

Employment as Social Determinant of Mental Health: Does This Public Health Concept Help to Tackle Unemployment Problems in People with Schizophrenia?

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Abstract

Employment is one of the important social determinants of mental health and hence social integration. This concept is however not duly recognized and so is its application. It is reasonable to infer this as a partial attribute of the unemployment issues in the rehabilitants with schizophrenia. Public health professionals should collaborate with rehabilitation professionals to advocate in the open job markets the crucial roles of employment as a social determinant in facilitating social integration of people with schizophrenia. Further efforts have to be made to analyze the problems of unemployment in the population of those with schizophrenia with reference to its social determinant nature and other associated issues, and then incorporate it into the agenda for public mental health system.

Keywords: employment, unemployment, social determinant, schizophrenia, public health

Employment is one of the important social determinants of mental health (Wilkinson & Marmot, 2003). In public health, social determinants of health refer to the factors in social context (such as education, employment, and income) which contribute to one's health status (World Health Organization, 2014). Among them, employment is particularly important for individuals with schizophrenia. It has long been well recognized as a protective factor of mental health as well as a critical element of social integration and hence conducive to both the course and outcome of schizophrenia (Warner, 1985). Nevertheless, the unemployment rate in this group of people remains high worldwide (Montgomery *et al.*, 2013).

Public health approach is not new to the healthcare system. There is, however, room for developing public health interventions more tailored to tackle the unemployment problems facing persons with schizophrenia. Public stigma to schizophrenia severely hinders the employment opportunities for the rehabilitants (Corrigan, 2015). In fact, the strategies of public anti-stigma campaigns are so far limited to the understanding of schizophrenia and clarification of its related myths. Concept of employment as social determinant of mental health (and hence social integration) is however not duly recognized and so is its application. It is thus reasonable to infer this as a partial attribute of the unemployment issues in the rehabilitants with schizophrenia. In this regard, what may be the solution? Public health professionals should collaborate with rehabilitation professionals to advocate in the open job markets the crucial roles of employment as a social determinant in facilitating social integration of people with schizophrenia. Hopefully, it can be a step for employers towards opening an employment door to such a needy group.

Nonetheless, allocation of healthcare resources to healthcare professionals to address the unemployment issues of people with schizophrenia is another big problem. As a medical condition, it is of no surprise that healthcare resources are consumed to provide those with schizophrenia with medical services such as medication and hospitalization. These services are under the health-related domain. This domain receives more attention and hence its needs are more adequately satisfied than those such as employment which belong to non-health related domain (Fleury *et al.*, 2014). In fact, unlike physical illnesses, the goal of interventions for individuals with mental illness is not just a reduction of signs and symptoms but also a promotion of social functioning (Sheridan

et al., 2015). In other words, people with schizophrenia need both psychopharmacological and psychosocial interventions. Among the psychosocial interventions, helping the rehabilitants to seek and secure employment is an essential one which is crucial for recovery and community re-integration (Tsang & Chen, 2007). This kind of interventions is grouped under "non-health related" domain. Unfortunately, such type of non-health related domains receive very scarce (if not none at all) allocation of healthcare resources (Cedereke & Ojehagen, 2007). This thus helps to explain why the development and implementation of vocational rehabilitation interventions for people with schizophrenia is hindered and so are the outcomes. So, how to tackle this issue? Reframing the domains of intervention needs may be a way out. Instead of framing those needs as "non-health related", they should be categorized under rehabilitation as they are essentially the rehabilitation needs which indeed belong to social determinants of health (Li *et al.*, 2014a). Certain proportion of healthcare resources is generally reserved for rehabilitation (no matter for persons with physical or mental conditions) in many countries (Putoto & Pegoraro, 2011). Resources for interventions tailored to satisfy the rehabilitation needs can therefore be well (or at least better) justified and hence allocated. In order to scientifically investigate the rehabilitation needs to inform the formulation and fine-tuning of mental health policy, there have been some successful initiatives on measuring the perceived rehabilitation needs of the people with schizophrenia and their care-givers in mainland China. These pieces of work also have cross-reference values for other regions in the world. Two questionnaires, namely, Perceived Rehabilitation Needs Questionnaire for People with Schizophrenia, and Perceived Rehabilitation Needs Questionnaire for Caregivers of People with Schizophrenia have been validated in the mainland based on the original versions in Hong Kong (a special administrative region of China). It is worth highlighting that caregivers particularly concern about the vocational aspect of their family members with schizophrenia so much so that they regard it as the most important rehabilitation need (Li *et al.*, 2014a). It is well understood as family caregivers are expected to enable the family members to be engaged in a normal life (Malhotra & Sachdeva, 2005) in which stable employment is crucial for achieving it through maintaining financial independency and promoting community reintegration (Wilkinson & Marmot, 2003). Failure of family caregivers in fulfilling this role deteriorates their quality of life (Hansson *et al.*, 2003) and their subjective burden is caused by the unpredictable and complex impacts of prolonged unemployment of the care recipients (Caqueo-Urizar & Gutiérrez-Maldonado, 2006).

Meanwhile, the philosophy and practices of vocational rehabilitation should be fostered and strengthened though various challenges exist. Psychiatric rehabilitation targets specifically at those with severe mental illness which utilizes pharmacological treatment for controlling the signs and symptoms, and psychosocial interventions for restoring psychological and social functioning (Meehan, 2007). Vocational rehabilitation is one of the essential modalities adopting psychosocial interventions to enhance the functioning of persons with schizophrenia through fostering their insight on worker roles fulfillment. As for the nature of its outcomes, it can be both objective and subjective. It can be objective indicators of recovery by the measures of symptom remission and the level of social functioning, also subjective recovery such as feeling of hope, discovery of meaning of life, and taking control and personal responsibilities (King, 2006). Equal share of the recognition of these objective and subjective dimensions and hence the corresponding strategies and interventions has been advocated (Deegan, 2003). Nevertheless, the implementation of vocational rehabilitation interventions in the developing countries has been difficult. The multiple bio-psycho-social dimensions of interventions necessitate the input from various professionals including psychiatrists, psychiatric nurses, occupational therapists, social workers and psychologists. Unfortunately, this multi-disciplinary team is not available as the availability of the latter three remains very limited. While psychiatrists and psychiatric nurses are specialized in pharmacotherapy, they may not have clear concepts of vocational rehabilitation and hence the directions of practices (Li *et al.*, 2014b) which are the expertise of occupational therapists, social workers and psychologists. The development of vocational rehabilitation is therefore undermined. It in turn hinders the optimization of the recovery process and outcomes. It is not surprising to find that remission of positive signs and symptoms seems to remain the only indicator of objective recovery. As mentioned above, the objective and subjective dimensions of recovery should be equally recognized which guide the corresponding strategies and interventions. In fact, the effectiveness of the implemented strategies and interventions can initiate the recognition of the recovery dimensions. In response to the pressing needs of developing psychosocial rehabilitation in the mainland, there are a number of psychosocial interventions including a pilot program on Integrated Supported Employment (ISE) (Tsang *et al.*, 2009) which integrates Individual Placement and Support (Drake & Becker, 1996) and Work-related Social Skills Training (Tsang & Pearson, 2001) for persons with schizophrenia. The participants of this program can attain both objective and subjective recovery through the process. The positive outcomes including higher employment rate and longer job tenure shown in randomized controlled trials (Li *et al.*, 2013; Tsang *et al.*, 2009) suggest that this psychosocial rehabilitation program can be applicable to help the individuals with schizophrenia to enhance their

social functioning by maintaining worker role and thus community reintegration. The employment rate and job tenure can therefore become another kind of objective indicators of recovery in addition to symptom reduction. On the other hand, ISE also contributes to subjective recovery which has not yet received sufficient attention. It is hard for persons with mental illness to recover if they cannot generate personal meaning and understanding of their life (Glover, 2007). They should hence have autonomy to boundlessly define recovery on their own. Notwithstanding, it would be beneficial if they are facilitated to construct and regularly review their own recovery process. The active participation in the ISE program to explore and gain employment is conducive to subjective recovery in Chinese societies (Tsang *et al.*, 2007). The participants are also guided by their case workers to evaluate the efforts they pay in the process and reflect their own meaning of work before and after the program. Through this review, they are likely to become more aware that they have taken personal responsibilities and control of their life as well as discovered their own meaning of life. These gains give further support to the development of vocational rehabilitation for persons with schizophrenia in the mainland. However, various challenges exist. Manpower imbalance is one of the major hurdles. Mental health policy makers should therefore pay more efforts to explore the feasibility of bringing occupational therapists into the workforce by addressing the issues about the recognition of their professional roles as well as the related development.

In short, further efforts have to be made to analyze the problems of unemployment in the population of those with schizophrenia with reference to its social determinant nature and other associated issues, and then incorporate it into the agenda for public mental health system.

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