Research Article

Developing a worker role: Stories of four people with mental illness

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Background and Aims: Work plays an important role in adults’ well-being, irrespective of health status. Vocational rehabilitation can enable people with mental illness to return to open employment. A narrative approach was used to explore how individuals with a mental illness made sense of their work-related experiences.

Methods and Results: Four Clubhouse members in open employment for at least 6 months completed in-depth, semistructured interviews, from which narratives were created to reveal events, significant persons and actions that assisted these individuals to resume work. Woven into the participants’ stories were four ‘impelling forces’ contributing to a sense-of-self as a worker. These impelling forces were: support from significant others, the personal meaning of work, experiences within the Clubhouse programme, and the ongoing struggle with illness. Implications for occupational therapy practice are discussed.

Conclusion: The findings of this study urge occupational therapists and others to provide opportunities to provide on-going support to people with a mental illness who seek paid employment.

KEY WORDS mental illness, qualitative research, work, worker role.

Introduction

Work plays an important role in individual well-being, irrespective of health status (Jahoda & Rush, as cited in Warner, Huxley & Berg, 1999), and is considered an important key to social inclusion for people with mental illness (Grove, 1999). Despite this, previous Australian and British population surveys report that 20–30% of people with psychotic disorders are engaged in paid employment (Carr, Neil, Halpin, & Holmes, 2002; Foster, Meltzer, Gill & Hinds, 1996). More recent unemployment figures in Australia indicate 72% of people with psychiatric disabilities in Australia are unemployed, compared with 5.7% of the general population (SANE Australia, 2003b). Unemployment rates for people with psychiatric disabilities are also lower than that of other disability groups (Bates, 2002; Carr et al.). Paid employment is viewed as having many personal, social and economic benefits. Having a paid job may be seen as central in defining oneself, and in ascribing one’s social status (Pratt, Gill, Barrett, & Roberts, 1999; Scheid & Anderson, 1995). Paid work provides financial benefits, a means of structuring time and a source of social contact (Durham, 1997; Evans & Repper, 2000; Van Dongen, 1996). Some studies also suggest that paid employment has positive impacts on symptom reduction, self-esteem, functioning and community integration for people with mental illness (Bond et al., 2001; Oxley, 1995), albeit that empirical support for these relationships seems somewhat inconclusive (Kirsh, 2000).

Mental health consumers themselves view work as a means to satisfy various human needs through being a source of income, regular activity, meaning in life and distraction, as well as a means to become a productive member of the community, to gain social acceptance, a sense of achievement and improved self-worth (Graffam & Naccarella, 1997; Kirsh, 2000). Thus, despite the aforementioned low rates of workforce participation, gaining and maintaining work is a highly valued goal for many people with mental illness (Boyer, Hachey & Mercier, 1998). If their vocational outcomes are to be improved, a better understanding of the experience of work for people with a psychiatric disability is a compelling need (Graffam & Naccarella; Honey, 2000; Ryan, 1997). ‘Understanding what is really happening to those who..."
engages in work can be increased by understanding the people who do not fit the statistical norm as well as those who do’ (Honey, 2000, p. 273).

In addition, occupational therapists’ expertise in occupational analysis and their unique perspective on enabling clients to participate in meaningful forms of occupation, including work, ought to mean the vocational needs of people with mental illness are a major focus of practice in community mental health settings. This appears not to be the case (Lloyd, King & McKenna, 2004). Increased knowledge of what is involved in getting and maintaining work from a consumer perspective might enhance occupational therapists’ appreciation of how they could support clients with mental illness to participate in productive occupations within case management and community outreach roles. This paper describes a qualitative study of the work experiences of individuals with mental illness in open employment, who had participated in a community based programme based on the Clubhouse model.

Literature Review

Vocational rehabilitation can improve employment rates of people with psychiatric disabilities (Bond et al., 2001; Crowther, Marshall, Bond & Huxley, 2004; Twamley, Jeste & Lehman, 2003). Two main approaches to vocational rehabilitation are most frequently described in the literature and used in Australia to assist people with a mental illness to prepare for, seek and maintain paid employment (Waghorn & King, 1999). While terms vary in the USA and Australia (Waghorn & King), these approaches are generally referred to as supported employment and transitional employment.

Supported employment approaches emphasise individual placement in competitive employment and provision of on-the-job support to the worker with psychiatric disability, with the Individual Placement and Support Model (IPS) model being the most extensively described and studied form of supported employment (Moll, Huff & Detwiler, 2003; Twamley et al., 2003). Its proponents argue that quick placement in competitive employment with support from ‘job coaches’ provides more effective outcomes than other forms of vocational rehabilitation (Bond, Drake, Mueser & Becker, 1997).

Recent reviews, although not all focused exclusively on IPS outcomes, suggest there is good evidence that supported employment achieves better outcomes than other forms of psychosocial rehabilitation in terms of helping consumers to obtain competitive employment (Bond et al., 2001; Crowther et al., 2004; Moll et al., 2003; Twamley et al., 2003). For example, Crowther et al.’s Cochrane review reported that approximately half of participants in supported employment obtained competitive employment and one-third were still employed at 12 months, compared to 12% of those in prevocational training (including sheltered and transitional employment programs) (Crowther et al.). However, one-quarter to one-half of people with mental illness did not achieve competitive employment (Moll et al.; Twamley et al.). Dropout rates of up to 40% in some IPS programs have also been reported (Bond et al., 1997; Moll et al.).

The types of jobs and support available may be barriers to better outcomes (Moll et al., 2003). The perceived benefits and drawbacks of employment from a consumers’ perspective may also be important in determining their employment related decisions and actions (Honey, 2000). Thus, as Twamley et al. (2003) suggested, IPS seems ‘on the right track’ but improvements to the model and further research are needed to clarify which consumers are likely to benefit most from this and other approaches to vocational rehabilitation.

An alternative approach, transitional employment, includes prevocational preparation and supported work experiences, prior to obtaining independent open employment. Transitional employment emerged from the Clubhouse model of psychosocial rehabilitation, developed at Fountain House in New York. Clubhouses are community-based programmes, open to anyone with a history of mental illness (Macias, Jackson, & Schroeder, 1999; Propst, 1992; Sweet, 1999), which offer a place for people to spend time and participate in meaningful occupations (Macias et al.). They typically provide evening, weekend and holiday recreational opportunities to meet members’ needs for socialisation and companionship, as well as prevocational work experiences.

A fundamental belief of the clubhouse model is that ‘work, especially the opportunity to aspire to and achieve gainful employment, is a deeply generative and re-integrative force in the life of every human being’ (Beard et al., 1982, p. 47). Thus, work is a central ingredient within a clubhouse programme (Vorspan, 1992) with vocational opportunities organised in a ‘work-ordered day’ that mirrors normal working hours (Propst, 1992) and members (i.e. mental health consumers) working alongside staff to complete the tasks necessary for the running of the clubhouse (International Centre for Clubhouse Development (ICCD), 2001). At the clubhouse where this study took place, these tasks typically include cleaning and maintenance, food preparation and clerical duties, with members selecting the type of work activities in which they participate (Propst; Sweet, 1999). The goal is to ‘establish a foundation of better work habits, enriched social skills, and a more helpful view of the future’, rather than job-specific training (Beard et al., p. 50).
Vocational opportunities are provided in the form of Transitional Employment Placements (TEP): time-limited, part-time, entry-level job placements within the local community. These jobs are owned and supported by the clubhouse, which undertakes to ensure the positions are filled (Beard et al., 1982), thus accommodating for fluctuations in members’ capacity to work during their job placements. Transitional Employment Placements also usually includes peer support for members during placements (SANE Australia, 2003a).

Proponents of the Clubhouse-based transitional employment approach, with its prevocational and transitional placement experiences, have suggested that people with mental illness require a period of preparation before entering open employment (Drake et al., 1994). This ‘train and place’ type approach is criticised as involving often lengthy prevocational preparation and multiple job placements, which may be demoralising and lead neither to TEP workers’ integration in the workplace nor to open employment (SANE Australia, 2003a). Obler, Triolo and Avi-Itzhak (2002) suggested those who attend Clubhouse programs more frequently are more likely to attain higher employment status. However, controlled evaluations of transitional employment outcomes, as well as evidence of the relative efficacy of the Clubhouse TEP approach and the IPS model of supported employment are lacking (Waghorn & King, 1999; Warner et al., 1999). In addition, certain aspects of transitional employment programs may be particularly useful for some people with psychiatric disabilities, including its accommodation of the episodic nature of illness, ongoing peer support and the possibility of establishing work histories through TEP for those who have been out of the workforce for many years (SANE Australia).

Exploring how members of a Clubhouse experience vocationally orientated occupations within the clubhouse programme in relation to the goal of obtaining competitive employment, provides one means to consider the value of the transitional employment approach within an Australian context.

Research aims
The aim of the study was to explore how participants’ past and present work-related experiences and vocationally orientated activities within a Clubhouse programme supported the development or resumption of their worker-roles.

Methodology
A qualitative design was selected for the present study because it aimed to explore the meanings and experiences of the participants (DePoy & Gitlin, 1994). A narrative approach (Polkinghorne, 1995) was chosen to direct the study as the stories that people tell of themselves reveal how they understand and make sense of their experiences (Polkinghorne; Rice & Ezzy, 1999). In narratives or stories, people’s actions are explained by their placement within a specific context, and by identifying how their motivations and intentions are linked with seemingly separate events and actions (Mattingly, 1991).

Prior to commencement of the present study, ethical approval was obtained from the Faculty of Health Sciences, La Trobe University and the Mental Illness Fellowship (Victoria), the auspice agency of the program referred to as ‘The Clubhouse’ hereafter.

Participants
Participants were selected for inclusion in the present study through an intermediary: a clubhouse staff member, who was briefed about the purpose of the study and its inclusion criteria and then discussed the project with potential participants. Four people were interested in participating in the study, and met the following inclusion criteria. They were adults, aged between 18 and 65 years, with a diagnosis of schizophrenia and/or a severe mood disorder for 5 years or more. They had been current members of The Clubhouse for at least 6 months and were working in transitional or open (competitive) employment, having held such a position for at least 6 months. This was considered sufficient time for working habits to develop and become part of the person’s life-narrative. Lastly, each person had to be willing and able to participate in interviews and provide a retrospective account of distant and recent past experiences.

Each participant received a verbal and written description of the study and gave written informed consent prior to participating in the present study. Participants were allocated pseudonyms to maintain anonymity and confidentiality. Similarly, any identifying people or place names referred to during the study were given pseudonyms. A description of the participants is outlined in Table 1.

Research process
Data were gathered through in-depth interviews, written timelines of significant events, and the development of worker-role narratives, which were then reviewed in a follow-up interview with each participant. Self-reflection was also used. Each is described below.

Initial interview
A semistructured in-depth interview (Rice & Ezzy, 1999) (ranging from 60 to 120 min) was conducted with each participant to reveal past and present work-related events, actions and experiences. An interview
<table>
<thead>
<tr>
<th>Participant (pseudonym)</th>
<th>Age (years)</th>
<th>Employment history</th>
<th>Diagnosis of time</th>
<th>Length involvement since diagnosis at clubhouse</th>
<th>Clubhouse employment</th>
<th>Current (&gt;6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stella</td>
<td>31</td>
<td>High school: babysitting; nannying (paid) Post school: supermarket/cosmetics retail — 5 years; tram conductor/driver — 4 years; unemployed — 3 years; TE job at Clubhouse — 2 years</td>
<td>Severe mood disorder</td>
<td>16 years</td>
<td>Kitchen, reception &amp; TE job</td>
<td>Australia Post part-time — 1 year</td>
</tr>
<tr>
<td>Shaun</td>
<td>31</td>
<td>High school: lawn mowing; work in father’s panel beating business (paid). Post school: 4 years panel beating apprenticeship completed; unemployed — ~8 years</td>
<td>Schizophrenia</td>
<td>16 years</td>
<td>Kitchen &amp; work unit</td>
<td>Storeman — 2.5 years</td>
</tr>
<tr>
<td>Amanda</td>
<td>38</td>
<td>High school: music practice, daily swimming training (unpaid) Post school: secretarial college, studying music; secretary 6–7 years; BA studies; welfare worker/psychiatric disability support worker — 6 year; casual shop work — 1 year; volunteer support &amp; recreation worker part-time — 1 year</td>
<td>Schizophrenia</td>
<td>9 years</td>
<td>Recreation &amp; work unit</td>
<td>Activities worker/hydro-therapist/swimming teacher at council pool: 3 part-time jobs 2 years</td>
</tr>
<tr>
<td>Peter</td>
<td>42</td>
<td>High school: carting hay, chopping wood, rounding up cows (unpaid) Post school: university electrical engineering; factory work; picking fruit. Entered current job upon graduation</td>
<td>Schizophrenia</td>
<td>13 years</td>
<td>Work unit only</td>
<td>Software designer — 17 years</td>
</tr>
</tbody>
</table>
schedule was developed (see Appendix 1 Part 1), which was designed to explore each participant’s work-related experiences, including experiences at The Clubhouse, that supported the development or resumption of the worker role. The interview prompts were initially piloted and revised with a convenience sample of friends and family who had developed a worker role. The interviews were audiotaped and transcribed verbatim.

**Timeline**

Following the interview, each participant compiled a written timeline of work-related and significant or notable events throughout their lives. Participants were asked to think of key events and experiences and to order them into a timeline. This proved effective in drawing out extra information, clarifying details not previously covered in the interview, and placing events within a temporal context.

**Draft narrative**

The researcher composed a draft worker-role narrative for each participant from the transcribed interview data and the timeline, following guidelines for narrative analysis outlined in the Data Analysis section (Polkinghorne, 1995). Each participant was then provided with a copy of the draft narrative prior to a follow-up interview.

**Follow-up interview**

Follow-up interviews were conducted with all participants (ranging from 30 to 90 minutes’ duration) for member-checking to clarify details from the initial interview, review the draft narrative together and identify additional information for inclusion in the narrative (Appendix 1 part 2). These interviews were also audiotaped and transcribed. Participants were also asked questions about themes in the narratives.

**Self-reflections**

Following each interview, and throughout the research process, the researcher (JC) recorded field notes about the techniques used, decisions made and her subjective experiences. This technique enhanced the study’s credibility by providing the means for the researcher to become aware of, and reflect on, personal influences on the research process (Krefting, 1991; Lincoln & Guba, 1985; Mattingly, 1991).

**Data analysis**

A process of narrative analysis, described by Polkinghorne (1995), was followed to gather together and synthesise the collection of events and experiences obtained from interviews with each participant, into a chronologically ordered story. The researcher (JC) developed a plot to relate the past events, choices and actions to one another as part of an unfolding development, that is, adoption of a worker-role.

The narrative analysis process involved the following steps:
- Identify the specific outcome or denouement, that is, the establishment (or re-establishment) of a worker-role.
- Arrange the data or events chronologically.
- Identify which experiences and elements contributed to the denouement.
- Identify possible causes and influences between events, providing possible reasons for actions undertaken.
- Write the story with the participant because ‘stories of a life told by one person to another are joint productions’ (Polkinghorne, 1995, p. 127).

Furthermore, the guidelines by Polkinghorne (1995) for developing and evaluating narratives were incorporated. Thus, the researcher (JC) highlighted the relationships between the participants and significant others that may have affected the participants’ actions. Furthermore, each story was about a central character (the participant) and the choices he or she made to reach an outcome; and this presented the participant’s perspective, motivations and understanding of events as closely as possible. Finally, events and experiences not pertinent to the denouement were excluded from the storied narrative, in a process known as ‘narrative smoothing’ (Spence, as cited in Polkinghorne, 1995).

**Findings**

The four participants’ narratives described unique stories of the development of their worker-roles. It is beyond the scope of this paper to share each story. Within the four stories, there were woven four common ‘impelling forces’ contributing to a sense-of-self as a worker, which will be presented. These impelling forces included support from significant others, the personal meaning of work, experiences within the Clubhouse programme, and the ongoing struggle with illness. Each force is described and illustrated with excerpts from the stories of Stella, Shaun, Amanda and Peter (pseudonyms), and then discussed in relation to relevant literature.

**Support of significant others**

A central impelling force woven through all the narratives was the importance of a significant other, a person or persons who had actively contributed to the development or resumption of a worker-role for the participant. The significant person(s) had travelled the journey with each participant, provided much
needed support and a sense of hope. These people consistently encouraged them to develop their worker-role. This significant person can be likened to a mentor in many instances. For example, Peter’s manager at work was able to help him regain pride and a sense of achievement:

a guy who I’d worked with earlier on in my career took me under his wing … he got me to do another job that I could handle and I got a bit more respect from people … [He] sort of kick-started me back on track again with my career and it’s been pretty good the last year or so (Peter 238).

Similarly, Amanda recounted the significant support from her case manager, who continued to have faith in her abilities as a worker and remained a constant source of encouragement in her life:

I had a really excellent case-manager who seemed to take a real interest in what I was doing, … he’s always remained a really important part in my life towards working … when I was having problems … at this place I was working … he said, ‘don’t see yourself as a victim … don’t go suing them or go to the union … don’t … get involved in all that type of stuff … just get back on track … get back out into the world’ … instead of … feeling sorry for myself … He’s been really important (Amanda 612).

Furthermore, each of the participants acknowledged the invaluable support and encouragement provided by family members throughout their lives. Peter explained how supportive his father had been throughout his life, and how proud his father was of his work achievements.

My father rang up one of the ladies there … he [father] has been very supportive and he’s been giving me a lot of help. He found out about it [The Clubhouse] and just gave me the information; I got heaps of things from my dad (Peter 375).

Shaun reflected on the influence of his sister:

Just looking at her [his sister] seeing what she has achieved, what she’s done. Like she was a nurse first and now she is an ambulance driver … so it’s just, just what you think is possible can be achieved … (Shaun 383).

These findings are consistent with previous research in which family members, close friends and mental-health providers were identified as significant supports for people with mental illness (Chaftez, 1996; Scheid & Anderson, 1995; Strong, 1998). They also underscore the value of people who offer sources of hope in the participants’ lives, be they family, friends or case managers and health professionals. Deegan (1988) also emphasised the importance of ‘those who loved us and did not give up’ [hope] (Deegan, 1988, p. 12) in her writing about recovering.

**Personal meaning of work**

A theme reflected in each narrative was the benefit and significance of paid employment for these four individuals, and the personal desire to seek and maintain paid employment. Each recognised the importance that paid work had played in alleviating some of their symptoms of mental illness and provided them with a sense of purpose and achievement. The participants also frequently mentioned that paid employment provided regular activity and structure to their day. As Amanda explained:

‘… just having that place to go to, just having purpose’ (Stella 1435).

Peter, Stella and Shaun described a strengthening sense of being able. For example, Shaun described feeling more comfortable sharing his opinions and ideas with his co-workers and boss, while Peter described being able to effectively perform worktasks and gain respect and acknowledgement within his organisation:

I’m getting a bit of respect, a bit more again … that’s what gives me the drive that’s the only thing … a feeling [I’ve] accomplished something and that other people know about it. That’s the only thing I’m enjoying and I don’t get a warm fuzzy feeling by writing a piece of code, it’s pretty cold and lifeless (Peter 625).

For the four participants, paid work provided them with increased opportunity for social interactions and a sense of belonging. Peter described the friendships he developed through his job. Similarly, both Stella and Amanda valued the regular contact with co-workers and members of the community provided through working.

if I’ve got work and it’s structured, … I’ve got to do something, that gets me out, it gets me motivated to do stuff … If I’m left on my own and I don’t have work I quite often tend to just waste time, so … I might as well be working, be out there doing
something, and just the social side too, being with people, the social interactions (Amanda 529).

In summary, paid employment provided a source of meaning, purpose and the means of structuring the day, consistent with previously reported consumer views (Graffam & Naccarella, 1997; Ryan, 1997; Kirsh, 2000). These findings also illustrate that work provided a framework for ‘renegotiating a new sense of self by providing the opportunity and the vehicle through which persons experience connecting, contributing, challenges and success’ (Strong, 1998, p. 36). This underscores an assumption central to occupational therapy: ‘that people need to engage in meaningful occupations and, by “doing”, influence their mental health and sense of self’ (Strong, p. 37).

**Experiences with the clubhouse programme**

The four participants in the present study were involved in different activities within The Clubhouse programme (Table 1). All participants regarded The Clubhouse as a place where they felt welcome and accepted, which provided opportunities to develop social supports and social networks.

I think it’s always been the familiar faces and just talking to people. I get more out of just sitting around before dinner … just talking to the people there, … I always enjoy going there to see a few people that I know now and making a few friends (Peter 457).

little things … like going out with the friends that I met through The Clubhouse. We’d go to a restaurant (Shaun 315).

Both Peter and Shaun maintained contact with The Clubhouse, although they had full-time competitive employment. For them, this regular contact enabled them to receive ongoing support from staff regarding work-related issues, and to maintain social contact with friends made through the programme.

The people there like to see me and I feel like a bit of a celebrity when I show up on the motorbike … a lot of people there are on the same medication as me and yeah it’s good, that gives me a lot of help (Peter 310).

Rebeiro (1999) also concluded that people with mental illness need ‘affirming and accepting social environments in which there are opportunities for meaningful social participation, for being successful, and for the reduction of stigma’ (Rebeiro, 1999, p. 151). Hence, Peter also explained how he desperately wanted to meet other people with schizophrenia, but it was not until he joined The Clubhouse that this became possible. Likewise for Stella, she had never met anyone else with a bipolar illness until she attended The Clubhouse.

I finally met this guy who had it … and he even took the same medication as me and I was like, wow … I can even talk about coping with side-effects and that (Stella 1559).

For Amanda, The Clubhouse also provided:

[a] safe environment with people who understood just what I had been through, and not having to explain myself … I just needed to get some confidence back (Amanda 251).

Stella was the only one of the participants to specifically acknowledge the importance of the work-ordered day and daily involvement in clubhouse activities:

… that’s really good with The Clubhouse they tend to focus on the stuff you can do … just encouraging people and they have … the work-order day … [and] the voluntary nature of The Clubhouse … you’ll constantly be asked to do stuff but if you don’t want to, that’s okay … whereas other programs you have to do what you’re told … or you have to go home (Stella 1734).

… [then I] slowly started spending more and more time there until I was pretty much there from nine to five-ish (Stella 1010).

Stella was also the only participant who experienced the Transitional Employment Programme (TEP). She described its value in terms of the support that it provided to enable her to return to work:

They [staff] approached me one day and said: ‘you’ve been coming in and doing reception and doing kitchen … we think you would be really good doing this [TE] job … as a back-up, just occasionally … doing a couple of hours’ … ‘we could drive you to work and … [staff-member] from the kitchen will be there with you and that’ll be like being in the kitchen only you’ll be doing something else … so I did that … and when I got my first pay I was like, oh money, this is good (Stella 1041).

Thus, it appears that the value of The Clubhouse programme in obtaining and maintaining competitive employment lay in the opportunity it provided for participation in the broadest sense. For each participant, different aspects of The Clubhouse were helpful.

**Ongoing struggle with illness**

Finally, woven within the participants’ narratives were the ongoing disruptions to aspects of their lives and
sense-of-self as workers, as a result of their illness. For Peter, it appeared that his struggle lay in his lack of energy and drive:

I had a lot of motivation when I was younger ... I felt I was making a difference ... I don’t feel that nowadays ... I have a struggle with work, problems getting motivated. I vowed I wouldn’t stay home and feel sorry for myself and that I would go to work and face it ... but there times when I just can’t hack it (Peter 200).

Persistent symptoms also have to be managed, as Shaun noted:

You see with the medication I’m on ... nothing helps with the concentration or the thoughts running wild ... or the voices (Shaun 480).

In addition, the need to monitor the levels of stress and avoid putting herself in overly stressful situations was important to Stella:

My body gets really stressed out if I work full time and the key to my illness is stress, like I have to avoid stress at all costs ... I will just walk out of a situation to avoid stress (Stella 1672).

Despite the ongoing disruptions experienced within their lives, each of the participants appeared to have found ways to manage their illness sufficiently to maintain their worker-role. The need to find ways to stay well, manage the levels of stress and control persistent symptoms to pursue and maintain employment has also been reported elsewhere (Honey, 2000; Nagle, Valiant Cook, & Polatajko, 2002; Yuen & Fossey, 2003). Hence, work environments with both structure and flexibility, which enable the person with a psychiatric disability to take control in managing the fatigue, persistent symptoms and stress, seem important.

**Implications for practice**

These findings support previously identified elements of the transitional employment approach that have been regarded as helpful, namely, the importance of belonging to an affirming social environment and the provision of ongoing support to people with a mental illness who are seeking vocational rehabilitation.

There are several implications for practice for occupational therapists working in a mental-health setting. First, it is clear that clients appreciate relationships with workers that are long-term, supportive, and from which they experience encouragement and hope. Second, as is widely understood in occupational therapy, the place of meaningful occupation cannot be underestimated. For the people in the present study, paid work was a means to structure time and derive social benefit. In contemporary mental health practice, occupational therapists may be functioning in case manager roles that are office-based and include primarily monitoring and counselling duties within an illness model framework. In this setting, the link between occupation and health and ways to facilitate engagement in occupation are overshadowed by the assessment and review functions of the case-manager role. Opportunities for facilitating the engagement of clients in meaningful activities that strengthen their sense of self and promote recovery require renewed attention. Occupational therapists need to actively facilitate opportunities for paid employment with their clients, acknowledging the central role that productive occupations have in maintaining health and well-being. Third, there is a convincing argument that at times during the journey of living with people with a mental illness, they seek the support of people who understand and appreciate their struggles. Occupational therapists with their knowledge of environments and how they impact on occupational performance are well placed to facilitate supportive and enabling occupational settings.

**Limitations of the study**

The use of a narrative approach appeared an effective means of gaining further understanding of the lives of people with mental illness, enabling participants to provide rich information about their subjective experiences of employment and a clubhouse programme. However, there are a several limitations with the selected methodology. In particular, the narrative approach relied on recollection of past experiences, which may be highly selective (Polkinghorne, 1995). Furthermore, a mental illness can potentially disrupt a person’s perspective or memory of past events. In addition, the story that is told depends on with whom the story is shared, and the events and experiences may be idealised or romanticised when told retrospectively (Clark, Carlson, & Polkinghorne, 1997). It is also important to note that while the stories were written conjointly with the researcher, the structure of the final narratives was largely determined by the researcher, with a view to understanding how each participant developed a worker-role. While the limitations of the methodology are acknowledged, the stories linger as voices of people who have fought the disabling effects of an illness to achieve a highly valued goal.

**Conclusion**

This research contributes to the understanding of the experience of vocational rehabilitation and paid
employment for persons with a mental illness, and the subjective experiences of living with a long-term mental illness. It demonstrates how four people have been able to develop or redevelop a valued social role. The importance of social support, interactions, and ongoing support from significant persons throughout the individual’s life must not be underestimated. Participants identified family members, friends, and professionals who took on this supportive role. They indicated how health-care professionals, specifically case-managers working in the area of mental health have an important role to play in supporting persons with mental illness to develop and maintain the highly valued role of a worker. Occupational therapists with their knowledge of environments and how they impact on occupational performance are well placed to facilitate enabling and supportive occupational settings. The value of continuity of care and long-term support despite the disruptions of mental illness is recognised. Furthermore, this study adds to the research demonstrating the importance of a supportive social environment, considered integral to the clubhouse model for people with mental illness. Further research into the features of the occupational settings, which provide opportunities for paid employment for people with mental illness would be a useful development.

Finally, these findings contribute to the limited literature addressing consumers’ views of employment experiences. Although this research does not have predictive power, the findings provide an understanding of the journey of four people with mental illness, as they sustain one of the most significant social roles, that of paid employment.

References


Appendix 1
Interview schedule

Part 1 — Initial interview
If we could start at the beginning, growing up, as a young child what did you and your family understand by the term work, what did work mean to you? For example, who in your family worked — full or part time/who didn’t work? For example, what was the impact on your family?

When you were growing up, what types of activities would you have regarded as work?
For example, chores: were there things that were expected of you — daily/weekly, etc. What did they mean to you? How did they make you feel?

And when you were going to school what did work mean to you? Did work have a different meaning to you? For example, school work, studying, — how did that go? Then when you left school what did you do?

Then what? etc. Can you say more about that? (What activities were you involved in? What did work mean to you then?)

Are there particular people in your life who have encouraged/supported you to find a job/become a worker?
How did they support/encourage you? (Give advice, not interfering, etc.)

Part 2 — Follow up interview
I am interested in hearing about your experiences at ‘The Clubhouse’. When did you first come to The Clubhouse? How did you find out about The Clubhouse?

What programmes/activities were you involved in? What did you do at The Clubhouse at this early stage?

Looking back over those early clubhouse programmes/experiences, did they help you to become a worker? What helped? What didn’t help?

I am interesting in hearing about the experiences of your current job. First, did you go through any transitional/supported employment placements? (When did you first decide you could try the TE/supported employment programme?) Did something happen to make you decide this? What happened then?

When did you decide you could move to independent employment?

What made you decide to start your current job? Duration at current job, duties, etc. What do you do?

Can you tell me what you think and feel about your job? Like/dislike/what could be different?

When you first started your job, what was the reaction of (significant others) family & friends, clubhouse staff/members) then, and now? Has that changed? Have their opinions/ideas changed?

Earlier, we talked about what work meant to you, as you were growing up, what does having a job mean to you now?

Before we finish, is there anything else that you feel is important to understanding your experience of working or developing a role of worker that we have not yet discussed?