

International Encyclopedia of Rehabilitation

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Work and Psychiatric Disabilities

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Work is an activity that is important for individuals and for society; it is a means by which people engage with the world to exercise their talents, define themselves and actualize their potential. Work enables economic opportunity, a sense of accomplishment, personal effectiveness and possibly even meaning to life. Indeed, work is a route to creating socially cohesive and inclusive societies.

This chapter addresses work and psychiatric disabilities. The term ‘psychiatric disability’ is used when mental illness significantly interferes with the performance of major life activities, such as learning, working and communicating (Center for Psychiatric Rehabilitation). The chapter explores the meaning and benefits of work for people with psychiatric disabilities and goes on to address factors that influence work outcomes. It ends with an exploration of promising practices in the field.

The Meaning and Benefits of Work for People with Psychiatric Disabilities

For people with psychiatric disabilities, work has been shown to be a source of identity beyond the illness, and an opportunity to seek out and meet new challenges (Kirsh, 2000a). Research with people with psychiatric disabilities has revealed that work is viewed not only as an opportunity for self-advancement, but as a chance to “give back” to society. Work is an activity which shifts one's focus from differences which exist between persons with and without a mental illness, to similarities. The ability to work offers hope for and realization of the goal of social inclusion and participation in mainstream life. Work can validate and enable the development of self-esteem and a sense of self-worth; many people with psychiatric disabilities, who have experienced stigma and marginalization that is damaging to their self esteem, have connected the rebuilding of the self to work. It is not surprising that research has shown that most people who have mental illnesses or psychiatric disabilities, like others, want to work (Drake et al., 2003; MacDonald-Wilson et al., 2000).

Research suggests that integration into work also results in many improved health and functional outcomes. Mental health researchers have documented links between work and the following outcomes; lowered rates of hospitalization and improved function (Mueser et al, 1997; Scheid and Anderson, 1995); increased feelings of self-worth, self efficacy, life satisfaction (Arns and Linney, 1993; Scheid and Anderson, 1995); and satisfaction with financial status (Mueser et al., 1997).

Unfortunately, people with psychiatric disabilities are frequently excluded from participating in work, despite structural, policy, and personal efforts to improve their acceptance and integration into workplaces. Progress in the area of work integration for

this population has been slow; employment outcomes remain quite poor and rates of social assistance and disability payments continue to rise (Danziger et al., 2009).

The Recovery Paradigm and Work Integration for Persons with Psychiatric Disabilities

Philosophical perspectives that underlie efforts to achieve work integration for persons with psychiatric disabilities for the most part reflect a belief in human potential and self-actualization. In particular, the current recovery paradigm emphasizes hope and a future orientation, as well as resources and opportunities afforded to persons with psychiatric disabilities (Jacobson and Greenley, 2001). Anthony (2000) asserts that recovery is “a way of living a satisfying, hopeful, and contributing life even within limitations caused by illness”. The process of recovery is one that involves changing attitudes, values, skills and roles in order to live a fulfilling life. Accordingly, community mental health service delivery has shifted its focus from treating individual pathology to provision of supports and services that facilitate work integration and improve accessibility of opportunity. The recovery orientation emphasizes the impact of empowerment, personal preference and the role of self-efficacy on employment outcomes and career development (Fabian, 2000; Gioia, 2005; Mueser et al., 2001; Regenold, 1999). In many parts of Canada and the U.S., policy and practice have been altered by recovery principles; they now emphasize rapid placement into the mainstream labour market, without extended periods of vocational assessment and work adjustment that were required of people with psychiatric disabilities in the recent past. Furthermore, a recovery and community development focus has resulted in the proliferation of consumer-run businesses in some countries such as Canada (Kirsh et al., 2006; Krupa, 1998).

Factors Influencing Work Integration for People with Psychiatric Disabilities

Individual Variables

Findings from studies on the impact of individual-level variables such as symptom and diagnostic indicators often conflict. Bond et al. (2001) reported that diagnosis, symptoms and disability status have not proven to be strong or consistent predictors of vocational success and Siu's (1997) research cast doubt on the relationship between functional performance and employment outcomes. However, other studies point to pre-morbid functioning, social skills and work history as significant predictors of work functioning (Burke-Miller, 2006). Some researchers have reported that self-efficacy and cognitive functioning are predictors of employment outcomes (Christensen, 2007; Regenold, 1999). These individual variables and their relationship to work require further research.

Service Level Characteristics

Studies of services that promote work integration for persons with psychiatric disabilities have shown a number of characteristics associated with positive outcomes (Kirsh et al., 2005). These characteristics include, but are not limited to the following:

A specific focus on work

Specificity and intensity of services may affect work outcomes, with more intense services that focus specifically on work functioning showing significantly superior work outcomes to less intense programs that are not designed to provide vocational services (Brekke et al., 1997). Introducing work-related services earlier in the course of illness seems to be associated with more successful vocational outcomes (Reker and Eikelman, 1997).

A vocational/employment specialist

Adding a vocational specialist (who has an exclusive focus on helping people enter the labour market) to the service delivery team has been found to be effective by a number of researchers (Blankertz and Robinson, 1996; McFarlane et al., 2000; O'Brian et al., 2003). The effectiveness of a vocational specialist applies across different models including Assertive Community Treatment (Furlong et al., 2002) and supported employment (Becker et al., 2001).

Job matching and client choice

Several authors have suggested that attention to client choice and preferences promotes improved vocational outcomes (Bozzer et al., 1999; Drake et al., 2003; McFarlane et al., 2000; Paulson, et al., 2002). Individuals who obtain employment in preferred areas report being satisfied with their jobs remain in their jobs longer than those who work in nonpreferred areas (Becker et al., 1996).

Ongoing, available supports

The role of support is proving to be an important determinant of success. Professional support that is not time-limited and follows persons through their work trajectory enables work to be maintained as problems are solved and personal insights developed. There is evidence that support that continues into follow-up is associated with greater degrees of employment (McHugo et al., 1998); continued job support from service providers has been shown to be a predictor of job tenure (Cook cited in McHugo et al., 1998; Xie et al., 1997). The quality of the supportive relationship also appears to be an influential factor; in their study of predictors of work, Hammen, Gitlin, and Altshuler (2000) concluded that the presence of a good quality supportive relationship was the strongest predictor of work adjustment for persons with bipolar disorder.

Rapid placement into competitive work and on-the-job training

A number of studies now point to the advantages of rapid placement into the workforce as opposed to extended periods of prevocational assessment and training (for example, Bond et al., 1995). The rationale for this practice lies in the belief that a focus on real-world conditions enables on-the-job training which can be individualized to the specific worksite rather than generalized from a more remote context and set of circumstances.

Pay

It appears that pay has a relationship to work participation as well as clinical and quality of life variables. The Cochrane review on vocational rehabilitation of persons with severe

mental illness identifies pay as a key variable affecting outcome (Crowther et al., 2003). There is some concern is that people with psychiatric disabilities who secure employment hold entry level positions which frequently represent low wages with little potential for economic progress (Baron and Salzer, 2000). This is an area for continued research and attention.

Support and education for employers and co-workers

Support and education for employers and coworkers may have positive effects on employment outcomes for people with psychiatric disabilities. When the needs of employers are well understood, support for prospective employees is improved. Support should be considered not only for employers but for coworkers as well (Honey, 2000). Furthermore, a common assumption within workplaces is that that mental illness creates functional disturbances that are inconsistent with the task and social demands of employment (Krupa et al., 2009), therefore education of employers and coworkers is needed to dispel stereotypes and enable opportunities for persons with psychiatric disabilities to engage fully in the workplace.

Integrated services

The concept of integration encompasses the inclusion of vocational programs (such as supported employment) in mental health programs (such as community mental health centres or clubhouses). Integration can take the form of strong linkages and partnerships between mental health and vocational programs, allowing for ease of both communication between programs and of access for clients (Drake et al., 2003). Integration at the system level (across programs) as well as at the program level (within programs) enables vocational services to be available along with mental health services.

Structural and Societal Issues Affecting Work

Environmental barriers to work integration exist at the societal level and include attitudinal barriers and benefit systems that do not support work integration opportunities.

Attitudinal Barriers, Stigma and Discrimination

An abundance of literature illustrates the enormity of the problem of stigma and discrimination around psychiatric disabilities. Stigma and discrimination result in the avoidance of seeking health care by those who may need it, and the prevention of sharing concerns with family, friends, co-workers, employers, health service providers and others in the community. People with psychiatric disabilities suffer greater stigmatization in the workplace than those with other disabilities, and are more likely to experience long-term disability and under/unemployment (CPA, 2006). Employers have concerns about individuals with mental illness in work performance, work personality, and symptoms (Diksa and Rogers, 1996). Researchers studying stigma in the workplace have developed a model that delineates forces that perpetuate work-related stigma; components of this model include assumptions underlying the expressions of stigma (such as lack of competence or unpredictability), the intensity of these assumptions and their saliency, both to the people holding them and to the specific employment situation (Krupa et al., 2009).

Benefit systems

Disability income programs are often structured to position people with psychiatric disabilities as recipients of benefits in a way that perpetuates marginalization from work. Concerns about losing income replacement benefits when trialing or returning to work are prevalent for people with psychiatric disabilities (Henry and Lucca, 2004; MacDonald-Wilson et al., 2003). In light of these concerns, benefits counseling may be helpful for persons with psychiatric disabilities receiving social assistance.

There is a need for provincial and federal disability income benefits to allow persons to work while also protecting income. The provision of graduated work and a benefits system that supports this ability to accommodate is recommended.

Work and Workplace Issues for Persons with Psychiatric Disabilities

Work that balances challenge and predictability

Literature on workplace health emphasizes the importance of balancing the demands of work with control or decision authority (Karasek and Theorell, 1990). Balancing work demands is also a challenge for people with psychiatric disabilities entering or reentering work; many have discussed the dilemma of, on the one hand, wanting to protect themselves from the stresses of new and unknown work challenges, and on the other hand, feeling the frustration of minimizing challenge at work (Kirsh, 2000b). The importance of finding a job that offers a satisfying balance between challenge and predictability is an important area of focus in work integration. Important features of work include the need for opportunities for control and decision-making, the full use of worker capacities and skills, employee involvement in the workplace, reasonable and well-integrated job demands, and clear and predictable work expectations and conditions (Krupa, 2007).

The Work Environment and Culture

The culture and climate of the workplace are determinants of employment outcomes for people with psychiatric disabilities. The level of “fit” between the values of persons and work environments are important factors associated with continued employment for people with psychiatric disabilities (Kirsh, 2000c). Desirable work sites for persons with mental health problems have been described as those that attend to employees' needs and that celebrate diversity (Akabas, 1994). Influential components of the workplace have included both structural aspects such as proximity to home and potential for flexible work schedules, as well as psychosocial characteristics including open patterns of communication and trust (Kirsh, 1996). In an article chronicling 17 accounts of people with psychiatric disabilities in employment projects, Secker and Membrey (2003) identified a number of workplace factors associated with job retention such as flexibility, supportive interpersonal relationships, and approaches to staff management. Specifically, helpful approaches to staff management were described as: expressing a genuine interest in employees' welfare; setting clear boundaries about getting the job done; and providing positive feedback and constructive criticism.

Supportive relationships in the workplace

Social support in the workplace is hypothesized to be a critical element of job retention for persons with psychiatric disabilities (Ford, 1995; Marrone et al., 1995). Wilgosh (1990) identified a supportive co-worker climate as a factor most critical to developing "survival" skills in her exploration of organizational climate and workers with mental disabilities. A study by Banks, Charleston, Grossi, and Mank (2001) which examined supported employment outcomes indicated that social interaction and natural workplace supports improve employment outcomes for individuals with psychiatric disabilities.

Work Accommodations

Accommodations are changes that are made in the workplace environment or in the way things are usually done that make it possible for a person with a disability to do the job. Workplace accommodations enable effective matching of workers' abilities with jobs and work environments and can be a central component of work success. They include not only physical changes to the worksite but also changes to job tasks, routines and relationships among coworkers. In Canada and the US, employees have a right under the law to accommodation if it is needed. However, many employers are unaware of their legal obligations and uncertain of how to best accommodate workers with disabilities. Many employers express uncertainty regarding the impact of mental illness on the workplace and a decreased understanding or misconception about what accommodation of the workplace entails (Mizzoni and Kirsh, 2006). Rehabilitation researchers and practitioners are well positioned to determine and document evidence-based accommodations and methods of implementing them within workplaces.

Disclosure at Work

The decision regarding disclosure of mental health issues in the workplace often presents a dilemma to people with psychiatric disabilities. On the one hand, disclosure may enable freedom to be oneself as well as the opportunity to accommodate the job and thus enhance the fit; on the other hand, stigma, discrimination and social exclusion may also be consequences. The decision is a difficult one and is most often accompanied by significant fear and anxiety. Robert, Rotteveel and Manos (1995) cautioned that the decision around when, how and how much to disclose depends on the culture of the workplace. They advised that consideration be given to ways in which staff support one another, formal or informal mechanisms that enable such support to be experienced, and the level of tolerance for discussing personal information. MacDonald-Wilson and Whitman (1995) also offered tips to assist with the decision of whether to disclose, including an assessment of the employer's attitude and openness as well as his/her experience with employing people with psychiatric disabilities; the acceptance of coworkers; and the direct supervisor's experience with giving constructive feedback and his/her general management style. Goldberg, Killeen and O'Day (2005) suggest that two possible solutions to the disclosure issue are selective disclosure and strategically timed disclosure. Vocational counsellors, mental health professionals and people with psychiatric disabilities must consider contextual aspects of individual workplaces as well as the values of the employee in making this decision so that beneficial results may be attained.

Promising Practices

Supported employment

Supported employment (SE) is an approach to helping people with disabilities find and keep jobs in the community. It is defined as competitive work, at market wages, in integrated settings with ongoing support. Supported employment programs aim to assist people with psychiatric disabilities find work in accordance with their choices and capabilities, without requiring extended prevocational training; this approach actively facilitates job acquisition and maintenance (Bond et al., 2001). Two meta-analyses that compared SE to day treatment revealed that SE participants earned more and worked more hours per month than those registered in prevocational programs (Crowther, 2001; Twamley, 2003). SE is now recognized as a best practice internationally (Jenaro et al., 2002).

Consumer Businesses

Consumer-run businesses provide goods and services to the public and are staffed by consumers of mental health services. In addition to providing real employment opportunities, these businesses strive to develop leadership capacity and replace the stigma of mental illness with positive images of productivity. A paper on work initiatives in Canada describes such businesses in virtually every province of the country, offering diverse types of work (Kirsh et al., 2006). Many such businesses are thriving, managing the economic challenges of current day business development while creating communities and healthy workplaces for persons with psychiatric disabilities.

Employment of people with psychiatric disabilities within the mental health system

Recently, mental health systems in many jurisdictions have made commitments to hiring mental health consumers within their services. Consumers fill roles of peer support workers (White et al., 2003) as well as a variety of other positions essential to mental health service delivery and research (Eastabrook et al., 2004). A study of consumers as community support providers by Mowbray et al (1996) showed that there were both benefits and costs to this work: consumer employees could personally identify with their clients' issues and were able to maintain unique relationships with their clients, but at the same time they experienced high levels of ambiguity, role conflict and strain, and personal stress. Further research is needed to understand the experiences and impacts of this model on employees and service recipients.

Conclusion

Work is now recognized as an achievable and desirable goal for persons with psychiatric disabilities. Work has health, social and functional benefits and offers meaning to people's lives. Currently, recovery principles which focus on hope, potential and increasing access to opportunities underlie work integration efforts. Variables that influence work outcomes are manifold and can be identified at the individual level, the service level and the societal level. In addition, there are a number of factors related to the structure of work and workplaces that impact people with psychiatric disabilities and

their work tenure, job satisfaction and work trajectory. The growing number of promising practises in the area of work integration are an indication of the need, interest and importance of work for people with psychiatric disabilities.

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