People with mental illness in paid employment report that self management of mental health and support in and outside the workplace helps them to remain employed

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Date: **28/01/2010**

CLINICAL SCENARIO:

Employment is a highly valued occupation in adult life as it provides role fulfilment, income, social contact, purpose, meaning, routine and structure (Waghorn & Lloyd, 2005). The rates of unemployment among people with mental illness remain very high. This does not mean that people experiencing mental illness are incapable or have no desire to work (King et al., 2006; Auerbach & Richardson, 2005; Henry & Lucca, 2004; Honey, 2000). Rather, many factors can limit individual's ability to obtain and maintain employment, including: a lack of resources and support; symptoms; medication effects; limited access to transport and finances; employer attitudes and lack of knowledge about how to support workers who experience mental illness. Greater understanding of the factors that assist people experiencing mental illness to obtain and sustain employment will help occupational therapists to better support individuals to achieve positive vocational outcomes. This evidence review aimed to investigate those factors that are helpful in sustaining mainstream employment from the perspective of people experiencing mental health issues.

FOCUSED CLINICAL QUESTION:

What are the helpful factors in sustaining employment from the perspective of people who experience mental illness and are currently employed in mainstream jobs?

SUMMARY of Search, 'Best' Evidence' appraised, and Key Findings:

- Reports from five studies are included in this review. Two articles focused on employment (Kirsh, 2000; Honey, 2003; Huff, Rapp & Campbell, 2008); two other articles focussed on vocational support programs, or people who were unemployed (Henry & Lucca, 2004; Woodside, Schell & Allison-Hedges, 2006).

- All five studies identified specific individual and environmental factors that contribute to individual's ability to maintain employment. These factors included self management of mental health and support in and outside the workplace.

CLINICAL BOTTOM LINE:

Qualitative data from five studies involving employees with mental illness showed that self management of mental health and support in and outside the workplace were helpful to sustain paid employment.

Limitation of this CAT: This critically appraised paper (or topic) has been peer-reviewed by one other independent person/a lecturer.

SEARCH STRATEGY:

This research question required investigation of people's subjective experiences of, and perspectives on, employment. This requirement, coupled with the broad population category under investigation, resulted in a wide-ranging search of relevant concepts. The following databases were searched- CINAHL, PsycINFO and Medline.

Terms used to guide Search Strategy:

Databases and sites searched	Search Terms		Limits used
CINAHL PsychInfo Medline	*mental illness* *psychiatric$* *mental disorder* *psychosis$* *psychotic disorder* *serious mental illness* *bipolar disorder* *depression* *schizophrenia* *service user* *consumer*	*tenure* *individual placement and support* *psychosocial support* *clubhouse approach* *vocation* *vocational rehab* *job* *employment* *supported employment* *unemployment* *work*	Studies with a qualitative research design Peer reviewed Adult population English Published in previous 12 years (1996 and 2008)

INCLUSION and EXCLUSION CRITERIA

- Inclusion: Studies investigating the subjective perspectives of people living with mental illness in regards to what is helpful in sustaining employment. This resulted in the inclusion of studies oriented towards the work perspectives of people already engaged in mainstream employment. Studies investigating the perspectives of people other than people living with mental illness such as employers or job coaches were also excluded.

- Exclusion: Cohort or quantitative descriptive studies examining the impact of demographic and clinical characteristics on employment outcomes and job terminations were excluded. Some articles were excluded as a consequence of the refinement of the research question, including studies investigating vocational guidance and training, work adjustment training, and vocational rehabilitation.

RESULTS OF SEARCH

Nine relevant studies were located and categorised as shown in Table 1.

Table 1: Summary of Study Designs of Articles retrieved

Study Design/ Methodology of Articles Retrieved	Level	Number Located	Author (Year)
Qualitative study, grounded theory	N/A	**7**	Auerbach & Richardson (2005) Henry & Lucca (2004) Honey (2003) Huff, Rapp and Campbell (2008) Tse & Yeats (2002) Kirsh (2000) Woodside, Schell & Allison-Hedges (2006)
Qualitative study, unspecified type	N/A	3	Henry & Lucca (2002) Kirsh (1996) Shankar (2005)

BEST EVIDENCE

The following papers were selected as the 'best' evidence for critical appraisal: Woodside, Schell & Allison-Hedges (2006); Henry & Lucca (2004); Tse & Yeats (2002); Kirsh (2000); Huff, Rapp and Campbell (2008).

Reasons for selecting these studies were:-
- Each included the viewpoints of people from the population of interest;
- Each specifically focused on mainstream employment, although some included participants who were in mainstream jobs, vocational support programs, or unemployed;
- Each included detailed demographic information about participants, which assisted in understanding the context of each study and facilitated consideration of these studies as a group;
- All were considered research of a good standard based on reported efforts to ensure procedural rigour and trustworthiness of the findings, albeit that some details about the study procedures were lacking in each of papers, as noted in Table 1.

SUMMARY OF BEST EVIDENCE

Table 2:

	Woodside, Schell & Allison-Hedges (2006)	Kirsh (2000)	Henry & Lucca (2004)	Tse & Yeats (2002)	Huff, Rapp & Campbell (2008)
Issue Examined	Factors that influence vocational success following a psychotic episode	The meaning of work and the importance of the workplace environment.	Facilitators and barriers to sustaining employment from perspectives of people with mental health issues and employment service providers	Facilitators of vocational success from the perspective of people with Bipolar Affective Disorder.	Significant factors influencing why people with psychiatric disabilities retain employment.
Participants	**Eight** participants from an early intervention in psychosis program in Ontario, Canada: 6 employed & 2 unemployed.	**Thirty-six** consumers of mental health services in Ontario, Canada: 17 working for at least six months; 19 having left their employment within the previous six months	**Seventy-four** participants: 44 with SMI; 30 service providers 50% in mainstream employment. 30 from Clubhouses; 6 from Services for Education and Employment (SEE); 5 from day rehabilitation programs. Boston, USA.	**Sixty seven** participants with Bipolar Affective Disorder recruited from the Dunedin Bipolar Registry, New Zealand (61.7% of these were working in open employment)	**Fifty-one** participants: 26 who left job before 6 months and 25 who remained in work past 6 months. Recruited form 9 supported employment programs. Kansas, USA.
Methodology	Qualitative study using a grounded theory approach.	Qualitative study using a grounded theory approach.	Qualitative study using a grounded theory approach.	Qualitative study using a grounded theory approach.	Qualitative study using grounded theory approach.
Methods	- Eight semi-structured interviews (45- 90 minutes) - Audio taped - Continuous coding throughout interviewing - Member checking completed.	- Thirty-six semi-structured interviews - Tape- recorded. - Inductive data analysis - Themes developed from categories created (included secondary themes or sub- themes)	- Focus groups (2 ½ -3 hrs) at case management facilities - Open ended questions and unbiased prompts - Audio-taped, transcribed and field notes taken - Data analysis used constant comparative method - Peer debriefing and member checking - Triangulation of sources and researchers	67 Semi-structured interviews (conducted in researchers' office, participant's homes and a library) 50 interviews audio-taped and transcribed 17 notes were taken only - Secondary environmental observations .in homes - Themes developed using constant comparative method. - Validation of findings (Member checking, independent researchers, external case-studies and consultation of family members)	- One interview conducted with each participant - Responses recorded on survey forms and transcribed. - Information divided into units - Data units were sorted into primary categories - Themes analysed and categories developed using constant comparative method

Findings	Themes identified:	Themes identified:	Themes identified:	Themes identified	Themes identified
	1) Self assessment of mental health regarding the ability to complete the demands of work 2) Actively maintaining and improving mental health. - having control of management of illness - generating positive lifestyle changes - considering positive outcomes of illness experience. 3) Positive relationships promoting comfort and acceptance in the workplace	1) Consumers' assignment of meaning to work as related to - contribution to society - distraction and normalization - challenge, achievement and self worth 2) Impact of workplace environment on individuals' ability to maintain employment - balance between challenge and predictability - flexible and friendly work environment - accommodating for needs 3) Relationships with supervisors and co-workers - the nature of supervisors and co-workers attitudes - the choice to disclose mental health problems	1) Person related facilitators - Coping with symptoms - Working regardless of symptoms - Motivation towards work - Self-belief - Possession of applicable skills 2) Person related barriers - Work stress - Lack of skills - Anxiety around relapse - Lack of motivation 3) Environmental facilitators - Individualised interventions - Efficient integration of services - Positive working relationships - Support of peers, family & friends - Meaningful employment - Resources (finances & transport) 4) Environmental barriers - Generic interventions - Unsatisfactory relationships - Stigma - Unsupportive family and friends - Inadequate resources	1) Individual factors - Self-determination - Relevant qualifications - Religious faith - Good work record 2) Workplace factors - Structure and satisfaction - Job tailored to individual needs 3) Social support factors - friends and family - health professionals or community 4) Health factors - Illness management - Flexibility in return to work 5) Employment support factors - Understanding work manager - Supportive co-workers - Ability to take time off when symptoms increase 6) Societal attitudes & welfare factors - Lack of stigma - Welfare department support	1) Level of interest/engagement in work - Challenge - Variety of tasks - Boredom 2) Supervisor/management 3) Competence/confidence 4) Health (physical and mental) 5) Hours/flexibility 6) Transport 7) Money/wages
Limitations	• Small number of participants • Themes that were coded from the data were not fully saturated • Small number of interviews • No mention of sampling being conducted until redundancy in data was reached • Only one form of triangulation was used	• Lack of information provided regarding the researcher's actions and processes in relation to data collection, data analysis and trustworthiness • No evidence of flexibility occurring throughout the sampling process. • Not detailed how the	• Focus groups for two groups of participants were run separately so did not bring the two perspectives of consumers and providers together • Authors were not explicit in their explanation of how saturation was reached or how themes/codes were formed.	• Lack of description of methods used to categorise and analyse the data • No information provided about specific techniques used in data coding (such as open or axial coding) • No explanations were given about what rules were applied in the data	• Research design did not allow for long term picture of participants employment trajectory. • One semi structured interview with each participant was the only method of data collection • People with minority status were under represented in

		• participants were recruited • No explanation concerning sampling until redundancy was reached in the data • Strategies to ensure trustworthiness not described • Does not appear that triangulation has occurred • Member checking processes not reported		• transformation • Limited information about rationale and decision making in relation to the process of analysis and conversion of data into themes	• the sample as compared to the greater population • Interviews were only conducted with consumers and not employers, who may have had a different perspective. • Member checking was not reported.
Strengths	• Member checking was reported • Excerpts of the participant's interviews were used extensively as examples of the themes that had emerged	• Interview guide was developed informed by literature review and a pilot study by the author. • Quotes from the data frequently used, both illustrating the themes and giving some insight into the theme development.	• A professional transcriber was employed to transcribe the data from field notes and audiotapes • Peer-debriefing was used to verify and perfect the themes that emerged • Member checking was used • Diversity in sampling - consumer and provider participants were recruited from multiple sites and had varied employment status	• Experienced and independent researchers were used to check the researcher's rationale and decisions • Member checking was reported • Provision of a general description of how the findings emerged from the data • Flexibility in the data collection is evident	• Triangulation was reported during data preparation • Excerpts of the participants' interviews were used extensively as examples of the themes that had emerged • A table was used in the results section that clearly highlights the differences between responses of the two groups being compared. • An independent inter-rater reliability check was completed during data analysis.

SUMMARY OF CRITICAL APPRAISAL OF ALL STUDIES

All five studies were informed by a grounded theory approach. They varied in scope and depth. For example, Huff et al. (2008) and Kirsh (2000) each offer accounts of factors contributing to success in employment, drawing from the perspectives of current employees with mental illness and those who had left jobs and other studies included employed and unemployed participants (Tse &Yeats, 2002; Woodside et al. 2006). In comparison, participants in Henry and Lucca's (2004) study drew on experiences of mainstream jobs and employment support programs. Workforce participation is not static so that the inclusion of these differing perspectives of employment potentially enhances the quality and robustness of the findings. Interestingly, while these studies were conducted in differing contexts in terms of employment policies, markets and working conditions between countries, the themes about the strategies to manage employment and well-being and the nature of the supports that people find helpful to sustain jobs were shared.

In terms of their methodological quality, all five research reports describe the sampling, data collection or data analysis in insufficient detail to provide fully transparent accounts of the procedures used. For instance, they tend to include statements about *what* sampling or analysis procedures were used, but fewer details about *how* these procedures were carried out. As a consequence, it was difficult to evaluate their methodological quality (strengths and limitations) on the basis of the information provided in the published papers. This suggests the reporting of qualitative studies needs to be more rigorous; both authors and journals might do well to make use of the available critical appraisal tools for this purpose.

IMPLICATIONS FOR PRACTICE, EDUCATION and FUTURE RESEARCH PRACTICE

The studies reviewed here were conducted in the USA (Henry & Lucca, 2004; Huff et al. 2008), Canada (Kirsh, 2000; Woodside et al., 2006) and New Zealand (Tse & Yeats, 2002). They focused on factors that contribute to engagement in real jobs, so that this research is particularly pertinent for occupational therapists whose particular interest is in enabling people's participation in meaningful and satisfying occupations (CAOT, 2002). They identified individual and environmental factors as contributing to employment outcomes, highlighting that both need close attention in practice to facilitate the maintenance of mainstream employment by people experiencing mental illness.

INDIVIDUAL FACTORS

Individual factors identified as facilitators of employment and job tenure included (Henry & Lucca; Huff et al., 2008; Tse & Yeats; Woodside et al.):-

- o acknowledging what clients found to be meaningful in terms of occupation;
- o personal qualities, including self-determination and self belief;
- o motivation towards work;
- o effective strategies to cope with symptoms;
- o medication management;
- o previous interests, skills and experiences; and
- o sense of contribution to society.

This information suggests that when clients' values, strengths and skills are not adequately attended to for whatever reason (perhaps lack of time, resources or clinical expertise), employment placement and support may be less likely to lead to sustained employment. Hence, Woodside et al. recommended listening to client's stories and exploring their values to understand the meaning that they assign to work, and their employment experiences, as an important element of exploring possibilities for employment with clients.

Braveman and colleagues (Braveman et al., 2002; Kielhofner et al., 2004) have demonstrated that the Model of Human of Occupation can be effectively used to guide the development of programs that attend to the above aspects of employment support for individuals. These factors also suggest the Strengths Model approach to case management (Rapp & Goscha, 2006) might usefully guide exploring not only the client's attributes and abilities, but also potential community resources and support, when working with clients to enable their employment-related aspirations. Additional staff training may be necessary to encourage more widespread integration of these approaches with employment support interventions in mental health practice.

ENVIRONMENTAL FACTORS

Environmental factors identified as facilitators to employment and job tenure included:-

- o a complimentary fit between the person and workplace environment (Kirsh, 2000; Tse & Yeats, 2002; Woodside et al., 2006);

- o non-discriminatory workplaces and social supports including supportive relationships with employers and co-workers (Auerbach & Richardson, 2005; Henry & Lucca, 2004; Kirsh, 2000; Tse & Yeats, 2002; Woodside et al., 2006);

- o encouragement and support from significant others (Killeen and O'Day, 2004); and

- o availability of positive therapeutic relationships (Henry & Lucca, 2004).

Therefore, consistent with Kirsh et al.'s (2005) best practice recommendations for employment support programs, occupational therapists need to work with clients to find the best possible fit for them between suitable employment, workplace environments and support options. Also, occupational therapists need to work with clients to facilitate their development and maintenance of supportive relationships that promote a sense of connectedness within and beyond the workplace, so as to enable them to create strong bases of support for sustaining employment.

EDUCATION

More professional development opportunities focused on employment support are needed for occupational therapists already working in the mental health field. It is also imperative that occupational therapy students at universities be educated for practice in this area. As one's vocation is a major occupation for adults, students need to develop an awareness of the difficulties experienced by individuals with mental illness in obtaining and sustaining employment. They must also learn the best ways to support and enable future clients to engage in employment.

FUTURE RESEARCH

The perspectives of people experiencing mental illness were neglected in employment research until recently, greater focus being given to demographic and illness characteristics thought to predict employability, and to the effectiveness of various types of vocational rehabilitation (Honey, 2000; Grove & Membrey, 2005). The latter has provided strong evidence that employment support interventions based on an approach known as Individual Placement and Support (IPS) can assist people experiencing mental illness to obtain mainstream jobs (Bond, 2004). Originating in the USA, this approach emphasises a process of individualised and rapid job placement in mainstream employment, with follow-along support, and offers an important step toward helping people experiencing mental illness to get jobs. Nevertheless, these evidence-based interventions have so far demonstrated less success in helping people experiencing mental illness to sustain mainstream jobs (Bond, 2004; Kirsh et al., 2005; Moll et al., 2003).

Some issues thought to impact job tenure include that entry-level positions with limited career opportunities predominate among jobs gained through IPS, so that better job matching, workplace adjustments and support may be required (Kirsh et al., 2005; Moll et al., 2003). The studies in this review suggest that greater knowledge of what factors are helpful in sustaining employment can be obtained through research that attends to the perspectives of people experiencing mental illness in employment, and could help to guide further development of employment support programs.

To build on recent studies attending to the perspectives of people experiencing mental illness in the area of employment, further qualitative investigation of specific workplace conditions that are subjectively viewed as helpful in maintaining employment would assist in providing individualised intervention. One factor repeatedly identified in the reviewed studies as helpful for sustaining employment was that of finding a workplace that fits with an individual's personal interests, values and health needs. Future studies might investigate how people experiencing mental illness in employment found such workplace environments, and what characterises them in more detail, so that employment support programs could incorporate this knowledge into their job-matching processes.

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