

# Pushing through: Mental health consumers' experiences of an individual placement and support employment programme

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## Abstract

**Introduction:** Individual placement and support is recognized as current best practice vocational rehabilitation for people living with a severe mental illness. This study aimed to provide insight into the consumer perspective of factors that impact the success of an individual placement and support programme in Australia.

**Method:** A qualitative study was conducted using semi-structured interviews with five participants. Participants were diagnosed with a severe mental illness and were engaged with an individual placement supported employment programme in one area health service in New South Wales, Australia. Data analysis was conducted using grounded theory methods.

**Results:** Analysis revealed the core category of pushing through, a three-step process that involved experiencing discomfort, learning to adapt, and getting into a groove. Pushing through described the participants' direct experience of individual placement and support, as well as their management of their health and ability to cope with everyday practicalities and relationships while engaged in the programme.

**Conclusions:** The participants in this study described their experiences of being involved in an individual placement and support programme as being characterized by a process of pushing through. The participants' actions and experiences at each stage of this process provide cues for more tailored support within individual placement and support to meet changing needs.

## Keywords

Severe mental illness, qualitative research, vocational rehabilitation, individual placement and support

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## Introduction

Work is essential for maintaining the mental health and wellbeing of the general population (Coutu et al., 2013) and its role in the recovery of people with severe mental illness (SMI) is increasingly being recognized (Drake and Whitley, 2014). Severe mental illness is defined as chronic mental illness that interferes with the person's ability to deal with ordinary demands of life and includes conditions such as schizophrenia, bi-polar affective disorder and major depression (American Psychiatric Association, 2013; Eklund et al., 2004; Siu et al., 2010). Recovery in the context of severe mental illness focuses on a process of moving beyond a state of acute distress and increasing participation in valued activities and important life roles (Whitley, 2014). Competitive employment has been associated with a range of non-vocational benefits in adults with SMI including: satisfaction with their finances; time management; quality of life; social interaction; reduced negative symptoms and sense of empowerment (Areberg and Bejerholm, 2013; Kukla et al., 2012; Provencher et al., 2002; Siu et al., 2010). Conversely, people with SMI are particularly susceptible to the negative effects of unemployment: a loss of purpose and increased risk of social isolation (Boardman, 2003).

Despite the recognized benefits, people with SMI are significantly less likely to be employed than members of the general population. Studies in the United States (USA) and United Kingdom (UK) found the proportion of people with SMI in employment to be between 10 and 25% (Burns and Catty, 2008; Burns et al., 2008; Drake et al., 1996; Waghorn et al., 2012). A recent review found that the proportion of people employed decreased with the more severe disorder categories (Jonsdottir and Waghorn, 2015). Importantly, these proportions do not reflect the number of people with SMI who want to work. Obtaining competitive employment is often identified as a critical goal in their recovery process (Murphy et al.,

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2005; Provencher et al., 2002). Barriers to gaining employment identified by people with SMI include psychiatric symptoms, job skill level, limited motivation, experiences of stigmatization, and a lack of impartial employment advice (Henry and Lucca, 2004).

American and European studies have found the individual placement and support (IPS) approach to vocational rehabilitation to be more effective than traditional prevocational training, achieving higher rates of employment (Campbell et al., 2011; Kinoshita et al., 2013; Marshall et al., 2014). IPS is founded on eight key principles: eligibility is based on consumer choice; supported employment is integrated with treatment; systematic job development; competitive employment is always the goal; rapid job search; job finding and all assistance is individualized; follow up support is continuous; and financial planning is provided (Drake et al., 2012; Murphy et al., 2005). The traditional vocational rehabilitation approach is one of extensive prevocational training and evaluation prior to searching for employment. IPS differs from traditional vocational rehabilitation in that it stresses the importance of rapid job-searching with the assistance of an employment specialist based within a mental health team, rather than prevocational training and evaluation. Retaining employment, however, remains an issue, as many participants gain employment but only for a limited duration (Bond and Kukla, 2011; Lehman et al., 2002).

Research into IPS has largely focused on measuring outcomes, with little attention given to the experiences of people with SMI. Much of the existing research exploring consumers' experiences focuses on being employed or unemployed, such as in the study by Siu et al. (2010) of non-vocational outcomes of an IPS programme. A literature search identified only three articles reporting studies of consumer experiences of the IPS process itself (Areberg et al., 2013; Johnson et al., 2009; Koletsi et al., 2009). Koletsi et al. (2009) explored consumers' experiences of the support received from IPS or vocational rehabilitation services. The emphasis in this study was, however, on comparing the numbers of consumers in each service who received particular forms of support, and there was not a detailed qualitative exploration of the experiences of individuals throughout the IPS process. Johnson et al. (2009) took a more qualitative approach but focused solely on consumers' views of what was helpful in IPS. They identified three themes: emotional support; practical assistance and a client centred approach. The study by Areberg et al. (2013) took a more holistic approach, interviewing people at different stages of the IPS process, asking them in particular to identify the aspects of IPS that they had found difficult or frustrating, and conversely those aspects associated with hope and optimism. Their findings had a strong emphasis on the positive, with one overall theme of 'being the centre of attention in a process that brings hope and meaning'. It is worth noting, however, that participants were involved in a randomized controlled trial of IPS in which all of the employment specialists were professionals with mental health training, which is not usual in IPS programmes (Areberg and Bejerholm, 2013). Further research

exploring the experiences of consumers engaged in various stages of the IPS process will increase understanding of the factors that impact on the success of IPS. This understanding may inform refinements to the model that improve outcomes for consumers not only in obtaining, but also maintaining employment.

The aim of this study was to gain more understanding of the consumers' experiences while engaged in an IPS programme, within the context of an Australian area health service. There was an emphasis on understanding the processes involved from a consumer perspective, and also how these processes interacted with other aspects of their lives.

## Method

This study gained ethics approval from the Hunter New England Health's Human Research Ethics Committee. It was a qualitative study, using semi-structured interviews and based on grounded theory methodology; an approach which aims to develop theory through a process of constant analysis and comparison of data (Birks and Mills, 2011). Grounded theory places emphasis on developing a deeper understanding of people's experience and behaviour and is an appropriate methodology as researchers are approaching an existing field of enquiry from a new perspective, in this instance from that of the consumer (Gardner et al., 2012; Skeat, 2013).

## Procedures

**Programme description.** IPS was implemented in this particular area health service using the partnership approach, under guidance and supervision provided by the Vocational Education, Training and Employment (VETE) service. The VETE service was a specialist mental health team, staffed by occupational therapists and a research assistant, who provided consultation to and supervision of the IPS programmes across the mental health service. The area mental health service provided direct referrals to the designated 'employment service', and the appointed IPS employment specialist (co-located within the mental health team) provided intensive support to consumers, utilizing the principles of the IPS model.

**Sampling.** This study used purposeful sampling, which involves selecting participants who can provide in-depth, experiential information on the subject that is being investigated. The inclusion criteria for this study required participants to be English-speaking, living in the community, aged between 18 and 65 years, diagnosed with an SMI, and engaged with the 'employment service'. Potential participants were identified by the service providing the IPS programme, and the case managers within the mental health teams then provided these individuals with information on the study. Interested participants sent a signed consent form to the researchers via mail. Theoretical sampling was utilized to guide ongoing data analysis and subsequent literature searches based on emerging theories within the data (Skeat, 2013).

**Data gathering.** Data were gathered via face-to-face, semi-structured interviews. The interviews consisted of a series of open-ended questions to prompt the interviewer, enabling the area of interest to be explored in depth. This style of interview is consistent with grounded theory as it allows the participant to lead the interview and the researcher to remain sensitive to the developing theory (Birks and Mills, 2011). An interview schedule was developed with reference to existing literature, reviewed by senior researchers with experience in the mental health field, and used as a guide to prompt the researcher during the interview. The schedule included questions about the participant's previous employment and any previous assistance in gaining employment, their current involvement with the employment service, the support they had received or were receiving with gaining employment, their current employment status and assistance they had received or were receiving regarding maintaining their employment, and the interaction between their engagement in the employment programme and other aspects of their lives. A section of the interview guide can be found in Figure 1. Interviews were typically 60 minutes in duration and were conducted at the mental health service usually attended by the participant. Interviews were digitally recorded and transcribed for analysis. Participants were able to review their transcripts and make amendments. This process strengthens the trustworthiness of the study (Krefting, 1991). The researcher used field notes and a reflective diary to document analytical decisions and these were included as additional sources of data.

**Data analysis.** Transcripts, field notes and a reflective diary formed the data set for analysis. Qualitative data analysis was conducted with the support of the NVivo (Version 10) programme (QSR International, 2012). Consistent with grounded theory methods, initial line-by-line coding was conducted with frequent meetings of the experienced research team to discuss, check and confirm the coding.

3. Can you tell me about the support you are receiving through the employment program?
  - a. *Additional prompts*
  - b. What support have you received regarding managing your personal information?
    - i. Was this helpful/not helpful, Why?
    - ii. Is there any other support you think might have been helpful with this issue?
  - c. What support have you received with any issues or concerns regarding income support payments from Centrelink?
    - i. Was this helpful/not helpful, Why?
    - ii. Is there any other support you think might have been helpful with this issue?
  - d. What contact has been made with potential/actual employers on your behalf?
    - i. Was this helpful/not helpful, Why?
    - ii. Were there other times when you think it would have been helpful for contact to have been made on your behalf?
  - e. What support has your case manager given you in regards to the employment program?
    - i. Was this helpful/not helpful, Why?
  - f. What has been the most helpful aspect of the support provided to you in this stage (specify) of the employment program?
  - g. Is there anything you would change? What other support would be helpful?

**Figure 1.** Section of interview guide.

As coding progressed, patterns were observed in the codes and these were grouped together in categories.

This process of focused coding was supported by constant comparison and theoretical sampling, which involved revisiting data which had already been collected and searching the literature (Charmaz, 2006). Re-reading of data and constant comparative analysis enabled concepts to be identified and led to the generation of categories. All methodological and analytical decisions were documented using memos and a reflective diary to create an audit trail, to ensure integrity and promote rigour in the analysis process (Birks and Mills, 2011). The credibility of the study was upheld by ensuring that participants had the opportunity to review their responses and make alterations.

## Findings

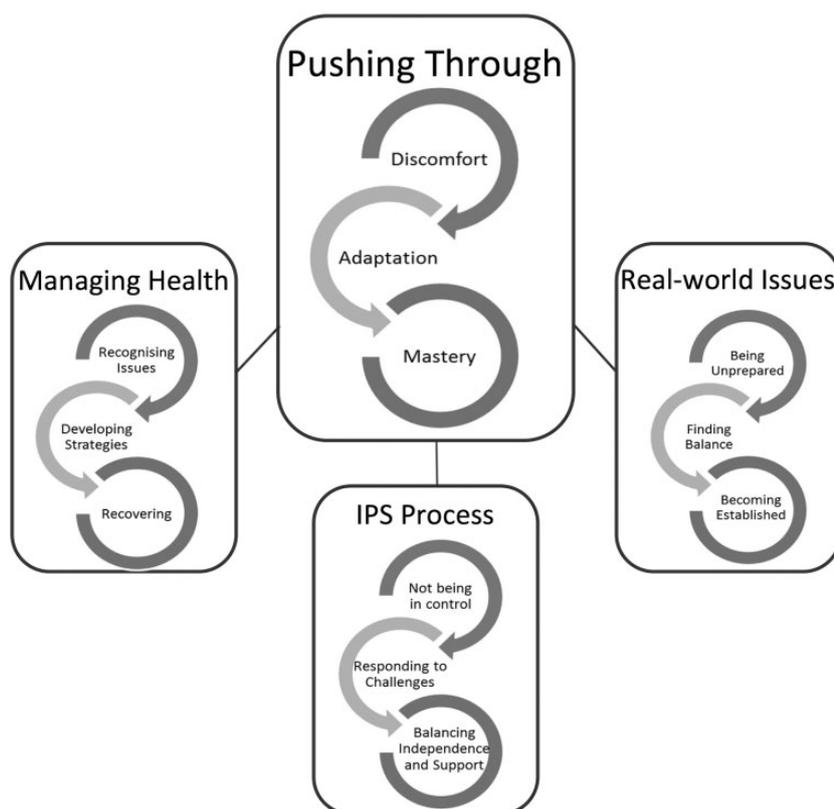
### Participants

Five participants were interviewed about their experience of the IPS employment process. Two were female and three male. Their ages ranged from 21 to 54 years and the mean age was 25 years. Two of the participants were employed casually and three participants were job-searching at the time of their interview. As well as their diagnosis of an SMI, three of the participants also indicated that they had physical comorbidities, including epilepsy and arthritis. One participant acted as a carer to a younger sibling. All of the participants had some previous employment, four had worked in short-term casual positions across various industries and one had previously held full-time employment over a period of 4 years. The participants in the job-search phase expressed their desire to obtain employment quickly, and those in employment indicated a need for a more stable position involving an increase in hours worked per week and fixed shifts.

### Theoretical framework: Pushing through

Analysis of the participants' interviews revealed the core category and basic social process of *pushing through*. The process of pushing through has three stages: *experiencing discomfort*, *learning to adapt* and *getting into a groove*. The participants described pushing through in three domains: *experiencing the IPS programme*, *managing health* and *real-world issues* while engaged in the programme. Each of these domains has three stages that reflect those in the core category and basic social process of *pushing through*. The core category and related domains are depicted in Figure 2.

**Core category: Pushing through.** This core category portrays a process of pushing through that describes the participants' experience of IPS and its interaction with other aspects of their day-to-day life. The process affects the participants' experience of health, job-searching, relationships, motivation and self-management. Although pushing through is a step-by-step process involving three stages, participants may experience this process recurrently in



**Figure 2.** An illustration of the process of pushing through.  
IPS: individual placement and support.

relation to different issues throughout their involvement in the IPS programme. The central process of pushing through was described by Alison as follows: ‘You’re pushing through in something and you’re actually, like I said, aspiring for something and you’re doing something great.’

The process of pushing through involves three stages that are described in the subcategories of experiencing discomfort, learning to adapt, and getting into a groove.

**Experiencing discomfort.** During this initial phase, participants described encountering new situations that caused feelings of discomfort. The discomfort was felt as uneasiness, frustration, anxiety or pressure. In response to this new circumstance, participants made the decision to change their behaviour. Alison described identifying a source of discomfort in terms of the ‘People in my life ... like family and such, [who] will tend to, I guess, make things harder, and they can make you sad and anxious at times.’

**Learning to adapt.** The second stage of pushing through involves a process of personal change in response to the experience of discomfort. The participants described learning to adapt to achieve their goal. Sarah illustrated this in her decision to adapt to work with her employment specialist and focus on finding employment: ‘It’s improved I think, cause I’ve actually got something to focus on rather than flailing aimlessly.’

The process of adaptation and change is linked closely to asking for advice and support from family, friends and

professionals so the participants know how to change, as illustrated by Alison: ‘It’s good to have that support system around ... they support you and give you any extra help you need.’

**Getting into a groove.** The final phase of pushing through emerges as participants have successfully adapted to their circumstances and then desire to be more independent and have ownership over decision-making. This stage is characterized by an increased sense of accomplishment and control, with participants being able to envision their future and articulate their goals. They described having options available and being empowered to make life choices. Dave described his feelings of accomplishment as: ‘You feel like you’ve accomplished something when you see something spring to life through you.’

**Experiencing the IPS programme.** This category describes the participants’ experience of pushing through in the context of their participation in the IPS programme. The three stages of the process of pushing through within this category are reflected by the subcategories of not being in control, responding to challenges and balancing independence and support.

**Not being in control.** The feeling of discomfort described by the participants in relation to their engagement in the IPS process tended to be about not being in control of situations. They described this in relation to a

number of factors, including decisions about disclosure, or being pushed to enter into things they did not want to do, such as applying for jobs outside their desired area of employment. Participants described feeling as though family, friends, colleagues and health professionals were labelling them once they had disclosed their mental illness, as described by Dave: 'Just felt like their views of you sort of change because you've got this illness, and that. Like, a little bit like the illness always comes first.' They expressed the sensation of being pushed into things that they did not want to do by their employment specialist, as described by Alison: 'They more or less will push you to do things cause they think they're pushing someone and that is perfectly alright.'

**Responding to challenges.** Learning to adapt in the experience of IPS context involved responding to challenges. At this stage, the participants learn to adapt within the IPS programme whilst managing their own reactions to what is going on around them. To achieve this, participants described learning to manage their expectations of the IPS programme, using strategies to cope with stress and learning to receive constructive feedback. Dave responded to the challenge of struggling to find employment by working hard to offer resumes: 'It makes your chances of scoring a job a lot higher if you're out there, offer resumes... I'll just stick at it, um, put me head down and work me hardest.'

**Balancing independence and support.** Getting into a groove in the IPS context involved the participants balancing independence and support. The participants described an increased sense of competence and feeling that those around them were recognizing this, which earned them respect from their peers and employers, as described by Garway: 'I can show the boss that I'm worthwhile to have in... as one of his workers... that I'm worth something.' Participants operated with confidence during this stage, and were more involved with negotiating the content and frequency of meetings with their employment specialist. While they were pleased with their growing independence, the participants also described a need not to feel cut off or abandoned by the employment specialist once they were in employment, as stated by Sarah: 'I'm glad that I have, that I can still like talk to [employment consultant] a few months into the job it just, doesn't just cut off once I get it.'

**Managing health.** The participants' involvement in the IPS process impacted on and was impacted by other aspects of their lives, including managing health. This category refers to the participants' experience of managing all aspects of their physical and mental health while engaged in the programme and reflects the three-stage process of pushing through. It begins with participants recognizing issues that limit their participation or performance; they then move on to developing strategies to care for themselves and cope with what is happening internally and externally; and finally they move on to recovering, the moving towards mastery stage of managing health.

**Recognizing issues.** Experiencing discomfort within the context of managing health involved participants recognizing issues pertaining to their health. Participants described feeling limited by their health, particularly their mental illness, and started to identify possible contributing factors, as Kevin recognized: 'I reckon a lot of the reason why I get depressed is cos I'm sitting round doing nothing.' Participants experienced periods of reflection on difficult times in the past, where aspects of their health have become particularly difficult or resulted in poor choices. Participants also described recent episodes of 'going off the rails' which resulted in limited participation in the IPS programme and disbelief that their actions and behaviours belonged to them. Dave reflected upon this experience: 'So they laid a lot of us off... And that's when I sort of self-destructed. I didn't go chasing more work. I just sort of, yeah, self-destructed.'

**Developing strategies.** When learning to adapt in the context of managing health, participants respond to the issues they have identified by developing strategies to cope with illness. They described how they looked after themselves, the coping strategies used and their experience of going through a difficult time health-wise, for example with fatigue or mental illness. In the following quote, Alison described in detail the actions she took to alleviate pressure and allow herself time and space to regain health: 'You do need to I guess do the right thing and eat healthy, go for walks and such because I can get fatigued more than a lot of people I guess.'

**Recovering.** This is the getting into a groove stage of managing health. Recovering describes the participants' desire to achieve a balance of allowing space for recovery while resuming looking for employment. Alison describes this need for space to assist with this process of recovering: 'It's helping me deal with it, balance myself out a lot more, distance myself from the drama.' Recovering encapsulates the importance of the employment specialist as a support for the participants, particularly in assisting participants to re-focus on the prospect of looking for work. Sarah described negotiating her appointments with her employment specialist to encourage her to leave the house more often following a period of illness: 'I'm like, "no, have them on different days cause then I'm more likely to actually leave the house".'

**Real-world issues.** Engaging in the IPS programme impacted on and was impacted by the participants' ability to self-manage time, relationships and everyday practicalities. The category of real-world issues captures this impact of the demands associated with engaging in the IPS programme and reflects the three stages of pushing through. It begins with participants being unprepared to self-manage and deal with everyday practical issues; then moves on to them finding balance when attempting to meet the demands on their time; and finally to becoming established, where participants are able to settle into their new routine and form new relationships.

**Being unprepared.** Being unprepared is the experiencing discomfort phase within the context of real-world issues. Participants described feeling unprepared and frustrated at being restricted in their ability to look for work as part of the IPS programme. In some cases, being unprepared involved not having the required skills or certification, or access to resources, required for the work they wanted to do. Dave described the impact of not having his driver's licence: 'It's really limiting in my line of work as a labourer cause you need your licence to get to most jobs.' Participants also described being unprepared in terms of not having skills and strategies to manage the job-seeking process itself. This lack of skills and strategies directly impacted on the participants' ability to successfully engage with the IPS programme. They described problems such as coordinating and getting to the various appointments they needed to attend, as illustrated by Alison: 'I'm not sure which building the appointment is at if I ever have a mix up'.

**Finding balance.** In response to the feeling of being unprepared, participants adapt by finding balance. This is the learning to adapt phase within real-world issues and describes the participants' struggle to manage work and family. Sarah highlighted the difficulty of balancing her role as a carer and her potential work hours: 'I'll be left looking after [sister] for like the 3 hours after that and that's pretty consistent. But that might need to be switched up a bit depending on work hours I guess.' Participants described prioritizing competing demands on time and finances, whilst juggling relationships and important life roles with looking for employment.

**Becoming established.** When getting into a groove within the context of real-world issues, participants described a perception of becoming established. It depicts how participants become settled in their routine, their management of day-to-day demands and the establishment of new relationships. Participants described feelings of optimism and engagement with people and activities, as Sarah found: 'I'm actually talking to people so leaving the house more often, going and participating in things'.

## Discussion

This study's findings revealed the basic social process of pushing through that described the participants' experience of IPS. This three-stage process involved participants initially experiencing discomfort, followed by learning to adapt, and then finally getting into a groove. The findings also highlighted that the participants' engagement in the IPS programme impacted on the management of their health and their ability to manage real-world issues such as relationships and other demands on their time. These other aspects of their lives also had a reciprocal effect on the participants' involvement in the IPS programme. This is an important finding as little previous research has explored this relationship between engaging in an IPS

programme, the other aspects of consumers' lives, and the impact this has on their experience of the programme and subsequent success in obtaining and maintaining employment. Exploring this impact could lead to understanding possible reasons for consumers leaving the programme unsuccessfully or obtaining employment initially but being unable to retain it. Furthermore, once the reasons for leaving an IPS programme are considered, adaptations to the delivery of IPS could be developed and implemented to promote higher levels of success, and longer duration of employment, for consumers.

The concept that engaging in the IPS programme does not happen in isolation has only been illustrated by two other studies (Nygren et al., 2013; Siu et al., 2010). Sui et al. (2010) found that after steady employment for 3 months, participants perceived a positive impact on well-being in terms of quality of life and financial satisfaction, but also found negative impacts such as physical and psychological exhaustion. These findings were limited by the participants' ability to recall experiences pre-employment and the effect of medication on memory and recall. The reciprocal effect is highlighted by Nygren et al. (2013), who underlined the relationship between the consumer's perceptions of their occupational performance in non-vocational areas, and their engagement and progression in the IPS programme. This study emphasized the need for additional support in non-vocational areas, and in balancing the demands of work and other aspects of their lives, to enable clients to achieve and sustain employment (Nygren et al., 2013).

The findings of this study are consistent with those of Siu et al. (2010), that employment can have both positive and negative impacts on non-vocational outcomes for people with SMI, and that these non-vocational factors can impact on their employment. Participants in this study described a process of adaptation as being necessary for them to meet their non-vocational needs as well as achieving success in gaining and maintaining employment. Their process of adaptation relied at times on the development of skills and increased competence in non-vocational domains. Support in developing competence in non-vocational areas that in turn may facilitate IPS involvement has been recommended in other studies (Nygren et al., 2013). This support could be provided by members of the mental health team facilitating competence in non-vocational areas, in cooperation with the employment specialist facilitating competence in relation to employment. This study supports the need for improved communication and collaboration between the employment specialist, mental health case manager and client. This is supported by the findings of Lloyd and King (2012), that the sharing of information and development of joint treatment plans between the employment specialist and the mental health case manager increases the success of consumers' involvement in IPS.

Pushing through is a recurrent process of adjusting and accommodating, of striving to find ways through challenges and discomfort. The most crucial step in this process is learning to adapt, a step that requires the learning

of new skills with additional support from friends, family and professionals alike. This additional support during a stage of upskilling is not something that is explicitly advocated for in the IPS model. The pushing through theoretical framework provides a structure for examining a process which consumers go through, and for determining how best to support them at each stage. By tailoring support, barriers to employment could be reduced and consumers assisted in moving forward in their process of pushing through. This is reflected in conclusions drawn by Boycott et al. (2012) and Lovedale et al. (2007), who both call for the improvement of the delivery of IPS through the addition of supplementary interventions. Such interventions could be in the form of cognitive behavioural therapy or social skills training, to assist with the development of competence in both non-vocational and vocational skills, which have shown some effectiveness in improving employment rates (Tsang et al., 2009). McGurk and Mueser (2003) examined the effectiveness of integrating cognitive training with supported employment and found that employment outcomes for participants receiving this training over a 1-year period were significantly higher than those who received supported employment alone. Supplementary interventions may also address issues not directly involved in gaining and maintaining work, but in relation to other aspects of individuals' lives which may impact on their ability to gain and maintain work. This might include developing skills in time management, prioritizing and planning, or to more effectively manage instrumental activities of daily living or stress management. Supplementary interventions such as these, when applied at relevant stages of pushing through, may be effective in preparing individuals for employment, as well as in assisting them to retain their jobs. This may reduce the number of consumers who leave the programme without successful employment.

The actions and experiences of participants in the different stages of the process of pushing through suggest differences in the support they require from employment specialists throughout this process. The skills and knowledge of employment specialists have been identified as crucial for the delivery of IPS (Lexen et al., 2013; Lloyd and King, 2012). During the experiencing discomfort stage, the participants required the employment specialist to assume the roles of motivator and initiator. As individuals move into the learning to adapt phase they need the employment specialist's role to shift more to be that of an expert advisor. Finally, as participants get into a groove, they require less direct assistance and the employment specialist's role is one of background support. This study found that the role of the employment specialist is critical during the initial phases, but appears to diminish as participants get into a groove. For example, initially participants may require a lot of support and external motivation to do things outside their comfort zone, but the role of motivator is then adopted by the participants as they move closer towards getting into their groove. Auerbach and Richardson (2005) uncovered a similar internalization of motivation in their participants during an investigation

into the experiences of people with SMI who are employed. The participants themselves primarily utilized their internal motivation in their role as an employee, but also took into account the support provided by people and systems around them. By possessing an understanding of the process of pushing through, employment specialists could deliver more effective support at appropriate stages of their consumers' engagement in the IPS programme, and potentially utilize their time and resources more efficiently.

### Strengths

The strengths of this study revolved around the appropriateness of the qualitative study design in addressing the purpose of the research. Through grounded theory, the researchers obtained rich data from in-depth interviews with participants. To promote rigour, this study utilizes peer debriefing, memo writing and the maintenance of a reflective journal. The study provided a rich description of the characteristics of participants, as well as the sampling, data collection and data analysis processes, to facilitate sensible transferability.

### Limitations

Only five participants were recruited and therefore theoretical saturation was not established. Despite this, the participants represented different experiences of an IPS programme and provided in-depth, rich data. All of the participants were recruited from one geographical area, which impacts upon the transferability of the study. Guidelines surrounding the implementation of IPS limit the differences in service provision across different areas and the study provided rich data from which the 'pushing through' framework emerged. While participants were able to review their transcripts, they were not able to be contacted to member-check the findings.

### Implications for clinical practice

Facilitating the employment specialists' and mental health clinicians' understanding of the process of pushing through, and how each stage impacts a consumer's ability to engage in the IPS programme, will enable the development of tailored supports to reflect each stage of the process. In addition to this, understanding that the consumer's experience of the IPS programme does not happen in isolation highlights the need for assistance for the consumers in managing everyday practicalities and in managing their health. These strategies could in turn promote the success of the programme, reflected through potentially improved rates of employment and job tenure.

### Conclusion

This study has uncovered the basic social process of pushing through within the participants' description of their experiences of an IPS programme. It highlighted that

IPS does not happen in isolation, but impacts on and is impacted by other aspects of consumers' lives, including their health, their relationships and everyday practicalities. The need for support to be tailored to consumers during each stage of the IPS programme is emphasized to assist consumers in all aspects of their life. Investigating the impact of understanding and the application of a staged approach on employment outcomes and employee experiences has the potential to improve employment outcomes and job maintenance for SMI consumers.

### Key findings

- IPS impacts and is impacted by other aspects of life and involves ongoing adaptation.
- This adaptation requires new skills and additional support tailored to the individual.

### What the study has added

This study has uncovered the basic social process of pushing through within the participants' description of their experiences in an IPS programme.

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### Research ethics

This study gained ethics approval from the Hunter New England Health's Human Research Ethics Committee (Ref:13/03/20/4.04), April 2013.

### Declaration of conflicting interests

The authors confirm that there is no conflict of interest.

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