

Survey on the Employment Profile of PYNEH Psychiatric Patients

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Abstract

Employment is always a concern of psychiatric rehabilitation. The aim of this survey was designed to investigate the employment status and difficulties of psychiatric SOPD patients in the Hong Kong East Clusters. 201 SOPD patients were successfully interviewed and the employment rate was 53%. Among them, 54% found jobs by their own effort & 74.5% got a full-time job but 25% earned less than \$5000. Around 40% could sustain job for more than 5 years. For those who were unemployed, 95.8% had working experiences & over 60% wished to resume worker role. The average length of unemployment was 56 months. Major difficulties encountered included low confidence, effects of illness, poor interpersonal relationship, stigma & work stress. In addition, majority of them seldom utilized community rehabilitative resources to enhance their vocational functioning. Several improvement actions were suggested to promote their employment opportunities in a coming event "Work EXPO 2009" at PYNEH.

Keywords: employment, psychiatric patients, survey

Introduction

People with psychiatric illness often experienced different degrees of difficulties in hunting and maintaining jobs. Their employment profiles were usually described to be short employment periods, frequent change of jobs, low skills demand and low salary. Vocational rehabilitation was thus developed and became one of the key concerns of psychosocial rehabilitation. Multiple benefits related to vocational rehabilitation and employment such as increased income, greater socialization, increased sense of belongings and social responsibilities, more opportunities to develop abilities and interests, improved self esteem and subjective quality of life had widely been published (Drake et al., 1999a;

Mueser et al., 1997; Twamley, et al., 2003). Successful employment became important not primarily in maintaining mental health, but promoting recovery by decreasing sense of dependence and attainment of life or personal goals (Boardman, 2003).

Overseas studies also found that employment barriers for people with psychiatric disabilities included low educational attainment, low productivity, lacking of appropriate vocational and clinical services, unfavorable labour market dynamics, stigma, prejudices, discrimination, failure of protective legislation, poverty-level income and ineffective work incentive programs (Cook, J. A., 2006). In Hong Kong, majorities of researches focused on the outcome of

intervention or vocational services such as supported employment (Wong et al., 2007; Wong, et al, 2004). It was hard to find any information related to their unemployment situations and the obstacles for their integration into working lives. Only some generic data on the employment rate of disability had been kept under the Labour Department on irregular basis. Therefore we would like to conduct a simple survey to understand their employment status and difficulties with their jobs so as to review and develop follow-up actions to meet their vocational needs.

Methodology

Design and Subjects

This was a cross-sectional survey to study the employment profile of psychiatric patients following-up at PYNEH SOPD. The inclusive criteria were Chinese, aged 18 to 60 & having a psychiatric diagnosis. The exclusive criteria were those diagnosed as learning disability or dementia, retired or housewife.

Data Collection

A questionnaire had been designed to investigate the current employment status, employment difficulties, utilization of community vocational rehabilitation services and demographic information of people with mental illness. Interviewers were recruited from 2 NGOs working closely with psychiatric department of PYNEH, namely the Baptist Oi Kwan Social Service (BOKSS) and the Richmond Fellowship of Hong Kong (RFHK). A training session had been organized by the principal investigator to explain the procedures of study to interviewers to ensure the consistency of their interviewing process. The interviewer would invite the participants to join the survey after they had registered for their follow-up appointment on every 10 to 15 minute interval. All participants would be explained the purposes of the study, signed the consent form and completed the questionnaire.

Data Analysis

Each completed questionnaire would be checked across the Clinical Management System of Hospital Authority to confirm their diagnosis and psychiatric history to ensure the suitability for analysis in this survey. SPSS 11.5 for Windows was used to analyze the data. Descriptive statistics on the demographic profiles, employment conditions and difficulties, and utilization of community resources would be presented.

Results

The survey was completed in July 2009 with 18 data collection sessions (8 by BOKSS and 10 by RFHK). Over 400 SOPD patients were invited, only 237 successfully interviewed and 201 questionnaires were valid for this analysis. Three main reasons for the invalid questionnaires were: i) wrong age group (below 18 or above 60), ii) inaccurate diagnostic group (diagnosed as learning disability and dementia), and iii) incomplete questionnaire.

Table 1 summarized the demographics of the participants. 84 (41.8%) were male and 117 (58.2%) were female. 33 (16.4%) were below age 30, 131 (65.1%) were within age 31 to 50 and 37 (18.4%) were older than 50. 100 (49.8%) were single, 78 (38.8%) were married and 23 (11.4%) were divorced. 81(44.5%) completed secondary school F.5 and 32 (17.6%) received tertiary education.

Concerning their psychiatric conditions, 75 (37.3%) and 79 (39.3%) were suffered from schizophrenia and mood disorders. The remaining 47 (23.4%) were having different diagnosis including substance abuse, obsessive compulsive disorder, personality disorder, panic disorder and phobia. 39 (19.5%) were known to mental health services for less than 12 months, 44 (22%) for 1 to 2 years, 40 (20%) for 3 to 5 years, and 77 (38.5%) for more than 5 years. Among them, 101 (50.8%) had never been hospitalized and 41 (20.6%) had

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Table 1
Demographic profile of all SOPD patients (N=201)

Characteristics	n (%)
Gender	
Male	84 (41.8)
Female	117 (58.2)
Age	
18 – 20	6 (3.0)
21 – 30	27 (13.4)
31 – 40	65 (32.3)
41 – 50	66 (32.8)
51 – 60	37 (18.4)
Marital status	
Single	100 (49.8)
Married	78 (38.8)
Divorced	23 (11.4)
Educational level	
Primary or below	15 (8.2)
F1 – F3	38 (20.9)
F4 – F5	81 (44.5)
F6 – F7	16 (8.8)
Tertiary	32 (17.6)
Diagnostic group	
Schizophrenia	75 (37.3)
Mood disorders	79 (39.3)
Others	47 (23.4)
Known to MHS	
1 – 3 months	20 (10.0)
3 – 6 months	11 (5.5)
7 – 12 months	8 (4.0)
1 – 2 years	44 (22.0)
3 – 5 years	40 (20.0)
5 years or above	77 (38.5)
F/U & drug compliance	
Yes	191 (95.0)
No	10 (5.0)
No. of hospitalization	
0	101 (50.8)
1	41 (20.6)
2	21 (10.6)
3	12 (6.0)
4	5 (2.5)
5 or above	19 (9.5)
Employment status	
Employed	106 (52.7)
Unemployed	95 (47.3)

been admitted for in-patient treatment once. Majority of them (95%) had regular psychiatric follow-up and drug compliance.

A total of 106 participants reported to be employed and therefore the employment rate was found to be 52.7%.

Table 2 showed the profiles of the employed participants. 79 (74.5%) got a full-time job whereas 27 (25.5) worked as part-time worker. More than half of them found their jobs by self (53.8%). Others were introduced by friends (22.6%) or by professional referrals (14.2%). Usually, they worked in the clerical (31.1%) and servicing (23.6%) industries. Unexpectedly, very few of them worked in sheltered workshop placements (4.7%) or supported employment services (1.9%). 31 (29.3%) maintained their current job from 1 to 5 years and 44 (41.5%) even held their job over 5 years. 16 (15.3%) earned less than \$2000 while 11 (10.5%) earned \$2000 to \$5000. Among them, 56 (52.8%) felt that they faced different difficulties in their jobs, including high work stress, work overload and interpersonal relationship. About one-third of them expressed dissatisfaction towards their job like poor salary, stigma, long work hours, no promotion opportunities and lack of training. In addition, 54.7% had attempted community support services to assist their employment problems and Labour department was the most frequently utilized.

In table 3, the characteristics of the unemployed patients were presented. Their range of unemployment period was from 0 to 360 months and their mean duration of unemployment was 56 months (i.e. more than 4 years). Majority of them (95.8%) had working experience before and 59 (62.1%) wished to get employment again. They usually hunted their job by means of newspaper advertisement, Labour department, referrals by social workers, and surfing internet. 83 (87.4%) expressed that they had difficulties in job hunting process, including low confidence, unknown job traits and stigma from society.

They also found problems in sustaining their jobs including work stress, interpersonal relationship, inadequate confidence and difficulty in attending follow-up. The durations of their last job were usually shorter, 21 (29.2%) below 1 year, 17 (23.6%) from 1 to 2 years and only 19 (26.4%) over 5 years. Similarly, 56.8% had experiences in seeking help from community resources. Besides Labour department, supported employment and employee-retraining program were also mostly used, but around half of them felt these services not helpful to them.

Discussion

The major concern of this survey was to explore the employment status of our service users and the problems they faced in their daily work. The employment rate was found to be around 53% which was a relatively high figure compared with overseas reports. This might be due to two reasons. Firstly, the participants joined the survey in voluntary basis which meant people with employment would likely to accept the interview than those unemployed. Secondly, the targets of this survey were generic psychiatric out-patients while that of overseas studies were usually limited to people with severe mentally ill (Cook, 2006; Boardman, 2003). The proportion of respondents suffering from schizophrenia and mood disorders was nearly 1:1. Table 4 had further compared the differences between these groups and their employment rate of were 44% and 62% respectively. Obviously, the rate of employment identified in this survey was suggested to be overestimated by the mood disordered group. However, no matter the representativeness of the figure we got, we should be alarmed by this finding that we needed to evaluate the modalities and effectiveness of services we offered, because the unemployment rate was, in other words 47% which was ten times than the normal people in Hong Kong! An implication of their unemployment rate reflected our users really faced great difficulties in the world of employment.

Table 2
Employed Group (N=106)

Characteristics	n (%)
Employment terms	
Full time	79 (74.5)
Part time	27 (25.5)
Job hunt methods	
By self	57 (53.8)
By friends	24 (22.6)
By referrals	15 (14.2)
Others	10 (9.4)
Types of job	
Clerical	33 (31.1)
Security guard	7 (6.6)
Servicing	25 (23.6)
Cleansing	9 (8.5)
Sheltered workshop	5 (4.7)
Supported employment	2 (1.9)
Others	25 (23.6)
Duration of current job	
Less than 3 months	9 (8.5)
3 – 6 months	10 (9.4)
6 – 12 months	12 (11.3)
1 – 2 years	16 (15.1)
3 – 5 years	15 (14.2)
5 years or above	44 (41.5)
Salary	
Below \$500	3 (2.9)
\$501 - \$1000	7 (6.7)
\$1001 - \$2000	6 (5.7)
\$2001 - \$3000	6 (5.7)
\$3001 - \$5000	5 (4.8)
More than \$5000	78(74.3)
Expressed job difficulty	
Yes	56 (52.8)
No	50 (47.2)
Types of job difficulty	
High work stress	40
Work overload	21
Difficulty with supervisor	21

Table 2 (Continued)

Characteristics	n (%)
Inadequate skills	11
Difficulty with colleagues	15
Others	13
Satisfying with current job	
Yes	71 (67.0)
No	35 (33.0)
Types of dissatisfaction	
Poor salary	13
Stigma	10
Job nature	7
Long work hour	11
No promotion	14
Lack of training	4
Others	7
Confidence after 6 months	
Yes	78 (74.3)
No	27 (25.7)
Community resources used	
Yes	58 (54.7)
No	48 (45.3)
Types of community resources used	
Labour department	51
Supported employment	12
COM-LINK	2
After-care service	1
On-the-job training	3
COM-CARE	1
Sunny way program	0
Employment re-training program	9
Others	1
Willingness to try community resources	
Yes	26
No	20
Felt community resources helpful	
Yes	57
No	41

Table 3
Unemployed Group (N=95)

Characteristics	n (%)
Duration of unemployment	
Range	0 – 360 months
Mean	56 months
Employed before	
Yes	91 (95.8)
No	4 (4.2)
Want to be employed	
Yes	59 (62.1)
No	36 (37.9)
Ways of job hunting	
Newspaper	40
Labor dept	34
Telephone	5
Internet	19
Referral	21
Friends	8
Others	3
Expressed job hunting difficulty	
Yes	83 (87.4)
No	12 (12.6)
Types of job hunting difficulty	
Did not know job hunting methods	8
Low confidence	33
Unknown job traits	27
Job interview difficulty	5
Stigma	18
Others	26
Expressed job maintenance difficulty	
Yes	83 (87.4)
No	12 (12.6)
Types of job maintenance difficulty	
Interpersonal relationship	25
Inadequate confidence	23
Stress management	36
F/U difficulty	24
Stigma	9
Others	10

Table 3 (Continued)

Characteristics	n (%)
Nature of last job	
Clerical	13 (17.8)
Security guard	5 (6.8)
Servicing	17 (23.3)
Cleansing	5 (6.8)
Sheltered workshop	2 (2.7)
Others	31 (42.5)
Duration of last job	
1 years or below	21 (29.2)
1 – 2 years	17 (23.6)
2 – 5 years	14 (19.4)
5 years or above	19 (26.4)
Salary of last job	
Below \$500	5 (6.9)
\$501 - \$1000	2 (2.8)
\$1001 - \$2000	4 (5.6)
\$2001 - \$3000	3 (4.2)
\$3001 - \$5000	14 (19.4)
More than \$5000	44 (61.1)
Community resources used	
Yes	54 (56.8)
No	41 (43.2)
Types of community resources used	
Labour department	41
Supported employment	21
COM-LINK	0
After-care service	0
On-the-job training	5
COM-CARE	0
Sunny way program	1
Employment re-training program	14
Others	3
Willingness to try community resources	
Yes	26
No	16
Felt community resources helpful	
Yes	45
No	46

Table 4

Comparison of Schizophrenia Group and Mood Disorder Group

Characteristics	Schizophrenia (n=75)	Mood Disorder (n=79)
Gender		
Male	35 (46.7%)	22 (27.8%)
Female	40 (53.3)	57 (72.2)
Known to MHS		
Below 2 years	21 (28.0)	41 (51.9)
3 – 5 years	17 (22.7)	15 (19.0)
5 years or above	37 (49.3)	23 (29.1)
F/U & Drug compliance		
Yes	75 (100.0)	73 (92.4)
No	0 (0)	6 (7.6)
No. of hospitalization		
0	19 (25.7)	55 (69.6)
1 - 2	35 (46.7)	17 (21.5)
3 or above	20 (26.6)	12 (15.2)
Employment status		
Employed	33 (44.0)	49 (62.0)
Unemployed	42 (56.0)	30 (38.0)
Employment terms		
Full-time	25 (75.8)	37 (75.5)
Part-time	8 (24.2)	12 (24.5)
Job hunting methods		
By self	13 (39.4)	30 (61.2)
By friends	7 (21.2)	11 (22.4)
By referrals	10 (30.3)	4 (8.2)
Others	3 (9.1)	4 (8.2)
Types of jobs		
Clerical	7 (21.2)	19 (38.8)
Security guard	4 (12.2)	2 (4.1)
Servicing	9 (27.3)	11 (22.4)
Cleansing	2 (6.1)	5 (10.2)
Sheltered workshop	5 (15.2)	0 (0)
Supported employment	0 (0)	2 (4.1)
Others	6 (18.2)	10 (20.4)
Duration of current job		
Less than 12 months	14 (42.5)	10 (20.4)
1 – 2 years	6 (18.2)	9 (18.4)
2 – 5 years	3 (9.1)	7 (14.3)
5 years or above	10 (30.3)	23 (46.9)
Salary		
Below \$1000	7 (21.2)	3 (6.2)
\$1001 - \$3000	7 (21.2)	5 (10.5)
\$3001 - \$5000	0 (0)	3 (6.2)
More than \$5000	19 (57.6)	37 (77.1)

Table 4 (Continued)

Characteristics	Schizophrenia (n=75)	Mood Disorder (n=79)
Expressed job difficulty		
Yes	9 (27.3)	36 (73.5)
No	24 (72.7)	13 (26.5)
Types of job difficulty		
High work stress	4	29
Work overload	4	14
Supervisor	2	18
Inadequate skills	5	5
Colleagues	2	12
Others	2	7
Types of dissatisfaction		
Poor salary	7	4
Stigma	2	7
Job nature	3	3
Long work hour	5	4
No promotion	4	9
Lack of training	2	2
Others	1	5
Types of job hunting difficulty		
Did not know job hunting methods	2	5
Low confidence	14	11
Unknown job suitability	11	8
Job interview difficulty	1	3
Stigma	7	8
Others	11	10
Types of job maintenance difficulty		
Interpersonal relationship	9	9
Inadequate confidence	6	12
Stress management	14	9
F/U difficulty	8	8
Stigma	2	4
Others	7	2
Types of community resources used		
Labour department	42	29
Supported employment	20	7
COM-LINK	1	1
After-care service	0	1
On-the-job training	8	0
COM-CARE	0	1
Sunny way program	1	0
Employment re-training program	10	8
Others	3	0
Willingness to try community resources		
Yes	10	31
No	12	13

During the implementation of this survey, the response rate was just 57.8%. Over 170 patients were unwilling to be interviewed even in a well protected environment which could give them a sense of privacy. Apart from those who showed low interest to the survey topic, it was not difficult to understand that stigma was one of the key factors hindering their readiness to participate in many common daily living activities and creation of barrier to their rehabilitation and recovery (Tsang, Tam, Chan & Cheung, 2003a, 2003b). In order to tackle the employment barriers to facilitate integration into normalized working lives of our users, the following four issues should be of concerns to deal with:

1. People with mental illness have work capacity & motives.

Both our clinical experiences and the findings of this survey had proved that people with psychiatric disorders have good potential for work. 91% of the unemployed patients had prior employment and over 70% could sustain their last job for more than one year. It was generally agreed that work motivation had a significant influence contributing to the success of obtaining competitive employment (Drake, et.al, 1999; Catty, et al., 2008). Most of our patients expressed their wishes to resume workers' roles in order to lead productive livings by themselves. Therefore equal opportunity of employment for them becomes important and this echoed with the theme "Equal opportunity and full participation: A better tomorrow for all" of the White paper on rehabilitation in 1995. Government departments such as Labour department and some statutory bodies like Equal Opportunities Commission should play more active role in the promotion and creation of a fair culture in Hong Kong working environment.

2. People with mental illness experience similar job difficulties as other people.

Many participants with employment raised their job difficulties were high work stress, heavy workload, relationship problems with supervisors and colleagues as well as inadequate work competences. Are these difficulties specific to people with mental illness? The answer was definitely not. They were actually occurred among all working people of Hong Kong. In addition, the dissatisfaction towards their jobs including poor salary, long working hours and no promotion opportunity were also similar to us. The main difference was stigma which might decrease their self confidences which in turn further affected their performances in work situations. Therefore, supportive attitude & environment should be encouraged as this could facilitate their job stability & contribution in work.

3. Many people are unfamiliar with community vocational support & rehabilitation resources.

Different modes of vocational support services had been developed in various sectors of Hong Kong for many years. Examples were occupational therapy and medical social services in hospitals, integrated vocational rehabilitation services centre and on-the-job training program by NGOs, Labour department and employee retraining program in community settings. Different models of practices and philosophies of community rehabilitation and participation were promoted. Surprisingly, the recognition and utilization of these services seemed to be unfamiliar to most of our service users. Both the employed and unemployed groups of patients reflected that Labour department was the most commonly used service for assistance in job-seeking (around 50% of them). Although supported employment and employee retraining programs were greatly developed by many NGOs and Employment Retraining Board in recent years, their utilization by people with mental illness might still be unsatisfactory. Some of them

reported that these community vocational services were useful in job-hunting and provision of work training and information, but their shortcomings were long waiting time, limited job vacancies, and inability to introduce suitable jobs due to short-term job nature and low salaries. Service providers thus needed to keep close contact with different users to understand their vocational needs. More tailor-made program could be considered to meet their expectations, such as coping with stigma. More public education should also be organized to promote service utilization & public acceptance.

4. A platform to promote information and experience exchange is also important for NGO service development.

Valuable experiences in delivering vocational rehabilitation had been accumulated in different NGOs settings and many obstacles had been overcome during their development process. What kinds of models, natures of programs and types of support that best fitted our users were explored. But there were limited occasions for all these organizers to share, to critically evaluate, and to learn from one another. A platform to promote such experience exchange deemed important and essential for both service providers and users to minimize their expectation gap. Work Expo 2009 held in October last year in PYNEH was an example to bring the awareness and promote the utilization of existing programs in hospitals and community partners to our patients. Similar functions like symposium were suggested to be organized on a more regular basis.

Conclusion

This was not a well-designed scientific research and the findings might not be a good representation to all individuals with mental illness in Hong Kong. Nevertheless, our patients had bravely voiced out their concerns

and expressed their views on our services through the interview. Their employment rate, difficulties and needs had been reflected in this survey and we should hold a positive attitude to respond them.

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摘要

香港東聯網精神科服務使用者之就業調查

是項調查旨在瞭解精神病康復者的就業情況，在201位受訪者中，超過半數受僱，當中更有四成多人能維持現職超過5年。至於受訪的待業者，他們絕大部份曾經受僱，而待業時間之中位數為56個月，他們在尋找及維持工作兩方均表示感到不同的困難。最後，他們最常使用之社區就業資源為勞工處，其他如僱員再培訓局課程及在職培訓計劃則較少參加。因此，對那些有工作能力及動機的康復者而言，提供就業機會、營造支持的態度及環境，均有助他們對工作的發揮和貢獻！另外，加強公眾教育以提昇各界人士對康復服務的認同和使用亦十分重要。

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