The vocational and educational needs of adults recovering from mental health problems in a community setting, and the strategies, resources, initiatives available to meet them, as far as international literature is concerned: A comprehensive literature review.

Michael O'Brien

CARL Research Project

in collaboration with

CITY LINKS CORK

University College Cork, Ireland

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Date completed:	September 2020

What is Community-Academic Research Links?

Community Academic Research Links (CARL) is a community engagement initiative provided by University College Cork to support the research needs of community and voluntary groups/ Civil Society Organisations (CSOs). These groups can be grass roots groups, single issue temporary groups, but also structured community organisations. Research for the CSO is carried out free of financial cost by student researchers.

CARL seeks to:

- provide civil society with knowledge and skills through research and education;
- provide their services on an affordable basis;
- promote and support public access to and influence on science and technology;
- create equitable and supportive partnerships with civil society organisations;
- enhance understanding among policymakers and education and research institutions of the research and education needs of civil society, and
- enhance the transferrable skills and knowledge of students, community representatives and researchers (www.livingknowledge.org).

What is a CSO?

We define CSOs as groups who are non-governmental, non-profit, not representing commercial interests, and/or pursuing a common purpose in the public interest. These groups include: trade unions, NGOs, professional associations, charities, grass-roots organisations, organisations that involve citizens in local and municipal life, churches and religious committees, and so on.

Why is this report on the UCC website?

The research agreement between the CSO, student and CARL/University states that the results of the study must be made public through the publication of the final research report on the CARL (UCC) website. CARL is committed to open access, and the free and public dissemination of research results.

How do I reference this report?

Author (year) *Dissertation/Project Title*, [online], Community-Academic Research Links/University College Cork, Ireland, Available from: http://www.ucc.ie/en/scishop/completed/ [Accessed on: date].

How can I find out more about the Community-Academic Research Links and the Living Knowledge Network?

The UCC CARL website has further information on the background and operation of Community-Academic Research Links at University College Cork, Ireland. http://carl.ucc.ie. You can follow CARL on Twitter at @UCC_CARL. All of our research reports are accessible free online here: http://www.ucc.ie/en/scishop/rr/.

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Are you a member of a community project and have an idea for a research project?
We would love to hear from you! Read the background information here http://www.ucc.ie/en/scishop/ap/c&vo/ and contact us by email at carl@ucc.ie.

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Research Thesis

The vocational and educational needs of adults recovering from mental health problems in a community setting, and the strategies, resources, initiatives available to meet them, as far as international literature is concerned: A comprehensive literature review.

By Michael O'Brien

Student Number: 118226115

Thesis Submitted in Partial Fulfilment of the Requirements for the Degree of Master inVoluntary and Community Sector Management. Degree Code: MSoc Sc CKE 75.

University College Cork – School of Applied Social Science

Supervisor: Dr. Feilim O'hAdhmaill

September 2020

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Declaration Form:

University College Cork

Department of Applied Social Science

Title of Thesis

The vocational and educational needs of adults recovering from mental health problems in a community setting, and the strategies, resources, initiatives available to meet them, as far as international literature is concerned: A comprehensive literature review.

Student Name: Michael O'Brien

Student Number: 118226115

I declare that the content of this assignment is all my own work. Where the work of others has been used to augment my assignment, it has been referenced accordingly.

Signed: *Michael O'Brien*   Date: 10/09/2020

Word Count: 12,930 words (excluding title page, declaration page, acknowledgements page, references and appendices).

List of Figures:

Glossary of Terms:

Vocational Training (VT):

Vocational Training places services users into pre-vocational education in an attempt to prepare them for future employment and career progression potentials (Crowther et al. 2001).

Sheltered Workshops:

Sheltered workshops provides opportunities for individuals living with mental illness to engage in work within a shielded setting, and operates separate to the open market as a closed system. (Dick & Shepherd 1994).

Club House:

The Club House model involves the facilitation of a support organization facilitated by both the staff and the services users equally. It is a building where service users can gather socially in their community, and also receive support or partake in arranged work. Both within the building working alongside the staff or in the community on work crews in temporary work organized by the community (Bond 1998 cited in Crowther et al. 2001).

Supported Employment (SE):

Supported employment refers to an approach which assists people with severe disabilities to find employment in competitive positions within the open market. It is based upon the understanding that engagement in competitive employment should take place as swiftly as possible, followed by on the job training and support (National Disability Authority 2020).

Individual Placement Support (IPS):

The IPS model of rehabilitation is one of the supported employment approaches, and is internationally the most studied and most utilized model currently (National Disability Authority 2020).

Acknowledgements:

I would like to thank the school of Applied Social Science for the knowledge, experience and skills gained during the past two years, which can only be described as invaluable. The process though challenging has been very rewarding. The lecturers and staff of the school which I encountered at one point, or another were very friendly and generous in assisting me to complete this enormous task.

My sincere appreciation goes to my supervisor who contributed to the research from the onset, Dr.Féilim Ó hAdhmaill, for your time, the knowledge shared, and the incomparable commitment and encouragement given to ensure I performed my best. To the UCC CARL co-ordinator, Dr Anna Kingston, your direction and support is greatly appreciated.

I would like to thank Mr Paul Cotter and Mr Daniel Newman of City Links for your support, knowledge and experience, who acted as liaison officers on the research project.

I would like to sincerely thank my children Áoife and Ciarán, and my dear wife Clare for their support and words of encouragement that kept me motivated especially this year during the pandemic.

Abstract:

Background:

Generally, individuals affected by mental illness experience its onset during their latent adolescent years which creates a disruption of their formal education and pathways toward employment. It is hoped that the findings within the research will enable community organisations supporting these individuals, to grow and develop their programmes in a fashion that will meet the needs of its service users from a person centred perspective based upon international best practice.This study explored the international literature regarding the best approaches available to support individuals affected with mental illness while living in the community. The research was focused in the areas of education, vocational training and pathways toward employment. It explored how various approaches function, and which were effective in supporting this group of individuals.

Objectives:

To explore, how best to meet these needs of mental health service users, from an educational, vocational training and employment perspective. To explore the formal and informal benefits of education and vocational training services.

Methods:

A Comprehensive Literature Review (CLR) was chosen as the method to apply to the study, in order to answer the research question in the correct context allowing for a broad scope. The CLR was used in a comprehensive format, in that it was an amalgamation of both qualitative and quantitative findings from both types of research applications.

Results:

Individuals living with mental illness within the community place employment at the top of their priorities for themselves. Yet their rates of employment and rates of pay are extremely low compared with the general population. Their capacity to function and perform within the workplace is underestimated due to stereotyping and stigma which exists throughout wider

community contexts. Such stigma is also held by medical services as well as community support organisations, who place the focus of their support around training, upholding the historic position of 'train then place' which has been shown to be out dated and ineffective. In a comparison of the types of approaches supporting these individuals supplied by community organisations, Supported Employment (SE) was seen to be most effective. The Individual Placement Support (IPS) model of supported employment was cited as being the most studied and most utilised approach internationally, based upon best practice. Methods of improvement around education and pathways to employment were discussed as well as solutions towards addressing the stigmatisation of these individuals within the workplace and the wider community.

Conclusion:

There are opportunities for vocational education and employment organisations, to develop supported employment programs in Ireland, based upon the IPS model, through a partnership with the mental health services. Such development would require a paradigm shift to the manner by which help is given to individuals living with mental illness in the community currently. However, it would maximise the potentials for such organisations in achieving the goals as prioritised by the service users, reflecting a truly person-centred practice. Considering the testimony of association between unemployment and mental health, action should be undertaken to increase the probability of employment for people who wish to work.

The IPS approach has the capacity to accomplish the objectives set out by the State as defined within the Government's Comprehensive Employment Strategy which defines their plan to achieve their objectives for the next decade. It guarantees that individuals who have disabilities, and wish to gain employment in the open market will be supported in doing so. At the same time, the IPS approach holds the prospect for the Department of Employment Affairs and Social Protection, in decreasing the numbers of people with mental health challenges, who are currently reliant upon social welfare payments for all of their income

There is a need to have stigma interventions introduced into the structures of society particularly in the workforce so that individuals living with mental illness can attain

employment, improve their incomes and the quality of their lives and also the quality of their health. There is a need for employers, co-workers and the extended community to be educated towards the responsibility of society to treat people living with mental illness with respect, preserving their dignity and relating to them as equal citizens. The development of workplace mental health policies presented with precise operating procedures, supported by the values of the relevant companies or organisations could provide a framework that would place mental health comfortably within the workplace.

There are opportunities also for community organizations to facilitate vocational coaches to develop what has come to be known as 'Transition Plans' with students living with mental health challenges while they are still attending secondary education schools. These plans are then supported and actualized while the students transition from secondary education into their desired career pathway. The development of such connections in Ireland while they are preparing to transition from secondary education into vocational education would go a long way towards stabilizing these individuals during this challenging time in their lives.

Chapter 1.

Introduction:

In February 2020, I was informed by my line manager in Pieta House that the CEO had declined to sign a contract agreement which would enable me to engage with Pieta House in a participatory research project, which had been provisionally agreed in 2019. The reason for the refusal was due to a shortfall in available funding at the end of 2019, to support research within the organisation. In response to this disappointing news, I decide to approach the Community Academic Research Links (CARL) at University College Cork to locate an alternative organisation that I could work with. In so doing I discovered that a voluntary group in Cork were looking to have some research completed relating to mental health issues, which is my field of interest, this group is called City Links Cork.

City Links Cork is a voluntary organisation consisting of members of Cork Mental Health Services HSE South, the Cork Education and Training Board, the Department of Social Protection, and St. John's College. This organization provides training courses in order to assist the service users of the mental health services, in returning to education. Placing or re-integrating service users from the Mental Health Services back into post-secondary educational and leisure settings while providing them with support which sustains them during the programs. The training programs aim is to provide a non-disability specific environment for the service users to attend.

1.1 Background Rationale:

The courses at City Links have focused their efforts towards re-connecting service users to post-secondary education potentials, enabling prospective students to use education as a tool which can aid their recovery from mental distress. Education can provide opportunities by facilitating a pathway of improving their social wellbeing. Thus, enabling students to gain employment and improve their social environment, by increasing opportunities to develop their social and educational resources. It is hoped that such personal developments will enable these individuals to take their full place within society.

On a practical level, most significant mental health problems occur during the adolescent or young adult stages of development. This is also the period during which most individuals gain their education, maximising their vocational potentials. As a result, mental health service users can feel a sense of loss around their education, in comparison to their peers. Rehabilitation is limited and challenging as they lack the necessary educational skills to access further courses of education or employment. This in turn increases the disadvantages and stigma associated with the experience of having a mental health issue, compounded by a cycle of exclusion (Dept. of Health & Children 2006 p.18).

The function and impact of the City Links programme are monitored on a yearly basis by the HSE internal auditing services, the committee who run City Links, and by those who fund this section 39 organisation. As a result of this work, the committee is aware of the issues both internally and externally affecting the clients within the organisation.

The research steering group suggested that this research work should explore the international literature available regarding the best approaches available to support these individuals focusing upon education, vocational training and pathways toward employment. Looking at how various approaches function and how best to assist individuals with mental illness living in the community. This will enable the organisation to grow and develop its programmes in the future and meet the needs of its service users from a person-centred perspective based upon best practice.

All of the students attending the City Link program courses are engaging with the Cork Mental Health Service at some level. Most of whom would be living in the community and accessing the service via appointment or through the Community Mental Health Teams. The policy in City Links is that a person must be at least three months discharged from an approved acute mental health centre to be considered for a City Links program. As a consequence, the transition from hospital-based services to home is complete, and the prospective service user would be trying to access services based in the community.

1.2 Research Question, Aims and Objectives:

Research Question:

What are the educational and vocational needs of adults recovering from mental illness in a community setting, and the strategies, resources, initiatives available to meet them, as far as international literature is concerned ?

Aims and Objectives:

To explore, how best to meet these needs of mental health service users, from an educational, vocational training and employment perspective.

To explore the primary and secondary benefits of education and vocational training services.

1.3 Approach and Philosophy

From a social science perspective, it has come to be understood that there exists shared pressures and procedures which can bring stress upon a person in a manner, which will affect how they think and behave. As such valuing how people create their social settings is significant when approaching this research. 'Developing such an understanding is, of course a strength of inductive research' and as a result allies this method to the study (Saunders, Lewis & Thornhill 2003 p.87).

1.4 Design and Strategy:

The research will comprise of a desk based Comprehensive Literature Review (CLR) looking at existing research documenting best international practice in this field. City Links has collaborated in the process by informing the author of the questions to be asked while searching the literature.

The most comprehensive manner by which one can acquire knowledge is by exploring and re-searching, that is 'searching again' within that, which has already been achieved. This can be done most effectively through a review of the existing literature. It represents a study of a specific subject matter, defining both the known and the unknown, represented by both quantitative and qualitative data, resulting in the formation of an amalgamation of sources.

'A lack of existing knowledge might lead us to utilise practices that have been found previously to be ineffective' (Onwuegbuzie & Frels 2016, p.3).

In a CLR there are many origins of both quantitative and qualitative information that can be discovered during the research process. As such when the researcher is analysing and synthesizing the CLR material, the process can be described as a 'mixed analysis and synthesis' (Onwuegbuzie & Frels 2016 p.225). It will be useful to bear in mind that a CLR, is a mixed research study, such mixing occurs as a result of 'meaning-making from any aspect of the work' (Onwuegbuzie & Frels 2016 p.224). Therefore, it is also useful to select a mixed methods approach to the analysis.

It was also proposed by the City Links Liaison Officers, where possible to include a chapter in the dissertation on City Link's programme based upon a focus group with City Link stakeholders. However, a decision was made by the researcher and the project supervisor, not to proceed with focus group study, this shall be explained more in detail during the methodology chapter. This focus group would have been discussing the questions and aims of the research from their experience, focusing upon daily operations of the training program, the types of work at the program, and the social environment associated with the program. This focus group was to take place in the implementation phase and serve as introduction of the research to the staff. The researcher had planned to create an unstructured environment, for the stakeholder's views and perspectives to be explored and expressed (Bryman 2001 p.346). Focus groups are used to amplify a discussion topic that is being analysed in detail. Within the focus group, the manner by which the members discuss the topic, as members of that group, is also discovered. This tends to demonstrate how individuals respond to each other's viewpoints around the topic being discussed. Thus, their interaction with each other reflects a viewpoint towards the topic being discussed (Bryman 2001 p.345).

1.5 Ethical Considerations:

It is important to understand and appreciate the significance of completing research in an ethical and honourable fashion irrespective of the methodology chosen for the study. Any deviation away from an ethical practice will abrogate the research. If the manner by which one relates to the work is compromised, then the value of the research is lost, similar to the 'position of ethics in counselling' (Sanders & Liptrot 1994 p.57).

As a result it was agreed at a discussion meeting on the 4th March 2020, between the Carl Project co-ordinator, the liaison persons from City Links, the Research Supervisor and the Student Researcher, that the research being carried out would not involve the service users from City Links. Due consideration was given to the vulnerabilities of this group, around their mental health, and also the time frame required to seek ethical approval to work with this group, and how it would impact upon the timeframe of this research assignment. Consequently, it was decided that the research would primarily be a desk based CLR, supported by a focus group discussion with the City Links staff members.

As a result of the COVID-19 pandemic which restricted the social contacts and public travel, a decision was made by author, that the focus groups would have to be conducted online, on a secure platform such as Skype or Zoom.

A consent form was also created for the staff members participating in the focus group, requesting their permission to partake in the research (see appendix 3 below), 'ensuring that they fully understand what they are agreeing to' (Sanders & Liptrot 1994 p.59).

An information sheet was also created as a further support to the staff participating, detailing how the collected data would be utilised and shared while at the same time respecting their anonymity and confidentiality (see appendix 2 below). The information sheet created to explain to the participants the function of the study, and how their participation 'will be able to help with your study' (Saunders et al. 2003 p.127). It also communicated to the individual participants that their anonymity will be protected, throughout the research process.

1.6 Ethical Epistemology.

The author of this research study has worked as a clinical psychotherapist with similar groups of individuals in the community in the past and is therefore an ethical issue that needs to be contemplated. In this regard it is necessary to consider the two roles which co-exist being that of researcher and clinician, and proceed in a fashion that prevents the unconscious bias from influencing the research. Ignoring the potentials for the unconscious to impact upon the work would introduce a formation to the individual rationality of beliefs, creating an unbalanced shift towards erroneous facts and 'ideological exercises of power' (Romanyshyn 2013 p.336). Given that the researcher is an accredited psychotherapist with the Irish Association of Counselling and Psychotherapy (IACP), he was guided by and operated within' the code of ethics' of this organisation (Irish Association of Counselling & Psychotherapy 2018).

1.7 Research Timetable:

From a discussion held with members of the City Link Group early in February 2020, directions were given to the author that they felt if the research component could be completed before the end of the second semester it would be easier to make contact with the multidisciplinary staff members. However, as a result of the impact of the COVID-19 pandemic and the national lockdown, the program research was set back by eight weeks. Therefore, it was agreed that the first week in June would be the most suitable period to schedule the focus group during. There by allowing enough time for the individuals involved to come together as a group, before the holiday season began and staff availed of their annual leave. A work schedule was created illustrating the timeframe for this research work to be completed within 2020 (see appendix 4 below).

Chapter 2.

Preliminary Literature Review.

2.1 Introduction:

This preliminary literature was carried out to examine the vocational and educational needs of individuals who have mental illness. This preliminary literature review will describe the main subthemes identified following an initial search. This preliminary search was completed using Google Scholar and a number of UCC library-based databases for the social sciences including ProQuest, EBSCO, and Academic search complete. The keywords used for this preliminary search were 'pre-vocational training', 'vocational rehabilitation', 'mental illness', 'mental health', 'service user', 'patient', and 'individual'. The most pertinent articles were used for this literature review.

2.2 The importance of employment in recovery:

Schneider (1997) refers to the teachings of Galen, the famous Greek philosopher who described work as being 'nature's physician'. During the past decade, it has come to light that the most important goal for mental health service users is their capacity to return to full paid employment (Nicholson et al. cited in Perski et al. 2019 p.1). Individuals who present with mental illness reported that they found 'the structures and routines of work to be recovery promoting and experienced tangible benefits', which could not be replicated in other environments (Perski et al. 2019 p.2).

At times the assumptions of mental health services have ignored the 'importance of employment aspirations' in the lives of service users (Secker et al 2001 p.404). A study by Bates (1996, cited in Secker et al 2001 p.395) showed that even amongst individuals with severe and abiding health challenges, who have been in need of support, hold this wish to be employed in paid work. Considering such viewpoints, it is no surprise that an individual's entitlement to work is protected in the United Nations Declaration of Human Rights, Article 23 (United Nations 1948). This article explains that 'everyone has a right to work, to just and free

choice of employment, to just and favourable conditions of work and to protection against unemployment' (United Nations 1948).

The benefits of engaging in work can be described as improving self-esteem, social relationships and an increase in financial income, which in turn can lead to an increase in leisure activity (Ransome cited in Huxley 2001 p.367). Individuals with mental health problems have been found to experience 'lower symptom levels', when they are actively engaged in employment (Warner cited in Huxley 2001 p.369). However, the numbers of such individuals in any form of paid employment is of a low level. The Labour Force Survey (1996) discovered that 85% of individuals who were presenting with long-term mental illness were found to be not working.

2.3 Stigma:

At times individuals can often experience stigma associated with mental illness and experience bullying and harassment in the workplace as a result, manifesting as a major barrier (Secker et al. 2001 p.400). Socio-economic impacts such as social exclusion can have significant impacts on many common mental disorders (Huxley 2001 p.368). In reality people struggle to locate and maintain paid employment, especially in mainstream work environments. As a result, durable employment opportunities, within unified work frameworks, result in elusive benefits (Perski et al. 2019 p.2). Some individuals have described their experience of paid employment within the marketplace as being 'engaged in slave labour', as a result of substandard pay which diminished their self-esteem (Perski et al. 2019 p.1). Often workers identified in the workplace as 'disabled workers' are stigmatised as part of a social identity. Consequently society needs to consider in this regard the varied 'spaces and cultures of work, as well as the terms and conditions of employment' (Strauss 2018 p.5) as they inform various locations of training and work, engaged by individuals with mental health challenges. What is needed is an honest discourse exploring the 'relational logic that starts with the interaction of person and place' with a view to determining how certain places promote health and wellbeing (Duff 2011 p.151). The relationship between assemblage and recovery can be discovered in the means by which a particular place embodies the resources that support a person's becoming well by developing their scope to be empowered. Duff identifies three classes of resources that enable recovery: material, social and affective (Duff 2011 p.153).

Solomon (2004 p.393) states that a valuable ingredient in fostering the growth of positive mental health is the control that the consumer has of the peer support organizations in their communities. When service provision is given through partnership, there is less chance that you feel 'at the bottom of a hierarchy, [which] makes you more depressed and more anxious (Hari 2018 p.255).

2.4 Co-operative and Social Enterprise Models

There is a need when delivering social care to vulnerable members of our community, to 'humanize care through the socialization of its content and its manner of operation' (Restakis 2010 p.101). When we deliver care to the vulnerable, the principles of reciprocity and equality should be at the core of caring, these are 'organizational attributes of co-operative organizations.

Co-operatives structures are attractive to consider when supporting vulnerable adults, as they are 'people centred', and are focused on meeting the needs of people as individuals', which gives advantage over organizations operating across all sectors (Parnell 1999 p.71). Co-operatives have an opportunity to supplement the services which have been underdeveloped by successive governments in Ireland, by providing services which enrich the quality of life of its members and their extended community (Parnell 1999 p.303).

2.5 Payment for Work

There are limits set by Government policy, as to how much a person can earn per week, if they are also in receipt of social welfare payment.

Barriers to employment can often be linked to a fear of losing these social welfare benefits (Secker et al. 2001 p.400), as well as those individuals with children who could not jeopardise losing their payments. If these individuals were engaging in work within a co-operative structure, then as co-operative members they can decide 'democratically and equitably' that any profit made from work, is channelled back into the co-operative, while at the same time paying a small salary to themselves below the government threshold (Briscoe & Ward 2000 p.20). They could in turn be paid for their work by availing of other benefits that are returned to the co-operative membership. An example of such a benefit could be the availability of well prepared and nutritious food, at a subsidised cost through the creation of a meal program within

the co-operative. Preparation and access to a healthy diet can be a challenge to those struggling with mental health, due to both the cost and the impacts of the illness. Many psychiatric rehabilitation services are turning to social enterprise models, to create 'supportive workplaces and employment opportunities' (Williams et al. 2012; Evans & Wilton 2016 cited in Perski et al. 2019).

Chapter 3.

Methodology.

3.1 Introduction:

Man has always expressed an interest in knowledge through his curiosity, and the journey towards it has been built upon the solid structure of a method towards its understanding. This chapter shall describe the design and methods that were used to gather and analyse the data, in order to achieve the goals of the study. It is in other words the procedure chapter, 'the section of the research that describes how the study [was] executed' (Johnson & Christensen 2010 p.592).

The study is a Community Academic Research Links (CARL) project, which is part of a community engagement enterprise facilitated by University College Cork, creating opportunities for community and voluntary groups to complete research. In this regard the community group, partook in the design of the research at the early stages of the project, wherein they bring forward the research question of the study to be explored. At the aforementioned meeting which took place on the 4th March 2020, with the relevant stakeholders from City Links, the student researcher, the research supervisor, alongside the CARL co-ordinator, the aims and the objectives of the project were determined as follows.

To explore, the needs of adults with mental health difficulties from an educational and vocational perspective, and the barriers faced by both the individual and the service providers in addressing those needs.

To explore how such barriers can be overcome based upon best practice as defined within existing literature.

An agreement was signed solidifying the research, the agreement included CARL, City Links and the student researcher. At this meeting the ethical issues concerning the project were discussed and the value of engaging with the service users of the City Links program. When a research project involves interacting with vulnerable human participants, ethical approval is generally required. Giving due consideration to the protection of 'the mental and emotional' wellbeing of the respondents, it was decided as mentioned previously not to include the service users in the research study (O'Leary 2004 p.93).

It was agreed at this meeting after concluded deliberations that the primary research would be a Comprehensive Literature Review (CLR). This CLR would respond directly to the educational and vocational needs of adults recovering from mental health challenges in the community. The study would look at the strategies, resources and initiatives that are available to address these educational and vocational needs as far as international literature is concerned, in the context of evidence-based practice. During the past decade the importance of evidence based practice, within health provision and social care has come to the fore, and as a result literature reviews are becoming more 'relevant to the current practice' (Aveyard 2014 p.xv).

The liaison officers from City Links in supporting the values of the study being one of participatory engagement proposed the inclusion of data that could be collected from a Focus Group if possible, comprising of the staff and stakeholders from City Links. These individuals work closely with the service users and as such would have much knowledge that could add value to the study. However due to the onset of the COVID-19 pandemic, the closure of the university and the time restraints involved, it was not possible to include the focus group study. It was decided as a result to remove this method from the research. However, it might be worth noting that a similar focus group might form the basis of a separate piece of research, in the future. It was also hoped that a mapping of current services in the greater Cork area would also be included in the literature, however given the word limit of the dissertation this was not possible to include. A CARL research contract was signed by all parties involved, agreeing that the research would take the form of a comprehensive literature review (see appendix 1 below).

3.2 Comprehensive Literature Review:

The primary research question looks to determine the current international position in relation to the known best practice, for the meeting of needs of individuals struggling with mental health challenges while living in their communities. With such new knowledge it is hoped that the organisation can develop new strategies to improve their services, in a manner that is not simply 're-inventing the wheel' (Bryman 2004 p.526). The steering group for this study including the author agreed that a CLR would be the best method to apply to the study to answer the research

question in the correct context allowing for a broad scope. The CLR was used in a comprehensive format, in that it is an amalgamation of both qualitative and quantitative findings from both types of research applications. Combing the two types of research together within the same investigative study, results in the literature review becoming a mixed methods research study (Onwugbuzie & Frels 2016 p.51). Writing a literature review is a process of revisiting and examining research that has already been completed on the topic. This re-searching again of the material informs the information that emerges for the review. The process was therefore re-visiting the material, with a need to thoroughly and critically examine the research studies that have been conducted within the field specific to our area and similar topics. This material was generally informed by peer reviewed articles, which were journal based. The research also considered the area of theory and included it also, as there was an expectation that it would also inform the work. In so doing there was an allowance for the possibility that new material emerging from 'postmodern theorists', which can be important in understanding social constructs, and invites the potential for the facilitation of change (O'Leary 2004 p.77). The CLR as a result brings about the inclusion of new aspects into the research which was previously unknown.

Decisions were made in relation to which content should be included in the work and which should not. In this regard certain data was 'emphasised' and other data sets were 'criticised' (Onwuegbuzie & Frels 2016 p.11). The point being made here is that by default a CLR will always hold a certain perspective. It was important this position was recognised rather than trying to work against it, in so doing a systematic approach was adopted. This approach was precise, involving the collation of the steps taken, and the manner by which certain biases are approached. These approaches included clear methods to discover, consider and to amalgamate the outcomes of relevant research. These systematic approaches are described in greater detail later on within the document. The author in exploring the literature shall not be able to remain completely neutral or unbiased as one is influenced by one's own cultural lens. Such influences have informed the choices made within the literature review process unconsciously (Onwugbuzie & Frels 2016 p.10).

3.3 Ethical Considerations:

It was important for the researcher to understand or at the very least appreciate how his own personal lens creates his own subjectivity. The researcher was required to look past personal judgements, when considering new perspectives. Research is influenced by the researcher's 'ontological positioning' and his view of the social landscape that he operates within (Partinton 2002 p.21). It was important therefore for the author to consider how his own personal and professional values may impact upon the choices being made within the research process. This would include for example the values and personal interpretation placed upon the knowledge emerging from the data. It is vital that the research is not overshadowed by prejudices or opinions for which no reasoning is shared.

The research being embarked upon within the CARL programme is being completed on behalf of a community organisation. The research therefore upon completion will have a practical element to its outcomes being considered. This means that the research will serve to direct and influence the 'organisational directives, culture [and it's] individuals' (Partinton 2002 p.20). The data and the conclusions presented will inform future decisions and choices that will be made within the organisation. The researcher therefore needed to be clear as to why he made one choice ahead of another and validate his choices in this regard.

The question of ethics arises whenever choices or decisions are being made that affect other people. While this research does not engage with the vulnerable service users of City Links, their rights and their interests are likely to be indirectly affected at some level by the research. This may occur in the manner by which organisational policy, practice, work or traditions may change as a result. This CLR is reviewing evidence-based practice, by exploring different ways of educating vulnerable individuals who are struggling with their mental health within the community. In a broader sense, the choices around 'goals, standards, quality, priorities and knowledge' are ethical issues (Partinton 2002 p.22).

Ethics can be considered as the moral standards, the values, or the rules by which an individual manages his conduct in both his personal and professional life. Thus, a choice or action taken by an individual can be described as ethical when it aligns itself to the standards held by or within an individual's moral philosophy. Ethics has become the most important consideration within our epistemologies when approaching research. The means by which, the researcher constructs his reality, is the 'way in which we encounter and marginalise ourselves and others'

(Romanyshyn 2013 p.343). We therefore need to accept responsibility for the hidden subjectivity that is held within our unconscious. The researcher in accepting responsibility is 'responsible for who [he] is' in the world fated by the lived experience (Riker 1997 p.202).

As an ethical guideline along the road of integrity within the work, the researcher approached the work, not as his own but remembering all the others for whom this work is being completed. The research is being is completed in a manner that makes him an 'agent of the work itself' (Romanyshyn 2013 p.343). In this regard the researcher can be assured that to the best of his ability he has endeavoured to address the questions of those individuals who brought the work forward to be researched. Such a position serves as a reminder that the work itself is not about the researcher, but about those for whom the work will come to serve. Completing the work in such a fashion, brings the researcher out of personal conditioning through the ego and into a neutral position of service to others.

An ethical approval form was completed and reviewed with the research supervisor, and a copy of this form can be seen below in appendix 5. The research being conducted is a desk based CLR and did not include any interviews with vulnerable adults. As a result, it did not need to go to an ethics committee for deliberation. All of the research material being explored was already published and therefore did not constitute an ethical risk. Any personal emails with the liaison officers within the group however was treated confidentially and stored on a password protected laptop for GDPR purposes.

3.4 CLR - A Systematic Approach:

Literature reviews have been described as 'concise summaries of the best available evidence that addresses sharply defined clinical questions' (Murlow et al. 1997 p.389). Looking at past research on the topic has provided an understanding of how the subject was approached and studied historically. This in turn has highlight the shortcomings among the variety of approaches and methods used. It was useful in providing insight into the techniques used to 'generate ideas', analysing the data, and considering variables relevant to the topic (O'Leary 2004 p.78). New learning acquired from those who have gone before, allows for the avoidance of the mistakes which occurred in their processes and experiences.

The writing of a literature review is no easy task, as it goes beyond simply a review of literature, and highlighting who has commented on the subject in detail. The process of research involves the author's capacity to critique the work of published authors, requiring a critical reflection of the literature available. The review should be argumentative, in that the literature is used in a fashion that informs, establishes and argues new ideas (O'Leary 2004 p.81).

'Reading furnishes the mind only with materials of knowledge; it is thinking that makes what we read ours'

- John Locke.

We are interested in exploring the answers to central questions that are driving the research, looking at the reactions and results of specific human interaction, conduct, practice, or 'behaviour' (Onwuegbuzie & Frels 2016 p.53). In our case the causal questions are specific to the service provided by City Links to the service users. While considering these central themes and questions it is necessary to reflect upon the philosophical assumptions of the group, the logic behind the questions, the guidance of the practice as well as the 'socio-political commitments' (Onwuegbuzie & Frels 2016 p.52).

A 'seven step framework' was used and is illustrated below in the table, which was devised by Onwuegbuzie & Frels (2016) please see figure 1, to organise the CLR and the data collected during the process (Onwuegbuzie & Frels 2016 p.56). The reason that this framework was been chosen for this study is that the CLR can then be defined as 'an integrative literature review'. (Onwuegbuzie & Frels 2016 p.48). An integrative framework allowed for greater flexibility and direction considering that the literature being explored may emerge from any one of the more traditional types; those being quantitative, qualitative or mixed.

Step 1	Exploring Beliefs and Topics
Step 2	Initiating the Search
Step 3	Storing and Organising the Data

Step 4	Selecting Data
Step 5	Expanding the Data to Different Modes
Step 6	Analysing and Synthesising the Data
Step 7	Present the Report

Figure 1. The Seven Step Framework

In step one, the personal beliefs of the author were considered and how they inform his own viewpoint towards the topic. Next the topic-based beliefs were explored as well as the philosophical ones, considering the manner by which culture influences the development of this knowledge and its presentation. This process links the research directly to the main question of the research that is to define the worldview, including the current research position.

Step two saw the initiation of the search, with inclusion of material from multiple sources such as as that found in academic peer reviewed journals, or academic textbooks and e-books. As a result, a search strategy was developed which defined the insertion and the omission criteria for the study. The criteria provide the understanding necessary regarding the breath of the study and its 'relevance' (Aveyard 2014 p.93). The inclusion criteria for this study incorporates primary research relating to the educational needs of mental health service users in a community setting, informed by evidence-based practice. The scope of the search includes international and national studies, which are published and presented in the English language only. Such publications are taken from a timeframe from 2000 onwards to include the present day of this study. The exclusion criteria blocked primary research not directly relating to the needs of mental health service users in the community, incorporating evidence-based practice within an international context. It also blocked similar publications which were not published in English and are pre-dated from 2015.

 Due to the pandemic the search has been limited to a systematic search of online material using a number of chosen key words. When research articles are entered into research data bases, they are indexed by keywords in turn have been developed to address the key issues.

It was important therefore that the keywords considered reflected the essence of the research questions for the study. In considering the use of keyword it was important to choose them in a manner that does not cause certain challenges such as creating too many or too few data sources. The key words used for this research study were will be discussed further in Chapter 3 when the process of choosing these keywords is discussed. Subject specific electronic data bases were used, which were accessed through the university's academic library (Aveyard 2014 p.80). These data bases are very specific and facilitate advanced searching through the use of combining variations of the keywords in the search. Data bases were selected which appear within the university's academic library under resources for applied social science studies and these will be described in greater detail in chapter three, when the search process for the data is discussed. Making use of databases from other disciplines as well as other top multidisciplinary data bases can add further dimensions of relevant data to the study.

The inclusion of the material from textbooks was limited to online available texts only, due to the fact there was no physical access to libraries due to the COVID-19 lockdown. It was hoped that that this position might change during the last few months to allow for a greater inclusion of such data, but unfortunately this was not the case.

Step three involved the compilation of a reference list which was stored electronically, allowing for the structured organisation of the data. This includes the impressions made by the material, highlighting particular areas of interest and new learning.

Step four can be described as an iterative process, which involved the selecting and deselecting of data. This also involved revisiting step three above, to incorporate such changes into the data as it was developing. The collection of data and consideration of the methods was varied, as each study address different questions pertaining to a variety of issues. Some methods collected may take a deep look at an issue, while others remained at surface level allowing for a broader perspective. It was good practice to include data which engaged the subject matter in a number of diverse approaches. Thereby ensuring that the research has looked at as many 'dimensions' as possible (Oliver 2012 p.77).

Step five can be described as the completion of the exploration phase of the process, with a reflection upon the two previous steps; the search was broadened into a number of channels.

These channels include primary and secondary data. Secondary data comes from records created by organisations such as state bodies, educational institutions or accrediting societies.

Moving out of the exploratory phase of the CLR, the data was interpreted through a process of analysis and reflection, which was step 6 in the process. This included the decisions of content inclusion, defining the new learning and understanding and the amalgamation of the various information sources. Once all the summaries were completed, the literature review was assembled, giving it a thematic framework, therein defining the most relevant ideas.

Step seven involved the completion of the review with a summary of the most important themes and illustrated the manner by which the study added to the literature and responds to the gaps within the themes.

3.5 Data Search:

On the 02/07/2020 contact was made with the librarian from the U.C.C. library, who looks after the Applied Social Science interests, and a 'Teams Meeting' was arranged, to discuss the data search for this project. Several keywords were brainstormed for after this meeting, that would focus the data towards answering the research question. The data bases that would be utilised were considered allowing for a broad scope and ensuring that the data collected was truly comprehensive. The full text ensured the journal article was available, peer-reviewed provided some assurance of quality, and the time limit ensured that material was up to date while also helping to cut down on the numbers of articles. In this way a systematic rational approach was developed. The data bases that were searched are listed below and were accessed through the Interface - EBSCOhost Research Databases using the advanced screen search. The limiting parameters included full text, with references available, scholarly peer reviewed journals, and a date range from the 1stJanruary 2015, to the 30th June 2020, as well as language of choice being English. The expanders included were to apply the search across all equivalent subjects within the data bases selected for the study, thus allowing for an inclusive and comprehensive gathering of the relative data.

The data bases selected for the search are listed below:

Academic Search Complete; British Education Index; Business Abstracts with Full Text (H.W. Wilson);Business Source Complete; CINAHL Plus with Full Text; eBook Collection (EBSCOhost); EconLit with Full Text; Education Full Text (H.W. Wilson);ERIC; General Science Full Text (H.W. Wilson) ;GreenFILE; HistoricalAbstracts; Humanities Full Text (H.W. Wilson);Library, Information Science & Technology Abstracts; MEDLINE; OmniFile Full Text Mega (H.W. Wilson);APA PsycArticles; APAPsycInfo; Readers' Guide Full Text Mega (H.W. Wilson);Regional Business News; Social Sciences Full Text (H.W. Wilson); SocINDEX with Full Text; SPORTDiscus with Full Text; UK& Ireland Reference Centre; MLA Directory of Periodicals; MLA International Bibliography

The keywords which were used for the data search are shown in the table illustrated in Figure 2 below, as well as the boolean phrases and the number of data sources discovered. The table is arranged sequentially, demonstrating how the advancing keyword combined with the relevant Boolean phrase narrows and defines the search results in a progressive fashion.

	'vocational training' or 'vocational rehabilitation' or 'post secondary education'	239,107 results
AND	'mental illness' or 'mental health' or 'mental disorder'	5,285 results
AND	'service users' or 'patients' or 'clients' or 'individual'	2,510 results
AND	'literature review' or 'review of the literature'	91 results
NOT	'injury'	80 results
NOT	'medical students'	75 results
NOT	'children' or 'youth' or 'teenager'	71 results

Figure 2. The Keywords.

After the initial search of the data which resulted in 239,107 results, a 'Boolean/Phrase' option was introduced into the search parameters, which gave the author the choice of such parameters as 'and', 'or' and 'not, allowing the search to become more focused. The use of quotation marks around the keywords was also introduced, as this enabled the author to narrow the search results. As can be seen from the table above the author used a combination of these Boolean operators to focus the search down to a relevant and practical population of results (Onwuegbuzie & Frels 2016 p.104). The use of such operators combined with the keyword combination additions, allowed for the data sources to be reduced down from 239,107 to a final result of 71 data sources. It was noted that when the EBSCO data base returned the results, only 47 of the 71 listed results could be accessed directly through the server online. As a result, the sources had to accessed directly through their individual host data bases. This is important to note for future readers of the work, especially if they are trying to access the results remotely online and wish to verify the results. A breakdown of the 71 results is demonstrated in the table illustrated in Figure 3 below, indicating the groupings.

Data Bases	Hit Count
Academic Search Complete	16
APA Psych Info	14
Medline	13
Eric	10
CINAHL Plus Full Text	9
British Indication Index	2
APA Psych Articles	2
Soc Index with Full Text	2

Education Full Text (H.W. Wilson)	1
Omni File Full Text Mega (H.W. Wilson)	1
Social Sciences Full Text (H.W. Wilson)	1
Total	71

Figure 3. The Breakdown of Results.

An account was created with the EBSCO host group, utilising U.C.C.'s email signature system and was used to store the search, its parameters and results online, acting as a reference point to lead into the next cycle of the work.

3.6 Selecting & De-selecting

A multi phase selection process was used to identify the relevant articles from within the group of 71 sources that were discovered. During the first phase, the titles of the data sources were reviewed, and items not fulfilling the criteria were deselected. In the second phase, the remaining sources were evaluated for relevance based upon their abstracts. Consequently, those items that were remaining based upon this secondary selection process were then evaluated for their composition based upon their full text. If their full text composition was found to be satisfactorily relevant by the author, then they were selected.

Within the group of 18 data sources found through the database Academic search complete, 8 were selected, 7 were deselected and 1 was unavailable.

Within the group of 14 data sources found through the database APA Psych Info, 1 was selected, 6 were deselected, 5 were duplicates and 2 were unavailable.

Within the group of 13 data sources found through the database Medline, 3 were selected, 3 were deselected, 5 were duplicates and 2 were unavailable.

Within the group of 10 data sources found through the database ERIC, 4 were selected, 6 were deselected, and there were no duplicates.

Within the group of 9 data sources found through the database CINAHL, 4 were selected, and 6 were duplicates.

Within the group of 2 data sources found through the data base British Indication Index, both were deselected.

Within the group of 2 data sources found through the database APA Psych Articles, 1 was deselected and 1 was a duplicate.

Within the group of 2 data sources found through the database Soc Index, 1 was deselected and the other was a duplicate.

The single data source found through the database Education Full Text was deselected.

The single data source found through the database Omni File Full Text Mega was a duplicate.

The single data source found through the data base Social Science Full Text was a duplicate.

Please note, regarding the five unavailable sources, the author contacted the college library, seeking support in discovering alternative avenues to access these data sources, such as the inter-library loan resource. In response to such requests two articles were retrieved, but unfortunately were in French and German respectively. The remaining three sources of data continued to be unavailable during the completion of the research.

Data Bases	No. of Sources	Duplicate Sources	Unavailable Sources	Deselected Sources	Selected Sources
Academic Search Complete	16	0	1	7	8
APA Psych Info					

	14	5	2	6	1
Medline	13	5	2	3	3
Eric	10	0	0	6	3
CINAHL Plus Full Text	9	6	0	0	3
British Indication Index	2	0	0	2	0
APA Psych Articles	2	1	0	1	0
Soc Index with Full Text	2	1	0	1	0
Education Full Text	1	0	0	1	0
Omni File Full Text Mega	1	1	0	0	0
Social Sciences Full Text	1	1	0	0	0
Total	**71**	**20**	**5**	**27**	**18**

Fig. 4. The Results Selected.

This resulted in a total of 18 articles being selected and available to synthesise and analyse within the study, as can be clearly seen from the table in Fig. 4 above. There was a total of 20 duplicate sources, 5 unavailable sources, and 27 de-selected sources. A full list of the 18 articles selected is listed below, along with the relevant citation in appendix 5.

Having completed the exploration phase of the re-search process, the previous two steps were reflected back upon in an iterative fashion, which allowed the search to move onto step five (as described in chapter two), wherein the data was broadened to include secondary data.

3.7 Qualitative Analysis

The constant comparison analysis was used in the study, which reduced the various sets of data into codes 'inductively', and then developed the emerging themes within the codes (Onwuegbuzie & Frels 2016 p.229). These themes then created the headings for the discussion section of the comprehensive literature review. Computer Aided Qualitative Data Analysis Software (CAQAS) was chosen to help with the synthesis of the data sets produced. In this case the software program used was NVivo 12, as this software was feely available to access through the college library. The data was manually analysed and configured into codes, before placing it within the software, for further synthesis, to avoid 'de-contextualising' it (Bryman 2001 p.419). It is believed that using the software program to code the data, can result in the data being fragmented, and risks losing its context with respect to the research question. The findings within the research are discussed in the following chapter.

Chapter 4.

Findings.

4.1 Introduction:

This chapter presents the main themes which emerged from the data collected during the research and are presented in a comprehensive fashion below. The chapter begins with the discussion of the first theme which emerged from the data and discusses how individuals who live with mental illness in the community place employment at the top of their priorities for themselves. The second theme then compares a variety of approaches which includes traditional vocational training, traditional vocational services, pre-vocational training and sheltered workshops and supported employment (in the open market), in terms of creating opportunities for these individuals in the community and supporting their recovery from mental illness. The chapter establishes which approach is most effective based upon international best practice, which in turn addresses the main research question. The approach which is identified is Individual Placement Support (IPS), which invites a paradigm shift in how supporting individuals with mental health issues should be approached in the community in Ireland. Given the emergence of the shift towards supported employment within the literature that identifies it as the best approach, the direction of the document follows this focus within the emerging themes. The next theme explores the barriers of implementing the IPS approach and what changes can be introduced into society to facilitate this. Following on from this, the theme of low employment rates discusses the percentage of citizens living with mental illness engaged in employment, and lower rates of pay compared with the general population. It shows how the beliefs of employers and the wider community towards such individuals and the false beliefs held regarding their capacity to fulfil their work responsibilities. This position acts against the ethos of the IPS approach, while at the same time contributes to the ongoing stigmatisation of this group within society. The next theme which explores stigma, identifies a lack of empathy and stereotyping as the main causes. A large percentage of citizens living with mental illness are in fear of seeking support due to the stigma that exists within society. At times describing the effects as being worse than that of the symptoms associated with mental illness. The final theme recognises this fear of looking for help and discusses how to improve supports in both educational and employment settings, thus enhancing potentials of these individuals. The desired supports are found to be low cost and easily implemented in both settings. It also demonstrates that individuals living with mental illness are just as capable and productive as individuals who are living without disabilities.

4.2 Development of Approaches.

The development of approaches being used offered in the community should be based upon the needs prioritised by the service users themselves. In developing social, vocational and educational services for individuals living with mental illness in our communities, meeting the needs which these individuals prioritise for themselves should be a core consideration. Individuals who live with mental illness wish to be valued in society. Currently within our society working in open employment is valued, howeversheltered employment and clubhouse workshops are not. As such these individuals prioritize being engaged in socially valued roles and prioritise employment in an open labor market as their preference (Westcott et al. 2015 p.159). Being socially valued in this regard allows these individuals to function as full participants within society (Esteban et al. 2018 p. 17).

Wolfensberger argues that the position discussed above is validated by 'Role Valorisation Theory', which conveys that individuals who are segregated in society can find inclusion through the participation in role functions that are valued within their community (Wolfensberger 2011 p.435). The concept that 'Role Function' is a central tenant to the recovery of an individual's health and wellbeing, has become more widely accepted in society today (Westcott et al. 2015 p.158). The engagement in work and meaningful role function has been evidenced to create positive beneficial outcomes for individuals living with mental illness in their recovery (Bond & Jones 2005; Morris & Liyod 2004 cited in Kehyayan et al. 2014 p.637).

During a study which attempted to synthesise European qualitative studies exploring the views and experiences of people living with mental illness it was discovered that at an individual level, the majority who are afflicted with mental illness and are unemployed, want to be employed in the open market. As a life domain, it is seen to positively affect the health and activity in those affected by mental illness (Estaban et al. 2018 p.2). In Hong Kong those who live with mental illness have expressed their need to be employed as a priority, moving beyond the focus of financial benefits, with their focus on wanting more integrated citizenship as a result (Cheng et al. 2015 p.77). These individuals, who live with mental illness in the community, need to experience the real possibility of change in their lives, and the real possibility for employment (Bertram & Mc Donald 2017 p.337).

A review of the literature on individual placement and support in the Netherlands, during an implementation study, revealed that individuals with severe mental health illness place employment at the top of their agenda of goals, so much so that 70% of unemployed individuals with severe mental illness have a wish to be employed. Employment is therefore one of the highest priorities, which requires co-operation between Psychiatric services and Educational Vocational services (van Weeghel et al. 2020 p.24).

An integrative literature review study, in Australia examining the factors which impact upon job tenure for people with severe mental illness, stated that these individuals also see employment as a priority. Being engaged in open employment was seen to be vital to their recovery; however, they receive little support towards achieving it (Williams et al. 2016 p.65).For individuals living with a dual diagnosis in society, presenting with mental illness and substance abuse disorder, achieving employment is not only a priority, but it is an essential catalyst in treatment and recovery (Lusk et al. 2016 p.242).Considering the testimony of association between unemployment and mental health, action should be undertaken to increase the probability of employment for people who wish to work but 'face significant barriers to do so' (Crowther & Marshall 2001 p.375).

4.3 Comparison of approaches:

The next theme which emerged within the literature, compared and contrasted the various approaches utilised across the world currently, and identified the Individual Placement Support (IPS) approach as being the most effective one. The identification of the IPS as the most effective approach addresses the primary question of the research.

The Department of Occupational Science and Occupational Therapy, from the University of Toronto completed an International study, using a Comprehensive literature review to ascertain the contextual and program elements influencing supported employment. In this study it was discovered that Individual Placement Support (IPS) has better outcomes for individuals living in the community who have been diagnosed with a mental illness, compared with traditional training programs (Kirsh 2016 p.809), and is the most popular program studied to date internationally (Dewa et al. 2018 p.174).

Other studies have found that initiatives comprising of sheltered workshops and pre-vocational training areineffective and demotivating within what has come to be known as the 'train then place' approach to rehabilitation. Recent data demonstrates advantages to recognising and supporting employment and apprenticeship opportunities, and the value in supporting individuals in those positions, rather than them engaging in training programs before they are placed in jobs (Burns et al. 2008 cited in Amering & Schmolke 2009 p.129).

Sheltered workshops are institutional by nature, in that they are not connected to the open market and individuals become trapped within them, often times leaving the service-user stuck in sequestered settings (van Weeghel et al, 2020 p.25). This in turn can result in these institutions being over filled (Pilat et al. 2019 p.484). In a mixed methods study in Poland on the re-integration of people with disabilities, it was discovered that vocational training does not offer support towards recovery in an individualistic fashion (Pilat et al. 2019 p.485).

The interest from Government, Medical Professionals, Educators, and Policy Makers is increasing across Europe and America, based upon the positive results being experienced from these IPS programs (Bonfils et al. 2017 p.319).Historically in Hong Kong pre-vocational training, workshop based training and sheltered employment were the main forms of interventions used to support individuals who were living with mental illness. However, these approaches were found to be in-effective and unsatisfactory during a review study of training programs within supported employment services. It was found that only 5% of individuals who completed these training programs achieved employment in the open market (Cheng et al. 2015 p.76). The Government of Hong Kong discovered that through the use of supported employment based upon the IPS approach that 72% of individuals who engaged with the program were successful in gaining employment in the open market compared with traditional training programs, which only had 29%. They were paid more money, worked more hours and were able to sustain their positions of employment for longer periods (Cheng et al. 2015 p.76).

A study carried out by the University of Nottingham, using a Systematic Review of the literature, looked at the effectiveness of work skills programs for prisoners with mental disorders. In this study it also emerged that IPS is the most effective approach for those in the

general population, who are living with mental health illness in the community (Talbot et al. 2017 p.55).

In a Quantitative study of accessibility to Government run sheltered workshops for people with Psychiatric illness in the Netherlands, it was discovered that 44% of attendants in the IPS programs achieved competitive employment, compared with 25% receiving traditional vocational support (Michon et al. 1998). These positive figures changed the Dutch mental health services understanding of IPS. Today it is cited as the best practice approach in several standards for mental illness in the Netherlands (van Weeghel et al. 2020 p.25).

IPS is more effective than standard mental health care, traditional vocational training, traditional vocational services, pre-vocational training and sheltered workshops in terms of creating opportunities for employment (Dewa et al. 2018 p.174). Consequently, there is an obvious need to support individuals suffering with mental illness by developing practices of supporting employment (Dewa et al. 2018 p.174). Even though it is generally accepted as being more effective, Bond et al. (2001) argue that it is not suitable for everybody, and that there needs to be some augmentation made to the approach in the area of cognitive understanding, social skills and illness management skills . This is an area of research that needs to be further examined going forward, especially in the Irish context if it is to be adapted in this country.

Work integration is of the utmost importance, not just as a personal goal for individuals, but also at a macro level within European countries, considering the large number of adults that are living with mental health disabilities. These figures affect the economics of these countries, placing a strain upon the social and welfare systems over time (Esteban et al. p.2). According to the World Health Organisation (WHO), in the WHO European Region alone, the prevalence of mental health disorders in 2015 was 110 million. This figure of110 million people equate to 12% of the entire population. When substance use disorders are included this number increases to 137 million people, which is 15% of the total population. The inclusion of neurological disorders such as dementia, epilepsy and headache disorders are not included in the aforementioned numbers (World Health Organisation 2019 p.2).

IPS can double the work potential of individuals living with mental illness and is one of the most cost-effective means of organising open employment (Papakonstantinou 2018 p.221). A report on supported employment completed in England in 2014, calculated the beneficial costs for IPS programs. It stated that for every £1 spent by the government on IPS, a saving of £1.41 was made, provided the person moved from unemployment benefits to paid employment for a period of six months. (van Stolk et al. 2014).

4.4 Barriers to Best Practice Approach

Mental health services traditionally view their clients as being sick and that they require medical treatment for their illness. However vocational rehabilitation views these individuals as having functional challenges but able to accomplish job related ambitions, which they have for themselves. Historically however clinicians are inclined to give attention to traditional vocational and pre-vocational training interventions (Cheng et al. 2015p.79). The medical model and it's approaches to interventions supporting individuals in the community living with mental illness, underlies many programs that are at odds with the vocational rehabilitation model, which focuses upon the empowerment of individuals (Cheng et al. 2015 page 82). As a result, there is a disconnect amongst mental health staff regarding the importance of work and employment in recovery. The medical teams need to support the new concepts of supported employment as respecting the service users' goals for themselves. The resistive position of the medical staff has been seen to block the successful implementation of a supported employment program in some countries as a result (Kirsh 2016 p.815).

Further barriers are created by medical professionals who believe that the person must be symptom free before being able to engage in vocational rehabilitation. A paradigm shift is required to move from 'cure' to 'recover', with the service user and their personal goals truly placed at the centre of the supporting intervention. IPS as an intervention questions the culture of professionals who wish to safeguard their clients but lower their client's expectations as a result at the same time (Bonfils et al. 2017 p.328).

In a literature review study that included research from the USA, UK, Canada, Sweden, the Netherlands and Belgium, some important dependent factors were highlighted that act as

barriers to the implementation of successful IPS systems. These were national policies and organisational standard operational procedures (SOPs), which focus upon the 'train then place' approach (Bonfils et al. 2017 p.323).Barriers to the success of such programs stems from the fears shared by medical professionals, by the individuals themselves and their families, that employment will negatively affect the person. Such fears are based upon a culture of low expectation, and therefore a failure to follow through upon the support needed, which has already been proven to work (Bonfils et al. 2017 p.319).

A lack of co-operation between the mental health services and the employment structures also act as a barrier. The integration of their frameworks will alleviate such divides going forward. What is required is collaboration between the mental health services, employment services and social insurance services, creating positive attitudes towards the IPS approach (Bonfils et al. 2017 p.323).

4.5 Low Employment Rate

The next theme that emerged within the research explored the position of low employment rates that exist within society, which is not aligned with the goals of individuals living with mental illness in our communities. Individuals living with ongoing mental illness have smallemployment potentials, normally in the range of 13-55% (Pilat et al. 2019 p.174). This position has been confirmed by Talbot et al. (2017) in that; even though they wish to engage in employment within the open market, they have lower employment rates (37%), compared with the general population (Talbot et al., 2017 p.41). This group, who suffer with mental illness are less likely to be in full time employment and are generally paid significantly less compared with those in society who do not suffer with mental illness (Papakonstantinou 2018 p.217).

Even though it is widely known that employment improves the health and wellbeing of individuals, the number of individuals with disabilities in Europe today that are unemployed remains high (Pilat et al. 2019 p.476).Employers hold preconceptions of individuals with mental health challenges, fearing that they cannot fulfill their obligations within their work roles and requirements (Bonfils et al. 2017 p.328).As a form of stigma, employers tend to choose non-disabled employees as they believe that they are more efficient and less problematic.They also tend to be disincentivised to consider disabled employees (Pilat et al. 2019 p.476). The

stigma held by employers towards these individuals plays a part in maintaining the position of discrimination in society (Talbot et al. 2017 p.41). Solutions to remedy such discrimination shall be discussed further in the chapters below.

4.6 Stigma

Stigma has been linked to the low employment rate as discussed above and also emerged as one of the major themes within the work.Stigma based upon fear and a lack of empathy continues to exist and discriminates against these individuals in the workplace and the wider community. In order to reduce stigma and promote openness within society, educational programs geared towards employers, managers and employees regarding best practice implementation within companies would be productive (Dewa et al. 2018 p.18). It is widely known that knowledge based mental health education is effective at reducing the stigma of mental illness (Kirsh 2016 p.816).

Social stigma consists of bigoted mindsets and prejudiced behavior aimed at individuals with mental health disorders, linked to the psychiatric diagnosis they have received (Condra et al. 2015 p.281).Self-stigma consists of the personal beliefs connected to the negative categorization of a group to which one belongs, in this case those with mental health disorders (Condra et al. 2015 p.281).

The University of Pennsylvania completed a National Internet survey using a 5-point Likert scale, receiving responses from 190 current and 318 former students with mental illnesses.It is estimated from the study that as much as 30% of Post-Secondaryschool students do not seek support or assistance due to stigma (Salazer et al. 2008 p.373). It was also discovered from the study, that as many as 86% of college students living with mental illness, withdraw from college before completing their degree, compared with 37% in the general student population (Salazer et al. 2008 p.370).

Some students report that the self-stigmatization combined with the shame felt, is often far worse that the symptoms alone associated with the mental health illness (Condra et al., 2015 p.281). Individuals should not have to live within society and be stigmatized or discriminated against to the extent that it violates their human rights as citizens within our society (Papakonstantinou 2018 p.223).

People generally tend to stereotype individuals who are currently presenting with mental illness, fearing that they are aggressive, are incapacitated in work roles and are unable to care for themselves (Cheng et al. 2015 p.77).People who live with mental illness are seen by a majority opinion, to be different, at times being described as unstable or precarious (Papakonstantinou 2018 p.217). As mentioned earlier in the document employers share this generalized view of these individuals also. This is reflected in the small number of employers who actually employ individuals who live with mental illness. Again, these individuals are perceived to be dangerous and unpredictable. They also have extra concerns that such individuals will be less productive and in-efficient with regard to their work tasks (Papakonstantinou,2018 p.219).These individuals need to have stigma interventions introduced into the structures of society particularly in the workforce so that they can attain employment, improve their incomes and the quality of their lives and also the quality of their health. There is a need for employers, co-workers and the extended community to be educated towards the responsibility of society and to treat a person with a mental illness from the perspective of improved functioning rather than cure (Cheng et al. 2015 p.80).

4.7 How to Improve Education & Employment Potentials

Students with disabilities do less well in comparison to students from the general population without disabilities in completing secondary education, accessing post-secondary training or education and employment potentials (Oertle & Seader 2015 p.3). It is estimated that 80% of students transitioning into post-secondary education programs with a disability will need individualized support at this transition point in their lives (Oertle & Seader 2015 p.4). The supports that individuals need while attending post-secondary education are low cost and consist of flexibility around assignmentsand deadlines, additional time allowances or substitute routes to completing coursework requirements (Condra et al. 2015 p.280). To be effective in a post- secondary education facility, these individuals need to be supported with their self-regulation, cognitive functioning, and behavioral skills (Condra et al. 2015 p.279).

The US federal government has recognized the importance that vocational education plays regarding students transitioning from Secondary schools and has looked for even greater involvement from vocational rehabilitation services (Oertle & Seader 2015 p.4).

The United States' Individuals with Disabilities Improvement Act of 2004, directs that specialized educators liaise with educational institutions and vocational entities, ensuring that through collaborative processes, the transition goals of these young people are approached through individual education plans (Oertle & Seader 2015 p.5).

Vocational educators are playing an ever-increasing role in developing a 'Transition Plan' with students living with disabilitieswhile they are still attending secondary education schools. These plans are then supported and actualized while the students transition from secondary education into their desired career pathway (Oertle & Seader 2015 p.13). The development of such connections in Ireland while they are preparing to transition from secondary education into vocational education would go a long way towards stabilizing these individuals during this challenging time in their lives.

With respect to employment, people working in open employment have been found to be just as productive and equally as capable, when compared with non-disabled employees (Papakonstantinou 2018 p.221). Individuals presenting with co-occurring disorders, that include substance dependence had no negative consequence on employment outcomes when it came to individuals with serious mental illness (Lusk et al. 2016 p.252).

The introduction of accommodations into a workplace for individuals living with mental illness are classified as low cost, but has the effect of increasing productivity overall amongst all employees, due to the positive cultural changes within the organization, leading to greater social capital and a higher esprit de corps. (Papakonstantinou 2018 p.220).

The previous work experience of an individual with mental illness presenting for work tends to allay the worries and apprehensions held by potential employers, as well as the experience of meeting the person with mental illness (Papakonstantinou 2018 p.219). This position is supported by Kirsh (2016 p.813) who states that individuals with diagnoses established earlier in their lives have a greater opportunity for employment. Previous work experience is also a significant positive determinant as well as completed secondary school education. Those that have completed secondary education are more likely to complete supported education programs as a result (Kirsh 2016 p.813).

The mindset and manner by which an individual engages in employment will dictate whether or not the impact of the occupation will be health promoting or illness producing (Stewart et al 2016 p.256). This concept can be linked to the ideas suggested by Williams et al. (2016) whereinthe idea of a framework of education and preparation would help individuals to develop positive mindsets and attitudes towards work. When employment roles are considered from the position of being neutral and considered from the perspective of engagement context, then the options available to be considered as appropriate occupations for individuals living with mental illness becomes much broader (Stewart et al. 2016 p.257).

Augmented IPS programs which integrate social skills and that are delivered just before the person begins their employment, assists with higher employment rates and longer job tenure. Social skills' training is maintained while they are employed to help with their relationships to work colleagues and managers (Cheng et al. 2015 p.77).

Drawing upon the experiences of 2,259 people living with mental illness across 14 studies, two major findings that were highlighted and stand out; firstly, that supported employment increases job tenure, and secondly, that the length of time taken to acquire work is much shorter (Bonfils et al. 2017 p.319).

Further researchin the work environment, co-worker support and hours of work including shift work, will lead to information that could improve work practices that could improve labor market engagement for employees with mental health illnesseven further (Dewa et al. 2018 p.181).

Chapter 5.

5.1 Discussion

In 2003 Minister of State at the Department of Health & Children with special responsibility for mental health 2006, established a review committee on the Mental Health Policy to appraise the established policy. This group was tasked with the creation of a framework for the policy in

Mental Health drawing up a plan foreffective services that would meet the needs of its users into the future within Irish society. In this report the group examined the IPS considering how it could be utilized in Ireland, they commented upon a study of various employment models in England at the time, stating that individual placement and support (IPS) was pointedly more useful in supporting individuals with mental illness when compared with traditional vocational approaches (Dept. of Health & Children 2006 p.38). The report went on to say that co-ordination between the mental health services and the vocational employment organizations needs to be at the top of the agenda in order for the services to be delivered effectively (Dept. of Health & Children 2006 p.111). Despite the recommendations made in the report, no significant action has been taken to develop services on the ground at a national level in that regard.

Recently the Chairman of the Mental Health Reform Commission (MHRC) while acknowledging the publication of the document 'Sharing the Vision – A Mental Health Policy for Everyone', cautioned the new government. He stated that the previous policy 'A Vision for Change' which was introduced fourteen years ago failed due to a lack of implementation. This lack of implementation occurred because 'no appropriately positioned person, office or body was entrusted with ultimate responsibility for implementation, resulting in ad hoc, inconsistent and selective action' (Saunders 2020).

The Department of Employment Affairs and Social Protection (DEASP) use employability companies to facilitate employment support services to individuals living with disabilities in Irish communities, including those with mental illness presently to gain access to employment. These entities operate independently with their own management boards, and are funded by the DEASP. The services provide both pre-vocational and post employment supports through the use of job coaches who liaise with both the employers and the service user. The model of supported employment is different in its' structure from the IPS approach, in that the individual has to reach certain 'criteria' of readiness for work, which acts against the principles of complete inclusiveness which is at the center of the IPS approach. The approach also works from the position of 'train then place' which has already been shown to be ineffective within the literature. There is also a limit of only eighteen months support compared within the IPS which supports the service user indefinitely (Mental Health Reform 2018 p.6). Such difference reflects a need in the area of evidence based 'guidance' to develop strategies that are proven to be more effective and appropriate.

The IPS approach has the capacity to accomplish the objectives set out by the State as defined within the Government's Comprehensive Employment Strategy. This strategy defines the methodology by which the Government intends achieving their objectives during the next decade, guaranteeing that individuals who have disabilities, and wish to gain employment in the open market will be supported in doing so. At the same time, the IPS approach holds the prospect for the Department of Employment Affairs and Social Protection, in decreasing the numbers of people with mental health challenges, who are currently reliant upon social welfare payments for all of their income (Mental Health Reform 2018 p.46).

5.2 Recommendations:

There are opportunities for vocational education and employment organisations, to develop an IPS programs in Ireland, through a partnership with the mental health services. Studies could be created examining outcomes for a set number of service users engaged in an IPS approach compared with a group engaged with the traditional educational approaches. These studies could examine employment opportunities, job tenure and cost benefit analysis over a number of years. Surveys of the participants' use of mental health services compared with usage for previous years could be determined to discover if there has been a positive reduction in the service use. The data collected could be used to make recommendations whether this new practice should be introduced into the clinical guidelines and added to the development of a national plan. Such action in the Netherlands based upon the effectiveness of the IPS program, resulted in the introduction of the approach by the Dutch medical professionals. This in turn led to the approach being recommended into treatment standards and the National action plan. (van Weeghel et al. 2020 p.29). Such research could then inform National policy which needs to be developed and acted upon in a manner so as to motivate communities in the employment of individuals living with mental illness.

In order to avoid the state benefit trap, providing individuals on low incomes as a result of employment restrictions linked to their illness, a subsidy payment bringing their weekly income in line with other general workers would be required. It would also be useful to safeguard that those citizens who are living with long term mental illness in the community and are entitled to a medical card, would maintain their entitlement, regardless of their employment position or

their salaries. It would be prudent to agree also that in the event of job loss for individuals who actively engage in work, where previously they were in receipt of social benefits; such benefits would be made available to the individual in the event of sudden or unexpected job loss. This action on behalf of the Government would be symbolic in that it clearly demonstrates that the state wishes to support people with mental illness to live free independent lives within the community with the capacity to choose their own lifestyle (Cheng et al. 2015 p.77). Limited financial resources which may result from an economic depression caused by the current pandemic, will require innovative considerations in facilitating people with mental illness access to employment within a potentially volatile market. There have been many commitments across National and International policy as well as law, to ensure that people with mental health disabilities are supported to seek employment. However, the reality for these individuals is that to date, such supports remain underdeveloped. More needs to be done to support and create a positive mental health policy within Irish workplaces.

 The Employment and Equality Act 1998-2011 requires that all employers put supports in place for employees with disabilities (SeeChange 2013 p.15). The development of workplace mental health policies presented with precise operating procedures supported by the values of the relevant companies or organisation could provide a framework that would place mental health comfortably within the workplace. Such ppolicies need to be developed and acted upon in a manner to motivate communities in the employment of individuals living with mental illness (Cheng et al. 2015 p.82).

Employers are also obliged to provide training around positive mental health awareness. Such training would allow staff to explore ideas around mental health which they may be hearing for the first time, as well as making staff aware of their legislative responsibilities (SeeChange 2013 p.15). Such training would express the organisations position on mental health, while at the same time reducing stigma within the workforce.There are opportunities for vocational support services to develop and introduce anti-stigma educational programs targeted at specific groups and individuals within our society.This development would vastly improve the integration of these individuals into our societal structures in an open fashion (Papakonstantinou 2018 p.221).

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