

Factors that Enables and Empowers People with Mental Health Disabilities to Gain Employment

Literature review

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<p>Abstract:</p> <p>Given the importance of empowerment and enablement to people with mental health disabilities and their relatives, building trust and portraying genuine care through multidimensional socio cultural processes helps for better engagement and inclusiveness for people with mental health disabilities (Proter et al, 2015). The aim of this study was to find out factors that enables and empowers people with mental health disabilities to gain employment without facing much stigmatization.</p> <p>This study, also examines the experiences and challenges from the point of acceptance, social inclusiveness, mental health professionals' attitudes, widespread social discrimination and isolation towards people with mental health disabilities by the service users and consumers (caregivers and patients and/or individuals). The study designed was chosen to review literatures that shows the factors that can enable and empower people with mental health disabilities. From the 116 research materials found at the first search, less than half of them were found to be related at the title level and only ten of them were relevant enough for analysis. And most of the studies found and not considered for analysis were from the mental health recovery movement and developmental psychology perspective or therapeutic recovery topics. The strength and uniqueness of this study was reviewing majority of the articles discussing social inclusiveness, empowerment, building trust and facilitating trust through locating other trust social networks. Although involving families and other support networks/persons has previously been mentioned as a potential contributor to successful empowerment and enablement, this fact, could not be denied or swept under the carpet (Procter et al, 2015). Results shows multidimensional socio-cultural approach is needed to empower and enable people with mental health disabilities get employed and sense of belonging.</p>	
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FOREWORD

First and Foremost, I owe unalloyed appreciation to my Maker, the Supreme Being, for given me the Grace and Favor to come this far. My appreciation goes to my family and friends, work colleagues both here in Finland and in Australia. My wife, Mrs Chinomso, E. Uwajimogu, and our Lovely Kids for your prayers and support throughout the period when I was studying in Australia. God bless you all for being strong and standing tall. I also appreciate my parents Mr & Mrs Philip O. Uwajimogu for your support and courage. Thanks so much to Dr. J. Piippo, for the opportunity to chose this path of my career formation, I am really grateful. Also, my appreciation goes to all my MH17 group mates, I say thanks for your motivation and prayers. As we all struggle to pursue our dreams during this Global Pandemics, I also pray that we shall get the strength, focuse to be resolute in our academic pursuities. Less I forget, my felicitation goes also to all our lecturers, academic staffs, Librarians here in Arcada, our course mates and Lecturers in Sweden, Norway and Estonia. May you all be bless abundantly.

1 INTRODUCTION

According to research, change from unemployed to employed status can be stressful because of the return of a formulaic structure, heightened expectations, and tiredness. In accordance with this, it has also been proven, that there are negative consequences which can be associated with unemployment for people with mental health challenges, such as low self-esteem, depression, distress, anxiety etc. (Davis & Rinaldi 2004; Vornholt et al.2013).

Conversely, research indicates that, there is an evidence on the relationship of unemployment and the increase risk of suicide rate in the general population (Davis & Rinaldi 2004; Brown, G. et al. 2000). On the same note, there is also an indication that young men (under the age of 35 years) with mental health problems are at high-risk suicide group, with evidence showing that two-thirds of young men who commit suicide are unemployed (Davis & Rinaldi 2004).

Nevertheless, Nieminen et al. (2013), also narrates that there is a heightened rate for which people with mental health related illnesses are perceived by the society, they are viewed as people without useful contribution to the society.

Therefore, there is a strong evidence that people with mental health disabilities are subjected to widespread social discrimination and exclusion at a structural level (e.g., with respect to housing and employment) and at a more local level in the interactions with family, friends, and community (Nieminen et al. 2013).

In respect to the above, there is also the aspects of human rights arguments for including people with mental health challenges in the workplace, which is well established/recognizable. This view is enshrined in recent British policy documents such as *The Same as You?* (Scottish Executive 2000) and *Valuing People* (Department of Health 2001), which reflect the aspirations of people with mental health disability themselves (Jahoda et al. 2009).

In accordance with the views of the value for work or purposeful daily activity, employment represents an opportunity for financial autonomy, social inclusion, and social status

for people with mental health challenges (Banks et al, 2010). Therefore, the supported employment movement, particularly in the US/EU asserts confidence in the process of finding and maintaining work for individuals with mental health challenges (Jahoda et al. 2009; Nieminen et al, 2013).

Nevertheless, according to Corbiere et al. (2011), job acquisition for people with severe mental disorders (e.g., schizophrenia) is challenging, due to individual or internal aspects, and environmental barriers, concurrently, to overcome some of these difficulties, vocational services, such as supported employment (SE) programs, have been effective and are being implemented in various countries. Work outcomes of people with severe mental illness enrolled in supported employment (SE) programs vary greatly, and investigators have consequently tried to identify the individual characteristics that could best predict competitive job acquisition for people with mental health challenges.

In accordance with this, the discrimination and stigma that is attached to mental illness and everything related to it is extremely pernicious, e.g., people diagnosed with Schizophrenia are seen or perceived by those around them as people who are dangerous, lazy, incompetent at work, unable to be a family member/build a productive family, not able to achieve any social obligation (Norman & Hugh, 2016).

Concurring to this, Wheat et al. (2010), narrates that employment rates among people with mental illness has been strikingly low and this is a call for concerned. In line with this, Vornholt et al (2013), came up with a descriptive model which narrates that acceptance influences a variety of work outcomes for people with mental health disabilities, which creates motivation, satisfaction, improves quality of life, and self-esteem. Fig. 1, below gives a descriptive overview of factors affecting and influencing the acceptance of people with Mental health disabilities at work.

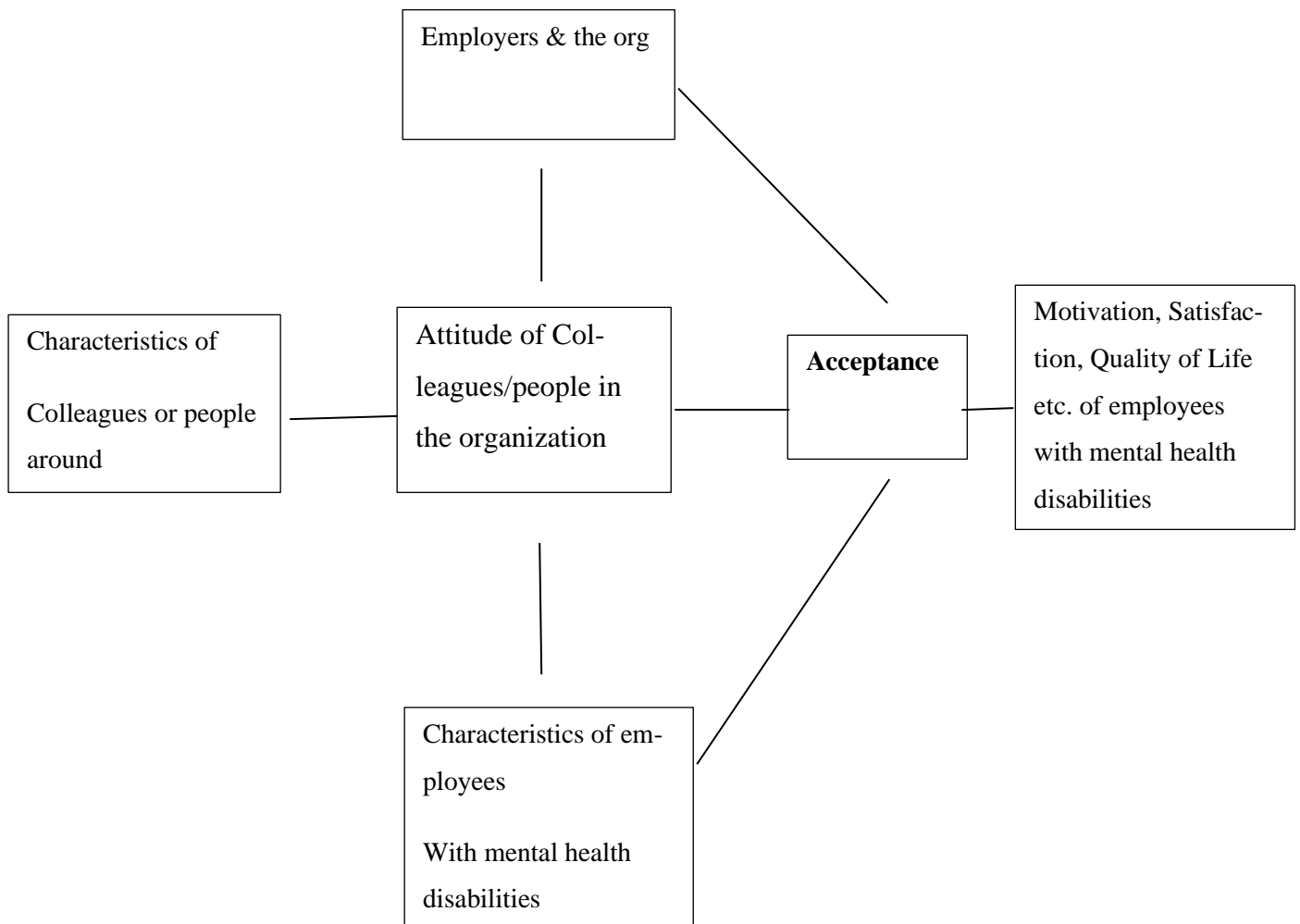


Fig. 1 Descriptive model of factors affecting and influencing the acceptance of people with Mental health disabilities at work (Vornholt et al.2013, 472).

2 BACKGROUND

Mental health disorders such as schizophrenia has been historically viewed as chronic, degenerative illnesses, with little prospect of improvement or recovery. And these negative and debilitating notions of serious mental illness (SMI) are now being challenged by the consumer movement, with recovery perspectives bringing a new sense of meaning and purpose to individual's life, even though symptoms might remain (Frost et al. 2017).

Consequently, research has shown that people with mental health challenges who have recovered should be empowered or engage with something meaningful to avoid relapses and as well boost their self-esteem (Banks et al. 2010).

Davis & Rinaldi (2004) puts it clearly that Employment provides an economic means, gives social status, and promotes social inclusion. While people with mental health problems attach a high priority to gaining employment, they face many barriers that inhibit their ability to gain and retain employment.

On the same note, studies have shown clearly the interest for work and employment activities for people who have recovered from mental illnesses in the UK, that up to 90% of psychiatric service users who have recovered, have wished to go back to work (Boardman et al. 2003). Therefore, assisting people with mental health challenges who have recovered to gain and sustain employment is central to achieving many of the Government's targets for mental health services in the UK (Boardman et al. 2003).

Concurring to assisting and empowering people with mental health challenges who have recovered, a study conducted by (Van Hout & Bingham 2013), in Ireland on drug addicts under the Methadone Maintenance Treatment (MMT), which is the most common form of treatment for opioid dependency, indicates that the support of MMT clients via vocational rehabilitation and employment directed training initiatives can potentially contribute to a pathway towards renewed community reintegration, socialization, empowerment and financial security.

Nevertheless, in Ireland, and on foot of EU Drugs Strategy 2005–2012 and the EU Drugs Action Plan 2009–2012 recommendations, stabilized clients are encouraged to partake in paid vocational training initiatives called ‘Special Community Employment’ (SCE) schemes as part of the social benefit system (Van Hout & Bingham 2013).

According to Van Hout & Bingham (2013), these SCE schemes operate alongside mainstream community employment (CE) schemes for the long term unemployed and are dedicated for individuals in recovery.

2.1 THEORITICAL BACKGROUND OF THE CONCEPT “EMPOWERMENT”

According to the (WHO 2010) statement to European Union, *“Empowering and enabling an individual, is empowering and enabling the whole community”*.

On the same note, (Karoll 2010), narrates that the concept of empowerment in qualitative research study was reported as a process by some, and a product or outcome by others, and a perspective or approach to practice or aim of social work research by yet others as well.

Furthermore, Karoll (2010), explains that Gutierrez (1994) reported that empowerment was commonly conceptualized in three levels of functioning, which are:

- 1) An attribute of the person,
- 2) Interpersonal connection, and
- 3) Political or governmental force.

In regards to this, empowerment involved ‘a personal sense of self-efficacy and competence, a sense of responsibility to change self and social conditions based on critical consciousness of conditions that are oppressive; and planning implementation of social action efforts to remove power blocks and create liberating conditions’.

Finally, Karoll (2010), puts it clearly that Simmons and Parsons, claimed that empowerment was a process of enabling clients to achieve self-determination and master their environments.

In this regard, Mental Health Declaration for Europe, the Mental Health Action Plan for Europe and the European Pact for Mental Health and Wellbeing identifies the empowerment of people with mental health problems and those who care for them as key priorities for the next decades (WHO 2010).

On the same note, European Pact for Mental health and Wellbeing went on to illustrate that Empowerment is a multidimensional social process through which individuals and groups gain better understanding and control over their lives. Consequently, they are

enabled to change their social and political environment to improve their health-related life circumstances (WHO 2010).

Nevertheless, empowerment in this regard is group into 2 levels, namely the empowerment in community level, i.e., group level and secondly individual level (WHO 2010).

Notably, according to Karoll (2010), empowerment involves the fundamental premise that the population served is in some way oppressed. It can be effectively argued that those affected by Mental health issues, such as substance use disorders, etc. are in fact oppressed.

According to WHO (2010), being included in the society in which one lives is vital to the material, psychosocial, and political empowerment that underpins social well-being and equitable health. As health is a fundamental human right, empowerment of patients and their families, friends or other informal caregivers is a societal task that encourages all communities, employers, trade unions, schools and colleges, voluntary organizations to respect health and well-being of individuals and populations with mental health illnesses, act in ways that empower individuals and groups to respect their own and other people's rights to health and well-being.

At the individual level, empowerment is an important element of human development. It is the process of taking control and responsibility for actions that have the intent and potential to lead to fulfilment of capacity. This incorporates four dimensions, which are:

1. self-reliance
 2. participation in decision makings
 3. dignity and respect
 4. belonging and contributing to a wider community
- (WHO 2010).

For the individual, the empowerment process means overcoming a state of powerlessness and gaining control of one's life. The process starts with individually defined needs and ambitions and focuses on the development of capacities and resources that support it. The empowerment of individuals is intended to help them adopt self-determination and

autonomy, exert more influence on social and political decision-making processes and gain increased self-esteem (WHO 2010).

Communities can support individuals in this process by establishing social networks and mobilizing social support; together, these promote cohesion between individuals and can support people through difficult transitions and periods of vulnerability in life (WHO 2010).

Again, a report from Finnish Ministry of Social Affairs and Health (2020), narrates that Mental health can be seen to encompass two perspectives: Which is on one hand, good mental health acts as a resource supporting functional capacity and quality of life in the community. Then on the other hand, we have mental health disorders and symptoms. Genetic factors, one's daily surroundings and the environment impact on both perspectives.

Mental health is influenced by sectors outside of health and social welfare. Socioeconomic factors, such as education, professional status and income are all connected to mental health. People from the lowest socioeconomic income quintile experience nearly two times higher psychological strain compared to those in the highest income quintile. Families living in poor socioeconomic circumstances have a higher risk of depression and young people in this socioeconomic group are more likely to experiment with substance use which in turn is linked to increased risk of mental health difficulties and lower educational attainment. The negative impact of social inequality on physical and mental health is largely avoidable when support is given (Ministry of Social Affairs and Health 2020).

Concurring to the above narrative, Fig 2, below narrates the psychological strain in different age groups of the adult population in Finland, between the age brackets of 20 to 79+

Psychological strain in different age groups of the adult population (%)

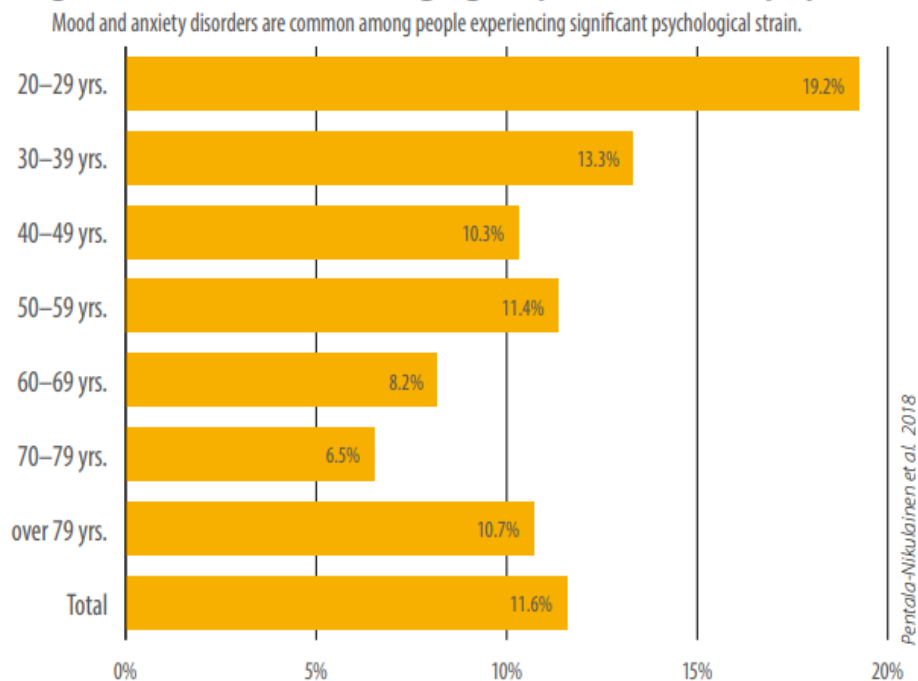


Fig 2. Mood and anxiety disorders (Penttilä-Nikulainen et al 2018, See Finnish Ministry of Social Affairs and Health, 2020).

From the above graph, it is proven that 20-29 age group are the most affected with psychological strain.

Mental illness and substance abuse carry a strong risk of discrimination and social exclusion. While our fundamental rights safeguard equal rights for all people to essential services, in practice these are not implemented equally. Therefore, action against discrimination and stigma is crucial (FMSAH, 2020).

This narrows down to Open dialogue, however, according to Piippo & MacGabhann (2016), Open dialogue is a suitable approach for working with people who are faced with mental health and/or psychiatric challenges. This approach, is also recommended for in large circumstances, involving families, social network, on organizational/community levels in different ways.

Therefore, open dialogue should be considered not just as a method, or technique, rather as a process of interaction, which can be applied to different conditions and circumstances

which people with mental health challenges are faced with on daily basis (Piippo & Mac-Gabhann, 2016).

Concurring to this, dialogue, and empowerment, works in tandem, which creates or makes a pathway, in such a manner that when empowering, one tends to dialogue, without being aware; creating a mutual respect, trust, understanding and gives equal autonomy (Tveiten & Knutsen 2011).

2.1.1 DIALOGUE

Definition of Dialogue

Dialogue is a Greek word which means “Through words and interactions” And this is defined according to Tveiten & Knutsen (2011), as: “interaction through symbolic means by mutually co-present individuals”. To promote the learner as a subject, a dialogue approach is an approach in which the learner participated and contributed to creating a jointly constructed reality.

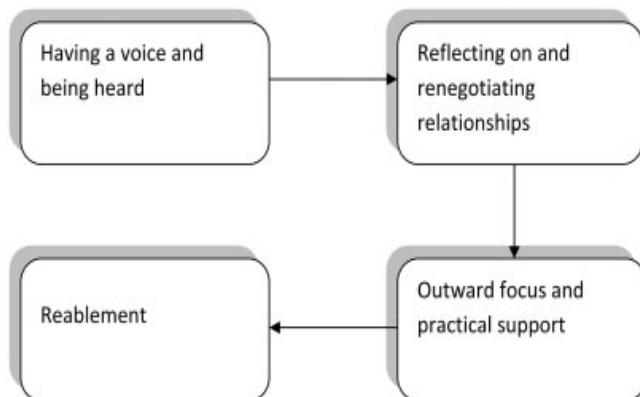


Fig. 3. Dialogue approach (Tew et al, 2017).

The most important aspect during dialogue, in bringing about the desire change, empowerment, and enablement, is a structured and inclusive conversation in which all participants are invited to reflect on their lives and relationships (Tew et al. 2017).

3 AIM

The aim of this research work is to find out the factors that enables and empower people with mental health disabilities to gain employment without facing much stigmatization.

4 MATERIAL AND METHOD

Literature review according to Fink, A. (2014) is a systematic, explicit, and reproducible method for identifying, evaluating, and synthesizing the existing body of completed and recorded research work produced by researchers, scholars, and practitioners. Therefore, with this, literature review was used as the research method in this master's thesis. The researcher's own interest to learn more about the phenomena of enabling and empowering people with mental health disabilities was one of the reasons why literature review was chosen as the research method.

Although studies have been done, to bring to limelight some of the challenges faced by people with mental health disabilities who have recovered and the possibilities of them getting employed. However, these studies, did not go into details to highlight how this community of individuals would be integrated into the work force without being stigmatized (Wheat et al. 2010).

Secondly, there is a high risk for people with mental health challenges to loss their job than people who have no mental health challenges. E.g., in the United States, people with mental health problems had a 56% increased risk of dismissal and a 32% increased risk of deciding to leave work compared to people without mental health problems (Cameron et al. 2016)

4.1 Systematic literature review as research methodology

Systematic literature review aims to address problems by identifying, or critically evaluating and integrating the findings of all relevant, high-quality individual studies addressing one or more research questions (Baumeister 2013).

A good systematic review might achieve most or all the following e.g., entrenched/establish to what extent the existing research has progressed towards clarifying a particular problem; Identify relations, contradictions, gaps, and inconsistencies in the literature, also to explore reasons for proposing a new conceptualization or theory which accounts for the inconsistency (Baumeister & Leary, 1997; Bem, 1995; Cooper, 2003).

On the same note, Sternberg (1991), also narrates that a good systematic literature review formulates general statements or an overarching conceptualization by making a point, rather than summarizing all the points everyone else has made.

In respect to the above, systematic literature review can be referred to as the “Original empirical research” which seeks to review primary data, it can be either qualitative or quantitative with a detailed research methodology and a robust form of evidence when identifying the relevance to a literature review question. In other words, it enables us to see the whole picture rather than just one isolated piece of research (Aveyard 2010, 47).

Baumeister (2013), also agrees that a systematic literature review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyze data from the studies that are included in the review.

However, a systematic literature review according to Okoli (2015), has Eight step guide as seen in Fig. 1. As follows: Identify the purpose 2) Draft protocol 3) Apply practical screen 4) Search for literature 5) Extract data (6) Appraise quality (7) Synthesize Studies 8) Write the Review.

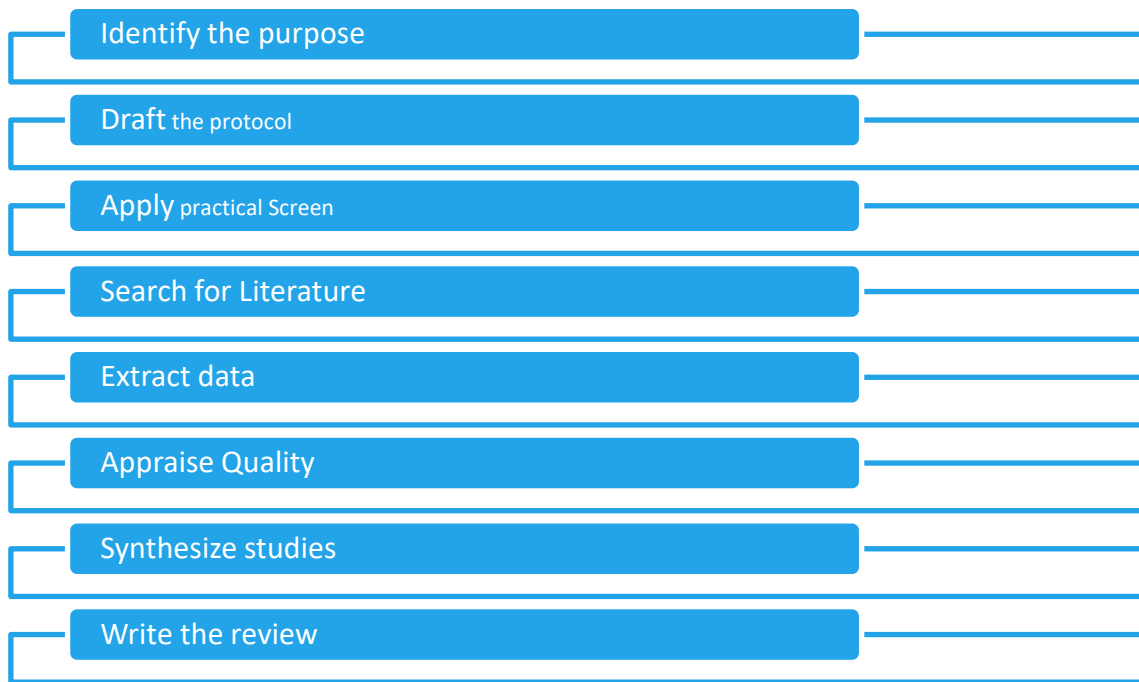


Fig.4, the Eight steps of Systematic literature review according to Okoli (2015, 43)

4.1.1 Brief Explanation of the 8 Steps

1. Identify the purpose: The first step, shall be to identify the purpose for the review, which requires the reviewer/s to clearly identify the review's purpose and intended goals, which is necessary for the review to be explicit to its readers (Okoli, 2015).

2. Draft protocol: In this stage, reviewer shall be completely clear and in agreement about the procedure that shall be followed, which requires both a written, detailed protocol documentation and to ensure consistency in how to execute the review (Okoli, 2015).

3. Apply practical screen: Also called screening for inclusion, this step requires that the reviewer be explicit about what studies shall be considered for review and which ones to be eliminated without further examination (a very necessary part of any literature review). For excluded studies, the reviewer/s must state the practical reasons for not considering them and justify how the resulting review can still be comprehensive given the practical exclusion criteria (Okoli, 2015).

4. Search for literature: The reviewer/s need to be explicit in describing the details of the literature search and need to explain and justify the comprehensiveness of the assured searched articles (Okoli, 2015).

5. Data Extraction: After identifying all the studies that should be included in the review, the reviewer need to systematically extract the applicable information from each study (Okoli, 2015).

6. Appraise quality: Also called screening for exclusion, the reviewer needs to explicitly spell out the criteria that shall be used to judge which papers that will be excluded for insufficient quality. Researchers need to score all included papers, depending on the research methodologies employed, for their quality (Okoli, 2015).

7. Synthesize Studies: Also known as analysis, this step involves combining the facts extracted from the studies by using appropriate techniques, whether quantitative, qualitative, or both (Okoli, 2015)

8. Write the review: In addition to the standard principles to be followed in writing research papers, the process of a systematic literature review needs to be reported in sufficient detail such that other researchers can independently reproduce the review's results (Okoli, 2015).

4.1.2 DATA COLLECTION/DATA GATHERING PROCESS

According to Coughlan et al, (2007), a systematic approach is considered most likely to generate a review that will be beneficial in informing practice. In a systematic literature review, the literature search should be well documented, with inclusion and exclusion criteria, as well as the search results should be clearly stated.

In accordance with this, a systematic literature review was applied during this research/thesis writing process. Nevertheless, the literatures for this review were gathered systematically as possible, following all the stages, well documented, also the selection method outlined to avoid the risk of selection bias (Coughlan & Cronin 2017, 15).

4.1.3 INCLUSION AND EXCLUSION CRITERIA

The relevance for selection criteria in systematic literature review studies are included or excluded based on the validity of their findings (external and internal validity), which are ideally replicable by others (Boell & Dubravka 2015, 164).

Okoli (2015), acknowledges, or uses the metaphor of catching fish, explaining that, after one captures a large number of fish, such as a school of tuna (i.e. searching the literature), and remove those undesired species, such as dolphins, that were also caught (applying the practical screen). This step was strictly followed, the pre-defined protocol and, thus, was straightforward.

In line with the above explanation and in conjunction with this master's thesis, the inclusion and exclusion criterions were established and tested before the actual literature search took place. Inclusion and exclusion criteria make it easier to recognise relevant literature and publications. These also prevent possible errors and defects, while ensuring that the focus of the research is not compromised (Gerrard 2014).

Therefore, the author of this research work, conducted the literature review in two stages, which is the first stage inclusion, where the title and abstract are judged against the inclusion criteria and in thorough detailed, secondly the screening of full papers being scrutinized, that is the exclusion phase (Gerrard 2014). This was done to get the most useful and relevant materials needed for this research work.

4.1.4 Research Approach/Database

According to Crusoe & Melin (2018), when conducting systematic literature review search, the approach should start by defining keywords, and then selecting a database that will be used to searched scientific research articles, results should be filtered and summarised, and lastly, analysed the findings.

In so doing, while choosing database for this literature review, the author chose Arcada's library database such as Academic Search Elite (EBSCOhost), Cinahl(EBSCO) and a manual search was also used to supplement the primary database search by using Google Scholar. Although Google Scholar has its own disadvantages and limitations, however, it enables researchers to find publications from several databases in one search (Jacso 2008, 103).

The author created simple keywords by combining "Factors" which *Enables* AND Openness*AND "Dialogue" *Empowers* People with "Mental health disabilities" to "gain employment" without stigmatization.

For each keyword search, the author looked at the first 96 results. The author first searched all years in EBSCOhost, with the above-mentioned key words and got 916 results. Nevertheless, the author also wanted to be sure that the latest and relevant articles were caught, therefore explicitly, searched the year 2010 to 2020, redefining the search to Scholarly peer review, and this gave 96 articles, also narrowing the search to Full text with abstracts.

The author identified relevant articles by studying the title and Google Scholar summary for concepts relating to keywords. Relevant articles were summarised with article id, authors, title, year, publish origin, topic, and important conclusions, if needed, purpose and method were included, such as the case of the systematic literature reviews. Later when analysing the articles, the author discovered interesting references and snowballed. Summarising their content in the same way as above resulted in a final set of 10 articles.

4.1.5 Data Selection Criteria

Inclusion criteria for studies selected were targeted on factors that enables and empowers people with mental health disabilities/challenges to gain employment without stigmatization, dialogue, and openness. This study also included peer reviewed quantitative and qualitative studies. The selection of studies excludes all studies that are not related to the research topic or which does not have any similarity with the topic, without abstracts etc. Figure 5 shows the number of studies selected at different levels of examining the literature found. From the three methods of literature search, a total of 10 articles were chosen for the final analysis phase because of their relevance to this study.

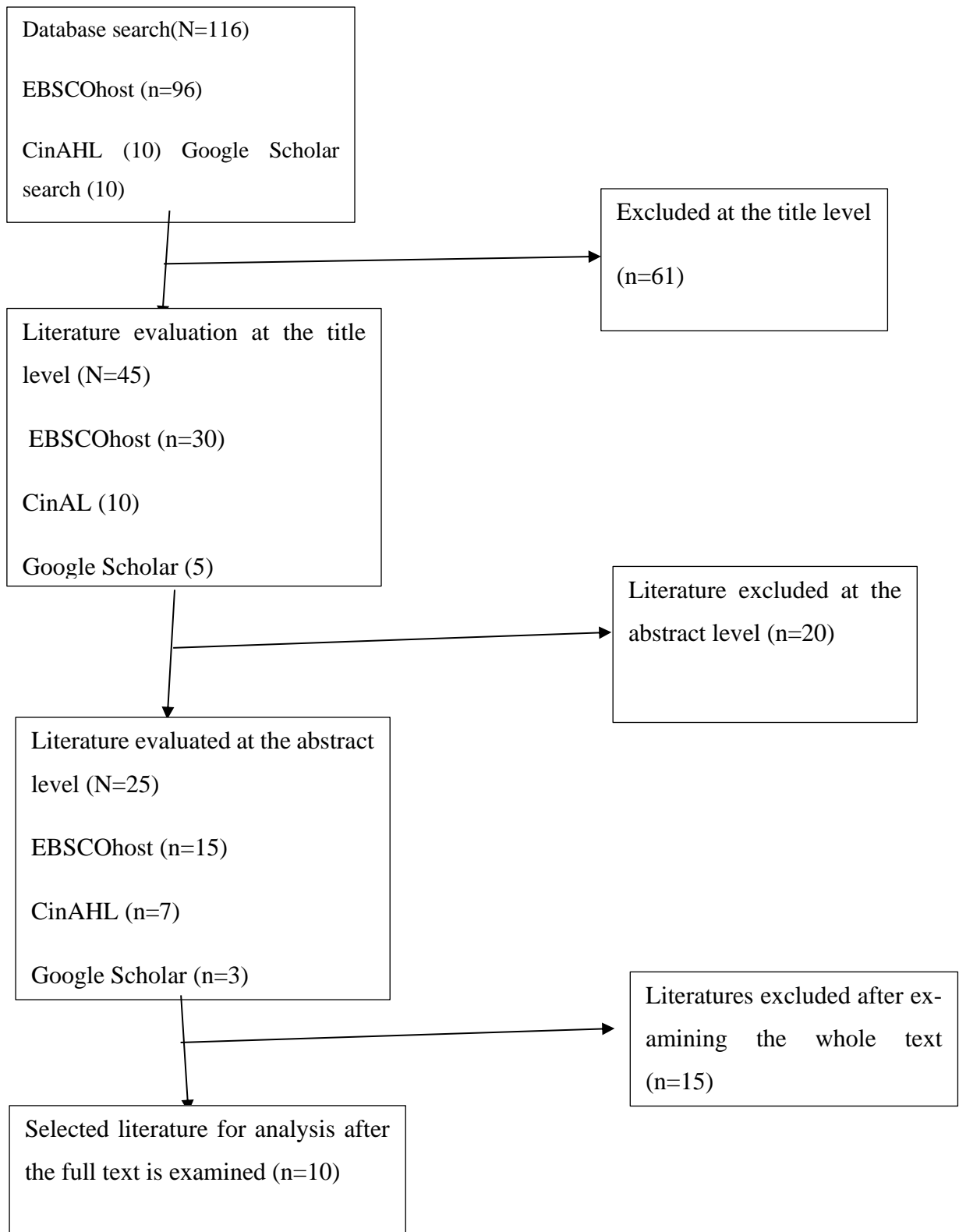


Figure 5. Shows Flow chart for the selection process of the literature.

4.1.6 Assessment of Quality for the research articles

This step involves assessing the methodological quality of the primary studies. In addition to screening studies for inclusion, researchers may need to formally assess the studies' quality to refine what ones they include or not, determine whether or not the differences in quality affect their review's results, or guide how they analyze the data and interpret the findings (Mathieu & Guy, 2015).

Assessing quality mostly refers or pertains to appraising the research design and methods used in the primary studies. Here, researchers must assess these studies against recognized methodological standards. Ascribing quality scores to each study which makes it possible to reflect on the extent to which the selected paper address possible biases and maximize validity (Mathieu & Guy, 2015, Okoli, 2015).

Concurring to the above explanations, the literature searched and collected data were qualitative, quantitative, and mixed research. Therefore, STROBE checklist of shortened version was applied for assessing research articles made with different methods in this research process.

STROBE

Is an international collaborative initiative of epidemiologists, methodologists, statisticians, researchers, and journal editors involved in the conduct and dissemination of observational studies with the main aim of "STROBE guidelines" is to provide a readily available checklist to ensure a clear presentation of what was planned and conducted in an observational and research studies (Cuschieri, 2019).

And this STROBE, stands for strengthening the reporting of observational studies in epidemiology. Table 3 below in appendices, shows the critical assessment of the studies in the shortened format of STROBE checklist. See the Appendices with the clear explanation of the checklist.

5 ETHICAL CONSIDERATIONS

This research was conducted according to the ethical principles of research and each phase was carried out as carefully and thoughtfully as possible. The literature research process was planned and executed stage by stage with emphasis on making sure that each detail and phase was documented. Articles that were chosen for the literature review were public journals. Therefore, there were no need for consent and bridge of privacy issues regarding the data collection. Nevertheless, the authors' emphasis was on doing justice to the original research by trying to stay as true to the data as possible and analysing it with due care, as impartial, also being neutral as one can be (Okoli 2015).

Ethically sound research refers to research where certain steps have been taken to ensure that the quality of the research is not being compromised by unethical practices. The responsibility of the researcher is to carry out the research so that all laws as well as ethical guidelines of research are being followed. The analysis process and the results were described in sufficient detail so that readers have a clear understanding of how the analysis was carried out and its strengths and limitations (Elo & Kyngas 2007).

6 RESULTS

From theme-based analysis of the final relevant articles, it was gathered that there are three themes which emerged. Firstly, a part of the studies discussed antecedents of cognitive acceptance and inclusion—factors that influence and form people’s attitudes towards a person with a mental health disability. Secondly, several studies investigated stigmatization attitudes, most often from colleagues at work, people around towards employees with mental health disabilities. Thirdly, there was a group of studies concerning the attitudes and behavior patterns of employers regarding their role in the process of accepting and enabling an employee with a mental health disability. The author shall use these three themes to structure the presentation of the findings. When an article deals with more than one of the themes, the results shall be presented under each heading.

Table 1. Theme formation

1st theme/Category	2nd theme/Subcategory	3rd theme/Main Category
<p>Bias Factors</p> <ul style="list-style-type: none"> • Antecedents of Cognitive acceptance/inclusion & Empowerment • Factors that influence/enables people to be bias towards persons with mental health disabilities. • Effects of gender discrimination on acceptance, and empowerment • Gender discrimination 	<p>Behavioral Attitudes</p> <ul style="list-style-type: none"> • Stigmatization attitudes • Biased view of the capacities of employees/people with mental health disabilities. • High level of social distancing towards people with mental health challenges • Men being more discriminatory than women 	<p>Intervention Process</p> <ul style="list-style-type: none"> • Behavioral patterns of the role of Acceptance, inclusion/enabling • Cultural beliefs of people and society increases/decreases the social acceptance and inclusion into the community and job markets. • Cultural issues and openness of the society, supported employment programs • Love and Social relationships with families and everyone involved in their lives. Openness, trust, genuine care, being listened to, value of mutual support.

<ul style="list-style-type: none"> • Age and educational background. • Younger people have more positive attitude and acceptance to people with mental health issues than older people. • Effects of the nature of mental health issues. E.g., people with severe Schizophrenia are likely to be feared and isolated in their communities. • Exclusions from top positions due to mental health challenges. E.g., managerial positions • Widespread of social discrimination, exclusion at structural level, e.g., housing & employment 	<ul style="list-style-type: none"> • People with lower education, discriminate, isolate those with Mental health issues, due to lack of knowledge. • Personality traits, symptom visibility and openness to experience affect the appropriate judgments for accommodations of people with mental health disabilities, after disclosure • People high in agreeableness openness to experience are more accepting, accommodating to the people with mental health disabilities than those who score low on these dimensions. • Fear of economic burden e.g., Andersen et al. 2014, reported that individuals with mental disorder has a higher cost to the economy and 	<ul style="list-style-type: none"> • Community acceptance: Role of social workers, psychologist etc. in sensitizing the community. Psychoeducational programs, enabling motivation and preventing guilt • Flow of communication: Openness to allow flow of communications, creating avenues for people with mental health issues' voices to be heard. • Involvement in decision makings. Employment specialist be guided in their interventions, building trust and mutual respect/dialogue <p>Educations: Psychoeducation, enlightenment and supported job acquisition programs.</p> <ul style="list-style-type: none"> • Creating, a psychosocial policy, involvements, family, and everyone involved in care plans to best understand means of inclusions. <p>Governmental and policy makers to be user-friendly policies and inclusiveness to accommodate the divergent views</p>
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<ul style="list-style-type: none"> • Legal liabilities • Discrimination in local level e.g., interactions with family, friends, and community • Studies report that people with mental health difficulties experience more discrimination than those with intellectual disability. • Hygienic aspect: • Barriers, criminal records, substance abuse etc. 	<p>costly to the society and workplace.</p> <ul style="list-style-type: none"> • Stigma, discrimination, and isolation due to fear of low performance. • Severity and controllability of the mental health disability is more negatively related to acceptance than other stigma types • Social isolations, stigma in attitude and perceptions against people with mental health issues as people who cannot maintain their personal hygiene due to their mental health challenges. • Physical barriers, attitudinal barriers, policy barriers and psychosocial barriers 	<p>and that of people with mental health challenges.</p> <ul style="list-style-type: none"> • Voices of peer supports people who have faced same challenges and well recovered, to encourage others. • Empowerment: Engagement, multidimensional social cultural process • Enablement, empowerment, engagement processes • Multidimensional, psychosocial cultural dimensions, in terms of shelter, psychiatric treatment meetings and jobs etc.
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6.1 Results description of the selected research articles

The ten selected research articles were studies that are relevant to this study and have similar focus areas to the research topic. As shown in Table 2 below in appendices, studies were made in different countries: Two in Australia, two in Canada, one in USA, one in Denmark, one in Hong Kong, one EU project research study, in which three EU countries participated in the project (Belgium, Greece and Netherlands). Five out of the Ten studies were quantitative, three were qualitative and two were a combination of qualitative and quantitative studies.

Among the ten studies selected Seven of them (Zafar, et al.2019, Mizock, et al.2019, Poremski, et al.2014, Lexen, et al.2016, Cheng, et al.2015, Kantartzis et al. 2012, Andersen et al 2014) are directly related to this study whereas three (Procter et al, 2015, Hansson et al 2011, and Bronwyn, et al 2015) are not directly related but focus on a similar concept. From the seven studies which are directly related, five of them (Andersen, et al.2014, Kantartzis, et al.2012, Zafar, et al.2019, Lexen et al 2016, Cheng et al, 2015) focus on acceptance, social inclusion, empowering, supported employment and experiences of people with Mental health disabilities. Attitude towards people with Mental health disabilities, enablement, and employment. Impact of Openness and use of multidisciplinary social cultural engagement principles were discussed in two of the studies (Mizock, et al 2019 and Poremski, et al 2014). Then integrated, recovery and family inclusiveness, building trust and genuine care were also discussed in (Bronwyn et al 2015 and Procter et al 2015).

7 DISCUSSION AND CRITICAL EVALUATION

Given the importance of empowerment and enablement to people with mental health disabilities and their relatives, building trust and portraying genuine care through multidimensional socio cultural processes helps for better engagement and inclusiveness for people with mental health disabilities (Proter et al, 2015). The aim of this study was to find out factors that enables and empower people with mental health disabilities to gain employment without facing much stigmatization.

Also, this study examines the experiences and challenges from the point of acceptance, social inclusiveness, mental health professionals' attitudes, widespread social discrimination and isolation towards people with mental health disabilities by the service users and consumers (caregivers and patients and/or individuals). The study designed was chosen to review literatures that tells us the factors that can enable and empower people with mental health disabilities. From the 116 research materials found at the first search, less than half of them were found to be related at the title level and only ten of them were relevant enough for analysis. And most of the studies found and not considered for analysis were from the mental health recovery movement and developmental psychology perspective or therapeutic recovery topics.

The strength and uniqueness of this study was reviewing majority of the articles discussing social inclusiveness, empowerment, building trust and facilitating trust through locating other trust social networks. Although involving families and other support networks/persons has previously been mentioned as a potential contributor to successful empowerment and enablement, this fact, could not be denied or swept under the carpet (Procter et al, 2015). This study shows the need for more research that can examine the caregivers' attitudes perspectives to people with mental health disabilities, emphasizing mental health stigma and caregivers' experience, choice of decision making, trust and genuine care issues as an applicable area in mental health recovery and mental health care.

To be employed has been indicated as an important goal to achieve meaning for people with mental health users, who have recovered, improvements in employment and

involvement in meaningful activities, similarly in their social life and financial situation. Social support helped users to achieve goals, find and keep a job, to function, to develop, and to be part of the community. Stigma and discrimination in society and mental illness itself are perceived to be obstacles to social inclusion (Nieminen et al. 2013).

8 CONCLUSION

Although till date, there has been little research on how people with common mental health disabilities experience participation in returning to work and an employment interventions and how specific elements in the intervention influence their employment process (Procter et al 2015).

Inarguably, to the above fact, people with Severe Mental Illness (SMI) in the workforce especially women, face a combination of challenges caused by their symptoms and by external reactions to their symptoms. Some may be disadvantaged when their symptoms interfere with work performance. Others may be unable to hide their symptoms, and employers and coworkers may react with resentment or stigma (Mizock et al, 2019).

This study made an effort to find out the factors that can enable and empower people with mental health disabilities to gain employment without much stigmatization, by exploring and examining three common themes which are common in empowerment and enablement multidimensional socio cultural processes: 1) Effects or Antecedents of cognitive acceptance, inclusion, empowerment and enablement (Bias factors), 2) Stigmatization attitudes (Negative behaviors or attitudes towards people with mental health disabilities), 3) Behavioral patterns of the role of acceptance, social inclusion, enablement and empowerment (intervention process).

At the long run, results of all search, were analysed through themes, subthemes, and main themes to make illustrations and a systematisation. Our results indicate that empowerment and enablement is a multidimensional socio-cultural process and approach that enable people with mental health disabilities gain understanding, employment, and control of the affairs of their lives.

It will be the pleasure of the author to take this forward to another level or even to a Ph.D. research dream. The quest for knowledge and trying to learn more is the reason for seeking to pursue a higher degree.

To my opponent, my supervisor or any other academic staff reading this, please, do not hesitate to add or make some corrections, your help and direction will assist me a lot towards my future pursuit/academic pursuit. Thanks so much, for your time and efforts to read through.

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APPENDICE

Table 3. Assessment criteria of the studies/articles according to STROBE

References	Assessment Criteria of the Studies									
	1	2	3	4	5	6	7	8	9	10
Hansson et al, 2011	**	**	**	**	*	*	*	*	-	**
Bronwyn et al, 2015	**	**	**	**	**	**	**	**	*	*
Procter et al. 2015	**	**	**	**	**	**	**	**	**	**
Kantartzis et al 2012	**	**	**	**	**	**	**	**	X	**
Andersen et al 2014	**	**	**	**	*	**	-	**	*	*
Cheng et al 2015	**	**	**	**	**	**	**	**	**	**
Lexen et al 2016	**	**	**	**	**	**	*	*	**	**
Poremski et al 2014	**	**	**	*	*	-	*	*	X	-
Mizock et al 2019	**	**	**	**	**	**	**	**	*	*
Zafar et al 2019	**	**	**	**	**	**	**	**	**	**

1. Study background and theoretical framework are clearly defined.
2. Purpose, aim and research questions are clearly defined.
3. The design is clearly stated.
4. The setting is clearly described.

5. Independent, dependent, and confounding variables are clearly defined.
6. Data sources and analysis methods are clearly described.
7. Describes any efforts to address potential sources of bias.
8. Answers the research questions logically.
9. Discusses the study's limitations and generalizability.
10. Relevance to the topic.

** satisfies the assessment criteria

* partly satisfies the assessment criteria

_ hardly or not at all satisfies the assessment criteria

x assessment criteria do not apply

Author & publication year	Title	Country	Aim and purpose	Design	Data and methods	Main results
Bronwyn et al, 2015	'We're Still in There'-Consumer Voices on Mental Health Inpatient Care: Social work research Highlighting Lessons for Recovery Practices	Australia	To explore the lived experience of patients in acute inpatient care on research conducted in rural part of Australia	Reflexive, journal, and engagement in reflective discussions with supervisors throughout the research project to support the reflexive process,	Qualitative research which utilizes the methodology of hermeneutic phenomenology to explore the experience of inpatient care. Data collection was through interviews, computer software program NViv10 was used to assist in data management & produce thematic line by line analysis. Hermeneutic focus of analysis was achieved through listening to the recorded interview	The result presented three main themes from the interviews, highlighting the implications for social work practices, Pseudonyms were used in reporting the findings and distinguish different respondents and quotes and experiences. Generally, it was mixed of negative and positive experiences. The 3 most mentioned thematic analysis are a plea to be listened to, the value of mutual support and the role of the family
Andersen et al, 2014	How do workers with common Mental Disorders Experience a Multidisciplinary Return-to-Work	Denmark	The aims of this study were to investigate how sick-listed persons with Common Mental Disorders experienced	Interviews were conducted at three stages with each participant. The principles of interpretative phenomenological analysis guided the analysis.	A Qualitative research method, with in-depth interviews conducted with 17 participants on sick leave due to Common Mental	Results shows that the workability assessment consultations and RTW activities such as psych educational group sessions and

	Intervention? A Qualitative Study		participating in an RTW intervention and how workability assessments and RTW activities influence their RTW process		Disorder who participated in return-to-work intervention	individual sessions with psychologist could result in both motivation and frustration depending on the extent to the RTW professionals practiced. Negative/positive memories are felt at some points for not returning to work, guilt, and Isolation.
Kantartzis et al. 2012	‘Doing’ Social inclusion with ELSiTO project. Empowering learning for Social inclusion through Occupation.	ELSiTO project Conducted in 3 EU Countries. Participant: Partners were from Belgium, Greece, and the Netherlands with over 30 members including mental health service users, occupational therapists,	The European partnership ELSiTO Project aimed to develop understanding of the nature and processes of social inclusion for persons experiencing mental illness.	The study design is an intervention group follow-up study, with data collection from a knowledge-creation learning process was used during four international, experiential, visits and local meetings, which included visiting and describing good practice, telling stories of experiences,	A knowledge-creation learning process was used during four international, experiential, visits, and local meetings, which included visiting and describing good practice, telling stories of experiences, reflection, and discussion.	The results show partnership developed understandings of the nature and process of social inclusion, including both subjective and objective aspects interrelated with the doing of daily activities in the community. Members’ work-related

		and other staff.		reflection, and discussion.		experiences, illustrated through their stories, depict the subjective aspects of social inclusion as they are shaped and framed by the objective conditions within a variety of work opportunities. Experiences in paid work, supported employment and voluntary work may both threaten and enhance mental health. Features of successful (voluntary) work experiences are identified.
Hansson et al 2011	Mental health professionals' attitudes towards people with mental health illness: Do they differ from attitudes	Sweden	The aim of the study was to investigate mental health staff's attitudes towards people with mental illness	A cross-sectional study was performed including 140 staff and 141 patients. The study included a random sample of outpatients in	Questionnaires: Attitudes were investigated using a questionnaire covering beliefs of devaluation and	The findings revealed negative attitudes were prevalent among staff. Most negative attitudes concerned whether

	held by people with mental illness?		and compare these with the attitudes of patients in contact with mental health services. A further aim was to relate staff attitudes to demographic and work characteristics.	contact with mental health services in the southern part of Sweden and staff working in these services.	discrimination of people with a mental illness.	an employer would accept an application for work, willingness to date a person who had been hospitalized, and hiring a patient to take care of children. Staff treating patients with a psychosis or working in inpatient settings had the most negative attitudes. Patient attitudes were overall like staff attitudes and there were significant differences in only three out of 12 dimensions. Patients' most negative attitudes were in the same area as the staffs.
Procter et al 2015	Engaging Consumers in the Australian	Australia	Aim is to explore the engagement	Two focus groups were conducted at a metropolitan	Qualitative: Two semi-structured focus groups	The findings identified two major themes for successful

	emergency mental health context: A qualitative prospective from clinicians working in the community		experiences of clinicians to identify the attributes used when engaging with consumers.	community mental health service center in Adelaide, south Australia	were conducted (in July and August 2011) using open-ended questions about engagement. Questions addressed what engagement means to clinicians and what skills are used to engage and/or reduce engagement	engagement and empowerment, which were: (i) Building trust and (ii) portraying genuine care, with 4 & 3 subthemes respectively
Cheng et al 2015	A review of supported employment services for people with mental health disabilities in Hong Kong	Hong Kong	Purpose of this paper is to presents a review of literature on supported employment services for people with mental disabilities in Hong Kong and the growth since its development.	Literature Review	Literature review of supported literatures on supported employment services in Hong Kong	Results of local studies provide evidence that SE, although originally developed in the United States, is generalizable and accepted to Hong Kong.
Lexen et al 2016	Individual Placement and support are the Keyhole: Employment experiences of supporting persons	Sweden	The aim of this study was to explore the experiences and views of employers in Sweden who	Grounded theory with situational analysis was used to analyze data from nine employers.	Interview: The employers were recruited gradually for interview; after the first interview had	The results show core category being socially committed was identified. Six

	with mental illness		have participated in the IPS network and taken IPS service users into their workforce.		been transcribed and subjected to preliminary analysis, the next employer was theoretically chosen based on how he/she could contribute to the development of the analysis	stages/categories illustrated the employer process, from taking on IPS service users to supporting them at work: 1) IPS is the keyhole, 2) being ready to open the door, 3) making a job offer, 4) removing barriers, 5) achieving the goal, and 6) pride mixed with negative feelings.
Poremski et al 2014	Barriers to obtaining employment for people with severe mental illness	Quebec Canada	To explore the self-reported barriers to employment in a sample of individuals with mental illness when they were homeless.	Inductive analysis was used to identify barriers to employment	A sample of 27 individuals with mental illness and recent experiences of homelessness, who had expressed an interest in working, participated in semi-structured qualitative interviews.	The results were prominent barriers, that include: (1) current substance abuse, (2) having a criminal record, (3) work-impeding shelter practices, and (4) difficulties obtaining adequate psychiatric care.

Mizock et al 2019	Work assets and drains: Employment experiences of women with serious mental illness	USA	The study explores the strengths of women with SMI and the difficulties they face in coping with work, with the goal of providing more specific recommendation to vocational rehabilitation practitioners	Grounded theory methodology was used to analyze the qualitative data. Several qualitative validity strategies were employed to enhance data quality.	Interview of 20 women with SMI, who were attending a psychosocial rehabilitation center located in the Northeastern region of the United States. The participants ranged in age from 32 to 66, with a mean age of 50.	Results indicates Six themes relating to work emerged from analysis of the qualitative data: (1) work drain; (2) symptom visibility; (3) work disclosure; (4) inconsistent work; (5) non-traditional work; and (6) work assets.
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Zafar et al 2019	A systematic review of work accommodations for people with mental health disorders	Canada	The purpose of this systematic review is to identify work accommodations that are available and that are provided to individuals with mental disorders. In addition, associated cost-effectiveness and cost-benefits of these accommodations are examined.	Studies published between 1990–2016 from four databases were reviewed. From these databases, studies that specified accommodations that were available/provided and/or addressed cost-effectiveness or cost-benefit analysis of work accommodations were included.	Systematic Literature Review	Results shows that out of the 1362 eligible studies, only 15 were included. Work accommodations that were provided to individuals assisted in mitigating limitations in the workplace and improved length of job tenure, as well as reduced the severity of certain mental disorders. The costs associated with these accommodations were found to be minimal/positive economic benefits for employers.
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Table 2, Selected, included articles for review