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Employment of Individuals Diagnosed with Schizophrenia

Şizofreni Tanısı Konulan Bireylerin İstihdamı

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Abstract

Employment participation often has a positive effect on the psychosocial well-being of individuals diagnosed with schizophrenia. When the employment models of different countries for individuals diagnosed with schizophrenia are examined, it can be stated that each country has similar and different practices. Quota and sheltered employment are the most common methods which are used in the employment of individuals diagnosed with schizophrenia in Turkey. However, based on the literature, it is seen that there are individual (education level, disease prognosis, drug abuse), social (discrimination, stigmatization, social exclusion) and legal obstacles (lack of specific policy arrangements) to these individuals' participation in employment. This study aims to reveal the problems experienced by individuals diagnosed with schizophrenia in this area. Besides, another aim of this study is to offer various suggestions for increasing their participation in employment and ensuring their continuity in employment.

Keywords: Schizophrenia, employment participation, employment models

Öz

İstihdama katılım, çoğu zaman şizofreni tanısı konulan bireylerin psikososyal iyilik hali üzerinde olumlu bir etkiye sahiptir. Şizofreni tanısı konulan bireylere yönelik farklı ülkelerin istihdam modelleri incelendiğinde, her bir ülkenin birbiri ile benzeşen ve farklılaşan uygulamalara sahip olduğu ifade edilebilir. Bu uygulamalardan korumalı istihdam ve kota, Türkiye'de şizofreni tanısı konulan bireylerin istihdamında en yaygın olarak uygulanan yöntemlerdir. Ancak ilgili alanyazın, bu bireylerin istihdama katılımları önünde bireysel (eğitim düzeyi, hastalık seyri, ilaç kötüye kullanımı), toplumsal (ayrımcılık, damgalanma, sosyal dışlanma) ve yasal engellerin (spesifik politika düzenlemelerinin olmaması) olduğunu göstermektedir. Bu çalışmada şizofreni tanısı konulan bireylerin bu alanda yaşadıkları sorunları ortaya koymak, istihdama katılımlarını artırmaya ve istihdamda sürekliliklerini sağlamaya yönelik çeşitli öneriler sunmak amaçlanmaktadır.

Anahtar sözcükler: Şizofreni, istihdama katılım, istihdam modelleri

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SCHIZOPHRENIA is a psychotic disorder defined by one or more of the 5 spheres including delusion, hallucination, disorganized thinking (speaking), unskilled-disordered, or abnormal motor activity (including catatonia), and negative symptoms. Accordingly, it is believed that the characteristic symptoms of schizophrenia include a series of cognitive, behavioral, and emotional dysfunctions; however, a single symptom of the disease is never determinant. The lifetime prevalence of schizophrenia is approximately 0.3% to 0.7%; still, race, ethnicity, etc. based differences have been reported in some countries. Typically, psychotic features of schizophrenia occur between the late youth and mid-30s. Thus, these features rarely commence in pre-adolescence. Risk factors include various environmental, genetic, and physiological factors (American Psychiatric Association 2013).

Formerly, individuals diagnosed with schizophrenia were put under treatment in institutions; thus, after the deinstitutionalization trend in the 1970s and 1980s reintegration of these individuals into the society-including the workforce - was prioritized (Weiser et al. 2014). There are four concepts to influence the development of the deinstitutionalization, namely: Ensuring the transition of individuals with serious mental disorders from hospitals to the society; inhuman conditions of hospitals; raised hopes on drugs used in mental disorder treatment; and reduced cost of community-based mental health services (Yohanna 2013). Deinstitutionalization of individuals ensured: significant progress in terms of social functionality and clinical symptoms (Ryu et al. 2006, Özdemir et al. 2017, Ertekin Pınar and Sabancıoğulları 2019); a minimum change in their lives compared to institutional care, increased independence and standards of living (Durham 1989, Kliewer et al. 2009, Ensari et al. 2013).

In many countries, the process of deinstitutionalization has led to the development of community-based mental health models (Fakhoury and Priebe 2002). One of the goals set in the Mental Health Action Plan 2013-2020 published by the World Health Organization (WHO) in 2010 is to "provide comprehensive, integrated and responsive mental health and social care services in community-based settings" (WHO 2010). However, such community-based models vary in line with the health policies of countries; and, are interlinked with income inequality, racial and ethnic diversity, low population density, high Human Development Index, and legislation envisaging compulsory psychiatric treatment. The main purpose of these services is to ensure the continuity of treatments given to individuals with serious mental disorders (Hudson 2016, İncedere and Yıldız 2019).

Along with deinstitutionalization, in large and isolated institutions there has been a transition from long-term psychiatric care to diversified short-term community-based care model. Thus, individuals with serious mental disorders were discharged from hospitals and dispersed to the society. Although not easy to find out, questioning the present locations and well-being of these individuals is quite important (Davis et al. 2012). Deinstitutionalization is widespreadly criticised, for individuals with serious mental disorders are believed to be unable to meet their needs. Deinstitutionalization process leads to individuals with serious mental disorders to be included in the criminal justice system; and be faced with problems related to employment, living standards, fitting into the society, and homelessness. It is

suggested that members of the middle-class with less serious mental disorders benefit from available mental health services more, meanwhile having unpredictable effects on individuals with serious mental disorders (Fakhoury and Priebe 2002, Davis et al. 2012, Yohanna 2013). Individuals with mental disorders have to compete with other members of the society in access to employment and accommodation opportunities; thus, facing serious obstacles in line with their social and economic conditions (Fakhoury and Priebe 2002, James et al. 2018, WHO 2019).

In line with the community-based health care system, the deinstitutionalization movement has led to the establishment of Community Mental Health Centers in Turkey (TRSM). TRSMs aim to increase recovery of individuals diagnosed with schizophrenia and make it easier for them to adapt to community life and bussiness life (Soygür 2016, Gözen 2018, Ertekin Pınar and Sabancıoğulları 2019). TRSMs register and track individuals with serious mental disorders, and if they wish, to ensure they benefit sheltered houses - to be opened - and be employed in sheltered workplaces (National Mental Health Action Plan 2011). Recent studies in Turkey revealed that in the treatment of individuals with serious mental disorders TSRMs ensured improved social and occupational functioning, as well as increased coping skills (Ansari et al. 2013, Rose et al., 2014 Ozdemir et al., 2017). However, employment support provided in TRSMs depends on the personal initiatives of the staff (Gözen 2018).

This paper will argue the impact of employment for individuals diagnosed with schizophrenia; the problems they face concerning their adaptation and participation to employment; and employment practices in Turkey in the framework of various country examples. Further, this study includes recommendations for improving and maintaining the employment participation of these individuals in Turkey. Therefore, this study may contribute to respective literature as well as to mental health professionals.

Impact and importance of employment

Adult life is mostly shaped by an individual's job - i.e. occupation - it occupies, they are involved to support themselves and earn a living. Having a job and employment stands as an important social role in social life (Leufstadius et al. 2009). This is why this study is a significant determinant of social inclusion, as well. The needs and demands of individuals with serious mental disorders make this even more significant. Therefore, such practices should be redefined in the context of personal and civil rights, rather than a form of "treatment". In this regard, employment should be seen as a means to ensure social inclusion (Evans and Repper 2000).

In terms of psychiatric rehabilitation, it is very important to ensure the placement of individuals diagnosed with schizophrenia, as well as maintaining employment, so that they can continue their family and professional roles independently within the society (Can Öz and Ünsal Barlas 2017a). For, employment is a symbol of 'normal' life for individuals with mental disorders, and provides functional recovery by ensuring self-respect, integration to society, disassociation from patient identity - due to mental disorder – and, become more

independent (Krupa 2004, Whitley and Drake 2010, Yıldız et al. 2011, Drake 2018).

Various research results also reveal the importance of employment for individuals with mental disorders. A study comparing individuals with serious mental disorders according to their employment status suggests that standards of living and self-esteem of employees are higher than those of not (Van-Dongen 1996; as cited in Evans and Repper 2000). In addition, employment participation appears to play a key role in the social acceptance of mental disorders and the creation of an "acceptable" self (Krupa 2004).

Employment participation of individuals with mental disorders contributes to them assigning more meaning to their lives and ensure the increased perception of self and self-efficacy as well as social functionality. Expressing that social functionality reflects a person's ability to interact suitably and effectively in social life, Hooley (2010) states that social functionality may replace the concepts of social cohesion and social competence.

In their study, where the impact of employment/employment status of individuals diagnosed with schizophrenia on their functionality and standards of living is examined, Üçok et al. (2012) concluded that employment is an important indicator of functionality. Nygren et al. (2011) analysed self-esteem, standards of living and psychosocial functionality of individuals with mental disorders, and concluded that those who participated in education, employment and work practices tend to be more satisfied in life than those who are not involved in regular non-domestic activities. The research results show that working merely refers to "salaried employment".

The importance of working for the majority of individuals diagnosed with schizophrenia has been demonstrated in various studies. Bevan et al. (2013) stated that individuals diagnosed with schizophrenia not only retrieve financial benefits from working, but also contributes to developing a sense of "being normal", an increase in social contact and self-esteem, and a sense of purpose. A study conducted with individuals with chronic mental disorders Leufstadius et al. (2009) reveals that individuals postulate working to be "meaningful". Thus, individuals suggested working to have a "real" job, have a certain role and regular income, and togetherness with colleagues. Additionally, individuals stated that being a part of a group and their relations with colleagues strengthened their sense of belonging, identity and self-esteem.

In a study with individuals diagnosed with schizophrenia Can Öz and Ünsal Barlas (2017b) concluded that individuals are willing to work, and that working means "independence" and "self-confidence" for them. In the study conducted with individuals diagnosed with schizophrenia or another psychosis Bejerholm and Björkmen (2010) pointed out that individuals who stated "willingness to work" are less stigmatised. Both research results reveal that employment participation contributes to the social functionality of individuals who are diagnosed with schizophrenia, as well as further contributing to their reduced internalisation of oppression and improved social inclusion.

Difficulties encountered in the employment process

Unemployment is among the most important social problems experienced by individuals

diagnosed with schizophrenia in daily life (Üçok et al. 2012). It may cause extra stress for individuals diagnosed with schizophrenia; thus, further leading to poverty, lack of meaningful social roles, decrease in social interactions, and feelings of anxiety and hopelessness (Marrone and Golowka 1999). Unemployment can often 'weaken' individuals who frequently struggle with episodes of psychosis (Evans and Repper 2000). However, existing literature on mental health does not have much emphasis on employment and workplace issues (Marwaha and Johnson 2004, Evans and Wilton 2019).

Current literature (Henderson et al. 2005, Haro et al. 2011, Schizophrenia Commmission, 2012, Greve and Nielsen, 2013, Bevan et al. 2013, Gürhan et al. 2016, Yıldız et al. 2019), underlines the fact that individuals diagnosed with schizophrenia have low employment rates. Employment rates of individuals diagnosed with schizophrenia in Norway are slightly above 10% in all age groups, and 7% in 50+ individuals (Evensen et al. 2015). In the study conducted by Yıldız et al. (2019) with 587 people, 65% of the individuals diagnosed with schizophrenia are not working. In OECD countries, individuals diagnosed with mental disorders such as schizophrenia are 2-3 times more likely to be fired (OECD n.d.) The situation in Turkey is similar to that of OECD countries. "Disability Problems and Prospects Survey" data, carried out by Turkey Statistics Institute [TurkStat] in 2010, reveals the active employment participation rate of individuals with mental disorders to be 7.6%.

Several obstacles stand along the employment of individuals diagnosed with schizophrenia. Namely, these are analysed within individual, social and legal barriers.

Individual factors

for individuals diagnosed with schizophrenia, the research to identify the variables and employment patterns associated with working reveals that individuals with higher education level, living with their families or having only one disease are more likely to work. Variables such as a steady course of the disease, more severe non-psychotic symptoms and drug abuse tend to decrease the probability of employment (Marwaha et al. 2007, Bevan et al. 2013, Weinberg et al. 2015, Yıldız et al. 2019). Subjective experiences, individual characteristics, drug use, and diagnostic symptoms have an adverse influence on work performance, paving the path to low self-efficacy (Waghorn et al. 2005). Accordingly, individuals may put an end to work-life due to their condition (Tsang et al. 2003).

Social factors

social factors such as stigmatisation, discrimination, social exclusion, unemployment and poverty also hinder the employment of individuals diagnosed with schizophrenia. Evans and Repper (2000) suggest that these factors are complicatedly related to each other; thus, as to various misperceptions and prejudices in society regarding the skills and needs of individuals with mental disorders, these individuals have less opportunity to work compared to the general population.

Stigmatisation hinders self- expression, therefore affects these individuals' ability to access support systems (Bevan et al. 2013). As Hooley (2010) puts it, stigmatisation may cause other

individuals be socially distant from individuals diagnosed with schizophrenia, and reject them. Stigmatisation not only points out stereotypes but encourages negative attitudes as well (Harrison and Gill 2010). Lack of knowledge and misinformation about schizophrenia in society may lead to various disadvantages for these individuals. In the research carried out by Can Öz and Ünsal Barlas (2017b), the obstacles preventing placement of individuals diagnosed with schizophrenia are stigmatization and the labels assigned to these individuals by the society, such as "mentally ill", "assaultive" and "insane". As stated by Schulze et al. (2003), stigmatisation and labeling cause these individuals to hide their diagnosis from their friends, relatives, colleagues and managers, as a result of the desire to lead a "normal life" (Harrison and Gill 2010, Thornicroft 2014). According to TurkStat survey data on Problems and Expectations of Disabled People (2010), individuals with mental disorders assume "that they will not be hired as to their illness" (22.9%), which is why they do not work.

Employer-related obstacles may also arise in terms of participation and continuation in working life for individuals diagnosed with schizophrenia. For the individual diagnosed with schizophrenia, the benefit to be retrieved from the work experience is determined by the employer's attitude as well as the work type and conditions. In addition, if there is a negative or uncertain balance between the employer and the employee, work experience may easily become a source of stress; therefore, leading to problems in social interactions, and further to rejection. In this case, there may be a decrease in an individual's level of welfare and self-esteem (Leufstadius et al. 2009).

Employers may have reluctancy to employ individuals with mental disorders, and may have prejudice over these people for being aggressive (Tsang and Pearson 2001, Can Öz et al. 2019). Employers and even some voluntary work providers commonly have a discriminatory approach towards individuals diagnosed with schizophrenia. In studies that compare employers' approach to employees with mental disorders and employees with physical illnesses show that among equally qualified and experienced individuals, employers have discriminatory attitudes towards candidates diagnosed with depression (Glozier 1998); and in recruitment, employers prefer individuals with physical disabilities over individuals diagnosed with schizophrenia (Işık et al. 2019).

Legal barriers

According to Constitution, Article 49, "Everyone has the right and duty to work" and "The State shall take the necessary measures to raise the standard of living of workers, and to protect workers and the unemployed to improve the general conditions of labour, to promote labour, to create suitable economic conditions for prevention of unemployment and to secure labour peace" (Constitution of the Republic of Turkey 1982). Working being a right, it is of utmost importance to make regulations to ensure the inclusion of individuals with mental disorders in the work-life. Kurt (2008), indicates that in Turkey there is no specific legislation for employment and rights of individuals with mental disorders; thus, respective regulations is available in the legislation on people with disabilities. Further, existing legislation does not involve any special regulations for the employment of individuals with mental disorders.

Available policies to ensure employment participation of people with disabilities are dealt in two respective fields: referral to independent work and dependent work status. Dependent work status involves quota, prioritisation in employment, sheltered workplace, and home-based working. In Turkey, the quota system is the most common method among disabled employment models (Uşan 2003, Çakır 2019).

Labor Law, Article 30th published in the Official Gazette dated 22/5/2003 and numbered 25134 indicates legal regulations regarding the quota method in the employment of individuals with disabilities. According to the respective article, "in private sector workplaces where 50 and more employees are employed, 3% of the employees must be disabled" (Official Gazette 2003). The Law on Disabled Persons involves regulations on sheltered employment; thus, the sheltered workplace is defined as "a workplace that is technically and financially supported by the state, having barrier-free facilities and aiming at providing vocational rehabilitation and employment for the disabled for whom integration into the normal labor market is difficult" (Official Gazette 2005).

In Turkey, people with disabilities can be employed in both the public and private sectors. With the Disabled Public Personnel Selection Exam [EKPSS], individuals with disabilities who are congenital and subsequently identified with a 40% or above disability, who are enlisted as employable with the medical board report may become workers at public institutions. According to the Regulation on Disabled Public Personnel Selection Exam and the Recruitment of Persons with Disabilities to Public Service, published in the Official Gazette dated 07.02.2014 and numbered 28906, "To identify the number of disabled staff to be appointed, 3% of the total number of permanent staff members of the respective public institution or organisation excluding abroad missions is into account". According to the 2019 placement results, the number of secondary education graduate candidates is 27.730, among which 396 are placed; the number of candidates holding an associate degree is 5.845, among which 428 are placed; and the number of candidates holding an undergraduate degree is 3.193, among which 217 are placed (ÖSYM 2020). However, no information is available regarding placement by disability types for disabled employees.

Private sector employers may find and place workers with disabilities by using the services of the Turkish Employment Agency [İŞKUR]. Persons with disabilities who are over the age of 14 and who hold health board report indicating at least 40% disability may get registered in İŞKUR's database as disabled. Among those individuals with mental disorders who made employment application through İŞKUR's system, only 621 of 6838 applications were placed (İŞKUR 2018). However, employers can also employ workers with disabilities without using İŞKUR's services (Şen 2018). With this information in mind, it can be concluded that individuals with mental disorders have rightful anxieties regarding their unemployment problems.

As is seen, there are a number of legislation and directives regarding the employment of individuals with incapacities due to disabilities (physical, spiritual, mental, emotional and social abilities in). However, barriers depending on various factors may arise in the implementation of the legislation. The employment of people with disabilities in Turkey,

there are deficiencies regarding open quotas both in the public and private sectors in the quota system as well as in other employment methods (sheltered workplaces, incentives, entrepreneurship etc.). Further barriers to the employment of individuals with disabilities include but are not limited to bussinesses with 50+ employees mostly being located in metropolitan cities and industrial zones; the state incentives being limited to the employer's insurance contribution; and insufficient basic and vocational training opportunities available for people with disabilities (Şen 2018).

Beside individual, social and legal barriers, there are disincentives in employment participation of individuals diagnosed with schizophrenia. These individuals can benefit from monthly disability allowance provided under the Law for Attribution of an Allowance For Turkish Citizens 65 Years and Older Who Need Assistance, or are Poor and Homeless, published in the Official Gazette dated 01.07.1976 and numbered 2022. It is reported in the literature that such a form of social assistance may cause individuals with schizophrenia to withdraw from employment (Drake and Bond 2008, Hogan 2008). Regarding individuals diagnosed with schizophrenia Işık et al. (2019) stated the reasons for not being able to work being the impact of the condition on working life; not being hired; difficulties they experienced in work life due to stigmatisation; and cutting off disability allowances when working. Thornicroft (2014) states that also in many other countries social assistance allowances provided stand as a disincentive for participation in the workforce. For people with severe and long-term disabilities, such aids may be the only means of subsistence. However, it is a limitation in terms of employment and providing additional income. In Sweden, the rate of non-working population between the ages of 15-64 has increased from 6.1% in 2008 to 7.6% in 2011. Sick pay and disability allowances are shown as the reason for this situation (OECD 2013). Each year, the rate of those benefiting from allowances due to their mental illness increases. Therefore, these individuals are more likely not to participate in the workforce (Nygren et al. 2011). As of 2019, the disability allowances provided to people with disabilities in Turkey are 2.287 TL per month for individuals with 70% or more disabilities; and 1.855 TL per month for individuals with 40-69% disability (Ministry of Family, Labor and Social Services 2020). In 2020, the net amount of the monthly minimum wage in Turkey is announced as 2324 TL (Ministry of Family, Labor and Social Services 2019). Therefore, it can be concluded that financial aids in Turkey may influence participation in the labour force for people with disabilities. As stated by Gözen (2018), individuals with mental disorders may be reluctant to participate in employment in order not to lose disability allowances.

Individuals with mental disorders either may prefer not to work or may have incapacities to work. In that respect, in Turkey those with mental disorders and those who incapable to work as to health status receive invalidity benefits. The respective regulation is available the Social Insurance and General Health Insurance Law, in the Article 25th, published in the Official Gazette dated 16/06/2006 and numbered 26200. Accordingly, "If the insurance holder has lost 60% of the working power or earning power in the profession at a degree not to allow him/her to carry out his/her duties, which is determined by the Health Board of the

Institution, then the insurance holder shall be deemed to be disabled and shall benefit from invalidity pension due to such disease or handicap" (Official Gazette 2006).

All in all, employment participation makes it even more difficult for individuals diagnosed with schizophrenia, and for them employment is often something hard to achieve (Evans and Wilton 2019). Bevan et al. (2013) list the physical workplace conditions (humidity, humidity, noise, etc.) in which some individuals with schizophrenia who have additional conditions cannot work. To tackle individual, social and legal challenges preventing individuals with mental disorders from employment participation, countries with different welfare approaches adopt various service models.

Service models for the employment

One of the most important problems faced by individuals with serious mental disorders is unemployment and the associated sense of social dysfunction. Therefore, it is very important to have active programs to support their employment participation. Thus, countries with different welfare approaches adopt various service models.

There are various pharmacological, psychological interventions and interventions oriented at family and peers (Bevan et al. 2013) to ensure employment of individuals diagnosed with schizophrenia, as well as various available services to increase their employment participation. Vocational rehabilitation services is one of these available interventions. Vocational rehabilitation services aim at supporting individuals in employment.

Until the 1990s, when supported employment emerged, no efficient approach was available for individuals with serious mental disorders (Drake 2018). The onset of a supported employment approach acted as an attempt to increase employment participation of individuals with mental disorders.

Supported employment is defined as an evidence-based practice that enhances competitive employment participation of people with serious mental disorders (Twamley et al. 2012). Therefore, participation in supported employment may improve cognitive functionality; thus, individuals may cope with cognitive dysfunction more effectively (McGurk and Mueser 2004, Sola 2014). In addition, supported employment contributes to the development of effective intervention, as well as the empowerment of individuals to improve functional outcomes related to psychiatric and vocational rehabilitation (Drake 2018). According to Lord and Hutchison (1993), supported employment participation involves a strengthening process that includes perception of identity, developing valuable social roles and increasing community integration. Bejerholm and Björkmen (2010) state that supported employment participation strengthens individuals. Evidently, taking part in supported employment ensures individuals to find jobs, and the vast majority maintains their jobs for at least one year (İncedere and Yıldız 2019). Hacıoğlu Yıldırım et al. (2014) demonstrated that individuals diagnosed with schizophrenia who are involved in competitive and supported employment are in better condition those of the unemployed.

The Blue Horse (Mavi At) Cafe established in Ankara in 2009 by the Federation of

Schizophrenia Association is an example of a supported employment model in Turkey. This cafe functions as a healing community and supported-work environment for the employment of individuals diagnosed with schizophrenia; thus, almost all the services offered here are performed by individuals diagnosed with schizophrenia in coordination with a patient relative and a service sector worker (Soygür et al. 2017).

In Germany, vocational rehabilitation services provided to individuals diagnosed with schizophrenia under the roof of supported employment are divided into 3 groups (Steadman 2015):

Vocational training centers: usually includes pre-vocational rehabilitation services, and focuses on the re-inclusion of individuals diagnosed with schizophrenia into employment. In Germany, this is one of the most preferred methods. These centers aim at ensuring the individuals diagnosed with schizophrenia are returned to their previous jobs. However, this approach warrants limited participation in employment, for they opt out individuals without previous work experience. It is possible to train individuals for a new professional role, whose current situations are not sufficient to maintain their previous positions. After included in employment, individuals diagnosed with schizophrenia are supported for 6-12 months.

Integration services: is a model focusing on employment participation, and post service support provided to individuals diagnosed with schizophrenia. It aims to maintain individuals diagnosed with schizophrenia in employment, as well as protecting them.

Rehabilitation Services for Individuals with Mental Disorders: include rehabilitation services provided to individuals with mental disorders, in close proximity to their residence and suitable to their daily lives. Both medical and professional assistance is offered, which are tailored to individual needs. Services are provided at the local level. This service model involves access to necessary support for individuals with mental disorders through ensuring employment participation. Being more costly than other service models, it is a less preferred employment model in Germany.

In the Scandinavian countries, the Individual Placement and Support [BYD] model is widely used for the employment of individuals diagnosed with schizophrenia. BYD avoids providing employment-oriented training prior to employment. Instead, it relies on a quick job search method based on individual preferences of jobs in line with interests and skills, along with individualized job development. A multidisciplinary mental health and employment team makes it easier to find a job, and supports individuals when needed (Drake 2018). Nygren et al. (2011) state that BYD is based on some basic principles: (i) target competitive employment; (ii) require a willingness to work; (iii) aim rapid initiation of job search; (iv) aim continuous improvement of necessary individualized support; (v) vocational rehabilitation and mental health services are integrated or operate in close collaboration, and (vi) offer systematic benefits counseling (Nygren et al. 2011). Also, BYD is effective in ensuring competitive employment for individuals with severe mental disorders (Bond et al. 2008). Research results are in favor of the impact of BYD supported employment in the last 20 years. A number of available research shows that most individuals with schizophrenia

and other mental disorders, who are willing to work, can actually succeed in competitive employment (Drake and Bond 2014, Drake et al. 2016, Johnson - Kwochka et al. 2017).

Being the most preferred employment method for individuals diagnosed with schizophrenia, supported employment is not the only favorable model providing employment opportunities. Individuals with mental disorders have different needs and various models for providing employment can meet their needs. Different alternatives (community centers, employment centers, employment agencies, self-employment and user businesses, supported education and adult education, temporary employment, social companies/cooperatives) are available in the UK (Evans and Repper 2000).

Sheltered employment model, utilised in Germany and England is another model for individuals with mental disorders. Sheltered employment offers paid employment opportunities in commercial settings that have specific quotas for individuals with mental disorders. Sheltered workshops and social companies are considered as a means of sheltered employment (Evans and Repper 2000). However, most European countries has shifted from sheltered workshops and social firms recently; mainly, for individuals diagnosed with schizophrenia do not have the opportunity to leave their respective sheltered workshops (Steadman 2015). Keeping these individuals in an isolated working environment is the foremost critical issue of sheltered employment.

Various country examples point to different employment arrangements and models designed for individuals with mental disorders. Sheltered workshops, job clubs and supported employment models are not common practices in Turkey (Yildiz et al. 2019). The quota method is oriented at people with all types of disabilities in Turkey, and services are carried out by İŞKUR are parallel practices to sheltered employment models in the analysed countries. However, Steadman (2015) puts forth that in most European countries individuals diagnosed with schizophrenia avoid sheltered employment, as to social isolation.

No doubt, different emloyment types (competitive employment, sheltered employment, part-time work) have a varying contribution to individuals diagnosed with schizophrenia. Although competitive employment makes positive influence (Bond et al. 2001), when these individuals are not ready to participate in employment, it may have negative effects and may bring disappointment (Weinberg et al. 2015).

Conclusion and recommendations

This study focuses on the influence of employment on individuals diagnosed with schizophrenia (Evans and Repper 2000, Leufstadius et al. 2009, Bejerholm and Björkmen 2010, Nygren et al. 2011, Yıldız et al. 2011, Üçok et al. 2012, Hacıoğlu Yıldırım et al. 2014, Can Öz and Ünsal Barlas 2017a), in contrast with the literature review on employment participation and maintaining employment (Wehman et al. 1982, Solinski et al. 1992, Bell and Lysaker 1995, Lysaker et al. 1995, Glozier 1998, Tsang and Pearson 2001, Waghorn et al. 2005, Marwaha et al. 2007, Leufstadius et al. 2009, Bevan et al. 2013, Weinberg et al. 2015, Can Öz and Ünsal Barlas 2017b, Işık et al. 2019, Can Öz et al. 2019, Yıldız et al. 2019). Challenges regarding individuals' employment participation and maintaining

employment are analysed under three headings; namely, individual, social and legal barriers.

Service models applied to tackle with these challenges in employment, standing along the individuals diagnosed with schizophrenia (Lord and Hutchison 1993, Evans and Repper 2000, McGurk and Mueser 2004, Bejerholm and Björkmen 2010, Nygren and et al. 2011, Drake and Bond 2014, Sola 2014, Steadman 2015, Drake et al. 2016, Johnson - Kwochka et al. 2017, Drake 2018) are analysed in some countries that adopt different welfare models (Scandinavian, Liberal, Conservative). The current situation in Turkey for the employment of individuals diagnosed with schizophrenia are set out in line with the relevant legislation.

Many stakeholders, including mental health workers, employers and the state, share joint responsibility in developing solutions for the low employment rate problem of individuals diagnosed with schizophrenia (Evans and Repper 2000, Bevan et al. 2013, Saruç and Kaya Kılıç 2015). To ensure adjustment of the working environment, practitioners and policymakers should consider the individual and personal preferences of individuals diagnosed with schizophrenia (Macias et al. 2001, Marwaha and Johnson 2004, Weinberg et al. 2015).

Case management is another mental health service model, which is used to improve the quality of life and improve the social functionality of individuals in line with their needs. Case management is a community-based care type that aims to provide long-term care for individuals with serious mental disorders. A proactive, long-term, intense and flexible case management practice may facilitate individuals in using their survival skills for social adaptation (Wilson 2002, Liberman 2008, Dieterich et al. 2017). By promoting enhanced life skills, this practice may also play an active role to ensure the employment participation of individuals with mental disorders.

In their meetings with individuals with mental disorders, mental health workers (psychiatrists, psychiatry nurses, clinical psychologists, social workers) should question individuals' work history as well as their wishes and expectations for employment. Accordingly, job and vocational counselors of individuals, who are placed by using İŞKUR's services, should be contacted; and individuals' opinions should be analysed to deliver effective services. However, job counselors working at İŞKUR may have prejudice over these individuals, and may not be willing to place them, as to lack of necessary information on mental disorders. Training job counselors and employers will contribute to preventing discrimination and stigmatization. In this context, rather than relying on individual efforts of TRSM staff, practices should be clearly stated and standardized in the scope of services to be offered by TRSMs (Saruç and Kaya Kılıç 2015, Gözen 2018). The provision of these services should focus on the strengths of individuals, not their weaknesses. No doubt schizophrenia is a serious mental disorder, however it is important to emphasize the capabilities of the individual, rather than their incapacities caused by functional disorders. It is useful to adopt an intervention approach that encourages self-management, increases social inclusion and facilitates returning to paid employment.

A number of individuals diagnosed with schizophrenia prefer not to disclose their situation to their employers or colleagues, as to the ignorance on and stigmatisation of

the schizophrenia in the society. Therefore, in addition to job counselors and employers, awareness-raising and training activities should be provided to policymakers and individuals in the society, to prevent stigmatization and discrimination of individuals diagnosed with schizophrenia. In parallel, the researches that reflect these individuals' suggestions on placement, participants referred to increased education and information activities related to schizophrenia; publish positive news in the media; and the desire to maintain society's respect (Can Öz and Ünsal Barlas 2017b, Işık et al. 2019). Further, should be working conditions of individuals diagnosed with schizophrenia should be improved (flexible working hours, physical conditions in the working environment, etc.).

In Turkey, there is no separate legislation on serious mental disorders regarding the employment of individuals; thus, necessary regulations are available in legislation for people with disabilities. Lack of mental health legislation in Turkey leads to uncertainties; low employment rates of individuals with serious mental disorders; and a limited number of workplaces and businesses offering employment options.

Policy design should focus on creating jobs matching their abilities, skills and past experiences (Steadman 2015). In OECD (2013) 'Mental Health and Work: Sweden' report, the policy recommendations regarding mental health and employment are: Reduce early dependency on disability benefits; adopt more active approach through focusing more on employment measures; strengthen employers' incentives to prevent mental disorders and disabilities and to protect employees; ensure loyalty to and facilitate fast return to the labor market for the individuals with mental disorders; participate in mental health care and employment services. Based on these policy recommendations, in Turkey individuals with relatively more severe mental disorders should be supported in employment. In this context, in order to raise the employment rate of individuals diagnosed with schizophrenia, a multidisciplinary task force should be established and a plan should be developed in Turkey, in cooperation with the Ministry of Health and Ministry of Family, Labor and Social Services. It is important to provide parallel clinical and professional support for people who bear the risk to leave the labor market, as to mental disorders. Health and counseling services in this context can be offered in Turkey. In addition to the above-stated suggestions, conducting comprehensive studies to bring into light the employment rates of individuals with mental disorders, and make them publicly available at regular intervals is of utmost importance.

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