Mental Health: An Investigation into

the barriers to employment for people

with mental health difficulties in modern

Ireland.

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Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree BA
Hons Social Science at DBS School of Arts, Dublin.

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April 2010

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Acknowledgements

Firstly I would like to thank my interview participants, without their help this research project would not have been possible, secondly I would like to thank my supervisor Dr James Brunton and all the DBS staff for their continued support over the last three years. Finally I would like to thank my parents for giving me the opportunity to study at DBS, your continued support and help over the last three years has been much appreciated.
Abstract

This research project investigates the barriers to employment for people with mental health difficulties; the main aims of the project were to answer the following questions,

- What are the barriers to employment for people with mental health difficulties and do these barriers apply to Ireland as they do to Britain and America?
- Has these barriers increased in recent times as a result of the economic era?
- Are there sufficient support groups and resources in place to help people with mental illnesses remain/return to the workforce?
- Does the meaning of work differ for people with mental illnesses

The research was carried out using qualitative methods of research and thematic analysis. Semi structured interviews were carried out on five participants. The main results indicated that there were three main barriers to employment, which were set to rise as a result of the current economy of Ireland. Results also identified that back to work services and training were not 100% effective and many did not reach those people that wanted to avail of these services. The results also identified that there was a different meaning of work for people with mental health difficulties in comparison to those that are not sufferers.

The main conclusions drawn from the research was that stigmatization is the greatest barrier to employment for people with mental health difficulties and in order to reduce these barriers to employment the mind set of people would have to change through education and awareness.
Introduction

The purpose of this qualitative research project is to identify the barriers to employment effecting people with mental illnesses such as depression in Ireland as much of the previous research focuses on America and the United Kingdom. The research project aims to answer the following questions:

- What are the barriers to employment for people with mental health difficulties and do these barriers apply to Ireland as they do to Britain and America?
- Has these barriers increased in recent times as a result of the economic era?
- Are there sufficient support groups and resources in place to help people with mental illnesses remain/return to the workforce?
- Does the meaning of work differ for people with mental illnesses?

It is important to address this topic as Mental illness has become a global concern in recent years affecting the lives of many people. In Ireland between one in four and one in five of the Irish population will be affected by a mental health issue (mental health commission 2003). Mental disorders are one of the leading causes of sickness and absence in many of the most high income countries in the world, it accounts for 40% of time covered by sick notes. (Harvey et al 2009).

According to the mental health act mental illness is defined as

“a state of mind of a person which affects the person’s thinking, perceiving, emotion or judgement and which seriously impairs the mental function of the person to the extent that he
or she requires care or other medical treatment in his or her own interest or in the interest of other persons” (Mental Health act 2001).

People with mental illnesses are faced with much discrimination in society. Mental illnesses impose heavy burdens in terms of social exclusion and stigmatisation. (Quin&Redmond 2005). Parallel to these problems is the issue of employment. People with poor mental health have an extremely low level of representation in the workforce along with over representation on public disability rolls. (Cook 2003).

People who suffer mental health problems are viewed as people with illnesses rather than people who are living with a disability. This segregation of people with mental health problems causes the relationship between mental health and employment to be very complex as the current strategies for people with disabilities are separate from mental health. (Quin & Redmond 2005). As a result of this the level of unemployment for people with mental illness is very high. These trends can be seen right across the globe, in the United States it is estimated that 80% of people with a mental illness are unemployed and it is also estimated that in the United Kingdom figures range from 61% to 73 %.(Crowther et al 2001). Despite these high unemployment rates surveys suggest that most people with mental illness want to work. (Crowther et al 2001). In relation to these figures it was also reported that the job tenure for people with mental illnesses are relatively short, in America the average job lasts 70 days in length, with many only working part time hours (Haiyi 1997). Adults suffering from mental health problems are a minority within a minority in the labour force, the employment rate of adults with mental illnesses in Ireland fell very low in the years between 2002 and 2004. (Quin& Redmond 2005). Those people that do find their way back into active employment find themselves working part time hours; this is on average six hours less than those people who suffer other forms of disabilities. This indicates that people with mental health problems are more likely to be working reduced hours in comparison with the
rest of the working population. (Quin & Redmond 2005). Therefore it could be suggested that People with mental health issues face more significant barriers to work than people with other disabilities and the rest of the public at large. (Boardman et al 2003). These barriers are made up of several components, these include

- The rate of economic growth and employment of the country.
- Stigmas and discriminations.
- The individuals fear of failure and low expectations.
- Lack of life skills.
- Employers lack of practical knowledge about dealing with mental health problems.
- Low levels of resources and back to work services.
  
  (Rankin 2005).

**The rate of economic growth and employment**

The employment of people with mental health illnesses depends readily on economic growth, the overall rate of employment and times of labour shortages and demands. (Boardman et al 2003). However in a period of almost full employment and a demand for workers the level of unemployment for people with mental illnesses remained low in Ireland. (Quin & Redmond 2005).

**Stigmas and discrimination**

Stigma can be defined as a mark of shame or disrespect (IMJ 2010). People from many different walks of life have been found to having negative and stigmatised ideas about people with mental illnesses, personal experiences, family values, peer relations and images within the media all play a part in the stigmatisation of mental health issues. Misconceptions
about people with mental illness also play a huge part in stigmatisation. Public opinions and stigmatising beliefs include the idea that people with mental illness are dangerous, unreliable and hard to talk too. (Ansari et al 2008). These issues associated with stigma have major consequences on the well being of the person, it affects them both socially and economically. Stigmas can act as a barrier to employment for people with mental illness. It could be said that the inequalities associated with stigma has a major influence on the lives of these people. Negative public attitudes can have many consequences, for example having a mental illness is seen as a sign of weakness, and this can have negative effect on the patient and can leave them feeling an overwhelming sense of shame. (Crowley 2003). This shame can be worse than the symptoms of the illness itself as people try and hide the illness from others. (Crowley 2003). In a report carried out by the health service executive it showed that stigma around mental health still exists in Ireland. Figures show that six in ten adults would not be open to discussing their illness with other members of society for fear of being judged, this also supports the idea of shame. (HSE 2007).

Stigmas within the workplace are a huge reason why many people with mental illness are faced with barriers to employment. In a study carried out by the national disability authority respondents were asked if people with mental health disabilities should have the same opportunities for employment as everyone else, 45% of the respondents replied no, this suggests that prejudice still lingers around the area of mental health and employment. (Quin& Redmond 2005). This study also exposed more prejudice towards people with mental disabilities in comparison to people with other forms of disability. (Quin& Redmond 2005).

Prejudices such as the one following exists within the workplace, it is believed that people with a mental disability are incapable of fulfilling their role in the workplace to the highest standards. (Akabas 1994). According to Cook 2003 It is also believed that people
with mental health problems create an economic burden for workers, their employers and society at large as they are perceived to lack motivation, have a poor concentration span, they are forgetful and often tired also the extensive use of sick leave can also cause barriers to employment and promotion for people with mental health issues. (Quin & Redmond 2005). For these reasons many employees in Ireland do not share their mental illness with their employer for fear of discrimination and stigma.

Fear of failure and low expectations

Another barrier that can be associated with mental health and employment is the persons own constant fear of failure and the low expectations they have of themselves. This barrier can be closely linked with stigmas and discrimination. The stigma associated with having a mental illness is one of negativity, these people who suffer from mental illness will always be faced with these stigmas and this can have dramatic effects on the individuals self-esteem. (Ansari et al 2008) Stigma then becomes a reality for those suffering from mental health problems. The constant fear of failing within society will have consequences on the individual’s confidence within the workplace and so people with mental illness have little expectations of themselves. This lack of motivation and confidence can have major impacts on the person when seeking employment and so this is another barrier to employment for people with mental illness. (Drew & King 1995).

Lack of life skills

It has been reported that people with mental illnesses find it increasingly difficult to form social relationships and form bonds of trust because of low self esteem and lack of confidence imposed by the stigmas associated with the disability. These difficulties leave it
difficult to develop within social situations. These social skills learned from social interaction are very important within the area of employment. Bonds of trust between employers and fellow colleagues influence how one will perform in the workplace and difficulties in developing these relationships will cause problems when seeking employment or trying to remain within employment. (Boardman et al 2003).

Employer’s lack of knowledge

It is important to address the idea that many employers share the same prejudices about users of the mental health system as the wider population. (Drew & King 1995). However many would say that prejudices exist because of lack of awareness and education around the topic of mental illness. (Crowley 2003). In a study carried out in the united kingdom it was reported that managers would be understanding of mental illness but only 2% believed they could offer their practical support, the reason for this relied on the fact that managers felt they did not have adequate information as to how to manage people with mental disabilities. (Quin & Redmond 2003).

Low levels of resources and back to work services

Many services and resource available to people with mental disabilities are community run services, many of these services rely on government funding and public donations. Many of these resources focus on re-skilling patients with everyday living skills. This is done in order to improve their quality of life and help them regain a level of independence that will enable them to live in their homes. (Mental health commission). Many
of these resources also aid people in getting back into active employment by helping people regain the skills they need to function within the workplace, these services can often provide additional training resources in order to increase people’s skills. There are however limitations to these services, these include the fact that many of them are community run.

Many of the major services are funded by the government and although this is beneficial it has its disadvantages as many of these resources are situated in the major towns and cities. According to CSO figures 4,300 people of 30,000 adults with mental health disabilities were on special back to work schemes. (CSO Ireland). This causes problems as the services are only reaching those in the major towns and not those in rural areas. This is just another barrier to employment that affects people with mental disabilities.

All of the above cause major problems for people with mental illnesses when trying to find work. As society is constantly changing so are these barriers, however stigma’s surrounding mental illnesses will still exist. It could be said that it is stigma that fuels many of the other barriers to employment; stigma is a central concern within the topic of mental health and mental disabilities. The negative views of society become a reality for people living with mental disabilities. While stigma can never be excluded it can be reduced through education. Education is believed to be an important dimension in the recovery approach into the practices of mental health services, the challenge is to deconstruct the current views of mental health and change the minds and hearts of the general public. (MHC 2008). From tackling the prejudices of people it may result in the elimination of many barriers to employment. (Crowley 2003).

**Employer’s obligation**
Stigmas and prejudices still continue to circulate in society but it is of statutory obligation of employers to overlook these stigmas when dealing with some one that has a mental disability. The employment equality act imposes a statutory obligation on all employers to facilitate vocational trainees, apprentices, employees and job seekers with disabilities. (Employment equality act 1998). Employers have to make accommodations for employees with disabilities as long as it is not of serious cost to the employer. The equality act 2004 indicates that employers should make as many adjustments that are necessary in order to facilitate the employee as long as it does not cause burden or hardship to the employer. These burdens can then vary from employer to employer which leaves the levels of adjustment open to discourse (Quin & Redmond 2005). Many employers are not educated on the topic of mental health and so many of them do not know how to react in situations where one of their employees are attending clinics or counselling for their illness. This lack of education leaves many people ignorant to the problems people with mental illness encounter. It has been reported that many employers share the same negative attitudes towards people with mental disabilities as the wider public because stigma’s and prejudice are constantly being reinforced through institutions in the society such as the media. In recent times employers have been seen to be making an effort but lack of knowledge still hinders their ability to provide suitable working conditions for people with mental disabilities.

Benefits of employment for people with mental disabilities

As well as the economic rewards employment has to offer there are a number of social rewards that are related to the involvement in active employment. Freud has identified the ability to work as one of the two hallmarks of adult functioning however those people that suffer from mental illnesses can achieve greater rewards from employment than other members of the wider work force. The meaning of work for a person with mental health
problems differs from the meaning of work of others. Work provides a sense of self worth, a respected status in society, an opportunity to socialize with others, sufficient financial rewards, and an opportunity to develop new skills. (Akabas 1994). These are all the conditions that people with mental illness are searching for, by exposing them to these situations it can help rebuild their confidence, self esteem and in turn help them reach the idea of self actualization. (Akabas 1994). Self actualization offers the person the chance to be comfortable with their meaning and their role in life. Work also encourages the growth of social skills which is a skill that is very beneficial in reaching contentment in one’s life.

The main aim of this qualitative research project is to focus on the barriers to employment for people with mental illnesses in modern Ireland. It is important to address this topic as while there is no accurate data for Ireland some figures suggest that upwards of 76% of people suffering from mental health problems are unemployed. Steady and reliable forms of research within this area have not been published within the republic of Ireland and as it is a growing issue it is therefore of interest to address this topic. As well as this the current economic era may have a huge role in the rates of unemployment for people with mental illnesses and this may be another barrier people with mental illnesses will have to face in the coming years.

The main aim of the research project is to answer the following questions; what barriers are people with mental disabilities exposed to in modern Ireland and are these affected by the current economic era?
Methodology:

Method:

A qualitative method of research was used for this study. Qualitative research was chosen as it allows the researcher gain an in depth insight into each participant and their individual experiences. Thematic analysis was then considered the best form of analysis for this study as it offers an accessible and theoretical approach to analysing the data. It aims to identify any reoccurring themes and patterns within the data. One major benefit of thematic analysis is that it can provide data that is rich and detailed in content.

Participants:

Five participants were used for this study; the participants consisted of three mental health nurses, one community worker and one guidance counsellor. Access to each participant was gained openly through a local community mental health centre; each participant has had their own experiences working with the mentally ill.

Apparatus/materials:

Each of the participants gave their consent to the recording of their interviews. The interviews were recorded by means of a Dictaphone. The use of a Dictaphone was the most effective way of storing and capturing all the material required for the study. Before the interviews were conducted each participant was briefed on the topic and their confidentiality
was assured. Software such as Nvivo8 was then required in order to safely store and analyse the data. The use of software such as Nvivo8 makes qualitative analysis methods a lot easier and less time consuming.

**Interview design:**

It was decided that semi structured interviews would be the most appropriate method of obtaining data for this research project. Participants were briefed on the aim of the study before interviews were conducted; this allowed each participant to think about how they felt in relation to certain areas of the study and this in turn allowed participants to discuss these feelings openly. Interviews were then conducted on a one to one basis, which allowed each participant have equal opportunity in participating in the study. Semi structured interviews allowed participants to talk freely and openly about their experiences and their views on mental health and the barriers to employment. The questions asked in the interview began broad which allowed each participant to express their own personal view on the topic and more detailed questions were asked to keep each participant focused on the area of interest which was mental health and barriers to employment. (A copy of the questions asked in the interview is included in the appendix).

**Procedure:**

The aims of the interviews were to understand how barriers to employment are created for people suffering with a mental illness in contemporary Ireland. To do this the participants were asked to consider the following topics in their interview and asked how each of the topics could play a part in creating barriers to employment for people with mental illnesses.
- Stigmatization and public attitudes towards people with a mental illness
- Discriminations that exist in society for people with a mental illness
- The current economic era and how the recession can increase these barriers to employment.
- Government funding and the services available to people with mental illness that want to get back into active employment.

After each of the interviews were conducted it was then important to transcribe them onto the computer, this was a very time consuming process however it was in turn very beneficial as it allowed for the easy transfer of the data into the software of Nvivo8. Thematic analysis was then carried out within Nvivo8. Five different stages were used in carrying out the thematic analysis; this step by step process prevented the researcher biases affecting the stages of analysis.

These steps included:

1. Familiarizing myself with the data. This was done by reading each interview a number of times so as I understood the main themes and ideas being presented. A project journal was then compiled and this held all the initial ideas and themes that prevailed through the course of the analysis.

2. The second step involved creating free nodes. Free nodes can be described as codes that identify a particular part of the data that seems interesting to the researcher. These free nodes were created by re-reading each interview and highlighting any words or phrases that seemed important or interesting to the research question. These codes were then transferred into a free node folder, this kept them together which left them easy to read and easily accessible. After this was done the free nodes were separated
into tree nodes. This was done by deciding which words or phrases had similar meanings and transferring them into appropriate tree nodes.

3. The third step involved labeling these tree nodes with themes. The theme describes the most important aspects of the data that relates to the research question. When the free nodes were separated into their appropriate tree nodes each set of tree nodes were given a name that described the general theme of the group.

4. Fourthly the entire tree nodes were reviewed in order to ensure that the free nodes were in the correct groups and that the names of the tree nodes were appropriate for the data it represented; sometimes this involved renaming groups or creating sub themes. After this was done a well structured thematic list was formed. The thematic list showed each theme and their sub themes in a way that could be easily understood.

5. The fifth step involved choosing the dominant and most important themes, these themes were then used for the analysis of this research project.

The results of the analysis were then discussed in relation to the research question and previous literature.

**Ethical considerations:**

The participants involved in the study were continually informed about the confidentiality of their participation. Participants were assured that their names and the names of organizations were not going to be printed in the research project so therefore interviews were labeled one to five. Participants were not under any pressure to answer questions asked
in the interview and were informed that they could withdraw their participation from the project at any time.

Results

The following section of this research project presents the data collected from the interviews that were conducted and is discussed in the following section.

The first theme that will be discussed in the results section is feelings and emotions. From working in mental health services the participants have a good understanding of how people with mental illness feel about their status in society.

“People with mental illness think very negatively about their illness, they have a huge fear of being judged by society. Having a mental illness is not socially acceptable”

Historically society’s views of mental illness have always been one of negativity. These negative attitudes have been carried through the years and they still exist in modern Ireland. As a result of these negative attitudes people with mental illness have very negative emotions to towards their disability. Being diagnosed with mental illness can be of great concern to the person, they do not want to be seen as being different from the rest of society. From doing this study it was reported that many people feel afraid to address the idea that they are suffering with a mental illness because of fears of being rejected and isolated from society. It was also reported that for these reasons many people do not seek medical help until the later stages of their illness. The feeling of shame is one obstacle that stops people seeking advice about their illness.

“When my sister was hospitalised with a mental illness she said she experienced a sense of shame and a feeling that there was something wrong with her like she was flawed, she
didn’t want anybody to know why she was admitted to hospital, she was struggling with her illness by herself up until this point because she didn’t want anybody to think she was different”

Because people feel they need to cope with their illness alone it can leave people feeling very lonely. It was reported that those suffering with mental illness withdraw their participation from society because they feel they are different and society does not adapt to those things that conform against the norms of society. People with mental illness become very isolated and from society and are looked upon as being a burden.

“Mental illness is a very lonely illness people try to cope on their own because society does not address mental illness positively, people who are diagnosed with mental illness immediately become isolated from society; they are seen as the outcasts.”

This segregation of people with mental disabilities leads to negative feelings and emotions and can hinder the recovery process. The focus is on other people’s perceptions and not with getting better.

“I have often seen that the focus of people with mental illness is how others perceive them and not on getting better because of this they are then venerable to their illness, it just fuels the negative feelings it’s like a vicious circle.”

The results of the investigation indicated that people with mental illness have very negative attitudes to how they are seen in society. The participants indicated that many of these people themselves had negative attitudes to mental illness before they were diagnosed. Society does not allow for people to establish their own opinions as prejudices are embedded in society.
“the constant reminder of these prejudices are everywhere especially in the media, the media portrays negative images of people with mental illnesses, for example films portray negative stereotypes of people with mental illness”

This circle of negative attitudes has very negative effects on the emotions people with mental illness experience. The constant feeling of rejection causes a great amount of hurt and loneliness. These feeling of hurt and loneliness affect the persons self confidence and self esteem. Hurt can be spoken about on two levels, hurt that nobody understands their illness and society does not take the time to educate themselves on mental health issues, the second type of hurt can be personal hurt that they have hurt themselves by developing this illness and why it happened to them. These feelings of hurt seriously damage confidence and self esteem, this in turn can lead to the feeling of isolation and loneliness.

“People I have worked with often talk about the sense of hurt they experience when they are diagnosed with their illness, they have said that it is a feeling of why me and not somebody else”

“It hurts me to think that people in society are too ignorant to educate themselves on issues associated with mental health especially when it is something that is effecting the lives of most people in Ireland today, the prejudice of people is never going to change”

It has become clear from the interviews that developing a mental illness has serious consequences on the feelings and emotions experienced by the individual. As the participants are working with these people almost every day they come to understand how these people cope with these emotions as well as their illness.

The second theme that emerged from the interviews is stigma’s and public attitudes. Stigmas are a major factor in how people view mental illness in Irish society. Stigma’s fuel
the rest of the inequalities people with mental illness suffer. It is because of stigmas and prejudices of society that people with mental illnesses face discriminations and barriers to employment.

“Society stigmatises people with mental illness in negative ways, this stigma affects every aspect of life for people with mental illnesses”

From conducting this study it was reported that society disapproves of people with mental illnesses because they do not conform to the norms of society. This disapproval leads to the rejection of people with mental illness and so results in social exclusion. People with mental illnesses are seen as problematic to society, because of negative stereotypes in the media society feel people with mental illness are dangerous and should be avoided and excluded from society.

“it's very unfair to think that people with mental illness are labelled because of negative stereotypes in society, people are afraid of how people with mental illnesses will react, according to society they are almost dangerous in a sense”

According to the interviews participants indicated that People label individuals with mental health difficulties as being ‘‘trouble’’, they are a burden to society and incapable of integrating into social settings. Much of the public do not realise that some of these problems are a result of how their status is viewed in society. People with mental illness are a minority that experience many discriminations and prejudice as a result of the inequalities associated with status. Stigma and status are closely related as it is stigma and prejudice that gives one their status in society. Stigmas and prejudice are embedded in society and eventually become a reality; people conform to these stigmas it becomes embedded in culture. There are many institutions in society that reinforce these prejudices such as the media, family values and peer groups.
“Institutions in society are some of the places these prejudices are being portrayed and reinforced into the minds of generations young and old”

“Stigma’s become a reality for people who are battling with mental illness and its stigmas that cause the inequalities, discriminations and barriers for these people”.

Participants indicated that some of the attitudes embedded in society are as follows, people with mental illness are a hazard to society, and they are dangerous, they are a burden and that they are a source of trouble in society. These negative attitudes result in people with mental illness being rejected and excluded from society.

“Some of the attitudes would include people thinking that people with mental illness are burdens to society and a source of danger and trouble”

Within the workplace stigmas such as the ones above will hinder the individual when seeking employment. The participants indicated that these prejudices can be carried through to the workplace in terms of colleagues not feeling comfortable working alongside an individual with mental illnesses and managers not being able to approach the situation confidentially because of the lack of knowledge available to them about mental illnesses.

“Stigmas within the workplace cause huge problems for people with mental disabilities it acts as another barrier to employment for this group of people in society.

It is stigmas in society that cause many of the other problems for people with mental illness. This study has outlined some of these attitudes and stigmas along with highlighting the areas in society that these prejudices are reinforced. It has also highlighted the idea that in order for the stigmas and prejudices in society to change the mind set of people needs to change.
“Stigmas will always exist unless we can change the way people think, and this is easier said than done”.

Within this theme emerged a sub theme, this sub theme included stigmas within the workplace. Stigmas affect every part of society and for people with mental illness stigmas have a huge impact on the levels of employment among the mental health workforce. Although there are laws against employers discriminating against people with mental illness there are still a number of stigmas that hinder individual with mental disabilities when seeking employment. The participants indicated that stigmas related to mental health and the workplace are as follows, people with mental illnesses are perceived to be lazy, lack motivation, and a burden to the rest of the workforce.

“Stigmas to do with mental health and the workplace would be things like people with mental illnesses lack motivation than the rest of the workforce”

With these stigmas circulating in the work force it can be hard for people with mental illness to develop social relationships in the workplace, this in turn leaves the individual feeling isolated and the other members of the workforce feeling that these people are difficult to talk to because they do not integrate and associate themselves like ‘normal’ people. These stigmas cause huge problems for people with mental illness, firstly not being accepted into the workforce can cause serious problems with self worth and confidence secondly if these individuals are perceived as lacking motivation and being lazy and constantly tired stigmas become a reality and people start to act out the role they are perceived in society as stated before stigmas become the reality.

“Stigmas cause serious problems in the workplace, both personally and economically”
Participants have stated that people with mental illness work fewer hours than those that don’t as well as this many of these individuals are only part time workers. These issues can cause economic problems for the individual as well as problems with social integration.

From conducting this study it has been evident that individuals that suffer from mental illnesses face much discrimination in society as a result of stigma. Stigma is the base of the problems experienced by these individuals not only in society at large but within certain areas such as the workplace. Stigmas carried into the workplace can be a cause for concern for people with mental illnesses as it can be the cause of unfair treatment and inequalities.

The third theme that has emerged from the study is the different barriers to employment that people with mental illness face. As stated before stigma influences the level of employment for people with mental illnesses in relation to this different barriers have emerged from the interviews, these are as follows, the lack of resources available to people with mental illnesses and the individuals own willingness to work.

Lack of resources: from speaking with the participants it has emerged that the lack of resources available to people looking to return to active employment is very limited. Although there are a number of services in place these services do not reach many of the people that want to avail of them.

“Most of government expenditure on these resources is limited to major towns and cities a lot of people that need these services do not get the chance to take part in them because they don’t have access to them”

From conducting this study the results reveal that many of the people that need help in returning to employment rely on community based services, many of these are voluntary
organisations. Without these community run services people in rural areas would not have access to back to work programmes and training. The government funding and expenditure on these small community services is very limited and many rely on donations and grants.

Participants also revealed that although some of these resources and services are extremely beneficial none of them guarantee a 100% success rate.

“There are loads of services out there that help people with mental health problems return to work but none of them have a 100% success rate”

The results suggest that these back to work schemes and services are very important in helping people return to employment as they offer training courses that can help people regain the skills that one’s needs to integrate back into society and the social setting of the workplace. Rebuilding trust and self confidence is encouraged by these programmes.

“Our programme focuses on the positive rather than dwelling on the negative, we look to support ambitions and help the individual to manage their thoughts appropriately”

Even though these workshops and services are very beneficial results show that these resources are very few in numbers, these resources are scattered through Irish society and can often miss many people that want to avail of them and as a result it can be a barrier to employment as people do not receive the correct training and help they need to return to active employment.

“resources are limited to certain parts of the country many of the services don’t reach those that really need it, a lot of thought needs to be put into the idea of spreading these services throughout the country and eventually maybe we can help all those that need our help”
The individual’s willingness to work and integrate back into society: the individuals own personal motivation is another barrier to employment that has emerged from the study. Although society plays a huge part in the barriers to employment for people with mental illness the individual also contributes to these barriers. The study suggested that the individual’s lack of motivation was one such barrier. Being diagnosed with a mental illness cause a lot of strains on the individual not only are they forced to confront their illness but also confront the prejudices within society. Confronting these two issues together can have serious implications on the well being of the person. Many people do not feel they can integrate with society as they view themselves as being different. With social relationships being broken down many individuals feel they do not have the skills to return to the life they once had.

“it has a serious effect on the person they bury themselves away from society and they see no way out, they don’t know how to regain these social skills”

The study reported that many people with mental illnesses find it difficult to return to work as they do not remember how they should react, re learning new skills can be seen as a tough process and so many people fail to enrol themselves in courses and programmes which could be very beneficial to them.

“a person’s confidence is affected by their illness, they do not have the confidence in themselves to re learn all the skills they once had, we try to help rebuild people’s confidence and eventually tackle this lack of motivation, it’s almost like they face a mind block”

From conducting this study it therefore has suggested that there are many dimensions to the barriers people with mental illnesses face when seeking employment. Not only is it a social factor it also depends on the individual. The individual needs to be motivated and
focused on recovery this can be very hard to do when dealing with illnesses such as those of mental illness such as depression and schizophrenia.

A sub theme emerged within the barriers to employment; this was the current economic climate. Although this is another barrier to employment it has a significant role to play in modern Irish society. From conducting this study it has been reported that the current ‘recession’ will cause major problems for people with mental illnesses looking to return to employment. For the majority of the overall workforce in Ireland the current economic era is causing major barriers to employment for many household across the country. For people that are suffering from a mental illness this is a major concern as the figures for unemployment among the workforce with mental health is set to rise.

“The recession will cause major problems for people with mental health illnesses trying to return to employment”

In an economy where competition and profit is an important factor many employers are not looking to take on new employers, this can have serious consequences for those with mental illnesses looking to return to employment. Those that are in current employment experience shorter hours than other members of the workforce that are the majority.

“its going to be tough for people with mental illnesses returning to employment, they will be faced with competitiveness, and those that are in work will have to adjust to new working conditions”

This study has reported that although the current economic era will affect many members of the current workforce it will have serious consequences for the mentally ill. Even in times of growth the levels of unemployment among the mentally ill was relatively low, from interviewing the participants these figures are set to rise.
“the figures of unemployment for the mentally ill were always very low but these figures grew in the last year and I think it’s only going to get worse before things start to get better, it’s going to be tough”

As well as these problems the economic downturn will cause problems in the area of funding for new resources and services available to people with mental health difficulties. At the moment government expenditure on these resources is very little, with government cutbacks the expenditure on this area of society is under threat.

“the way things are going now we don’t know where the government is going to cut their expenditures, at the moment we’re not getting much funding I’d hate to see it after the cutbacks, no doubt the expenditure in this area is going to drop, its going to cause allot of problems, people will not be able to fully benefit from our service without support from the government”

Participants also discussed the resources available to people with mental illnesses. The resources in Ireland are relatively good however none of them have a 100% success rate they do however aid people in returning to employment.

“the resources we provide in Ireland are of a good standard but none of them guarantee a complete success, allot of the hours are not full time and the length of some work contracts are short but we help people with developing skills they need for the workplace”.

The benefits of work for people with mental illnesses were the final theme that emerged from the interviews. Work has many benefits; these benefits are both economical and social. Economically work offers a substantial income to stand independently and provide for them. Most importantly work offers a sense of belonging to the person this can be
very beneficial to people suffering from mental health issues. Work allows the person to develop socially through social interactions and forming social relationships. Ideal work settings allows for the person to rebuild confidence and self esteem. As social skills begin to grow it allows the person feel a sense of belonging and meaning to life. There focus is now on work and not their illness.

“Work benefits people with mental illnesses in many ways, it helps people rebuild their confidence and self esteem, and it gives them a sense of importance as they are giving back to society”

“Work helps these individuals return to a relatively normal way of life, their focus changes from their illness to their work”

“Work gives a sense of belonging and meaning to life”

The benefits of work for people with mental health difficulties have emerged from these interviews. Work allows these individuals return to a normal way of life. Although work is very beneficial it can be very difficult for individuals with mental health difficulties return to employment.
Discussion

This section of the research project is to review the findings and critically examine the study that has been carried out, drawing conclusions based on what has been done and learned. The results that have been found in the previous section correlate with many points within the literature that has been discussed in the introduction of the study. The main aims set out in the introduction were met. The aims of the study were to investigate

- What types of barriers stop people with mental illnesses returning to full time employment and do the same barriers apply to Ireland as they do in America and Britain.
- Have these barriers increased due to the current economic era?
- Are there sufficient support groups in place to encourage and aid people with mental illnesses back into the world of work?
- Does the meaning of work differ for people with mental illnesses?

When the participants were asked to discuss the different barriers to employment for people with mental health difficulties a number of barriers emerged. These barriers included stigmatisation, lack of resources and services available to people with mental illness that want to return to employment and the individuals personal motivation. All three barriers can be linked to the literature, therefore it could be said that this section of the results supports the literature.

As stated in the introduction much of the literature suggests that stigmatisation is one major barrier that hinders people with mental illness returning to full time employment. Participants indicated that stigma is one of the major problems faced by people with mental health difficulties. The literature also suggests that stigma is the social disapproval of an individual’s identity; participants supported this idea when they indicated that people with
mental health difficulties are disapproved of in Irish society. The stigma associated with mental health problems has become very negative, the results of this investigation suggested that stigma is the root cause of all the problems suffered by people with mental illnesses. The literature states that people with mental illnesses are feared by society as they do not conform to the norm, the results of the study can correlate to this point as participants readily discussed this topic in their interviews.

Stigma influences the mind set of many people in the workplace and it is the stigmas of these people that create the barriers to employment for people with mental illness. The literature and the results emerge with similar ideas that many people with mental illness are perceived to lack motivation. This lack of motivation causes much of the workforce to perceive people with mental illness as being a burden. Therefore the results support the literature.

Much of the literature discussed in the introduction applies to America and Britain and the aim of this research project was to determine if these barriers discussed in the literature applied to Ireland, the results of this study would support this statement. Stigma is one of the major barriers to employment for people with mental illnesses in Britain and America and the results of the data would suggest that stigma also causes major problems for the mentally ill when seeking employment. This would suggest that personal identity and the way people perceive one in society will ultimately affect the life chances of that person.

The second barrier to employment that emerged from the data is the lack of resources available to people with mental illnesses that want to return to active employment parallel to this the literature also states that the lack of resources is a fundamental barrier to employment. The need for more back to work training courses and services available to people with mental illnesses need to be increased in order for this barrier to employment to be
reduced. Both the literature and the results suggested that government funding of these resources are limited to certain areas in the country. Ireland and Britain are similar in that much of the funding only reaches major towns and cities and fails to benefit those living in rural areas. Many of the resources in rural areas are community run and although they can be very beneficial to individuals with mental illnesses they do not have the same resources to help develop these people’s skills to their full potential. Many of the resources stated in the literature have been carried through to the results section; they focus on the positives rather than dwelling on the negatives of having a mental illness. Those resources that are funded by the government offer people great help and hope for the future, although these community resources offer the same outcomes they do not have the facilities to facilitate large numbers of people and facilitate important programmes that can benefit this minority group. Lack of government funding in rural areas leads to a lack of resources and this lack of resources is one such barrier to employment for people with mental health difficulties in Ireland. The literature supports these results when it discusses Britain and America’s lack of resources and funding in rural areas. Therefore this barrier applies to Ireland as well as Britain and America.

If this barrier was to be reduced or removed there would be a need for an increase in government expenditure in order for the resources and facilities to reach everyone that wishes to avail of them both in rural and urban areas of Ireland.

The third barrier that emerged both in the literature and the results is the individual’s personal motivation and determination. Again this barrier is linked to stigma; it is stigmas that cause people with mental illness to feel negatively about their status in society. The poor status that people with mental illness receive from society results in these individuals lacking confidence and self esteem. This low confidence and self esteem effects the levels of motivation for these individuals to participate in society therefore low motivation acts as a
barrier to employment. People with mental illnesses do not have the same determination to succeed because they think so negatively of their status in society. Both the literature and the results agree that stigmas become a reality and lack of motivation and not believing in themselves becomes a reality for people with mental health issues. When seeking employment the fundamental idea is to believe in oneself and a positive attitude is essential if you don’t have these traits it automatically becomes a problem for the individual when seeking employment as a result of this it has been stated in literature that lack of confidence and motivation is a barrier to employment, this has been supported by the results of this research project in that it identified the lack of motivation and self confidence as another barrier to employment for people with mental disabilities.

From analysing the data and the results it could be said that the first aim of the research project has been reached. The literature also supports the themes that emerged from the results and so the research has answered the first part of the research question. What are the barriers to employment for people with mental health difficulties in Ireland and are they the same as those in other countries?

The second aim of this research project was to determine whether the barriers to employment would be increased in modern Ireland as a result of the current economic era. The results of this research projected agreed with the literature in that they both reported that the “recession” would have a huge impact on barriers to employment for people with mental health problems. During a time of economic downturn competitiveness becomes a major part of society, not only are people competing for prices and business they are also competing for jobs. Over the last year in Ireland there has been a huge number of people made redundant in the general workforce, the competition for jobs has become a struggle for so many in societies. Employers focus on who they feel can perform and who they feel can rely on therefore those people that do not suffer with mental illnesses will stand out in interviews. As
a result of this it has been revealed in the literature and supported by the results that people with mental health issues will encounter a decrease on their hours and many have to adapt to new work settings. Those people of stable mind and body are of interest to employers and although it is against the law for employers to discriminate against people with mental illnesses they can however reduce their hours as to adapt to the new economic situation. The literature states that employment of people with mental illnesses depends on the demand for employment and the economic situation of the country. Results from this research project would support this.

The economic downturn of modern Ireland will affect the area of government expenditure. Results have suggested that the lack of government spending in the area of mental health will have major implications on the resources and services available to people with mental illnesses. Literature has stated that government spending in the area of mental health is very little results from this study would support this concept. Resources and services throughout Ireland are not overly funded by the government and so many have been struggling in times when the economy was at its best. In relation to this it has been reported that many of the major services are the ones that receive the most funding the downfall to this is that these services are situated in major towns and cities in Ireland and so there is a lack of resources and services available to people in rural areas of Ireland. Many of the services available to people in rural Ireland are community based and rely on voluntary work and community funding. With the current economic era people will find it increasingly difficult to support these community groups for economic reasons. As a result of this it could in turn heighten the barrier to employment in relation to the lack of resources and services available to people with mental health difficulties.

The literature has stated many of the ideas produced in the results section of this research project. From the introduction through to the results the current economic downturn
has been a theme central to the research project. Both the literature and the results state that the state of the current economy will have a dramatic effect on the barriers to employment for people with mental illnesses. The emergence of competition among all members of the workforce can hinder ones chances in returning to active employment. Likewise the lack of government expenditure on the area of mental health and the resources available to people with mental illness looking to return to employment will have major consequences on the individual. The support needed for the individual to make a successful return to the workplace will not be available to every person that wants to avail of it. These themes have been dominant in both the literature and the results section of this study therefore it could be said that certain aspects of the results answered the second question asked by the research question indicated in the introduction of this study.

The third and final aim of the research project asked the following question; Are there sufficient support groups and resources in place to help people with mental illnesses remain/return to the workforce? The results of the study acknowledged this question and answered it in the following way; the results suggest that there are sufficient support groups in place but many fail to reach those that really need it. As well as this the results indicated that none of the services available to people with mental health illnesses looking to return to employment are a 100% success rate. These results would support the literature in that it states similar answers; the literature indicates that for British support system none of them are 100% effective as they do not help people return to full time employment, many people with mental illnesses are employed on part time hours. Similarly to this the average job length for a person with mental health difficulties in America is on average 70 days long, as there are no substantial reports in this topic in Ireland, Irish society can relate to this as the figures for unemployment among people with mental health difficulties is very high as well as this the average hours worked by people with mental illness are relatively low. These figures suggest
that none of the resources are completely effective. The results also indicated that none of these resources are 100% effective in that they suggested that many of the resources only focus on helping people regain the skills they need for the workplace they do not guarantee a 100% success rate in the return to active employment. Like America and Britain many people with mental health work short hours and have short work contracts. The results and the literature correlate significantly on this topic, therefore it could be suggested that the research report has substantially answered the third question and the third aim of the research project.

The fourth aim discussed in the introduction focused on the meaning of work for people with mental health difficulties. The question asked; does the meaning of work differ for people with mental illness? The literature correlated with the results on this topic also. Both the literature and the results stated that the meaning of work did differ for people with mental illness. Although the focus of work is on economic reward for many of the members of the general workforce, the meaning of work for people with mental health difficulties is social reward; work offers a place for people to develop their social skills and confidence. Work allows people regain the skills they once had before they were diagnosed with their illness. Work offers a source of mental stability and normality to life for people with mental illnesses where many of the general work forces take work for granted. Many of the traits people with mental illness lack are confidence, self fulfilment, happiness and a sense of belonging. These are all the traits that can be developed in the workplace and so the meaning of work for people with mental illness is that it is important for mental stability, for the general public it is another part of life that is taken for granted. The literature states that work offers the person the chance to reach self actualization. This concept is also supported by the results.
The literature states the importance of work for people with mental illnesses as it offers a place where they can adjust to a routine and develop a sense of meaning and belonging in life. The results of the data support this concept as it also suggests that work offers a sense of belonging and meaning in life for the individual. As the theme runs strongly in both the literature discussed in the introduction and the results it could therefore be suggested that the research project reached the fourth aim discussed in the introduction. The results also answered the final question asked in the introduction of this research report.

The overall aim of the research report was to answer the following question; what are the barriers to employment for people with mental health difficulties in Ireland, will the barriers increase due to the current economic era and affect the meaning of employment for people with mental health difficulties?

The results of this research project has answered all of the above questions in that it identified the barriers to employment that effect people with mental health difficulties in Ireland, it has also discussed the recession as a barrier and discussed how the recession will heighten the barriers faced by people with mental health difficulties. The later part of the results suggested that the meaning of employment for people with mental health difficulties did differ than that of the general workforce. In answering these questions the results also correlated with certain aspects of the literature discussed in the introduction to the research project.

Limitations:

Although this study answered all of the questions asked by the research question there were however a number of limitations. What could have been more beneficial to the study would be considering participants in urban areas rather than just focusing on small
communities in rural Ireland, this would give a more in depth result that could relate to much more literature. In relation to this it could be considered that the topic of mental health is a very broad topic for such a small scale study and it could be more beneficial to consider focusing on one form of mental health.
Conclusion

This study is a small scale study that focused on the issue of mental health, barriers to employment, the current economic era and the meaning of work for people with mental health difficulties. Although the study is a small scale study it does support issues raised in previous literature. The purpose of this study was to answer the following questions;

- What types of barriers stop people with mental illnesses returning to full time employment and do the same barriers apply to Ireland as they do in America and Britain.

- Have these barriers increased due to the current economic era?

- Are there sufficient support groups in place to encourage and aid people with mental illnesses back into the world of work?

- Does the meaning of work differ for people with mental illnesses

Although this was a small scale study it can identify many areas that need to be highlighted within the mental health system. Stigmas are a major concern for people with mental health illnesses and in order to reduce the barriers to employment for people with mental health difficulties the mind set of people need to change which can be a very difficult task for society.

It could be beneficial to further research in this area as mental health is a growing problem in modern Irish society. With the current economic era looking bleak the numbers of people being diagnosed with mental health difficulties are increasing and so it may become an area of serious concern. In conjunction to this the level of accurate reports that exist on this topic in Ireland is relatively small and so it could be beneficial to establish the research done in this area.
References

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- Central statistics office Ireland, [www.csoireland.com](http://www.csoireland.com)
- Employment Equality Act 1998
- HSE (2007) Mental health in Ireland: Awareness and Attitudes
- Irish Medical Journal 2010 (IMJ)

- Mental Health Act 2001

- Mental Health commission 2003


Appendices

Appendix 1: interview questions

Before the interviews were conducted participants were briefed on the topic of mental health and barriers to employment. Participants were informed about confidentiality and told that their names or the names of organisations would not be mentioned in the study. In relation to this participants were not put under pressure to answer the questions asked in the interview and if any of the participants felt uncomfortable at any stage they could withdraw their participation from the investigation.

1. Can you tell me a bit about yourself and your job? (How long have you been working as a mental health nurse? what does your job entail?)

2. What kind of discriminations do people with mental illness experience in Irish society? (Can you give example of where these discriminations can be seen).

3. One of the major area that is effecting nearly everybody’s life at the moment is employment, research shows that people with mental illness suffer more problems when trying to find employment than the average person, from your experience of working here do you think this is the case?

4. What are the barriers to employment for people with mental illness? (can you explain these)

5. Are these barriers created by the person themselves or are they created by society and societies views on mental health? (Stigmas, prejudice, discriminations).

6. Why do you think so many people with a mental illness are out of work when research shows that so many of them want to work?

7. Do you think these barriers will increase due do the recession? (why and how)
8. Are there laws in place at the moment that protects people with psychiatric disabilities from unfair hiring practices? (can you explain these)

9. From your own experience working here do you think the meaning of work differs for people with a mental illness to the rest of the general work force?

10. How can employment benefit people with psychiatric disabilities? (in what ways)

11. Is there still much work to be done in order to reduce these barriers to employment? (have you any ideas on how this could be achieved)
Appendix 2: transcription symbols

<table>
<thead>
<tr>
<th>Code used</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>,</td>
<td>indicated a natural pause in the conversation.</td>
</tr>
<tr>
<td>(Pause)</td>
<td>indicated a pause that was longer than a natural pause but shorter than</td>
</tr>
<tr>
<td></td>
<td>three seconds</td>
</tr>
<tr>
<td>(Long pause)</td>
<td>this symbol was used to indicate a pause that was longer than three</td>
</tr>
<tr>
<td></td>
<td>seconds</td>
</tr>
<tr>
<td>(Laugh)</td>
<td>this symbol was used to indicate Laughing in the interviews</td>
</tr>
<tr>
<td>(Missing word)</td>
<td>as some of the interviews were conducted in offices it was difficult to</td>
</tr>
<tr>
<td></td>
<td>hear some of the words therefore this transcription symbol was used</td>
</tr>
<tr>
<td></td>
<td>when a Word could not be heard on tape during transcription</td>
</tr>
</tbody>
</table>

Underlining of words  Words that were underlined indicated raised voices in the interview