A systematic review of qualitative research that examines barriers and facilitators to competitive employment for people living with mental illness: implications for developing Asian countries

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Abstract

Aim: To examine barriers and facilitators for entering and sustaining competitive employment for people with mental illness (PMI) from the perspective of PMI. This study seeks to inform strategies or supports for employment for PMI in developing Asian countries.

Research design: Systematic review of qualitative studies

Methods: Seven electronic databases relevant to the fields of mental illness and employment were searched using CINAHL, Medline, Cochrane, PubMed, Scopus, PsycINFO, and ProQuest. No date limits were set in order to ensure all relevant literature was captured. The search was limited to English only and qualitative studies. Scanning the reference lists of included studies or relevant reviews identified additional studies. Two reviewers independently screened title, abstract and full text. Studies meeting the inclusion criteria were critiqued using the McMasters Critical Review Form for Qualitative Studies.

Results: 1354 articles were screened after duplicates had been removed and 75 were assessed for relevance, resulting in twenty-five full text articles for review. The quality of studies was mixed, with only three representing a high number of quality indicators for qualitative research. 'Barriers' and 'Facilitators' were identified as two major themes, with three subthemes emerging: (1*) external factors*, including workplace issues, government policies, and opportunities to enhance employment skills of PMI; (2) *interpersonal factors*, including relationships with family, friends, mental health service providers, and vocational specialists; and (3) *individual factors* including Illness related issues and other personal history and service knowledge

Conclusions: The employment successes of PMI are influenced by a number of external, interpersonal and individual factors. The themes identified in this review reinforce the findings of similar systematic reviews, with the exception of one area. Interpersonal factors emerged as a barrier to employment success in some cases, which has only been previously identified as a facilitator in other reviews. No qualitative studies from developing Asian countries were identified in this review, however, the implications identified in this review are potentially transferrable. Further, well-designed qualitative studies are required in developing Asian countries to examine these factors from the perspectives of PMI.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Signed.....Jebunnesa Jahan.....

Date.....30/06/2017.....

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1. Context and Aims of Study

1.1 Introduction

Mental illness or mental disorders are a group of clinically recognisable conditions of varying severity (Australian Institute of Health and Welfare, 2016). Mental illness is the third leading cause of global disease burden among adults (Anderson, Jane-Llopis, & Hosman, 2011; Mathers, Vos, Stevenson, & Begg, 2001). Mental illness affects around 450 million people worldwide and 80 percent of cases occur in middle and low-income countries (Trani et al., 2015).

Mental illness significantly impairs the cognitive, functional and social abilities of individuals (Butterworth, 2003) and hampers an individual's ability to be productive and participate in social opportunities. Mental illnesses also increase the risk of negative social stigma, social isolation, discrimination, poverty, unemployment and homelessness (World Health Organization, 2016). Therefore, those living with a mental illness may experience social disadvantage across many aspects of their life. This disadvantage is exacerbated when people with mental illnesses live in areas with few resources and so cannot access appropriate levels of health care services, support programs, education and employment (Trani et al., 2015). For example, there are few resources throughout Asia although a large proportion of the population live with a mental illness (Meshvara, 2002; Trani et al., 2015). The situation for people in this region is very poor both psychosocially and economically (Lauber & Rössler 2007).

Opportunity to participate in employment has long been recognised as the most significant aspect for PMI. Employment provides routine, purpose, social status, and a source of income for PMI (Caltaux et al., 2003). In addition, employment allows PMI to engage with others and not only enhances their social relationships but can boost their self-confidence (Caltaux et al., 2003). As a result, having the opportunity to participate in employment can be a powerful motivator for PMI to live a meaningful life in society. However, Australian Bureau of Statistics (2012) reported that unemployment rates are higher amongst PMI compared to people with other disabilities. In developing Asian countries, PMI are poorer and the unemployment rate is higher compared to other parts of the world (Trani et al., 2015). However, this is only an estimate as there is a lack of evidence in this region.

1.2 Study context

Mental illness can impair an individual's capacity to work (Mathers & Loncar, 2006). Despite the adverse effects of mental illness on employment, there is growing evidence that PMI are willing to participate in the workforce (McDowell & Fossey, 2015). However, PMI face significant challenges in gaining and sustaining employment, and high rates of unemployment are reported in this section of the population (Woodside et al., 2006).

Employment is one of the basic human rights that enables a person to be a valuable member of society (Blank, Harries, & Reynolds, 2011; Fossey & Harvey 2010; International Labour Organization, 2004). The concept of employment is multiaxial and it may vary from country to country (Piana, 2001). Employment can be paid or unpaid, competitive (e.g. part-time or full-time job with a salary at or above award rates) or supportive (e.g. employment assistance for PMI in real work settings where they can prepare to participate in competitive employment) (refer to section 2.3.3). Competitive employment is positively associated with income and social relationships (Fossey & Harvey, 2010) and has higher social value than other job opportunities given it is the means by which people can lead a prosperous life both psychosocially and economically (Fossey & Harvey, 2010). However, PMI can experience significant barriers to participating in competitive employment and it is critical to identify these barriers by examining the experiences of PMI (Woodside et al, 2006). In addition, identifying these obstructions can help with exploring the facilitators for PMI to gain and sustain competitive employment. Therefore, gaining knowledge from the perspective of PMI is crucial and forms the primary focus of this thesis.

1.3 Statement of the Problem

This study has three broad concepts under investigation: mental illness, employment and PMI in developing Asian countries. The following section highlights the inter-relatedness of the issues under investigation.

It is evident that employment is associated with significant psychosocial, economic, and clinical improvements among PMI (Fossey & Harvey 2010; Herrman & Jané-Llopis, 2012; Luciano, & Meara, 2014), whereas unemployment is related to low self-esteem, social exclusion, and poor quality of life for PMI in the wider community (Waghorn & Lloyd, 2005). People living with mental illness are often unemployed or are unable to participate in the workforce (Disability Rights Commission, 2007; Jarman, Hancock, & Scanlan, 2016; McDowell & Fossey, 2015; Waghorn & Lloyd, 2005). Estimates of the unemployment rate among PMI in the United States and the United Kingdom are 75 to 85 percent, and 61 to 73 percent, respectively (Crowther, Marshall, Bond, & Huxley, 2001) and 70 percent in Australia (Jarman et al., 2016). Equivalent data is not available for developing Asian countries.

Of the 450 million PMI worldwide, one-fifth are located in developing Asian countries (Trivedi, Gupta, & Saha, 2010). Ensuring employment for this large section of the population is a challenge not only for Asia but for all developing countries (Chopra, 2009). There are significant cultural, social and economic challenges for PMI in developing Asian countries, (Lauber & Rössler, 2007; Park, Jang, & Chiriboga, 2016), and much more research into these obstructions is required to assist PMI to gain and sustain employment (Chopra, 2009; Trani et al., 2015).

1.4 Aim

The aim of this research was to examine the barriers and facilitators for PMI to gain and sustain competitive employment. A systematic review was conducted to identify, critically appraise and synthesise the findings of published peer-reviewed qualitative literature on this topic. According to O'Day and Killeen (2002b), qualitative research focuses on the experience regarding disability issues. It also allows examination of other multilayered and complex issues beyond disability. Therefore, qualitative research is appropriate for exploring disability-related issues such as mental illness.

The findings from this review then informed the development of strategies or supports for employment for PMI in developing Asian countries, and recommendations for further research.

1.5 Structure of the dissertation

In this dissertation, the following chapters were included:

Chapter 2: Literature review

This chapter reviews the literature on mental illness and employment. Definitions of mental illness and prevalence rates are presented. The chapter then explores the reported issues associated with employment and unemployment among people with mental illness before exploring the significance of mental illness and employment in developing Asian countries.

Chapter 3: Methods

This chapter, a systematic review, provides an overview of the study's methodology. As part of this process, a discussion about how the research question was defined and framed is provided. The research process is outlined with key steps including search strategy and selection criteria. This process is presented in the following order: key search terms, identified databases, a list of included and excluded criteria, and data collection. Evaluation of the methodological quality of studies is discussed in addition to the process used to summarise and interpret the results. Full lists of subject headings and search terms are provided in the Appendices.

Chapter 4: Results

This chapter presents the overall findings of the systematic review with a series of tables. The information provided in the tables includes a description of all the study participants and themes and sub-themes that were identified from the systematic review. An additional table is provided to illustrate and compare the quality of different studies by using a scoring system.

Chapter 5: Discussion and conclusion

This chapter discusses the themes and subthemes from the results of this review. Based on these findings, the means by which developing Asian countries could support PMI to gain and sustain competitive employment are discussed. A discussion on the limitations of this review and recommendations for further research is also provided.

2. Literature Review

2.1 Introduction

This chapter presents a review of available literature on mental illness and employment. At the beginning of this chapter, the definition, types, presentation, and effects of mental illness are provided. This chapter then presents a discussion regarding the reported issues associated with mental illness and employment from an international context. The later part of this chapter explores the significance of employment for PMI in developing Asian countries.

2.2 Mental Illness

2.2.1 Definition of mental illness

The terms mental disorder and mental illness are often used interchangeably (AIHW, 2006). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), mental illnesses consist of a spectrum of clinically recognizable disorders that results in significant dysfunction of an individual's mental functioning (e.g. developmental, psychological, or biological processes) due to impairment of his or her cognitive, emotional and behavioral capacities. According to the guidelines of the DSM-5, culturally and socially acceptable and expected emotional and behavioral responses to day to day life stressors are not regarded as mental disorder unless they result from an individual's cognitive, emotional, and behavioral dysfunction (APA, 2013).

2.2.2 Types of mental illness

The common forms of mental illness are depression and anxiety disorders, bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), borderline personality disorder, and obsessive-compulsive disorder (De Lorenzo, 2013; Hunter, & Collins, 2009; Layard et al., 2013). Depression and anxiety are the most common mental illnesses among people of working age, and they occur almost equally in developed and developing countries. These disorders affect 10 percent of people worldwide (Layard et al., 2013). Schizophrenia also significantly impairs an individual's work performance and affects one percent of working age people (Murtagh, 2011). This disorder is associated with poor social functioning, and high rates of unemployment (Evensen et al., 2015). Another common form of mental illness, bipolar disorder, occurs among one to two percent of working people and is marked by mood swings ranging from mania (elevated mood) to depression. With borderline personality disorder, the individual's capacity to cope with daily stressors including employment, is impaired, often severely and can result in maladaptive and violent behaviour, and can significantly hamper interpersonal relationships in the workplace (Murtagh, 2011).

2.2.3 Presentation of mental illness

Mental illness can present in a variety of ways and is dependent on the disease pattern, duration and severity of the illnesses and is evident in the PMI displaying impaired thinking, and distorted emotions or behaviour (Murtagh, 2011; Waghorn & Lloyd, 2005). The most frequent presentations include 1) feelings of sadness or loneliness; 2) extreme feelings of anxiety, stress, worries or guilt; 3) loss of interest in usual activities such as eating, sleeping, sexual and leisure activities; 4) avoidance of social activities; 5) tiredness and a lack of energy; 6) extreme changes in mood (e.g. high or low); 7) inability to deal with everyday activities and stresses; 8) poor concentration and memory; 9) inability to understand reality or detachment from it; 10) antisocial behaviour such as extreme anger, violence, hostility; 11) self-harming behaviour including suicidal ideation; 12) drug and alcohol abuse; 13) unexplained physical symptoms which may include headaches or stomach pains (Murtagh, 2011; Waghorn & Lloyd, 2005).

2.2.4 Effects of mental illness on an individual's personal and social life

Mental illness can result in impairment of an individual's values, thoughts, and feelings regarding their future career and interests (Waghorn & Lloyd, 2005). PMI are often viewed as unsuitable or incompetent employees (Canadian Mental Health Association, n.d.). Thus, compared to other disabilities, mental illness is regarded as unique (Caltaux et al., 2003). Being labelled mentally ill often results in people having to face substantially more barriers than people without mental illness both personally and socially (Hunter & Collins, 2009). The cognitive, behavioural, functional, and social impairments associated with mental illness (APA, 2013), mean that PMI often encounter significant barriers to getting employment (De Lorenzo, 2013). Based on findings from Australian and overseas on mental illness and employment, a report by Waghorn and Lloyd (2005) revealed the impact of different mental illnesses on employment. It was found that people with depression are often reluctant to engage in employment as a result of impaired motivation, loss of interest and lowered decision-making ability. Evidence suggested this scenario is identical with those who have anxiety, bipolar, and psychotic disorders (De Lorenzo, 2013; Harvard Mental Health Letter, 2010; Waghorn & Lloyd, 2005).

Apart from the symptoms of mental illness, PMI also face significant challenges from the side effects of medication, which can further limit their capacity to work (De Lorenzo, 2013). These findings supported the studies done by Haslam, Atkinson, Brown, and Haslam (2005). In order to examine the effects of mental illness and prescribed medication on work performance and workplace safety, Haslam et al., (2005) conducted a focus group investigation. The study involved nine focus groups of PMI (total 54 participants) and three focus groups (total 20 participants) of staff from human resources and occupational health. Participants with a mental illness reported that the symptoms of their mental illness and the side effects of their medication were often indistinguishable. They cited

poor concentration, dizziness and confusion as the reasons for their impaired participation and for making them more prone to accidents at work.

PMI are often stigmatised by society and these harsh judgments manifest as PMI being avoided, rejected, and discriminated against (Trani et al., 2015). The stigma against the working capacities of PMI among family, friends, mental health service providers, and employers significantly restricts the opportunities of PMI to participate in competitive employment. Repeated cognitive and emotional rejection by society frequently leads to PMI internalizing the stigma whereby they become less able to gain and sustain employment (Caltaux et al., 2003; Phillips et al., 2015). Drapalski, Lucksted and Perrin (2013) supported these findings and emphasised the impact that internalised criticism had on PMI in lowering their self-esteem, hope and coping capacities, and their willingness to seek support from mental health services (Levy, Celen-Demirtas, Surguladze, & Sweeney, 2014). Negative self-stigma of PMI also increases their level of depression, psychiatric symptoms, and social avoidance (Corrigan, & Rao, 2012). Mental illness can also affect an individual's physical health (Herrman & Jané-Llopis, 2012). In addition, mental illness can bring significant emotional and financial burden to family members providing support to PMI (Waghorn & Lloyd, 2005).

From a social viewpoint, the lack of awareness of and the stigma attached to mental illness in society is recognised as a concern. In contrast to people without mental illness, PMI face significant discrimination with obtaining work (Parcesepe & Cabassa, 2013). This situation is more pronounced in developing Asian countries (Chopra, 2009). In addition, stigmatising beliefs in the workplace regarding the working capacities of PMI can also compromise their opportunity to participate in employment (De Lorenzo, 2013). This can result in impaired financial solvency, and loss of sense of autonomy of PMI (Parcesepe & Cabassa, 2013). On the other hand, due to the fear of losing their job and being stigmatised in the workplace, PMI often conceal their illnesses (De Lorenzo, 2013). The lack of awareness regarding mental illness in society not only significantly limit the opportunity of PMI to take part in employment but also limit the willingness of PMI to seek help.

Mental illness carries a great burden for the family to provide adequate support for PMI. This is particularly so in developing countries, where the social support for PMI is very low (Lauber & Rössler, 2007; Trani et al., 2015). Furthermore, mental illness can also bring economic burden for the government to provide social security support for PMI (Waghorn & Lloyd, 2005). Due to these detrimental effects of mental illnesses, PMI are regarded as one of the most economically and socially unprivileged group of people in the community (Crowther et al., 2001; Waghorn & Lloyd, 2005).

2.3 Employment

2.3.1 The value of employment

Employment has long been recognised as one of the basic needs of human life (Costanza et al., 2007). Employment is a vehicle which enables an individual to accomplish his or her daily activities, such as maintaining social relationships, having an occupation, earning a reasonable income, having a social status and enhancing self-confidence (Caltaux et al., 2003). Fundamental to everyone, irrespective of living with a disability, is the right to equal participation and opportunity for and to employment (Australian Social Inclusion Board, 2012). According to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) people with all kind of disabilities, including mental illness, have rights to enjoy a fair and discrimination-free life in society (Szmukler et al., 2014). Furthermore, having suitable employment is a fundamental component of human life to accomplish economic security, valued roles and identity, and a sense of making an important contribution to the wider community (Trani et al., 2015; Waghorn & Lloyd, 2005). In order to achieve equal respect, dignity, and social security in the community, PMI have a right to engage in suitable employment (Waghorn & Lloyd, 2005).

Employment is associated with significant psychosocial, economic, and clinical improvements of an individual living with mental illness (Caltaux et al., 2003; Herrman & Jané-Llopis, 2012; Johannesen, McGrew, Griss, & Born, 2007; Luciano & Meara, 2014; Mueser, Drake, & Bond, 2016; Waghorn & Lloyd, 2005). Employment is an important determinant of social inclusion for PMI. It enables PMI to feel and to be socially involved (Caltaux et al., 2003; Crowther et al., 2001). Having 'good quality employment' is also regarded as an important predictor of sound mental health and wellbeing (Crowe & Butterworth, 2016; Luciano & Meara, 2014). Furthermore, gaining and sustaining suitable employment was regarded an indicator for PMI's integration or reintegration into society (International Labour Organisation, 2008).

In order to explore the effects of employment on mental health, a wide variety of research has been conducted (Blank, Harries, & Reynolds, 2011; Fossey & Harvey 2010; Waghorn & Lloyd, 2005). Opposing the repeated prominence in the literature on employment as an important pathway to recovery, Marwaha and Johnson (2005) identified that work-related stresses may exacerbate the symptoms of mental illness. A highly demanding job environment (Fossey & Harvey 2010), and competition with coworkers (Waghorn & Lloyd, 2005) was reported as work-related stresses that may amplify the symptoms of mental illness among PMI. In support of these findings, a report of Harvard Medical (2010) suggested that the symptoms of mental illness of an individual at the workplace can be dissimilar from other situations. However, complete description of this result was not provided in this report.

Despite these negative consequences of employment, repetitive findings in the literature on the benefits of employment outweigh these disadvantages for many PMI (Blank, Harries, & Reynolds, 2011; Fossey & Harvey 2010; Waghorn & Lloyd, 2005). Having an opportunity to work in mainstream society not only enhances financial independence and social integration but also enables employees to develop social support and boost their sense of purpose and self-worth (Waghorn & Lloyd, 2005). Furthermore, making a contribution to society increases their satisfaction with life, which plays a vital role in ameliorating symptoms (Layard et al., 2013). Employment can play a vital role in enhancing the development of social skills including social participation and community engagement of PMI (Chan, Tsang, & Li, 2009; Kennedy-Jones, Cooper, & Fossey, 2005; Strickler et al., 2009). These characteristics of employment, together with the personal and social benefits it provokes, engender employment as a critical goal for PMI (Waghorn & Lloyd, 2005).

2.3.2 Mental illness and unemployment

There is ample evidence of PMI's willingness to seek employment (Boardman, Grove, Perkins, & Shepherd, 2003; Crowther et al., 2001, McDowell & Fossey, 2015, Munro & Edward, 2008). In addition, irrespective of the severity of the disorder, many PMI are able to be successful in their job (Caltaux et al., 2003; McDowell & Fossey, 2015). Yet, the rate of unemployment remains alarmingly higher among PMI at working age, compared to people with other disabilities (Disability Rights Commission, 2007; Jarman, Hancock, & Scanlan, 2016; McDowell & Fossey, 2015; Waghorn & Lloyd, 2005).

A report by the ABS (2012) compared the rate of labour market participation and unemployment among three different types of disabilities. Workplace participation among people with psychological disorders was 29.1%, those with physical disorders was 47.4%, and people with sensory or speech impairments was 56.2%. On the other hand, successive rates of unemployment occurred in 20.4% of people with a psychological disability, 8.2% of those with a physical restriction and 7.7% among people with sensory or speech impairments. The report found that compared to other disabilities, the rate of unemployment among people with a psychological disability was the highest, and their participation in the labour market was the lowest.

According to Connell, King, and Crowe (2011), worldwide unemployment is a serious and intractable problem for PMI. Despite research that has found a positive relationship between employment and mental illness in terms of psychosocial, economic and clinical recovery (Luciano & Meara, 2014), many PMI are unable to enjoy these benefits as a result of unemployment (Boardman et al., 2003; Connel et al., 2011). The most significant negative impacts of unemployment are an impaired sense of identity, loss of status, purpose, roles and structure which were the essential benefits of employment (Boardman et al., 2003).

2.3.3 Employment models for PMI

Throughout the literature, a variety of employment models has been identified. A description of the most frequently identified employment options and programs for PMI throughout the studies are provided below.

Vocational Rehabilitation (VR) Service

Vocational rehabilitation (VR) is a systematic process designed to provide employment support to workers with cognitive, emotional, behavioural and physical impairments (Crowther et al., 2001; ILO, 2008; Waddell, Burton, & Kendall, 2008). VR is a coordinated process of specialised services that consists of the following key components: "vocational assessment, counselling, goal-setting, service planning, case management, service delivery, job placement and follow-up" (Michigan Bureau of Workers' Disability Compensation, (MBWDC), 2000, p. 4). According to the Vocational Rehabilitation and Employment (Disabled Persons) Convention, (1983), article one, the aim of VR service is to enable people with diverse health conditions in gaining, sustaining and returning to suitable employment, and enhance their social integration and reintegration (ILO, 2008).

A variety of VR programs are available to provide a wide range of employment support to PMI. The most frequently reported VR programs are the clubhouse model, social forms of affirmative businesses, vocational training programs and sheltered workshops. The following section provided a brief description of each program with its advantages and disadvantages.

Clubhouse Model

The clubhouse model is one of the strategies for enhancing a sense of belonging, purpose and empowerment for PMI (Herman, Onaga, Pernice-Duca, Oh, & Ferguson, 2005). It is intended to provide an open community for PMI to interact and work as a support group (Herman et al., 2005). Furthermore, this model helps PMI to rebuild themselves and return to a modified form of living (Phillips et al., 2015). The clubhouse model encourages people with PMI to see themselves as members instead of patients or clients, unlike conventional mental health services (Herman et al., 2005). The clubhouse model is egalitarian in structure (Crowther et al., 2001; Herman et al., 2005) and therefore members and staff share equal responsibility for activities and decision making.

A grounded theory study was done by Coniglio, Hancock, and Ellis (2012) to explore the experiences of members in a clubhouse. They conducted 17 semi-structured interviews with ten members of the Pioneer Clubhouse in Sydney. All the study participants identified the clubhouse as a place to be socially engaged, as mentioned by one participant, *''You're coming to a place where there are people and you're not alone. Not like staying at home where you're by yourself and you have no one to talk to''* (Coniglio et al., 2012, p. 156). Support from clubhouse members helped PMI to enhance their social networks (Coniglio et al., 2012). Reduced social isolation and stigmatisation was also

reported by members as a benefit. As stated by one participant, *"It's a great feeling you have between one another. It's that sense of community and I think that sense of community is really important especially when you've got a mental illness when you might have been marginalized"* (p. 156). Apart from these benefits, a few drawbacks of clubhouse were identified by the members. For example, need for patience to deal with 'challenging behaviours' of other members, as stated by one participant, *''You've got to be tolerant of that sort of behaviour. And sometimes it's harder to take than others. You've just got to be patient'' (Coniglio et al., 2012, p. 159)*. Other difficulties experienced by the participants include maintaining balance in the diverse friendships, pressures to involve in activities, and feeling of responsibility for the wellbeing of other members.

While the Coniglio et al., (2012) study explored the benefits of the clubhouse model in enhancing social relationships, research by Tsang, Ng and Yip (2010) reported other benefits arising from the clubhouse model. A longitudinal, case-controlled and naturalistic study was conducted over a six-month period to examine the effects of the clubhouse model among Chinese people with schizophrenia. Among the 92 participants, forty-six were selected to become members of a local clubhouse. An equal number of participants of same age and sex were recruited as control from a local outpatient clinic. This study found that the clubhouse model of rehabilitation was associated with a reduction in the symptoms of mental illness (e.g. anxiety, mood). Furthermore, compared to the control group, the rate of employment participation was higher among clubhouse members.

Social firms or affirmative businesses

The concept of social firms or affirmative businesses is designed to create employment opportunities for people with disability including mental illness. The major advantage of social firms is that this type of business offers competitive wages with high levels of support for PMI in an integrated community setting (McGurk & Mueser, 2014). The opportunity to participate in social firms can enhance PMI's ability in gaining and maintaining employment in a community setting (McGurk & Mueser, 2014). These findings were supported by a UK survey conducted by Gilbert et al., (2013) to examine the activities of social Firms, other social enterprises and supported businesses for providing employment support to PMI. Data were collected from a total 692 PMI who were employed in 76 social firms, social enterprises and supported businesses. This survey reported that over two-thirds of social firms worked collaboratively with mental health services and over a quarter of them received funding from government and mental health charities. The majority of PMI who participated in social firms, worked for over two years. Furthermore, this survey suggested that social firms could be an alternative addition to IPS (refer to section *supported employment*). There is a lack of research to understand the disadvantages of social firms or affirmative businesses for PMI.

Vocational Training Programs

The aim of this VR program is to deliver a range of pre-employment training for PMI, including job-interview, decision-making capacity, management skills, and basic social skills to interact with others in workplace (McGurk & Mueser, 2014). The advantage of vocational training program is that it offers opportunities for PMI to develop employment specific skills for pursuing their vocational goals. On the other hand, the major disadvantage is that it is often time-consuming and does not necessaril y focus on competitive employment. In contrast to supported employment (refer to section *supported employment*), this program can significantly delay the employment goal of PMI who wish to find a work without delay (McGurk & Mueser, 2014).

A randomised experiment was conducted by Hirshleifer, McKenzie, Almeida and Ridao-Cano (2016) to examine the outcome of vocational training for unemployed people in Turkey. While the expectations of consumers and service providers were relatively high, the study found that positive outcomes were very modest. However, this study did not specifically focus on unemployed PMI. The lack of recent research in this area means the outcomes of vocational training programs for PMI remained unexplained.

Sheltered Workshops or sheltered employment

Sheltered workshops or sheltered employment are designed to provide a highly protected and supervised employment environment for PMI. These programs are supervised by mental health support services or other employment support agencies (McGurk & Mueser, 2014). The advantage of this program is that it offers lots of encouragement and support for PMI to continue their work. Furthermore, in contrast to competitive employment, it provides a stress-free environment for PMI to work at their own pace (McGurk & Mueser, 2014). The disadvantages of sheltered workshops are that the highly protected and supported employment settings can often restrict PMI's community integration. Furthermore, a majority of sheltered workshops offers below minimum wage rates for PMI, which are often based on the total amount of labour provided by PMI instead of an hourly wage (McGurk & Mueser, 2014). There is a lack of recent research to understand the effects of sheltered employment on PMI.

Supported employment

In the USA, supported employment is known as vocational rehabilitation and enables a person to participate in real work environments and become prepared for competitive employment (Mueser et al., 2016; Waghorn & Lloyd, 2005). In Australia, 'open employment' is the nearest equivalent term for supported employment. However, an open employment could be unsupported. Supported employment avoids prevocational training (e.g. a preparation period prior to participating in competitive employment) that can facilitate the rapid placement of an individual in competitive

employment (Bond, 2004; Crowther et al., 2001). In the meantime, ongoing employment supports are provided to enable a person to sustain employment (Mueser et al., 2016). Hence, this rehabilitation approach is acknowledged as the 'place and train' approach (Waghorn & Lloyd, 2005). The thrust of supported employment is to provide suitable work in real work environment to enable PMI to participate in the workplace (Phillips et al., 2015).

Several studies have identified the benefits of supported employment over conventional vocational rehabilitation services for PMI (Crowther et al., 2001; Hoffmann, Jäckel, Glauser, Mueser, & Kupper, 2014). The earliest systematic review by Crowther et al., (2001) was conducted to identify the most effective approach for supporting PMI's participation in competitive employment. They selected eleven randomised controlled trials related to PMI that focused on vocational rehabilitation services. The review reported that supported employment (e.g. IPS) is superior to prevocational training. This statement is supported by a randomised controlled trial conducted by Hoffmann et al., (2014). The aim of this research was to compare the long-term effects of supported employment and traditional vocational rehabilitation among PMI over five years. Interviews were conducted with 100 PMI at two and five years, Hoffmann et al., (2014). Researchers reported that the rate of competitive employment obtained by the participants in supported employment and traditional vocational rehabilitation were 65 percent and 33 percent respectively.

The individual placement and support (IPS) model is well-researched, and is the most standardised and effective model of supported employment (Hoffmann et al., 2014; Mueser et al., 2016). While similar to the supported employment model, the IPS model focusses on competitive employment and includes all people who wish to work. Through excluding prevocational training, IPS facilitates rapid job searches for PMI. Further, keeping the clients' preferences central and having the collaboration of clinical and vocational services, IPS provides integrated support to clients for gaining and sustaining competitive employment (Mueser et al., 2016). Although the effectiveness of IPS as a supported employment model is well-documented, a randomised controlled trial by Mueser et al., (2016) reported that this service is not accessible and affordable to all PMI. This statement was also supported by research by Bush et al., (2009), which found that lack of financial support from social security services, such as Medicare, was the largest barrier for PMI participating in a supported employment program.

Competitive employment

Competitive employment refers to a typical work environment for all people in the society. According to Strickler, Whitney, Becker, and Drake (2009), the characteristics of competitive employment include part-time or full-time mainstream work (e.g. working together with other employees without disabilities), where salary is at or above wage award rates.

Compared to a variety of vocational support services, competitive employment is not specifically designed for PMI (McGurk & Mueser, 2014; Waghorn & Lloyd, 2005). However, existing evidence

revealed that PMI have the capacity to participate in competitive employment (Evensen et al., 2017). Moreover, competitive employment is beneficial for PMI and allows them to live meaningful lives in society (Fossey & Harvey, 2010). These statements supported the findings of research conducted by Bond et al., (2001). In order to examine the effects of employment on PMI's personal and social life, Bond et al., (2001) did an 18-month research project among 149 unemployed people of a vocational rehabilitation program. Using a mixed effects regression analysis, the study found that compared to sheltered, minimal, and no work group, the rate of improvement in symptoms, self-esteem, leisure activities, satisfaction with finances and vocational services was higher among the competitive work group.

Opposing these findings, competitive workplaces can provoke negative stigma and discrimination towards PMI (Baldwin & Johnson, 2000). Furthermore, a highly demanding and competitive work environment can exacerbate the symptoms of mental illness and reduce PMI's productivity (Marwaha & Johnson, 2005). Through analysing 1994-1995 National Health Interview Survey data, Baldwin and Marcus (2006) reported that compared to people without mental illnesses, PMI get lower wages due to workplace stigma and discrimination towards mental illness. Due to the limitation of recent research, the actual impact of competitive employment for PMI remained unexplained.

Marwaha and Johnson (2005) identified that work-related stresses may exacerbate the symptoms of mental illness.

2.3.4 Current knowledge on mental illness and employment

Failure to gain and sustain employment is a leading reason for the lack of income, social isolation, and poverty among PMI (Trani et al., 2015; Waghorn & Lloyd, 2005). It is also responsible for the loss of purpose and self-identity of PMI (Trani et al., 2015). Furthermore, these factors can significantly exacerbate the symptoms of mental illness (Waghorn & Lloyd, 2005). Recognising these consequences, the issue of mental illness and unemployment has received great attention from different parts of the world (Woodside et al., 2006). A wide variety of published research explores employment related issues from the viewpoints of PMI and others including employers and mental health service providers (Fossey & Harvey, 2010). Most of the research was conducted to explore the effects of variety of employment support programs, such as, Clubhouse model, and supported employment including IPS to enable PMI to participate in employment (Areberg & Bejerholm, 2013; Bond, Drake, & Becker, 2008; Burns et al., 2007, Crowther et al., 2001).

Furthermore, there is considerable research that explores the quality of employment support services from the perspectives of service providers, for example, employment specialists, job coaches (Blitz & Mechanic, 2006) or researchers (Glover & Frounfelker, 2013). However, these studies did not address the perspectives of PMI. Knowledge of the experience of PMI is vital to understand the effectiveness of employment support to identify and overcome barriers to gaining and sustaining employment (Woodside et al., 2006). Moreover, the majority of research does not focus on

empowering PMI through ‘recovery-oriented principles’ as suggested by Le Boutillier et al., (2011); learning from PMI through their experience, providing an active role to PMI, encouraging PMI to make their choice and enabling PMI to gain and sustain employment through identifying everyone’s personal strengths and weaknesses.

A small number of systematic reviews have been conducted in the area of mental illness and employment, however, their methodologies and focus reveal a number of gaps. The earliest systematic review was by Harris and Anderson (2009). This review is now eight years old, and aimed to examine the relationship between the effects of mental illness and young people's participation in the workforce and to identify the strategies to promote their employment status. Although the authors mentioned that they conducted a ‘systematic search’, the description of the methodology (e.g. inclusion criteria, the number of selected studies) for conducting this review was not provided. Harris and Anderson (2009) identified that young PMI below the age of twenty-five years face several barriers to employment. These included severity of mental illness, side effects of medication issues including sedation, weight gain, acne; lack of support from family and friends, social stigma, lack of support from the workplace, and lack of coordination of mental health support services and public policy. Through identifying these barriers, a youth-specific supported employment program was identified as the most promising approach to support young PMI. This review provides an overview regarding the barriers for young PMI to participate in employment. Since these findings are limited to young people with mental illness, this review does not reflect the overall picture of PMI throughout their working age.

Hunter and Collins (2009) conducted a systematic review to explore the barriers to employment for PMI. An extensive search was conducted with ten databases. Articles from North America (The United States and Canada) were only included in this review. Finally, thirty articles were selected for the review. A number of issues that act as barriers for PMI to gain employment were identified: the negative stigma towards mental illness; negative attitude of the surrounding people including caregivers and employers; impact of symptoms; medication side effects; poverty; low wages; job stress; employment disincentives of Social Security; lack of education and training; lack of job support; and the concurrence of barriers. However, this systematic review only included the articles from USA and Canada, which limits the generalizability of these findings to other contexts. Also, this review identified studies between 1991 and 2008, which limits understanding by excluding more recent findings regarding barriers to employment for PMI.

A qualitative meta-synthesis by Fossey and Harvey (2010) investigated the employment-related perspective of PMI regarding finding and sustaining employment. This review included only qualitative studies published between 1998 and 2008. A total of 20 studies were selected for this qualitative meta-synthesis. This review identified four themes. The first theme related to the meaning of employment. The majority of study participants identified work as beneficial to improve their illness

and meaningful participation in society. The second theme identified the need for continuing self-managing strategies to cope with the symptoms of mental illness and to maintain the job. The third theme identified the importance of diverse support, including family, workplace, and mental health professionals for PMI to gain and maintain employment. Finally, several systemic issues, such as participating at low-wage employment to retain the social security benefits were identified as a disincentive to employment. This review is significant as it has provided an overview regarding the employment-related experience of PMI. However, there are a number of limitations and gaps in this review. This review only highlights the experience of PMI who were already in the workforce, it does not provide insight regarding those who were unemployed and struggling to gain employment. Another gap is that this review only integrates the published qualitative studies between 1998 and 2008. Therefore, there is a lack of evidence from recent literature to explain the current employment situation of PMI, whether it is similar, improved or deteriorated than before.

A review of qualitative research conducted by Blank et al., (2011) examines the experiences of PMI during their return to work. In order to know the progress of vocational rehabilitation service over last 20 years, their search range was from December 1989 to December 2009. They included the qualitative studies that were related to adults living with serious and continuing mental health conditions. Studies that examined the perceptions of mental health services users were also included. By conducting a search through SCOPUS, CINAHL and PsycINFO, a total of thirteen articles were selected for this review. The overall findings of these articles were described under three broad themes. Firstly, the benefits of work were reported from the perspectives of PMI. Including having a direction, structure and purpose to the lives of PMI, feeling of contributing and being included in the society. All these factors were stated by PMI as a way to live a meaningful life in the society. Secondly, workplace stigma towards PMI, and anxiety concerning disclosure of mental illness was reported as barriers to employment by PMI. Finally, employment support from the job specialist and vocational services was reported as crucial for PMI to gain and sustain employment. The findings of this review emphasised the need for employment support for PMI to overcome the barriers to employment. However, there is a lack of current research findings to understand the situation of PMI compared to the findings of this review.

A systematic review by Brohan et al., (2012) explored the beliefs and behaviours of PMI regarding disclosure of their mental illness in the workplace. This review also aimed to explore the factors that influence PMI's to make a decision to disclose their illness in the workplace. Over the period ranging between 1990 and 2010, an extensive search was conducted with eight bibliographic databases. Brohan et al., (2012) included all published and unpublished articles that were associated with PMI and disclosure issues. Moreover, their search was not restricted to language or type of employment. A total of 48 studies with diverse methodology including qualitative, quantitative and mixed were selected. This review reported that the majority of PMI were unwilling

to disclose their mental illness in the workplace due to the fear of rejection and discrimination in the workplace. Furthermore, fear of losing of credibility to others and lack of workplace legislation to protect PMI were also identified. On the other hand, previous experience of employers to hire PMI, employer's knowledge regarding disability legislation, and willingness to hire PMI was identified as facilitators to recruit PMI after disclosure of mental illness. This systematic review provided an integrated perspective of PMI and employers regarding the disclosure of mental illness in the workplace. The outcome of this review is significant to understand the complexity of disclosure related issues in the workplace. However, this review only focuses on disclosure issues. The findings of this review do not reflect the other potential barriers that PMI may experience in gaining and sustaining employment.

All of the above-mentioned studies provided an overview regarding the following employment related issues for PMI: meaning of work perceived by PMI, multiple barriers experienced by PMI, and the importance of diverse support to overcome the barriers in accessing employment. However, none of the studies focused on competitive employment, which was identified as the most beneficial aspect for PMI to live a meaningful life in the society.

2.4 Mental illness and employment in developing Asian countries

Based on area and population, Asia is the largest continent in the world. Furthermore, in terms of geography, religion, ethnicity, and political issues, Asia has immense diversities (Meshvara, 2002; Trivedi, Gupta, & Saha, 2010). South East Asia represents nearly a quarter of the world's population. Despite diversity within Asian countries, the prevalence of mental illness is indistinguishable (Trivedi, Gupta, & Saha, 2010).

In comparison to other parts of the world, ensuring employment for PMI is an issue of great challenge for developing Asian countries (Chopra, 2009). According to United Nations Economic and Social Commission for Asia and the Pacific (2016), the employment ratio between people with disabilities (PWD) including mental illness and without disabilities in Asia is 1:3. This ratio is equivalent to the report of Bureau of Labor Statistics (2017) of USA. According to this report, in the year 2016, the percentages of workforce participation among PWD and without disabilities at the age of 16 and over were 20 and 68.5 respectively. Despite having this comparable employment ratio between developed and developing countries, there is a lack of research as well as employment support for PMI in developing Asian countries.

There are a number of consequences of mental illness and unemployment that affect the personal and social life of PMI in developing Asian countries. Trani et al., (2015) conducted a case-control study to explore the effects of stigma on poverty among persons with severe mental illness (PSMI). This research was conducted between November 2011 and June 2012 in India. They recruited 647

people diagnosed with a mental illness who were hospitalised. Equal numbers of individuals with a similar gender, age, and area of residence were recruited as controls. In order to collect data, the researchers conducted face-to-face interviews for all PMI at hospital and for all controls at home. The outcome of this study revealed there is a strong association between stigma and unemployment, which further contributes to poverty among PMI. Furthermore, stigma and discrimination towards PMI were reported as a significant burden to the family and caregivers of the participants in this study. This burden was reported as feelings of embarrassment, shame, and difficulty coping with stigma towards mental illness. Similar findings were found from a USA study conducted by Corrigan, Watson, and Miller (2006). The impact of social stigma towards PMI and their families are not different in developed and developing countries.

The higher rates of unemployment amongst PMI not only has a direct impact on the quality of life but also economic stability of regions such as developing Asian countries (UN ESCAP, 2016). In order to overcome this situation, ensuring participation of PMI in employment is essential (Waghorn & Lloyd, 2005). Yet, there are a number of challenges that limit developing Asian countries to ensure employment for all PMI. The challenges for developing Asian countries are cultural issues, social stigma, lack of knowledge, and misconception regarding mental illness, poverty, lack of mental health and employment support for PMI (Lauber & Rössler, 2007; Trani et al., 2015).

In developing Asian countries, cultural beliefs and stigma towards mental illness are common and well acknowledged (Lauber & Rössler, 2007; Meshvara, 2002). Cultural issues significantly impact the course of mental illness, as well as the perception and recognition of PMI and their families in the community. Fear of public shame, negligence, social marginalisation, and loss of social status of the family are all connected with having a diagnosis of mental illness (Lauber & Rössler, 2007). As a consequence, discrimination in social activities, including marriage, education, and employment towards PMI is prominent in developing Asian countries. Furthermore, the negative attitudes of society against PMI often resulting in social isolation, as reported by Lauber and Rössler (2007), *"People with mental illness are regarded as a danger, which should be kept out of the community"* (p. 161). These factors often limit the help-seeking behaviour of PMI and their families in this region. These findings were supported by a survey of Park, Jang, and Chiriboga (2016) conducted with 420 participants to examine the factors that influence the willingness of PMI to seek mental health services. This study reported that the willingness of PMI to seek help was decreased around 50% due to the association of family shame with their diagnosis of mental illness.

Apart from the cultural issues, socio-economic conditions are also a significant challenge for developing Asian countries. According to Lauber and Rössler (2007), compared to the standard of other developed countries, income rates are below average, and infrastructure are underdeveloped in developing countries. Therefore, it is challenging for developing Asian countries to ensure mental health and employment support services for all. As a result, regardless of the current emphasis from

the international level, the activities of these support services for PMI are still limited in most developing Asian countries (Meshvara, 2002). Furthermore, in contrast to developed countries, social insurance systems for PMI are almost negligible in developing Asian countries (Lauber & Rössler, 2007). Since the majority of PMI in this region live under poverty line and they do not receive adequate insurance support from the government, these mental health services are often inaccessible and unaffordable to PMI (Lauber & Rössler, 2007; Trani et al., 2015). Furthermore, a lack of knowledge and awareness among PMI themselves, their families, mental health service providers, employers, and policymakers regarding the capacity of PMI to gain and maintain employment is also a significant challenge for developing Asian countries (Chopra, 2009; Lauber & Rössler, 2007; Trani et al., 2015). Both culturally and socially, compared to developed countries PMI in developing countries are unprivileged and experience more difficulty in gaining and sustaining competitive employment (Lauber & Rössler, 2007).

2.4.1 Need for research in developing Asian countries

Evidence suggests that PMI in Asia often experience multiple barriers to employment. It is also predicted that the rate of unemployment is high among PMI compared to developed countries (Chopra, 2009). This higher rate of unemployment not only affects PMI's personal and social life but also their family. While unemployment itself is responsible for causing the high level of poverty and financial burden, devoid of insurance support from the government add further financial burden to the family to afford the mental health service cost for PMI (Lauber & Rössler, 2007). As a result, unemployment can significantly disrupt their socio-economic growth and development. Preliminary searches did not identify any studies that examined the experiences of PMI in obtaining or maintaining competitive employment in developing Asian countries. Understanding employment related issues for PMI in this region is therefore significant. Researchers have yet to explore the actual picture of barriers and facilitators to employment for PMI in developing Asian countries. Although employment is important, tensions exist. These tensions are around mental wellbeing and the relationship with employment. In fact, studies found that employment can worsen the symptoms of mental illness (Butterworth, 2003; Fossey & Harvey 2010; Waghorn & Lloyd, 2005). Therefore, what exists is a complex relationship between mental health and employment. The impact of this finding needs to be further explored in different national and ethnic cultural contexts such as those in developing Asian countries. In addition, existing systematic reviews (refer to section 2.3.4) examined the findings of a variety of articles from developed countries, where mental health care and vocational support services for PMI are well established and accessible. Despite the presence of mental health and employment assistance programs for PMI in the developed countries, the report of Waghorn and Lloyd (2005) found that the majority of PMI who are involved in these programs are still unemployed. Since there is a lack of adequate support for PMI in developing Asian countries, this picture can be more severe (Meshvara, 2002; Trani et al., 2015). However, there was no available research to understand the issue of mental illness and employment in developing Asian

countries. Due to this limitation, the actual situation of PMI in developing Asian countries is unrecognised (Chopra, 2009).

2.5 Conclusion

From the perspective of PMI, it was identified that a number of qualitative systematic reviews have been conducted. However, these reviews did not identify the barriers and facilitators when considering the experiences of PMI in obtaining and maintaining competitive employment. Also, there is a lack of evidence from more recent years. In addition, no research was identified with respect to developing Asian countries. It is intended that this systematic review will address the paucity of research and provide recommendations for policy and practice, which will be relevant for developing Asian Countries.

3. Methodology

3.1 Introduction

The primary aim of this thesis is to review qualitative research to examine barriers and facilitators to employment for PMI. According to Creswell (2012), qualitative research encompasses an exploratory, realistic, explanatory approach. This approach helps to explore and develop a detailed understanding of a central phenomenon (the key concept, idea, or process studied in qualitative research). Thus, the research problem of barriers and facilitators to employment for PMI requires both an exploration to identify barriers and facilitators to competitive employment because we need to better know how to support PMI to gain and sustain employment, and an understanding because of the complexity of the process of mental illness and its relationship with employment.

In order to methodically identify and scrutinise the relevant literature regarding barriers and facilitators to employment for PMI, this chapter identifies the processes involved in this systematic review.

3.2 Defining and Framing the Research Question

Defining and framing the research question is the most critical step of a systematic review (Jesson, 2011). A research question needs to be clearly defined and explicitly developed to address a specific problem (Khan et al., 2003). This process guides researchers to identify relevant articles to conduct a systematic review. Furthermore, a specified research question helps the researchers to make judgement to include or exclude literatures from their review. Hence, prior to starting review work, Khan et al., (2003) suggest developing an explicit research question. Since this review aimed to identify barriers and facilitators to employment for PMI, an unambiguous, and specific research question was identified using PICo. Here, 'P' is identifying the population, 'I' is identifying phenomena of interest and 'Co' is identifying the context. In this review, the population was PMI, phenomena of interest were barriers and facilitators to competitive employment and the context was the mainstream of society.

3.3 Search Strategy

This systematic review was conducted in accordance with the PRISMA guidelines (Moher, Liberati, Tetzlaff, & Altman, 2009). PRISMA stands for Preferred Reporting Items for Systematic Reviews and Meta-Analyses. It consists of a set of evidence-based items that act as a guide for researchers to report systematic review and meta-analyses (Moher et al., 2009).

Seven electronic databases, CINAHL (Cumulative Index to Nursing & Allied Health Literature), Medline, Cochrane, PubMed, Scopus (Title and Abstract only), PsycINFO, and ProQuest (Title and Abstract only) were used to conduct a systematic search for qualitative research. Due to an external

time restriction relating to study requirements, the author had a three-month time to undertake the entire review process. The database search was conducted between 10th April and 12th April 2017 and all search findings were extracted on 12th April 2017. In order to capture all relevant literature, no date limits were applied. Under four major thematic areas, subject headings and keyword searches were formulated: mental illness (e.g. mental disorder, psychiatric disorder), barriers and facilitators (e.g. obstacles, challenges, motivators, and enablers), employment success (e.g. work performance, return to work, work schedule tolerance) and qualitative research (e.g. experience, perception, survey). In order to combine these four themes, the Boolean operator 'AND' was used.

The following subject headings were used for MEDLINE, PsycINFO, and CINAHL in conducting preliminary searches (see APPENDIX A): MEDLINE; 'Mentally Ill Persons', 'mental disorders', 'mental disorder*', 'mental* ill*', 'psychiatric', combined with Boolean operator 'OR'. 'Employment', 'unemployment', 'work', 'return to work', 'work performance', 'work schedule tolerance', 'employer', 'employee', 'employment', 'unemploy*', 'workplace', 'return* to work', 'job', 'jobs', combined with Boolean operator 'OR'. 'barrier*', 'obstacle*', 'challenge*', 'facilitat*', 'motivat*', 'enabl*', combined with Boolean operator 'OR'. All three themes were combined by Boolean operator 'AND' with qualitative research. PsycINFO; 'mental illness (attitudes toward)', 'mental disorders/ (mental disorder* or mental* ill* or psychiatric), combined with 'OR', 'employment status/reemployment/ or job search/ or job performance/ (employer or employee or employment or unemploy* or workplace or "return* to work" or job or jobs), combined using 'OR', (barrier* or obstacle* or challenge*), (facilitat* or motivat* or enabl*), combined using 'OR', these themes were combined with QUALITATIVE RESEARCH by 'AND". CINAHL; "Mental Disorders", "Attitude to Mental Illness', ("mental disorder*"mental* ill*" psychiatric), united by the Boolean operator 'OR', (MH "Employment+") OR (MH "Unemployment"), (MH "Job Re-Entry") OR (MH "Job Performance"), TI (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) OR AB (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs), TI (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) OR AB (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*), (MH "Qualitative Studies"), (MH "Interviews") OR (MH "Surveys"), (MH "Questionnaires"), TI (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*") OR AB (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*"), TI (experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*) OR AB (experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*), all were combined with Boolean operator 'AND'.

Using the same themes, the following keywords presented in Table 3.1 were developed to conduct the search through the remaining four databases; PubMed, Cochrane, ProQuest, and Scopus (see APPENDIX B):

Table 3.1: Database search terms

Databases	PubMed	Cochrane	ProQuest (Title and Abstract only)	Scopus (Title and Abstract only)
Key words	(("mental disorder*"[tiab] OR "mental* ill*"[tiab] OR psychiatric[tiab]) AND (employer[tiab] OR employee[tiab] OR employment[tiab] OR unemploy*[tiab] OR workplace[tiab] OR "return* to work"[tiab] OR job[tiab] OR jobs[tiab]) AND (barrier*[tiab] OR obstacle*[tiab] OR challenge*[tiab] OR facilitat*[tiab] OR motivat*[tiab] OR enabl*[tiab]) AND (Qualitative[tiab] OR survey*[tiab] OR questionnaire*[tiab] OR interview*[tiab] OR "focus group*"[tiab] OR experience*[tiab] OR perception*[tiab] OR attitude*[tiab] OR opinion*[tiab] OR view*[tiab] OR feeling*[tiab] OR belief*[tiab] OR perspective*[tiab]) NOT medline [sb])	("mental disorder*" OR "mental* ill*" OR psychiatric) AND (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*) in Title, Abstract, Keywords	(ti(("mental disorder*" OR "mental* ill*" OR psychiatric)) AND ti((employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs)) AND ti((barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*)) AND ti((Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*)) OR ab("mental disorder*" OR "mental* ill*" OR psychiatric) AND ab(employer OR employee OR	TITLE-ABS("mental disorder*" OR "mental* ill*" OR psychiatric) AND TITLE-ABS (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND TITLE-ABS (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND TITLE-ABS(Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*) AND DOCTYPE (ar OR re)

			employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND ab(barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND ab(Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*)) limited to English	

In addition, an ancestry approach (also known as footnote chasing or forward citation searching) was undertaken using the reference lists of relevant literature to identify further relevant articles (Chumney, n.d; Wright et al., 2007).

3.4 Study selection

This review was focused on the experiences of PMI and employment. To avoid the exclusion of potentially relevant articles during the electronic and manual database searches, preliminary inclusion criteria were kept broad as it was expected that the literature would use a range of study designs (Wright, Brand, Dunn, & Spindler, 2007). In addition, no restrictions were placed on the date of publication, type of employment, and age of the participants. Articles that were published in English and available English translated articles were included.

During the screening stage, additional selection criteria were applied. The review only included studies with a primary population of PMI who were between 18 and 65 years. This was considered appropriate since participants outside this age range would be unlikely to be engaged in the employment activity.

The studies also required the inclusion of a qualitative methodology to examine the experiences of PMI, utilising in-depth or semi-structured interviews, case studies or focus groups. These criteria were also applied to mixed method studies, which were only included if they presented qualitative findings in more than 30% of their results. In addition, studies needed to involve more than 50% of participants with PMI, and have more than 75% of results reporting on the experiences of PMI on either the barriers or facilitators to competitive employment. These percentages were estimated according to the findings of each study.

In contrast, studies which focused on the values or benefits of employment for PMI, rather than barriers or facilitators, were excluded. Furthermore, any study which focused on the perspectives of employers, peers, job coach or others instead of PMI were excluded. Experiences of PMI related to education, or other activities apart from employment were also excluded.

In order to assist the process of study selection, the online program 'Covidence' was used. Covidence is specifically designed to assist researchers in conducting a systematic review (Babineau, 2014). All records identified through database searching and hand searches were uploaded into Covidence. Two reviewers (student and one supervisor) logged into Covidence separately to independently screen the titles and abstracts of all papers (refer to APPENDIX C for screen shots of this step). Conflicts between the reviewers were resolved by a face-to-face meeting. The next step involved independent full-text screening, with each reviewer either including or excluding each study with specified reasons (see APPENDIX C). Conflicts which arose between the two reviewers were again resolved by a face-to-face meeting, and by consensus, the reviewers agreed on the final articles to be reviewed and synthesised.

3.5 Evaluation of methodological quality

A quality appraisal of all studies included in the final review was performed. A quality appraisal applies a methodological screening tool to assess the overall quality of included articles, as the quality of included studies can significantly affect the quality of the final review (Okoli & Schabram, 2010).

A quality assessment of each study was completed independently by the two reviewers. To complete this step the McMasters Critical Review form: Qualitative Studies (Letts et al., 2007), an appraisal tool for qualitative studies, was used. This tool consists of 21 criteria including citation, study purpose, relevant background literature, study design, theoretical perspective, method, the process of sampling, data collection, data analysis, overall rigour, conclusion and implication

of a study. To assess the quality of a study under each criterion, a rating of 'yes', 'no' or'not addressed' was assigned for each study. A selection of 'no' means the authors did not specify the reason for not including any of the 21 criteria in their study and a selection of 'not addressed' means the authors did not report the reason for not addressing that issue. Each 'yes' item was then scored, with 21 the highest and zero the lowest score. According to that calculated score, the studies were assessed as high or low quality, although there was no specific score in the appraisal tool to indicate the quality of a research.

3.6 Summarising and interpreting the results

Summarising the evidence is a crucial part of a systematic review. The data collected from each article provides the raw material for synthesising and summarising the findings (Wright et al., 2007). In order to summarise the study characteristics, a series of tables were created. According to Khan et al., (2003), tabulation of data helps to explore the similarities and differences between studies, such as study design, sample characteristics, and outcomes. Study details extracted from each paper included the country of origin, study aims, study design, participant demographic and diagnostic characteristics, and employment status. In addition, themes and subthemes identified as barriers or facilitators to competitive employment were identified and discussed with the supervisory team until consensus was reached on the final themes. A narrative synthesis of the findings was then performed using this information, describing the similarities and differences.

4. Results

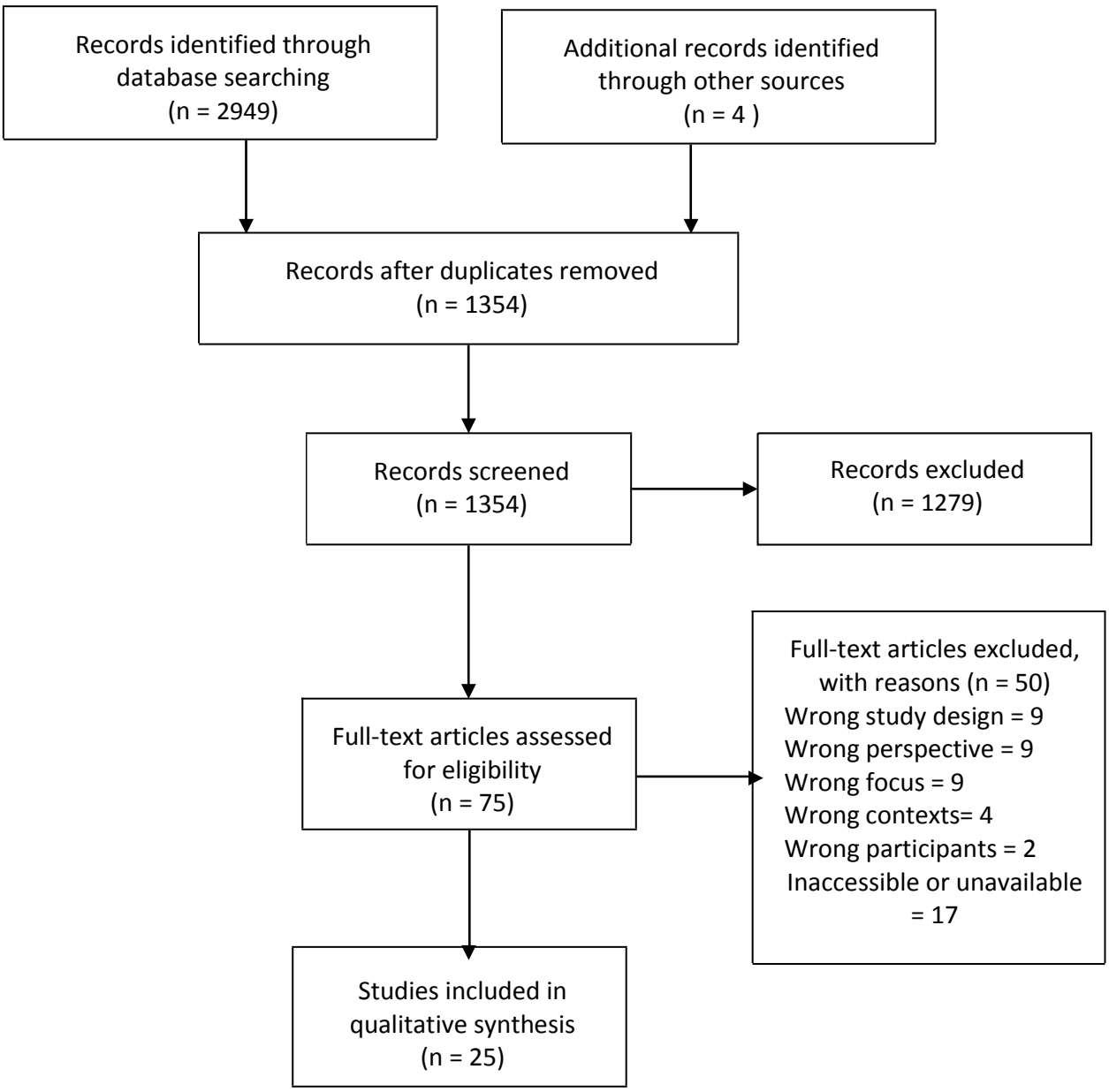
4.1 Introduction

This chapter presents the findings of the systematic review. The study characteristics and the quality of study methodology of the reviewed articles are discussed and presented through a number of tables. Then, in accordance with the research question, a synthesis of the overall findings of this review are provided by the two major themes: barriers and facilitators. These themes are further presented under three subthemes: (1) external factors, (2) interpersonal factors, and (3) individual factors. Finally, a summary of the result is provided.

4.2 Results

A total of 1354 papers were identified after removal of duplicates. Through title and abstract screening, 1279 articles were further excluded. Seventy-five full-text articles were evaluated for inclusion (refer to Figure 4.1). Fifty articles were excluded for the following reasons: nine articles used the wrong study design (e.g. these were not qualitative or did not include a minimum of 30% qualitative data in mixed methods design); nine studies did not include at least 50% of result from the perspective of PMI (e.g. perspectives were reported from employers or job coaches); nine did not meet the minimum 75% focus on employment (e.g. they focused on intervention outcomes or the challenges and facilitators to the organisation/program); four studies were not related to competitive/open employment; two studies did not include participants who were diagnosed with mental illness, and 17 studies were inaccessible or unavailable within the author's 3-month completion timeline (refer to APPENDIX D). Twenty-five studies were identified for final review.

Figure 4.1: PRISMA flow diagram (Moher et al., 2009) showing the steps of study selection



4.3 Study Characteristics

Table 4.1 presented a description of the final studies including demographic characteristics of all study participants. All 25 studies were from Western developed countries, including 14 from the United States of America (Auerbach & Richardson, 2005; Baron, Draine, & Salzer, 2013; Chang, 2015; Dunn, Wewiorski, & Rogers, 2010; Goldberg, Killeen, & O'Day, 2005; Harris et al., 1997; Killeen & O'Day, 2004; Lannigan, 2014- Study 2; Millner et al., 2015; O'Day & Killeen, 2002a; Salyers, et al., 2004; Schutt & Hursh, 2009; Strickler, Whitley, Becker, & Drake, 2009; Vorhies, Davis, Frounfelker, & Kaiser, 2012), five from the United Kingdom (Becker, Whitley, Bailey, & Drake, 2007; Boyce et al., 2008; Boycott, Akhtar, & Schneider, 2015; Marwaha & Johnson, 2005; Secker, Grove, & Seebohm, 2003), two from Australia (Bassett, Lloyd, & Bassett, 2001; Jarman, Hancock, & Scanlan, 2016), two from Canada (Kirsh, 2000; Woodside, Schell & Allison-Hedges, 2006), one from New Zealand (Peterson, Gordon, & Neale, 2017), and one from Sweden (Lexén, Hofgren, & Bejerholm, 2013).

Ten studies clearly identified the methodology: seven used grounded theory (Auerbach & Richardson, 2005; Baron et al., 2013; Becker et al., 2007; Dunn et al., 2010; Goldberg et al., 2005; Jarman et al., 2016; Schutt & Hursh, 2009), one used phenomenology (Lannigan, 2014 – Study 2), one used a modified consensual qualitative research methodology with participatory approach (Millner et al., 2015), and one used a case study method (Peterson et al., 2017). No specific approach was identified in the remaining studies. The most frequent method of data collection was the interview or semi-structured interview (identified in 21 studies). Focus group were used in three studies (Bassett et al., 2001; Harris et al., 1997; Vorhies et al., 2012), one study used both in-depth interviews and case studies (Chang, 2015), and one used a survey design (Millner et al., 2015).

There was a total of 788 participants across the 25 studies including 421 males and 350 females. Information regarding the gender of 17 participants was not provided in the study conducted by Secker et al., 2003. Ages ranged between 18 and 66 years of age. Varying types of mental illness were identified, including schizophrenia, schizoaffective disorder, depression, anxiety disorder, psychosis, bipolar disorder, chronic dysthymia, agoraphobia, multiple personality disorder, dissociative identity disorder, post-traumatic stress disorder, obsessive-compulsive disorder (OCD), eating disorder, and undisclosed diagnosis of mental illness, where schizophrenia and schizoaffective disorder were the most frequent type of mental illness.

Studies by Secker et al., (2003) and Vorhies et al., (2012) included 17 workplace managers and two vocational team staff together with PMI respectively, however, their experiences were not included in this systematic review. Sample sizes varied between 2 and 120, with participants from diverse racial backgrounds. The employment status of all participants was also mixed, ranging from sheltered, part-time, casual, homemaking, and volunteer to competitive employment.

Table 4.1: Description of 25 studies included in qualitative synthesis

Studies	Country of origin	Aim of study	Study design	Data collection method	Sample size	Age	Race	Gender	Type of mental illness	Employment status
1. Harris et al., (1997)	USA	To discover the "work stories" of PMI.	-	Focus groups	113 clients	Between 30 and 50 (90% of sample)	>85% African American	M= 43 F= 70	2/3rd have the diagnosis of schizophrenia or schizoaffective disorder; rest of participants have mood disorders and severe personality disorders.	the average participant had just over 8 months of paid community employment, 1/3rd had no paid community employment
2. Kirsh, (2000)	Canada	"To examine the meaning of work and important elements of workplaces as perceived by mental health consumers" (p. 25).	-	Semi-structured interview	36	Mean age 42.4	-	M= 59% (21) F= 41% (15)	<u>Employed Participants:</u> 53% affective disorder, 35% Schizophrenia or schizoaffective disorder, 12 anxiety disorder <u>Unemployed Participants:</u> 67% affective disorder, 22% Schizophrenia or schizoaffective disorder, 11 anxiety disorder	17 had a history of mainstream employment for at least 6 months. 19 were unemployed

3. Bassett, Lloyd, & Bassett, (2001)	Australia	“To increase the understanding of the issues faced by young people experiencing psychosis who wanted to gain or maintain employment” (p. 67).	-	Focus groups	10	18-28	Anglo-Saxon background	Only male	All participants had history of a psychotic disorder	-
4. O'Day & Killeen, (2002a)	USA	To examine “the impact of Social Security, medical, psychiatric, and vocational rehabilitation (VR) programs on the lived experience of people with psychiatric disabilities during their attempt to find and keep work” (p. 562).	-	Interview	32	27 - 64 (mean=41)	19 =Caucasians, 11= African–Americans, one= Asian–American, and one= Native American	M= 16 F= 16	Schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, agoraphobia, obsessive–compulsive disorder, and post-traumatic stress disorder	16= employed 16= unemployed
5. Secker, Grove, &	UK	“To identify the	-	Semi-structured	17 participants	-	-	-	-	Eleven had been able to

Seebohm, (2003)		problems experienced in the workplace by service users returning to work and to explore how and why adjustments can help overcome them" (p. 3).		interviews	with 17 workplace managers					retain open employment for 12 months or longer. The other six individuals' jobs had ended within 12 months
6. Killeen & O'Day, (2004)	USA	To examine the barriers and facilitators to employment for individuals with psychiatric disabilities.	Phenom enology	Semi-structured interview	32	27-64	11= African-American, 1= Asian American, 1= Native American, 19= Caucasian	M=16 F= 16	Schizophrenia, schizoaffective disorder, major depressive disorder, panic disorder, post-traumatic stress disorder	Half of the participants had a history of employment, and half were looking for employment
7. Salyers, et al., (2004)	USA	"To examine the outcomes of supported employment ten years after an initial demonstrati on project" (p. 302).	-	Semi-structured interview	36	(mean ± SD years) 45.5±10	White 33, American Indian 2, Hispanic 1	M= 18 F= 18	Schizophrenia n=16; Schizoaffective disorder n=6; Major depression n=5; Posttraumatic stress disorder n=3; Bipolar disorder n=3: Personality	All participants had history of employment (e.g. competitive, volunteer, casual, sheltered, homemaking)

									disorder n=2	
8.Auerbach & Richardson, (2005)	USA	"To investigate the work experiences of individuals with SMI to determine their perspectives on the processes involved in working" (p. 267).	Grounded theory;	semi-structured interviews	6	21-60	N/A	M= 2 F= 4	Severe mental illness (SMI) according to DSM-4	Competitive employment, at least 18 months during previous 3 years
9. Goldberg, Killeen, & O'Day, (2005)	USA	To explore the challenges that PMI faced in making their disclosure decisions in the workplace.	Grounded theory	in-depth, semi-structured interviews	32	27 - 64 (Mean 41)	Caucasians 19, African Americans 11, Asian American 1, and Native American 1	Equal number of male and female	12 schizophrenia, 2 schizoaffective disorder, 7 bipolar disorder, 4 anxiety disorders, and 7 other mental health disorders	Equal number of employed and unemployed participants
10. Marwaha & Johnson, (2005)	UK	"To identify the opinions of a purposive sample of patients with psychosis on themes related to employment	-	Semi-structured interview	15	9 participants = 18–40, 6 participants = over 40	White UK= 10, Greek 1, Italian 1, Turkish 1, Black African 1, Argentinean 1	M= 8 F=7	Schizophrenia 8, Bipolar Affective Disorder 7	Unemployed 8, Competitive employment 3, Voluntary or sheltered employment 4, Worked pre-

		” (p. 302).								illness and post-illness onset 14
11. Woodside et al., (2006)	Canada	“To suggest factors contributing to vocational success” (p. 36).	-	Semi-structured interview	8	20-59	-	M= 4 F= 4	Schizophrenia 2, Bipolar affective disorder 3, Schizophrenia or bipolar affective disorder 3	Employed 6, Unemployed 2
12. Becker, Whitley, Bailey, & Drake, (2007)	UK	To explore the long-term trajectories of adults with psychiatric disabilities participated in supported employment	Grounded theory;	semi-structured interview	38	Mean 49.2	White 35, African American 1, Hispanic 1, Other 1	Male 22 (58%), Female 16 (42%)	Psychotic disorder 26 (68%), Affective disorder 12 (32%)	Currently employed 27; competitive 18, set aside with competitive wage 4, volunteer 3, Sheltered 2
13. Boyce et al., (2008)	UK	To explore the experiences of mental health service users who are returning to	-	Semi-structured interview	20	27–64	17= white British, 2 Asian and 1 white European	M=13, F= 7	-	Majority in mainstream employment, 2 participants were employed in sheltered settings

		work								
14. Schutt & Hursh, (2009)	USA	"To investigate facilitators of and barriers to employment retention among homeless individuals with psychiatric and substance abuse diagnoses" (p. 53).	grounde d theory	Semi-structured interviews	35	-	white and African-American respondents	Equal male and female participants	Psychiatric and/or substance abuse disabilities.	23 individuals who had sustained employment and 12 subjects who had obtained employment but were unable to retain their job.
15. Strickler, Whitley, Becker, & Drake, (2009)	USA	"To elicit and examine first person accounts of work activity over a 16-year period from people with dual diagnosis, who were not selected for employment readiness or vocational interests" (p. 261).	-	interview	120	Mean age 48.9	Caucasian= 119, Other= 1	M= 86 F=34	Schizophrenia Spectrum 61 (50.8%), Schizo-Affective 29 (24.2%) Bipolar 30 (25%), Anti-Social Personality Disorder 22 (19.6)	four categories: those who (i) never or hardly worked: 15.8% (mean=22 hours/year, *sd*=58); (ii) worked intermittingly: 29.2% (mean=151 hours/year, *sd*=190); (iii) worked fairly consistently: 25.8% (mean=348 hours/year, *sd*=211 hours);

										(iv) worked very consistently: 29.2% (mean=653 hours/year, *sd*= 429
16. Dunn, Wewiorski, & Rogers, (2010)	USA	"To identify factors and processes that facilitated return to work or sustain employment " (p. 186).	Grounded theory	interview	23	27 to 59	16 White, 7 Black,	M= 11, F= 12	16 schizophrenia spectrum disorder, 5 bipolar disorder, 2 major depression	Fulltime= 5 participants, part-time= 13. Unemployed but actively seeking employment= 5 participants
17. Vorhies, Davis, Frounfelker, & Kaiser, (2012)	USA	"The aim of this paper is to use both social and cultural capital lenses to compare the employment perceptions and experiences of transition age youth (TAY) (ages 18–21) with the serious mental health condition who are	-	focus groups	27= participants with serious mental health condition, 2= vocational team staff	19-19.4 (mean age)	African American, Latino, Caucasian	M=57.1% (Consistent employment experience); 61.5% (Inconsistent employment experience), 57.1%(Little to no employment experience)	Mood disorder, Psychotic disorder, Behavior disorder, Anxiety disorder	Consistent employment experience (n=7) Inconsistent employment experience (n=13) Little to no employment experience (n=7)

		consistently employed to those who have not been consistently employed" (p. 258).								
18. Baron, Draine, & Salzer, (2013)	USA	To explore the employment experiences of individuals with mental illness who had recently been released from jail	Grounded theory;	Unstructured interviews	17	25 to 55 years (mean=41.82, SD=9.10)	Black (n=15, 88%); White=	M= 11 (65%) F= 6 (35%)	Twelve (71%) participants had history of hospitalization due to psychiatric problems	Not involved in any competitive employment
19. Lexén et al., (2013)	Sweden	"To explore the perceptions of IPS participants regarding working and the work environment to impact on their work performance" (p. 54).	-	Semi-structured interview	19	31–56 (40)	Croatia 1, Denmark 1, Pakistan 1, Serbia 1, Sweden 14, Thailand 1	M= 11 F= 8	Schizophrenia and other psychosis 12, Bipolar disorder 1, Other 6	13 had history of work (not competitive employment), 6 had never worked

20. Lannigan, (2014)- Study 2	USA	To explore the perspectives of PMI regarding their participation in vocational programs.	Phenomenology	semi-structured interviews	2 groups: job-seeking research participants: 5 employed group: 13	job-seeking research participants between 30 and 60 employed group: N/A	Diverse ethnicity	job-seeking research participants: M=3 F=2 employed group: M= 8 F= 5	job-seeking research participants and employed group: All have diagnosis of severe mental illness, majority have schizophrenia	Study 2: 5 Unemployed and 13 employed
21. Boycott, Akhtar, & Schneider, (2015)	UK	"To obtain service users' views of an IPS program implemented in the UK during economic recession" (p. 93).	-	semi-structured interview	31	Mean age 30.8	White British 23, Other White 1, Black British 6, Other ethnic groups 1	M= 22, F= 9	Psychosis 14, Schizophrenia 8, Bipolar Disorder 4, Depression 4, Other 1	30 had history of paid employment
22. Chang, (2015)	USA	"To demonstrate the challenges that two individuals with severe	-	In-depth interviews and case studies	2	Case 1: 48 Case 2: 59	Case 1: Asian-American; Case 2: Black	Case 1: M; Case 2: F	Case 1: Chronic attention deficit hyperactivity disorder; chronic post-traumatic stress disorder, chronic	Both had to quit their job

		mental illness (SMI) had experienced in competitive employment settings" (p. 301).							dysthymia, dependency personality disorder, chronic depressive & anxiety disorder, obsessive-compulsive disorder (OCD), and borderline personality disorder. Case 2: schizophrenia, depression, multiple personality disorder, and dissociative identity disorder	
23. Millner et al., (2015)	USA	"This study explored the perspectives on work of adults with serious mental illness, compared perspectives of young and older adults, and assessed these perspectives for the applicability of a well-	A modified version of consensual qualitative research (CQR) methodology with a participatory approach	Survey (Closed and open-ended questions)	76	19–66	White Americans= 54, Black Americans= 7, Latino/Hispanic Americans= 3, Asian Americans/Pacific Islander= 3, biracial individuals=	M= 23 F= 53	Bipolar disorder= 21, posttraumatic stress disorder (PTSD)= 12, schizophrenia or other psychotic disorders= 12, major depressive disorder= 6, anxiety disorders= 4, and eating disorder= 1, undisclosed diagnosis=21	All participant had history of employment participation

		established theory of vocational psychology. ” (p. 642).								
24. Jarman, Hancock, & Scanlan, (2016)	Australia	To explore the strategies of PMI that were chosen by them to maintain employment .	Grounded theory	in-depth, semi-structured interviews	10	23–56 Mean (SD) 41.5 (12	English speaking people	M=4 F=6	Schizophrenia/psychosis 4, Schizoaffective disorder 1, Bipolar Disorder 3, Depression 1, Post-traumatic stress disorder 1	Participants were people who self-identified as living with mental illness who worked competitively for 6 months or longer, the majority of whom were employed in disability or community services
25. Peterson, Gordon, & Neale, (2017)	New Zealand	To explore the critical factors that enable mental health service users to gain and/or sustain open employment	the case study method	Semi-structured interview	15	23-65	13 New Zealand- European, one Samoan and one Australian	M= 7, F= 8	All had history of ‘significant’ mental illness	All were employed in both public and private sector

Total	USA= 14 UK= 5 Australia= 2 Canada= 2 New Zealand= 1 Sweden= 1				788 PMI 17= workplace managers; 2= vocational team staff	18-66		M= 421, F= 350, Not mentioned the gender= 17	Schizophrenia, Psychosis, Schizoaffective disorder, Bipolar disorder, Depression, Chronic dysthymia, agoraphobia, multiple personality disorder, and dissociative identity disorder, Post-traumatic stress disorder, Obsessive compulsive disorder (OCD), eating disorder= 1, undisclosed diagnosis=21	

-= Not specified

4.4 Quality of study methodology

In accordance with the McMaster Critical Review Form, the quality of overall studies was mixed (refer to Table 4.2 a & b). The highest quality studies included three papers (Millner et al., 2015; Peterson et al., 2017; Vorhies et al., 2012) which achieved a score of 18/21 on the McMasters Critical Review Form. These were the few papers which, in addition to more common features of the good qualitative design, identified a theoretical perspective and identified a decision trail. Six further papers scored between 16 and 17 (Becker et al., 2007; Dunn et al., 2010; Jarman et al., 2016; Lannigan, 2014–Study 2; Salyers, et al., 2004; Schutt & Hursh, 2009), fulfilling several criteria, including methodology and trustworthiness. A further 11 studies scored lower, between 13 and 15 (Auerbach & Richardson, 2005; Baron et al., 2013; Bassett et al., 2001; Boyce et al., 2008; Boycott et al., 2015; Goldberg et al., 2005; Kirsh, 2000; Lexén et al., 2013; Marwaha & Johnson, 2005; Strickler et al., 2009; Woodside et al., 2006). Five studies achieved the lowest scores between 11 and 12 (Chang, 2015; Harris et al., 1997; Killeen & O'Day, 2004; O'Day & Killeen, 2002a; Secker et al., 2003), failing to indicate key features including study design, theoretical perspective, development of decision trail, and description of data analysis. In general, an insight regarding barriers and facilitators to competitive employment success from the perspectives of PMI was provided by all studies. However, due to inadequate reporting, most of the studies failed to achieve high-quality methodological scores. In absence of a solid basis to judge the quality of studies, no study was weighted or excluded (depending on score) in this systematic review. In accordance with Tong, Lowe, Sainsbury & Craig, (2008), the use of McMaster qualitative appraisal tool can provide an indirect insight to improve the process of reporting qualitative research in future.

Table 4.2a: McMaster University: Critical Review Form – Qualitative Studies (Version 2.0) (Letts et al., 2007)

Criteria (McMaster University Critical Review Form)	(Harris et al., 1997)	(Kirsh, 2000)	(Bassett, Lloyd, & Bassett, 2001)	(O'Day & Killeen, 2002a)	(Secker, Membrey, Grove, & Seebohm, 2003)	(Killeen & O'Day, 2004)	Salyers, et al., (2004)	(Auerbach & Richardson, 2005)	(Goldberg, Killeen, & O'Day, 2005)	Marwaha & Johnson, (2005)	Woodside et al., (2006)	(Becker, Whitley, Bailey, & Drake, 2007)	(Boyce et al., 2008)
1. Was the purpose and/or research question stated clearly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (some)	Yes	Yes	Yes	Yes
2. Was relevant background literature reviewed?	N/A	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes (some)	Yes
3. What was the study design?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Grounded theory	Grounded theory	N/A	N/A	Grounded theory	N/A
4. Was a theoretical perspective identified?	N/A	N/A	N/A	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	N/A	N/A

5. Which method was used?	focus groups	Semi-structured interview	focus groups	interview	Semi-structured interviews	Semi-structured interview	Semi-structured interview	Semi-structured interview	in-depth, semi-structured interviews	Semi-structured interview	Semi-structured interview	Semi-structured interview	Semi-structured interview
6. Was the process of purposeful selection described?	Yes	Yes (some)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes (some)	Yes (some)
7. Was sampling done until redundancy in data was reached?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A – not mentioned	N/A	Yes	N/A	N/A	N/A
8. Was informed consent obtained?	N/A	N/A	Yes	N/A	N/A	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes
9. Clear and complete description of site?	Yes (some)	N/A	Yes	N/A	N/A	Yes (some)	Yes	N/A	N/A	Yes	N/A	No	No

10. Clear and complete description of participants?	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Clear description of the researcher's role and relationship with participants?	N/A	N/A	Yes (some)	N/A	N/A	N/A	Yes (some)	N/A	N/A	No	No	N/A	No
12. Identification of assumptions and biases of researcher?	N/A	N/A	N/A	N/A	No	N/A	Yes	N/A	N/A	No	Yes	N/A	N/A
13. Procedural rigour used in data collection strategies?	N/A	Yes	Yes (some)	Yes	Yes	Yes (some)	Yes	Yes	Yes (some)	No	Yes	Yes	Yes (some)
14. Data analyses were inductive?	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	N/A	N/A	Yes	Yes
15. Findings consistent with	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

and reflective of data?													
16. Decision trail developed?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	N/A
17. Process of analysing data was described adequately?	N/A	Yes (some)	Yes - somewhat	No	Yes (some)	N/A	Yes	Yes	Yes (some)	Yes (some)	Yes	Yes	Yes
18. Did a meaningful picture of the phenomenon under study emerge?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19. Was there evidence of the four components of trustworthiness: Credibility Transferability Dependability Confirmability	Yes (some)	Yes (some)	N/A	Yes (some)	Yes (some)	N/A	Yes (some)	Yes (some)	Yes (some)	Yes (some)	Yes	Yes (some)	Yes (some)

20. Conclusions were appropriate given the study findings?	Yes (some)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21. The findings contributed to theory development and future practice/research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (some)	Yes
Score/21	11	13	15	12	12	11	16	14	14	15	15	16	14

No = authors explicitly state reasons why they did not do this; N/A = not addressed, there is no mention of this in the article

Table 4.2b: McMaster University: Critical Review Form – Qualitative Studies (Version 2.0) (Letts et al. 2007).

Criteria (McMaster University Critical Review Form)	(Schutt & Hursh, 2009)	(Strickler, Whitley, Becker, & Drake, 2009)	2009) (Dunn, Wewiorski, & Rogers, 2010)	(Vorhies, Davis, Frounfelker, & Kaiser, 2012)	(Baron, Draine, & Salzer, 2013)	Lexén et al., (2013)	(Lannigan, 2014) – Study 2	(Boycott, Akhtar, & Schneider, 2015)	Chang (2015)	(Millner et al., 2015)	(Jarman, Hancock, & Scanlan, 2016)	(Peterson, Gordon, & Neale, 2017)
1. Was the purpose and/or the research question stated clearly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Was the relevant background literature reviewed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. What was the study design?	Grounde d theory	N/A	Grounde d theory	N/A	Grounded theory	N/A	phenomenolo gy	N/A	N/A	Modified consensual qualitative research methodolog y,	Grounde d theory	the case study method

										with participatory approach		
4. Was a theoretical perspective identified?	N/A	N/A	Yes	Yes – Social and cultural capital	N/A	N/A	N/A	N/A	N/A	Yes – Social cognitive career theory	No	Yes
5. Which method was used?	Semi-structured interviews	intervie w	interview	focus groups	Unstructured interview	Semi-structured interview	Semi-structured interview	semi-structured interview	In-depth interviews and case studies	Survey (Closed and open-ended questions)	in-depth, semi-structured interviews	Semi-structured interview
6. Was the process of purposeful selection described?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
7. Was sampling done until data redundancy data was reached?	N/A	No	No	No	N/A -not mentioned	N/A	N/A	N/A	N/A	N/A	Yes	No

8. Was informed consent obtained?	N/A	Yes	N/A	Yes	N/A	Yes	Yes	N/A	N/A	Yes	Yes	Yes
9. Was a clear and complete description of site provided?	Yes (some)	N/A	No	Yes	N/A	N/A	Yes	No	N/A	N/A	N/A	No
10. Was a clear and complete description of the participants given?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Was a clear description of the researcher's role and relationship with participants provided?	Yes	Yes (some)	Yes	Yes	N/A	N/A	Yes	N/A	N/A	Yes	N/A	Yes
12. Were the assumptions and biases of researchers identified?	N/A	N/A	N/A	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No

13. Was procedural rigour used in data collection strategies?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (some)	N/A	Yes	Yes	Yes
14. Were the data analyses inductive?	Yes	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes
15. Were the findings consistent with and reflective of the data?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16. Was the decision trail developed?	N/A	N/A	Yes	N/A	N/A	No	N/A	N/A	N/A	Yes	Yes	Yes
17. Was the process of analysing data described adequately?	Yes (some)	Yes	Yes	Yes	Yes - somewhat	Yes	Yes	Yes (some)	Yes	Yes	Yes	Yes
18. Did a meaningful picture of the	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

phenomenon being studied emerge?												
19. Was there evidence of the four components of trustworthiness: credibility, transferability, dependability, confirmability	Yes (some)	Yes (some)	Yes	Yes (some)	Yes (some)	Yes	Yes (some)	Yes (some)	Yes (some)	Yes	Yes	Yes (some)
20. Were the conclusions appropriate given the study findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21. Did the findings contribute to theory development and future practice/research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes (some)	Yes	Yes	Yes	Yes

Score/21	16	15	17	18	14	13	17	13	12	18	17	18

No = authors explicitly state reasons why they did not do this; N/A = there is no mention of this in the article

4.5 Synthesis

Two major themes emerged identifying the a) barriers and b) facilitators to competitive employment for PMI. These were further grouped into three clusters (Tong et al., 2008): (1) external factors, including workplace issues, government policies, and opportunity to enhance employment skills of PMI; (2) interpersonal factors, including relationships with family, friends, mental health service providers, and vocational specialists; and (3) individual factors including illness-related issues, and other psychosocial and emotional factors. Each theme is presented in Table 4.3 and 4.4 and is described below.

4.5.1 Barriers to competitive employment for PMI

External Factors

Workplace issues

The majority of study participants (Auerbach et al., 2005; Baron et al 2013; Bassett et al., 2001; Boyce et al., 2008; Chang, 2015; Goldberg et al., 2005; Kirsh, 2000; Lannigan, 2014; Marwaha & Johnson, 2005; Millner et al., 2015) reported experiences of 'stigma and prejudice' towards mental illness in the workplace as significant barriers to gaining and sustaining competitive employment. Stigma was described as negative perceptions restricting employers' knowledge of the participant's capacity to work (Auerbach et al., 2005; Bassett et al., 2001; Chang, 2015; Goldberg et al., 2005, Kirsh, 2000; Lannigan, 2014; Marwaha & Johnson, 2005). In addition, descriptions of rejection (Baron et al 2013) and discriminatory behaviour towards PMI were identified, compared with other staff in the workplace (Boyce et al., 2008). Three studies (Auerbach et al., 2005; Boyce et al., 2008; Goldberg et al., 2005) identified disclosure of mental illness in the workplace as a barrier, with experiences following disclosure "…*ranging from paternalism to being ignored when in need of support, to being watched, to outright contempt*" (Auerbach et al., 2005, p. 270). Another two studies (Harris et al., 1997 and Secker et al., 2003) identified job-related stresses as a barrier to continuing competitive employment, including feeling pressure from the boss, task deadlines, high demand work environments, and long days at work.

Table 4.3 Thematic barriers to competitive employment

Themes		Description	Harris et al., (1997)	Kirsh, (2000)	Bassett et al., (2001)	O'Day & Killeen (2002a)	Secker et al., (2003)	Killeen et al., (2004)	Auerbach et al., (2005)	Goldberg et al., (2005)	Marwaha & Johnson, (2005)	Becker et al., (2007)	Boyce et al., (2008)	Schutt et al., (2009)	Strickler et al., (2009)	Baron et al 2013	Lexén et al., (2013)	Lannigan, (2014)	Boycott et al., (2015)	Chang, (2015)	Millner et al., (2015)
EXTERNAL FACTORS	Workplace issues	Disclosure							x	x			x								
		Job stress	x				x														
		Stigma & prejudice		x	x				x	x	x		x			x		x		x	x
	Government policy	Impact on social security benefits				x	x	x		x	x	x		x				x	x		x
INTERPERSONAL FACTORS	Workplace	Conflicts with supervisors/co-workers		x					x								x				
		Inadequate support		x					x				x				x				
	Family, friend, mental health, job specialist	Control or dominate PMI	x					x						x							
		Discourage competitive employment						x		x	x										x

INDIVIDUAL FACTORS	**Illness related issues**	Symptoms of mental illness			**x**		**x**		**x**		**x**				**x**	**x**	**x**	**x**	**x**	**x**	**x**
		Dual diagnosis (substance abuse), physical illness	**x**												**x**	**x**					**x**
		Medication side-effects	**x**		**x**		**x**		**x**						**x**			**x**	**x**	**x**	
	Personal history and service knowledge	Low self-esteem, lack of motivation & self-stigma	**x**		**x**		**x**				**x**				**x**			**x**	**x**		
		Lack of experience and qualifications; disjointed employment history, previous records of MI, unawareness regarding mental health services			**x**								**x**			**x**			**x**		

Table 4.4 Thematic facilitators to competitive employment

Themes		Description	Kirsh, (2000)	Secker et al., (2003)	Killeen et al., (2004)	Salyers, et al., (2004)	Auerbach et al., (2005)	Goldberg et al., (2005)	Marwaha & Johnson, (2005)	Woodside et al., (2006)	Becker et al., (2007)	Boyce et al., (2008)	Schutt et al., (2009)	Strickler et al., (2009)	Dunn, et al., (2010)	Vorhies et al., (2012)	Lexén et al., (2013)	Lannigan, (2014)	Boycott et al., (2015)	Millner et al., (2015)	Jarman et al., (2016)	Peterson et al., (2017)
EXTERNAL FACTORS	Workplace	Workplace accommodations, and disclosure	x	x		x		x				x							x		x	
		Awareness and open communication regarding MI, and job-related stress	x			x	x		x												x	x
	Opportunity to enhance employment skills	Volunteer or temporary work, trial work (e.g. 2 weeks)				x									x							
		Supported employment and access to consumer-oriented programs and services									x				x							
		Training or schooling, vocational support programs. e.g. active engagement with vocational services (IPS)				x										x	x		x			

INTERPERSONAL FACTORS	**Workplace**	Friendly, respectful relationship with supervisors and co-workers	**x**			**x**				**x**					**x**	**x**	**x**					**x**
		Encouragement, motivation and support	**x**		**x**	**x**	**x**		**x**				**x**	**x**	**x**	**x**	**x**					**x**
	Support from surrounding people	Support and motivation from family, friends, and peers, vocational specialists, therapist, and mental health service providers			**x**	**x**	**x**	**x**				**x**	**x**	**x**	**x**	**x**		**x**		**x**	**x**	
INDIVIDUAL FACTORS	**Illness related issues**	Insight regarding symptoms, medication & management of mental illness																**x**			**x**	
	Personal history and service knowledge	Self-esteem, Motivation				**x**								**x**		**x**						
		Knowledge and education				**x**																

Government policies

Policies relating to gain and secure Social Security Benefits were identified as a significant barrier to competitive employment by PMI (Becker et al., 2007; Goldberg et al., 2005; Killeen & O'Day, 2004; Lannigan, 2014, Marwaha & Johnson, 2005; O'Day & Killeen, 2002a; Schutt & Hursh 2009). Around 50% of study participants in Marwaha and Johnson (2005) identified fear of losing benefit entitlements (including social security, health care benefits) as a barrier to work. This was also identified by participants in studies by Lannigan (2014) and Millner et al. (2015). This is illustrated in the following quote: *"…it was terrifying to lose my benefits especially [subsidized housing] and health insurance; the disincentives to folks trying to return to the workforce or enter are a national disgrace*" (Millner et al., 2015, p. 650). In contrast, O'Day and Killeen (2002a) identified this factor as a barrier to participants who considered themselves eligible only for part-time or low-wage employment (not competitive employment). The majority of participants who were receiving Social Security benefits in studies by Becker et al. (2007) and Killeen and O'Day (2004), reported that in order to continue their social benefits they preferred part time or low wage work. Only a few participants in Boycott et al. (2015) reported this issue as a barrier to employment.

Interpersonal Factors

Family, friends, mental health specialists, and vocational service providers

Although evidence suggested support from surrounding people including family, friends, coworkers, employers, mental health service providers, and employment specialists is a crucial element for employment success for PMI, three studies (Harris et al., 1997; Killeen & O'Day, 2004; Schutt et al., 2009) identified this factor as an obstacle to some extent. Many study participants in Killeen and O'Day (2004) described, after their diagnosis of MI, responses from family members and therapists (e.g. clinicians, nurses) had extremely limited their future. For example, a negative message from the hospital staff regarding mental illness was perceived by one participant as *"too ill to be successful in anything"* (Killeen & O'Day, 2004, p. 159). A similar issue was reported by one participant in Marwaha and Johnson, (2005): *"one psychiatrist told me I'd only ever do menial work, that I'd never be fit to do anything that required responsibility"* (p. 309). In addition, concerns around the symptoms of MI, treatment effects, daily habits and stress level often restricted

family members, counsellors and therapists to think about the working capacities and interest of PMI (Killeen & O'Day, 2004). Some study participants in Harris et al. (1997) and Millner et al. (2015) reported support from their family, friends, employment specialist, and employer diminished their 'sense of ownership' regarding their employment. As a result, they felt discouraged to gain and sustain an employment. Lack of 'sense of ownership' also negatively affect the willingness of PMI to try again when they were unsuccessful in their first attempt to get a job. The following quote describes the feelings of PMI as reported in Harris et al., (1997), "*They feel that they have merely been along for the ride and when the road gets bumpy they are disinclined to want to continue*" (p. 150). In addition, to secure the social security benefits system, vocational rehabilitation services were reported to have often encouraged PMI to participate in part-time or low-wage employment. Hence, support from vocational rehabilitation services was reported by PMI as a disincentive to participate in competitive employment (Goldberg et al., 2005; Killeen et al., 2004).

Workplace

Auerbach et al. (2005) and Kirsh (2000) identified conflicts with supervisors/co-workers as a barrier for employees with mental illness. Lexén et al., (2013) identified discrepancies between the employer's demands and employee's (PMI) understanding which can lead to conflict and restrict work performance. As described by one participant in Lexén et al., (2013), *"You get irritated when someone is meddling with everything you do. When everything is wrong, I feel that I'm a failure!"* (p. 57). In addition, discriminatory attitude and lack of support from employers and co-workers were identified as barriers by the study participants in Boyce et al., (2008) and Lexén et al., (2013). The following quote describes the feelings of a study participant in Boyce et al., (2008) regarding discriminatory attitudes at workplace, *"The odd comments that he has made have been snidey, rather than supportive and helpful, 'you're not the full shilling' and things like that, it's all very hurtful"* (p. 82). Furthermore, Auerbach et al. (2005) and Kirsh (2000) reported the lack of sufficient workplace training or support as of concern.

Individual Factors

Illness related issues

Symptoms of mental illness were found to be the most challenging factor for employment. This was reported by PMI in 11 of the/18 studies. The following features of MI were identified: decreased or low levels of self-confidence (Bassett et al., 2001, Boycott et al., 2015, Lannigan, 2014, Secker et al., 2003); elevated levels of anxiety, restlessness and mood fluctuation (Boycott et al., 2015, Chang, 2015- case 2, Lexén et al., 2013, Marwaha & Johnson, 2005, Millner et al., 2015, Secker et al., 2003, Strickler et al., 2009); hearing voices (Bassett et al., 2001, Marwaha & Johnson, 2005, Strickler et al., 2009); fear of certain work or workplaces (Secker et al., 2003); lack of insight (Auerbach et al., (2005); lack of concentration, problems with memory, attention, and problem-solving capacity (Chang, 2015- case 1, Marwaha & Johnson, 2005); behavioral problems (easily upset, depressed) (Baron et al 2013); and *"sensitivity to audio and visual stimuli and smells"* (Lexén et al., 2013, p. 58).

Having dual diagnosis (MI with another disorder) was also reported as a significant barrier by five studies. More than one-third of study participants in Harris et al. (1997) had a history of alcohol and drug abuse together with MI. Perceived barriers (due to alcohol and drug abuse) to gaining and sustaining employment were 1) failure to focus on finding a job, 2) inappropriate acts during job interviews, and 3) high rates of absenteeism and tardiness in the workplace. Study participants in Strickler et al. (2009) also identified similar problems due to their alcohol and substance abuse. In addition, participants of a study conducted by Baron et al. (2013) reported their dual diagnosis (MI and substance abuse) as responsible for being "e*asily overlooked and rapidly rejected by potential employers"* (p. 124). In addition, two study participants in Millner et al. (2015) perceived their physical health problems as barriers to employment, however, the details were not provided.

Medication side-effects were described as significant barriers to employment by Auerbach et al., (2005), Bassett et al., (2001), Boycott et al., (2015), Chang, (2015), Harris et al., (1997), Lannigan, (2014), Secker et al., (2003) and Strickler et al., (2009). The most frequently reported side effects were difficulty with concentration and cognition (thinking) (Lannigan, 2014; Secker et al., 2003; Strickler et al., 2009), lack of energy, feeling fatigued

and sleepy (Bassett et al., 2001; Lannigan, 2014; Secker et al., 2003; Strickler et al., 2009), slowing down job performance and "*looking weird*" to others (Harris et al., 1997). Side effects of medication identified by in-depth interviews of two study participants by Chang, (2015) included "*psychological seizures as well as a loud noise in Tom's head, which seriously affected his work performance and emotions*" (p. 303) (Case 1), and weight gain (case 2). Auerbach et al., (2005) and Boycott et al., (2015) identified medication side effects as important challenges by participants, however, the description of those side effects was not provided.

Personal history and service knowledge

Low self-esteem (Bassett et al., 2001; Lannigan, 2014; Marwaha & Johnson, 2005), lack of confidence (Boycott et al., 2015; Secker et al., 2003) and motivation (Marwaha & Johnson, 2005; Strickler et al., 2009) and self-stigma (Harris et al., 1997) were frequently perceived personal issues which posed barriers to employment by PMI. Having a diagnosis of mental illness was reported as the key factor for lowering the self-esteem of PMI. This factor also triggered the negative self-stigma of PMI towards their capacity to employment. For example, some PMI who had a lack of knowledge regarding the self-management of their illness, they identified mental illness as an unusual force, which can incapacitate them to work without causing great damage in their workplace. As reported by Harris et al., (1997), "*… a strange and unpredictable force that might lead them to do all manner of awful things"* (p. 134).

In addition, the following factors were perceived as barriers to gain and sustain employment by PMI: lack of knowledge regarding mental health services and vocational programs (Baron et al., 2013); lack of employment experience (Boycott et al., 2015); and disjointed employment history (Boyce et al., 2008). Having the record of previous illness was also identified as barrier, as stated by one participant in Boycott et al., (2015) *''In the past stress has been the trigger for getting ill, so I do worry about will I be able to cope with the demands of the job"* (p. 95). Anticipated workplace stigma and discrimination following previous negative work experiences were mentioned by one participant, "*people will say that they do not care about a person living with and working with a mental illness, but if a[n] episode happens, they cowardly fire the person*" (Millner et al., 2015, p. 650).

In addition, one study participant in Auerbach et al., (2005) reported her residential instability (constant moving) as a passive barrier that affected her work performance.

4.5.2 Facilitators to competitive employment for PMI

External Factors

Workplace accommodations

Workplace accommodations were identified as effective facilitators to successful employment, including flexible working hours and work schedules, reforming job duties, and balancing expectations between employees and employers (Jarman et al., 2016; Kirsh, 2000; Salyers, et al., 2004; Secker et al., 2003). In addition, disclosure of MI in the workplace was identified by many PMI as beneficial to finding and continuing employment as it was seen to prevent being easily fired due to nondisclosure (Goldberg et al., 2005), and provided the opportunity to get help from employers to adjust the workplace according to their needs (Boyce et al., 2008; Boycott et al., 2015) as mentioned by one participant, *"The fact that [my manager] knows and this other [colleague] is nice, because they can spot it straight away"* (Boyce et al., 2008, p. 80).

Opportunity to enhance employment skills

Prior to entering competitive employment, voluntary, part-time, temporary or trial work was perceived as facilitators by PMI (Becker et al., 2007; Dunn, et al., 2010; Salyers, et al., 2004). "*Having a trial period of work (for example, two weeks) to test it out*" was seen as important by participants (Salyers, et al., 2004, p. 306). Dunn, et al. (2010) also provided similar findings, where working opportunities were identified as a way to improve their '*marketable skills'* (e.g. administrative, clerical, or computer skills) to gain and sustain competitive employment. In addition, supported employment (personalized support for PMI to gain and maintain their job) (Becker et al., 2007) and access to consumer-oriented programs (programs that focus on the empowerment of their clients through enabling them to make their choices and decisions regarding employment) (Dunn, et al., 2010) were recognized as key facilitators. In order to enhance PMI's vocational skills, the opportunity to participate in training or schooling and vocational support programs were also reported as beneficial (Boycott et al., 2015; Lexén et al., 2013; Vorhies et al., 2012).

Interpersonal Factors

Support and motivation from others

Twelve studies described support from surrounding people including family, friends and peers, vocational specialists, and mental health providers as the most significant facilitator to gain and sustain competitive employment by PMI (Auerbach et al., 2005; Boyce et al., 2008; Dunn, et al., 2010; Goldberg et al., 2005; Jarman et al., 2016; Killeen et al., 2004; Lannigan, 2014; Millner et al., 2015; Salyers, et al., 2004; Schutt et al., 2009; Strickler et al., 2009; Vorhies et al., 2012). Support from family and others was identified as a source of encouragement, motivation, and persistence in employment: "*My family and my peers and the people around me, constantly encouraging me, saying 'good job' with this and that*" (Vorhies et al., 2012, p. 263). Support from employers and other employees was reported as a basis to improve self-esteem and strengthen capacity to work (Dunn, et al., 2010; Millner et al., 2015; Vorhies et al., 2012). A friendly and respectful relationship with supervisors and co-workers was identified as a facilitator to sustaining competitive employment (Dunn, et al., 2010; Jarman et al., 2016; Kirsh, 2000; Peterson et al., 2017; Salyers, et al., 2004; Secker et al., 2003; Woodside et al., 2006). Encouragement, motivation, and support from employers and colleagues also played a vital role in employment success (Dunn, et al., 2010). 80% of participants in the study by Jarman et al. (2016) described how this support helped them to maintain employment. Furthermore, awareness and open communication regarding mental illness, and having someone in the workplace to share job-related stress were frequently identified facilitators to employment (Auerbach et al., 2005; Jarman et al., 2016; Kirsh, 2000; Marwaha & Johnson, 2005; Peterson et al., 2017; Salyers, et al., 2004). Support from mental health service providers, employment specialist and supported employment programs were reported as beneficial to gaining and sustaining competitive employment by PMI. Their support helped PMI to cope with the symptoms of mental illness, and medication side effects within the workplace (Jarman et al., 2016; Lannigan, 2014; Salyers, et al., 2004). In addition, supported employment also enhanced PMI's ability to adjust to the workplace environment as mentioned by one of the participants in Lannigan, (2014), *''[It taught me] how to do a job, how to get along with people and stuff"* (p. 304).

Individual factors

Illness related issues

Insight regarding symptoms and management of mental illness including medication-related issues were identified by PMI as facilitators for coping with workplace difficulties (Jarman et al., 2016). Self-awareness of PMI regarding their mental health also identified as an important aspect to managing their illness (Jarman et al., 2016), as described by one participant, *"I am telling patients every day how you must take your medication . . . I take . . . responsibility for my own mental health because otherwise I would be a hypocrite"* (p. 664). In addition, the majority of study participant in Lannigan (2014) openly expressed the significance of medication to continue their jobs. As stated by one of the participants in Lannigan (2014), *"I take medication that really controls the symptoms"* (p. 305).

Personal history and service knowledge

Self-esteem, motivation to work (Millner et al., 2015; Vorhies et al., 2012), and work that fits with the value and skills of PMI were identified as facilitator to participate in employment (Jarman et al., 2016; Strickler et al., 2009; Woodside et al., 2006). In addition, the following factors were reported by PMI as facilitators to gaining and sustaining employment, including awareness regarding social benefits (e.g. Social Security, Medicare) (Salyers, et al., 2004); educational background (Millner et al., 2015), opportunity to participate in activities and interest other than work, and ability to enhance spirituality (Auerbach et al., 2005); having stable accommodation (stated by all participants in Jarman et al., 2016); and having someone to follow as a role model and get support to enter a job (Millner et al., 2015; Salyers, et al., 2004).

4.6 Summary

The overall study characteristics and the study quality of the reviewed articles were mixed. Across 25 studies, 19 studies reported on barriers and 20 studies reported on facilitators to employment from the perspectives of PMI. Throughout the studies, several external, interpersonal and individual factors were identified by PMI as the major barriers and facilitators for gaining and sustaining competitive employment. The most frequently reported barriers were (1) external factors: disclosure of mental illness in the workplace, job stress, stigma and prejudice towards PMI, Impact on social security benefits, including workplace issues, government policies, and opportunity to enhance employment skills of

PMI; (2) interpersonal factors: conflicts with supervisors/co-workers, inadequate support, control or dominate PMI, discourage competitive employment, including relationships with family, friends, mental health service providers, and vocational specialists; and (3) individual factors: symptoms of mental illness, dual diagnosis (substance abuse), physical illness, medication side-effects, low self-esteem, lack of motivation & self-stigma, lack of experience and qualifications; disjointed employment history, previous records of mental illness, unawareness regarding mental health services. The facilitators to competitive employment were (1) external factors: workplace accommodations, and disclosure, awareness and open communication regarding mi, and job-related stress, volunteer or temporary work, trial work (e.g. 2 weeks), supported employment and access to consumer-oriented programs and services, training or schooling, vocational support programs. e.g. active engagement with vocational services (IPS); (2) interpersonal factors: friendly, respectful relationship with supervisors and co-workers, encouragement, motivation and support from them, support and motivation from family, friends, peers, vocational specialists, therapist, and mental health service providers; and (3) individual factors: insight regarding symptoms, medication and management of mental illness, self-esteem, motivation, knowledge and education.

5. Discussion

5.1 Introduction

This systematic review identified the barriers and facilitators for gaining and sustaining competitive employment from the experience and perspective of PMI. Two themes and three subthemes emerged revealing a range of external, interpersonal and individual factors which influence competitive employment. All the studies examined in this review were diverse in terms of background, settings, study design, and quality. They also provided several overlapping findings that will be discussed later in this chapter, as well as the implications for developing Asian countries, key strengths and the limitations of this review.

5.2 Discussion of findings

Of the 25 studies reviewed, most failed to provide adequate information regarding study design and methodology for future replication (e.g. Bassett et al., 2001; Boyce et al., 2008; Boycottt al., 2015; Chang, 2015; Harris et al., 1997; Kirsh, 2000; Lexén et al., 2013; Marwaha & Johnson, 2005; O'Day & Killeen, 2002a; Salyers, et al., 2004; Secker et al., 2003; Strickler et al., 2009; Vorhies et al., 2012; Woodside et al., 2006).

Given mental illness covers a spectrum of disorders and presents heterogeneously, describing a sample in the absence of adequate information regarding a specific mental illness is problematic. In this systematic review, several studies (Auerbach et al., 2005; Baron et al 2013; Bassett et al., 2001; Boyce et al., 2008; Lannigan, 2014; Peterson et al., 2017; Secker et al., 2003; Schutt et al., 2009) did not provide adequate descriptions regarding the characteristics of their sample, and the presentation of disorders. Furthermore, Secker et al., (2003) and Schutt and Hursh, (2009) did not mention the age of participants, which limits the understanding of factors related to employment success at a specific age. The study by Secker et al., (2003) also did not provide information regarding gender, ethnicity, and the type of mental illness of the sample.

All participants in Jarman et al., (2016), Millner et al., (2015), and Peterson et al., (2017) were either currently employed or had been employed. The lack of adequate information about the type of employment (Milner et al., 2015), limits understanding of the barriers and facilitators involved in competitive employment. Further, all study participants were recruited from different mental health support services and employment programs and could be a major limitation in the studies examined in this review as the findings cannot be generalized. All of the study participants, except Peterson et al., (2017) received support from a variety of social services. For instance, mental health services (Auerbach & Richardson, 2005; Bassett et al., 2001; Boyce et al., 2008; Dunn et al., 2010; Kirsh

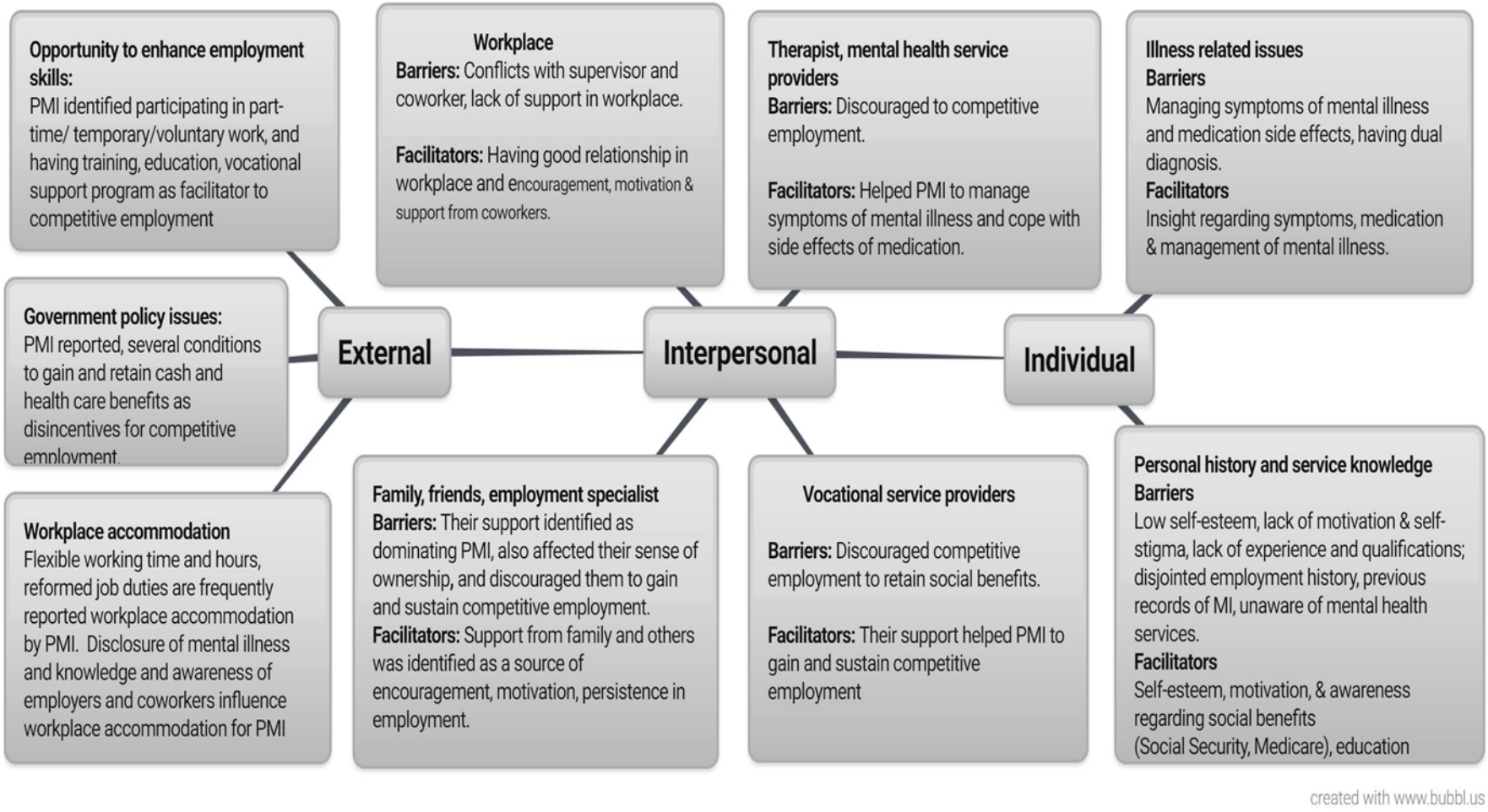
2000; Millner et al., 2015); social security benefits (Bassett et al., 2001; Becker et al., 2007; Goldberg et al., 2005; Killeen & O'Day 2004; O'Day & Killeen, 2002a); vocational support programs (Baron et al., 2013; Boycott et al., 2015; Harris et al., 1997; Lannigan, 2014; Secker et al., 2003), and community support programs (Schutt & Hursh, 2009; Vorhies et al., 2012). The findings of these studies therefore, need to be analysed cautiously in this systematic review as they did not reflect the situation of PMI living without any social supports.

Lannigan, (2014) presented two studies using a phenomenological approach, but only one of these (Study 2) fulfilled the inclusion criteria. It provided some information relevant to the aim of this review however, appropriate details about study participants (e.g. age of the employed group and specific data regarding ethnicity and type of mental illness) was limited. Among the 25 studies, only Marwaha and Johnson (2005) and Jarman et al., (2016) reported their sampling was done ‘until redundancy in data was reached’ (refer to Table 4.2 a & b), which can also limit the relevance of study results.

Figure 5.1 illustrates the overall findings of this review. The findings of this review suggest that disclosing a mental illness (Boyce et al., 2008; Boycott et al., 2015; Goldberg et al., 2005), employers' knowledge and awareness of mental illness and the attitudes of their colleagues, contributed to PMI being accommodated in the workplace and facilitated participation in competitive employment (Auerbach et al., 2005; Jarman et al., 2016; Kirsh, 2000; Marwaha & Johnson, 2005; Peterson et al., 2017; Salyers, et al., 2004). These results are similar to the findings of a recent review that examined the factors influencing the decisions of PMI to disclose their condition (Brohan et al., 2012). This review found that employers with positive attitudes towards mental illness and were willing to provide opportunities for PMI to adjust to the workplace could influence PMI in disclosing their condition.

The importance of encouragement, motivation and support in the workplace were repeatedly identified in this review. Several workplace accommodations, including flexible working hours and work schedules and modification of job duties, were identified as facilitators. On the other hand, stigma and prejudice towards PMI, an unwillingness to disclose mental illness, conflicts with supervisors/co-workers, and inadequate support in the workplace were repeatedly reported as significant barrier for PMI. These findings support the results of McDowell and Fossey (2015). Where this systematic review aimed to examine the perspectives of PMI irrespective of their employment status, the review done by McDowell and Fossey (2015) focused solely PMI in the workforce. In their review, the reluctance of PMI to disclose their illness as well as the lack of knowledge regarding mental illness in the workplace were identified as barriers to employment. Therefore, education regarding mental illness is essential for employers and coworkers to understand the complex needs of PMI and workplace accommodations.

Figure 5.1: A summary of thematic barriers and facilitators to competitive employment reported by PMI



Outside of the workplace, support and motivation from family, friends and peers, vocational specialists, therapist, and mental health service providers was also identified as significant facilitators for PMI to remain encouraged, motivated, and persist in employment (Vorhies et al., 2012). In contrast, support from family, friends, mental health and employment specialist was perceived by PMI in three studies as controlling or dominating (Harris et al., 1997; Killeen et al., 2004; Schutt et al., 2009), as well as discouraging competitive employment (Goldberg et al., 2005; Killeen et al., 2004; Millner et al., 2015). This finding was surprising as interpersonal support for PMI was not reported as a barrier in previous reviews. It also warranted the need for further qualitative research on PMI's experiences, particularly using in-depth interviews, which could expand and explore this issue further.

While participating in paid or competitive employment was frequently identified as a significant factor for living a meaningful life in society, participating in unpaid or part-time work was also acknowledged as a facilitator leading to participating in competitive employment. Prior to entering competitive employment, having the opportunity to enhance employment skills through voluntary or temporary work, trial work, and supported employment were seen as significant facilitators for PMI. Therefore, employers, employment counsellors, and vocational specialists can advise and organise pre-employment programs for PMI to get ready for competitive employment. This has been successfully demonstrated in the study done by Gewurtz and Kirsh, (2006), where ten participants with mental illness said they found active participation in paid or unpaid work was beneficial for developing insight regarding their capacity to participate in future work.

The results of this review demonstrate the direct relationship between specific personal attributes and employment success among PMI. Lannigan, (2014) stated that self-aware PMI were able to recognise that it was not possible for them to live free of mental illness, but this did not mean they were prevented from participating in the workplace and giving back to the community. In support of these findings, factors that facilitated competitive employment (Jarman et al., 2016), included self-esteem, motivation (Millner et al., 2015; Salyers, et al., 2004), insight about their symptoms, medication and the ways in which their mental illness was managed. In contrast, a majority of the studies (13/25) reported that personal issues were perceived as a significant barrier by PMI. The most frequently experienced problems were symptoms of mental illness, side-effects of medication, low self-esteem, lack of motivation and self-stigma of PMI. These findings signal the need to identify strategies whereby PMI can enhance awareness of their illness so that they can effectively participate in competitive employment.

A qualitative meta-synthesis by Fossey and Harvey (2010) examining the employment-related views of PMI found that several conditions of government policy including restrictive earning rules to gain and retain social security benefits were a frequently reported disincentive to employment. These findings are identical with the themes that emerged from this systematic review. Therefore,

modification of government policy is required to encourage PMI in participating competitive employment.

5.3 Implications for developing Asian countries

This systematic review identified a wide range of external, interpersonal and individual factors which act as barriers or facilitators to gain and sustain competitive employment from the perspectives of PMI. It is noted all included studies were from developed western countries. There is an absence of research exploring these issues from the perspective of PMI from developing Asian countries. However, Chopra (2009) suggests, the situation is similar in both developed and developing countries. Although PMI in developing Asian countries are different in the geographical, socio-cultural, economic and political background (Meshvara, 2002), the key concepts from this systematic review can be beneficial to address the needs of PMI for their employment success in this region. Hence, the outcome of this review will help researchers to conduct further qualitative research in the context of developing Asian countries to examine the perspectives of PMI to gain and sustain competitive employment. A summary of strategies and approaches that can be drawn from this review to implement in developing Asian countries is given below.

5.3.1 External

This review recognised several workplaces, government policy and training issues that were associated with employment success of PMI in developed countries. Despite having a vast number of PMI in developing Asian countries, the social support including social security, Medicare, mental health service and vocational support for PMI is very limited (Meshvara, 2002). Therefore, raising awareness regarding mental illness in every aspect of society including government, employers, employment specialist, and mental health service providers is fundamental. In order to achieve this, through following the strategies of developed countries, a government should be lobbied to provide adequate funding for conducting research and raising social awareness regarding mental illness. Furthermore, policy makers should plan and develop necessary consumer-oriented vocational interventions similar to IPS to enhance the ability of PMI to gain and sustain competitive employment. Generating education and training opportunities for PMI to enhance their capacity to participate in competitive employment is also vital. Knowledge and awareness among employers should be raised to ensure adequate accommodation for PMI in the workplace.

5.3.2 Interpersonal

This thesis addressed the need for diverse supports for PMI within and outside of the workplace to gain and sustain competitive employment. Participants of this study repeatedly mentioned the need for getting continuous support from their family, friends, therapist, mental health providers, employment support services, employers and colleagues. These factors are equally important for

PMI in developing Asian countries. Through using social media and organising various mental health campaigns, public awareness regarding mental illness should be raised to eradicate stigma towards PMI's capacity to participate in employment. This will further help family, friends and caregivers of PMI to understand the need for ongoing support for PMI to get access to suitable and sustainable employment.

5.3.3 Individual

Provision of training and social support for PMI to develop active self-management strategies to gain and sustain competitive employment. It will assist PMI to cope with their symptoms of mental illness, side effects of medication, and job-related stress in the workplace. Furthermore, knowledge and awareness regarding mental illness will help PMI to seek adequate support from the relevant service providers to participate in competitive employment.

5.4 Key strengths

This systematic review included a comprehensive search using relevant databases. By using predetermined explicit inclusion and exclusion criteria, each article was assessed independently by two reviewers. This is a key strength of this review. Appraisal of studies was done by using a well-established and reproducible method of assessment. Furthermore, by using a number of tables and figures, data extraction, synthesis, and reporting of themes were kept simple, pragmatic and easy to follow.

5.5 Limitations

Although the reviewers have followed the valid methodology in this systematic review, acknowledgement of some limitations are noted. As this review was conducted in one semester (three months) to partially fulfill the requirements for author's Master degree in Disability, Policy and Practice, time and resources were a major limitation. Due to time limitations, the author was unable to contact the researchers for further clarification concerning missing information related to study design and methodology. The time limitation also restricted the author to identify and locate 17 inaccessible and unavailable articles through contacting the researchers and publishers. Therefore, this review may indicate incomplete representation of relevant articles. The following reasons may also limit a complete illustration of potentially relevant articles: in the keyword search, distinct types of mental illnesses, for instance, depression and schizophrenia were not included; study selection was limited to English language, published, and peer-reviewed articles, which restrict consideration to include articles published in another language, grey papers (e.g. government documents), and unpublished articles (e.g. dissertation, conference papers).

All the studies were conducted in western developed countries, and the majority of study participants received various support from government and other service providers (e.g. Social Security Benefits, Medicare, IPS), therefore, the results of this review may not completely be generalizable to different contexts, countries, cultures, or populations. Despite being well-conducted studies, due to insufficient reporting, there may be the possibility that some studies received lower quality scores. Finally, using the McMaster critical appraisal tool to assess the quality of overall studies may also have limited this review, since all questions were weighted equally regardless of the difference in the significance of each question. For instance, 'obtained informed consent' and 'process of analysing data was described adequately' both had equal scores (one point).

5.6 Recommendations for future research

- From the perspective of PMI, further qualitative research, such as in-depth interviews, needs to undertake to explore the role of interpersonal relationships for gaining and sustaining competitive employment.
- Further exploration of the external, interpersonal and individual factors that have been identified for employment success of PMI in relation to the national and ethnic cultural contexts of developing Asian countries.
- Identifying the strategies to alleviate stigma towards the employability skills of PMI at every aspect of society, including PMI, their family and friends, employers and mental health providers in developing Asian countries.
- Exploring the perception of PMI who are not identified as consumers of mental health or vocational service nor receiving any kind of social security benefits in developing Asian countries. This cohort is identified because they have yet to receive adequate social support to gain and sustain employment. Therefore, gaining a further understanding how this lack of support impacts PMI's employability can assist in addressing future needs.
- Conducting a further review will assist in clarifying and standardising the study appraisal tool method to accurately assess the quality of a research.
- Conducting a further review with adequate time and resources to cover all relevant articles including their missing information. Adequate time and resources will further allow the systematic reviewers to make contact with the researchers for further clarification regarding unavailable and missing articles.
- Exploring and considering non-medication based strategies to support PMI to cope with the symptoms of mental illness within and outside of the workplace.

5.7 Conclusion

A variety of barriers and facilitators to gain and sustain competitive employment were identified from

the experiences of PMI. Employment success was influenced by several multifaceted and interconnected factors, for instance, workplace and other social support, personal issues, government policies and services. Enhancing awareness regarding mental illness, specifically, removal of stigma, effective management of symptoms, and enhancing working capabilities of PMI, and provision of productive communication and collaboration among PMI, their family and friends, employers and co-workers, mental health providers, employment specialist are vital in facilitating PMI to gain and sustain competitive employment for both developed and developing countries. Furthermore, government policy and support are needed to be modified and modernised for encouraging PMI to participate competitive employment instead of being a disadvantaged group of people in the society.

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Appendices

APPENDIX A Subject headings used for MEDLINE, PsycINFO, and CINAHL

APPENDIX B Subject headings used for PubMed, Cochrane, ProQuest, and Scopus

APPENDIX C Steps of study selection through Covidence

APPENDIX D List of excluded studies with reason

APPENDIX A

Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily, Ovid MEDLINE and Versions(R)

#	Searches	Results	Type
1	Mentally Ill Persons/ or mental disorders/	154496	Advanced
2	(mental disorder* or mental* ill* or psychiatric).tw.	210109	Advanced
3	1 or 2	297456	Advanced
4	exp Employment/ or unemployment/	75364	Advanced
5	work/ or return to work/ or work performance/ or work schedule tolerance/	26433	Advanced
6	(employer or employee or employment or unemploy* or workplace or "return* to work" or job or jobs).tw.	145989	Advanced
7	4 or 5 or 6	208659	Advanced
8	(barrier* or obstacle* or challenge*).tw.	730308	Advanced
9	(facilitat* or motivat* or enabl*).tw.	816858	Advanced
10	8 or 9	1477543	Advanced
11	qualitative research/ or interviews as topic/ or focus groups/	93462	Advanced
12	"Surveys and Questionnaires"/	379509	Advanced
13	(Qualitative or survey* or questionnaire* or interview* or focus group*).tw.	1156847	Advanced
14	(experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*).tw.	1794565	Advanced
15	11 or 12 or 13 or 14	2702449	Advanced
16	3 and 7 and 10 and 15	768	Advanced
17	limit 16 to English language	691	Advanced

PsycINFO

#	Searches	Results	Type
1	"mental illness (attitudes toward)"/ or mental disorders/	77434	Advanced
2	(mental disorder* or mental* ill* or psychiatric).tw.	250236	Advanced
3	1 or 2	266527	Advanced
4	exp employment status/	17294	Advanced
5	reemployment/ or job search/ or job performance/	17994	Advanced
6	(employer or employee or employment or unemploy* or workplace or "return* to work" or job or jobs).tw.	161558	Advanced
7	4 or 5 or 6	169423	Advanced
8	(barrier* or obstacle* or challenge*).tw.	228004	Advanced
9	(facilitat* or motivat* or enabl*).tw.	329288	Advanced
10	8 or 9	524381	Advanced
11	QUALITATIVE RESEARCH/ or life experiences/	30104	Advanced
12	interviews/ or surveys/ or exp QUESTIONNAIRES/ or group discussion/	34429	Advanced
13	(Qualitative or survey* or questionnaire* or interview* or "focus group*").tw.	715568	Advanced
14	(experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*).tw.	1337543	Advanced
15	11 or 12 or 13 or 14	1709919	Advanced
16	3 and 7 and 10 and 15	948	Advanced
17	limit 16 to (english language and ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal"))	596	Advanced
18	from 17 keep 1-596		

CINAHL

Wednesday, April 12, 2017 4:15:05 AM				
#	**Query**	**Limiters/Expanders**	**Last Run Via**	**Results**
S1	(MH "Mental Disorders") OR (MH "Attitude to Mental Illness")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	32,537
S2	TI ("mental disorder*" OR "mental* ill*" OR psychiatric) OR AB ("mental disorder*" OR "mental* ill*" OR psychiatric)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	40,710
S3	S1 OR S2	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	60,604
S4	(MH "Employment+") OR (MH "Unemployment")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	33,565
S5	(MH "Job Re-Entry") OR (MH "Job Performance")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	7,082
S6	TI (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) OR AB (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	63,912
S7	S4 OR S5 OR S6	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	88,903
S8	TI (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) OR AB (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	187,263

S9	(MH "Qualitative Studies")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	60,510
S10	(MH "Interviews") OR (MH "Surveys")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	166,898
S11	(MH "Questionnaires")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	207,286
S12	TI (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*") OR AB (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	285,052
S13	TI (experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*) OR AB (experience* or perception* or attitude* or opinion* or view* or feeling* or belief* or perspective*)	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	359,389
S14	S9 OR S10 OR S11 OR S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	659,379
S15	S3 AND S7 AND S8 AND S14	Limiters - English Language Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	424

APPENDIX B

PubMed

(("mental disorder*"[tiab] OR "mental* ill*"[tiab] OR psychiatric[tiab]) AND (employer[tiab] OR employee[tiab] OR employment[tiab] OR unemploy*[tiab] OR workplace[tiab] OR "return* to work"[tiab] OR job[tiab] OR jobs[tiab]) AND (barrier*[tiab] OR obstacle*[tiab] OR challenge*[tiab] OR facilitat*[tiab] OR motivat*[tiab] OR enabl*[tiab]) AND (Qualitative[tiab] OR survey*[tiab] OR questionnaire*[tiab] OR interview*[tiab] OR "focus group*"[tiab] OR experience*[tiab] OR perception*[tiab] OR attitude*[tiab] OR opinion*[tiab] OR view*[tiab] OR feeling*[tiab] OR belief*[tiab] OR perspective*[tiab]) NOT medline [sb])

Cochrane

("mental disorder*" OR "mental* ill*" OR psychiatric) AND (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND (Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*) in Title, Abstract, Keywords

ProQuest

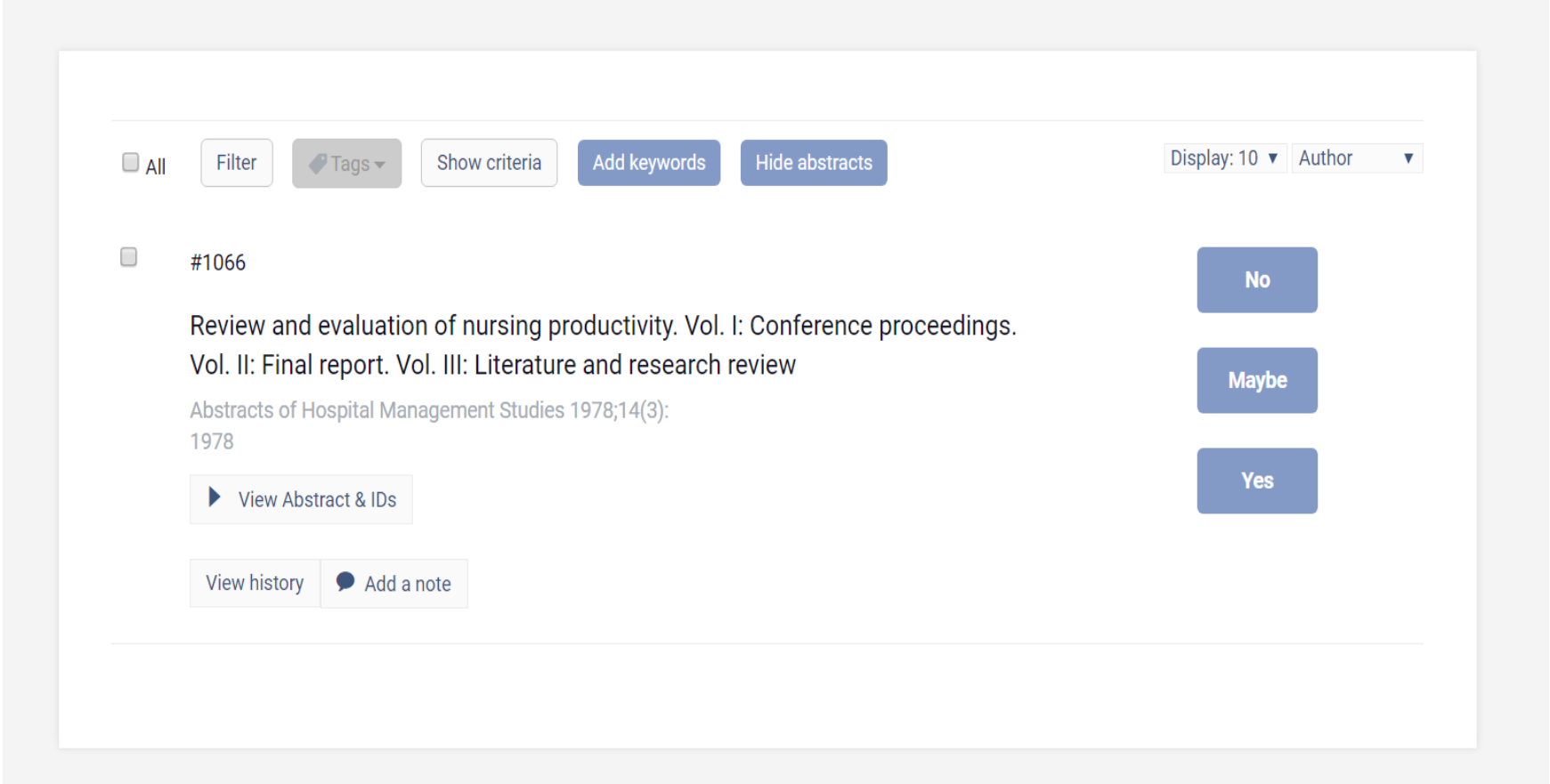
(ti(("mental disorder*" OR "mental* ill*" OR psychiatric)) AND ti((employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs)) AND ti((barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*)) AND ti((Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*)) OR ab("mental disorder*" OR "mental* ill*" OR psychiatric) AND ab(employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND ab(barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND ab(Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*)) limited to English

Scopus

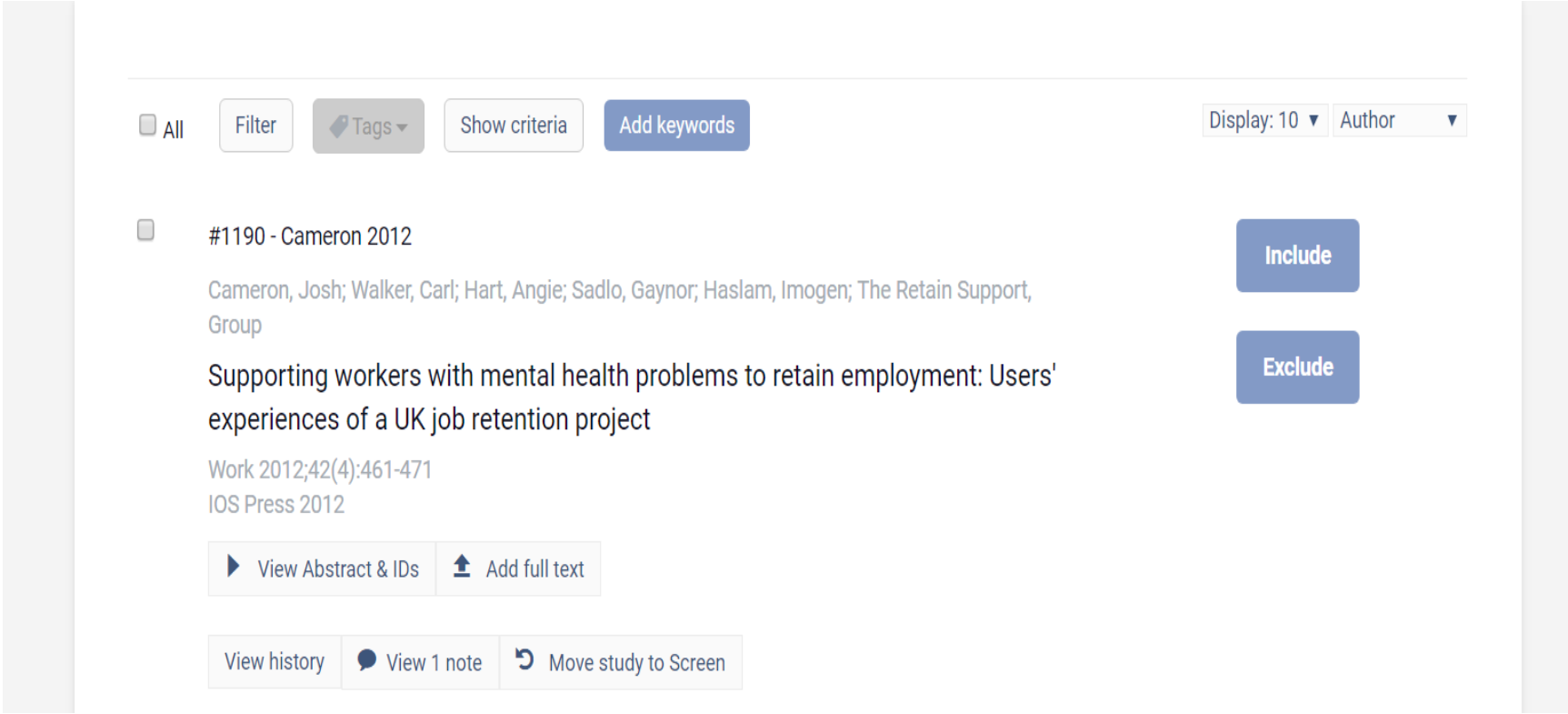
TITLE-ABS("mental disorder*" OR "mental* ill*" OR psychiatric) AND TITLE-ABS (employer OR employee OR employment OR unemploy* OR workplace OR "return* to work" OR job OR jobs) AND TITLE-ABS (barrier* OR obstacle* OR challenge* OR facilitat* OR motivat* OR enabl*) AND TITLE-ABS(Qualitative OR survey* OR questionnaire* OR interview* OR "focus group*" OR experience* OR perception* OR attitude* OR opinion* OR view* OR feeling* OR belief* OR perspective*) AND DOCTYPE (ar OR re)

APPENDIX C

Step one: Title and abstract screening



Step two: Full-text screening:



APPENDIX- D

List of excluded studies with reason

References of excluded studies	Reason for exclusion
Abraham, K. M., & Stein, C. H. (2009). Case managers' expectations about employment for people with psychiatric disabilities. *Psychiatric rehabilitation journal*, *33*(1), 9.	Wrong perspective
Ahmed, A. O., Hunter, K. M., Mabe, A. P., Tucker, S. J., & Buckley, P. F. (2015). The professional experiences of peer specialists in the Georgia Mental Health Consumer Network. *Community mental health journal*, *51*(4), 424-436.	Not competitive/open employment
Akabas, S. H., & Gates, L. B. (1999). A social work role: Promoting employment equity for people with serious and persistent mental illness. *Administration in Social Work*, *23*(3-4), 163-184.	Wrong study design
Areberg, C., Björkman, T., & Bejerholm, U. (2013). Experiences of the individual placement and support approach in persons with severe mental illness. *Scandinavian journal of caring sciences*, *27*(3), 589-596.	Focus on intervention outcomes: the challenges and facilitators to the organisation/program
Arthur, B., Knifton, L., Park, M., & Doherty, E. (2009). 'Cutting the dash'—experiences of mental health and employment. *Journal of public mental Health*, *7*(4), 51-59.	Not all diagnosed with MI
Heasman, D., & Atwal, A. (2004). The Active Advice pilot project: leisure enhancement and social inclusion for people with severe mental health problems. *British Journal of Occupational Therapy*, *67*(11), 511-514.	Wrong focus (not 75% on employment)
Audhoe, S. S., Nieuwenhuijsen, K., Hoving, J. L., Sluiter, J. K., & Frings-Dresen, M. H. (2016). Perspectives of unemployed workers with mental health problems: barriers to and solutions for return to work. *Disability and Rehabilitation*, 1-7.	Not all diagnosed with MI
Batastini, A. B., Bolanos, A. D., & Morgan, R. D. (2014). Attitudes toward hiring applicants with mental illness and criminal justice involvement: The impact of education and experience. *International journal of law and psychiatry*, *37*(5), 524-533.	Wrong perspective
Bergmans, Y., Carruthers, A., Ewanchuk, E., James, J., Wren, K., & Yager, C. (2009). Moving from full-time healing work to paid employment: challenges and celebrations. *Work*, *33*(4), 389-394.	Wrong focus (e.g. meaning or motivations)
Blank, A., Harries, P., & Reynolds, F. (2013). The meaning and experience of work in the context of severe and enduring mental health problems: An interpretative phenomenological analysis. *Work*, *45*(3), 299-304.	Wrong focus (e.g. meaning or motivations)
Blitz, C. L., & Mechanic, D. (2006). Facilitators and barriers to employment among individuals with psychiatric disabilities: A job coach perspective. *Work*, *26*(4), 407-419.	Wrong perspective
Bonsaksen, T., Fouad, M., Skarpaas, L., Nordli, H., Fekete, O., & Stimo, T. (2016). Characteristics of Norwegian clubhouse members and factors associated with their participation in work and education. *British Journal of Occupational Therapy*, *79*(11), 669-676.	Not competitive/open employment

Braitman, A., Counts, P., Davenport, R., Zurlinden, B., Rogers, M., Clauss, J., ... & Montgomery, L. (1995). Comparison of barriers to employment for unemployed and employed clients in a case management program: An exploratory study. *Psychiatric Rehabilitation Journal*, *19*(1), 3.	Wrong study design
Caltaux, D., Corrigan, P. W., & Hocking, B. (2003). Internalized stigma: a barrier to employment for people with mental illness. *International Journal of Therapy & Rehabilitation*, *10*(12).	Wrong study design
Cameron, J., Walker, C., Hart, A., Sadlo, G., Haslam, I., & The Retain Support, G. (2012). Supporting workers with mental health problems to retain employment: Users' experiences of a UK job retention project. *Work, 42*(4), 461-471.	Inaccessible or unavailable
Chiu, F. P. (2000). The development of supported employment services for people with mental illness: local experience in Hong Kong. *Work*, *14*(3), 237-245.	Wrong study design
Cook, J. A., Razzano, L. A., Straiton, D., & Ross, Y. (1994). Cultivation and maintenance of relationships with employers of people with psychiatric disabilities. *Psychosocial Rehabilitation Journal*, *17*(3), 103.	Wrong perspective
Corbière, M., Renard, M., St-Arnaud, L., Coutu, M. F., Negrini, A., Sauvé, G., & Lecomte, T. (2015). Union perceptions of factors related to the return to work of employees with depression. *Journal of occupational rehabilitation*, *25*(2), 335-347.	Wrong perspective
Evans, J., & Repper, J. (2000). Employment, social inclusion and mental health. *Journal of psychiatric and mental health nursing*, *7*(1), 15-24.	Wrong study design
Flinn, S., Ventura, D., & Bonder, B. (2005). Return to work experiences for veterans with severe mental illness living in rural group home facilities. *Work, 24*(1), 63-70.	Inaccessible or unavailable
Focus on Research...Do people with mental health problems perceive there to be barriers to being involved with work activities? (2002). *British Journal of Occupational Therapy, 65*(7), 341-341.	Inaccessible or unavailable
Frounfelker, R. L., Glover, C. M., Teachout, A., Wilkniss, S. M., & Whitley, R. (2010). Access to supported employment for consumers with criminal justice involvement. *Psychiatric rehabilitation journal*, *34*(1), 49.	Wrong perspective
Gannon, D., & Gregory, N. (2006). Barriers to employment in severe mental illness. *Nursing times*, *103*(22), 32-33.	Wrong study design
Gruhl, K. R. (2012). Transitions to work for persons with serious mental illness in northeastern Ontario, Canada: Examining barriers to employment. *Work: Journal of Prevention, Assessment & Rehabilitation, 41*(4), 379-389.	Inaccessible or unavailable
Hansson, L., Stjernswärd, S., & Svensson, B. (2014). Perceived and anticipated discrimination in people with mental illness—An interview study. *Nordic Journal of Psychiatry*, *68*(2), 100-106.	Wrong focus (not 75% on employment)
Harris, L. M., Matthews, L. R., Penrose-Wall, J., Alam, A., & Jaworski, A. (2014). Perspectives on barriers to employment for job seekers with mental illness and additional substance-use problems. *Health & Social Care in the Community, 22*(1), 67-77. doi:10.1111/hsc.12062	Inaccessible or unavailable

Hatchard, K., Henderson, J., & Stanton, S. (2012). Workers' perspectives on self-directing mainstream return to work following acute mental illness: Reflections on partnerships. Work: *Journal of Prevention, Assessment & Rehabilitation, 43*(1), 43-52.	Inaccessible or unavailable
Haugli, L., Maeland, S., & Magnussen, L. H. (2011). What facilitates return to work? Patients' experiences 3 years after occupational rehabilitation. *Journal of Occupational Rehabilitation, 21*(4), 573-581.	Inaccessible or unavailable
Henry, A. D., & Lucca, A. M. (2002). Contextual factors and participation in employment for people with serious mental illness. *Occupational Therapy Journal of Research, 22*(Suppl1), 83S-84S.	Inaccessible or unavailable
Henry, A. D., & Lucca, A. M. (2004). Facilitators and barriers to employment: the perspectives of people with psychiatric disabilities and employment service providers. *Work, 22*(3), 169-182.	Inaccessible or unavailable
Johannesen, J. K., McGrew, J. H., Griss, M. E., & Born, D. (2007). Perception of illness as a barrier to work in consumers of supported employment services. *Journal of Vocational Rehabilitation, 27*(1), 39-47.	Inaccessible or unavailable
Kennedy-Jones, M., Cooper, J., & Fossey, E. (2005). Developing a worker role: Stories of four people with mental illness. *Australian Occupational Therapy Journal*, *52*(2), 116-126.	Not competitive/open employment
Krupa, T., Lagarde, M., Carmichael, K., Hougham, B., & Stewart, H. (1998). Stress, coping and the job search process: the experience of people with psychiatric disabilities in supported employment. *Work, 11*(2), 155-162.	Inaccessible or unavailable
Kukla, M., Bonfils, K. A., & Salyers, M. P. (2015). Factors impacting work success in Veterans with mental health disorders: A Veteran-focused mixed methods pilot study. *Journal of Vocational Rehabilitation, 43*(1), 51-66. doi:10.3233/JVR-150754	Inaccessible or unavailable
Kukla, M., Rattray, N. A., & Salyers, M. P. (2015). Mixed methods study examining work reintegration experiences from perspectives of Veterans with mental health disorders. *Journal of Rehabilitation Research & Development, 52*(4), 477-490. doi:10.1682/JRRD.2014.11.0289	Inaccessible or unavailable
Munro, I., & Edward, K. (2008). The recovery journey: employment support for people with depression and other mental illnesses. *Australian e-Journal for the Advancement of Mental Health, 7*(2), 8p-8p.	Inaccessible or unavailable
Netto, J. A., Yeung, P., Cocks, E., & McNamara, B. (2016). Facilitators and barriers to employment for people with mental illness: A qualitative study. *Journal of Vocational Rehabilitation, 44*(1), 61-72. doi:10.3233/JVR-150780	Inaccessible or unavailable
Nicholson, J., Carpenter-Song, E. A., MacPherson, L. H., Tauscher, J. S., Burns, T. C., & Lord, S. E. (2016). Developing the WorkingWell Mobile App to Promote Job Tenure for Individuals with Serious Mental Illnesses.	Wrong focus (e.g. meaning or motivations)
Pooremamali, P., Morville, A. L., & Eklund, M. (2016). Barriers to continuity in the pathway toward occupational engagement among ethnic minorities with mental illness. *Scandinavian journal of occupational therapy*, 1-10.	Wrong focus (not 75% on employment)
Poremski, D., Whitley, R., & Latimer, E. (2014). Barriers to obtaining employment for people with severe mental illness experiencing homelessness. *Journal of Mental Health*, *23*(4), 181-185.	Wrong focus (e.g. meaning or motivations)
Poremski, D., Woodhall-Melnik, J., Lemieux, A. J., & Stergiopoulos, V. (2016). Persisting Barriers to Employment for Recently Housed Adults with Mental Illness Who Were Homeless. *Journal of Urban Health*, *93*(1), 96-108.	Wrong focus (e.g. meaning or motivations)

Russinova, Z., Griffin, S., Bloch, P., Wewiorski, N. J., & Rosoklija, I. (2011). Workplace prejudice and discrimination toward individuals with mental illnesses. *Journal of Vocational Rehabilitation, 35*(3), 227-241.	Inaccessible or unavailable
Scheid, T. L. (2005). Stigma as a barrier to employment: mental disability and the Americans with Disabilities Act. *International Journal of Law and Psychiatry*, *28*(6), 670-690.	Wrong perspective
Secker, J., Grove, B., & Seebohm, P. (2001). Challenging barriers to employment, training and education for mental health service users: the service user's perspective. *Journal of Mental Health, 10*(4), 395-404.	Inaccessible or unavailable
Shankar, J., & Collyer, F. (2003). Vocational rehabilitation of people with mental illness: The need for a broader approach. *Australian e-journal for the Advancement of Mental Health*, *2*(2), 77-89.	Wrong study design
Skarpaas, L. S., Ramvi, E., Løvereide, L., & Aas, R. W. (2016). Maximizing work integration in job placement of individuals facing mental health problems: Supervisor experiences. *Work*, *53*(1), 87-98.	Wrong perspective
Tschopp, M. K., Perkins, D. V., Hart-Katuin, C., Born, D. L., & Holt, S. L. (2007). Employment barriers and strategies for individuals with psychiatric disabilities and criminal histories. *Journal of Vocational Rehabilitation*, *26*(3), 175-187.	Wrong perspective
Tschopp, M. K., Bishop, M., & Mulvihill, M. (2001). Career development of individuals with psychiatric disabilities: An ecological perspective of barriers and interventions. *Journal of Applied Rehabilitation Counseling*, *32*(2), 25.	Wrong study design
Williams, A. (2012). Employment–hope and reality. *Mental Health and Social Inclusion*, *16*(4), 201-205.	Wrong study design
Yu, L. B., Lu, A. J., Tsui, M. C., Li, D., Zhang, G. F., & Tsang, H. W. (2016). Impact of Integrated Supported Employment Program on People with Schizophrenia: Perspectives of Participants and Caregivers. *Journal of Rehabilitation*, *82*(3), 11.	Not competitive/open employment