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SUPPORT FOR PARTICIPATION IN EDUCATION AND WORK

Helpful Support to Promote Participation in School and Work – Subjective Experiences of People With Mental Health Problems: A Literature Review

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Abstract

This article provides an overview over current knowledge regarding helpful support to promote participation in education and work among people with mental health problems. Based on 14 studies gleaned from a systematic review, three overarching themes were identified through thematic analysis: *Supportive interpersonal relationships*, *Integrating mental health and everyday life issues with education/employment support*, and *Person-centred support*. The findings call for a deeper understanding of support in the context of mental health and participation in education and work among people with mental health problems.

Keywords: adults, first-person perspectives, literature review, mental health, education, work,

Helpful Support to Promote Participation in Education and Work – Subjective Experiences of People with Mental Health Problems: A Literature Review

This article explores subjective experiences of helpful support to promote participation in education and work among people with mental health problems. Participating in education and work is important for people with mental health problems for the same reasons that it is important for people in general. In addition to providing income, which is a key factor in a person's ability to establish an independent life, employment facilitates community participation and social inclusion (Boardman, Grove, Perkins, & Shepherd, 2003; Tew, 2008). Work is also associated with good physical health and stable social relationships. Additionally, it is crucial for the development of a valued personal role and social identity (Boardman et al., 2003; Marwaha et al., 2008; Morrow, Verins, & Willis, 2002).

A growing body of literature highlights the importance of work in recovery for people with mental health problems (Borg & Kristiansen, 2008; Krupa, 2004; Lloyd & Waghorn, 2007). Studies estimate that between 70% and 90% of people with mental health problems want to work (Drake, Bond, & Becker, 2012; Killackey, 2014; Kinn, Holgersen, Aas & Davidson, 2014). However, individuals with mental health problems are less likely to be employed than other citizens, and the employment rate is around 50-70% (OECD, 2012). Lloyd and Waghorn (2007) found that people with mental health problems are particularly disadvantaged with respect to participating in vocational training or higher education and seeking or maintaining employment.

For most individuals, about 75%, mental health problems have developed by the age of 25 (McGorry & Goldstone, 2011). Because of the early age of onset, mental health problems

often have a negative impact on individuals' education attainment and transition into the workforce (Waghorn et al., 2012). Studies document low levels of secondary education attainment among people with mental health problems (Esch et al., 2011; Haynes, 2003; Meldrum, Venn, & Kutcher, 2009; Quiroga, Morin, Janosz, & Bisset, 2013; Vander et al., 2003).

During the past three decades, numerous interventions have been developed and evaluated to address the needs of higher education and employment among individuals with mental health problems (Bond, Drake, & Becker, 2008; Crowther, Marshall, Bond, & Huxley, 2001). These interventions include programs such as Supported Education (SEd), Supported Employment (SE), and occupational therapy programs that incorporate principles of SE and SEd (Schindler & Sauerwald, 2013). Furthermore, the integration of SE and SEd has been achieved in the context of the Individual Placement and Support (IPS) model of SE (Becker & Drake, 2003). In the context of IPS, 'support' means both vocational support and support in managing everyday life (Bond, Drake, & Becker, 2012).

A considerable amount of research has been devoted to exploring initiatives and programs that intend to support people with mental health problems in participating in education and work in particular, and in the local community in general. In this regard, several research studies have shown that the evidence-based models of SE and IPS have achieved better employment outcomes than standard practices (Areberg, Björkman, & Bejerholm, 2013; Bond et al., 2008). According to research these are the services that best represent the preferred support and outcome.

IPS, SE and SEd were originally developed for people with severe mental illness in need of multiple supports (Becker & Drake, 2003). However, IPS is now also beginning to be used for people with lesser needs or other types of mental health problems, such as anxiety and depression (Nygren, Markström, Svensson, Hansson, & Sandlund, 2011). In IPS, the entry imperative is the person's own desire and motivation to work or attend school. Key supportive features of this program are: rapid school and job searches, no educational or training requirement, no time limit for the duration of support, attention to consumers' preferences, follow-up support, integration with mental health services, and benefits counselling (Bond et al., 2012).

There is considerable quantitative research on various aspects of employment. Examples are research about employment rates, types of service offered, type of service delivery, impact of employment in recovery, and participation in community life (Bond et al., 2008; Borg & Kristiansen, 2008; Crowther et al., 2001; Davidson et al., 2005). These aspects are significant at a population level, but they do not necessarily determine what helpful support really is to the individuals. The current literature available does not particularly focus on the aspects of helpful support. Rather they talk about it more peripherally in the context of broader issues examined in the studies. Thus, there may be a risk that we fail to identify important aspects of helpful support if we mainly pay attention to quantitative outcomes through studies on the effectiveness of specific programs. The aim of this literature review is therefore to identify and discuss subjective experiences of helpful support to promote participation in education and work. The specific research question is as follows: *what do people with mental health problems experience as helpful support to promote their participation in education and work?*

Method

Selection of Studies for Review

The method used for this study was a systematic literature review (Galvan, 2006). Key concepts related to the research question were identified and listed, later to be used in literature searches in electronic databases. Assisted by a research librarian, we identified studies for possible inclusion by combining searches of electronic databases, hand-searches of articles' reference lists and purposive hand-searches in Google and Google Scholar. We also consulted international researchers (from Australia, Canada, the Nordic countries, the United Kingdom, and the USA) who had published research articles or research reports in the field, and this process led to the inclusion of three studies. We used the following keywords and MESH terms/subjects: 'Mental health/disorders/illness', 'supported education/education support', 'supported employment/employment support', 'user/client/patient experience/perception/attitude', 'subjective/first person experience'. The selected databases were Academic Search Premier, Chinal, Eric, Psych INFO, Scopus, SweMed+, and Web of Science. In addition to these, we also used Norart, Idunn and NORIA, where we used both English and Norwegian terms. The initial search process was conducted from April 2015 to April 2016 and resulted in 1,121 articles. All articles were imported to the reference manager Endnote. The first author examined the titles and abstracts of all 1,121 articles and reports identified in the initial search (if an abstract was not available, she skimmed the entire paper) in order to determine

whether the article addressed the research aim and the following criteria for inclusion and exclusion:

The inclusion criteria were as follows:

- Peer-reviewed research reporting first-person experiences of helpful support for participation in education or work among people with mental health problems.
- Articles published between 2000 and April 2016.

The exclusion criteria were as follows:

- Quantitative studies reporting on the effects of specific methods or approaches.

After the initial screening of the titles and abstracts of the identified 1,121 articles, a total of 40 studies were either found to meet the inclusion criteria or were identified for further investigation to determine their relevance for the review. The first author read the full text of the 40 studies and discussed the contents with the second and third author. After this screening, reading, and review, 27 articles were found not to be relevant and were rejected. The same inclusion and exclusion criteria were used in the second round of rejection of articles. In total, 12 articles and two research reports were found to meet the inclusion criteria and were included in this review. The included studies are shown in Table 1 below:

Thematic Analysis

In accordance with the aim of this literature review, the 14 identified studies (see Table 1 above) were analyzed by using Braun and Clarke's (2006) thematic analysis. Thematic analysis is a method for identifying and reporting patterns (themes) within data (Braun & Clarke, 2006; Clarke & Braun, 2013). The thematic analysis was done using Braun and Clarke's six steps.

The first step involved the first and second author reading and re-reading the articles to immerse themselves in the data through repeated readings to become familiar with the depth and breadth of the content while noting initial thoughts, ideas, and preliminary themes. Following on from this initial stage, as well as building on the notes and ideas generated through data immersion, we entered the coding phase. These codes identified features of the data that the researchers considered pertinent to the research question. Furthermore, as is intrinsic to the method, the whole data set was given equal attention so that full consideration could be given to repeated patterns within the data. The third stage involved searching for themes; these explained larger sections of the data by combining different codes that may have been very similar or may have been considered the same aspect within the data. All initial codes relevant to the research question were incorporated into a theme. Braun and Clarke (2006) also suggest the development of thematic maps to aid the generation of themes. These helped the researchers to visualize and consider the links and relationships between themes. At this point any themes that did not have enough data to support them or were too diverse, were discarded. This refinement of the themes took place on two levels, primarily with the coded data ensuring they formed a coherent pattern, secondly, once a coherent pattern was formed the themes were considered in relation to the data

set as a whole. This ensured the themes accurately reflected what was evident in the data set as a whole (Braun & Clarke, 2006). Further coding also took place at this stage to ensure no codes had been missed in the earlier stages. Afterwards meaningful elements, such as quotes from the data, were identified, listed, and collated, later to be sorted into tentative categories (different kinds of relationships, relational qualities, person-centred support, coordinated support, available support, practical help, change of life style, coping with symptoms, enhanced self-confidence, being a normal person, ordinary everyday life, life purpose). Once a clear idea of the various themes and how they fitted together emerged, analysis moved to phase five. This involves defining and naming the themes, each theme needs to be clearly defined and accompanied by a detailed analysis. Considerations were made not only of the story told within individual themes, but how these related to the overall story that was evident within the data. In addition, it was highly important to develop short names that conveyed an immediate indication of the essence of the theme. The final stage, or the report production, involved choosing examples of transcripts to illustrate elements of the themes. These extracts clearly identified issues within the theme and presented a lucid example of the point being made.

Through our thematic analyses, we identified three overarching themes of subjective experiences with helpful support to promote participation in education and work for people with mental health problems: (a) *Supportive interpersonal relationships*, (b) *Integrating mental health and everyday life issues with education/employment support*, and (c) *Person-centered support*.

Findings

Supportive interpersonal relationships

A central theme, that was identified through the analysis was supportive interpersonal relationships, such as regular conversations, expressions of valuing the person and belief in their potential, collaboration, and role modelling. An aspect of supportive interpersonal relationships that was helpful for people with mental health problems recognized in 13 of the 14 studies was the value of interpersonal relationships. These relationships could be with mental health workers, supervisors, coaches, coworkers, managers, peers, and/or friends (Anvik & Gustavsen, 2012; Auerbach & Richardson, 2005; Borg & Kristiansen, 2008; Boyce et al., 2008; Cameron, Walker, Hart, Sadlo & Haslam, 2012; Henry & Lucca, 2004; Killeen & O'Day, 2004; Kinn et al., 2014; Kierkegaard, 2016; Knis-Matthews, Bokara, DeMeo & Mavus, 2007; Lippestad & Steihaug, 2015; Nygren, Markström & Bernspaang, 2016; Rinaudo & Ennals, 2012).

An important aspect of the interpersonal relationships were the regular conversations that the persons had with their providers or employers concerning their future goals and possibilities with respect to education or work (Killeen & O'Day, 2004; Nygren et al., 2016). Such regular conversations also included being acknowledged for their talents. This motivated them to put effort into achieving their goals, either to return to, or stay in education or work. Such positive contact created self-confidence that again gave them hope and courage to face and accept challenges related to their everyday life, education and work.

Another feature of interpersonal relationships was the professionals' expressions of valuing the person and belief in their potential. The participants in the studies described how experiencing positive relationships with professionals made them feel accepted as valuable human beings. Such experiences could entail positive comments from others and feedback on the job that they were doing (Auerbach & Richardson, 2005). For instance, one participant described her experience with her supervisor at work: "He was saying, 'you're the best worker we've ever had. I am going to miss you'" (Killeen & O'Day, 2004, p. 162). These different kinds of inspirational encouragements from others were characterized as a facilitator for participation in education and work (Auerbach & Richardson, 2005; Kinn et al., 2014; Killeen & O'Day, 2004; Kierkegaard, 2016; Knis-Matthews et al., 2007; Rinaudo & Ennals, 2012). Assistance and encouragement from people who believed in their potential, helped them in managing their work or achieving their educational goals. It seemed especially crucial to have people around who gave that little bit of extra support. Examples of such assistance included conscientious follow-up by mentors and teachers who stretch themselves to cover the participants' support needs (Lippestad & Steihaug, 2015; Rinaudo & Ennals, 2012).

Collaboration was also an important aspect of interpersonal relationships. Participants in the studies noted that being trusted as a person who is competent and has potential facilitated the construction of collaborative partnerships between service users and providers. In such collaborative relations, the participants reported that they were valued as equal persons with different competencies (Henry & Lucca, 2004; Killeen & O'Day, 2004; Kierkegaard, 2016). In this kind of partnership, the participants felt unstrained and not judged or evaluated. Instead, they could chat or have more serious and private talks, and the service provider created space for the

participants to make their own decisions related to the participation process. These relations, reflecting equality and friendship, were reported to constitute helpful support aimed at promoting participation in employment (Henry & Lucca, 2004; Killeen & O'Day, 2004). The collaborative process was directed towards defining alternative ways and possibilities for attending education and work (Kierkegaard, 2016; Nygren et al., 2016). Nygren et al. (2016), and suggests that the role as a “guide” to support participation in education or work includes both emotionally supporting the individual and presenting different alternatives and solutions.

Role modelling from peers played an important part in helping and supporting the participants in their studies engagement (in education) or in work, in several studies (Auerbach & Richardson, 2005; Cameron et al., 2012; Killeen & O'Day, 2004; Kinn et al., 2014). Many were inspired and influenced by the success of other peers in developing their own employment strategies (Killeen & O'Day, 2004). Young adults who wished to go to school felt that it was stimulating to meet peers who have the same problems as themselves, but who are nevertheless in high school or at university. A participant in one study stated: “This inspires you and makes you feel motivated because you realize it is possible to follow your dreams, and my dream has always been to get higher education qualifications” (Kierkegaard, 2016, p. 62). Seeing others coping with their mental health problems and living the life they wish, created hope for the participants' own future. In this way, hope was seen as a facilitator for personal development and growth, and was experienced as important support for transitioning into education or work.

Integrating mental health and everyday life issues with education/employment support

The participants in the identified studies highlighted the integrating mental health and everyday life issues with education/employment support (Anvik & Gustavsen, 2012; Auerbach & Richardson, 2005; Boyce et al., 2008; Henry & Lucca, 2004; Kinn et al., 2014; Lippestad & Steihaug, 2015; Nygren et al., 2016; Rinaudo & Ennals, 2012). Thus, helpful support was described as closely connected to the individuals' everyday life and not divided into isolated services (Anvik & Gustavsen, 2012; Nygren et al., 2016). The participants described how remaining in mental health care often entailed exclusion from education or work, and the participants experienced the need for an integrated approach in healthcare. This would address several aspects of life, including education and work. The opposite scenario isolates them from real life (Anvik & Gustavsen, 2012).

The participants claimed that helpful support included coordinated assistance from several people, for example healthcare providers, educational institutions, workplaces, welfare services and family members (Anvik & Gustavsen, 2012; Lippestad & Steihaug, 2015; Nygren et al., 2016). In one study, the participants reported that having a provider who has the responsibility to coordinate contact between the people involved was crucial for successful collaboration. For instance, one participant stated: "It was great that the job mentor could collaborate with the welfare service and my therapist, that they talked together, so that I didn't have to remember everything myself" (Lippestad & Steihaug, 2015, p. 225).

In addition, the participants described a lack of collaboration and coordination between the services involved, such as the rehabilitation service, mental health service, welfare service and education and work-related services (Anvik & Gustavsen, 2012; Henry & Lucca, 2004; Kinn et al., 2014). Participation in work life became more difficult when the complex network surrounding the person was not ‘on the same page’, and the lack of service coordination led to conflicting expectations from the myriad of professionals (Henry & Lucca, 2004). Different opinions about whether participation in education or work would have a beneficial or detrimental effect on the participant’s mental health state could result in interruptions or delays in the participation process (Henry & Lucca, 2004; Nygren et al., 2016).

Another aspect of integrated services was the importance of various types of practical support, mainly the need for practical support related to everyday life as a whole. Examples of practical support include rearranging the participant’s work schedules, writing formal letters, and helping to resolve interpersonal conflicts (Auerbach & Richardson, 2005). Participants emphasized the importance of assistance in preparing for school and work, including help managing the lifestyle changes that emerge in the transition from not working or studying to being employed or being a student (Auerbach & Richardson, 2005; Bassett et al., 2001; Kinn et al., 2014; Rinaudo & Ennals, 2012).

Person-centred Support

Person-centred support was identified as an important aspect of helpful support in the studies. Person-centred support meant getting the person into a job that was a good fit with the person’s needs, as well as providing ongoing and flexible support.

The importance of finding the right balance for the person between demands and challenges in education and employment became vital, as person-centred support was about finding a suitable job for the person in need of support (Borg & Kristiansen, 2008; Boyce et al., 2008; Kinn et al., 2014). This further entailed finding a balance between routine and structure on the one hand, and stimulation and challenges on the other (hand). Such a balance increased the person's motivation and sustained the feeling of being able to cope (Boyce et al., 2008; Kinn et al., 2014). Person-centred support included the useful working context for the right person, flexible working hours, clear and predictable tasks and expectations (Kinn et al., 2014).

The other important aspect related to person-centred support was an ongoing and flexible support. With regard to educational success, flexibility around academic and assessment tasks was highlighted as an important facilitator (Rinaudo & Ennals, 2012). This flexibility was person-oriented, and could be in the form of extensions on assignments, extra time for exams and the ability to withdraw from classes if they felt ill (Knis-Matthews et al., 2007). Flexibility was also connected to the availability of providers when the participants needed them, and was perceived as crucial to helpful support (Lippestad & Steihaug, 2015; Nygren et al., 2016).

The availability of providers was important for the participants not only to get access to work, but also to address challenges due to their working situation after they started working (Lippestad & Steihaug, 2015). Moreover, having the support adapted to their individual functioning, rather than being guided in a routine-like manner, was suggested as an important facilitator for participation (Nygren et al., 2016). Likewise, time should be unlimited and

adjusted to the needs of the person (Kierkegaard, 2016; Lippestad & Steihaug, 2015; Nygren et al., 2016).

Discussion

Our literature review examined helpful support to promote participation in education and work, as described by people with mental health problems. Based on our findings we will discuss the importance of supportive interpersonal relationships, the significance of a manifold of flexible supportive actions, and person-centred services.

The findings emphasize the importance of supportive interpersonal relationships. There is considerable knowledge in describing helping relations in mental health (Denhov & Topor, 2011; Ljungberg, Denhov, & Topor, 2015). However, there is a lack of knowledge of people's own descriptions about what they experience with regard to being recognized as valuable human beings, especially in the context of supportive interpersonal relationships aimed at promoting participation in education or work. For example, a person may feel valuable, as a fellow human being with potential, in different situations and contexts and in relation to people in different roles, such as family, friends, colleagues, peers and professional providers (Anvik & Gustavsen, 2012; Auerbach & Richardson, 2005; Boyce et al., 2008; Cameron et al., 2012; Henry & Lucca, 2004; Killeen & O'Day, 2004; Kierkegaard, 2016). This points towards a need for emphasizing the aspect of *how* we are together with others, rather than *who* we are as people or professionals; challenging our practice and expanding how we look at which relationships are significant when

attempting to support participation in education and work. It means looking beyond professional services as a whole.

Our findings reveal the supportive quality of experiencing the beliefs and expectations of others regarding the participants' potential and strengths (Anvik & Gustavsen, 2012; Killeen & O'Day, 2004; Rinaudo & Ennals, 2012). An open and curious attitude from the professionals leads to acknowledgement and recognition of the other person's possibilities.

High fidelity programs that intend to support individuals with mental health problems to gain a foothold in education or work may secure central aspects of support, but they will never be sufficient to guarantee that the support given is actually experienced as being helpful. Practitioners who can step outside an 'expert' role and who have the courage to be a human-being in a collaborative and mutual relation, may be able to strengthen these humanizing qualities. These findings encourage us, both in practice and research, to move the focus away from 'us and them' towards more equal relationships that recognize the other's freedom and capabilities (Anderson, 2012; Davidson, 2005; Ness, Borg & Davidson, 2014).

Our findings also highlight the fact that helpful support to promote participation in education and work requires a manifold of flexible supportive actions and measures by supporters who are collaborating towards the participant's goals (Anvik & Gustavsen, 2012; Henry & Lucca, 2004; Lippestad & Steihaug, 2015; Nygren et al., 2016). This suggests that there are possibilities for the unique person to be at the center of the support provided. However, they may be threatened by counter-forces due to values and philosophy influencing current practice. Having the unique person as a starting point for all supportive actions is in line with a person-

centered approach, which is consistent with international healthcare policy frameworks and recovery-oriented practice (McCormack & McCance, 2006; World Health Organization [WHO], 2007).

During the past three decades, the concepts of recovery and person-centeredness have become familiar in mental health policy, practice and research (Hummelvoll, Karlsson, & Borg, 2015). Recovery is about building a meaningful and satisfying life, as defined by the persons themselves, whether or not there are ongoing or recurring symptoms or problems (Shepherd, Boardman & Slade, 2008). Recovery-oriented practices is what the providers do in order to support persons' recovery processes (Ness, et al. 2014a). The concept of person-centered practice sees users and their family members as equal partners in planning, developing and assessing mental health care to make sure it is most appropriate for their needs. Person-centeredness is an ideology that is based on the concept of the singularity of persons and the values of autonomy and self-determination (Ness, et al., 2014b).

Our findings show participants' experiences with providers interested and engaged in their individual needs and goals (Henry & Lucca, 2004; Killeen & O'Day, 2004; Kierkegaard, 2016), which reflect the fact that service users should have options and the ability to choose the support that best fits their needs. This challenges the "one size fits all" approach to services that intend to support participation in education and work among people with mental health problems. Standardized help can represent a barrier to helpful support, as flexibility and the person-centeredness may be threatened (Hummelvoll et al., 2015). Furthermore, it challenges delivery of services in high fidelity programs, such as IPS, SE, and SEd to continually highlight

the values of a person-centered approach and challenges researchers to develop research questions that target these dilemmas.

Our findings show that the existence of different opinions from professionals regarding whether participation in education or work has a beneficial or detrimental effect on the participant's mental health state was a barrier in the participation process and a personal burden to the individual (Henry & Lucca, 2004; Nygren et al., 2016). Researchers have argued that integrated services, between education and work-related services and clinical services, encourage communication and coherent service planning (Bond, 1998; Ness et al., 2014b). Such integration should lessen the burden on service users, with communication across services, as documented by some participants in this review (Nygren et al., 2016). Despite current knowledge about the importance of cross-sectoral collaboration (Bower, 2011; Brousselle, Lamothe, Sylvain, Foro, & Perreault, 2010), clinical and rehabilitation communities often operate separately and independently of one another in fulfilling their distinct assignments and responsibilities.

Professionals in the specialist health care arena are influenced by biomedical hegemony and are typically concerned with solving problems and treating "illness", often with medication combined with psychotherapy (Gerard, 2010; Hummelvoll et al., 2015; Henry & Lucca, 2004). By contrast, rehabilitation programs focus on the consumer's strengths. This distinction and the tension in values and philosophy often result in poor collaboration and communication between services. This leads to negative consequences for the service users. We suggest a continuing need to focus on service collaboration and to encourage efforts to overcome and remove these barriers founded in systems and philosophical viewpoints. Establishing cross-sectoral services could be a

way of diminishing barriers and to support collaboration. Such efforts constitute a mission for policymakers, practitioners, researchers and educational institutions alike.

Methodological Limitations

There are some methodological limitations we would like to address. We acknowledge that a review is an interpretive undertaking insofar as it is an effort to make sense of the included studies and to establish their meaning (Schwandt, 1998). The review did not aim to state any final conclusions, but to illuminate possible meaning and understanding of first-person experiences with helpful support to promote participation in school and work, as revealed in the current literature. The use of secondary data engenders limitations, as there may have been themes that were considered insignificant by the original researchers, but may then later emerge as important when several studies are collated.

Concluding Remarks

The purpose of this study was to provide an overview of current knowledge and research with regard to helpful support promoting participation in education and work, viewed through the accounts and experiences of people with mental health problems. This review suggests that helpful support is best given in collaborative and flexible services by providers who recognize the service user as a valuable human-being with capabilities. These qualities are congruent with a person-centered and recovery-oriented approach.

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Table 1 *List of the Studies Included in the Review*

<i>No</i>	<i>Author(s)</i> <i>and year</i>	<i>Aim</i>	<i>Participants</i>	<i>n</i>	<i>Method (design, data, collection and analysis)</i>	<i>Main findings/ conclusion</i>
1	Anvik & Gustavsen (2012)	To explore links between mental health, education and employment of young people in vulnerable situations. To gain insight into what is happening within secondary	Young adults with mental health problems and weak connection to education and work. Aged 18–29 years.	10 and 15 and 0	In-depth qualitative interviews, ethnographic survey and participatory process seminars with young adults with personal experiences of mental health problems.	There is a strong need for coordinated service and individual support. Young people want to meet expectations and demands from others, but under safe conditions and with supportive and understanding coaches. There is

education and a need to include
in meetings everyday life
with social perspectives in
partners and the services they
services, receive, and it is
which enable crucial to have
young people both health and
with mental work in focus.
health
problems to
complete
their
education and
qualify for
employment.

2 Auerbach & Richardson (2005) To investigate the work experiences of individuals with severe mental illness who had worked for a minimum of 6 months. Grounded theory design. Semi-structured interviews. The primary motivators to work appeared to be the internalized values and

		mental illnesses to determine their perspectives on the processes involved in employment.	18 months in last three years. Aged 21–60 years.			satisfaction they derived from the experience of working. Motivation to work helped participants to make use of supports – notably human ones, but also adjustments – to overcome a range of obstacles.
3	Bassett, Lloyd, & Bassett	To increase understanding of the issues faced	Young people diagnosed with a psychotic	10	A qualitative approach Two focus	The participants identified a need for: time-management,

(2001)	by young disorder. people experiencing psychosis who want to gain or maintain employment.	Registered clients of a Mental Health Service, with a specialized early psychosis program for people between 18– 25 years, recently diagnosed with psychosis, who have a goal of undertaking further education,	groups, five participants in each of the two focus groups	stress management and problem-solving skills and programs that addressed self- confidence. In addition they needed programs that assisted them to prepare for work, especially managing the lifestyle change from not working to being employed
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					training or work.	
					Aged 18–29 years.	
4	Borg & Kristiansen (2008)	To explore what it means to have a job and be an employee in regular work settings and ways of integrating work into daily life.	Persons with long term mental health problems who are considered themselves in recovery, and with various experiences regarding education and employment.	13	In-depth interviews, using an everyday life orientation. Thematic analysis.	Having an active working role, being in ordinary work settings, balancing rest and activity and having a sympathetic work environment was crucial to attend and remain in work and to the recovery process.

5	Boyce et al. (2008)	To report the experiences of clients of employment support agencies who had succeeded in returning to work.	Persons with severe and enduring mental health problems who were in paid employment in competitive jobs, after receiving assistance from employment support agencies.	20	In-depth interviews, semi-structured. Thematic analysis.	A number of barriers against getting back to work were identified, but receiving employment support could enable people to overcome them. The quality of the employment support provided was important, including advice and counselling during the job search, enabling informed choice about disclosure and support in
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work.

6	Cameron et al. (2012)	To understand experiences and perspectives of job retention project users in relation to challenges faced and support received; to	Project users with mental health problems (a range of mental health diagnoses). Most were being supported by primary health care	14	Semi-structured individual interviews	The study discovered a greater emphasis on the impact of guilt and self-blame as barriers to job retention. Interventions need to focus on the individual worker, his/her job and the workplace. A
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develop services. multi-faceted
explanatory Aged 29–54 approach
insight into years. involving a
effective person-
interventions. environment-
occupation
focused on the
worker, their
work and
workplace. Such
complex
interventions
may offer more
promise than
those
interventions
(such as CBT),
which have a
primary focus on
the individual.

7	Henry & Lucca (2004)	To examine the perspectives of people with psychiatric disabilities and employment service providers regarding factors that most directly help or hinder consumer efforts to obtain and maintain employment.	Adults with serious mental illness (consumers) and employment service providers. 44 consumers, mean age 41.4. 30 providers, mean age 38.	74	12 focus groups (six with consumers and six with providers), qualitatively analyzed.	Consumer-provider relationships and individualized services were seen as fundamental facilitators of employment success. Environmental factors, including social stigma as well as human service and entitlement system barriers were generally perceived as most daunting and difficult to
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						change.
8	Kierkegaard (2016)	To investigate how different Nordic welfare services in cooperation across sectors create participation and change for young adults with mental health problems.	Young adults with mental health problems, age 18-30. Leaders, professionals, and volunteers in different institutional arrangements in Denmark and Sweden.	28 32	Qualitative individual interviews. Ethnographic field notes.	Collaboration across sectors consist of both common values and contradicting logics that make the interactions both productive and challenging. Cross-sectoral collaboration and interaction create some unique possibilities for promoting participation and inclusion of young adults

						with mental health problems.
9	Killeen & O'Day (2004)	To gain insight into the systemic and programmatic barriers to employment encountered by people with mental health problems and to understand what factors contributed to successful employment (gaining and retaining	People with severe mental health problems. Half of these were working half were unemployed. Aged 27–64 years.	32	Semi-structured interviews with open ended questions.	Participants received negative messages about potential work capacity from professionals, friends and family. Having a clear vocational strategy, which was believed in and persisted with, was found to be important. Factors identified as supporting retention and

work).

career
development
were: receiving
positive
messages and
resisting
negative ones;
having a
collaborative
relationship with
a mental health
professional;
return to
education for
some. All had
relied on some
form of peer
support (formal
or informal). The
study concluded
policy and
services need to

						reform
						themselves
						towards focusing
						on individual
						needs.
10	Kinn et al. (2014)	To explore how persons with psychiatric disabilities experience facilitators of and barriers to participation in paid work in transitional, supported, and open employment	Qualitative studies published between 1990 and 2011.	16	A metasynthesis	For persons with psychiatric disabilities to get into employment, they may need to be supported in finding and maintaining their balance in new situations through a combination of learning new skills and competencies,

		settings.				while receiving <i>in vivo</i> assistance from empathic and knowledgeable supporters.
11	Knis- Matthews, Bokara, DeMeo & Mavus (2007)	To explore the experiences of with illness attending post- secondary	Persons with mental illness. Members of a psychosocial day program. Each participant attended classes at one	4	In-depth interviews. Phenomenologica l approach.	Stronger alliances between mental health providers and school administrators is needed to help make the social role transition from patient to

	school.	or more			student a	
		postsecondary			comfortable and	
		y educational			safe process.	
		institutions.			These parties	
		Aged 34–54			need to	
		years.			recognize that	
					people with	
					mental illness	
					can participate	
					fully and	
					successfully in	
					college settings	
					with appropriate	
					and reasonable	
					accommodations	
					.	
12	Lippestad & Steihaug (2015)	To explore what aspects of vocational rehabilitation people with a	Adults diagnosed with schizophrenia attending in a	21	Qualitative individual interviews. Semi- structured.	To obtain work the participants emphasized the need for follow- up by competent

		schizophrenia diagnosis as important to obtain work.	IPS inspired vocational rehabilitation project in six Norwegian counties.		and trustworthy helpers. Collaboration between helpers is crucial.
			Mean age not specified.		
13	Nygren, Markström, & Bernspång (2016)	To investigate the use of IPS in the social services describe number of unique processes of young people's way towards	Young adults with mental health problems; 3 women and 2 men. Age 19-28.	5 Qualitative individual interviews. Structured questionnaires.	Relationships characterized by curiosity, interest and engagement in the individual client, positive risk-taking and time for reflected experiences resulted in process of change.

		participation in school and work.			
14	Rinaudo & Ennals (2012)	To describe a personal account of living with mental illness and the experience of participating in a supported education course.	One person with mental illness.	A personal account. Qualitative story approach.	Hope is crucial in the recovery journey, including becoming a student again. Education can play a central role in re- establishing an identity that encompasses strengths and capacities.
