the house) coupled with a repeated action aimed at dispelling them (such as checking that all doors and windows are locked) - often a set number of times.

### Personality Disorder

Personality disorder is characterised by persistent, deeply ingrained modes of behaviour that impair actions or lead to emotional distress. Most widely known is sociopathy or psychopathy in which the individual appears to have no understanding of right or wrong or concern for the feelings of others. Individual may not realise that behaviour is inappropriate.

### Multiple personality disorder

MPD is often confused with schizophrenia by the layperson. The condition is much rarer than schizophrenia and results in two or more distinct personalities existing in the same body; often the personalities have either partial or total lack of awareness of each other.

### Seasonal Affective Disorder (SAD)

SAD is a type of depression caused by a biochemical imbalance in the brain due to lack of sunlight in winter.