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Vocational challenges in severe mental illness: A qualitative study in persons with professional degrees

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ABSTRACT

Background: Employment is a significant stepping stone towards recovery for persons with severe mental illness. In the last two decades there has been increasing focus on obtaining professional courses and degrees for employment in India.
Aim: To understand the challenges faced by persons with severe mental illness with professional degrees in obtaining and maintaining employment.
Methods: We interviewed 31 individuals with severe mental illness, who had professional degrees, using qualitative interviews. These interviews explored factors that facilitated as well as those that hindered the process of obtaining and sustaining jobs.
Results: Factors that were identified as facilitators for obtaining and maintaining employment included personal strengths, social support, accommodative work environment, disclosure, support from mental health professionals and services. Factors that were identified as hindering for obtaining and maintaining employment included symptoms of the illness, side effects of medications, stigma, poor social support, academic underachievement, disjointed work history, poor workplace environment and specific cultural, gender issues.
Conclusion: Factors such as workplace accommodations, creating an environment that is permissive of disclosure, using family support and support from mental health professionals will facilitate employment. Addressing factors that hinder such as stigma, academic under-achievement, improving workplace environments, social support will also be important in vocational recovery.

1. Introduction

The lifetime prevalence of schizophrenia and bipolar disorder in India are 1.4% and 0.5% respectively (Gururaj et al., 2016). Schizophrenia contributed worldwide to around 1.7% of the Years Lived with Disability, in 2016 with peak disease burden noted for 30–40 years of age (Charlson et al., 2018). Schizophrenia is associated with reduced rate of employment and inability to live independently (Marwaha and Johnson, 2004). Similarly, bipolar disorder is associated with poor employment outcomes (Marwaha et al., 2013).

Work is arguably the single most significant parameter employed by the general public to measure recovery from illness. Work gives a sense of pride and self-esteem, it provides financial benefits, helps in coping with mental illness and thereby facilitates recovery (Dunn et al., 2008). Working is associated with positive outcomes of social functioning, symptom levels, quality of life and self-esteem (Marwaha and Johnson, 2004).

Unemployment rates in persons with schizophrenia are as high as 80% (Marwaha and Johnson, 2004). Unemployment increases mental health issues and employment also has a central role in social inclusion (Perkins and Rinaldi, 2002). Working individuals with severe mental illness like schizophrenia and bipolar disorders have difficulty in work due to their illness-related disadvantages. They often find it difficult to manage the demands at work and, at times, work demands provoke their illness. Studies show that the jobs that people with severe mental illness do are mostly low paying, with limited opportunities for career advancements and improvement in social status (Baron and Salzer, 2002). Most studies show a downward drift in employment in persons

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with bipolar disorder (Marwaha et al., 2013). In contrast, many people with severe mental illness report that obtaining paid employment is an important goal for them (Balaji et al., 2012). For persons with severe mental illness finding employment is a significant stepping stone towards recovery.

The choice of professional education and career is based on external factors for example job market, state of the economy, sociocultural as well as individual factors like attitudes, family background, besides structural factors (Agarwala, 2008). In India, over the last two decades more employment opportunities arising in professional and technical fields due to liberalization may also play a significant role in the preference for professional education (Kapur, 2002). Even though highly sought after, the complex nature of these jobs, requiring a variety of higher order skills along with stress at workplaces owing to multiple factors such as competition, targets and deadlines makes them highly demanding (Johnson and Lipscomb, 2006). It is often noticed that getting into these highly sought-after jobs often requires a good command over English, technical skills, good communication and leadership skills. Compared to people with physical disabilities, twice as many people with mental disabilities experience employment-related stigma (Roeloffs et al., 2003). Having a mental illness can also seriously affect career advancement as employers are less likely to hire them into executive positions (Glozier, 1998). A number of underlying assumptions and attitudes can lead to the stigma at workplace, e.g., that people with mental illness are not competent enough for demanding tasks, that they are prone for violence or aggressive behaviour at workplace, and that their productivity would be low and work might worsen their illness (Krupa, 2004). Perceived stigma can also be a major barrier to return to job. Often disclosure of mental illness leads to labelling at workplace, further stigmatization and leads to the individual being treated differently.

(Fossey and Harvey, 2010) conducted a Qualitative metasynthesis of 20 Qualitative studies focusing on vocational experiences and challenges of persons with mental illness, conducted in 5 English speaking countries in the world. The main themes synthesized from the Qualitative metasynthesis were the following: employment has varied meanings, benefits and drawbacks, ongoing active self-management strategies for employment & mental health, diverse support at workplace and beyond and systemic issues adding to employment barrier. The studies focussed on mental illness in general. Few studies have focused on specifically on psychosis. There are studies restricted to specific stages of vocational recovery. Another metasynthesis of 16 Qualitative studies published between 1990 & 2011 was conducted by Kinn et al., 2013 (Kinn et al., 2014) to identify the facilitators and barriers of employment in persons with mental illness. The major themes identified include fighting inertia, presence of encouraging peers, taking control, disruption in work due to illness, lack of opportunities and support, managing self-disclosure, environmental factors, clarity of roles & responsibilities and social cohesion. The two metasynthesis have 9 studies in common, yet disparate themes have emerged from both syntheses. The third order interpretations used by Kinn et al, may have provided a richer qualitative synthesis. To our knowledge there are no qualitative studies in this field from India. The Rights of Persons with disability act of 2016, India (*2* THE GAZETTE OF INDIA, EXTRA-ORDINARY *[PART II*, n.d.) envisages reasonable accommodation at workplace for persons with disabilities. There are limited number of specialized vocational rehabilitation services or programmes that are presently available in India for persons with mental illness. The aim of this study was to understand the challenges faced by persons with severe mental illness with professional degrees in obtaining and maintaining employment. The study intended to understand the lived experience of the impact of severe mental illness on their career and professional growth.

2. Methods

The study was conducted at the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India and included patients with severe mental illness (diagnosed Schizophrenia, bipolar disorder, schizoaffective disorder as per ICD-10). The first author, TLT, visited medical records of patients with severe mental illness at NIMHANS and selected records of those graduates who completed professional degree (s) (as defined in the Common Entrance Test, Karnataka) ("Karnataka Examination Authority, Government of Karnataka," n.d.) before 1 st January 2015. From amongst them, he recruited those who were clinically stable (< 25% change in the dose of antipsychotic/mood stabilizer or drug changes or ECTs in the last 3 months and capable of giving a valid interview) and had at-least one follow-up visit in the last one year. The patients were recruited over a period of 9 months between January 2018 to September 2018; patients were screened for suitability for this study during their follow-up visits, irrespective of the regularity of their treatment, approximately once in a week by TLT. Consenting patients were given appointments for interview were scheduled at mutually convenient times. They were classified into two groups: (1) those who had never worked or had worked for less than a total of 6 months after completing professional degree; (2), those who had worked for more than 6 months after completion of their professional degree. The researcher conducted qualitative in-depth interviews regarding vocational challenges faced by them. The study did not exclude patients with any comorbid psychiatric illness or substance use disorder. The patients spoke English, Hindi, Kannada, Tamil or Malayalam, in which the researcher was proficient.

The study was conducted after the approval of the Institute Ethics Committee and subjects were recruited after obtaining written informed consent. The qualitative interviews consisted of 4 Phases:

In phase 1, open ended questions about the challenges and facilitating factors in employment were enquired from patients. Facilitating questions like "then what", "what else", "is there anything else" etc. were used to encourage patients to provide as much information as possible. The challenges and facilitating factors were enlisted.

In phase 2, semi-directive questions were used to obtain elaboration on the each of the challenges and facilitating factors enlisted in phase-1, also using examples and illustrations. Discrepancies and contradictions were reflected back.

In phase 3, a pre-prepared list of factors and reasons, which are known to affect work as per the extant literature, was used to enquire about issues that were not covered in the first two phases. The techniques of facilitation and seeking elaboration were the same as the first two phases. Anchoring points and probes for this phase were prepared after reviewing literature related to this topic as well as through consultation with 3 experts in psychiatric rehabilitation and 3 pilot interviews. The anchor points are summarized in Table 1.

Phase 4 included enquiring about the most important and least important hindering and facilitating factors for employment as per the patient and family members.

Table 1
Anchor points used in the Phase-3 of the interview with patients.

- Academic achievement
- Symptoms of the illness
- Medication adverse effects
- Skill deficits (social, cognitive)
- Insight
- Disclosure of mental illness
- Work history
- Workplace environment
- Family support and expressed emotions
- Job search
- Job profile and changes
- Role of mental health professionals
- Substance use

Table 2
Facilitating factors to obtain a job.

Themes	Subthemes (frequency)	Illustrative quotes
Individual strengths	• Command over English language (2) • Adaptive personality attributes (4) • Good academic qualifications and performance (3) • Good communication skills (3) • Computer skills (2)	"One major positive factor for me is I am good at talking, I can face interviews confidently. Also, I make friends very easily" "I am good at English. English is a plus point for me and my technical background. I am confident to face interviews as I can speak well in English"
Insight	• Willingness to take medicines and treatment (7)	"First of all, I was not believing that I had the illness and I was not willing to take medications but now I feel that I have an illness. Even accepting that you have a psychiatric illness itself is a big step for me"
Positive social support	• Family support (12) • Support from friends (3) • Support from teachers (1) • Support from mental health professionals (11) • Age relaxation for the disabled (1)	"Currently I am trying for bank exams there is a 10-year relaxation for persons with disability…so, I can write till the age of 38 years…I am basically focused in (on) bank coaching and writing bank exams" "My sister, she knew a HR in a company in Delhi NIIT so she applied for me and then I got through there with her help in Delhi"
Active interest to work	• Job search through online portals, newspapers, visiting consultancies (7) • Using contacts and references to get jobs (4) • Attending coaching classes (1) • Self-employment or own start-up* (3)	"My father has contacts so he will make me join any of the architects like …. Under them, I have to first learn the work… I don't know…after learning from them… as of now, I am planning that I will start my own private venture" "I had a plan of making my own company but then I don't have my own funds, I thought during my job and one day I will definitely go on to make one company… kind of a start-up"
Willingness to disclose mental illness	• Positive attitude towards disclosure (10)	"I think it might be helpful they might also think that we will give a chance to him…it might have a positive effect"
Acquiring relevant additional skills	• Taking up further studies and short-term courses, job-oriented courses (2) • Upgrading trade skills (4)	"it is actually based on the skill sets that you have. suppose if you are a Java developer you have some certain skills and they will try to push you into those kinds of jobs, based on the skill sets, they will select me and they will conduct some day to day basis interview"
Reducing aspirations and expectations	• Willingness to do jobs below qualification level (3) • Lowered self-expectation and expectation from family (2)	"I am willing to do any kind of job…whatever job vacancies come by, I will join immediately I just need that it should be something related to computer I am ready to do any kind of job"

*3 patients discussed self-employment – one had operated a tuition centre previously, one was interested in farming and another wanted to own a start-up.

The interviews were audio recorded to avoid loss of data/recall bias. A separate consent was obtained for the audio recording and, if the subject did not want any information to be recorded, the audio-recorder was turned off. The recorded interviews were initially transcribed in the language of the interview. All interviews that were not in English were translated to English and then back translated to ensure that the data was interpreted for the intended meaning.

TLT and KPM coded all interviews separately. DJ, HA coded subsets of the interviews – thus, each interview was coded by three investigators independently. Representative quotes were selected for each of these factors. The quotes and codes were reviewed by the investigators independently to reduce bias. The coded files were reviewed by 3 investigators and triangulation of the data obtained was done. Themes and sub themes were generated and categorised.

The patients were recruited from the outpatient services, inpatient units and psychiatric rehabilitation services of National Institute of Mental Health and Neurosciences, Bangalore, India. A total of 40 patients were approached. Of these, 4 did not fit the inclusion criteria of the study, 2 refused to take part in the study (due to time constraints and personal inconvenience) and 2 patients were not included in the study as they were actively symptomatic on the day of interview, one patient discontinued midway due to oculogyric crisis.

All the interviews were conducted by TLT, a MD resident in Psychiatry under the supervision of KPM with 13 years of experience in the field. The interviewer shared a therapeutic relationship with 10 patients who were interviewed. Of the total of 31 patients recruited, 12 were from the out-patient services, 4 from the inpatient units, and 15 from the Psychiatric Rehabilitation Services.

3. Results

Mean age of the patients was 34 years (range: 24–52 years), 26 were men and 5 were women. 28 were unmarried (90.3%), one was married (3%) and two were divorced (6.4%). 30 patients were Hindu (96.77%) and one was Christian (3.2%). 24 patients had completed graduation (77.4%) in different branches of engineering, five had completed Masters in Technology (16%) and two had MBA degrees (6.4%). All the interviews were done in a single session, which lasted for an average duration of 45–60 minutes. When patients requested for breaks, the audio recorder was paused and the interview resumed when the patient was ready. None of the patients interviewed refused consent for audio-recording. As mentioned earlier, one patient discontinued the interview due to oculogyric crisis, his data was not used for analysis.

12 patients had worked for less than 6 months, 19 patients had worked for more than 6 months in their lifetime. 27 patients had a diagnosis of schizophrenia (87%) and 4 patients had a diagnosis of bipolar affective disorder (12.9%). The total duration of illness ranged from 2 years to 28 years. The age at diagnosis ranged from 18 years to 32 years. The number of hospitalizations ranged from none to 8 times. The mean Clinical Global Impression severity score was 4.67 and the mean Indian Disability Evaluation and Assessment Scale (IDEAS) score was 8.83.

3.1. Facilitators for job acquisition

The key broad themes that were identified as facilitators in getting a job included personal factors such as individual strengths, evincing an active interest to work, willingness to manage one's illness through the process of understanding one's own mental health condition (insight), willingness to take medications, positive attitude towards disclosure, reducing or modifying expectations and aspirations in the background of mental illness, enhancing self-efficacy by acquiring relevant additional skills besides external factors such as support from family, friends, teachers, mental health professionals and the policy framework at large. The subjects in the study emphasized the importance of having a good command over English language as an important factor in getting a job. The facilitators are summarized in Table 2. The frequency of each subtheme is documented in brackets beside the subtheme in all the

Table 3
Facilitating factors in maintaining a job.

Themes	Subthemes (frequency)	Illustrative quotes
Individual strengths	• Personality attributes (7) • Quick learning skills (3) • Interest to work (5)	"My nature… I am a perfectionist whatever the job I have to do, I do it very perfectly, I am a perfectionist and I am very persevering also. I don't leave any job half done. I don't give up, I work very hard to finish the task"
Willingness to disclose	• Selective disclosure (4)	"Since they were aware that I had psychiatric problem, I think they were more helpful, they use to come and help in any task"
Accommodative work environment	• Support of colleagues and superiors (5) • Favourable leave policy of the organisation (2) • Government job providing job security (1) • Organizations with human concern (1) • Resting area, other amenities at workplace (1) • Flexible timings (3) • Timely promotion (1)	"I felt that that they (colleagues) didn't tell anything directly but I felt that they were taking some extra care… kind of… after telling them. They used to take some extra care of me and I used to feel it was because of my illness" "The two companies that I worked with are some big organisations with some human concern otherwise in some other companies it would have been difficult"
Treatment and support	• Benefits from medications and cognitive training (3) • Support of mental health professionals (11) • Benefit from individual psychotherapy (1) • Symptom recovery - periods of good work, confidence to work (3)	"Every session I took, it has helped me in being confident. Because of that alone I became normal, from being a patient. I had a relapse also. After that there was some sessions, I took that and I was able to go back to my job. If you come to know, what the other person is going through. Then you feel like somebody is sharing my troubles. It also builds your confidence"
Job satisfaction	• Personal value to the job - motivation to work (2) • Experience and self-respect from work (1)	"also, in the hospital job, it was a nice experience talking to patients as well as their relatives… that would relieve my mind of stress… no thoughts would come which are disturbing like… I used to talk to them freely"
Utilizing vocational rehabilitation (VR)	• Using day care for structuring (1) • Working as an intern (1) • Part time work (1)	"that (VR) has benefited me in making plans…making a routine for my life…. avoiding and managing anger these things, I have learnt from people there"

tables.

3.2. Facilitators of job sustenance

The important themes elucidated as facilitators for maintaining in a job included internal factors such as individual strengths, willingness to disclose mental illness at workplace and satisfaction with the job, external factors included an accommodative or adjusting workplace environment, social support mainly from rehabilitation and treatment services. Socially valued traits and attributes such as hardworking nature, being flexible, being a good team player and ability to effectively problem-solve served as facilitators in job maintenance. The facilitating factors for job sustenance are illustrated in Table 3.

3.3. Factors hindering in getting a job

The themes that emerged were related to the impact of the mental illness and its treatment directly - symptoms or side effects of medications, skill deficits as a consequence of illness, academic underachievement impeding the scope of getting jobs, and breaks in work history with gaps in CV or external/environmental factors – stigma, discrimination and poor support from family and professionals, reduced repertoire of jobs due to reasons such as economic recession and increased age becoming a barrier in getting jobs. The factors hindering employment are summarized in Table 4.

3.4. Factors hindering job sustenance

The themes that were noted included personal factors – personality attributes and resilience, illness related – positive, negative or cognitive symptoms, physical health, side effects of medicines, demoralization and environment related – stigma, poor support at workplace, job related difficulties and occupational drift, gender and cultural factors. Persisting positive symptoms or episodic relapses into psychosis or mania impacted the ability to sustain in a job – patients were either fired or resigned as a consequence of these visible stigmata. Negative and cognitive symptoms affected efficiency and productivity at workplace impeding continuation at workplace. In one reported instance, substance use was also observed as interfering. The person to job fit was affected by the limitations imposed by mental illness. These were reported as job related difficulties – for example, adapting at workplace, handling longer working hours, difficulties with shift work and achieving job related targets. These are summarized in Table 5.

Unique themes reported by patients who had worked for less than six months, included lack of assistance in making career choice and being choosy about jobs as hindering factors in getting jobs. Recurring themes were age being a barrier, challenges in facing interviews, poor social skills and disjointed work history. Symptoms interfering at work, side effects of medications and loss of promotion at jobs were repeated themes for job sustenance.

4. Discussion

The findings of the study should be understood in the context of unemployment rates of 3.5% amongst the general adult population in India (WORLD EMPLOYMENT SOCIAL OUTLOOK, 2018) and the International Labour Organization, 2011, report (Shenoy, 2011), which stated that on an average, 73.6% of those with disability – all types of disability – are out of the labour force in India.

This study provides an understanding of factors linked to employment in persons with severe mental illnesses. It examined, in depth, both the lived experiences of patients at work and their expectations of challenges at workplace. It also evaluated the subjective experiential differences between patients in differential stages of vocational recovery. Most subjects showed desire to work and believed that work was an important part of their recovery journey.

4.1. Facilitating factors for employment

The subjects who were not employed were making active attempts to search for jobs using newspaper advertisements, job consultancies and online portals. The study subjects identified acquiring additional skills as a facilitator to increase the chances of employment. It becomes important to create skilling and reskilling opportunities that are specifically tailored to the needs of persons with mental illness. Though special employment exchanges are envisaged for the disabled in the

Table 4
Factors hindering obtaining of a job.

Themes	Subthemes (frequency)	Illustrative quotes
Academic underachievement	• Delay and decline in academics (12) • Relapses and breaks in academics (6) • Difficulties in attaining aspired goals (3)	"Definitely my academic performance was very much affected because of the illness. I was not able to understand, not able to concentrate as well as to memorize the subjects and had I not had this illness I would have scored at least minimum 70 to 75 percentage in my engineering course"
Symptoms interfering	• Positive symptoms interfering (6) • Negative symptoms interfering (8) • Cognitive symptoms interfering (13) • Fear of relapse (2) • Physical health (5)	"I am not searching for any jobs now. I am scared of jobs after all this. I don't want to be burnt all over again" "I am not interested in doing anything even if I want to do… also, I may not be doing it, I am not feeling motivated"
Side effect of medications	• Side effects interfering with studies (4) • Side effects while attending interviews (2)	"slowness of walking is there and sleepiness… I get sleep for around 10 to 12 hours per day; I was not able to study at all. I have gained some weight"
Skill deficits	• Difficulties in facing interviews (2) • Poor command over English language (5) • Poor social skills (4) • Poor technical knowledge (3)	"I don't have in-depth knowledge in my subject, so that is a barrier" "getting job might be difficult, interviews…you have to pass. That is difficult for me"
Gap in work/disjointed work history	• Lack of suitable reasons to cover the gap (15) • Deskilling due to gap (6) • Putting up fake experience to cover gap (1)	"I have to justify the gap if I want to apply for the same professional post which I had been working but that wouldn't be possible… anybody will ask what have you been doing in the last 6 years? I don't have a document, I have document for 3-4 months may be but not like for 5 or 6 years"
Reduced repertoire of jobs	• Reduced opportunities (economic recession, competition for jobs) (5) • Being choosy about jobs (jobs near home) (2) • Rejection in lower paid jobs due to over qualification (2) • Age as a barrier (3)	"2008 that was a recession period and there was a lot of unemployment it was difficult to get IT jobs" "They will avoid you, so I am telling (10) plus two as my education, they are only rejecting telling that they don't want overqualified people" "While searching for a job I realized that age is a big factor. If age is more than 40 (years), they almost totally reject you"
Perceived stigma	• Underestimation of ability on disclosure of illness (3) • Stigma compared to physical illness (19) • Rejection by employers on disclosure (4)	"No, I haven't done that, why should I do that? (Smiling) because that will become a reason for them to underestimate me. Nobody will give you sympathy; this can be used as a weapon to underestimate you. Nobody actually (should) reveal if there is anything or any issues"
Poor support	• Poor support from health professionals (3) • Poor family support and negative expressed emotions (13)	"To be frank there was no much support from doctors to get a job. They just write some medicines and then send me off, that's it"

RPWD Act, 2016, none of the patients in our sample were registered under these.

People identified disclosure to be beneficial in some situations as this may evoke sympathy or individual employers may be willing to give a chance either charity based or if they believe in an inclusive approach towards mental illness. Persons with mental illness may decide to disclose information about their mental illness strategically to an important peer or supervisor who may be in a position to then accommodate for the patient's disabilities at workplace (Brohan et al., 2012). The workplace environment needs to be conducive to facilitate disclosure. This may happen with greater awareness regarding mental illness or through legislation for example the RPWD act, 2016 which mandates reasonable accommodation. The Act defines "reasonable accommodation" to mean "necessary and appropriate modification and adjustments, without imposing a disproportionate or undue burden in a particular case, to ensure to persons with disabilities the enjoyment or exercise of rights equally with others". Flexible shift work, flexible working hours, reasonable breaks at work, tasks commensurate to abilities, leaves to take treatment, longer periods of induction training are relevant adjustments or reasonable accommodations that persons with severe mental illness require (McDowell and Fossey, 2015).

The supportive role played by family members, teachers, friends and mental health professionals serve as facilitators in getting a job not only by providing contacts, opportunities or references but also by providing the necessary emotional support, accommodations and adjustments, or simply by assisting in the treatment. In the Indian context, with greater availability of family support, social circle, these resources can aid in vocational rehabilitation.

Person to job fit has been consistently noted to be an important factor for job sustenance (Honey, 2004). Job security has been associated with government jobs in India for the ease of getting leaves, financial security with good pay and retirement benefits (Budhwar and Boyne, 2004). The RPWD act, 2016 provides scope for 1% reservation in government jobs for persons with mental illness related disabilities.

Reliance on medications for symptom management and job maintenance corresponds with findings from past studies (Becker et al., 2006) (Krupa, 2004). In developed countries occupational therapists, job coaches, placement officers and vocational counsellors play an important role in vocational rehabilitation. There are specialized vocational rehabilitation programmes with evidence base in many developed countries, such as supported employment. Multiple previous studies have shown that support from mental health service providers and supported employment programs aid in the vocational recovery of persons with mental illness (Netto et al., 2016)(Dunn et al., 2010). There has been a consistent emphasis that diverse supports are helpful for sustaining jobs, dealing with work issues & facilitating job seeking (Secker et al., 2003)(Kennedy-Jones et al., 2005)(Killeen and O'Day, 2004). This study highlights dearth of such services and human resource in India.

4.2. Addressing factors that hinder employment

Academic underachievement should be addressed by creating support frameworks in professional colleges, supported education programmes and legislation that provides for additional time and attempts to complete course.

Relapse of illness, side effect of medications and continuing symptoms of illness have been consistently reported as factors that prevent employment in people with severe mental illness from other countries (Bassett et al., 2001). Side effects of medications can be sometimes as disabling as the symptoms themselves (Boo et al., 2011)(Sheets, 2009). It becomes pertinent that adverse effects and persisting symptoms need to be carefully evaluated at each visit.

Disjointed or no work history with lack of suitable reasons to explain for gaps has been previously reported to reduce chances of employment (Boyce et al., 2008)(Fossey and Harvey, 2010). Some of the

Table 5
Hindering factors in maintaining a job.

Themes	Subthemes (frequency)	Illustrative quotes
Symptoms interfering	• Positive symptoms (8) • Negative symptoms (13) • Cognitive symptoms (20) • Affective symptoms (11) • Relapse of illness (4) • Frequent leaves (6) • Substance abuse (4)	"After 3 months, I got very angry and I shouted at a customer and I was stressed out that week, and I didn't go…that week and then they called and told that you need not come" "I am not able to understand much and am short of attention…It's causing a problem. Problem like for concentration is there"
Difficulties at work environment	• Work different from academic background (3) • Adaptability issues (2) • Long working hours (4) • Difficult targets (1) • Poor pay (2) • Difficulties with shift work (4) • Work related stress (5) • Lack of promotions (1) • Slowness at work (3) • Interpersonal problems at workplace (7) • Difficulties in getting leaves (2)	"It took me some time to catch up with the work there initially I was told to learn a new language and then work on it. They needed me to work on Lux which I have never touched before. It is utility based… I had to learn it and work on the files, they give me one-month time to learn because it was new to me, I found it difficult to learn" "Heavy pressure cost me. My nerves getting affected. I couldn't I think anymore no sleep plus no one to talk to… with all bottled up emotions of life. It is like that you have to keep on going on 24 hours you won't get proper sleep will be working at day as well as at night"
Perceived stigma	• Self-stigma (4) • Transfer across departments due to stigma (1) • Poor organizational support (2)	"After the episode I was transferred to sales, coordination, production some 2 -3 departments changed and then finally I was sent out of the company,"
Side effects of medications	• Poor adherence to treatment due to side effects (3) • Frequent leaves due to side effects (4) • Drowsiness at work (6) • Difficulty to get up in morning to go to work (3)	"Drowsiness is there… you feel drowsy like as if you are about to go to sleep. I got scolded for that in my company… that I was sleeping" "I was finding it difficult to wake up in the morning. While working also I used feel tired and not much energetic, so I used to feel like leaving medicines"
Physical health	• Work affected due to physical ailments (5)	"I am suffering from this irritable bowel syndrome. …to be frank this is causing more trouble sometimes even more than the psychiatric problem itself"
Demoralization	• Aspirations lost and meaning in life (4) • Reduced expectations about self (2)	"I've been feeling like life is passing away with no interest nothing is there to look forward to. At the back of your mind there is always despondency that nothing is going to work there is no life"
Poor support	• Unsupportive colleagues (6) • Poor professional help (5) • Poor family support (4)	"in 2014 March, again I got into a software company… I didn't like the people there… Sir, they were making fun of me, they were using very derogatory comments and… you are very old"
Occupational drift	• Poor promotional prospects (1) • Looking for less stressful jobs/ less competitive jobs (4) • Difficulty in handling responsibilities (3) • Loss of interest in own profession (1)	"I don't want to get stressed that now if I want a job, I can ask my friends and they can get me a job but then I can't get up in the morning also nowadays because of the tablets…. I just don't want to take any stress. What I feel is if I go and join somewhere as an engineer or any hotel store keeper these responsibilities will keep piling up on me
Premorbid personality	• Poor coping with stress (4) • Poor social interactions (6)	"the routine itself, everyday getting up and going for work. That was stressful, the routine was stressful, and coping was always difficult for me"
Gender and cultural issues	• Need to take care of child (1) • Quitting to be housewife (1) • Restriction in choice of jobs (2)	"till marriage you shouldn't do certain kind of jobs that was their policy, after marriage you can do whatever jobs that you want…both my parents were particular about that"

patients in this study used fake certificates to show experience in their resumes. This is a practice that has been noticed even otherwise in the Information Technology sector in India, despite the potential legal consequences (Grolleau et al., 2008)("Rezorce - Rezorce Research Foundation," n.d.).

Stigma related to employability of persons with mental illness is a universal experience reported from several studies from developed countries despite greater awareness and inclusivity. Labelling can affect employment opportunities, discounting a person's knowledge, abilities, education and qualifications for a particular job (Netto et al., 2016). Negative messages from psychiatrists, who may ignore the value of other therapeutic services, has been perceived as a substantive lack of support. Low vocational expectation from mental health professionals can limit the vocational prospects of people with severe mental illness (Lloyd et al., 2008). Mental health professionals should consider employment also as a core focus of treatment and involve themselves in vocational rehabilitation services (Robdale, 2004).

Previous notions of excluding persons with severe mental illness from work were on the premise that paid work is stressful and may result in relapses or exacerbations, this, however, has been now revisited in the context of the several advantages that work is associated with in this population. However, an unwelcome work environment where a person is constantly criticized can even provoke mental illness. Provision of counselling and mental health support services for employees becomes necessary in this context.

Discrimination in timely promotions or transfer to less sought-after departments was noted in this study. The most devastating consequence is the internalizing of this stigma by the patients. Demoralization as a consequence of repeated failures and upheavals may simply add to the situation. This may change with greater implementation of the RPWD Act, 2016, in India, which clearly states that no promotion should be denied solely on the basis of disability. Organizations should have leave policies for the disabled that are not discriminatory such that they facilitate follow up clinic visits and hospitalization when needed. The RPWD Act, 2016 also prescribes that all establishments (government and private) should notify equal opportunity policy for the disabled as per the provisions of the Act.

Challenges may be unique to gender and culture such as the need to quit jobs to take care of family and reduced repertoire of job opportunities that we have noted. In the absence of substantive social welfare benefits in India and paucity of vocational rehabilitation services, factors such as the benefits trap and systemic service-related issues were

not noted in our study.

This study like previous studies shows that no single factor is potent enough to determine the ability to return to work or maintain employment (Dunn et al., 2010).

The strengths of the study include comprehensive examination of factors, analyst triangulation, inclusion of persons at different stages of vocational recovery, inclusion of subjects who were never employed and those who were ever employed for more than six months, and that the subjects were from a common educational background. However, the sample did not include other professional degree holders, such as from Medicine and Nursing. Most of the patients were male and were recruited from a tertiary care centre. All of these may limit the generalizability of the findings. Work related challenges may differ across professions, however many themes could be similar too. Other key stakeholders – caregivers of patients, mental health professionals and psychiatric social workers – were not interviewed. Respondent validation could have increased the reliability of the study.

5. Conclusions

Work is an important factor associated with personal recovery from mental illness. Identifying favourable and hindering factors to get a job and to maintain job as reported from a patient perspective will help us in planning vocational rehabilitation according to needs. Mental health professionals have an important role in providing vocational rehabilitation services, hence the need to be integrate treatment and vocational rehabilitation programmes. There is a need for clinicians to focus on factors that interfere with work – effective symptom and side effect management. Factors such as the need for reasonable accommodation, demoralization, perceived stigma and discrimination at the work-place are barriers to employment that any vocational rehabilitation plan should anticipate and plan interventions for.

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Declarations of interest

None.

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References

Agarwala, T., 2008. Factors influencing career choice of management students in India. Career Dev. Int. 13, 362–376. https://doi.org/10.1108/13620430810880844.

Balaji, M., Chatterjee, S., Brennan, B., Rangaswamy, T., Thornicroft, G., Patel, V., 2012. Outcomes that matter: a qualitative study with persons with schizophrenia and their primary caregivers in India. Asian J. Psychiatr. 5, 258–265. https://doi.org/10.1016/j.ajp.2012.06.002.

Baron, R.C., Salzer, M.S., 2002. Accounting for unemployment among people with mental illness. Behav. Sci. Law 20, 585–599. https://doi.org/10.1002/bsl.513.

Bassett, J., Lloyd, C., Bassett, H., 2001. Work issues for young people with psychosis: barriers to employment. Br. J. Occup. Ther. 64, 66–72. https://doi.org/10.1177/030802260106400203.

Becker, D.R., Xie, H., McHugo, G.J., Halliday, J., Martinez, R.A., 2006. What predicts supported employment program outcomes? Commun. Ment. Health J. 42, 303–313. https://doi.org/10.1007/s10597-006-9037-8.

Boo, S., Loong, J., Ng, W., 2011. Work Experiences of People With Mental Illness in. A Preliminary Qualitative Study, The Qualitative Report., Malaysia.

Boyce, M., Secker, J., Johnson, R., Floyd, M., Grove, B., Schneider, J., Slade, J., 2008. Mental health service users' experiences of returning to paid employment. Disabil. Soc. 23, 77–88. https://doi.org/10.1080/09687590701725757.

Brohan, E., Henderson, C., Wheat, K., Malcolm, E., Clement, S., Barley, E.A., Slade, M., Thornicroft, G., 2012. Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. BMC Psychiatry 12, 11. https://doi.org/10.1186/1471-244X-12-11.

Budhwar, P.S., Boyne, G., 2004. Human resource management in the Indian public and private sectors: an empirical comparison. Int. J. Hum. Resour. Manag. 15, 346–370. https://doi.org/10.1080/0958519032000158554.

Charlson, F.J., Ferrari, A.J., Santomauro, D.F., Diminic, S., Stockings, E., Scott, J.G., McGrath, J.J., Whiteford, H.A., 2018. Global epidemiology and burden of schizophrenia: findings from the global burden of disease study 2016. Schizophr. Bull. 44, 1195–1203. https://doi.org/10.1093/schbul/sby058.

Dunn, E.C., Wewiorski, N.J., Rogers, E.S., 2008. The meaning and importance of employment to people in recovery from serious mental illness: results of a qualitative study. Psychiatr. Rehabil. J. 32, 59–62. https://doi.org/10.2975/32.1.2008.59.62.

Dunn, E.C., Wewiorski, N.J., Rogers, E.S., 2010. A qualitative investigation of individual and contextual factors associated with vocational recovery among people with serious mental illness. Am. J. Orthopsychiatry 80, 185–194. https://doi.org/10.1111/j.1939-0025.2010.01022.x.

Fossey, E.M., Harvey, C.A., 2010. Finding and sustaining employment: a qualitative meta-synthesis of mental health consumer views. Can. J. Occup. Ther. 77, 303–314. https://doi.org/10.1177/0008417410077005O1.

Glozier, N., 1998. Workplace effects of the stigmatization of depression. J. Occup. Environ. Med. 40, 793–800.

Grolleau, G., Lakhal, T., Mzoughi, N., 2008. An introduction to the economics of fake degrees. J. Econ. Issues 42, 673–693. https://doi.org/10.1080/00213624.2008.11507173.

Gururaj, G., Varghese, M., Benegal, V., Rao, G.N., Pathak, K., Singh, L.K., Group, N.C., 2016. National mental health survey of india, 2015–16. Prevalence Pattern Outcomes.

Honey, A., 2004. Benefits and drawbacks of employment: perspectives of people with mental illness. Qual. Health Res. 14, 381–395. https://doi.org/10.1177/1049732303261867.

Johnson, J.V., Lipscomb, J., 2006. Long working hours, occupational health and the changing nature of work organization. Am. J. Ind. Med. 49, 921–929. https://doi.org/10.1002/ajim.20383.

Kapur, D., 2002. The causes and consequences of India's IT boom. India Rev. 1, 91–110. https://doi.org/10.1080/14736480208404628.

Karnataka Examination Authority. Government of Karnataka, Available from http://kea.kar.nic.in/ [Last accessed on April 1st 2019].

Kennedy-Jones, M., Cooper, J., Fossey, E., 2005. Developing a worker role: stories of four people with mental illness. Aust. Occup. Ther. J. 52, 116–126. https://doi.org/10.1111/j.1440-1630.2005.00475.x.

Killeen, M.B., O'Day, B.L., 2004. Challenging expectations: how individuals with psychiatric disabilities find and keep work. Psychiatr. Rehabil. J. 28, 157–163. https://doi.org/10.2975/28.2004.157.163.

Kinn, L.G., Holgersen, H., Aas, R.W., Davidson, L., 2014. "Balancing on skates on the icy surface of work": a metasynthesis of work participation for persons with psychiatric disabilities. J. Occup. Rehabil. 24, 125–138. https://doi.org/10.1007/s10926-013-9445-x.

Krupa, T., 2004. Employment, Recovery, and Schizophrenia: integrating health and disorder at work. Psychiatr. Rehabil. J. 28, 8–15. https://doi.org/10.2975/28.2004.8.15.

Lloyd, C., Waghorn, G., Best, M., Gemmell, S., 2008. Reliability of a composite measure of social inclusion for people with psychiatric disabilities. Aust. Occup. Ther. J. 55, 47–56. https://doi.org/10.1111/j.1440-1630.2007.00656.x.

Marwaha, S., Johnson, S., 2004. Schizophrenia and employment. Soc. Psychiatry Psychiatr. Epidemiol. 39, 337–349. https://doi.org/10.1007/s00127-004-0762-4.

Marwaha, S., Durrani, A., Singh, S., 2013. Employment outcomes in people with bipolar disorder: a systematic review. Acta Psychiatr. Scand. 128, 179–193. https://doi.org/10.1111/acps.12087.

McDowell, C., Fossey, E., 2015. Workplace accommodations for people with mental illness: a scoping review. J. Occup. Rehabil. 25, 197–206. https://doi.org/10.1007/s10926-014-9512-y.

Netto, J.A., Yeung, P., Cocks, E., McNamara, B., 2016. Facilitators and barriers to employment for people with mental illness: a qualitative study. J. Vocat. Rehabil. 44, 61–72. https://doi.org/10.3233/JVR-150780.

Perkins, R., Rinaldi, M., 2002. Unemployment rates among patients with long-term mental health problems. A decade of rising unemployment. Psychiatr. Bull. 26, 295–298. https://doi.org/10.1192/pb.26.8.295.

Rezorce – Rezorce Research Foundation, http://rezorce.com/rezorce_research_foundation [Last accessed on April 1st 2019].

Robdale, N., 2004. Vocational rehabilitation: the enable employment retention scheme, a new approach. Br. J. Occup. Ther. 67, 457–460. https://doi.org/10.1177/030802260406701007.

Roeloffs, C., Sherbourne, C., Unützer, J., Fink, A., Tang, L., Wells, K.B., 2003. Stigma and depression among primary care patients. Gen. Hosp. Psychiatry 25, 311–315. https://doi.org/10.1016/S0163-8343(03)00066-5.

Secker, J., Membrey, H., Grove, B., Seebohm, P., 2003. The how and why of workplace adjustments: contextualizing the evidence. Psychiatr. Rehabil. J. 27, 3–9. https://doi.org/10.2975/27.2003.3.9.

Sheets, W.A., 2009. The Process People With Schizophrenia or Schizoaffective Disorder Use to Return to or Initialy Secure Eemployment Following Diagnosis.

Shenoy, M., 2011. Persons With Disability; the India Labour Market: Challenges and Opportunities.

The Rights of Persons with Disabilities Act, 2016, Gazette of India (Extra-Ordinary). Available from: http://www.disabilityaffairs.gov.in/upload/uploadfiles/files/RPWD/ACT/2016.pdf. [Last accessed on 2019 April 1st].

World Employment Social Outlook: Trends 2018 International Labour Office Geneva: ILO, 2018.