

THE INFLUENCE OF MENTAL ILLNESSES ON WORK POTENTIAL AND CAREER DEVELOPMENT

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ABSTRACT

Despite the recent focus on work in community mental health, there has been little discussion about how consumers come to think about their future for work and careers. Little is known about how the experience of mental illnesses affects career development. Using a grounded theory approach, this study explores how consumers come to understand their potential for work. The findings confirm the importance of work and career development and the need to address these issues in community mental health services. Specifically, the analysis highlights how the experience of living with mental illnesses results in feelings of uncertainty about the future and doubt about one's capacity for work. This paper explores how mental illnesses interrupt and disrupt career development, and analyzes the process of how consumers begin to consider possibilities for the future and rebuild their identities as workers.

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Work is an important source of identity, income, and social connection. There has been a recent focus on paid and unpaid work among consumers of community mental health services in both research and practice. Research has documented the multiple benefits of work among consumers. For example, there is evidence that work is associated with decreased psychiatric symptoms, lowered rates of hospitalization, and improved quality of life (Mueser et al., 1997; Scheid & Anderson, 1995). There has also been increased acknowledgement of the importance of work in the lives of consumers as a mechanism that provides daily structure and social status that can counteract some of the negative consequences associated with mental illnesses (Marrone & Golowka, 1999). Given what is known about the lives of individuals who have experienced mental illnesses, it is not surprising that work is often a priority for consumers (Lord, Schnarr, & Hutchison, 1987; Thornicroft, Rose, Huxley, Dale, & Wykes, 2002). However, there remains little understanding of how the experience of mental illnesses impacts career development.

Unfortunately, consumers are largely excluded from the workforce. Unemployment rates among this population are often cited as high as 85% (Noble, Honberg, Hall, & Flynn, 1999) and mental illnesses are associated with the lowest employment rates amongst various disability groups (Mechanic, Bilder, & McAlpine, 2002). Unemployment is known to be experienced as stressful and frustrating and is associated with decreased access to social determinants of health (Friedland & Price, 2003; Kirsh, 2000b; Marrone & Golowka, 1999; Mechanic et al., 2002). Exclusion from the workforce increases poverty, lowers self-esteem, and results in greater social isolation.

Research in the field has traditionally focused on describing employment rates associated with specific interventions and factors associated with work success among consumers (Anthony, 1994; Collins, Mowbray, & Bybee, 2000; Jones, Perkins, & Born, 2001; Kirsh, 2000a; Kirsh, Cockburn, & Gewurtz, 2005; Mowbray, Bybee, Harris, & McCrohan, 1995; Regenold, Sherman, & Fenzel, 1999; Rogers, Anthony, Cohen, & Davies, 1997; Tsang, Ng, & Leung, 2000; Wong et al., 2000). Qualitative studies have been directed at better understanding the experiences of consumers with work (Auerbach & Richardson, 2005; Kirsh, 2000b; Krupa, 2004; O'Day & Killeen, 2002; Provencher, Gregg, Mead, & Mueser, 2002; Strong, 1998; Woodside, Schell, & Allison-Hedges, 2005). Several authors have noted the key role of work in the process of recovery from serious mental illnesses and have highlighted both internal and external factors that can facilitate or hinder work participation among consumers (Auerbach & Richardson, 2005; Kirsh, 2000b; Krupa, 2004; Provencher et al., 2002; Strong, 1998; Woodside et al., 2005). There is general consensus that multiple disincentives to employment are embedded in government income support programs (Krupa, Kirsh, Gewurtz, & Cockburn, 2005; O'Day & Killeen, 2002), and that low expectations and stigma significantly hinder prospects for work (Killeen & O'Day, 2004; Kirsh, 2000b; O'Day & Killeen, 2002). There is also widespread agreement that active self-management of symptoms and social acceptance in the workplace can act to support ongoing work participation (Auerbach & Richardson, 2005; Kirsh, 2000b; Krupa, 2004; Woodside et al., 2005). However, relatively little is known about how individuals who have experienced mental illnesses come to think about their future for work and their careers.

Career has been defined as lifetime patterns of work participation (Baron & Salzer, 2000; Super, 1980). Super's life-span, life-space theory suggests that early experiences in nonwork roles are influential

in career development. However, this theory does not account for the influence of sociocultural and socioeconomic factors in career opportunities, choices, behaviours, and decision making. More recent career development theory has revealed that the formulation of career plans is built upon self-awareness of one's capabilities and future possibilities (Fabian, 2000; Lent, Brown, & Hackett, 1994; Lent & Brown, 1996). Whether these issues are prominent in how consumers envision their future is not known.

The concept of career has received minimal attention in the psychiatric rehabilitation literature. The lack of attention to the concept of career among consumers may reflect an underlying assumption that career development is not an active or critical process for consumers (Baron & Salzer, 2000). Bebout and Harris (1995) suggest that through the course of a mental illness, the experience of multiple relapses and awareness of the stigma associated with mental illnesses, individuals may establish careers as consumers that may preclude their role as workers. These views are consistent with the theoretical work of Parsons (1951) that having an illness necessarily exempts individuals from normal social roles and responsibilities including work. Unfortunately, many consumers find themselves living in poverty (Community Mental Health Evaluation Initiative, 2004). Those who are working often hold low level jobs, characterized by low wages, nonexistent benefits, poor job security, and little autonomy (Krupa, 2004; Marrone & Golowka, 1999). Therefore, research into how consumers think about their employment prospects and career development is needed.

It has been suggested that rehabilitation services should be focused on assisting individuals to envision opportunities and possibilities (Baron, 1995; Mowbray et al., 1995). However, current research suggests that many consumers experience interactions within the mental health system as limiting and disempowering (Everett, 2000; Rebeiro & Cook, 1999; Townsend, 1998). Paid and unpaid work experiences are essential components of career development and provide opportunities for individuals to explore future possibilities and career options. Despite our growing understanding of the benefits of work, and factors that hinder, facilitate, and predict work outcomes among consumers, there is little understanding of how consumers come to envision their potential for work and the effects of their beliefs on their career development.

This paper reports on findings from a qualitative study that explored how consumers come to understand their potential for work. In particular, this paper considers how the experience of mental illnesses affects the way consumers think about their future for work and possibilities for their careers.

RESEARCH DESIGN AND METHODS

A grounded theory approach based on the work of Strauss (1987) was used to understand how consumers develop ideas about their potential for work. The goal of this methodological approach is to generate a theory of how individuals construct the meaning of their own worlds by developing an empirically grounded and theoretically informed account of social processes. After receiving approval from a university ethics review board, six community mental health programs in a large Canadian city were contacted about the study. These programs either provided general community support, or provided services that specifically addressed employment for persons with serious mental illnesses. A

flyer advertising the study was distributed to the programs inviting consumers who had a story to share about their experiences with paid and unpaid work to participate in this study. Ongoing recruitment decisions were driven by the emerging findings according to the constant comparative approach and principles of theoretical sampling (Glaser & Strauss, 1999; Strauss & Corbin, 1998). For example, at first individuals who were not currently working were sought. Later, individuals who were working in some capacity were recruited in order to better understand the process of trying work. The 10 consumers who participated in this study met the following criteria: They (a) resided in the community, (b) currently used one or more community services directed at persons with serious mental illnesses, (c) self-identified as having a diagnosis of a major mental illness as described by Axis 1 in the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV-TR; American Psychiatric Association, 2000), (d) were between 18 and 65 years of age, and (e) had adequate English language skills to participate in an in-depth interview.

Data Collection and Analysis

Between September 2003 and February 2004, participants took part in an in-depth interview about their past and present work experiences and their future career plans. The interviews took place in a university research office or a private room at a community mental health centre depending on the preference of each participant. The interviews ranged in length from 45 to 120 minutes. Participants were given an honorarium of \$20 in appreciation of their contribution to the study.

The interviews were based on a semistructured interview guide, consisting of nine general areas, that was initially developed based on themes from the literature and the authors' research and professional experiences. However, participants were encouraged to recount their experiences in their own terms; the interview guide was used by the interviewer to ensure that areas of interest for the study were covered (Kvale, 1996). Participants were asked about their past and present work experiences, their goals and aspirations for the future, and how they thought their mental illnesses influenced their work future and their understanding of their potential. Within the interviews, work was defined broadly to include paid employment as well as unpaid work activities such as volunteering. The interview guide was modified after the first four interviews based on emerging concepts according to the constant comparative approach and the principles of theoretical sampling (Strauss & Corbin, 1998). In this way, the lines of questioning pursued within the later interviews were more focused and directed at understanding the dimensions of the concepts under study. Following their interview, participants were also asked to complete a short demographic questionnaire. The interviews were audiotaped and transcribed verbatim. The names of all participants were changed to protect their confidentiality.

The coding procedures used were consistent with Strauss' approach to grounded theory (Creswell, 1998; Strauss, 1987; Strauss & Corbin, 1998). Analysis and interpretation of the 10 interviews with consumers of community mental health services resulted in over 100 initial codes. Through further interpretation and analysis, these codes were grouped into higher level categories (Strauss, 1987; Strauss & Corbin, 1998). Data collection and comparison of new data and categories with existing ones served to confirm and refine the emerging theoretical concepts. This process continued until the central

categories were saturated, and new information obtained did not provide further insight into the concepts under study. These analytic procedures led to the discovery of relationships between categories and a preliminary understanding of how consumers come to understand their potential for work.

Rigor and Quality

Several strategies were incorporated into the design of this study to ensure rigor and quality. Interviewing several consumers who were situated differently and had different life experiences increased the credibility of the findings by providing opportunities to refine and verify the emerging concepts from multiple perspectives (Krefting, 1991). The sample size was not determined a priori. Rather, data collection and data analysis continued until the central categories were saturated (Glaser & Strauss, 1999; Strauss & Corbin, 1998). The use of multiple investigators provided opportunities for triangulation as each researcher brought different perspectives to the study and data interpretation (Brannen, 1992). In this study, the first author discussed emerging concepts and analytical dilemmas with the other authors at regular intervals in order to consider different lines of questioning to pursue with the data. Reflexivity was incorporated into the study through journaling, memo writing, and discussions among the researchers during all phases of the data analysis and interpretation process. These devices served as ways to examine and track emerging ideas (Strauss, 1987). Furthermore, consumers were invited to review the initial data interpretation and provide feedback that was used to further refine the findings. Unfortunately, only one individual followed through with this invitation. This participant confirmed that the initial data interpretation resonated with her life experience.

Study Participants

The participants ranged in age from 23–54 years. Eight participants were never married, seven had at least some post-secondary education, and seven had made contact with the mental health system in their teens. Only two participants did not complete high school. The majority of the participants were engaged in a range of paid and unpaid part-time work activities at the time of the interviews including volunteer work, work in the mental health system, supported employment positions in the retail sector, and involvement in consumer-run businesses. However, two participants were not working at the time of their interview. The participants also self-identified as having a range of psychiatric diagnoses and several noted more than one.

Information about participants' current mental health service use was also collected on the demographic questionnaire. All participants were being followed by a psychiatrist in addition to a case manager and/or an employment support worker. This finding was likely due to a recruitment process that targeted individuals receiving services from community mental health programs.

FINDINGS

Participants described significant and ongoing challenges concerning their experiences living with mental illnesses. These challenges influenced how the participants perceived work and their futures.

Beyond these challenges, the support they received from family and service providers was specifically highlighted as being critical to considering possibilities for work. Together, these factors influenced the process of developing a new identity as a person with a possible work future.

Living with a Mental Illness

The participants highlighted some unique challenges faced by people with mental illnesses as they pursued work. These challenges include coping with symptoms, the threat of relapse, the stigma associated with mental illness, and their experience of discrimination in the context of work.

The effect of symptoms. In many cases, it was their illnesses that led participants to feel they had no future for work. These sentiments impeded the processes of trying work and considering future possibilities. Symptoms of mental illness influenced participants as they endeavoured to work. Several participants described how their mental illnesses made work difficult and challenging. For example, Paul noted, “I got really paranoid and I started to notice that I was scatterbrained. I couldn’t get myself together to do the job properly.” Similarly, Laura noted that as she pursued her university education, her illness constrained her ability to concentrate and take in information through lectures and readings. These challenges acted to significantly limit opportunities for work and career advancement.

Several participants described their difficulty coping with stress at work. They compared their experiences to how they thought people without mental illnesses were able to cope. Nancy noted how someone without a mental illness would have a sense of confidence and would be able to deal with challenges that arose at work, while still taking time to ensure his/her own health and well-being were not being neglected. On the other hand, she noted that when she attempted a challenging task at work, “there’s just parts of me that just become this big fog. . . . So reactions to what might be just a stressor for someone else is extremely debilitating.” Other participants also commented on how fear of stress and doubt about one’s capacity to cope can act to limit career opportunities for consumers by restricting their pursuit of education and training. Specifically, Kelly stated:

I think people who don’t have a mental illness might pick something they want to study, and they apply, and they go to school. . . . I think that’s usually the process. But people with a mental illness, I think they struggle to get the credits, and time passes and you’re past the age and you feel like “ooh, I can’t go back.” It’s too large an undertaking to go back and get all the credits.

Given that the onset of mental illnesses often occurs in early adulthood during critical times for education and training, mental illnesses can significantly disrupt career development and limit options for work.

Fear of relapse. Participants also described the unpredictability of mental illnesses and their intermittent experiences of symptoms. Their awareness of the possibility of relapse significantly affected their work pursuits and their ideas about future possibilities. Mary best illustrated how fear of a possible relapse made her hesitant to pursue her career goals:

I’m not sure if I’m ready to work. Because recently, I’ve noticed with myself that I’ve had a recurrence of my illness, a fear of going outside and a fear of talking on the phone, which is really bad because [of] the type of work I want. It probably will require me to go out of the house and answer the phones if I become a receptionist or something.

This passage could explain why some participants were unable to move forward with their career goals. Even if they had ideas about what they wanted to pursue in the area of work, fear of a relapse kept them believing they were not ready. The concept of being ready was alluded to repeatedly in the consumer narratives. Many participants described struggling to determine if they were ready to pursue options for work and the complexity and uncertainty involved in this process. This struggle is a key component of the process of how consumers come to understand their potential. Mary confirmed this interpretation: “Someone with a mental illness might be shy around looking for work or maybe they’re just afraid that they might get sick at work. That’s what’s holding them back from work.”

Throughout the interviews, there were some very positive and uplifting stories of how participants were able to work through a relapse or find work that accommodated the possibility of a relapse. In these cases, the knowledge that they would be able to continue in their current jobs despite their illnesses increased their confidence and self-esteem. Mary provided an example of how she was able to work through a relapse while attending school. Her success despite her ongoing symptoms increased her self-confidence and made her realize that she could accomplish her career goals. Similarly, Paul found that working at a consumer-run business gave him peace of mind because “I could even get time off if I’m pretty sick or very stressed and I could expect my job back when I’m feeling fine again.” He noted that although he had not experienced a relapse since he started working at the consumer-run business, the knowledge that he could have time off if he became ill decreased his fears and made him feel more accepted at work.

Stigma and discrimination. The effects of stigma were discussed by many participants as having a significant impact on their ideas about their potential. In many cases, the participants’ perceptions of stigma limited their options for work. Most participants described stigma as an ongoing struggle that affected their daily work pursuits and participation, as well as their beliefs about possibilities for the future. For example, John described feeling incapable of succeeding at work in part due to his awareness of the stigma associated with mental illnesses. When asked about his future in the area of work, John noted that he saw it as hopeless “because people are going to judge me when they find out I am sick.”

Several participants described how their perceptions of stigma prevented them from disclosing their illnesses at work for fear of discrimination. For example, Kelly described the dilemma she faced before she started working at a consumer-run business:

You know when you have a job in the real world you don’t want to share about your illness. Otherwise you’re not viewed the same way. So you have to keep it a secret. And I found that difficult to do. Like either I was working and denying my illness, or just not working.

Other participants echoed this concern and discussed how they would cover up their illnesses to avoid judgment. John elaborated on this dilemma by noting the negative consequences of disclosing during a job interview:

I went for the interview. It went fine until I told them the part where I was on the seventh floor, which is the psychiatric floor, and after that I never heard from them again. How do you do anything when people are going to judge you for where you’ve been?

Fear of judgment and rejection were important factors that acted to limit prospects for work and that held participants back from pursuing their career goals.

On the other hand, participants discussed the need for disclosure in order to feel comfortable at work. Nancy noted that any future attempts at work would need to be in an environment where her illness was known and accepted so that she would not have to take steps to cover-up or hide it. Both Kelly and Paul reiterated this point by describing the benefits of working at consumer-run businesses where they could expect support if they became ill or had an episode that resulted in overt displays of symptoms.

The Influence of the Support Network

All the participants commented on the influence of members of their support networks on their ability to consider work. For many participants, members of their support network seemed to help them begin considering possibilities for work. Participants often referred to having an individual, such as a service provider or a family member, who believed in them, encouraged them, or expected that they could do more. Laura specified that having “the right” support network was critical in determining what individuals were able to do: “A lot of it is the type of support you get. People who are even really, really sick can do amazing things if they have the right support systems.” Several participants described how the concept of work was first conceived because a service provider mentioned it as a possibility. For example, Sally noted that she first considered volunteer work after being approached by the service providers at a hospital day program who felt volunteering might be something she could try. Kelly discussed how work had always been on her radar because of her upbringing. Her parents had expected her to work and taught her to value “hard work and honest work” and “an honest income.” Similarly, Dave referred to the role his psychiatrist played in encouraging him to consider work as he recovered from his experiences with mental illnesses: “He initially started mentioning work in terms of something to occupy my time, get out in the world and make a little cash. He just sort of asked me if I wanted to try it.”

On the other hand, some participants described their experience of not receiving the support and encouragement they needed. They expressed the view that service providers could be more proactive in promoting work as an important pursuit and discussing career options. Although Kelly had been quite successful in her work pursuits, she reflected on her time living in a boarding house where most of the residents did not participate in any form of work and suggested that the service providers who visited the home could have done more to help the residents consider options for work: “Maybe those workers could have been more proactive in terms of asking people about their goals and hooking them up with agencies, to help them. They didn’t really push that. They sort of just took us out for coffee.” Nancy also had much to say about the role of service providers in her pursuit of work. She felt very disappointed by the lack of feedback she received from service providers as she considered various options for work. She stated she wanted more involvement, more feedback, and more assistance in weighing her options against her goals, her strengths, and her limitations:

I’ve never been able to sit with someone and have sort of a plan. They talk about it a lot . . . goals . . . talk about it, “Oh yeah, ok, we’ll put it down.” And it’s down, but forgotten. But is that the best thing for me? I don’t know. Who am I going to talk to about that? Am I ready? I don’t know. They act like they’re little autotones, you know. “You tell me what you want. Beep. And I’ll look it up in the computer for you. Here’s the information, bye.” That’s my experience.

Nancy's response is clear about the level of personal connection and support she feels is necessary to begin the uncertain process of considering options for work following the experience of mental illness.

The Process of Developing a Worker Identity

Several participants described an ongoing negotiation of their identity to include the role of a worker. They struggled to maintain a balance between being productive individuals and living with serious mental illnesses. For example, Kelly described "a conflict between being sick and, you know, working in the real world, trying to deny the illness." In this way, Kelly struggled to negotiate an identity that encompassed being a worker with a mental illness. She reflected that she saw herself as either a person with a mental illness and, therefore, not a capable worker, or a worker without an illness, which typically led to a relapse of her illness as she stopped taking her medication. Integrating these key aspects of their identity was highlighted as critical to being successful at work.

However, many participants described receiving many messages confirming their limited capacity as productive and capable individuals. For example, John described that applying for the provincial disability benefits and having his doctor document that he is unable to work left him feeling hopeless about his future prospects. This act confirmed for him that he would never be able to work: "As to what I want to do, I don't know . . . I just see it as hopeless. . . . I don't think I have a future." These messages of hopelessness significantly hindered participants in their work pursuits and left many feeling they had no potential for work.

However, some participants described that opportunities to try out different options for work enabled them to counteract these messages and begin considering possibilities for the future. Several participants described how opportunities to succeed at school, try out new work roles as a volunteer, or discuss options with others were critical components of how they began to reconsider possibilities for the future and develop career goals. For example, Paul noted how he realized he could be a courier while he was in hospital:

When I went to the hospital . . . they kind of help people try different things. And what they did to me is I went to the hospital file records department and I carried them [the files] over to another building. And then I started to find out that I was able to do just that, you know, it wasn't anything much, but it was more than I had done before.

In this way, opportunities to try out possible career paths is critical to the process of developing an understanding of one's potential for work. Through such opportunities, participants were able to begin integrating their identities as persons with mental illnesses and persons with possible work futures.

DISCUSSION

The experience of living with mental illnesses influenced how participants came to understand their potential for work. The impact of this aspect of participants' experiences was complex and intertwined with many other aspects of their identities. The effects of their illnesses were ever-present as they considered options for work. Even during periods of relative health and stability, the threat of a possible relapse and their awareness of the stigma associated with mental illnesses induced fear as

they attempted to pursue opportunities for work. These ongoing challenges were part of what made thinking about work and the future so difficult for many participants, and may explain why some consumers get stuck believing they have no possible future for work and no hope for a meaningful career despite their skills and talents. Participants specifically discussed the difficulty and complexity of determining if they were ready to try working. Their decisions to try work were filled with fear and uncertainty. However, through opportunities to try work, participants described a growing awareness of their capabilities for work, their competence as workers, and their future career goals.

The findings from this study outline the factors and processes involved in how consumers come to understand their potential for work. Participants described the impact of their symptoms, the unpredictability and threat of relapse, the stigma and discrimination toward persons with mental illnesses in the workplace, and the positive influence of their support networks. Also noted was how participating in work contributed to a fundamental shift in one's identity to include the role of a worker. These factors and processes created space for career development within the lives of individuals with serious mental illnesses.

The findings from this study regarding the experience of career development while living with mental illnesses are consistent with findings from other qualitative investigations. For example, two recent studies noted that consumers struggled to visualize a possible future as productive individuals as a result of the unpredictable nature of their illnesses and a fear of relapse (Hvalsoe & Josephsson, 2003; Nagle, Cook, & Polatajko, 2002). Krupa (2004) noted that actual work participation provided opportunities for consumers to develop a sense of self that reconciled the existence of both health and disorder, and enabled individuals to discover their own interests and abilities.

The findings contribute to the growing literature on career development among mental health consumers. For example, similar to the findings of Krupa (2004), many participants described the onset of mental illnesses as a disruption to their career development. The findings also corroborate those reported by Gioia (2005) as participants highlighted the need for opportunities to experiment with options for work throughout the illness experience despite the ongoing presence of symptoms and the risk of relapse. The influential impact of members of the support network described by participants is consistent with the work of Pescosolido and her colleagues who suggested the critical role support networks play in helping people access mental health services (Pescosolido, 1991; Pescosolido, Gardner, & Lubell, 1998). This finding calls for further investigation to better understand how family members and service providers can help initiate and support career development among consumers. The challenges and fears about work and the future described by the participants of this study and in other recent research may explain why some consumers find themselves stuck believing they have no possible future for work. However, some of the participants in this study demonstrated remarkable strength and perseverance with their career goals despite the ongoing presence of symptoms and the possibility of a relapse.

Recent publications have begun to consider what helps consumers succeed at work (Woodside et al., 2005) and the policies and practices that should be enacted to improve the employment prospects of individuals with mental illnesses (Krupa et al., 2005; O'Day & Killeen, 2002; Sundar & Ochocka, 2004). There remains a need to better understand how employment is currently being addressed in

community mental health services. This insight will help ensure that attention is being directed at issues consumers find important to their career development and work success.

The findings of the current study support and expand upon what we know about the relationship between work, potential, and career development. Work was conceptualized as an important medium through which participants recover from their experiences with mental illnesses and begin considering possibilities and opportunities beyond their illnesses. This finding highlights the importance of work in mental health services and the need for an ongoing focus on career development among consumers.

IMPLICATIONS OF THE STUDY

This study provides an in-depth analysis of the experiences of 10 community mental health consumers in the area of work. These consumers were all receiving services in a large urban centre, had goals for work but were not working full-time, and many had relatively high levels of education. Although the direct applicability of the findings to other populations of community mental health consumers is not known, the concepts that emerged from this analysis may be used to guide future research and increase the sensitivity of mental health practitioners to the importance of opportunities to realize work potential among consumers. Future research should be directed at better understanding the factors that impact the process of career development among consumers through repeated interviews with participants or by recruiting individuals at different stages of career development.

There are several ways in which the research reported here increases our understanding of consumer experiences with work. The findings of this study reinforce the importance of creating opportunities for consumers to try work and emphasize the ongoing challenges consumers face as they begin or return to work. These findings suggest that greater supports are needed for consumers to pursue options and explore their career goals. The results suggest that guidance might be directed at helping consumers explore options for work despite the challenges and barriers they face. The findings also highlight the need for encouragement to begin considering future work possibilities based on the competencies and abilities identified through initial work experience. Support should be directed at helping consumers cope with fear and uncertainty about the future and the ongoing possibility of a relapse. Continued focus on career development among consumers will result in a greater understanding of how services could be better directed towards meeting long-term needs of consumers in recovery.

The findings highlight that thinking about future work possibilities presents a considerable challenge to consumers. Rather than assuming that an inability to think about the future is a symptom of mental illness or a lack of motivation, it might be helpful to think about it as a coping strategy. Service providers must respect the magnitude of the emotional investment required of consumers to consider future possibilities. In the absence of any successful work experience, the thought of a possible future may seem daunting and unrealistic. Service providers may be able to intervene and assist consumers to explore options for work and experience success at work. Initial work experiences might then enable individuals to begin considering future possibilities based on their growing awareness of their abilities and competencies, as well as their limitations and challenges. The findings from this study highlight the need for service providers to actively connect with consumers about options for work and provide opportunities for concrete feedback and reflection about the future.

Most importantly, the findings from this study suggest that work should be high on the community mental health agenda, and emphasize the need for future research on career development among consumers. Future research should specifically be directed at better understanding assumptions about the employment prospects of consumers and how employment and career development are currently being addressed in community mental health services.

RÉSUMÉ

En santé mentale communautaire, on a beaucoup traité du travail, mais peu la façon dont les clients eux-mêmes peuvent entrevoir l'avenir sur ce plan; et l'on sait peu de choses sur les effets qu'a la maladie mentale sur l'évolution d'une carrière. Cette étude empirique explore donc la façon dont les clients arrivent à comprendre leur potentiel professionnel. Nos constatations confirment l'importance accordée au travail et à la carrière, ainsi que la nécessité d'aborder ces questions en santé mentale communautaire. Notre recherche met particulièrement en évidence le fait que la maladie mentale entraîne de l'incertitude face à l'avenir et des doutes sur les capacités professionnelles. Dans cet article, nous expliquons que les gens qui souffrent de maladie mentale voient leur carrière interrompue et leurs plans de carrière désorganisés ; puis, nous nous penchons sur le processus qui permet à ces personnes d'entrevoir l'avenir et de se reconstruire une identité en tant que travailleurs.

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