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Chapter 28

PROJECT FOR WORK MANAGEMENT AND SOCIAL INCLUSION OF MENTAL HEALTH USERS IN BRAZIL

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ABSTRACT
As a pioneer proposal for social inclusion through work, the Work Management Project (WMP) is presented as a model of a new caregiving practice in the field of mental health designed to establish the conditions for access and permanence of individuals with mental disorders in the formal job market. Underway in the city of Rio de Janeiro/RJ, Brazil since 2008, this project today has 50 users of different mental health services and devices in a number of locations in the Greater Rio area, working at Prezunic-Cencosud S.A., with all their labor rights guaranteed. Based on specific guidelines, the WMP supports the real caregiving demands of this population to enable the users to exercise their citizenship rights through formal work.

Keywords: work management, citizenship, mental disorder, mental health.

1. INTRODUCTION

The Work Management Program (WMP) (Salis, 2011) was established to recover the rights of citizenship for people historically marginalized from human development plans, as well as to offer companies opportunities to invest in new knowledge in personnel administration, leading to new social responsibility actions. At the same time, the WMP also opens up a new field of activity for psychology professionals, along with investments in the academic formation of psychologists.

Considering that in the State of Rio de Janeiro, the 1st Region Public Labor Prosecutor's Office (MPT/RJ) on May 12, 2012 incorporated "psychosocial deficiencies" (based on United Nations Convention 2006/08) — that is to say, persons with "mental disorders" – in Law No. 8.213, July 24, 1991, this population now is conclusively included in the legal obligations of companies regarding the requirement to fill mandatory work positions.

Toward this end, by assuming a specific project aimed at people with mental disorders and within a self-sustainable perspective, a company in the State of Rio de Janeiro not only will be in compliance with the law but also will contribute to building a society that is more tolerant in terms of the diversity and differences.

Inspired in the U.S. Support Employment model, the WMP was first implemented in Brazil in the city Nova Friburgo, RJ (2005). In 2007, it obtained public institutional support through participation in a larger project of the Nise da Silveira Municipal Institute (IMNS/RJ). In 2008/9, the WMP took on the format of a consulting company and began to offer services to the Prezunic Comercial Ltda. supermarket chain.

This chapter presents the qualitative and quantitative results achieved since implementation of the pilot project of the company on behalf of the Prezunic-Cencosud S.A. in 2012.

2. DEVELOPMENT

2.1. Paradigms of the Work Management Project

2.1.1. As "invention". It is through understanding of the reformist Italian proposal of "invention" (Vasconcelos, 2002) and the influence of "American pragmatism" that the WMP

proposes its actions. Franco Basaglia, an Italian physician, father of the Italian Psychiatric Reform (Law no. 180/1978 – Basaglia Law – which abolished mental asylums in Italy), proposed a radical rupture with some of the paradigms that had oriented the understanding and treatment of madness. Thereafter, a series of possibilities emerged that even extended through to the most current of proposals for social inclusion for this population. For its part, the government of the United States, more than thirty years ago, has been investing in effective programs for inclusion and preparation of these persons for the job market (Weingarten, 2001). Based on this Support Employment proposal (Leal, 2008), the WMP intends to bring its version, the Brazilian "invention", to support a job strategy for mental health users in Brazil.

Among its strategies, the WMP will implement training of a new field agent, the work manager, whose job is to monitor and train a worker in his or her own place of work. Moreover, and listening to the discourse of the mental health users themselves, regarding their legitimate desire to work with a signed employment contract, the WMP will seek out the conditions that can make this occur. The "invention", together with pragmatism, in this case, comes about through the affirmative action in the building of a practice that until now has not been possible from a number of different points of view.

Even today in Brazil, there are no laws, with the exception being the State of Rio de Janeiro, protecting the work of this specific population. Furthermore, we continue to have a very rigid labor organization imposed by the capitalist mode of production, which has led to the establishing the conditions of exclusion for vulnerable populations, which are not adapted to the standard model of formal workers. Therefore, the issues that involve the conditions of access and permanence of people with mental disorders in the formal job market were the first challenges the WMP faced.

2.1.2. Access. This chapter could begin by affirming that, in Brazil, if there is any possibility of the acceptance of the WMP by a company, it resides in what can be offered as a counterpoint to the employer. That is, the acceptance of "crazy people" in the workforce includes "risks" that the company only will accept through the force of law, or the result of a generous commitment to social responsibility. Certainly, the most effective predisposition to achieve this result is through compliance with the law.

In the case of our companies, the counterpart to the employer is in the possibility of being in compliance with Law 8.213/91 that determines that a company with more than 100 employees must make available 2% to 5% of its job positions to people with deficiencies; but this does not include "mental disorders". So it was through association of people diagnosed with deficiencies together with mental disturbances that the WMP proposed the hiring of the first six individuals (IMNS/RJ), that is, people with both diagnoses, within the quota plan of a company. First, this was the first "protected" possibility of access to formal work for mental health users: those who had a situation of associated deficiency. Second was the possibility for access, which would include mental health users without a deficiency diagnosis, through a formal commitment of a company through the Public Labor Prosecutor's Office (MPT), by signing a Conduct Adjustment Agreement (TAC). Going this route, a company could commit itself to alternatives other than compliance with the Law of Quotas — for instance, investing in social projects. This agreement is acceptable to the MPT as proof of commitment and compliance of the companies when they are not in conformance with the requirements of the Law of Quotas. Third, and most effective, was the possibility would be the inclusion of people with mental disorders in Law 8.213/91. Currently, it is only in the State of Rio de Janeiro where mental health users are included in this law.

2.1.3. Permanence Regarding the permanence and structure of the proposal, the WMP believes it is absolutely necessary to coordinate action between the *three instances*:

1) *The hiring company*: to make it possible to have job contracts in the "hours worked" format, besides recruiting psychology trainees as "work managers";

2) *Mental health services*: to work in strict partnership with the WMP's coordinators, forwarding them issues regarding the "treatment";

3) *WMP*: the coordination of all of these actions, as well as orienting and supervising the "work managers" in training and monitoring each user.

2.2. Company support

Different than other proposals for entry into the formal job market, the WMP is notable for not only being dedicated to obtaining employment for people with mental disorders, but also to those who under no hypothesis could enter in the workforce without appropriate support. This refers to those who have "serious" disorders (Crowther, Marshall, Bond, & Huxley, 2001). This distinction is made taking into account that there are many mental health users who, although they can be inserted into the professional job market, lose their jobs because there is a lack of support to help them overcome their difficulties. For the more serious cases — those with a long history of disease – there is nothing in their profiles that demonstrates any of the characteristics that would identify them with the economically active population. Therefore, in this chapter we emphasize the possibility of these persons to be contracted, frankly in opposition to ideological tutelage that identifies them as incapable or irrecoverable (Basaglia *apud* Amarante, 1994). Thus, with regard to the proposal to hire these people, the issue is centered on the determination of the adjustment of the interests between the employee and the employer. Likewise, it is important to emphasize that the salary received by these users/employees are proportional to the hours of labor performed by them. This strategy aims to guarantee the "non *assistencialista*" character of the WMP, as well as to establish the equality between all employees once their working hour has the same value.

2.3. Supporting mental health devices

The proposal of a close dialogue with the mental health services technicians and services to which the Work Management Project users belong is an essential condition. The understanding of this practice, although necessarily tangential to the clinical issues, includes the logic of "caregiving", although disengaged from the therapeutic discourse, properly speaking. Here, the WMP wants to respect the work activity through the frank exercise of free will and rights, rather than as an extension of therapeutic projects (Guerra, 2008). The benefits the users achieve through work are considered to be the same gains common to any worker. The clinical issues, or therapeutic planning for each user, will be duly discussed and sent to the mental health services they use.

2.4. Support of the work managers

The work manager is conceived as a new field agent, whose function is to provide the necessary support to the users, both for carrying out the tasks (or for training purposes) in the workplace location itself, as well as to monitor the evolution of each with regard to retaining their jobs. The practical WMP stages, as of acceptance of the job position request for mental health users, are the following:

1) Interviews conducted singly with users interested in the job, to obtain their history. At this moment, whether as part of the evaluation of interests or because of clinical conditions, the first strategies are established regarding monitoring the user in his or her place of employment.

2) The search for jobs compatible with the interests and/or skills of each user.

3) Pursuant to the orientation of item "b", it will be up to the WMP to investigate, together with the employer, which job function (or breaking down of functions) the user could fulfill in a manner that is most advantageous for both.

4) It is during this stage that work management properly speaking begins. Based upon the prior assessment of each one of the employees in the project, a work manager can do two of the following things: intensive work management (WMi), which implies monitoring and training the employee in his/her own place of work for, a maximum, of two hours a day, two times a week (for individuals with serious disorders); and non-intensive management (WM) which implies weekly monitoring of the employees to evaluate their evolution, performance and degree of satisfaction. Training in their own places of work is not required for these users. Furthermore, the work manager shall monitor and be the mediator of issues related to the work

environment (with colleagues, bosses, etc.) and eventual absences from work due to medical treatment and accompaniment issues. This is designed to make the employer comfortable regarding how crisis situations are handled. Therefore, when, and if necessary, the user can be temporarily taken off duty for the appropriate treatment. Similarly, when, and if, for any reason an employee is not living up to the expectations of the employer, he or she can be dismissed.

3. DISCUSSION: SOME RESULTS

In order to demonstrate how this work has evolved, we are now presenting some of the results that have been obtained since August 2008, when the WMP first was implemented in Prezunic Comercial Ltda. (now Prezunic-Cencosud S.A.), through to today.

During the three years comprising 2008-2011, the WMP grew significantly, going from six (6) to 45 (forty-five) mental health user-employees working for the company. This evolution mainly came about through the signing of a Conduct Adjustment Agreement (TAC/2010) between Prezunic and the Public Labor Prosecutor's Office (MPT/RJ). Once the accord was signed, it became possible to include users without a diagnosis of associated disability.

It also should be noted that this growth cycle (pursuant to a prior agreement with the MPT/RJ), will always be limited to about 10% of the total number of persons to be contracted through the company's quota plan. The objective of this strategy is to achieve diversity regarding job protection for all persons considered under United Nations Convention 2006 to be in socially disadvantaged circumstances. In other words, and in conformance with the Prezunic headcount, the project included 45 employees participating in the WMP through October 2011, and through May 2014 the number had reached 53 employees.

Also important is the low job rotation ratio *(turnover = 2.5/2013)*, indicating the positive performance of the monitoring operation set up by the WMP designed to help retain this type of manpower contracted by Prezunic. In other words, the systematic monitoring of people with mental disorders through the WMP contributes to improve the global turnover ratio of the hiring company. It should also be emphasized that, even the dismissals that occurred did not mean the definitive removal of the employees from the company. In some cases, the user continues to be monitored because the removals, or strategic dismissals, are carried out to assure that an employee remains in treatment (a condition for participation in the project).

Another WMP caretaking guideline is with regard to the establishing of differentiated workloads. It is well known that not all of these persons are in a position to work the regulatory 44 hours per week. Therefore, the project's coordinators must establish the appropriate number of work hours following the real work capacity of each one of the participants. That is, it will always be possible to increase or reduce the hourly workload according to the conditions and requirements of the employees. Taking into consideration a minimum of four hours on the job per week, the total monthly workload can vary from four to forty four hours.

The actions of the Work Management Project surpassed expectations, because it was able to achieve what had been supposedly unachievable — from promoting public policies through to new possibilities for mental health fieldwork for psychologists and new experiences in managing people in companies. Furthermore, in Rio de Janeiro the project also was the reason a social responsibility clause was included in a Conduct Adjustment Agreement contemplating inclusion projects and programs for people with mental disorders — among others — in the formal job market (2010). This made and makes it possible for people with mental disorders to have protected entry into companies, without a diagnosis of associated disability. Also, in unequivocal recognition of this work, in the month of November 2010, Prezunic received the "Human Being Prize" (2010 edition) in the medium/large-company category of the Brazilian Human Resources Association (ABRH/RJ), awarded for its case study *Work Management Project: A strategy for social inclusion through work.*

Regarding the promotion of public policies, in yet another new initiative on the part of the MPT/RJ, the following was registered in the *Minutes of a Meeting*:

> "On the 12th day of the month of April 2012, at 2:05 p.m. at the site of the 1st Region Labor Prosecutor's Office in the presence of Labor prosecutors Lisyane Chaves Motta and Luciana Tostes de Guadalupe e Silva, within the sphere of interest of Promotional Procedure no. 002290.2011.01.000/3, another meeting was inaugurated to emphasize the instrumental role of the Promotional Procedure and to record as of now the assumption for institutional actions the inclusion in company quotas (Law 8.213/91) of people with mental disorders pursuant to the UN Convention on the rights of people with disabilities, 2006." (Author's Note: Free translation from original minutes in Portuguese.)

Taking into consideration the experience of the inclusion of mental health users in the Prezunic-Cencosud S.A. company (Work Management Project), the supermarket sector was selected to receive a notification recommending this new situation, that is, inclusion of people with mental disorders within the of mandatory quotas of the companies.

Definitively, this is the most important Brazilian public initiative regarding the adjustment of protective measures on behalf of a population that has historically been excluded from the legal possibility of exercising its rights of citizenship through formal jobs. By including mental health users in the coverage of Law 8.213/91 (pursuant to the criteria is of the UN Convention of 2006), it propelled the State of Rio de Janeiro into the forefront of the defense of the rights of mental health users regarding the question of entry into the formal job market.

And we are exceptionally proud the WMP was one of the points of reference motivating the Public Labor Prosecutor's Office (MPT/RJ) in this regard. And to illustrate the effects of the WMP on the assisted population, we will use the histories of four participants in the project (their names do not be appear in order to protect their identities):

Employee J.M.: (male, 57 years old, single, Grade School I (incomplete), CID 10: F20.5; Hired in 2008, initial workload: 4 hours/week). The whereabouts of his family of origin are unknown, and the actual date of his birth and civil registration (situation resolved by management the Nise da Silveira Municipal Institute (IMNS/RJ), 2001/2009 establishing "fictitious" records for these dates), this employee was in psychiatric institutions most of his life. With an "incapacitated" diagnosis, his distinguishing characteristic was the practice of almost absolute silence in the way he conducted his life. However, upon hearing about the possibility of obtaining a job through the Project WMP, at the time being run by the IMNS/RJ (where he resided), was able to visit the coordinators of the Project, and made the following statement: "I want to work." Since then, he not only began to work, but also went on to give valuable information about his early life, something he had never done before. Today, he is already in his sixth year on the job, communicating and socializing with much more ease with everyone he is in contact with on a daily basis. While it was initially assessed that this employee could not increase his four-hour/week workload, we were surprised with his "request" to increase it by two hours a week. Thus, his workload increased to six hours per week and remains so to this day.

Employee S.: (male; 45 years old; married; Grade School I (incomplete); CID 10. F20; Hired in 2009, initial workload: fulltime). This employee began his first formal work experience through the project. His psychiatric history began at age 16 when he lost his parents. Being the second child of four siblings, he reported he could not support this loss and his family was unable to sustain him. As of then, he began his pilgrimage through the streets and psychiatric hospitals. There was a serious suicide attempt when, according to him, he purposely fell down in the street, waiting for a truck to run over him. In his version, he stated that "it was God who prevented me from dying" since in this episode the truck only ran over his arm, and he didn't even lose the member. After that incident, when he was about 30 years old, he decided to go back into treatment, resuming his studies in school and turning to the church. He now was being treated in a Psycho-social Care Center (Caps), which welcomed him and helped him understand it was necessary to take medication even when not in a "crisis". This also helped him regain contact with his family of origin (his siblings). Through his school time he had the opportunity to meet his current wife. This era was marked by the stabilization of his psychosis and, with the

experience of having a family again, receiving treatment and being married, he only lacked obtaining a job to enable him to give continuity to his projects.

Quite cheerful and fully capable of learning tasks, S. began his work as an "operations assistant" in March 2009, full-time. However, in light of some limitations (physical and emotional) that were being imposed over time, we were forced to reduce his workload (2011) to 30 hours/week, a condition so he could remain employed. Still, his work experience is developing in a very satisfactory manner and led to him being named "Employee of the Month" in 2009, and receiving a diploma for this achievement. On the occasion of his first vacation period (April 2010), when asked in an interview what he believed had been his experience at work, he told us: "Now I am a citizen. What applies to others, goes for me, too..."

Employee, G. (female, 49, single, Grade School I (incomplete), CID: F20, hired in 2010, initial workload: 4 hours per week). Abandoned by her parents in childhood, G. was taken in by a public institution for the protection of minors (FEBEM) and in her teens was homeless again until accepted by a public shelter (*Fundação Leão* XVIII) where she resides to this day. During her time at the *Fundação*, she gave birth to two daughters (given up for adoption) and it was there her psychosis was identified (delusional and hallucinatory manifestations), initiating psychiatric treatment. She has never had news of her daughters or family of origin. Although she went to school and even was employed several times, she did not remain in any of the jobs for longer than five months. She began her work experience (2010) with just four hours per week; today G. works 30 hours a week and has acquired an autonomy she never before had achieved, and remains stable with regard to her the psychotic crises.

Employee, R. (female, 39 years old, single, Grade School I (incomplete); ICD: F29, hired in 2010, initial workload: 4 hours per week). Totally deaf in her right ear and with only 10% hearing in the left, R. has always struggled to relate to people. Although she attended school through the 5th grade, she did not develop her communication skills and remained isolated during most of her youth. At 19 she had her first psychotic "crisis" and, since then, has been undergoing treatment at the Pinel Hospital/RJ. In her job interview, R. said she had never worked, but really wanted the experience of having her own money. Starting her work activities with only four hours a week, currently, while facing all her difficulties, R. works fulltime and remains stable in terms of psychotic episodes.

4. CONCLUSION

Upon reviewing the history of madness in the West and the Psychiatric Reform (Law No. 10.216, April 6, 2001) guidelines in Brazil, one perceives that the clinical and political militancy in the reconstruction of paradigms for understanding and assisting mental health users is still an arduous barrier for the professionals involved in this process. Even taking into account important advances in the search for alternatives to penning up mad people in "protected" spaces (Tenório, 2002), nevertheless some steps are still absent to assure the creative positivity of madness and guarantee these citizens the free exercise of autonomy. Taking into account the forced distancing that is imposed on these individuals in the sharing of the social contract, it remains up to us to continue to fight to represent their potential interests. It is thus that efforts to make it feasible for this population to responsibly enter the formal job market can bring about the possibility of reversing a crucial point for the acceptance and inclusion of madness as a "difference" and not as "incapacity" within the social body. This is the intention that the WMP brings, and seeks to share, to the dialogue, based on its inclusion experience: the expectation that we can further expand some new caretaking paradigms to the mental health users in Brazil, capable of ensuring for them the full exercising of their rights of citizenship.

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