

Helping People with Mental Illness Return to Employment: Challenging Existing Beliefs

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Sigmund Freud, the father of psychoanalysis, was asked once what makes people happy. His reply was, “love and work.” Employment does contribute many benefits to our lives. In addition to providing financial independence and security, it contributes to our sense of community, belonging and identity. Unemployment, on the other hand, contributes to isolation, stress and financial vulnerability.¹ These elements are much the same if someone has a mental illness.

However, people with mental illness are at a significant disadvantage when it comes to accessing employment. Stigmatisation and discrimination of people with mental illness is common and this extends to employment.^{2,3} Studies have shown that employed people with mental illness may worry about being discriminated against in the workplace and therefore forego seeking help⁴ despite the toll it takes in absenteeism and presenteeism.⁵ This is an unfortunate situation, especially since employment has been shown to contribute to the recovery of people with mental illness by giving them meaningful activities, a renewed sense of purpose, and increased social inclusion and reintegration.⁶ This is true even in people with a chronic and serious mental illness like schizophrenia.⁷

People with mental illness recognise the benefits of employment; indeed research has shown that a desire for personal growth and avoiding idleness, in addition to financial gain, motivate people with mental illness to seek employment.⁸ While no local data is available to determine what proportion of unemployed people with mental illness would like to return to competitive work, estimates from Western countries vary between 55% and 78%.^{9,10} The level of desire for employment varies greatly from study to study because of unique local contexts, such as the availability of unemployment benefits and social supports.⁹

Additionally, helping people with mental illness to reintegrate into the competitive job market and making available the associated supports necessary to sustain their employment have been shown to reduce stigma in the workplace,^{11,12} which will likely contribute to a reduction in societal stigma. Therefore, finding the impetus to hire

people with employment will likely simultaneously help reduce workplace stigma and increase the material and psychological quality of life of people with mental illness.

Mental Illness and Unemployment in Singapore

The growing attention which mental illness has received has led to several important developments to ascertain the degree to which the country is grappling with mental illness. The Singapore Mental Health Study (SMHS) of 2010¹³ has clearly shown that mental illness is common in the local population. Obsessive compulsive disorder and alcohol abuse afflict 1 in 32 and 1 in 33 Singaporeans, respectively, while 1 in 17 people in Singapore experience depression sometime in their life.¹⁴ Rates of these mental illnesses in those that are employed are similar.⁵ It is imperative for Singapore's health institutions to effectively handle this growing segment of the population since the number of cases detected and the number of people seeking treatment for mental illness will likely increase as a result of increased social and institutional awareness.¹⁵

The rate of unemployment in Singapore is among the lowest in the world, which was 2% in 2014. In comparison, unemployment rates for developed countries range from 4% to 12%.¹⁶ Additionally, Singapore ranks second on labour market efficiency in the World Economic Forum 2014 to 2015 Global Competitiveness Report, suggesting that its use of labour is, relatively speaking, efficient and well above the global average.¹⁶ However, data on employment rates of people with mental illness in Singapore is scarce. The SMHS revealed that the rate of unemployment among those with certain mental illnesses was 11.1% which was significantly higher than the 6.7% rate of unemployment in those without mental illness. The data also show that the rate of mental illness in people who are unemployed is twice as high as compared to those who are employed (5.3% vs 2.3%).⁴

However, the SMHS was a cross-sectional study and hence the association between unemployment and mental illness cannot be causally determined, but 3 possibilities exist, each

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necessitating action: 1) either people with mental illness are not able to find work in the current economic climate of Singapore, in which case they need policies to help the system change to accommodate their needs, or, 2) people who are unemployed may be more prone to mental illness, suggesting that remaining unemployed is contributing to the burden of disease in Singapore. Consequently, there ought to be return-to-work programmes to help these people re-enter the labour force. Finally, 3) the relationship between unemployment and mental illness may be bidirectional, contributing to each other in a cyclical way. In this situation, interventions are needed to break the cycle, help people return to work, reduce the burden of unemployment and reduce the impact of mental illness. Regardless of the association, action is necessary to help people achieve higher standards of living.

Barriers to Employment

The employment of people with mental illness depends on the opinions and actions of several stakeholders in our society. Perceptions of employers have been documented as important barriers to employment. Several studies have looked at the opinion of employers both in Western and Asian countries.^{2,3,17} In a progressive European country, employers have shown reticence to hiring people with mental illness. Discrete choice experiments in which scenarios were presented to Swiss employers along with forced choice instructions revealed a reluctance to hire people with mental illness despite the generous support structures that reduce the financial burden of hiring someone with mental illness on employers in Switzerland.³ Surveys of employers in Hong Kong and Beijing have highlighted employers' reluctance to hire people who have disorders that are perceived to be behaviourally-driven (diseases in which the afflicted may be seen to have some degree of control, depression, and alcoholism) compared to people with disorders that may be out of their control, like bone cancer.¹⁷ This suggests that these employers may discriminate people who are diagnosed with these disorders.

While employers have a central role in deciding whether to hire people with mental illness, coworkers may play a vital role in helping people with mental illness sustain their position in the workplace. However, people may be unreceptive to a coworker's honesty in disclosing the presence of a mental illness.^{11,18} When people with mental illness tell their coworkers, or when their coworkers inadvertently discover that they have a mental illness, the reactions are not necessarily supportive. Often stigma is the response.¹¹ This may make sustaining employment problematic, and may lead to an internalising of stigmatising beliefs.¹⁸ This in turn reduces the individual's self-esteem and self-efficacy, and diminishes his motivation to apply to other

jobs. This may explain why treatment-seeking behaviours are low for employed people with mental illness.^{4,5}

Service providers have supporting roles and may also be instrumental in the development of a person's desire for employment. For example, case managers' perceptions of their clients' readiness to work influenced their pursuit of employment, leading some authors to conclude that "addressing staff negativity with regard to the ability of consumers to work may lead to consumers pursuit of employment".¹⁹ It is therefore imperative that clinicians and service providers avoid imposing their own bias onto their service users and actively include employment in their care plans.²⁰

These various financial preferential and personal aspects impact the probability of an employer's willingness to hire someone with mental illness.² Since all these factors may play a role in Singapore's unique system, locally developed knowledge is crucial.

Potential Solutions

The most effective form of intervention which helps people with mental illness return to employment is evidence-based supported employment, also known as individual placement and support (IPS). This intervention can trace its roots to developments in the 1980s when Wehman and Moon (1988) detailed a "place-train" approach that was intended build on previous models of care but also challenge the entrenched belief that persons with disabilities were unemployable.²¹ By placing people into competitive jobs, service providers accomplished several objectives. The placement, as chosen by the individual, is in a field of the service-user's interest, thereby increasing motivation. The elimination of lengthy pre-employment training also capitalises on initial motivation, reducing the likelihood of attrition due to dissatisfaction with irrelevant activities. By providing the support and training after the placement, service providers could better tailor their support to develop the skills required by the person's job. When service users agreed to disclose that they were receiving assistance from a third party (it is not necessary to always disclose all the information),¹¹ employment specialists could also provide support to employers, thereby increasing understanding and reducing stigma in the workplace.¹⁸ These components also increase employment stability.

The IPS intervention focuses on 8 principles of practice: 1) focus on competitive employment, rather than sheltered employment or social enterprises, 2) focus on individual preferences for job placement, 3) rapid job search without prevocational training, 4) integration with the mental health care team, 5) zero exclusion criterion, 6) benefits counselling, 7) systematic job development with local

community partners, and 8) continued time-unlimited individualised support. By adhering to these principles and achieving a high fidelity, programmes have consistently produced rates of competitive employment between 30% and 55%.²⁰

Since its inception, IPS has been applied to several contexts in several countries²⁰ including Hong Kong and Japan.²²⁻²⁴ These studies provide encouraging evidence for the potential generalisability of these supported employment services in Singapore. In Hong Kong, an IPS programme implemented to serve people with psychotic disorders, major depressive disorder, bipolar disorder or borderline personality disorder reached rates of employment of 61% (n = 65) after 38 months compared to 6% in the group receiving traditional vocational rehabilitation (n = 66).²³ This research has also suggested that the addition of social skills training to IPS may increase the rate of employment to 83%, n = 58.²³ In Japan, a smaller programme looking at a group of people with schizophrenia and mood disorders (n = 19) has reported rates of employment of 44% compared to 11% in traditional services (n = 18).²² These studies have also showed that the length of job tenure is also superior in IPS programmes compared to usual services by a multiple of 1.3 to 3.5, ranging from 7 weeks (of 6 months)²² to 47 weeks (of 39 months).²³

Despite the large body of literature that supports the importance of employment in facilitating recovery, improving quality of life, and reducing financial dependence, to date, no programme of research has sought to thoroughly study the merits of supported-employment programmes, the desire for employment among people with mental illness in Singapore, or the perception and attitudes of key stakeholders like employers and coworkers towards employing and working alongside people with mental illness. Given the body of evidence from other countries, the application of efforts to answer these crucial questions is long overdue.

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