Occupational Inclusion for People with Schizophrenia: An Existential Need

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Abstract

Schizophrenia is a long-term mental disorder that inevitably interferes with social and occupational functioning. In recent decades, after major changes in the way of caring for and treating people with this disorder, a large number of patients have been clamoring for greater participation in social life. Rehabilitation and inclusion strategies have been developed in this sense, seeking to expand the space of existential development for these people. This article aims to discuss these issues, bringing some literature and exposing the experience of the authors in the area of labor inclusion for people with mental disorders of long evolution as schizophrenia.

INTRODUCTION

Schizophrenia is a severe and long term mental disorder that inevitably interferes with social and occupational functioning [1]. Distinct of individuals stricken from other chronic disorders (like diabetes, hypertension, etc.) only a small number of this people will achieve a standard occupational functioning that meets social expectations of normality. This is due to a complex variety of factors which include problems related to the disorder itself (cognitive deficits and behavioral difficulties, for example) and others linked mainly to social prejudice [2]. This paper put light on the need to expand the attention on social inclusion of people with schizophrenia and other long term mental disorder. Especially, it aims to discuss the ultimate claim for public politics which enhance occupational and employment opportunities for this population.

Exclusion as history

Historically, the images linked to schizophrenia emphasize a disorganized, delusional and potentially violent person. In the western world, until the middle of last century, many of these people spent much of their existence inside mental hospitals, excluded from social life. The psychiatric reform, leveraged by changes in the care paradigm and particularly by the emergence of psychotropic drugs, contributed to a major change in this picture: people with schizophrenia and other serious mental illnesses are no longer institutionalized [3]. Initially, there was a great expectation about the impact of deinstitutionalization on the lives of these populations. This strategy, however, soon proved to be ineffective as a way of social re-insertion. These people do not automatically resumed control of their lives [4].

In Brazil, many have become “institutionalized” at home, maintaining a pattern of restrictive and isolated life. Recently we conducted a multicultural qualitative study, in which we heard people with schizophrenia (178 from six different countries, including Brazil, Argentina, Chile, Venezuela, Spain and the UK), many complaining about the need to find something to do, to give meaning to life. The absence of occupational activities was mentioned as an important concern in the life of these people, who generally feel useless. By contrast, participants who were active occupationally reported feelings of satisfaction and personal fulfillment [5]:

...I do not have a job, neither a salary ... my mom helps me with her salary ... I would like to study and have a career, get a job to help my mom...I feel inferior because I did not contribute with anything at home... if I worked and had money, I could buy things and have more opportunities to grow (person with schizophrenia, Chile)

Labor inclusion as an opportunity to give meaning to life

Labor inclusion is a term related to the right to equality of opportunities, so that any individual could be able to participate...
in the labor market. In practical terms, means that even with a disability, the person may hold an employment activity, ever since there are access conditions to allow him to exercise this activity successfully. An accessible environment diminishes the disadvantage of disabled people in relation to others. If there are no “barriers”, the person will not be “deficient” in relation to some activity, although there may be a functional limitation [6].

In Brazil, labor inclusion is a very recent and incipient social achieve for people with long-term mental illness. Maybe for a historical mistake related to the definition of “disability”, for a long time these people did not benefit from legislation to promote inclusion of people with disabilities in the labor market. This legislation guaranteed employment quotas only for persons with physical disabilities, not recognizing the subjects with mental disorders as deserving of that right. More recently, after the Convention on the Rights of Persons with Disabilities of the United Nations, in 2006, opened a debate among us about the concept of disability and ranges of the term [7]. Some sectors representative of civil society advocated for the inclusion of the term psychosocial disability to refer to those individuals whose impairments or functional limitations come from a mental disorder. Since then, slowly and gradually, people with mental disorders have been benefited of “employment quotas for disabilities” in our country. The term psychosocial disability, although generic, quite appropriately reflects the dynamics of functional and social limitations present in the lives of people with severe mental disorders. Even if these people did not visually appear “disabled”, in practice, their lives are marked by difficulties of all sorts.

Some experiences have shown that inclusion projects for this population are quite viable. In Spain, for example, the Andalusia Public Foundation for Social Integration of the People with Mental Disorders since 1993 develops, among other activities, The Labour or Employment Programme, which developed professional training and employment support activities [8]. This company is self-sustaining, lucrative, managed within administration principles. It’s not a “charitable” project. This is very important because it is necessary to break with the logic of charity. The labor inclusion is not a feature of the health system. It is a right. And the person that is included is not a patient, but a citizen. This perspective has a strong power to improve the self-esteem [9]. It’s very important that we start to see people with schizophrenia or another long-term mental disorder without the prejudice of incapacity. They can be very competitive and very satisfied in their workplaces.

In Porto Alegre, since 2009, the Capacitar Program has been dedicated to the inclusion of people with severe mental disorders, mainly with schizophrenia, in the formal labor market. Annually, averages of 15 individuals are selected to participate in the program. These individuals initially undergo training of social skills needed to perform the work function, emphasizing the development of autonomy, hygiene, good manners and responsibility. Subsequently, held an internship at the partner company and, finally, as the performance on stage, can be hired permanently. A company of the grocery business was the first to welcome the idea and receive the trained subjects. Families are included in the process, receiving information and support.

In this moment, we are developing a longitudinal study that follows the participants of this program. They are evaluated in three moments: before the program start, one year after a period of training and activity in a business company that included them, and two year after to be contracted formally by this company. We measured a lot of variables correlated to autonomy and social life, physical and mental health. Our hypothesis is that participation in the labor inclusion program improves social functioning, autonomy and even aspects of metabolic functioning.

Lastly considerations

We have seen that the work experience has a great impact to recovery the self-esteem and personal development. Before the occupational experience, life was empty and monotonous. If people with mental disorder as schizophrenia have the chance to work, by the other side, they enriched their life of new social opportunity and expanding their individual skills. The disorder in this case is no longer the center of attention, giving the place for the subject and its history.

REFERENCES