



▶ **Work Talk**

Effective workplace communication
with employees with
psychiatric disability

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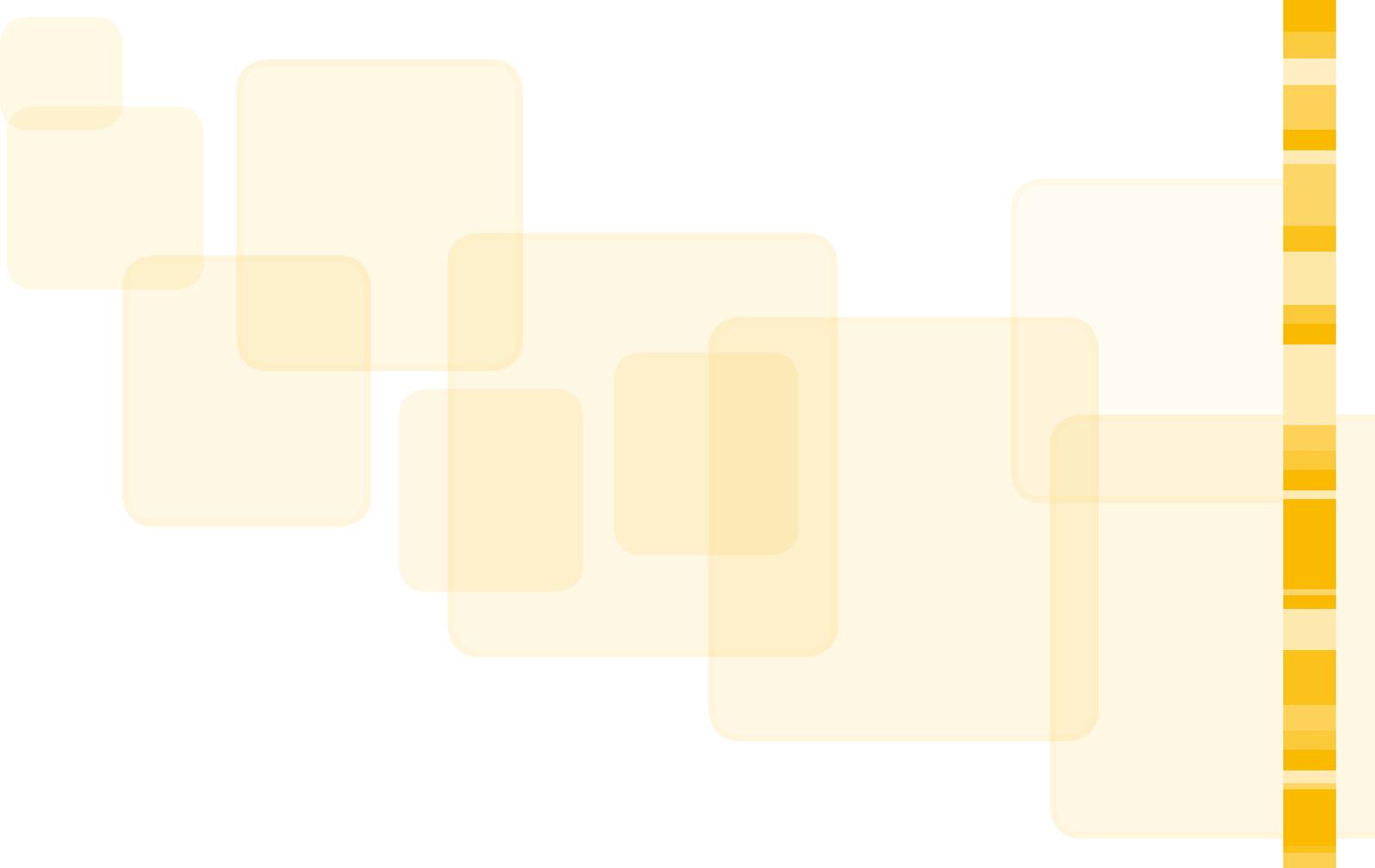
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Introduction



Welcome to *Work Talk*.

The team who put the manual together and the Department of Families, Community Services and Indigenous Affairs who funded its production hope you find it useful in your work supporting employees with disability.

Aim of this manual

The aim of the manual is to bring together information about and strategies for effective workplace communication in Disability Employment Services. It focuses on the communication between the employee with disability (called ‘supported employees’ here, but your service may use a different term) and staff who work with supported employees directly (again, we’ve used the term ‘support staff’ but your service may use terms like ‘supervisor’, ‘team leader’ or ‘job coach’). If you have a different role, you may find the examples and case studies less familiar or directly relevant but we hope you will still be able to make use of the strategies we suggest for your workplace communication with supported employees, specifically those with psychiatric disability.

Work Talk introduces a fictional business service, *Merrinvale Enterprises*. Throughout the manual you will meet a number of people connected with Merrinvale, including some of its supported employees and support staff (who Merrinvale calls ‘supervisors’). Merrinvale provides the ‘stage’ for case studies and scenarios that illustrate the communication situations support staff may encounter in their everyday work with people with psychiatric disability.

The implementation guide includes information and background about Merrinvale and its staff.

Relationship to the Disability Services Standards

Using *Work Talk* may assist services in addressing some of the requirements of a number of the Disability Service Standards. For example, it may be useful in demonstrating steps taken to provide appropriate and relevant training for staff.

Structure

This manual has four sections:

- ▶ this introduction
- ▶ an implementation guide
- ▶ an introduction to psychiatric disability
- ▶ the series of 10 communication and learning topics that make up the bulk of the manual.

The learning topics are based around communication situations you are likely to encounter in the workplace.

In each of the learning topics you will find four sections:

- ▶ some background information or theory about effective workplace communication strategies
- ▶ a case study or example. The case studies and examples are set in a fictional service called *Merrinvale Enterprises* and describe some of the interactions that members of the support staff have with supported employees and/or their reflections on those interactions
- ▶ strategies for achieving effective communication and learning in the situation described
- ▶ a page or two for you to add your own notes or thoughts.

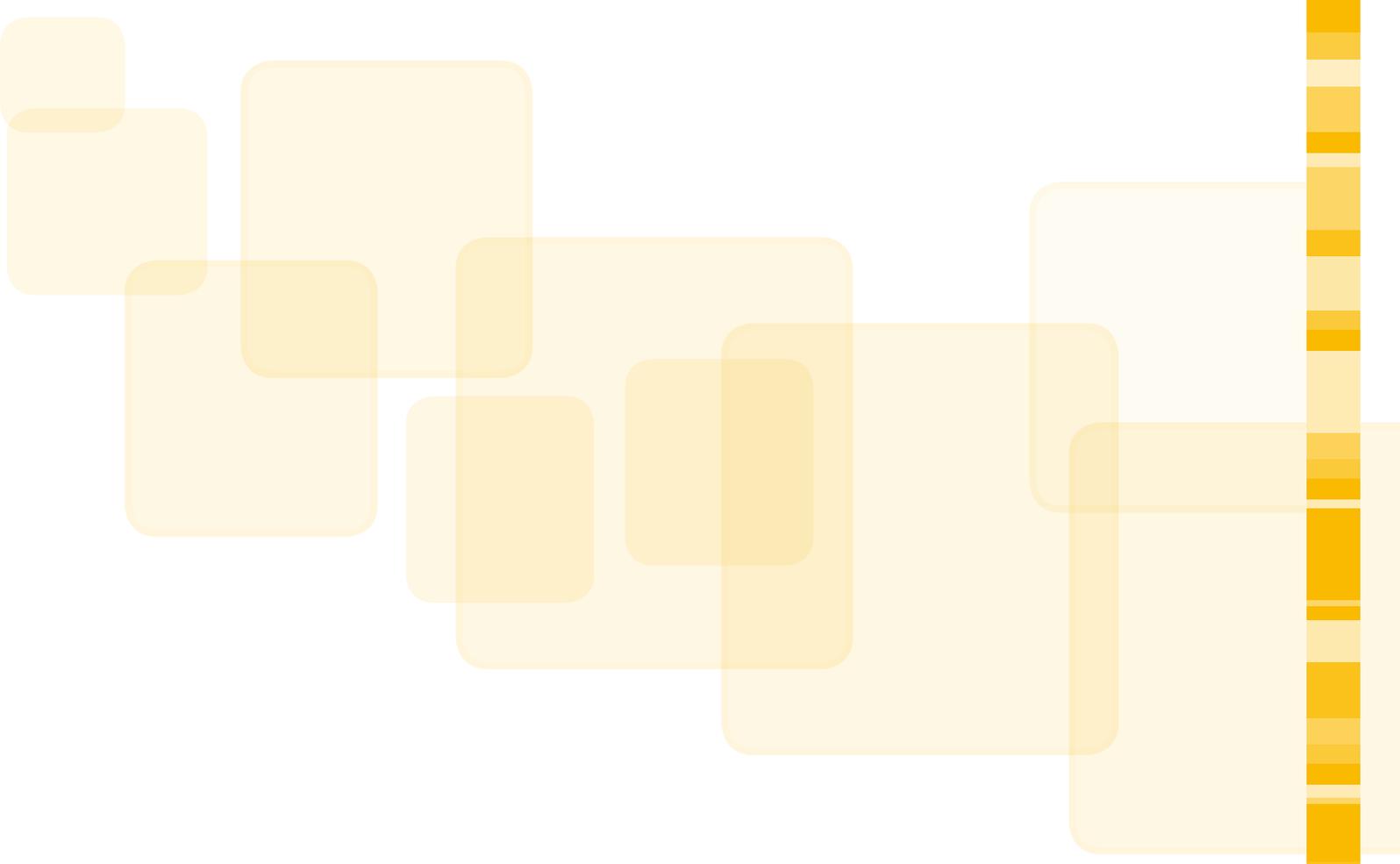
Using the manual

You may be asked to use this manual in a number of ways:

- ▶ as a self-paced learning resource that you work through on your own
- ▶ as a basis for discussion and learning about a particular topic or topics at a staff meeting or in a short training session
- ▶ to help you develop your strategies for particular situations or with particular supported employees
- ▶ as the basis for a training session for other support staff.



Implementation guide



This section is designed to assist people delivering or coordinating staff training to use *Work Talk* most effectively, either in group training sessions or as an aid to individual, self-paced learning by individual staff members.

Purpose and focus

The main aim of *Work Talk* is to bring together information about, and strategies for, effective workplace communication between support staff and supported employees in Disability Employment Services. Effective communication is critical in any workplace, particularly between people who have supervisory or supporting roles and the people they are supporting or directing.

The focus is on communication – the skills, what makes communication effective, how to know when to use particular strategies, and practising those strategies.

Work Talk is designed to be used in a number of ways:

- ▶ **As a self-paced, independent learning resource.**

You may want staff to work through the workbook on their own, and at their own pace. If you are encouraging people to do this, suggest that they use the notes section of each topic to record either additional strategies that they use, or as a reminder of work situations or interactions with particular people where they are going to use one of the suggested strategies.

- ▶ **As a resource for assisting to resolve a particular communication difficulty.**

Because *Work Talk* is organised around a range of typical workplace communication situations, it can be a useful tool for tackling communication difficulties. For example, if there is a problem getting the message about safety across to a supported employee, the strategies suggested in *Talking about safety* topic in this resource, might be helpful.

- ▶ **As a discussion starter at a staff meeting**

Communication issues can often be at the bottom of other workplace problems. A section of *Work Talk* – perhaps just one of the case studies or a set of strategies – can provide a ‘neutral’ way of beginning a discussion rather than launching straight into the actual workplace problem.

- ▶ **As the basis for short training sessions**

The topics in *Work Talk* are deliberately brief. They can be covered in 30 to 45 minute training sessions. Hints and tips for structuring a training session using a *Work Talk* topic follow.

- ▶ **As part of the resources used to run a longer/more comprehensive training program incorporating communications skills development**

Case studies, diary extracts, strategies or whole topics from *Work Talk* can be used as resources for communication skills development in other training programs.

In addition to the printed copy of the workbook, your service will have received an accompanying CD which contains a set of .pdf files. They are:

- ▶ a file that contains the text of the whole workbook
- ▶ a series of ten files that covers each of the *Work Talk* topics
- ▶ a file that contains this implementation guide.

This gives you the opportunity to print multiple copies of all or parts of the workbook for use by staff. We suggest that if you are planning to use the entire workbook over a period of time you provide each staff member with a folder and add to the materials as you are preparing to use them.

Hints for running facilitated sessions

Here are a few hints for conducting a discussion or a training session using *Work Talk*.

Remember that *Work Talk* is not formal, accredited training – it's a learning tool and a practical guide to effective communication between support staff and supported employees with psychiatric disability. It is unlikely that you'll be running formal training. In fact it is a good idea to keep the atmosphere informal.

Your role

We've described you as a 'facilitator' quite deliberately. You are helping (assisting, facilitating) people to broaden the range of communication strategies they have at their disposal. This involves giving access to information (from the materials in the workbook and from other sources), assisting people to share their knowledge and experience with others, encouraging them to be open to ideas and suggestions and strategies from others in the group, and developing awareness of own skills and learning needs.

It is not as hard as it sounds, but there are things to remember about what not to do as a facilitator. Try not to:

- ▶ **Dominate.** You will have information, knowledge and experience to share, but your primary role is to draw the information and knowledge from other people and relate it to the topic in hand. If you talk for more than 10 minutes in a 30 minute session you've probably said too much.
- ▶ **Play favourites.** You will probably find some people's ideas or views are closer to your own than others. Make sure that all opinions get a fair hearing. Remember you and others with knowledge can only help people who have a limited understanding of the topic to understand more if you know what they are thinking.
- ▶ **Get sidetracked into talking about particular people, workplace issues or problems.** Remember in all sessions that you are using *Work Talk*, the emphasis is on communication skills.

Preparation

- ▶ Make sure you have enough copies of the section or sections of *Work Talk* that you are using. If you are expecting people to bring their own copy of the workbook, have a few spares – that way there are no problems for the people who forget or have lost their copy or claim they never received one.
- ▶ Be clear about what it is about effective communication that you are trying to achieve – information, improved awareness, behaviour change, a resolution to a problem. This lets you evaluate how successful the session has been and will help you to manage the expectations of other people.
- ▶ Ensure you are thoroughly familiar with the content of the topic or topics you are covering. Read everything through – preferably more than once. Look at the case studies and diary sections in particular. Think about what messages they contain about effective (or ineffective) communication and how you will help people understand those messages.
- ▶ Think about how you want to approach the session. Do you want to ask the questions and allow for people to provide answers through you? Do you want to let discussion range freely with your role being to bring people back on track if the discussion gets too far away from the topic? In many cases a session will be a combination of the two. When you are thinking about your approach, think about:
 - › the purpose of the session (information, problem solving, etc)
 - › the people in the session (are there people who may dominate a free flowing discussion? Are there people who have a lot of information to share but will need to be encouraged to do so?)
 - › how much time is available (short sessions often benefit from a more formal structure).
- ▶ Have a time plan worked out. For example, in a 30 minute session you may spend five minutes introducing the topic, 10 minutes talking about the case study, another 10 looking at the strategies and five minutes drawing the threads together and rounding off the session.

Using the materials

Aside from the introduction, each topic follows a standard format.

Presentation

Each topic is presented over four pages. The first page is a heading and ‘preview’ of the topic. The second and third pages contain the background information, case studies, diary notes and strategies. The fourth page is a notes page.

Background

This is theoretical or background information relevant to the topic. For example, in the topic *'Talking about talking and listening'*, the background information is about effective communication and barriers.

You could use this material by:

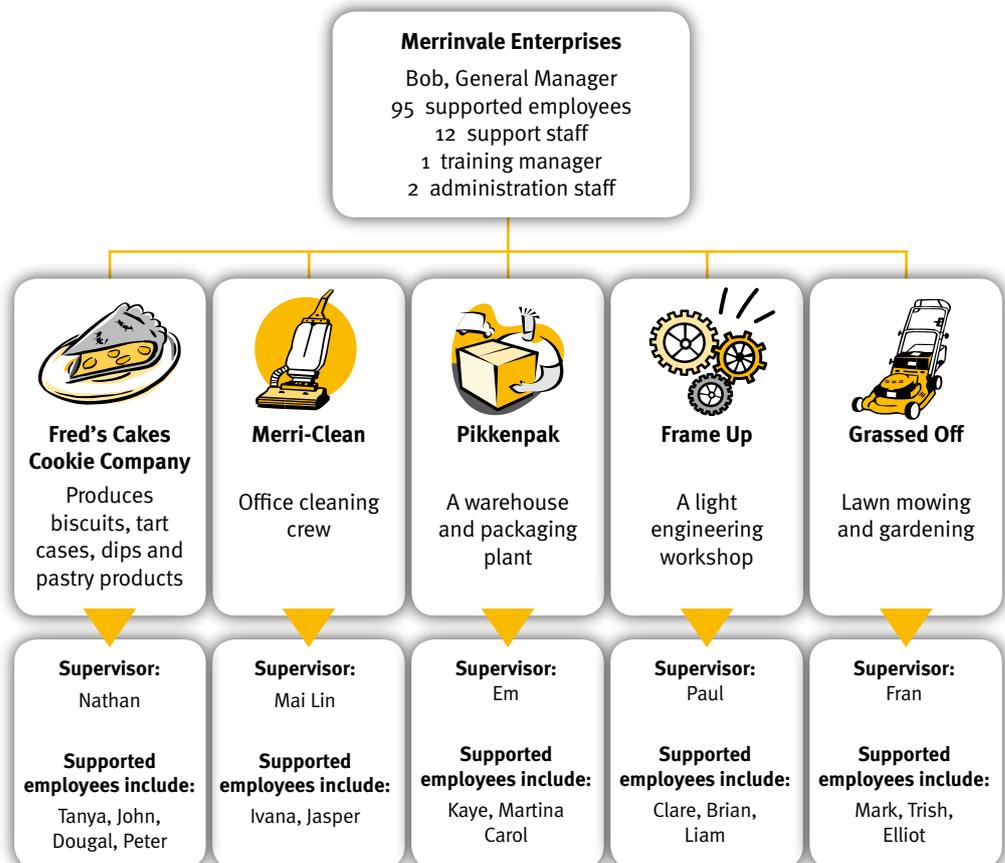
- ▶ asking people to describe something they have experienced that illustrates the content
- ▶ asking people for their reaction to what is said – do they agree? how applicable is it to their situation? etc.

Case studies

People in the case studies are supported employees and support staff from Merrinvale Enterprises.

Merrinvale Enterprises opened in 1972 to provide 'sheltered' employment to people with disability. It has undergone many changes in the past 30 years and has been certified under the Disability Services Standards since 2003. In the last financial year, Merrinvale's grant from the government was \$980,000, and the business activities generated \$2.3 million.

The diagram below describes Merrinvale's structure and business.



A number of the supervisors keep diaries or notes which allow us to see how they deal with some of the challenges in their daily work.

The case studies are put together in a range of ways. In some cases a behaviour or incident is simply described; in others you will also be given insights into the approach to communication with supported employees of Merrinvale's support staff.

The case studies can be used as a basis for discussion. You could explore:

- ▶ where they demonstrate effective communication practice
- ▶ what may be causing the problems the supervisors are having
- ▶ how well the supervisors' experiences match those of the people in the group.

Be aware that people might 'recognise' themselves or their own behaviour in the case studies and, in some cases, may not like what they see. This may lead to them defending what was said or done and may create conflict in the group. A way to handle that is to deflect the discussion with a question like 'What could Em have done instead?' or 'If you were advising Nathan on this issue, what would you suggest he did?' rather than asking 'What did Em do here that was wrong?'.

Strategies

These are suggestions for practical ways to improve workplace communication between support staff and supported employees with psychiatric disability. They are just that – *suggestions* – and will not fit every situation or solve every problem.

As well as reading them through with the group and talking about the ideas they present try:

- ▶ brainstorming situations where these strategies would be useful. (Remember the rules of brainstorming – all ideas are accepted and recorded. They are only debated or rejected after the brainstorm is finished)
- ▶ coming up with additional strategies
- ▶ 'acting out' the strategies.

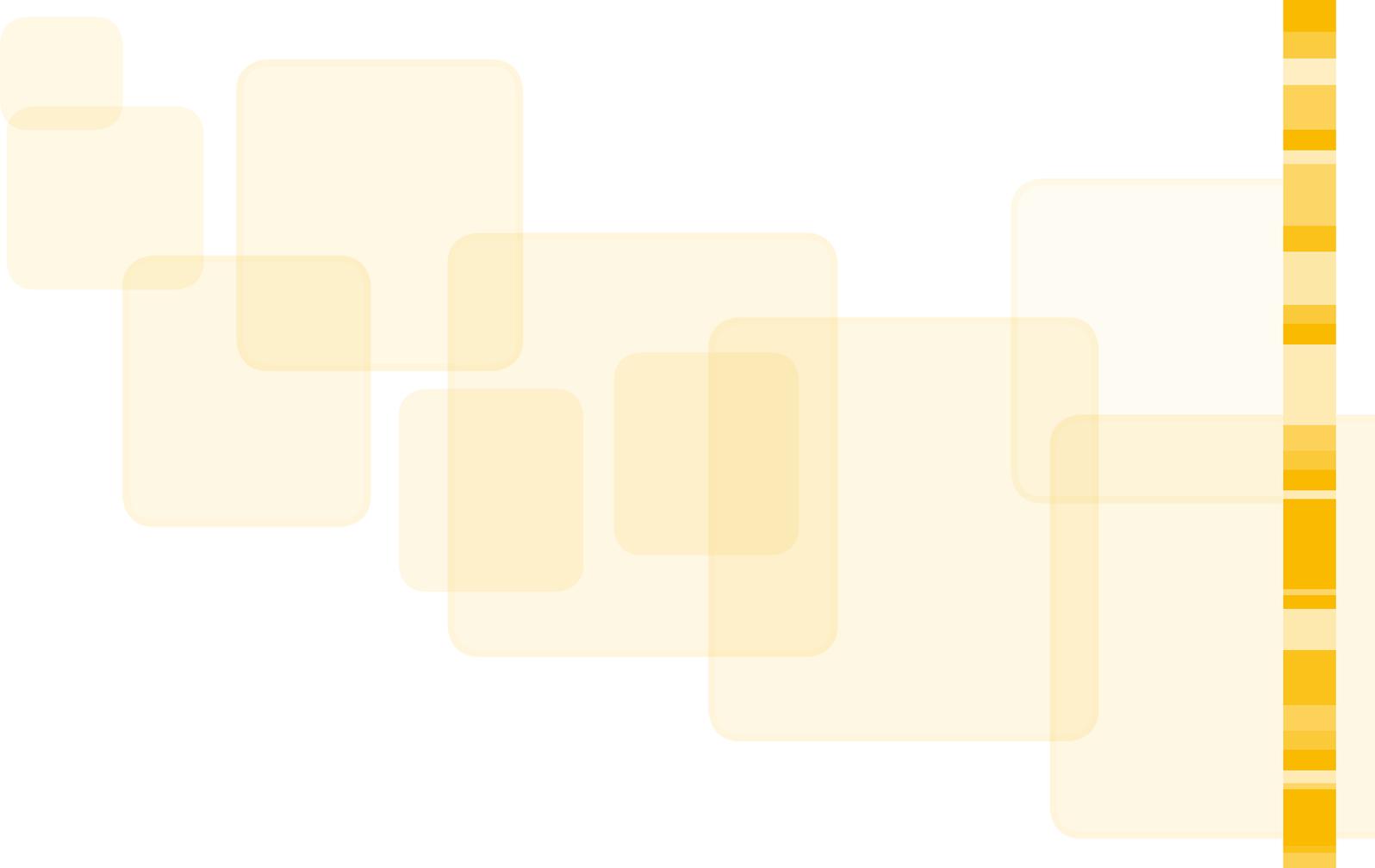
Notes

Obviously this last page is designed for people to make their own notes on the topic covered. You might suggest they:

- ▶ identify people/situations/tasks where they could use a particular strategy to improve communication
- ▶ note down any additional strategies suggested by the group
- ▶ keep adding to the notes after the session as they use the strategies – notes could indicate how well (or not well) they worked.

Psychiatric disability

An introduction to psychiatric disability



Let's talk about terms

Two important terms are used in this resource.

- 1. Mental illness:** When we say someone has a mental illness we mean they have a disorder of the mind that results in disruption of the person's thinking, feeling, moods, and ability to relate to others.

Just as a physical illness affects our bodily functioning in some way, a mental illness affects the functioning of the mind. A medical doctor looks for bodily symptoms in a patient suffering from something physical. (Does he have fever? A rash? Pain when swallowing?). In diagnosing a mental illness a psychiatrist will consider how the patient's mental functioning relates to the norm. (Is she alert to what is happening around her? Does she see things that are not in fact there? Is her conversation 'on track'?) Just as there are relatively clear criteria for defining a healthy body, enough is known about how the mind works to determine if it is functioning properly.

Both physical and mental illnesses are classified by the category of disorder into which they fall (cardio-vascular disorders, mood disorders), and each of these major categories is then broken down into further categories (for example, arrhythmia, aortic aneurysm, depression, bipolar disorder), each getting more and more definitive regarding the specific symptoms related to a particular disorder or condition.

- 2. Psychiatric disability:** We say someone has a psychiatric disability when the effects of a mental illness cause disruption or difficulty in their ordinary daily functioning. Mental illness can impair someone's ability to carry out daily activities such as working, learning and caring for themselves during periods of the illness. For example, a person experiencing an episode of psychosis may have severe problems concentrating on tasks.

A psychiatric disability is a problem or problems that people experience because they have, or have had, some sort of mental illness or disorder.

The information in this section is very general. It aims to give you a basic understanding of the nature of mental illness, the way it can impact on people and some of the issues that can arise for you in your work.

Mental illness

The term 'mental illness' describes a very broad range of mental and emotional conditions. Accurately determining the cause and predicting the outcomes of mental illness is almost impossible.

Mental illness affects many people in the community. At any one time around 15 per cent to 20 per cent of the population demonstrates symptoms of mental illness warranting further investigation. Another 15 per cent to 20 per cent of people are unhappy or psychologically distressed in some way. Many of these people can work through these problems; others will require support.

For some, psychiatric disorders will lead to serious impairment of their functioning – their ability to interact with others, learn efficiently, work, transact business, negotiate their way through everyday tasks and activities. They are therefore experiencing psychiatric disability.

What is mental illness?

- ▶ Mental illness is caused by a complex combination of biological, psychological and social factors.
- ▶ There is growing evidence about the role, in mental illness, of the structure of the brain, the function of the brain and chemical activity in the brain and the nervous system.
- ▶ Mental illness results in emotional and behavioural difficulties and may cause a person to engage in behaviour that may be considered unusual and/or unacceptable, or 'abnormal'.
- ▶ Mental illness can be diagnosed by a psychiatrist or psychologist.
- ▶ Mental illness can be episodic.

Treatments for mental illness

Written records of the search for cures and the practice of treating people with mental illness go back at least 3,000 years.

In the middle ages, mental disturbance was considered evidence of possession by evil spirits.

In later ages, people who were mentally ill were generally cared for in institutions. Mental illness was viewed as shameful, a stigma that was best hidden. By the 19th century most large cities around the world, including Australian state capitals, had at least one institution, often called something like a 'lunatic asylum', built in an isolated part of the city to house people with mental illness well away from the rest of the population.

Institutionalised care often produced adverse effects in addition to those caused by the disorder. Patients, separated from family and mainstream society, often regressed to levels where they required almost total care.

In the 1960s and 70s the development of a group of drugs (phenothiazines or 'anti-psychotics'), led to profound changes in the treatment of mental illness, enabling people to spend much shorter periods of time in hospital. The concept of psychosocial rehabilitation grew to include the development of planned support systems and an integrated community approach to mental health care.

Today, people with mental illness can be assisted through one or a combination of three forms of assistance or 'treatment'. Mental illness can be episodic and the different forms of assistance or 'treatment' reflect this changing nature of an individual's illness.

1 Drug therapy (psychoactive medication)

Many employment service employees with psychiatric disability will be taking some form of medication, which may have side effects associated with it. Four categories of medication are commonly used in the treatment of mental illness:

- ▶ anti-psychotic drugs
- ▶ anti-depressants
- ▶ anti-anxiety drugs
- ▶ mood stabilisers.

2 Psychotherapy (counselling)

There are hundreds of types of psychotherapies. Cognitive behavioural therapy, for example, is a relatively short-term and focused way of treating types of emotional, behavioural and mental health problems. It helps people identify unhelpful thoughts and behaviours and to learn (or relearn) healthier ones.

3 Psychosocial approaches

This approach involves assembling a 'package' of support services to assist people with mental illness live as normally as possible in their communities. Employment services play a vital role in this support.

Community support systems have a key role in the alleviation of isolation, vulnerability and feelings of rejection in people with a mental illness, and in their learning and relearning of crucial social and interpersonal skills.

The major mental disorders

Medicine has identified more than 200 forms of mental illness. The most common forms of mental illness fall into three categories: anxiety disorders, mood disorders, and schizophrenia and psychotic disorders.

1 Anxiety disorders

This is the most common group of mental illnesses. Anxiety disorders are characterised by severe fear or anxiety associated with particular objects and situations. Anxiety is marked by negative feelings and tension because a person feels apprehensive about something that might happen in the future.

Everyone gets anxious and nobody likes the feeling much but it is a normal part of experience, and helpful in keeping us alert. However, too much anxiety can be extremely harmful and, in some people, becomes a controlling feature in their lives. Severe anxiety usually doesn't go away and people can go for long periods not accepting that there may really be nothing to fear.

Anxiety disorders can include the following.

- ▶ **Panic disorder.** 'Panic attacks' are abrupt experiences of intense fear or discomfort with physical symptoms including heart palpitations, chest pain, shortness of breath and dizziness.
- ▶ **Generalised anxiety disorder** is excessive anxiety and worry occurring as a general response to most situations. As it is not due to any particular cause, the person has great difficulty controlling the worry.
- ▶ **Specific phobia** is an irrational fear of a specific object or situation (snakes, heights, flying, darkness) that interferes with the person's ability to function. Claustrophobia – a fear of enclosed spaces – is an example of a specific phobia.
- ▶ **Post-traumatic stress disorder (PTSD)** is a psychological syndrome characterised by specific symptoms that result from the person having experienced, or been exposed to, a terrifying life threatening situation – such as an act of violence, natural disaster, war, etc.
- ▶ **Obsessive-compulsive disorder (OCD)** is the most complex and debilitating of the anxiety disorders. People with OCD often experience some of the other anxiety conditions as well. A person with OCD has obsessions – thoughts, images or urges – that interfere with their thinking. These obsessions may make no sense but the person cannot overcome them. At the same time, they will also have compulsions to think or say or do something. These compulsive behaviours and thoughts are designed to suppress the obsessive thoughts – for example, walking in very small steps in a set pattern to curb some obsession.

2 Mood disorders

Most people, most of the time, can regulate their moods and make them 'fit' with the circumstances. People who suffer mood disorders have great difficulty monitoring and regulating the moods they experience and their moods may often seem unrelated and out of touch with the context in which they occur. Two types of mood experience – depression and mania – contribute to a mood disorder.

Depression is when the clinically-depressed person perceives a world in which everything is hopeless and negative, and beyond any control on their part.

Mania is a period of abnormally marked elation, joy or euphoria. When in a manic state, a person will derive immense pleasure from everything and have enormous energy, requiring little sleep. Sometimes the mania can lead people into behaviours and activities that are completely alien to their usual patterns of life, such as wild extravagance (often based on unfounded optimism) or sexual promiscuity.

It is important to appreciate that some people experience depression or mania singly, some have both at different times (bipolar mood disorder – previously called manic depression), while a few even have both at the same time (elation and energy, but depression or anxiety as well). Each person is likely to have different patterns in terms of the timing of episodes, what (if anything) seems to bring them on, whether they actually recover fully between episodes and how much their normal, day-to-day functioning is affected.

3 Schizophrenia and psychotic disorders

A psychosis is a severe mental disorder characterised by disorganisation of the thought processes, disturbances in emotions, disorientation to time, space and person, and, in some cases, hallucinations and delusions. Schizophrenia is one of the disorders that involves psychotic behaviours and is by far the most common. Every year an estimated three to four thousand people enter public hospitals in Australia with a diagnosis of schizophrenia. Around one in a hundred people will experience schizophrenia, usually starting in early adulthood.

Schizophrenia is an extremely complex disorder. The symptoms can include:

- ▶ **Disorganised thinking.** Thinking becomes disorganised as the ability to make associations between ideas and events is disturbed by the psychotic condition.
- ▶ **Emotional effects.** Schizophrenia frequently disturbs the individual's awareness of and ability to monitor their emotional expression. Frequently there is a shallowness or blunting of emotion.
- ▶ **Perceptual disturbance.** Schizophrenia often produces perceptual disturbances in the form of hallucinations – perceptions of things that others do not perceive. The most common hallucinations experienced by people with schizophrenia are auditory – usually in the form of voices.
- ▶ **Delusions (false beliefs)** develop out of distorted perceptions. Common delusions are beliefs about persecution (my house has been bugged by ASIO), and grandeur (the prime minister asks for my advice).
- ▶ **Contact with reality** is likely to be disturbed by the condition as people become disoriented in time and place and lose their sense of personal self.
- ▶ **Disturbed motor behaviour** (movement) may also be evident. There may be significant reduction of spontaneous activity or stereotyped movements. Mannerisms, grimacing, pacing, rocking or immobility may occur.

Effects of mental illness

As with any condition, the effects of a mental illness differ from person to person, even those diagnosed with the same condition.

- ▶ **Difficulties relating to others** – People with mental illness may find it hard to trust people as a direct effect of their illness. For example, the experience of paranoia (delusions of persecution or grandeur that may accompany psychotic disorders) will often make the person extremely suspicious of others. Similarly, they may see life as unpredictable and insecure, making them appear very pessimistic and ‘disbelieving’ in response to what others say or do.
- ▶ **Dependency and helplessness** – The nature of a mental illness can make a person feel helpless and dependent on others. They feel powerless to do anything themselves and want and expect others to do it for them.
- ▶ **Loss of self-esteem** – Very often, mental illness is accompanied by feelings of low self-worth which can be expressed in a number of ways including depression, over-timidness, flat emotional expression, lack of interest in personal care, low eye contact, lack of confidence when talking to others. It can also be disguised in over-confidence, aggression and attention-seeking behaviour.
- ▶ **Stress** – A mental illness may make a person less immune to stress and less able to cope with stressful situations.
- ▶ **Agitation** – Symptoms of mental illness are often displayed in varying degrees of agitation which can take both physical (for example, pacing, hand-wringing) and emotional (‘racing’ thoughts, rapid speech) forms of expression.
- ▶ **Anxiety** – People with a mental illness (of any kind) are more likely to feel anxious.
- ▶ **Amnesia** – Short or long-term loss of memory is often experienced as part of a mental illness.
- ▶ **Problems with routine** – People with mental illness can have problems following routines, or get very stressed if there is any change to routines.
- ▶ **Self-care and appearance** – A very common effect of mental illness is that people cease to care properly for themselves (washing, grooming, dressing). In some cases, bizarre behaviours might become part of self-care – wearing unusual clothes, dressing up as another person or character.
- ▶ **Lack of motivation** – Many forms of mental illness affect a person’s motivational levels. Mood and anxiety disorders and psychotic conditions may all have low motivation as a symptom.
- ▶ **Passivity and withdrawal** – Extremely withdrawn and passive behaviour may be part of a mental illness for some people. The affected person may agree to anything, do anything they’re told to do, or simply fail to interact and engage with others.
- ▶ **Depression and suicidal thoughts** – Typical signs that someone is suffering a major depression are fatigue, low interest, poor concentration, changes in sleep and eating patterns, feelings of hopelessness and isolation, and thoughts of death and suicide.
- ▶ **Anger and aggression** – Anger and aggressive behaviour can stem from an altered mental state. It is also commonly a product of strong fears, frustration or a sense of powerlessness.

The issues for employment services

Any service that aims to assist people with psychiatric disability build their work skills is involved in assisting them to learn, and some people with psychiatric disability may face significant communication and learning problems.

Individual functioning in employment is also likely to be affected by some specific characteristics of psychiatric disability, which include:

- ▶ **The irregular nature of mental illness** – Many forms of mental illness are episodic. Symptoms may be present for a few weeks or months, then disappear or lessen significantly, for a period of time. This can create problems in establishing and maintaining work patterns and with the person's work performance.
- ▶ **Stress associated with disclosure of mental illness and symptoms** – There is still a lot of stigma associated with mental illness. People with mental illness often feel compelled to try to hide their illness and its symptoms, particularly at work.
- ▶ **Side effects of medication** – Medications can have side effects that create difficulties at work. These include:
 - › drowsiness
 - › dizziness
 - › dry mouth
 - › nervousness
 - › headaches
 - › tremor (shakiness)
 - › confusion
 - › weight gain.
- ▶ **Interrupted education or training** – Many people develop the first symptoms of mental illnesses between the ages of 15 and 25. This often causes a major interruption to their education and/or vocational training.
- ▶ **More than one issue** – Around 30 per cent of adults with mental illness have been diagnosed with an alcohol and/or drug or substance abuse issue during their lives.

Key points

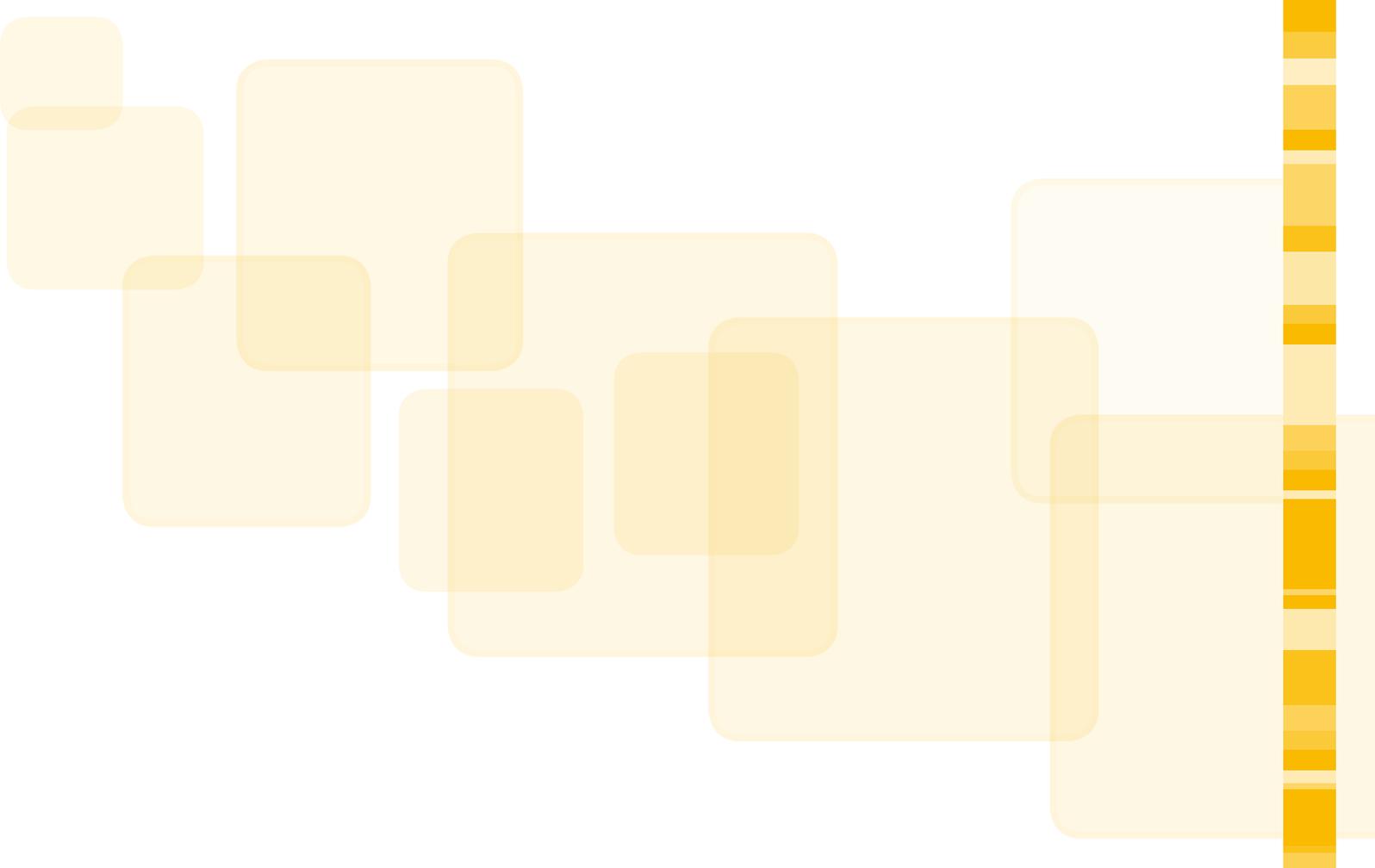
When working with people with psychiatric disability it is useful to remember the following.

- ▶ You will get the best understanding of a person's psychiatric disability from working, listening, talking, observing, interacting and understanding things from their point of view.
- ▶ The impacts of psychiatric disability vary from person to person and can change over time, so as you get to know the person and the effects of the disability you will get a better idea of how best to support the individual.
- ▶ The effects of mental illness have the same dominating effect on the lives of people with it as a physical illness does. When you experience a physical illness it is likely that you will get a bit of sympathy and understanding from friends or workmates – often because they have had a similar experience. The same understanding and care is not always given to people with mental illness; they may have to deal with friends or workmates who think that mental illness is not 'real'.
- ▶ You need to be aware of the specific impacts of psychiatric disability on the individual you are working with. It is helpful to be aware of:
 - › the major effects of the condition that are leading to psychiatric disability – working with the employee's case manager may be the best way to gather this information
 - › recommended learning and communication strategies
 - › other services the employee is receiving and/or can access
 - › other support sources available to the employee
 - › what employment support the employee wants from you.

COMMUNICATION AND LEARNING TOPIC ...

Talking about talking and listening

Whether it is verbal, non-verbal, written or visual communication, it is all about sending and receiving messages.



Effectively supporting employees with psychiatric disabilities will depend a great deal on your ability to adopt specific and individual communication strategies.

One of your key roles is to assist supported employees to communicate as effectively as possible. Three elements are involved in the process of transmitting information between people.

- ▶ **A sender** wants to communicate something such as an idea, opinion, fact, etc.
- ▶ **A message or transmission** is what the sender wants to say, why, and to whom. The sender needs to be clear on the purpose of the message and then work out how to form the message (the words, diagrams or symbols that will best convey the message as it is intended).
- ▶ **A receiver** gets the message, works out its meaning, and acts on it.

Communication is only effective when the people with whom you're communicating:

- ▶ receive your message
- ▶ understand it
- ▶ respond to it in the manner you intended.

At each stage of the process there are many potential barriers to effective communication. These include:

- ▶ individual characteristics (age, gender, culture) of both the sender and the receiver of the message
- ▶ problems in the transmission of the message
- ▶ inattention to the message – for whatever reason
- ▶ a different interpretation of the message from the one intended.

Support staff also need to be aware of a range of other things that can have impact on communication. For example, a person's cultural and language backgrounds may influence:

- ▶ how accurately or completely they receive the message
- ▶ how willing they are to ask questions or indicate the need for more information
- ▶ how they interpret the non-verbal (gestures, body language) part of a message.

Whatever the reason, if the receiver does not receive the message *in something very close to the way it was meant* then communication has not occurred.

Communication problems are often a major factor in the psychological and social difficulties people experience because of mental illness. The interpersonal skills needed can be impaired and this can be a key reason for problems in getting and keeping a job.

No one can go to work and do their job properly without communicating with others. Supported employees should know their communication responsibilities:

- ▶ making their needs and choices known, for example, their personal goals, problems or grievances
- ▶ taking on information communicated to them, for example, the name of their supervisor, the days on which they work
- ▶ assisting their organisation meet its objectives by, for example, knowing the targets for their work area, making suggestions about improvements.

Fulfilling these responsibilities requires both support staff and supported employees to use talking and listening skills.

Kaye

Kaye appears to have had a very unsettled life. She has been in and out of a large number of relationships, and had a lot of different jobs. Kaye is very unfit, is obese and smokes 50 cigarettes a day.

Mondays are often bad days for Kaye. She tends to get upset by things over the weekend and brings the troubles with her to work. This week she said she has not been able to sleep because she was worried about her daughter's comments about her (Kaye's) weight which had made her feel very low. Kaye says she will drop some weight over the next few weeks because she has stopped taking her medication. Em asked Kaye why she did that and Kaye said that she didn't want her daughter (who Kaye has never mentioned before) to know she was still on it. When Em asked if she should do that, Kaye said it would be fine – she often dropped the medication for a week or two and it did no harm.

Kaye has a very helpful case manager, Brenda, who often comes to Merrinvale with Kaye to discuss concerns and assist supervisors communicate with Kaye and deal with some of her issues. This week Brenda confirmed that Kaye does not have a daughter. She also indicated that Kaye has real problems sticking with her medication. The mental health clinic has tried all sorts of strategies with her but she continues to stop taking it from time to time.

From Em's notebook

Kaye doesn't want to do anything this week but told me a long story about how her grandmother survived after the ship she was on sank. Granny had all these diamonds but someone on the lifeboat stole them while she rowed them all to safety.

What's interesting is that Kaye said she didn't like 'Titanic' when she saw it on TV a couple of weeks ago – said it was 'Hollywood hype'. When she starts this sort of stuff, I usually try to cut it short and turn the conversation to something else. Lately though, it's only while she's telling you these stories that Kaye sounds alive. The rest of the time she barely says a word and just sits there with her head lowered all day, hardly moving from her chair. She has put on a lot of weight and it's awful to hear how breathless she gets with any exertion.

Strategies

- 1 Know your own values. Each of us has our own reaction to and understanding of mental illness. This will affect how we deal with mental illness in the people we work with. The challenge is to try to understand mental illness from the point of view of each person living with psychiatric disability. Try to approach your job with a non-judgemental attitude, an open mind, and willingness to learn.
- 2 Get to know the employee's communication 'comfort zone', for example, how much personal space they need, length of time in which to respond, type of language preferred, etc.
- 3 Build rapport and trust. If an employee is having problems talking to and responding to others in the workplace, try to build rapport and trust by being open and honest with them. Tell them specifically what is happening and what impact this is having. Try to provide practical help to overcome the problems.

You ignore people when they say 'Hi' to you. I know you like to keep a bit of distance from people but how about just saying 'Hello' when you come in each morning.

- 4 Encourage conversation. Conversation is the cornerstone of social interaction so anything you can do to assist an employee build and practise skills in this area is a benefit. Always speak in a 'gentle' (calm and moderately-paced) tone, and be as objective as possible.
- 5 Promote good communication skills. You might think about establishing 'guidelines' with the employee. For example, you and the employee could agree to:
 - › look at the person when they are speaking
 - › tell people how they are feeling when they ask
 - › explain why they said what they said.

Guidelines will vary according to the existing social skills of the person and their cultural background. The guidelines need to be backed up with training, coaching, feedback and modelling on your part.

- 6 Provide information. An employee with psychiatric disability may speak or write in a fairly complex way, and may have difficulty processing and making sense of what is said. If this is the case, try to use familiar and concrete language.
 - › Focus each discussion on one main point.
 - › Break down information into small 'chunks'.
 - › Repeat important points.
 - › Ask the employee to repeat back to you what you have said.

COMMUNICATION AND LEARNING TOPIC ...

Talking about learning

Assisting employees with psychiatric disability to learn new skills, routines or behaviours requires particular communication skills.

All employees, including those with psychiatric disabilities, need to know that they are continuously learning the skills of being a worker. Everyone has to learn these skills and go on learning to develop new skills and learn new tasks. You need to assist supported employees to understand their role as learners and why it is important to learn and keep on learning work skills.

- 1 Work shows other people we are independent adults.
- 2 Going to work shows other people that we are productive members of the community.
- 3 Work is a chance to learn and develop new skills.
- 4 Through our work, we set ourselves goals for getting better at things.
- 5 When we see ourselves getting better at things, we feel better about ourselves.
- 6 When we work well, we contribute to our organisation and that means everyone gains.

Like any learners, people with psychiatric disability need to know:

- ▶ what they will be learning

Today you are going to learn how to put the labels on the jars of dip.

- ▶ its link with previous learning

Yesterday, you checked the labels before the dips were packed, didn't you? And did you notice some jars of dip had the label on the wrong way up? Well, they should have been fixed up in this section. Remember that's part of our job.

- ▶ the outcomes of the learning

Today we'll concentrate on two things. First, we'll make sure the jars come off the line the right way up. Second, we'll put the label on so that it's straight and fixed firmly to the jar.

- ▶ the structure of the learning process

Stay with me and watch everything I do. Then I'll go slowly over anything you want me to and you can ask questions. After that, you can have a go.

- ▶ how they will know how things are going.

I'll watch you and tell you how you're going. Does that sound OK to you?

An employee with psychiatric disability often faces particular challenges as a learner owing to problems their condition causes in 'engaging' in the learning process. The employee may:

- ▶ find it hard to participate in the learning activity, because they feel dependant on others
- ▶ be unable to take on responsibility for the outcomes of a learning activity
- ▶ feel anxious about learning anything new
- ▶ be unable to see any worth or purpose in the learning
- ▶ be unable to integrate new learning with existing knowledge.

To support employees with psychiatric disability, you must get to know as much as possible about the way their condition impacts on their learning at work. Observe them, communicate with them, and with others who know them well, and, above all, keep on trying to find out more and new ways to assist their learning in the workplace.

Dougal

Dougal is 28 and first came to Merrinvale Enterprises six months ago. He has had obsessive-compulsive disorder for nearly 12 years. He was in a psychiatric hospital for over a year at one stage, and has been in and out for a few weeks at a time often since then. He still takes a lot of medication. Dougal is tall and moves very slowly. He speaks slowly too, in a flat but booming voice, without much expression in it.

Dougal is very anxious all the time. He wrings his hands a lot and often breaks out in a sweat. He has to go about things in very particular ways or he becomes even more anxious.

When he first arrived he did not say anything. For several days he just stared at people with a very worried look on his face.

Dougal's support worker from the mental health service, Oscar, has told Merrinvale staff that it's best to keep things calm and quiet around him – no loud music or people rushing around doing things. Dougal feels more secure when things are calm.

From Nathan's diary

Dougal gets distracted very easily and this week we've had the dips on the turntable. The turntable is one of the things he gets obsessed by. He just stands there mesmerised, his eyes following it round and round. I've been trying to train him in the packing but there's no chance of getting anywhere with it while this is going on.

When I told him firmly to go and get on with his job, he started pacing up and down and didn't stop for over an hour. In the end, I had to give him his model airplanes magazine. Oscar, his case worker from the Mental Health Team, had told us to do this if Dougal is really upset about things. He sat down, found the page about the model he's making at home and read through it over and over again talking away to himself. I was surprised – it seemed to calm him down and about 20 minutes later he came back and started working well.

Strategies

- 1 Increase the employee's ability to hold and fix attention. For many people with a mental health problem, new learning causes anxiety, sometimes to an acute level. Help calm the person by:
 - › encouraging slow, relaxed breathing
 - › sitting with the employee and being calm and relaxed yourself
 - › working slowly, taking one small step at a time
 - › breaking the task into steps and guiding the employee through the steps in the sequence
 - › allowing the employee to repeat things
 - › prompting the employee to focus and refocus
 - › making the learning outcome very clear at the start.
- 2 Validate the employee's feelings. Listen to and acknowledge the person's lack of confidence and do not dismiss it.

Say: I suppose you think this is going to be hard to do. It probably will be, but don't worry, I will help you.

Don't say: Oh come on, it's easy. Anyone can do this.
- 3 Provide reassurance and information on progress. Help the employee learn by providing concrete and specific information about what they are doing and how it is going – every step of the way. Stay close by so that feedback is always available and the employee feels supported by your presence.
- 4 Reduce the memory demands on the employee. Many mental illnesses affect memory functioning. It will help the employee to learn if you:
 - › try to keep the physical environment as consistent as possible
 - › keep familiar objects around
 - › make sure things are in their place and can be found
 - › provide sufficient briefing if the employee has to deal with a change
 - › develop familiar and simple routines that the employee can predict and feel comfortable with.
- 5 Show the employee how to cope when things go wrong. It can sometimes be useful for you to make deliberate errors – to demonstrate the fact that the world doesn't end and everybody makes mistakes.
- 6 Build success into the employee's learning experiences. Always start with something you know the employee can either do already, or will learn quickly and easily. Then take small steps, and remember that success builds success.

COMMUNICATION AND LEARNING TOPIC ...

Talking about the job

Giving instructions that have meaning and relevance is a critical skill when you are supporting employees with psychiatric disability.

Psychiatric disability can result in a number of problems that impact on an employee's ability to follow instructions and complete tasks consistently. The employee may have problems that include:

- ▶ maintaining stamina during the workday
- ▶ maintaining concentration
- ▶ staying organised and meeting deadlines
- ▶ showing initiative
- ▶ dealing with memory deficits
- ▶ responding effectively to supervision and direction
- ▶ interacting with coworkers
- ▶ handling stress and emotions
- ▶ attending regularly
- ▶ dealing with change.

Employees with psychiatric disability (like all workers) need to know what they are required to do. They need to know and understand:

- ▶ what their task is
- ▶ how it has to be done
- ▶ why they need to do it that way
- ▶ how much, or how many, they need to aim to do in a time period
- ▶ how much, or how many, their team needs to aim to do
- ▶ what standards are expected, and why.

Employees with psychiatric disability may need to be given this information more than once, and in specific and individual forms, depending on their cognitive needs and, possibly, the irregular nature of their condition. This may include being shown as well as told what to do, needing concrete information (*bend your knees when you pick up the box*) not abstract statements (*remember the manual handling rules*), or being left with ongoing reminders like a sample to copy (*this box has the toys in it in the order you have to put them in*).

To check that your message about the work has been received, you need to ask the supported employee to feed back what they have heard. This can be verbal or via a demonstration of the task.

Elliot

Elliot was diagnosed with schizophrenia about eight years ago. He seems stable on his medication and confident that he can monitor his symptoms reasonably well. He lives alone in a flat with support from his parents who live nearby. Elliot started working part-time at Merrinvale Enterprises nearly two years ago. Although his attendance is a problem – he only gets to work about 50 per cent of the time – he works very well on the days he is there. The productivity and quality standards he achieves are way above average.

Elliot has had a lot of assistance to try to improve his attendance. He has all the practical skills required – he can tell the time, knows how long it takes him to prepare to get to work, etc. However, he is unable to organise all of this into a plan and pattern of behaviour that actually gets him up, dressed and ready to meet his bus on each day he is due to come to work.

When talking about it, Elliot shows he understands why his sporadic attendance is a problem for Merrinvale. He can come up with ways to improve the situation. In practice, though, he just can't

From Fran's notebook

We have 200,000 seed pots to process for Mallard's this week – huge job – and I was relying on Elliot being here to get it done. He's the only one capable of operating the labelling device at the level we need. He wasn't in yesterday and he's missing again today.

I've had words with Bob over it. We should not be putting up with Elliot. He just comes in whenever it suits him, never mind what we have to do. Anyone else would have got the sack a year ago. All Bob ever says to me is, 'Oh, that's the nature of his illness, Fran. We have to allow him some leeway. He's doing quite well considering he did no work at all for six years before he came here'. Bob now tells me they have offered him a change.

Apparently he is considering doing the late shift at Fred's Cakes, because he feels more awake at night! Talk about mollycoddling.

Strategies

- 1 Provide flexible schedules and routines. Mental illness can have an overall physical impact as well. This, coupled with possible side effects from medication, may make it very hard for an employee to follow work schedules and routines. You may need to:
 - › discuss the best way to accommodate the employee's needs
 - › allow longer or more frequent work breaks.
- 2 Assist concentration.
 - › Reduce distractions in the work area.
 - › Provide a quiet and private work space for the employee, if this is helpful.
 - › Allow the employee to play soothing music using a headset.
 - › Plan for uninterrupted work time.
 - › Allow frequent breaks.
 - › 'Chunk' tasks into small steps.
 - › Ensure the employee has the information they need regarding the task.
- 3 Help the employee stay organised.
 - › Make daily 'to do' lists and check items off as they are completed.
 - › Remind the employee of any deadlines.
 - › Use electronic organisers to assist scheduling.
 - › Provide written job instructions and time schedules for the individual employee.
- 4 Assist memory.
 - › Encourage the employee to keep a diary and take notes in meetings.
 - › Provide written instructions.
 - › Provide accurate feedback on progress.
 - › Allow additional training time and allow for any necessary re-training.
- 5 Help the employee deal with stress in the workplace.
 - › Allow time out and breaks if necessary.
 - › Encourage the employee to monitor their 'feelings' – that is, ask themselves, *'Am I getting hot and bothered? Am I starting to sweat, feel more anxious?'*, etc.
 - › Encourage the employee to talk to someone they trust if they start to feel stressed.
 - › Make sure the employee knows they can contact their case manager or support worker if they want to during work time.
 - › Acknowledge the employee may have problems with regular attendance and assist them with this by flexible working hours and leave arrangements.

Talking about tools

Almost every task a supported employee does involves the use of tools or equipment. Communicating clearly which tools to use, how to use them safely, and how to store or maintain them involves you in a mix of explaining, demonstrating and observing.

Supported employees need to know about the tools and equipment they use to do their job. This means knowing not just the name of the tool or piece of equipment but also that it is their responsibility to use it correctly, and ensure it is maintained properly. Supported employees need to know:

- ▶ what equipment and tools they will use on a task
- ▶ the name of each tool or piece of equipment
- ▶ its purpose
- ▶ safety procedures that must be followed when using the tool or equipment
- ▶ where it is kept and how it is stored
- ▶ how it is used
- ▶ how to recognise problems in tools or equipment
- ▶ what to do if there are problems with tools or equipment.

Learning all these things may not present too many problems for employees with psychiatric disability as an intellectual exercise unless their cognitive functioning is in some way impaired by their condition.

Ensure employees with psychiatric disability have structured training and practice in the use of tools and equipment. Make sure, too, that you consistently check to see if they need retraining in that use. This is especially important if the employee has a break from using particular tools or equipment.

Dougal

Dougal's rituals and obsessions – such as his hand washing and pacing – are ways he has of reducing anxiety and fear. He can't help it, and more importantly, the fact that it helps him relieve his anxiety is generally a benefit to him. It has become a problem though that when he comes in each morning he cannot get started on his work until he has lined up his equipment exactly as he wants it.

It starts when he gets to his workbench. He picks up his pastry cutter and board, and the templates he will be using, and then proceeds to line each tool up in a set pattern that ensures each is exactly the same distance from each other and the edges of the bench. He will go on doing this until his Team Leader, Nathan, comes and tells him to stop. On some days, Dougal has continued straightening and measuring and straightening again for up to two hours.

Although Dougal can use the tools correctly, and knows what they are called, his work suffers because psychiatric disability affects his ability to use them.

From Nathan's diary

Dougal came in with Oscar this morning and we talked about him not being able to get started until he lines up his tools the way he thinks he needs to.

Oscar suggested we use a timer and give Dougal a set time each morning to do the line-up thing and when the time is up, he starts work. I asked what sort of time we should set and Oscar discussed this with Dougal. In the end, we agreed that he have ten minutes and then start work, whether he's happy with the line-up or not. I was quite surprised that Dougal nodded and seemed quite OK with the idea. We'll see how it goes. Anything is worth trying.

Strategies

- 1** Provide information. People with mental illness often feel very undervalued and uncertain about their progress and their future. In the workplace, you can assist by ensuring they have the information they need to go about their task. Don't 'talk down' to the employee. Provide not only the names and uses of tools and equipment but also explanations of why one thing is used rather than another. Enlarging their information base will positively influence understanding and even motivation. It will help the employee feel more responsible in their role.
- 2** Avoid false reassurance. Don't tell the employee they have the right name or use for a tool when they do not. Don't tell them it doesn't matter if they don't know it. This can have the effect of minimising their feelings and making it even less likely that they will retain the information. Never assume an employee with psychiatric disability has failed to retain a skill or information because they are lazy or uncooperative. Psychiatric disability can cause variations in functioning from day to day, week to week.
- 3** Avoid intrusive questioning. People with psychiatric disability are likely to become stressed if you fire rapid or probing questions at them.

Do you remember what this is called? Don't you remember? ... We spoke about it yesterday ... Do you remember? Why don't you remember? You knew its name yesterday. Why have you forgotten?

COMMUNICATION AND LEARNING TOPIC ...

Talking about safety

Employees need to follow health and safety rules in the workplace and know what to do if there is a health or safety problem.

One of the keys to getting employees to work safely is communicating the abstract notion 'safety', in concrete terms. An effective way to do this is by linking the actual things that are done in the name of 'safety' – walking in designated walkways, wearing PPE, and so on – with the concrete experience of 'being hurt'. In other words, we do all these 'safe' things to stop ourselves getting hurt. In this way, safety 'rules' (which are themselves an abstract concept), can become personalised and linked to the individual. Therefore it is made concrete – we follow the 'rules' so we won't get hurt (or hurt other people).

Disabilities and how individuals are affected by them are like fingerprints, unique to each person. It is very important that you communicate with employees with psychiatric disability to find out what they need to be safe and feel safe in their work environment. It is vital that employees feel comfortable talking with you about their needs, and seeking assistance from you.

Some forms of psychiatric disability may lead to specific workplace safety issues. Two examples are given below.

1 Anger and aggression

Sometimes anger can be a direct product of a mental illness. When anger is directed outward and has the potential to harm others, it becomes aggression. Aggressive behaviour in people with mental illness can stem from an altered mental state, or from frustration or fears the person may be unable to deal with. When dealing with aggression, there are some important things to remember.

- ▶ Do not get aggressive yourself.
- ▶ Stay calm and allow the person plenty of space (distance from you, time to respond, etc).
- ▶ Keep your voice low in both volume and pitch.
- ▶ Breathe deeply and regularly.
- ▶ Tell the person that you can see they're angry and ask them if they would like to tell you about it.
- ▶ Do not 'lay down the law'.
- ▶ If you are in danger, seek assistance quickly.

Note: Despite the impression sometimes given in the media, violence is uncommon in people with mental illness. Violence is more likely to be associated with the use of drugs or alcohol.

2 Delusions and hallucinations accompanying psychotic episodes

When people are having a psychotic episode, they may experience delusions. Delusions are fixed, but false, beliefs that no amount of reasoning can change. People may also hear voices or see or smell things that are not actually there. If you or other workers feel frightened around a person who is experiencing delusions or hallucinations, try to remember that they are probably more frightened than you.

If you are dealing with someone experiencing delusions try to:

- ▶ stay calm and show understanding and compassion (*It must be very scary to think that there are snakes all around you*)
- ▶ avoid supporting the delusions (*Oh yes, I can hear the snakes hissing, too*), but don't be dismissive of them either (*Don't be silly – there are no snakes here*)
- ▶ be alert to signs that the person might act on the strength of the delusion.

If the employee is having hallucinations, let them know that you are aware they are not well and suggest they contact their case worker or doctor. Offer support to do this if they need or want it.

I can see you're frightened because you're hearing snakes. It might help to talk to your case worker about this. Would you like me to help you phone him?

Liam

Liam is 26 years old. He was diagnosed with schizophrenia when he was 17 and he has had several relapses over the years. Since coming to work at *Frame Up* he has been well and very happy with his life.

Just lately though, Liam seems to have lost interest in things. He is frequently late and has been absent quite a few days. He is obviously not looking after himself either because he's unshaven and his clothes are often dirty. He shares a flat with Jasper who has complained that Liam stays up all night playing the X-Box.

From Paul's notebook

Today's the first day Liam has been in this week. He seemed calm enough when he came in, though he was over an hour late. At morning tea time, however, it all started. He came up to me and told me he had to clean out his locker and leave as one of the directors had rung to say he wasn't welcome at Merrinvale any more. He started shouting, 'I've been sacked. I have caused big trouble, so I'm sacked'. I made the mistake of saying that wasn't true and he started shouting about how 'everyone knew he'd been in trouble and there was an article in the paper today about it' (there is no article!). Then he threw out his arm and swept all the stuff off the table, and got up and started pacing up and down as if he couldn't stop. It was quite hard to stay calm myself. I've never seen Liam so stressed – I've never seen anyone so stressed!

He calmed down though. Came up to me, and said he was sorry but he thought he'd better go home now. I said, 'That's fine'. I asked him if he wanted me to contact anyone for him. He was quite OK by then. Said he'd try to get an appointment with his case worker. As he was leaving he went in to tell Bob that he was only going home because he was sick: he was not resigning from his job.

Strategies

- 1 Gather information. Assess the functional safety skills of the employee with psychiatric disability on a regular basis.
 - › Do they have any symptoms that may distract them from following safety regulations?
 - › Do they know how to identify a hazard?
 - › Do they know the procedure for emergency shut-downs of machinery, etc?
 - › Do they retain this information from day to day or week to week?

- 2 Plan for emergencies. All support staff should be aware and up-to-date regarding any specific safety issues for employees with psychiatric disability and have a contingency plan for those employees in any emergency.

If Kaye's medication is changed or she stops taking it, she may become disoriented and confused. At times, she has bumped into machines and forgotten how to use her equipment.

- 3 Assess employee awareness of safety issues. A mental illness might prevent the person perceiving there is a safety problem. Try to find out how much insight the person has into safety issues affecting them, and their responsibilities for working safely. Questioning and observation are probably the most effective strategies.

- 4 Clarify safety responsibilities. Mental illness can prevent a person taking on a sense of responsibility for safety in the workplace. Be clear about the safety rules.

I will work beside you but if you take off your safety goggles I will stop the press immediately.

- 5 Be alert to any medication side effects. Medications commonly used for mental illness can produce side effects which could themselves cause a safety problem for an employee. For example, tremors or drowsiness can affect fine motor control making it difficult to perform certain functions or operate equipment safely.

COMMUNICATION AND LEARNING TOPIC ...

Talking about quality and quantity

The complex nature of the impact of psychiatric disability may mean that the employee needs assistance to meet the quality and productivity standards consistently.

Disability employment services must operate as viable businesses competing with other businesses to make revenue to enable them to employ and pay their workers. To do this, employment services must set and achieve productivity targets and ensure the quality of the goods and services they provide.

All employees need to know they have a responsibility to:

- ▶ make things to the standard that is set
- ▶ produce as close as possible to the number that is set for them to achieve.

Quality

Quality means that the product, service, process or outcome, meets the standard set or expected by the user or consumer. When you are communicating with supported employees about the abstract concept 'quality' you need to:

- ▶ focus on the particular task or product they are working on at the time
- ▶ clearly explain why the standard is important
- ▶ check with the employee that they understand what is required.

Quantity

Similarly, we can assist employees understand productivity requirements by bringing the abstract 'quantity' down to the simpler and more concrete 'how much' or 'how many'.

Again, your communication should:

- ▶ focus on the particular task
- ▶ relate quantity to other variables such as the time available to do the job, how many people are working on it, etc
- ▶ give the employees cues to monitor their own productivity
- ▶ include checking with the employee that they have understood what is required.

The impact of motivation

Many forms of mental illness impair motivation to the point that affected people feel no interest or desire to meet targets or goals.

Mood and anxiety disorders and schizophrenic disorders can all have low motivation as a symptom. The low level of motivation is much more than the 'lows' everyone experiences at some time (for example, not feeling like going to work today) or 'laziness', though it is frequently seen that way. There is an overall indifference to what is happening and the person has no control over this. One long term sufferer of depression described his lack of motivation this way.

'I felt exactly like a wind-up toy that had wound itself down; there was no way I could wind myself up again into any activity at all'.

Consequently, the employee with psychiatric disability may show little interest in meeting quality and quantity goals.

Martina

Martina is 25 years old. She is tall and very thin, and she is very sad. Martina says she has problems with 'too many thoughts'. One day recently she said, 'You might think about an ashtray, and just think, oh! yes, that's for putting my cigarette in. I would think of it and then I would think of 20 or 30 different things connected with it at the same time. My concentration is very poor ... if I am talking to someone, they only need to cross their legs or scratch their head and I am distracted and forget what I'm saying. So there's really nothing I can do any more ...'.

From Em's notebook

Martina is showing no interest in anything lately. She says she wants to go on working here but she hasn't actually done any work at all for nearly two weeks now. When she comes in, she props herself at the table and will just sit, not saying anything. She's quite polite and will try to explain things to you if you ask why she hasn't started the job. But she doesn't even talk to anyone unless they directly ask her a question. I've noticed at breaks, too, she doesn't talk to anyone, just sits out on the lawn and smokes cigarette after cigarette.

Strategies

- 1 Build self-worth. Self esteem is the great motivator in life. It is built by feelings of competence (being good at things), belonging (fitting in with others), and autonomy (doing things for yourself). Many people with psychiatric disability have low self-esteem.

You can help an employee develop better self-esteem by finding something they can do well. There will be something. Don't ask what it is (they'll believe there's nothing because they have no sense of their own worth). Find out for yourself and then tell them. When you tell someone there is something they do well, they start to feel valued.

- 2 Provide an open and welcoming work environment. Employees with psychiatric disability need to feel comfortable disclosing information about themselves (*My concentration is very poor ... I can't keep my thoughts on the one thing for long ...*), and seeking assistance (*I need to be reminded about how many I need to do each hour*).

- › provide opportunities for the employee to speak with you openly and in confidence

I see you're having trouble with this. Do you want to talk about it?

- › listen to what the employee has to say to you about their disability and what they think they need

Is there anything you think we could do to make this easier for you?

- › ask questions when you don't understand

You say you can't concentrate – is that just on this task or ...?

- › try to stimulate the employee's interest with your own enthusiasm for things

We have 400 of these to do this week – everyone loves this job and we have a great time all pitching in.

- 3 Invite participation and self-monitoring. Involving the employee in strategies to improve their work performance will help develop a sense of worth and autonomy, and hence build motivation.

COMMUNICATION AND LEARNING TOPIC ...

Talking about teams and workmates

Being part of a team and understanding what teamwork means is important in all workplaces. Helping people to develop the behaviours and attitudes that contribute to a team approach is an ongoing task.

Working involves getting on with others. We expect people to work cooperatively and contribute as team members. These skills are often difficult for people with psychiatric disability for a range of reasons.

Problems relating to other people

Employees with psychiatric disability may have trouble relating to other team members as a result of their disability. This will often be evident in the simplest interpersonal interactions. They may be suspicious of others (because they are experiencing feelings of paranoia), or be persistently negative in their opinions and attitudes. Many will find it hard to be relaxed with other people.

Impaired social skills

Employees with psychiatric disability, particularly those who are recovering from an episode of illness, will often feel awkward in social interactions because they can't keep up with conversation, or don't know what to say. They may not know how to make the appropriate response, or be able to judge its timing or effect. This can lead to errors like shouting or whispering, laughing at the wrong times, not taking turns in a conversation, or not 'opening' or 'closing' conversations in the conventional way.

Social withdrawal

Psychotic disorders will often cause social withdrawal and the person may remain isolated and alienated from others.

Dougal

A new employee, Peter, recently joined Dougal on the team at Fred's Cakes. Dougal said nothing at first, and wouldn't look at Peter. If Nathan tried to engage the two in an activity or conversation, Dougal looked sideways, and closed his eyes saying, 'twenty-seven' repeatedly. This habit of repeating numbers (usually 27, sometimes 17) is another of Dougal's rituals that make him feel safe.

This week Nathan was most surprised when Dougal came up to him and handed him one of the packets of new gloves, and said, 'for Peter'.

From Nathan's notebook

I was surprised to see Dougal with gloves for Peter. I had been concerned about Dougal's initial reaction to Peter as he seemed hostile and unwelcoming.

I made a number of attempts early in the week to encourage Dougal and Peter in conversation, but Dougal retreated and Peter was uncomfortable. I noticed yesterday that Dougal was very quiet because he feels more secure when things are calm.

I hope that Dougal giving me the gloves for Peter indicates that he is accepting of Peter.

Strategies

- 1 Deal with negativity. Many people with psychiatric disability feel insecure and pessimistic about life. This sense of insecurity may be demonstrated in negative attitudes: they find it hard to believe they can do anything positive, or that anything good can happen. Help promote a more positive outlook by actively supporting the employee to see any positives and achieve, even the smallest target. For example, if Martina says, *'I couldn't do the catalogue job'* reply with, *You read so quickly and accurately, you can sort the catalogues faster than anyone else. You got distracted though – that's not your fault.* Provide frequent feedback.
- 2 Recognise learning needs. Social relationships are often severely disrupted by mental illness and the skills involved in building these relationships can be impaired. This takes effort and the person recovering from an illness needs to be encouraged wherever possible to practise these skills. Provide support and coaching to employees to assist them to learn the skills of social interaction. Report any signs of fluctuation in the interpersonal behaviour of an employee and be alert to any situations where you think an employee's behaviour is making demands upon others.
- 3 Help build communication skills. Assess the employee's functional social skills. Do they know:
 - › how to open a conversation
 - › how to finish a conversation
 - › how to make a plan to tell someone something and carry it through
 - › how to ask for information or get directions
 - › how to let someone know that they're listening to them when they're talking to them?

Then work on a plan to assist them to develop these skills.

COMMUNICATION AND LEARNING TOPIC ...

Talking about problems

Developing problem-solving skills will assist supported employees to participate effectively in the workplace.

Identifying when a problem exists, and then solving it, is often very difficult for employees with psychiatric disability. Mental illness will frequently set up barriers to thinking logically. The employee may:

- ▶ have great difficulty concentrating and avoiding distractions
- ▶ become overloaded when faced with information that is complex or varied
- ▶ have difficulties because of the stress involved in dealing with anything new or different
- ▶ be unable to interpret social interactions correctly and therefore misunderstand communicated information
- ▶ be unable to generate alternative approaches to situations
- ▶ become frustrated easily
- ▶ lack initiative and motivation to address issues.

Any one or a combination of these factors will make problem solving and decision making extremely hard for the person. Support workers can assist employees with psychiatric disability improve their problem-solving skills by assisting them to:

- ▶ recognise when a problem exists
- ▶ take some responsibility for solving the problem
- ▶ learn problem-solving strategies.

Elliot

Elliot has always been very concerned about his inability to attend regularly. The problem was discussed at his most recent planning meeting. Elliot said he has trouble 'getting moving' in the morning. He wakes up and wants to go to work but says he'll often find himself still in bed an hour later. The bus has long gone and he's got no way of getting to work. He says he feels 'really dopey and muddled' in the mornings and is better in the afternoons. At the meeting, Bob and Cara asked Elliot if he could think of a way of solving the problem. He couldn't think of anything at first.

I suppose I could get another alarm clock – one that is louder.

Do you think that would work?

No, not really, 'cause I hear the alarm. I just don't get up and get dressed.

Do you still want to come to work?

Yes – I need to work and I like it here when I get here.

Is there anything else that could be changed?

I don't think so ...

You say you feel much more awake and alert in the afternoons ... right?

Yeah ... I'm much better then. I take my dog for a long walk and do the shopping and I've got plenty of energy.

So, do you think it might be easier to work in the afternoons?

Yeah ... but my job starts at 8am.

From Fran's notebook

Elliot has moved over to do the evening shift at Space Cake. He starts at 3pm each day. He's been there a month now and hasn't missed a day, apparently. I'm really surprised. I thought he was just lazy when he was here. He's such a big, healthy-looking bloke and so capable. I always wondered why he said couldn't get himself organised. It seems that starting in the afternoons suits him better – something to do with his medication.

Strategies

- 1 Recognise and compensate for problems with thinking that interfere with a person's ability to recognise and solve problems. To compensate:
 - › present information in small chunks
 - › monitor thought processes with frequent questions
 - › encourage the employee to 'think aloud' (that is, they tell you what they are thinking or saying to themselves as they go about the task or consider the problem)
 - › develop 'standard' approaches to problem solving and apply them consistently when you are working with employees.
- 2 Reduce distractions. The employee may be unable to 'filter' the important information that is needed to concentrate on the problem. You can minimise the resulting difficulties if you:
 - › keep tasks and steps brief and focused
 - › use frequent prompts (*How many more do you need to do to fill the tray, Elliot?*)
 - › redesign the work area to reduce distractions and clutter.
- 3 Avoid overloading. Overloading can occur if the information that needs to be 'processed' to solve a problem is too complex or varied for the employee to cope with. It will help avoid this situation if you:
 - › limit the number of formats in which you present information and choose those that match the employee's literacy and language needs
 - › break the problem-solving task down into a number of steps
 - › develop a problem-solving strategy that the employee can learn to use in a range of situations.
- 4 Reduce stress reactions which can interfere with the employee's understanding. Think carefully about how you present the problem situation, including:
 - › keeping the demands you make on the employee relatively low (*Can you think of one thing that might be causing so many of these seedlings to wilt?*)
 - › giving positive feedback as the employee contributes to the problem-solving process (*You're quite right! We did have that really hot day last week and no-one reset the watering system. Let's check a few trays to see if the soil is dry.*)
 - › being prepared to deal with anxiety (*I agree we need to find out why they are wilting soon. I can see it's worrying you. But I'm sure we'll find out what is causing the problem and solve it before any seedlings die. Remember how quickly we worked out the problem with the potting mix last month?*)
 - › allowing for time out for the employee (*We've made great progress on this wilting problem this morning. Let's have a break from it now till after lunch. After morning tea we'll plant out the tomato seedlings.*).
- 5 Assist accurate interpretation of social interactions. Employees with psychiatric disability may be confused and distracted and misinterpret what people say or do. It is a useful strategy to:
 - › monitor thought processes by inviting the employee to 'think aloud'
 - › use written instructions as cues to reduce the impact of distractions
 - › role play and rehearse social interactions

Talking about changes

Change can be particularly stressful for employees with psychiatric disability. It is important to ensure they have the best conditions in which to learn how to deal with the changes at work.

Everyone is a little apprehensive about change. Change can be particularly stressful for employees with psychiatric disability. It pays to prepare well for change and set things up so that employees have the best conditions in which to learn how to deal with the changes. Every employee will react differently to change and the size or extent of the changes is not necessarily going to determine their impact on an individual.

A range of things commonly change in the workplace.

Personnel. Any new person in the work environment brings about a change to the group dynamic. Adding a new team member may mean individuals feel that their status has changed. Changes amongst people with high reference authority (authority through position) such as supervisors/support workers can lead to problems if they are not managed properly. Supported employees can become quite anxious if their supervisor changes – they experience a fear of the unknown. This can occur even if the relationship is not a particularly positive one.

Status. This sort of change requires learning about how to cope with a different level of authority – either your own or someone else's. For example, an employee moving from a task where he was responsible for a whole line, to another task where he is just one of ten people doing the same thing with no-one having any greater responsibility may grieve for the old situation.

Task. People with psychiatric disability can find it very hard to transfer skills from one situation to another because their thinking may have become confused or distorted as a result of their disability.

Environment. People with psychiatric disability can be sensitive to changes to timeframes, equipment, place etc, because of their reliance on routine, structure and familiarity. These structures and routines might play a very important role in their ability to go about their own daily routines and tasks.

Being able to handle change in appropriate ways is a crucial workplace skill. Employees who respond badly to change often do so out of fear or frustration, and psychiatric disability can prevent a person being able to handle fear or frustration appropriately. Employees with psychiatric disability may become unduly stressed by change, even when they seem to be quite well-prepared and have a good understanding of what the change means.

Liam

Because the new contract for the steel shelving only requires one welder, Liam has been taken off the welding job he was doing at *Frame Up*. Liam is angry about this. He knew about the change in advance, and was told exactly what his new job would be. The new job is actually more varied and complex than his previous one – an indication of how valued he is as an employee. Liam has told a couple of people that he likes this job much better than the welding.

The problem is that Liam will come in and start work quite happily, but then, he will suddenly start complaining and getting abusive. Yesterday he yelled at Paul 'You took me off welding you *#!!!! because you want an excuse to sack me', threw down his goggles and stormed out, swearing at everyone. It's been three weeks now and he has not adjusted to the change.

From Paul's notebook

Liam is still having temper outbursts about the change in his job. It's strange because he will come in calm and happy and then suddenly go off like a bomb, swearing and shouting. Then, 10 or 20 minutes later, he'll come over and apologise for losing it. It's not as though we didn't prepare him for it. We talked it all through and he seemed quite happy about it. He's told me a couple of times, he likes doing the doors a lot more. He just doesn't seem to be able to control his feelings or remember the reason for the change or the sequence of what's happened. I don't know what we can do about the temper outbursts. They seem to happen so suddenly.

Strategies

- 1 Prepare people for change. It is always important to prepare any employees for changes but especially so for employees with psychiatric disability who may have great difficulty thinking logically about the changes. Make sure:
 - › you provide straightforward information about what is going to happen, when, how and why
 - › information is in the format and language that suits the employee's needs
 - › you discuss the effects of the changes on the individual with the individual
 - › you provide opportunity for them to ask questions and raise concerns about the changes
 - › you allow plenty of time for them to process the information about the changes.
- 2 Once change is implemented, monitor how the employee is reacting to it.
 - › Make consistent and regular checks to see how the employee is responding to the change.
 - › Encourage the employee to 'think aloud' about how the change has affected them.
- 3 Assist the employee to manage anger and frustration appropriately. An employee with psychiatric disability may not recognise the signs that they are getting angry or frustrated. Help them identify the kinds of thoughts and situations that make them feel angry. You can:
 - › point out the signs of anger or frustration you observe when you observe them – for example, tense muscles, loud voice, etc. Pointing them out at the time (not later) will assist the employee to recognise the signs in themselves

Your voice is getting louder and you're breathing fast.
 - › help the employee to verbally acknowledge that they are becoming upset

Liam, your voice is getting louder and you're breathing fast. Are you feeling upset?

Yes, I'm getting angry.
 - › train the person in appropriate ways to deal with anger.

Count to ten, Martina and then tell me why you are feeling angry.

Take a deep breath and tell yourself to 'relax', Liam.

Leave the work area for a little while, Elliot.

Talking about futures

People with psychiatric disability often lack the orientation to the future that is needed to plan for learning. With the present so hard to deal with, thinking about ‘the future’ may seem impossible.

The future is an abstract concept and one that people with psychiatric disability will often find quite hard to grasp and deal with. This can have a substantial impact on things like the individual employment planning process.

When a service works with an employee to develop an Employment Plan, it can be hard getting the employee with psychiatric disability to make a meaningful contribution. The goal-setting element of employment planning (*What goals would you like to set for yourself for next year?*) often becomes a rote-like process with little real contribution from the person supposedly setting the goals.

People with psychiatric disability often lack the orientation to the future that is needed to appreciate:

- ▶ how and why they need to go on developing their skills
- ▶ what they might be able to achieve in the longer term
- ▶ what benefit thinking about and planning for their future will have
- ▶ the 'steps' they can start taking to reach their longer-term goals.

Depression, fatigue and problems with motivation are common effects of mental illness and are factors that make future planning extremely difficult for the employee.

A mental illness and its ongoing effects frequently result in reduced ability to cope with life's ordinary demands and routines. With the present so hard to deal with, thinking about 'the future' may seem impossible. Lives are often severely disrupted by psychiatric disability: education, work and relationships suffer. Many people with psychiatric disability experience feelings of loss and sadness, and have very little expectation of a better future. Talking about a 'future' you may be unable to appreciate or understand, may be quite beyond you.

One of the most important ways a support worker can help is by encouraging the employee to have a more positive outlook on life. Work gives people with psychiatric disability opportunities for skill development that help empower them and give them some sense of control in their lives.

Martina

Martina has decided she cannot go back to university because she finds reading almost impossible. When she tries to read she finds the words on the page become distorted and her eyes become extraordinarily sensitive to light. Sometimes, the print appears excessively large and black. When this happens, she becomes terribly anxious and has to drop the book and curl up with her eyes closed. She wrote Em a note yesterday:

Some days it's as though I can sit back and really see what's happening to me, even though I can't do anything about it. Today's one of those days. I see myself reading over the catalogues they're putting into the mailout. I am looking for a message in them. I have read them five times already. I am going to read them again. I am sure there's a message in them.'

From Em's notebook

I watched Martina today through the window. While I watched she was attempting to get on with her work, putting the catalogues in order. As she sat at her workbench, her face changed shape. She grimaced, she stretched and contorted her mouth. Then her face relaxed for a moment and she looked down. When she looked up again, her face was screwed into another bizarre expression. This went on for about half an hour. It quite upset her workmates.

Martina told me how she often smells sweet smells that remind her of things in her childhood, when she says she was 'really happy'. She also sometimes smells things that remind her of burning flesh; these make her very sad and she starts to cry. She says she can't control the smells and there's nothing she can do to stop them and the memories they bring.

I think about Martina a lot. She's my age and she says she has nothing to look forward to.

Strategies

- 1 Take things slowly. When you have no concept of a ‘future’, talking about plans for it is likely to be very confusing and agitating. When you are talking about the future, avoid making comparisons to other people’s work or activities. Acknowledge the person’s feelings.

I know you feel you’re not as fast on this job as the others but that does not matter. The main thing is that you are getting better at it each day.

- 2 One step at a time. Give step-by-step guides and instructions as to how a goal or task might be achieved. This approach will reduce confusion. It will also give the employee a sense of achievement as single steps are completed.

There are five steps involved to finish this. Let’s try to do one each day this week.

- 3 Show optimism. Present a low-key but consistent view that there is something they can look forward to.

I know you loved being at university ... but there are good things you can do here too.

- 4 Provide time for reflection and response. People are less likely to become stressed and respond to you better, if you respond to them in a calm and level manner, and with sincerity and respect. This means treating the person non-judgementally, and not ‘prodding’ or persuading them to think or act in particular ways. When they feel supported, they are more likely to make further responses and take the conversation further. A key feature of this approach is learning not to ask ‘why’ too often.

For example, when an employee says *I don’t want to do that today*, it is easy to respond with a series of ‘why?’ questions – *Why don’t you? You said you did yesterday. Why have you changed your mind?* You may get a better response if you say: *You don’t want to do that today? That’s okay. (Pause). Is there something else you’d like to do?*

- 5 Provide information. Employees with psychiatric disability need to know they have a role in shaping their futures, and they need to know what this may mean for them. Speak realistically and be future oriented. At the same time, keep things related to what they are doing now. Focus each discussion about the future on one main – and familiar – point.

Let’s talk today about what new jobs you might like to learn here at Pikkenpak.

