

INFLUENCES ON THE PROCESS OF WORK INTEGRATION: THE CONSUMER PERSPECTIVE

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ABSTRACT

Despite evidence confirming the value of employment in promoting and maintaining mental health, efforts aimed at work integration of mental health consumers have met with limited success. Using qualitative research methods, this study explores the consumer perspective on factors influencing the process of employment integration. A sample of five consumers of the mental health system who were employed at the time of the study was used. Two data collection instruments, a semi-structured interview and demographic questionnaire, were utilized. The study draws on grounded theory (i.e., the constant comparative method of analysis) including unitizing, categorizing, and forming themes to process the data. Descriptive statistics were used to analyze demographic information. Four themes emerged from the data: (a) the importance of recognizing the mind-body connection, (b) the relationship of personal empowerment to work reintegration, (c) the need for skills and supports, and (d) the relationship of the work environment to the outcome of work reintegration.

INTRODUCTION

Employment or reemployment for consumers of the mental health system has been seen, to date, as an enormous challenge. Although studies indicate that, at follow-up, 20 to 25% of persons discharged from psychiatric hospitals are engaged in work activity (Anthony, Buell, Sharratt, & Altoff, 1972; Anthony, Cohen, & Vitalo, 1978; Anthony & Dion, 1986), less than 15% of psychiatrically disabled persons are competitively employed (Farkas, Rogers, & Thurer, 1987; Tessler & Goldman, 1982; Wasylenki, Goering, Lancee, Ballantyne, & Farkas, 1985). Figures from the Canadian Health and Disability Survey (Statistics Canada, 1984) reveal that of the 69,000 individuals with mental disorders surveyed, only 17,000 or approximately 25% were employed. Overall, compared to other forms of disability, psychiatric disorders have had the lowest success rates of vocational rehabilitation (McCue & Katz-Garris, 1983).

Increased employment for mental health consumers is a priority which has been clearly identified by consumers, government, and families. A recent qualitative study by Lord, Schnarr, and Hutchison (1987) focusing on community needs of mental health consumers revealed that employment was the one need noted most often and most emphatically. Consumer groups such as the Residents' Association

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of Toronto have articulated their vision of mental health services and supports, emphasizing "jobs" as a primary theme in a document entitled *What About Work and Other Questions?* (Reville, 1991). Current health promotion materials in Ontario such as the Premier's Council on Health Strategy (1990) point to the importance of secure jobs and opportunities to make changes in the workplace as factors affecting health. The Provincial Community Mental Health Committee (1988), in its renowned plan for mental health service delivery in Ontario, emphasized the importance of identifying necessary vocational supports and assessing the ability of the job market to respond to defined needs through consultation from consumers, agencies, and employers. Ontario's mental health reform emphasizes that in order to meet mental health needs, the mental health system must address the broad determinants of health, including employment opportunities (Ontario Ministry of Health, 1993). The primary objective of this study is to explore influences upon the process of work reintegration as perceived by consumers of the mental health system.

For the purposes of this study, the following assumptions have been made:

1. Mental health consumers (i.e., individuals utilizing services of the mental health system) are valid informants. The "consumer voice" is recognized as a driving force behind desired changes to the present employment situation, as it carries with it expertise and "lived" experience with the challenges of employment.
2. Qualitative methods will effectively facilitate achievement of the study objectives. Estroff (1981) points out that individual values, feelings, and beliefs are of critical importance in the analysis and understanding of any social scientific endeavour. The naturalistic and holistic characteristics of qualitative research are needed to address the complexity of the consumer experience.
3. A small sample size will yield important information on the topic at hand. Lincoln and Guba (1985) point out that each individual participant has the potential to provide information about a number of phenomena. They say the determination of sample size for a qualitative study is based on informational rather than statistical considerations.

LITERATURE REVIEW

The value of work in meeting basic needs and providing both monetary and non-monetary benefits has frequently been demonstrated. People view employment as a major source of psychosocial well-being and experience or seek out at the workplace opportunities for responsibility, creativity, friendship, recognition, and pride (Canadian Mental Health Association, 1984). Capacity to work and consistency of employment experience have been identified as predictors of positive psychological health (Vaillant & Vaillant, 1981). The Canada Health Survey conducted in 1981 indicated that "active" Canadians, defined as those employed or in school, reported lower frequency of physical and mental health problems and expressed psychological well being more often than "inactive" people (Statistics Canada and Health and Welfare Canada, 1981). The significant role of employment in promoting and maintaining mental health is accentuated by evidence pointing to negative consequences in its absence. Cobb and Kasl (1977), in their longitudinal study of workers who had had their jobs terminated, found increased

anxiety, pessimism, anger, depression, and insomnia. In a landmark study in the United States, Brenner (1979) found strong correlations between a 1.4% rise in the level of unemployment over four years and a rise in mortality from various causes as well as a rise in admissions to hospitals, prisons, and other institutions.

In contrast to the abundance of literature on the psychosocial and physical benefits of work and the negative consequences of unemployment for the general population, there has been little research in this area with regard to persons with psychiatric illnesses. The dearth of knowledge in this area may be reflective of the fact that many people see unemployment as an inevitable consequence of mental illness. Reviews of the scant literature in this area suggest that, like other populations, mental health consumers experience positive psychosocial effects from employment. For example, Lehman (1983) found work variables to be highly correlated with perceived well-being in a chronically mentally ill population. Researchers have found that working clients function better (Warner, 1985; Warr, 1987), but it is unclear whether employment is responsible for noted improvements or those with higher levels of functioning are more able to work. Arns and Linney (1993) compared change in vocational status to subjective evaluation of self-efficacy and self-esteem in a similar population and found that a six-month change in vocational status was significantly associated with increased self-esteem and an enhanced sense of self-efficacy.

Clearly, models which improve and increase opportunities for employment are critical to decreasing the marginalization of mental health consumers and are important to the health and quality of life of this population. Current employment legislation, health promotion strategies aimed at reduction of inequities, and the rising consumer call for attention to this subject emphasize the urgency of developing such models. Variables which may be significant to model development have been identified from a review of literature on disability and rehabilitation. Such areas as meaning of the worker role, opportunity for control, social support, job satisfaction, and organizational climate have been identified as potential issues of significance for employment of individuals with disabilities.

The value of the work role is determined by socialization and the extent to which work fulfils important needs of the individual (Shamir, 1986). Neff (1985) has shown that socialization into a work role and into the work ethic are predictors of adult work adjustment; this relationship is consistent with statements made by Roessler (1989) who points to the relationship between improved return-to-work outcomes and perceived utility of the work role for persons who have experienced a mid-career disability. However, Ezzy (1993) points out the negative influence of this valuing of the worker role and notes that the greater the employment commitment of an individual, the stronger the negative effects of unemployment on mental health and self-esteem. The question of whether this devaluing of the self in turn impedes reentry to the workforce has not been addressed.

Lytel (1978) states that clients who place the locus of control outside themselves may be prone to explain their lack of work adjustment in terms of external factors rather than accepting responsibility for their own behaviour. The issue of control has been identified as a key factor in promoting return-to-work among those who have sustained injury or physical disability and lies at the core of the rationale for early intervention. Roessler (1989) cautions against allowing

disabled workers to transfer power and control from themselves to medical, legal, and rehabilitation providers, and states that this can be prevented by "early intervention [which] is successful because it enables individuals to define themselves as workers and to be seen that way by their families and employers" (p. 15).

Research has indicated that vocational rehabilitation outcomes can be positively influenced through effective social support. Long-term support on the job has been acclaimed as the primary factor underlying the success and current popularity of supported employment models (Mid Atlantic Regional Information Exchange, 1992; Trainor & Church, 1984). Researchers have emphasized the importance not only of employer/co-worker support but also external support networks in facilitating workplace integration for persons with disabilities (Ochocka, Roth, Lord, & MacGillivray, 1994). In particular, the family has been seen to be an important variable in work adjustment (Bolton, 1981; Bray, 1977).

The relationship between job satisfaction and subjective well-being has been well substantiated (Canadian Mental Health Association, 1984). Positive correlations between job satisfaction, attachment to the job, and organizational commitment have been documented (Koch & Steers, 1978; Mowday, Steers, & Porter, 1979). Conversely, a relationship between negative work stress, job dissatisfaction, and negative attitudes which in turn affect job commitment also exists (Canadian Mental Health Association, 1984). Further evidence which suggests that job satisfaction may be an important component in successful work integration of mental health consumers is drawn from the general population. Bigos et al. (1991) found that work dissatisfaction was the single most important factor in predicting which workers reported back injuries. Although some research has considered factors which contribute to job satisfaction for individuals with developmental handicaps (Pedlar, Lord, & Van Loon, 1990), the subjective experience of job satisfaction as a factor affecting work adjustment among mental health consumers has not been explored to date.

Wilgosh (1990) pointed to organizational climate as a critical factor in determining the successful integration of workers with disabilities. He emphasized that job success can be maximized if the characteristics of the individual are matched to those of the organization, or conversely, if the climate is modified to increase receptivity to workers with mental disabilities. Workplace culture and its elements impacting on successful employment of persons with disabilities have been studied by Ochocka et al. (1994), who identified an atmosphere of acceptance and inclusion as one which allowed workers with disabilities to function more effectively. Similarly, Akabas (1994) speculated that workplaces which pay attention to their employees and "celebrate diversity" are those which offer conditions which make successful employment possible for persons with mental health problems.

In summary, although the relationship between employment and mental health has been well documented in the general population, little information exists regarding consumers of the mental health system. Their underrepresentation in the workforce suggests that more effective and comprehensive models for work reintegration are needed. While some information regarding important variables influencing employment of persons with disabilities does exist, little is known about factors influencing employment of mental health consumers specifically. The goal

of this study is to explore factors which facilitate workplace reintegration as perceived by consumers of the mental health system. Specifically, the experiences and insights of consumers who have overcome existing obstacles and have integrated into the workforce were drawn upon to illuminate psychological, social, and environmental factors which enabled achievement of their employment status.

METHOD

This study utilizes qualitative methods to explore the subjective experiences and perceptions of mental health consumers in the area of employment. Since qualitative approaches begin with the researcher's observations of the individual experiences of participants and build toward general patterns (Lord, Schnarr, & Hutchison, 1987), these methods are particularly appropriate in studies that aim to uncover the meaning of a phenomenon from informants' perspectives and to explore factors that have an impact upon that phenomenon (Marshall & Rossman, 1989; Strauss & Corbin, 1990). Denzin (1982) emphasizes that qualitative methods aim to "particularize" life experiences. Through listening and empathy, essential components of qualitative approaches, an understanding of the context of people's lives can be reached (Agar, 1986; Bogdan & Taylor, 1975; Patton, 1980). As Lord et al. (1987) have pointed out, this understanding helps clarify needs and services. The study's trustworthiness has been maintained using criteria developed by Lincoln and Guba (1985), including credibility, transferability, dependability, and confirmability.

Sample

The participants involved in this study were consumers of the mental health system who were employed at the time of the interview. No restrictions were placed on age, gender, or psychiatric diagnosis. Participants were recruited from consumer groups in Toronto and surrounding areas. Two methods of recruitment were used: direct contact with consumer groups and placement of an ad on bulletin boards and in newsletters which access consumers of the mental health system. This recruitment process resulted in a sample of five people: three females and two males. The average age was 37, the range was 29 to 46. Three individuals had been involved with the mental health system for a period of time between five and 10 years; the other two had been using mental health services longer than 10 years. Three individuals lived alone, one lived with a spouse and children, and one lived in a shared house with six people. The individuals were employed in the following positions: housing supervisor, boarding house inspector, outreach worker, lawyer, and mail clerk.

Procedure

The study underwent ethics review and clearance was obtained prior to participant recruitment. Letters of information outlining the study's goals and procedures were provided to potential participants. Telephone contact was initiated by the potential participant, or by the investigator (in cases where names had been forwarded by the contact person of the consumer group following permission from the participant). The study's purpose and procedures were discussed and the

person was asked if he/she met the criteria of being a consumer of the mental health system and of being employed. If a participant met these criteria, a meeting time and place convenient for the participant were arranged. Participants were interviewed by the investigator using a semistructured interview and a demographic questionnaire. The interviews were audiotaped and *verbatim* transcriptions were made. Participants were informed that transcriptions of the audiotapes would not include their names nor any other identifying information. All participants were asked whether they wished to receive the completed paper and accordingly, copies were sent to three of the five individuals.

Instruments

Two data collection instruments, an interview guide, or semi-structured interview, and a demographic questionnaire were utilized. A semi-structured format for the interviews provided a consistent framework of questions and probes for each interview and, at the same time, allowed flexibility to pursue viewpoints of respondents in depth (Fry & Keith, 1986; Marshall & Rossman, 1989; Patton, 1980). In consideration of the relationship between experience, theoretical perspectives, and emerging messages as described by Berg (1989), both the literature and personal experience were drawn upon to guide development of instrumentation utilized in exploring the consumer perspective. Topic areas explored in the interview were categorized under the following headings: (a) meaning of the worker role, (b) control, (c) self-concept and perceived sense of self-efficacy, (d) supports, and (e) job satisfaction. The final section allowed for additional information to be given by the interviewee and provided an opportunity for the participant to ask questions of the interviewer.

Demographic and work-related data were collected to allow findings to be compared and applied to other contexts. Questions included age, gender, living situation, employment history, current work status, and usage of mental health services. A cover sheet describing the setting of the interview along with other contextual characteristics was completed immediately following each interview. The interview and questionnaire were pilot tested on one mental health consumer and one non-consumer in order to assess clarity of questions, modify topic areas, and determine approximate time required. This process resulted in deletion of some questions, re-wording of others for the sake of simplification, and re-ordering the sets of questions to improve the flow of the interview, all of which contributed to the validity of the instruments.

Data Analysis

The text of the interviews was examined primarily through inductive analysis, that is, categories of meaning were derived from the data as opposed to imposing a defined coding system (Berg, 1989). Grounded theory, as described by Glaser and Strauss (1967), was drawn upon for data analysis. This approach, often referred to in the literature as "the constant comparative method of analysis" (Glaser & Strauss, 1967), links or grounds the inductively developed categories to the data from which they were derived. It includes a systematic set of procedures for analysis including unitizing, categorizing, and forming themes (Lincoln & Guba,

1985; Strauss & Corbin, 1990). All of these procedures were utilized in this study to discover categories of meaning in the data collected.

RESULTS AND DISCUSSION

Analysis of the data is described in terms of four primary themes: (a) the importance of recognizing the mind-body connection, (b) the relationship of personal empowerment to work reintegration, (c) the need for skills and supports, and (d) the relationship of the work environment to the outcome of work reintegration.

THE IMPORTANCE OF RECOGNIZING THE MIND-BODY CONNECTION

The interview material reveals the importance placed not only on mental health in terms of minimization of pathology, as it has been traditionally defined, but on the interconnection between mind and body, and the ability to nurture oneself in both of these arenas as important influences on engagement in the world of work. This theme or core category contains the following central categories:

The significance of physical health and well being. Attention to physical health was identified as a key ingredient in preparation for or maintenance of employment. When discussing preparation for the work force, Fran reflected on the benefits of a holistic approach to her health:

The nurses got me involved at looking at my diet . . . my smoking . . . all the toxins that I was living with and dealing with . . . looking at the whole family structure, what happened in the past, physically and mentally, and putting it all together. . . .

Similarly, Dave readily identified the process of increasing his physical well-being as a necessary ingredient to preparation for the workforce: "(I did) physical exercise. Plain old fashioned deliberately work up a sweat . . . if you're not physically fit you're not going to be thinking as well. . . ." Physical activity was not only identified as an important process in preparing for work, but also in maintaining successful performance on the job. Sam reflected on his successful four-year tenure as a mail clerk and stated:

I need to be outdoors walking . . . it relieves a lot of the anxiety I feel on a daily basis. Whether that is my illness or the medication I'm not exactly sure. I think it's a combination of the two. But physical exercise and breathing fresh air . . . are very appealing to me.

The rapidly expanding body of literature on the relationship between exercise and mental health (Leith, 1994) is drawing attention to the importance of including physical components of wellness into mental health treatment regimes. However, to date such knowledge has not been directly applied to models of workplace reintegration.

The role of medication. Medication was identified by three of the five interviewees as both a facilitating and inhibiting factor to successful work integration. Its value in reducing or eliminating symptomatology was recognized and promoted, yet the struggles around adjusting dosages and dealing with side

effects were said to require persistence and commitment to goal attainment. Unlike Estroff's (1981) classifications of attitudes toward medication into positive, ambivalent, neutral, and negative categories in her qualitative study of psychiatric clients, participants clearly conveyed their ambivalence, their need and simultaneous dislike for medication. Don related that, despite "the sedating effects, the lack of energy" he experienced on his medication, it was a necessary part of his life: "I am fully aware that without the medication I am not going to remain healthy." The "Catch-22" scenario around medication was perhaps best illustrated by Megan, who described an unsuccessful job interview in her past: "I was so anxious that I took a whole sedative before I went in. I was probably in there with glassy eyes or something."

The importance of self awareness and ability to identify personal needs. In his application of psychoanalytic principles to psychosocial rehabilitation, Easton (1984) reminds us that the ego must register subjective needs in order to gratify them and work toward self-actualization. Incorporating this theme into their theory of vocational development, Bordin, Nachman, and Segal (1963) describe work as an opportunity to sublimate energies and obtain gratification of needs. One of the most frequent and prominent messages revealed by the data was the importance of engaging in psychological strategies emphasizing self-awareness, gratification of needs, and positive self-concept. Interviewees repeatedly emphasized the importance of developing awareness of themselves in order to effectively meet their needs and channel their strengths into activities in which they were likely to succeed and feel valued. Lydia stated: "What helped me was having insight into myself and where my needs were . . . I was able to identify my strengths and build on them . . . (I could) find a job that would make me feel fulfilled."

The data reveal that positive work experiences which followed fulfillment of needs and utilization of strengths resulted in a heightened sense of self-esteem and a strengthened self-concept. Megan stated:

I'm accomplishing things and people are happy with my services. And so the result . . . has been more confidence, confidence in a different sort of sense, in my ability to provide for myself. . . . Now I see myself as someone who is strong, a survivor.

A deepened awareness of one's needs and strengthened sense of confidence also appear to be significant in caring for oneself and coping with the stresses of working. Fran described this: "Just realizing that my energy is a little low today . . . I shut the door for a little while to relax . . . it's the constant self-care that I think is going to really help me to stay up, glued. . . ." Apparently, the interplay of self-awareness, need gratification, and positive self-concept serves to reinforce adaptive work behaviours and contribute to a sense of self-actualization, solidifying one's identity as a worker and one's place in the workforce.

The impact of meaningful activity on the process of work reintegration. All of the five interviewees spoke about "remaining active" as a significant factor in reintegrating into the workforce. This activity took many forms: community involvement, volunteer work, sports, and program involvement. In each case, the activity was seen by the participant to be meaningful, enjoyable and productive. Don stated: "I think the main thing that I did was stay active . . . physically, mentally, being informed about what's going on, not being passive." Dave

described that he "went off to steering committee meetings for mental health program placement services" and Lydia was "helping out in the school as a teacher's aid . . . doing everything . . . it was great to be valued." The critical nature of meaningful activity to human existence and adaptation has long been pursued in philosophy and other fields. The need to utilize one's capacities through engagement in motivating activity has been described as a means of enhancing one's health (Wilcock, 1993) and has been applied to mental health practice by Fidler and Fidler (1978): "*Doing* is viewed as enabling the development and integration of the sensory, motor, cognitive and psychological systems: serving as a socializing agent, and verifying one's efficacy as a competent, contributing member of one's society" (p. 305).

The Relationship of a Perceived Sense of Personal Control/ Empowerment to Successful Work Reintegration

The second theme emanating from the data examines power and control as they relate to employability. Personal empowerment as a process which must be experienced includes a sense of increased control and influence in day-to-day life and community participation (Kieffer, 1984). The process of persons with disabilities "empowering themselves" has been associated with individuals' search for options and belief in one's own capabilities (Lord & Hutchison, 1993). These findings are reflected in the core categories which constitute this primary theme.

A sense of control over the illness. Interviewees identified a critical process in becoming employable as that of establishing an identity separate from that of a person with an illness, and perceiving some control over the effects of the illness. Don stated: "I don't let my disability control me, I try to control my disability." Megan reflected:

I assumed that my so-called illness would interfere for the rest of my life, and I was kind of letting myself be guided by that. The most helpful thing for me has been realizing that I'm not chronically ill and that I'm a survivor you know. Because otherwise you think that you're presenting an employer with a defective product . . . you think that oh, if the medication quits working . . . or if the symptoms get more severe, or I get side effects . . . that kind of stuff interferes with work . . . it's very empowering to get past those things.

The dynamic interplay between empowerment, motivation, and goal development. All five interviewees described going through a process of establishing goals which motivated them to pursue and attain employment opportunities. The state of being employed appeared to further empower individuals, often causing them to intensify their goals and experience an even deeper sense of motivation and commitment to work. Fran stated:

Working feels great. To be back at work is everything, because I'm independent again, looking after myself, motivating me and giving me a chance to feel that I have power again. I can do it again . . . I want a career now more than ever . . . I'm not going to stop here, I have other mountains to climb, I've got to prove it to myself.

This sense of control and personal empowerment was reported to foster awareness of capacities and promote a cycle of goal-setting, goal attainment, and commitment to the job. This process is consistent with suggestions made by Glouberman (1989)

that development of a personal vision enables obstacles to be successfully overcome.

The Need for Skills and Supports

A variety of empirical studies have shown the need to combine skill development and support interventions to improve tenure in community living (Ballantyne, 1983; Goering, Farkas, Wasylenki, Lancee, & Ballantyne, 1988; Wasylenki et al., 1985). Clearly, skills and supports (with an emphasis on supports) were seen to be necessary to effectively equip oneself for the stresses and responsibilities of work. This theme encompasses the following categories.

The development and generalization of life skills. Vocational outcome studies have examined the effects of training in job-seeking (Azrin & Philip, 1979; Eisenberg & Cole, 1986), occupational, and work adjustment skills (Rubin & Roessler, 1978), reporting improved employment outcomes for those persons with psychiatric disabilities who received skill training. In contrast to this focus on job skills and job-seeking skills, interviewees emphasized general life skills which facilitate communication, coping, and problem solving in greatest depth. Fran stated:

I had a lot of trouble dealing with just the day-to-day living that I was never taught from back home . . . [what helped me] was all the assertiveness training stuff . . . dealing with criticism . . . learning how to communicate better and dealing with the sort of aggression that can come at you, and how to diffuse that . . . the relaxation was something I needed . . . I was so stressed out which I think was bringing on more depression.

Lydia further illustrated this theme: "I began developing some of the skills, coping, problem-solving, assertiveness . . . all the interrelationship things that you need . . . and beginning to recognize that I have something to offer . . . and recognizing that it could be employment." She emphasized the need to learn and re-learn these skills on an ongoing basis: ". . . every time I go through a cycle where I'm ill again I just pull back to those basic coping skills . . . you have to relearn the skills to apply them to that situation." The need for reinforcement of skills at all phases of the employment process was also expressed:

I have often felt like I wished I was a fly on the wall in peoples' offices, so I would know how real people acted in a situation, rather than me struggling through where I was at. If I knew how "normal" people did it, then I would be able to copy it.

The significance of emotional, instrumental, and informational support. Studies by Cannady (1982) and Schoenfeld, Halvey, Hemley van der Velden, and Ruhf (1986) have clearly demonstrated the positive impact of supportive persons on community integration outcomes. Research on employment of persons with disabilities suggests that support networks may be helpful in assisting transitions between work and home (Ochocka et al., 1994). The importance of social support in attaining and maintaining employment was emphasized frequently and emphatically by each interviewee. Emotional support was highly valued and was derived from many sources: family, therapist, teacher, church, group home, and peer group. Don stated: "My father, he's always sticking up for me and telling me, Don, I'm really proud of you . . . that has helped me an awful lot. It helped raise my esteem and the confidence I had in myself." Lydia identified her supports:

I had a lot of support from teachers and from my counsellor who kept telling me how great I was . . . I needed someone to pump me up and say it's OK, you can deal with it, take it one step at a time.

Peer group support was discussed frequently and extensively as a facilitating factor in work reintegration. Dave stated:

[What helped me was] the brotherhood, some of the other guys I know, single male friends. And the thing is with men . . . we don't talk about supporting one another, we just do it . . . having somebody else to say "of course you hate your boss, now quit your bitching and go back to work" . . . it's a help.

Megan identified the consumer-survivor community as a major support:

I'm part of some groups of activists who are anti-psychiatry, so I learned about other people's experiences, about the effect that drugs and labelling has had on other people's lives; I don't think I would have come to any of the realizations that I did as strongly if I hadn't become part of that community of people.

Instrumental and informational support were also valued by interviewees. "I had an employment counsellor that I sat down with every week to go over my résumé and credentials . . . this woman really helped me . . . she still sees me weekly." Lydia addressed the value of support in roles outside of work:

This parenting stuff is really difficult . . . you don't have confidence in yourself . . . your kids are putting you down and you believe them. . . . This older lady, she goes to my church . . . I would call her up . . . it would put you back on reality footing again.

The Relationship of the Work Environment to the Outcome of Work Reintegration

The impact of organizational culture on productivity has been well documented (James, Joyce, & Slocum, 1988). Limited information on workplace culture as it affects persons with disabilities points to the degree of "fit" between the individual and the culture of the workplace as a determining factor in successful employment (Ochocka et al., 1994). Analysis of the interview material supports the relationship between the work environment and effective integration into the workplace. Both structural and psychosocial components of the work environment were said to be of importance.

Structural characteristics of the job and the workplace. Manageability of the job was attributed to a wide variety of structural factors including proximity to home, working alongside others, and a clear reporting structure. However, time flexibility was by far the most commonly identified characteristic which facilitated engagement in the workplace. As described by McMahon and Bartley (1981), flex time gave workers more control over their lives and allowed them to choose hours on the job when they could be more effective. Don related:

There were days when I couldn't come to work. I wasn't doing anybody a favour by coming to work. So I called in and told them, look I'm not feeling well and I'm not coming in but I never abused it, never abused it. I have to go to more doctor's appointments than the average employee and they've always made room for that.

Megan described some benefits of self-employment:

The ability to come and go to appointments and also the ability to take a leave of absence if I need to . . . I can work on the days when I feel energetic and if I'm feeling upset about something I can just take down time.

The psychosocial climate and culture of the workplace. Research on workplace characteristics facilitating employment for persons with disabilities has pointed to support of ongoing needs of each employee (Akabas, 1994); effective communication between employers, coworkers, and employees; and opportunity for promotion as important factors (Ochocka et al., 1994). Participants confirmed the importance of open communication and feedback in an atmosphere of respect and caring as primary psychosocial forces promoting commitment and comfort in the workplace. The resulting psychosocial climate was described as the context which provided freedom to disclose information about mental health problems, a factor identified to be important to need fulfillment.

Addressing the importance of open communication, Lydia stated: ". . . just to know that they're there and you can ask questions and it's not going to be seen as a mark of weakness or stupidity . . . I think that's been the most help." Clear and direct feedback was said to alleviate frequently experienced feelings of self-doubt and in fact inspire individuals to work more productively: "it doesn't stop, that underlying sense of not being quite sure of myself and every once in a while needing someone to say you are doing a fantastic job." She invited not only positive, but all constructive feedback: "I need someone to slow me down and say, just focus on this area." Don illustrated the value of hearing about a job well done:

There are very few people who come up to you at the end of a really difficult day . . . and say, Don, good work. And that little piece of information just carries me on for at least a week. I just feed on it.

A caring and respectful working environment was highly valued by interviewees and was discussed in connection with the issue of self-disclosure. For Megan, "the most important thing is to be respected in the workplace for who I am." Don stated: "I know the firm cares about me . . . the C.E.O. cares about his employees, especially those at the bottom . . . people respect me . . . they do things to make me feel better." The decision to disclose some portion of their psychiatric history was made by four of the consumers interviewed and was identified by all of them as a positive decision, allowing them to feel a sense of honesty and relieving them from the pressures of "covering up." Even Megan, for whom disclosure was not an issue as she is self-employed, reflected:

If you're not honest about who you are and what you need in the job interview then it's hard to ask for what you need once you get the job, in fact it's pretty well impossible . . . it really puts people behind if they're not able to be open.

Don related his own experiences:

I went up to my supervisor and said . . . I have an illness . . . I need all the concentration I can get and any distraction is not going to help me . . . so I let him know and he was a little more sensitive to my needs . . . and others are glad that I assert myself because it's affecting them as well.

CONCLUSIONS

This study explored factors that promote workplace integration for consumers of the mental health system. Four themes emerged from this process: (a) the impor-

tance of recognizing the mind-body connection, (b) the relationship of personal empowerment to work reintegration, (c) the need for skills and supports, and (d) the relationship of the work environment to work reintegration.

A major limitation of this study lies in its small sample size of five participants; thus generalizations to the mental health consumer population at large cannot be made. Wider representation of the consumer population is also desirable, both in terms of ethnocultural diversity and type of employment held. Further research is needed to address directly the issues and themes brought to light in this study.

Investigation of issues identified through professional experience in the area of work adjustment as well as those suggested by the literature resulted in consistency of findings in some areas and divergent themes in others. In contrast to research identifying socialization into the work role as a predictor of work adjustment (Neff, 1985), results of this study did not point to the work ethic as a significant factor in work reintegration; though participants described personal need fulfillment through employment, there was little emphasis placed on socialization as a motivator to successful employment.

There are some important insights from this work that contribute to the development of more effective and comprehensive models for workplace reintegration for mental health consumers. Of particular interest is the relationship of the individual's sense of well-being to his/her employability. This subjective experience has at its core the ability to gratify one's needs, enabling a cycle of self-actualization and consolidation of the worker role. This process of need fulfillment is multidimensional and includes psycho-emotional and physical components. Psychological strategies promoting insight into the self and awareness of needs is a critical preliminary step to need fulfillment. Complementing these psychological strategies with individualized interventions addressing physical health may contribute to a deeper sense of physical and mental well-being. Currently, vocational rehabilitation efforts are primarily directed toward the development of job skills and work-related behaviours. It is suggested that a broader and more holistic perspective promoting physical and psychological wellness, increased personal insight, and need fulfillment be adopted.

A sense of control and personal empowerment was emphasized as a central and critical variable in work reintegration. In support of Bandura's (1982) theory which states that perceived self-efficacy influences one's activity and environmental choices as well as persistence within them, the findings of this study point to a relationship between perceived self-efficacy and successful work reintegration. Involvement in meaningful activity often served as confirmation of one's potential for valuable contributions and facilitated development of a positive self-concept. As stated by Lord (1991) in a study of the process of empowerment, "involvement alters (one's) relationship with (one's) social world and increases (one's) sense of control and self-efficacy" (p. 60). Accordingly, services directed at workplace reintegration must direct efforts toward the exploration and pursuit of activities in which individuals will be intrinsically motivated to engage with their environment to become fulfilled and empowered. Support and education which encourage recognition of personal strengths, a sense of control over the illness, and hope for the future must form the framework for preparation for work.

In general, the themes that emerged from the data focused on global aspects of life as a mental health consumer as opposed to job-specific issues and skills. Mastery of basic life skills emerged as a necessary step to the development of self-efficacious perceptions. The ability to meet personal, environmental, and job-related demands was associated with skill development in the areas of assertiveness, problem solving, and decision making, among others. Opportunities to develop, reinforce, and utilize basic life skills as building blocks for effective interpersonal relationships, awareness of self, and development of coping strategies not only facilitate adjustment to the workplace, but a sense of mastery over the environment generally. Ongoing practice and repetition of life skills specific to individual work and personal circumstances warrants thorough programming as a component of work reintegration planning.

The extent to which the environment and its components support, respect, and communicate with the individual were identified as factors affecting employability. Consistent with research in the area of social support and employment (Bolton, 1981; Bray, 1977), this study points to a relationship between effective support and successful work reintegration. Family, mental health professionals, vocational rehabilitation personnel, and peer groups were repeatedly referred to as agents facilitating work reentry and maintenance. Clearly, models of work reintegration must address the availability of structures providing social support and opportunities for participation in social or support groups. The ability of the work environment to meet the social and emotional needs of the individual was also seen to affect adaptation to the job. To this end, education of employers on mental illness, promotion of "flex time" policies with human resource professionals, provision of consultation around effective feedback and communication would offer support to the workplace while incorporating expressed needs of consumers for supportive environments.

Ecologically based research reflecting the experiences of those who have been through the process of work reintegration must be further developed and shared with the consumer community so that such information may resonate, motivate, and empower others. Development of holistic models which view the individual as an integrated being interacting in a dynamic relationship with the environment are needed to address the scope of the issue at hand. A humanistic view of the individual as a whole person, and an emphasis not only on the immediate environment but also on the broader political, economic, institutional, and societal elements of the environment are integral components to effective intervention. That there is much work to be done to make the workplace more receptive to mental health consumers is best said by Dave: "to make the workplace more workable, more humane for people like us is making it more humane, more workable for people, period. Let's build in ramps for everybody."

RÉSUMÉ

Malgré l'impact reconnu de l'intégration au monde du travail pour les usagers de services de santé mentale en ce qui a trait à la promotion et au maintien de leur santé, peu de tentatives de réintégration ont connu du succès. Le point de vue des usagers sur les facteurs facilitant le processus d'intégration est rapporté grâce à une recherche qualitative. Un échantillon de cinq usagers,

ayant un emploi au moment de l'entrevue, a été retenu. Le mode de cueillette de données comprenait une entrevue semi-structurée et un questionnaire sur les données socio-démographiques. La théorie ancrée inspira les travaux (c'est-à-dire une analyse par comparaison constante), en particulier lors du découpage en unités, de la mise en catégories et de l'identification de thèmes émergents. Les données socio-démographiques ont fait l'objet d'une simple description statistique. Quatre thèmes émergèrent des données: (a) l'importance de reconnaître le lien corps-esprit, (b) le lien entre le sentiment d'appropriation personnelle et l'intégration au travail, (c) la nécessité d'avoir certaines habiletés ainsi que du soutien, et (d) le lien entre l'environnement de travail et le résultat de la réinsertion sur le marché du travail.

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