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A Systematization of the International Evidence Related to Labor Inclusion Barriers and Facilitators for People with Mental Illness

A Review of Reviews

by Andrea Lettieri *and* Emiliano Díez Villoria

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1. Introduction

In the last twenty years, a considerable number of researchers have published useful papers about improving the labor inclusion of people with mental illness. Undeniably, important steps have been taken, but we are still far from reaching acceptable results if we analyze the statistics of paid employment in the most developed countries. People with mental illness remain the most excluded disabled persons in the competitive labor market [OECD 2012; WHO 2000].

The specific definition of the research areas and topics has generated an enormous amount of useful information on the employability of this group. We can now confidently state that there are a number of personal variables that have been identified in association with the job success of people with mental illness [Tsang *et al.* 2010; Wewiorski and Fabian 2004], just as there are supported employment programs that have long been studied to confirm their success in achieving work outcomes [Kinoshita *et al.* 2013]. While many others have directed their attention to the contributions of other interventions, or to an analysis of stigma and job discrimination, or variables such as the attitudes of employers or mental health workers [Bezborodovs and Thornicroft 2013; Brohan *et al.* 2012; Ju, Roberts, and Zhang 2013; Minjoo *et al.* 2014].

At the same time the mental health world is attempting to leave behind the medical model focused on recovering the compromised functionalities of the people

involved, promoting a work model that emphasizes the achievement of greater autonomy and participation in society. But it is clear that this change continues to be interpreted in a very varied way by different social groups [Brenneman and Lobo 2011]. For example, in studies published in relation to supported employment we also find a subtle interest in showing that these same models can improve people's clinical condition [Luciano *et al.* 2014; Marino and Dixon 2014]. We are aware that people with mental illness are subject to social and work discrimination by society. And we are also aware that the absence of political and economic intervention is basically an issue of social injustice [Bhugra 2016; Nardodkar *et al.* 2016]. However, we have difficulty in focusing our academic and professional efforts on what is not only an issue of capability and possibility, but also an issue of the right to participate in the productive economy of a community, utilizing diversity as an enriching cultural and productive element and not just considering the work activity as a way of providing well-being to people.

The scientific interest in carrying out sufficiently reliable studies may also be taking our attention too far from what is still a social phenomenon reproduced daily in our environments. The general trend seems to be to push for equality by producing laws and solutions. But we forget that each environment has a history of different solutions to satisfy certain social demands. Laws that in several countries should determine the employment of people with mental illness have not always resulted in a consistent change in social functioning. We should probably also be looking at the varied and complex social responses to the functional demands and at the autopoiesis processes of systems [Boudon 2009; Luhmann 2001].

A good starting point for re-directing our attention to other social mechanisms that can provide useful information on the process of labor inclusion of people with mental illness is to review the knowledge available in the scientific literature, and this is precisely the aim of this work.

2. Method

The following databases have been used to search for studies published in academic peer reviewed journals between 2001 and December 2016: Cochrane and Campbell Collaboration; Academic Search Complete; CINAHL; eBook Collection (EBSCOhost); Business Source Complete; PsycBOOKS; MEDLINE; PsycCRITIQUES; ERIC; PsycARTICLES; Library, Information Science & Technology Abstracts; PsycINFO; Psychology and Behavioral Sciences Collection; ASSIA; C2-SPECTR. We used as search keywords *systematic review* (or *review* or *meta-analysis*

or *meta-ethnography*) and *mental illness* and *employment* and we selected systematic reviews, meta-analyses and meta-ethnographies aimed at individuating and systematizing barriers and facilitators to labor inclusion of people with mental illness. Two reviewers selected the eligible studies for first screening and in the second phase reading the full text to determine possible thematic overlaps and to establish what studies to include in the work (Figure 1) according to the following criteria: the paper was published in English in a peer-reviewed journal in or after 2001; was a systematic or meta-analysis or meta-ethnography work aimed to show evidence on barriers or facilitators regarding labor inclusion of people with mental illness; was the most recent publication on a specific theme.

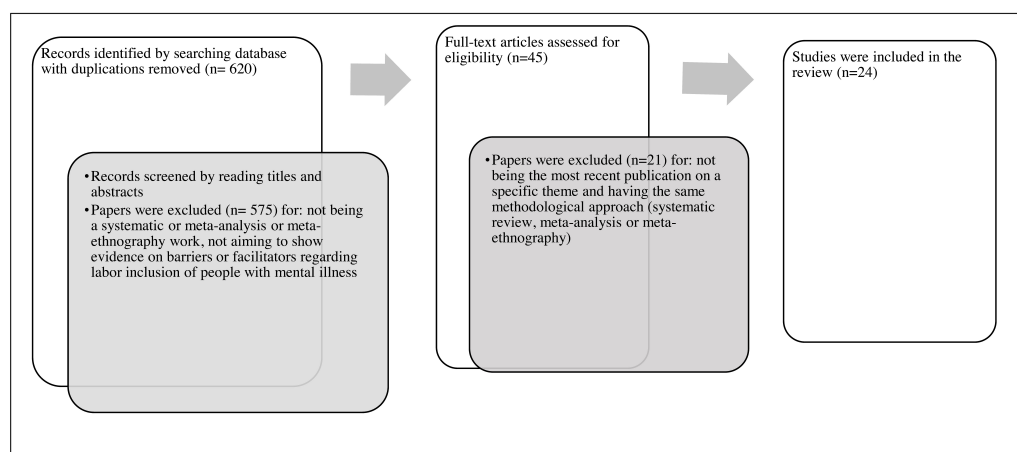


FIG. 1. Flowchart Showing the Literature Search and Selection Process

Source: Authors' Elaboration.

3. Results

3.1. *Stigma, Attitudes and Discrimination*

The process of stigmatizing people with mental illness and the consequent discrimination and exclusion from the competitive labor world can be considered the first major issue of interest. The data tell us that people with mental illness are the most discriminated social group in the labor market. Legislative action is blatantly bypassed by employers discriminating within groups of people with disabilities who may be the best job candidate; in most cases they avoid selecting a person with mental illness. In addition, people with mental illness are more likely to get a job in the low-skilled labor market, with lower incomes and greater reliance on public financial aid

[Stuart 2006]. The stigma associated to people with mental illness in the workplace is made up of a series of prejudices, namely that they are people who are unable to develop the necessary work skills and who might be dangerous and unpredictable; mental illness is viewed as a strategy for obtaining privileges from work without it being a legitimate illness; work is considered a source of stress in contradiction with mental health, and hiring these people is considered an act of charity since it does not fit in well with the idea of productivity in the business world. These assumptions, reproduced by various actors, are embedded in the way the media and politicians, as well as the mental health world and its vocational rehabilitation programs, communicate [Krupa *et al.* 2009].

It is necessary to consider the possibility of people with mental illness being discriminated against because of all these prejudices. So the issue of disclosing the illness takes on a degree of importance as a social phenomenon in the labor inclusion process (Fig. 2). In an interesting meta-ethnography, disclosure has been defined as a dynamic multidimensional process, which may be voluntary or involuntary (depending of the visibility of the illness), full or partial (for example disclosing the specific characteristics of the illness or that it is only a disability with no further information), revealing it to all or just a few people, and selecting the most convenient moment to disclose it [Brohan *et al.* 2012]. In the UK an interesting support product (CORAL) is being evaluated to assist people with mental illness in making decisions to disclose disability in the work environment [Bezborodovs and Thornicroft 2013]. Other authors have shown that stigma related to mental illness can determine not only discriminatory practices in access to employment and in the workplace environment, but also a series of ideas that can influence the population's desire for a different distribution of economic resources [Sharac *et al.* 2010]. We should consider that the stigmatization of people with mental illness can determine certain political opposition to the financing of mental health services and to these people themselves, although there is no evidence yet of any association between these specific people's opinions and political decisions about allocations of resources to mental health.

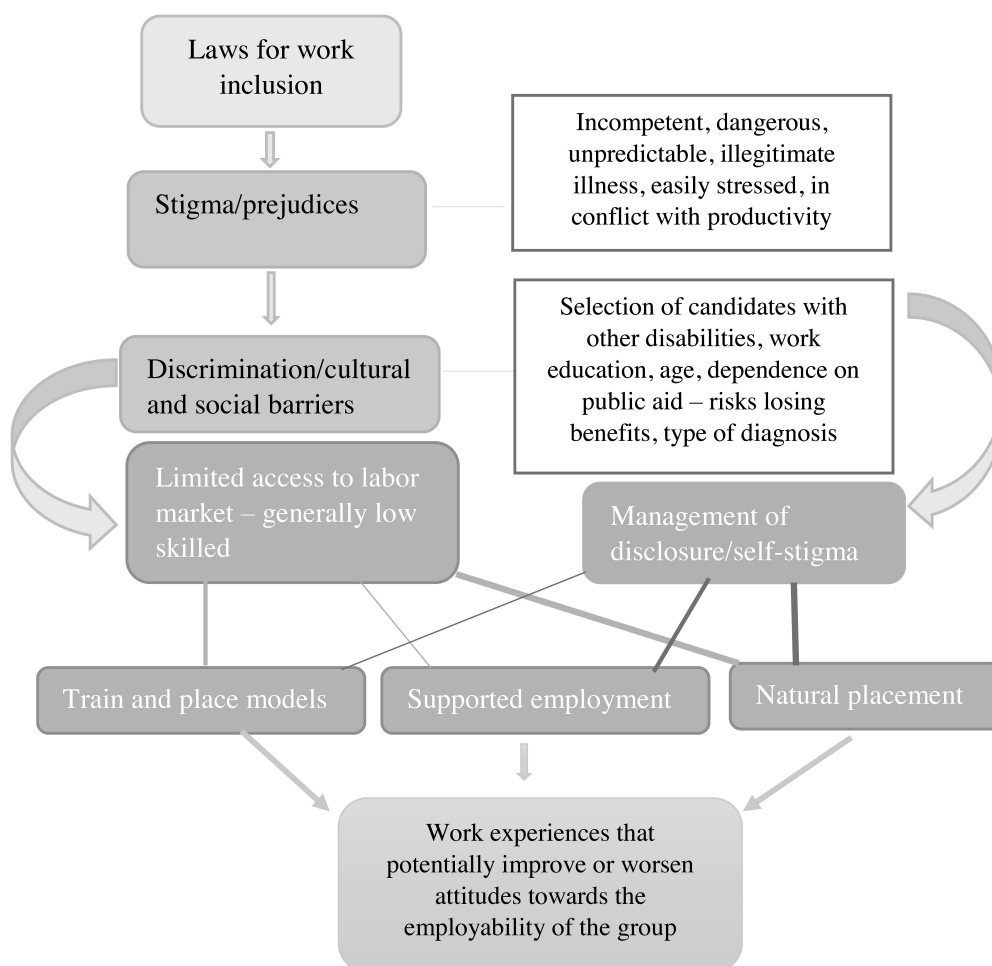


FIG. 2. Flowchart of the Process of Excluding People with Mental Illness.

Source: Authors' Elaboration.

Thanks to studies on employers' attitudes, we know that they are unlikely to hire a person with mental illness or intellectual disability instead of someone with a physical or sensorial disability, confirming what has been said earlier about stigma and discrimination. Some studies also inform us that previous work experiences would improve the attitudes of employers and their behavior towards hiring people with mental illness, but studies on how such previous experience has developed are very scarce. There is no way of differentiating between the views of employers who have had "natural" prior experience from those who have had contact with supported

employment or other employment services, or who have had good or bad experiences hiring people with mental illness. Studies on employers' concerns about hiring people with disabilities are also based more on myths and less on real experiences, showing the difficulties in demonstrating fairly reliable results [Ju, Roberts, and Zhang 2013; Unger 2002]. The scientific production of studies related to employers' attitudes shows certain research difficulties. The limitation of access to reliable information, especially using instruments lacking validation, and giving less importance to probably more appropriate mixed research methodologies, has left less results and productivity in this field.

3.2. *Cognitive Functioning and Work Predictors*

A review published a few years ago showed how the cognitive functioning of people with schizophrenia (who suffer the most labor discrimination and are strongly dependent on public aid) determines specific difficulties in certain employment areas. Difficulties in selective attention can determine important variations when carrying out training activities or specific tasks, as well as completing actions that require attention to different activities. Another element is the difficulty that people have in using working memory, specifically the ability to identify and maintain relevant information during learning moments as well as the verbal memory used to associate verbal information with working procedures. If attention is the key element in a first phase of work, in the next it will be verbal memory and speed of execution. The combination of these difficulties in selective attention and verbal memory can also hamper people's social skills, as well as the speed of cognitive execution and problem solving difficulties limit the acquisition of information during social interactions [Tan 2009].

Cognitive behavioral therapies have been shown to be a good tool to improve the functionality of people with mental illness in work activity. There are general cognitive behavioral therapies, which are also vocationally oriented. Recent meta-analysis work has shown that both provide obvious improvements related to the work performance of people with mental illness or expectations of success related to employment [Minjoo *et al.* 2014].□ However, there is no evidence of the specific elements of these programs that clearly determine the improvement of results and how these therapies work in conjunction with employment support services and therefore more research is needed. From protected work environments, several tools have been developed to assess the vocational functioning and specifically social skills and operational difficulties related to cognitive limitations of people with mental illness [Peer and Tenhula 2010]. However, there is still no evidence of their usefulness in natural work contexts,

above all considering that in many cases people with mental illness conceal their own disability, it can be difficult to evaluate these instruments in competitive environments. Other recent meta-analysis work has shown that computer-assisted cognitive remediation programs can also improve results related to employment, specifically showing an improvement in work outcomes during the first year, though this effect disappears with longer training times [Chan, Hirai, and Tsoi 2015]. This study considers trials carried out with different employment programs and without considering the participants' health conditions and therefore suffers from certain limitations. But it shows us another possible way to improve functionality related to employment of people with mental illness.

In relation to work predictors in a meta-analysis published more than ten years ago, it was shown that age (being young) and the type of diagnosis (affective disorder) predict better work results, while having schizophrenia predicts worse results compared with all other disorders [Wewiorski and Fabian 2004]. In another study the labor predictors of people with mental illness participating in some program of work rehabilitation were analyzed. Unlike the results mentioned above, this work shows how the type of diagnosis and the psychiatric history lose their predictive value when people participate in vocational rehabilitation programs, while the best predictor is the measurement of work performance during the first phase of participation in the programs, and secondarily the sense of self-efficacy at work, social functioning and having had longer periods of education [Michon *et al.* 2005]. When people participate in vocational rehabilitation programs, social functioning and work history (measured previously) predict less work outcomes when compared to work performance and social functioning measured during participation in vocational rehabilitation programs. But considering only the trials carried out with supported employment programs (IPS), work history is the best predictor of good results [Michon *et al.* 2005]. This study considers work predictors of people participating in structurally distinct programs. Probably the type of diagnosis or work histories in traditional programs are not important because the approach consists of offering opportunities to all and thus responding to a specific function in society (Fig. 3), while supported employment programs are related to economic competitive environment and cannot do so. We can also hypothesize that all the measurable elements during participation in rehabilitation programs are more determinant in environments where work is related to previous training, probably also because those are environments based on reinforcers related to daily practices. In a more recent meta-analysis work, cognitive functioning, age, education, work history and negative symptoms have been shown to be significant predictors of the work outcomes of people with schizophrenia. It

has also been shown that receiving public aid for having a disability predicts negative work results [Tsang *et al.* 2010].

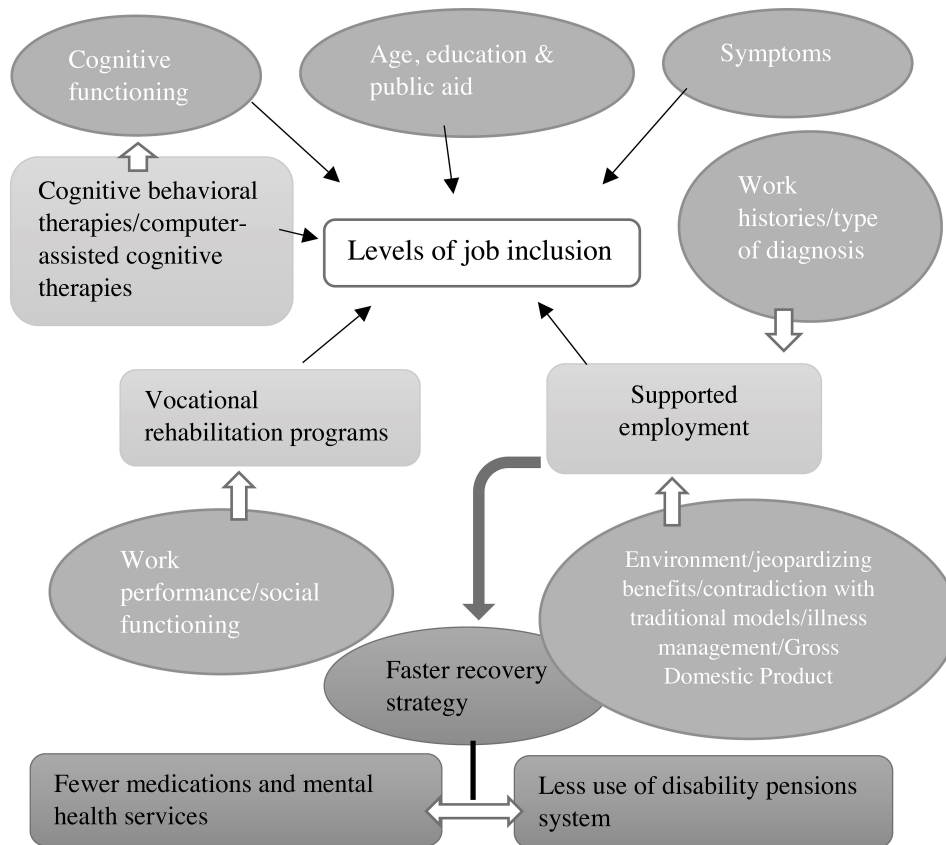


FIG. 3. Flowchart of Predictors and Interventions Associated with Different Work Outcomes.

Source: Authors' Elaboration.

3.3. Supported Employment and Other Facilitators and Barriers to Work Inclusion

Already at the beginning of the century several authors showed how supported employment (specifically the IPS model) produced better work outcomes for people with mental illness in the United States compared to any other traditional model [Crowther *et al.* 2001]. At the same time, some authors began to review the possible barriers that limited its extension and utility. For example, macro factors [Jepperson and Meyer 2011] such as inequality of access to a dynamic labor market and adequate transport services, as well as the inhibiting effect the pension system has on creating

expectations regarding the risk of losing benefits, or the low accessibility to supported employment services for all people [Loveland, Driscoll, and Boyle 2007]. At the meso-system level [Jepperson and Meyer 2011], the authors noted the difficulties of creating supported employment services as one more piece of an integrated system of resources for labor inclusion, considering the contradictions with train and place models and the poor coordination and sharing of the same vision with the mental health system. Finally they also highlight the difficulty that people can find in illness management elements in competitive work environments [Loveland, Driscoll, and Boyle 2007].

More recently, other authors performed a meta-analysis using the data from 14 trials of the IPS-supported employment model and showing how the results of work outcomes are clearly better than those using traditional rehabilitation models. However, it has not yet been demonstrated that the IPS can provide better improvements in other spheres of life, such as the onset of disease symptoms, hospital admissions, or the quality of life of people with mental illness [Kinoshita *et al.* 2013]. In Europe, where the labor market varies greatly from country to country, the IPS has been shown to obtain better outcomes than the traditional models but with significantly different results that can be related to the different levels of the labor market, and generally showing less positive results than in the USA [Marino and Dixon 2014]. In China, the model has also been tested and obtained better results compared with the train and place models, showing barriers to the implementation and diffusion very similar to those that were reviewed in European or American countries [Cheng *et al.* 2015]. More recently it has been shown how the outcomes obtained with IPS are significantly better than those obtained with traditional models in all the countries where IPS has been implemented. Specifically, it was observed that the effectiveness of the model is related more to the Gross Domestic Product than to the level of unemployment, being lower in countries where economic growth is slower, but it is always the best available option [Modini *et al.* 2016].

It has also been shown how the money invested in supported employment services that work in coordination with mental health systems, producing more jobs than the traditional models, can generate significant economic and social savings [Booth *et al.* 2014]. Advances have also been made by testing the use of IPS with people who have just lived their first psychotic episode. Young people who quickly become employees will use fewer medications and mental health services, as well as make less use of disability pensions systems, demonstrating not only a faster recovery strategy but also the chance to save public money [Marino and Dixon 2014].

But many other factors can facilitate obtaining work for people with mental illness and their retaining it, and the availability of employment programs is only one of

them. Some authors reviewed that fundamental for job tenure of people with mental illness is interest in the work being done, the feeling of being competent workers, and the working conditions (e.g., work hours, wage or accommodation). Also fundamental is the level of inclusion that people get in the workplace, especially their relationship with coworkers, employers, and customers. Another important point is to integrate the work activity into the recovery process, through the possibility for people to build strategies to manage the symptoms of disease and pursue personal well-being within a work activity [Williams *et al.* 2016]. Another review recently showed how job accommodations are associated with longer work tenure, but also how these are most often performed in supported employment and much less with workers who do not have this type of support service. Most accommodations are the presence of a job coach during the process of job insertion and in the workplace, changes in working hours and training activities [McDowell and Fossey 2015]. Although laws promote workplace accommodations, people are not likely to obtain them, probably because of the stigma and risk of being discriminated against, while supported employment seems to ensure their use and thus improve people's tenure in their jobs.

Other authors have shown how often the possibility of losing certain economic and social benefits may slow the search for jobs or limit the search for partial or low-paid jobs [Dickson and Taylor 2012]. In a meta-synthesis work that not only addresses the question of tenure of work, but also the relevant exit of people from inactivity and entry into the world of job search, the authors have shown how the performance by people with mental illness is also influenced by the possible instability of symptoms, the fear of failure, and doubts that labor demands can cause relapses of the disease. People with mental illness need a balance between a routine structure and a sufficiently stimulating job, and reports show how difficult it is to find one and establish a work balance. People often experience jobs in which they have to face intolerably stressful situations. So the feeling these people have is not to achieve a constant process of job inclusion but to start over and learn again and again [Kinn *et al.* 2014]. They show that in the search process the time during which people have remained without work is very important, requiring them to learn not only specific competences to come back to an activity but also appropriate social behaviors. They also have to learn to take control of their life project and their own mental health, changing lifestyle, protecting all this from the negative messages from other people, and having an important natural and professional support network. The same possibility of relapse of the disease, and its consequences in personal functioning and the side effects involved, seems to limit the search only to certain possible jobs, as well as the absence of a support system oriented towards the labor inclusion with adequate coordination between medical and social teams. On the other hand, obtaining

work assumes a normalizing effect that can take people with mental illness to positive feelings and to an empowerment that can improve their tenure. Positive work relationships can also strengthen people's job inclusion, as well as the clarity of roles and responsibilities of work, developing a structure but with the possibility that this will not generate boredom. Among the most important factors are also the possibility of obtaining work accommodations and an environment non-discriminatory towards mental illness, and consequently the possibility of disclosing the existence of a mental illness (Fig. 4) [Kinn *et al.* 2014].

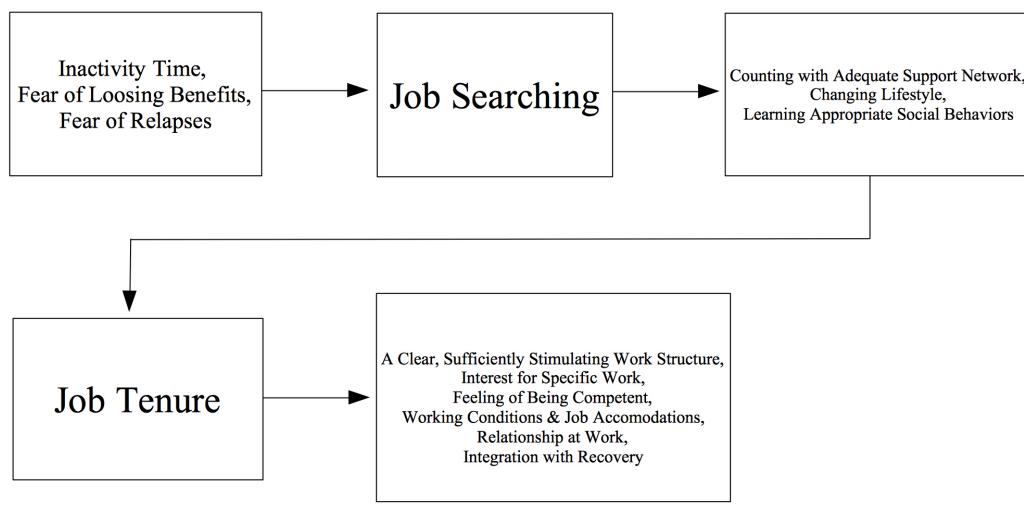


FIG. 4. Flowchart of Balance Explanation Model of Labor Inclusion Process.

Source: Authors' Elaboration.

4. Conclusion

Following the results synthesized in this work we assume that people with mental illness, when sufficiently empowered, actively react to the conditions of potential labor discrimination, developing strategies and managing the impact that information of their personal disability might generate in their work placement and work environment. Evidently, academics and mental health workers must receive training to get knowledge and learn strategies to manage the mechanisms of labor discrimination. Information management can be a useful tool to avoid discrimination in the work environment but, at the same time, we have to consider whether concealing the disability without knowing whether this can determine effects such as the internalization of stigmatizing ideas is ethically correct. In the psychiatric world, acceptance of mental illness is usually identified as the fundamental step towards recovery and compliance with medication. At a later stage, people realize that for work it is often

better to hide having a mental illness. Although this is a functional tactic in accessing employment, it is also a practice of concealment of identity by association with negative ideas that can generate behaviors of acceptance and justification of discrimination by self-stigma.

We consider that we must develop support systems that can achieve good results (in work or other areas) without necessarily being physically visible in the environment, but we also have to produce social actions to improve these people's public image. It cannot be tolerated that the cultural diversity of citizens remains something to hide when it could and should be an enriching element of our society.

Supported employment programs (actually the best solution for work inclusion of people with mental illness) are aimed at obtaining a job quickly, and people often return to work after the illness in question has made it difficult to acquire training and employment experiences for several years [Baldwin 2016]. If it can be assumed that people with mental illness obtain lower levels of competitiveness because of fewer qualifications and less work experience, we also have to consider that the stigma associated with mental illness can reduce the availability of job offers with greater responsibility and competence for these people.

While we hope to obtain evidence soon on the effectiveness of all the various types of vocational rehabilitation programs, and to compare each of these with the rest of the possible types of programs [Suijkerbuijk *et al.* 2015], based on the results obtained through this review, it is safe to state that people who did not work and remained dependent on public financial aid for many years are likely find greater difficulties in reincorporating directly into competitive work, so a possible intermediate step could be the acquisition of appropriate experience, empowerment and behaviors through practices in protected work environments, which would ensure a certain equality of work opportunities to all.

Some authors have emphasized the importance of considering the characteristics of the cognitive functioning of these people in relation to employment. Although we believe it is essential to focus attention on the environmental responses of society to the integration of people with mental illness, we nevertheless believe that in carrying out supported employment or other programs we should also consider the specific cognitive and functional characteristics of people related to vocational activities. Specifically, we must consider the possible contributions of these tools to clearly establish the areas in which we can help people with mental illness to improve their performance, the quality of their working life, and finally their inclusion and quality of life in general.

Last but not least, this review has shown that the process of labor inclusion becomes complex on account of the variety of orientations towards the possibility of

getting a job. Inactivity, as well as the condition of jobseekers and workers, seems to be reflected in the subjects through ideas that potentially influence their subsequent actions. While on the one hand we know that some interventions, such as supported employment, can lead to improvements in quickly obtaining a competitive job accompanied by adequate advice, on the other hand we have no information about solutions related to other social mechanisms that potentially limit these people's work inclusion. There are processes that have not been sufficiently investigated and that could reveal possible vicious circles related to the work inclusion of people with these disabilities. In this sense, this work constitutes a first step towards the individuation of further areas of interest for future research on the mechanisms that act as possible barriers or facilitators of the employment inclusion of people with mental illness.

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A Systematization of the International Evidence Related to Labor Inclusion Barriers and Facilitators for People with Mental Illness

A Review of Reviews

Abstract: Bringing people with mental illness into employment is a phenomenon that has been extensively researched in recent years. A review to identify and synthesize available evidence on bringing this group into employment and the potential fields of interest related to barriers and facilitators has been carried out. The electronic search was done using 17 databases. In total 24 publications of systematic reviews, meta-analysis and meta-ethnographies aimed at individuating and systematizing barriers to work inclusion were included. The different process phases and the variety of circumstances that can slow down or push towards a certain condition of job seeker or employee, together with the rest of the results presented in this work, demonstrate the need to re-direct or extend the research focus related to this issue.

Keywords: Mental Illness; Work Inclusion; Employability; Barriers and Facilitators; Review of Reviews.

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