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Working with mental health problems

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Published in:
Social Psychiatry and Psychiatric Epidemiology

DOI:
[10.1007/s00127-009-0017-5](https://doi.org/10.1007/s00127-009-0017-5)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2009

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Koletsis, M., Niersman, A., van Busschbach, J. T., Catty, J., Becker, T., Burns, T., Fioritti, A., Kalkan, R., Lauber, C., Roessler, W., Tomov, T., Wiersma, D., & EQOLISE Grp (2009). Working with mental health problems: clients' experiences of IPS, vocational rehabilitation and employment. *Social Psychiatry and Psychiatric Epidemiology*, 44(11), 961-970. <https://doi.org/10.1007/s00127-009-0017-5>

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Working with mental health problems: clients' experiences of IPS, vocational rehabilitation and employment

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Received: 15 October 2008 / Accepted: 18 February 2009 / Published online: 12 March 2009
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Abstract

Background Although the effectiveness of individual placement and support (IPS) has been well established, little is known about clients' perceptions of the model compared to usual vocational rehabilitation, nor about their experiences of searching for and returning to work with this kind of support. This qualitative study aimed to explore clients' views of the difficulties of obtaining and maintaining employment, their experiences of the support received from their IPS or Vocational Service workers and the perceived impact of work on clients' lives.

Method Semi-structured interviews were conducted with 48 people with psychotic disorders participating in a six-centre international randomised controlled trial of IPS compared to usual vocational rehabilitation. To assess their experiences of the services and the perceived effects of working, two IPS and two Vocational Service clients at each centre who had found work during the study period were interviewed, along with two IPS and two Vocational Service clients at each centre who had not.

Results IPS clients reported having received more help seeking and maintaining employment, whereas Vocational Service clients reported having received more help in finding sheltered employment or placements. Clients who had worked associated this with financial stability, improved social lives, increased self-esteem, integration into society and amelioration of their symptoms, as well as reduced feelings of boredom and isolation, but also reported increased levels of stress. IPS clients as well as Vocational Service ones reported not receiving enough

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follow-up support, despite this being proposed as a key feature of the model.

Conclusion Findings from the in-depth interviews reflect differences in service models that have also been tested quantitatively but further work in disaggregating the IPS model and assessing the impact of each component would be valuable.

Keywords Severe mental illness · Employment · Vocational rehabilitation · Qualitative assessment

Background

The importance of employment to people with schizophrenia and other severe mental illnesses (SMI) has been clearly demonstrated [12, 18, 20, 27], although employment rates are low: between 10 and 20% for those with schizophrenia in Europe [17]. Conversely, unemployment, along with social isolation, has been found to be associated with a risk of psychosis [22]. Low employment rates of those with SMI are understood to reflect a combination of social and economic pressures, labour market conditions and psychological and social barriers (such as stigma among potential employers [26]) along with lack of professional support [17]. Studies of supported employment over the last 10 years have investigated the effectiveness of such support.

Evidence for the individual placement and support (IPS) model of supported employment has been provided in the US by more than eight randomised controlled trials (RCTs) and three quasi-experimental studies [5], showing that people with SMI who wish to work can be successfully integrated into the labour market [6]. The effectiveness of IPS has been recently demonstrated in Europe by an RCT in six European centres [8], which showed IPS doubling the access to work of people with SMI. Moreover, working was associated with better clinical and social functioning and with a slight decrease in depression [9]. Long-term follow-up of sub-samples of supported employment clients has found all to have had some subsequent employment, the majority (71%) for more than half of the 8–10 year follow-up period [3].

Although the effectiveness of IPS has been well established, little is known about clients' perceptions of the model compared to usual vocational rehabilitation, nor about their experiences of searching for and returning to work with this kind of support. IPS clients have been found to report higher levels of job satisfaction and have longer job tenures if they obtained jobs matching their pre-employment preferences [19]. Maintaining a job has also been found to be more difficult than acquiring one, beset by interpersonal problems, problems related to their mental

illness, dissatisfaction with the job and poor work quality [2]. Given the impairments of social functioning associated with SMI, social interactions in the workplace are considered a valued outcome in rehabilitation settings [16], although interpersonal relationships there may be sources of either support or stress [7]. The increase in subjective quality of life for people with SMI when obtaining a job has been shown to be mediated by supportive relations with colleagues [23]. Little is known, however, about the impact of vocational support on social problems in the workplace.

In the general population, several motivating factors for working have been identified, such as interesting work, good wages, appreciation and job security [15]. Most people with SMI want to work and see finding employment as an important step towards recovery [12, 21]. Yet people with SMI have reported both benefits and drawbacks from being employed: work is seen as a way to get well but also as a source of stress, and the time spent at work is experienced as positive when the tasks performed are meaningful and purposeful but some feel that it keeps them from other more valued activities [14]. Conversely, employment may lead to increased self-esteem and may ameliorate symptoms such as hearing voices because of the focus on work tasks and daily structure [25]. Moreover, doubts about the ability to work, possible discrimination and a lack of support from professionals may lead to reluctance to enter the labour market [18]. The present study aimed to explore through semi-structured interviews clients' experiences of finding work and staying employed, along with the influence of IPS and regular vocational services on these processes.

Objectives

1. To explore clients' views of the difficulties of obtaining and maintaining employment.
2. To explore clients' experiences of the support received from their IPS or Vocational Service workers.
3. To explore the perceived impact of work on clients' lives.

Method

Semi-structured interviews were conducted during the last 6-month period of an international RCT comparing IPS to standard vocational rehabilitation. Inclusion criteria for the main study were: diagnosis of SMI (psychotic illness including bipolar disorder), aged 18 to retirement age, having been ill and having had major role dysfunction for at least two years, living in the community at baseline, not in competitive employment in the preceding year and

expressing the desire to enter competitive employment (on the open market) [8]. For the present study, eight semi-structured interviews were conducted in each of the six study sites (London, Ulm-Günzburg, Rimini, Zurich, Groningen, Sofia), totalling 48 interviews. The sampling was purposive, selecting four IPS and four Vocational Service clients at each centre: two in each group having worked during the follow-up period and two not having worked.

The interview consisted of 25 open and 73 closed questions in a total of seven sections: job history, work assistance, perceived barriers, benefits, normative aspects of work, perceived effects of working and disclosure of mental illness at work [24]. The open questions were designed to provide an overview of clients' opinions of the service they received and the impact of work on their lives, while the closed questions facilitated direct comparisons between groups (IPS versus Vocational Service and working versus non-working groups). These closed questions also provided an overview of the assistance provided by the IPS or Vocational (control) Service in obtaining and maintaining employment.

Quantitative data from the semi-structured interviews were analysed descriptively to provide a context for the qualitative material. The qualitative material was translated into English by each interviewer, and then divided and coded separately by two researchers (MK and AN). The iterative process of coding and comparing was done using the digital transcripts. The total amount of text was relatively small and easy to access so no tailor-made database was required. The main ideas expressed were coded, after which each transcript was re-read and potential themes were identified and recorded. The themes were then re-examined by the original six interviewers and consensus was reached. Commonalities and differences in themes between the four groups were identified and a set of quotations was chosen to represent the main themes.

Results

Clients' demographic characteristics and working patterns

Of the 48 participants, 29 had diagnoses of schizophrenia, 15 bipolar affective disorder and four other psychotic diagnoses. Over half ($n = 29$) had worked for more than a month during the 5 years prior to baseline (Table 1). For the 24 clients who had worked during the 18-month follow-up period, the average number of jobs that they held during this time was 1.4 and the mean duration of employment 232 days.

The IPS clients interviewed had obtained more jobs and had longer job tenure than Vocational Service clients. Most

Table 1 Semi-structured interview: clients' characteristics ($n = 48$)

		No. of psychiatric admissions	
Male	27		
Age group		0	7
18–33	15	1–5	35
34–49	18	6–10	4
50–57	15	11+	2
Marital status		Age of 1st contact with services	
Single or divorced	39	Below 18	4
Married	9	18–25	18
Highest completed education		26–35	11
Primary or less	3	34–41	9
Secondary	20	42–57	6
Tertiary	22	Diagnosis	
Other general education	3	Schizophrenia	29
Living situation		Bipolar	15
Living alone	19	Other	4
Living with family	23	Work history in 5 years pre-baseline	
Living with others	6	<1 month	29
		>1 month	19

IPS clients who had worked ($n = 8$) had done so every day of the week, whereas most Vocational Service clients had worked for a few days per week. Their patterns of working were similar, however, in hours per day, with nine IPS and eight Vocational Service clients having worked only a few hours per day. Similar numbers in each group had been given a trial period in the job. IPS clients had been employed for more days and fewer of them reported having received less money because of their psychiatric history.

The findings below are discussed in terms of the main themes of the qualitative data. References to 'quantitative data' below are to data provided through the closed questions from the semi-structured interview.

Perceived barriers

Clients from all groups reported similar problems finding jobs, although the Vocational Service clients who had not worked reported the most barriers. Such barriers comprised both personal and external factors (Table 2).

Most clients perceived their symptoms to have been a significant barrier to finding work: 'For my work I have to keep up-to-date [on developments in the field], but studying is a problem. I hear voices in my head and that makes it difficult to concentrate'. Those who had worked (from both services) believed their history of mental illness and stigma to have been the greatest barrier: 'Society does not understand schizophrenia'. Age was also a significant barrier, as they believed it to be 'the first question asked by every prospective employer' and they associated 'being older' with having 'fewer chances of finding a job'.

Table 2 Semi-structured interview: barriers to getting a job

Personal factors	External factors
Mental illness ($n = 11$)	Restricted job market, unfamiliarity, not knowing where to look ($n = 19$)
Age ($n = 6$)	
Lack of previous working experience/qualifications ($n = 5$)	No jobs to match interests ($n = 8$) Bad working conditions ($n = 5$)
Lack of confidence/motivation ($n = 5$)	Disclosure of mental illness/stigma ($n = 4$)
Duration out of work ($n = 3$)	Complicated procedures (e.g. job search a time-consuming process) ($n = 5$) No barriers reported ($n = 3$)

Twenty-eight clients (14 in each service) had had no previous work experience. Only the IPS clients considered this a significant barrier. One explained: 'I have not worked for 10 years, so I lack recent work experience. As a result, employers have less confidence in me'. Clients also found their own lack of motivation an important drawback in looking for work: 'It's a big step to work again after so many years—I'm used to my situation and I've accepted it'.

Clients believed that unemployment rates had been very high during the study period (2003–2005), providing a major barrier to employment: 'My problem finding a job is that there are few jobs available at the moment'. They described themselves as being 'unfamiliar' with the different phases involved in job-searching and said there had been a great degree of 'uncertainty' and of 'not knowing where to look for a job'. These results were complemented by the quantitative data, as the majority ($n = 35$) stated that the restricted market had been a major drawback.

Clients also had trouble finding jobs to match their interests: 'I was offered jobs by my Vocational Worker that either I did not like or I did not feel able to do. I wanted to work as an electrician and was offered to work as a shop assistant instead'. Out of all 48 clients, one in three saw the difficulty of finding a job they preferred as a major barrier to entering the labour market.

Most clients ($n = 30$) in both services were worried that they would not be able to do their job correctly or would have problems with their colleagues. This fear was seen as a significant barrier. One explained: 'I was afraid of having difficulties with my colleagues or my employer. This had already happened in my previous job a few years ago and as a result I felt depressed'. This was confirmed by the quantitative data, with more IPS clients ($n = 13$) than Vocational Service clients ($n = 8$) being concerned about having problems with colleagues.

Clients from both services were also fearful that they would be perceived only as psychiatric patients and said

this had had a negative effect when they were looking for work. The quantitative data, however, showed that most clients ($n = 39$) had not experienced stigma during the study.

The job search itself was also considered to have been 'lengthy', a 'complicated procedure' and a 'time-consuming process'. Clients had had difficulties in preparing a curriculum vitae and knowing how to fill in application forms. They attributed their difficulties to lack of career advice.

Half the clients, whether they had worked or not, believed that the most important factor in finding work was being pro-active. Some mentioned the importance of looking for jobs that interested them. Others mentioned perseverance and awareness of one's abilities and limitations: 'It is important to know what you want. If you know that, then get on with it without thinking about it for a long time. The most important things are to know what you want and also what are you able to do'. They also considered it important to feel well enough to go to work: 'If you feel well and able to do a job, you will also feel better, your days will be full, and you will feel satisfied with yourself. Work gives you the courage to go on living. You feel like you have done your duty'.

Help finding work

Clients' experiences of help in seeking and maintaining work varied according to the service (Table 3). Twelve IPS clients reported being helped to search for jobs, unlike the Vocational Service clients ($n = 2$). One IPS client explained: 'She (the IPS Worker) knew about the field of work. She put a little pressure on me about why I should work at this place. She organised meetings and took the role of mediator and always asked me how I was coping with my job'. Another IPS client explained: 'She found jobs for me, calmed me down and gave me helpful advice about how to get on with my boss'.

This was reinforced by the quantitative data, which showed more IPS clients ($n = 20$) reporting that they received help in getting a job than Vocational Service

Table 3 Semi-structured interview: help received by IPS/Vocational Worker

Help finding a job	Help maintaining a job
Job search ($n = 14$)	No help ($n = 11$)
Job interview/filling in application forms ($n = 10$)	Advice during the job ($n = 5$)
Preparing clients for work ($n = 7$)	Job coaching ($n = 4$)
Advice on benefits ($n = 3$)	Personal support ($n = 4$)
No help ($n = 9$)	

clients ($n = 4$), who mostly found their jobs by themselves (through the internet, job agencies, or newspapers). Almost all the IPS clients ($n = 23$) reported being encouraged by the IPS Worker to try working, whereas most Vocational Service clients ($n = 19$) said they had not received this sort of encouragement.

More IPS clients ($n = 7$ compared to $n = 3$ for Vocational Service clients) also said that their IPS Worker helped them complete job application forms. One stated: ‘I wrote an application letter and got the job. Maybe I found the job because of the IPS Worker; I probably took the initiative to write this letter because of her motivation’. Similarly, more IPS than Vocational Service clients (9 compared to 4) were helped practise for interviews, while IPS clients were also more likely to have been taken to job interviews (6 compared to 2). IPS clients also received more guidance and advice from their IPS Worker on their benefits, 11 reporting this compared to three Vocational Service clients. Some IPS clients were also helped to prepare for work (by increasing self-esteem, having realistic goals, working on their fears). One explained: ‘My IPS Worker was not prejudiced towards me; she was kind and able to calm me down. She found me a job, was hopeful and motivating’.

By contrast, nine clients, eight of whom were with the Vocational Service, stated that they did not receive any form of help when looking for work. Vocational Service clients received more training than IPS clients, however. This training might be done in a sheltered workplace, for instance through a training course. Five IPS and 10 Vocational Service clients received extra training and almost all found it very helpful.

About half of the Vocational Service clients who had worked had taken jobs that were not their preference: ‘I saw the job in the newspaper. It was a job that was available. It was not a job I had ever dreamed about’. By contrast, almost all the IPS clients said that the IPS Worker took their preferences into account and chose jobs according to their needs. Nevertheless, some had found jobs that were not their first choice: ‘I was driven to do this job because of my situation... I cannot use my skills and qualifications in my job’.

Lack of help looking for suitable jobs was the most widely reported factor among those who had not found them (reported by 15 Vocational Service and 4 IPS clients). Vocational Service clients stated that they received some help in finding sheltered employment, training or placement, but that overall their Vocational Worker had not been in tune with their needs. One client explained: ‘The service was interested in moving people into sheltered work or placements regardless of their interests and qualifications; their aim was only to improve their own records’. Another stated: ‘I only got help in finding

sheltered work for work experience. I did not want to work with other psychiatric patients and also I was not happy because it was an unpaid job’. They also felt that there was a lack of flexibility in the service and that they would have liked a more individualised approach. As one client explained: ‘The help only involved sheltered employment. My Vocational Worker did not look for a job in the open market. I expected openness and commitment from my Vocational Worker’. Some reported negative experiences, such as feeling that there was no belief in their abilities or readiness for work: ‘My Vocational Worker was not of any help. He was discouraging and said that I was not able to work because I had unrealistic ideas’.

Some IPS clients also reported lacking support from their IPS Worker. Those who had not succeeded in finding a job were most likely to report having lacked help, especially in looking for jobs, the IPS Worker not knowing their field of work or the IPS Worker not having a network of appropriate employers to draw on. IPS clients also reported lacking advice on benefits from their IPS Worker and expressed a desire for more frequent contact and support while at work: ‘I would have liked more support and more regular contact while at work to avoid being sick’.

Twenty clients (12 IPS and 8 Vocational Service) received additional help from others in finding a job, mostly from mental health professionals or GPs, as well as family and friends. This was mainly focused on providing general support and motivation.

Help with maintaining employment

Half the clients who had worked, regardless of service, experienced problems keeping their jobs (Table 4). The presence of psychiatric symptoms was the most commonly reported factor. One client explained: ‘My symptoms came back and I started hearing voices again. I was getting paranoid; I thought people were talking behind my back, so I felt uncomfortable with work’. Seven clients reported difficulties fulfilling their job requirements, such as being at work on time or keeping the same pace as their colleagues. One client from the Vocational Service, who had lost the one job she obtained during the follow-up period, explained: ‘I made too many mistakes and I could not focus

Table 4 Semi-structured interview: barriers to maintaining a job

Personal factors	External factors
Psychiatric problems ($n = 9$)	Problems with employer/colleagues ($n = 4$)
Unable to fulfil job requirements ($n = 5$)	Pressure/stress at work ($n = 4$) Being in fixed-term contract ($n = 3$)

on my tasks. I was also too slow and it did not improve. In my life I have lost eight jobs for these reasons’.

The majority of the clients were worried that they would not do their job correctly. Vocational Service clients experienced more difficulties than IPS clients in work-related areas, however. Some were worried that they would have problems with their colleagues. One explained: ‘I had problems with my colleagues, they were harassing me’. Others had problems with their employers: ‘I had problems with my boss; she did not allow me to take any days off or even take sick leave’. They associated work with increased levels of stress: ‘I had to be very fast and precise and that was difficult for me’. Nevertheless, eight of the working clients reported having had no difficulties maintaining their jobs. One client stated: ‘I used to be ill a bit, but took some time off, and my employers showed tolerance and understanding so I was allowed to return to work after my sick leave’.

Although more IPS than Vocational Service clients were helped find a job by their IPS or Vocational Worker, there were few differences between them in the help they received in maintaining their jobs. Only two IPS clients had been visited by their IPS Worker at work, while none of the Vocational Service clients had. Moreover, most clients who had worked had not been helped by the IPS or Vocational Worker to learn the tasks involved and none had been taken to work by them. Four IPS clients, however, reported having been helped to get on better with their colleagues, while no Vocational Service clients reported this. Six IPS and two Vocational clients reported having talked to the worker about work-related stress.

Incentives to continue working

Almost half of the clients, irrespective of service, found the financial reward the biggest incentive to continue working. One explained: ‘I was driven by my lack of money’. Financial need drove some clients to take jobs they did not like: ‘I hated the job and the working environment but needed the money’.

Clients reported wanting to work because this would give them a daily structure, the means to gain independence, stability and satisfaction in themselves. Work was perceived as offering them a new identity (‘I felt that I had a new identity and was needed by others’) and a sense of normality and acceptance: ‘I feel comfortable and accepted by others. Others take me seriously and it is nice to feel useful to others’. When they were asked about the things that had helped them find a job or to keep working, one of the factors most cited was the ‘belief that I can make it’ and an overall trust in themselves.

Some clients felt that their working conditions had helped them maintain their employment: a good atmosphere, a

variety of duties or their schedule. One said: ‘I only work six hours a week, this makes it easier to keep my job’, while another said, ‘I have a variety of duties in my job and that helps’. Half the working clients felt that the social environment was important. Co-workers were a problem for some, while for others their co-workers helped them to keep working. More clients (especially from the IPS Service) had support from colleagues than experienced problems with them: ‘My colleagues helped me to keep working. The social surrounding is more important than the kind of work I am doing’.

Half the clients had their medication adjusted during the study and most of these considered the adjustment as having had a positive effect: ‘I started using tablets instead of depot... I feel clearer in my head’.

Benefits were important to all the clients when they started working. Half of the clients who had worked reported that their benefits had stayed the same. These clients earned a small wage on top of their benefits. For others, their extra income was deducted from their benefits and because of that some found that their income stayed the same: ‘Because of my illness, I am not able to work full-time, so I will always stay in the benefit system. Financially nothing improved because my wage was deducted from my benefits’. Only a few of the working clients had actually replaced their benefits with salary. Overall, the expectations of the non-working clients about the likely impact on their benefits—the majority not being afraid of losing benefits—seems to have corresponded with the reality as reported by the working clients.

Perceived effects of working

Clients expressed positive and negative views about the impact work had on them (Table 5), which did not differ between the IPS and Vocational Service groups.

Table 5 Semi-structured interview: impact of work

Positive factors	Negative factors
Financial stability (<i>n</i> = 28)	Stress/tiredness (<i>n</i> = 20)
Improved of social life (<i>n</i> = 27)	Conflicts with colleague/ employer (<i>n</i> = 10)
Increased self-esteem/ satisfaction (<i>n</i> = 16)	Lack of time (<i>n</i> = 7)
Integration into society/ acceptance (<i>n</i> = 15)	Lack of control/flexibility (<i>n</i> = 8)
Self-improvement (<i>n</i> = 8)	Restructure of time (<i>n</i> = 5)
Coping strategy/distraction (<i>n</i> = 6)	
Improved of illness (<i>n</i> = 5)	
Reduced boredom/loneliness (<i>n</i> = 5)	

Positive factors

Work positively affected clients' financial status and contributed to their obtaining 'stability' and 'financial independence', 'economic status' and the choice of 'a better way of living'. Increased social contact was another benefit. Through their jobs, clients felt less isolated and met more people. One stated: 'I got to socialise more, got to know more people and increased my social contacts'. Most clients felt lonely during the follow-up period, but eight felt less lonely after starting working, although two clients felt more lonely and isolated.

Work also had a positive impact on clients' personalities and feelings about their lives. Eight IPS and nine Vocational Service clients stated that work made them feel happier and more satisfied with themselves. Work functioned as a distraction from thinking about their illness and as a coping mechanism and gave them a sense of being needed: 'People do not think about their illness while at work. They feel needed by others and satisfied with the work and the results'. Work was further perceived as a means to get 'acceptance', a 'purpose in life', a 'sense of belonging' and 're-integration into society': 'I'm more independent both economically and as a person. I'm healthier and more integrated into working society'. They also gained more independence and stability: 'I feel more autonomous and more stable since I started working'.

As a result, clients felt part of society and developed more positive views of themselves. The majority ($n = 18$) stated that they felt more confident after starting working and also more hopeful about the future: 'Your self-confidence improves as you feel more satisfied, you can achieve something and also earn money'; 'I feel more confident and more satisfied with myself, as I can contribute to society. I never wanted to use the system, but rather wanted to be a part of and be an active member of society'. Clients also became more aware of their needs and limitations and saw work as a means to obtain self-realisation: 'My view of myself has changed seriously for the better. I'm more aware of the strengths and weaknesses of my character'. Work also offered clients the opportunity to feel 'more equal' and accepted by other people: 'I feel more accepted and found out that I can perform better than I thought and overall my interest for work and things in general is enhanced'.

Some clients also stated that work had had a positive effect on their mental health: 'Work helped me feel better physically and psychologically'. Nine IPS clients reported that their symptoms decreased after they started working, whereas seven Vocational Service clients said that their symptoms remained the same, with only four saying they decreased. Most reported that work had not affected their physical health.

Eleven clients, irrespective of service, continued seeing their psychiatrists with the same frequency as before they started working, while seven said they were seeing their psychiatrists less often. Four IPS and eight Vocational Service clients reported medication side-effects. Six clients, however, stated that their side-effects decreased while they were working. Work was also found to reduce feelings of boredom ($n = 10$).

Negative factors

There were also several negative consequences of working. Half of the working clients in the Vocational Service, and a few IPS working clients, stated that one of the most important negative consequences of work was the increased levels of stress, tiredness and lack of stamina. As one client explained, 'too much work is stressful'. This was complemented by the quantitative data, which showed that although most clients reported increased energy levels after they started working, some Vocational Service clients reported that their energy levels decreased. The increased levels of stress experienced by clients were due to the nature of their jobs but also to conflicts with colleagues. Both groups who had worked stated that having conflicts at work (or fear of such conflicts) was one of the important negative aspects of work: 'You have to cope with more stress and pressure, as there could be difficulties in getting along with team members'; 'There is a risk of being bullied at work'.

Clients also felt work provided them with more structure in their lives but less control: 'There is unwanted structure in your life. You have to work at certain times; there is a lack of flexibility and more obligations'. Work was associated with 'interfering with one's free time' and with imposing 'a more structured life', as one client explained: 'It is sometimes not easy to get up early in the morning. You are less flexible when working, due to the fixed structure that you need to follow'. Another client added: 'Work makes demands on you and when one works there is less time for oneself'.

Disclosure of mental health problem

Clients were equally divided between those who had disclosed their mental illness at work and those who had not. Of those who did, almost all had had positive feedback from their colleagues and employers. One client stated: 'They responded well, they always encouraged me positively', while another said: 'They knew it from the beginning and they had a positive attitude'. Clients felt that their employers reacted positively and did not discriminate against them: 'There was no special reaction. They treated me like a normal person'. In some cases, the employer

asked for more information about the illness or the medication: ‘They did not know much about psychiatric illness, but when I told them they reacted with sympathy, acceptance and benevolence’. One client, however, received a negative response and was labeled ‘disabled’. There was little evidence of contrasts between the IPS and Vocational services in the way they handled disclosure and possible stigma. Some IPS clients, however, reported being supported when they chose to disclose: ‘My IPS worker spoke to my employer and gave information about my illness, the abilities I have. My IPS worker was often at my workplace and initiated dialogues between me and my employer’.

Clients who chose not to disclose their mental illness made this decision mainly out of a fear of stigma and discrimination: ‘I did not say that I suffer from a mental illness, as I did not want to be perceived as a person with a psychiatric illness due to stigma’. They also reported a fear of social disapproval: ‘I feel embarrassed for having a psychiatric illness and having to be looked after; people make me feel guilty for receiving disability benefits’.

Discussion

In this qualitative study, 48 clients with a history of psychosis from six different countries described their experiences of trying to find and keep a job with the support of an IPS worker or regular vocational worker. It thus provides a detailed picture of the experiences of this purposive sample, to complement the broader picture provided by the study’s primary findings. IPS was found to double clients’ access to work, while those in the Vocational Service were significantly more likely to drop out of the service and to be rehospitalised [8]. Working, regardless of which service the client was seen by, was associated with better clinical and social functioning and a slight decrease in depression [9].

In this paper, the first to our knowledge to interview in-depth the clients of a comparison (vocational services) as well as a supported employment group, we have focused on the differences between the two services and between clients who found work and those who did not. No special attention has been given to differences between countries, due to the small number of clients interviewed at each centre. This means that the impact of local context could not be addressed in this paper, although it is known to have had an impact on the primary quantitative findings of the study, which showed that local unemployment rates explained a significant amount of the heterogeneity in IPS effectiveness, while national economic growth and welfare systems influenced overall employment rates [8].

The insights of this study are also limited to people with psychotic illnesses. Whether they would generalise to

people with other mental health problems would be a matter for future research. Some of the factors cited by clients in this study may also be relevant to others seeking work in a depressed job market, although factors such as stigma and symptoms are clearly specific to those with mental health problems. While the sampling for the study was purposive, it is possible that in inviting appropriate clients for in-depth interview, researchers may inadvertently have chosen those more amenable to contact with services, causing a degree of selection bias. Both positive and negative appraisals of services and the experience of working were reported by the sample, however.

Clients across the board reported barriers to finding work consistent with previous studies, such as psychiatric symptoms and stigma [3, 25]. Although clients from the two different services reported similar problems, not surprisingly it was the group who had received the Vocational Services and had not obtained work who reported the most barriers. Differences in the kinds of help reported reflected differences between the two service models. The type of support that the IPS Worker offered to clients clearly ranged from increasing clients’ motivation to write an application letter to actually finding a job for the client, although most clients regarded the IPS Worker as having found the job for them. IPS clients also reported slightly more help in maintaining employment. By contrast, Vocational Service clients received more help in finding sheltered employment, training or placement. The greater likelihood of Vocational Service clients feeling they had not received much help from the Vocational Worker may also have indicated that they related to the Vocational Service as a whole (whereas by contrast the IPS service comprised a single individual worker), although named workers were provided for all Vocational Service clients.

Nevertheless, some clients from each service felt that they had not had sufficient help. Vocational Service clients felt that they had lacked general help and support in looking for jobs, as well as a more individualised approach tailored to their particular needs. Some IPS clients felt that they had wanted their IPS Worker to have more knowledge of their chosen field of work or benefits and had also wanted more frequent contact and support while at work, a stated component of the IPS model [1] which has been found helpful in other qualitative studies [3] and advocated as a feature of the approach needing increased emphasis [11].

The importance of help maintaining jobs for people with severe mental illness has been attested to by Becker and colleagues [2], who found that a large proportion of jobs ended unsatisfactorily. They emphasised the need for help with social interactions at work and with managing psychiatric problems while working. Although clients from both services reported difficulties with this, IPS clients

were actually more successful at keeping their jobs [8]. Job preferences were more often taken into account in the IPS services, which is consistent with the IPS model. This has been found to be helpful in ensuring greater job tenure [19]. Nevertheless, even some IPS clients reported their initial preferences not to be closely matched to the actual jobs they obtained.

Clients expressed similar views about the impact of work, which they associated with financial stability, improvement of social life, increased self-esteem, integration into society and amelioration of their symptoms, supporting the primary findings of our study [9] as well as those of Strickler and colleagues [25]. They also reported reduced feelings of boredom and isolation. Moreover, work helped clients increase their self-esteem, supporting previous findings that work served as a means to build self-efficacy and gave clients a sense of self-empowerment [17, 25]. Our finding that work also served as means to improve clients' social lives and integration into society were consistent with those of Boardman and colleagues [4]. Most clients who disclosed their mental illness at work did not experience a negative reaction, consistent with an earlier study [13]. They also reported negative consequences, however, citing increased levels of stress due to conflicts with work colleagues, lack of control, more structure and less free time, as also found in previous studies [2].

Findings from these in-depth interviews reflect a difference in service models that has also been tested quantitatively, with the difference in fidelity between IPS and Vocational services being a predictor of IPS effectiveness at each international centre [10]. Most clearly, IPS clients reported a higher level of support in searching for work and a greater likelihood that their preferences would be taken into account. More surprisingly, IPS clients along with Vocational Service ones reported not receiving as much follow-up support as they would have liked. According to the qualitative reports of these clients, the success of IPS, which doubled the access to work of this difficult group as well as their job tenure, seems to have been achieved without recourse to this key feature of the model, even though overall levels of IPS fidelity were high [8]. Further work in disaggregating the IPS model and assessing the impact of each component would clearly be valuable.

Acknowledgments This study was funded by a grant from the European Union, Quality of Life and Management of Living Resources Programme (QLRT 2001-00683). Thanks are due to Greg McHugo for methodological advice, to Deborah R. Becker and Miles Rinaldi for training the IPS Workers, and to the IPS Workers themselves: Alison Lewis (London), Wulf Dorn and Eva Marischka (Ulm), Donato Piegari (Rimini), Bettina Bartsch and Patric Meyer (Zurich), Anne Mieke Epema, Laureen Jansen and Bea Hummel (Groningen) and Petar Karaginev (Sofia).

Conflict of interest statement We declare that we have no conflict of interest.

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