AARHUS UNIVERSITY

Coversheet

This is the accepted manuscript (post-print version) of the article.

Contentwise, the accepted manuscript version is identical to the final published version, but there may be differences in typography and layout.

How to cite this publication (APA)

Please cite the final published version:

Oute, J., & Bjerger, B. (2017). What role does employment play in dual recovery? A qualitative meta-synthesis of cross-cutting studies treating substance use treatment, psychiatry and unemployment services. *Advances in Dual Diagnosis*, 10(3), 105-119. DOI: [10.1108/ADD-11-2016-0019](https://doi.org/10.1108/ADD-11-2016-0019)

Publication metadata

Title:	What role does employment play in dual recovery? A qualitative meta-synthesis of cross-cutting studies treating substance use treatment, psychiatry and unemployment services
Author(s):	Oute, Jeppe & Bjerger, Bagga
Journal:	Advances in Dual Diagnosis
DOI/Link:	https://doi.org/10.1108/ADD-11-2016-0019
Document version:	Accepted manuscript (post-print)

General Rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

If the document is published under a Creative Commons license, this applies instead of the general rights.

Title page

What role does employment play in dual recovery? *A qualitative meta-synthesis of cross-cutting studies treating substance use treatment, psychiatry and unemployment services*

*Jeppé Oute, RN, MA, PhD, Assistant Professor, Centre for Alcohol and Drug Research,
Department of Psychology and Behavioral Sciences, School of Business and Social Sciences,
Aarhus University*

*Bagga Bjerge, Mag. Art., PhD, Associate Professor, Centre for Alcohol and Drug Research,
Department of Psychology and Behavioral Sciences, School of Business and Social Sciences,
Aarhus University*

Acknowledgement

The article is funded by The Danish Council for Independent Research and School of Business and Social Sciences, Aarhus University. We would also like to thank research librarian Iben Brøndum and PhD student Louise Christensen for contributing to the development of the paper. The authors have no conflicts of interest to disclose.

What role does employment play in dual recovery? *A qualitative meta-synthesis of cross-cutting studies treating substance use treatment, psychiatry and unemployment services*

Abstract

Purpose: The role of employment in dual recovery from mental illness and substance use is scarcely addressed in previous studies and a deeper understanding of this issue is needed. The article aims to cast further light on the conditions that either facilitate or block the road to employment for dually diagnosed people and how these conditions could either promote or hinder recovery.

Methodology: Drawing on the principles laid out by health researchers Sandelowski and Barroso (2007), the study is designed as a qualitative meta-synthesis comprising a systematic literature search, a critical assessment of the identified studies and an integrative synthesis of the articles' findings.

Findings: The synthesis outlines that the findings from the seven identified studies show a recovery process in which unemployed, dually diagnosed people are becoming employed people – or where there is an attempt to restore their status as working persons– and how this process is driven or hindered by personal, interpersonal and systemic facilitators or barriers.

Discussion: The synthesis adds nuances to the understanding of employment in dual recovery processes and suggests that unconnected means of, and goals for, intervention among these individuals and systems might reduce the chances of dually diagnosed people obtaining and maintaining a job.

Originality: The article calls for more advanced research and policy on the multiple – and often contradictory – aspects of gaining and maintaining employment as part of dually diagnosed persons' recovery.

Keywords: *Dual diagnosis, employment, dual recovery, literature review, qualitative meta-synthesis*

Introduction

The dual diagnosis of co-occurring substance use and mental disorders represents a major challenge to service providers. Dually diagnosed people's (DDPs') problems are complex and often require coordinated services from several separate, and often uncoordinated, systems. Hence, bridging service systems has become a pivotal area of development. These systems aim to deliver coordinated forms of treatment and care to those with concomitant mental health and substance use problems in an effective manner (Brousselle *et al.*, 2010; Drake *et al.*, 2008; Laudet *et al.*, 2000; Rosenheck *et al.*, 2003). Traditionally, the failure to integrate unconnected psychiatric and substance use treatment systems originate in a complex relationship between historical, ideological, professional and practical explanations. These have led to a focus on a range of different aetiologies of mental illness and substance use, and, subsequently, to the application of different treatment measures. Davidson and White (2007) have argued that these systemic challenges between psychiatric and substance use treatment systems call for the establishment of a conceptual "*common ground adequate to provide a foundation for integration [that] offers a potential new organizing principle for bringing these two worlds together*" (ibid., p. 110). This suggests that a focus on DDPs' experiences and recovery processes could cast light on the specific needs for improved service integration and more adequate service provision (Brousselle *et al.*, 2010; Davidson and White, 2007; Davidson *et al.*, 2008). To add to this organizational complexity, employment is a key concern in mental health and substance abuse

policy and treatment in many countries. Not only is it a hotly-debated economic issue, it has commonly been regarded as highly significant to a diagnosed person's quality of life, social recovery and inclusion in society (Boyce *et al.*, 2008; Evans and Repper, 2000; Hammer, 2000; Laudet *et al.*, 2000; Leamy *et al.*, 2011; Oute *et al.*, 2015; Torfing, 1999; Wright and Stickley, 2013). But, what role do employment-oriented services, such as supported employment, play in the recovery and social inclusion of DDPs, and how do employment services interrelate with mental health and substance use treatment systems? This issue is significant, because employment research in mental health tends to be focused on the effectiveness of individualised forms of supported employment, such as Individual Placement and Support (IPS) (Blank, Harries and Reynolds, 2011; Bond and Drake, 2014; Christensen and Nordentoft, 2011; Koletsi *et al.*, 2009; Mueser, Campbell, and Drake, 2011; Mueser, Drake and Bond, 2016). This meta-synthesis aims to identify, assess and integrate studies that report on how DDPs' recovery and social inclusion can be promoted or hindered by the involvement of employment services.

Background

Amongst political actors, scholars and practitioners, social recovery and inclusion are contested and much-debated concepts that have received considerable attention in psychiatric and substance use research over at least the last decade (Davidson and White, 2007; Topor *et al.*, 2011; Ness *et al.*, 2014; Schon *et al.*, 2009). Building on Anthony's (1993) definition that: "*Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals and/or roles*" (p.15), Topor *et al.* (2011) argue that recovery is a psychosocial process that takes place within and by the individual. This processual understanding of recovery rejects the clinical, outcome-oriented notion that recovery refers to a remission of symptoms

(Davidson, 2015). Rather, recovery is seen as a process with both an individual and a social dimension. At the individual level, recovery encompasses a transformative process of finding ways to enhance personal competences for acting on one's own volition towards inclusion in society. However, the social nature of this process implies that recovery does not occur in a social vacuum. The involvement and support of family, friends, professionals and various social factors can either drive or hinder recovery and social inclusion. The various factors entail having a home, access to tailored care and coordinated services and employment or other forms of meaningful occupation (Davidson and White, 2007; Topor *et al.*, 2011; Ness *et al.*, 2014; Schon, Denhov and Topor, 2009). Then, recovery can put into perspective and it can be shown how multiple, individual, interpersonal and systemic aspects can obstruct or enable a restoration of a meaningful identity, including the possibility of reclaiming and stabilizing one's status as a working person (Davidson *et al.*, 2008; Ness *et al.*, 2014; Schon *et al.*, 2009; Topor *et al.*, 2011).

Recovery and employment: Generally, studies tend to suggest that, for those diagnosed with a range of mental illnesses, employment and having a meaningful working life can promote social wellbeing, quality of life, recovery and inclusion. As such, occupational engagement and having a job provide opportunities for developing a meaningful identity and fostering competencies, hope, a sense of empowerment and direction for one's future (Andersen *et al.*, 2012; Borg and Kristiansen, 2008; Borg *et al.*, 2011; Boyce *et al.*, 2008; Doroud *et al.*, 2015; Munro and Edward, 2008). Moreover, employment represents an opportunity for social inclusion, given that work is an arena for gaining access to a social network and for achieving status and recognition as a working person (Evans and Repper, 2000). For instance, Borg *et al.* (2011) illuminated that the recovery of those with bipolar disorders could be promoted by work and other forms of meaningful activity, such as fishing or gardening. This process of recovering a meaningful

identity could also be helped by supportive relations and medications, and it could also be impeded by work-related stress or other factors, such as excessive partying and drinking. Correspondingly, Andersen et al. (2012) suggested that there is a complex relationship between the management of individual demands at the workplace, social support and lack of coordination between different welfare systems. For employees with common mental health disorders, this relationship characterizes the continuous process of achieving status as a working person. Doroud et al. (2015) argued that a meaningful and socially valued occupation is key to recovery for those with mental health problems. It involves an ongoing occupational process that often requires a gradual re-engagement with everyday, occupational life. Arguably, dual recovery research is still in its youth, because, traditionally, recovery has been investigated solely in the context of either mental health or substance use.

Dual recovery and employment: A decade ago, Davidson and White (2007) pointed out that supported employment, like other forms of support, enables DDPs to lead self-determined and meaningful lives. A year later, Davidson et al. (2008) integrated recovery models from addiction and mental health and developed what they called the hopscotch model. This model of dual recovery was comprised of the components of recovery from each of the two arenas – mental health and addiction. It illuminated that getting a job or having a meaningful occupation, such as participating in an educational programme, was crucial for a DDP to find a niche in the community. However, the process of gaining the status of a working person in the first place also required overcoming the systemic barrier of stigma. Based on the hopscotch model, Ness, Borg and Davidson (2014) investigated the specific facilitators and barriers of dual recovery. Their literature review emphasized that dual recovery is constituted by a complex relationship between individual, interpersonal and systemic conditions. Dual recovery can either be promoted, in

leading a meaningful everyday life, having a focus on strengths and future orientation and re-establishing a social life and supportive relationships – or, it can be hindered by a lack of tailored help, complex systems and uncoordinated services (ibid.). However, employment and work-related issues were only briefly addressed as an element of re-establishing a meaningful everyday life. This issue was elaborated by Sælør, Ness and Semb (2015), who investigated users' experiences of hope within the mental health and substance use services. Similar to the findings of Ness et al. (2014), Sælør et al. (2015) found that employment was key to the restoration of hope and to maintaining a positive outlook for the future – elements that are essential in recovery from substance use and mental health problems.

What is still needed is a deeper understanding of the qualitative aspects of the following research question: What factors facilitate and block the road to employment for DDPs and how do these conditions promote or hinder dual recovery? By synthesizing previous qualitative studies that elucidate this issue, this article aims to add a clearer understanding of the role of employment in dual recovery processes. In doing so, the article strives to point out new routes for future research and the need for potential policy development in the field of recovery and employment.

Method

The method of inquiry used in the article is qualitative meta-synthesis, which has been laid out by health researchers Sandelowski and Barroso (2007). This method was chosen because it allows the researchers to search, assess, interpret and integrate all relevant qualitative studies within a field of research. In line with the principles of this methodology, the present qualitative meta-synthesis was developed via the following steps: (1) A systematic literature search; (2) A critical appraisal of all the identified studies; and (3) A synthesis of the findings, which was

conducted in accordance with the technique of “*reciprocal translation and synthesis in vivo and imported concepts*” (Sandelowski and Barros, 2007, p. 204). The technique is an analytical approach that is useful for creating qualitative meta-syntheses of findings. The approach entails comparisons of intra-study conceptual syntheses, either alone or in combination with a concept that is applied by the reviewers to integrate findings (Sandelowski and Barroso 2007, p. 205). The three steps are outlined below.

Literature search

The search aimed to identify studies that investigated the transformative *process* of attaining and maintaining employment among unemployed people with psychiatric and substance use problems. The databases PubMed, ProQuest (including PsycINFO, Sociological Abstracts and Social Services Abstracts) and Web of Science (WoS) were searched by the first author. These extensive, interdisciplinary databases were selected because it was considered likely that they held all the relevant references for the research issue; they index qualitative studies covering the intersection between the social and health sciences. The literature search involved a two-pronged strategy.

A systematic search was carried out using controlled subject terms in PsycInfo and PubMed, combined with a truncated free-text search in WoS. The search string was built by translating the pivotal concepts from the research issue into either controlled search terms, using the thesaurus function in PsycInfo and PubMed or conducting free-text searches (as WoS has no thesaurus function).

Inclusion criteria: Rather than concentrating on the features or experiences of specific groups characterized by certain diagnoses (e.g., depression or schizophrenia), the inclusion criteria were

designed to comprise studies with direct relevance for the research issue: that is, articles that focus on the transformative process of attaining and maintaining employment among those with psychiatric and substance use problems, by including individuals who are both receiving substance use and psychiatric treatment, and those who are, at the same time, in contact with employment service systems. Specifically, the search included peer-reviewed studies for which the following three criteria were met: *Target group*: adults (18+) diagnosed with substance use and psychiatric disorders; *Field of inquiry*: studies investigating DDPs' contact with employment services; and *Methodology*: studies that applied a qualitative methodology.

Search: The search string was composed by combining all relevant descriptors of the target group, the field of inquiry and the methods in each of the three databases: (1) Substance-Related Disorders OR Mental Disorders OR Mental illness OR Dual diagnosis OR Substance Use OR Substance Abuse AND, (2) Case management OR unemployment OR social support OR social security OR management service organization* (truncated search used in WoS) OR Unemployment OR Mentors OR Social Problems OR Social Work OR Social Work, Psychiatric OR Rehabilitation, Vocational OR Employment, Supported AND, (3) qualitative studies OR Qualitative research OR Interview. Studies in English were included. To extract as many studies as possible, no limits were set in terms of the gender of the study sample, date or qualitative methodology (e.g., interviews, ethnography or action research).

Furthermore, the systematic search for articles was followed by an unstructured search in which similar and cited reference functions were applied in the databases, and reference lists of included articles were searched. The literature search was conducted in September-October 2016 and is portrayed in Figure 1.

Figure 1. Flowchart

The search led to the identification of twelve studies which were selected on the basis of screening titles and abstracts for the inclusion criteria. The main focus of all of the included articles was not necessarily directly linked to employment and dual recovery. Rather, all of the studies elucidated a transformative *process* of attaining and maintaining employment among people with dual diagnosis. After reading the identified studies in full, five were excluded because the study aims and samples did not meet the inclusion criteria for the synthesis. The search retrieved seven relevant qualitative studies, which are presented in Table 1 below.

Table 1. Characteristics of the identified studies.

Appraisal of the studies

To clarify the overall validity of the empirical basis for the meta-synthesis, the identified studies were assessed using the COREQ checklist which contains consolidated criteria for reporting qualitative research (Tong et al., 2007). The checklist is structured to critically assess qualitative studies and comprises 32 items, classified in three domains: ‘Research team and Reflexivity’, ‘Study Design’ and ‘Analysis and Findings’. The assessment of the studies and the transparency and coherence between their designs and findings were compared by the authors. The assessments and comparison founded the basis for a discussion about the studies’ general methodological weaknesses and the differences between their findings. This process led to the formulation of an overall critique of the studies, which was used to discuss the transferability,

utility and implications of the meta-synthesis. The critique is presented in the pragmatic validity and implications sections below.

Coding and integration

The interpretive process of the meta-synthesis entailed a coding of the studies' findings. Inspired by the coding styles laid out by Crabtree and Miller (1999), the coding encompassed an open crystallization of three themes – referring to the individual, interpersonal and systemic aspects of gaining, returning to or maintaining employment after the onset of mental illness and substance use. A comparison of the themes revealed that the studies reflected a range of individual, community and systemic drivers of, and barriers to, a change in DDPs' status from being unemployed to being employed. The studies' main findings are displayed in Table 1. In accordance with the principle of “*reciprocal translation and synthesis in vivo and imported concepts*” (Sandelowski and Barroso, 2007, p. 204), the comparison of the findings led to a discussion about the concepts that best could translate all of the main findings and integrate them in the meta-synthesis. The authors considered using the hopscotch model (Davidson *et al.*, 2008), but agreed that it might be more fruitful to use the outline of individual, interpersonal and systemic aspects of dual recovery (Ness *et al.*, 2014) to translate and synthesize the themes, for two reasons: First, this theoretical concept was useful in order to translate the identified themes into the recovery process among DDPs, because the concept specifically outlines similar characteristics and highly comparable dimensions of a transformation of DDPs. Second, it was fruitful to apply the outline of dual recovery as an organizing principle to integrate (synthesize) the dialectical relationship between the themes derived from the studies' findings.

Synthesis of findings

Drawing on the outline of dual recovery (Ness *et al.*, 2014), the identified studies accounted for how unemployed DDPs were becoming employed persons – or there was an attempt to restore their status of a working persons. The process of restoring the status of a working person was driven or hindered by personal, interpersonal and systemic facilitators or barriers. Given that some interpersonal facilitators or barriers were founded at the systemic level, these dimensions are presented together. In each of these dimensions, facilitators and barriers were, however, often presented as each other's counterparts: a barrier could account for a lack of a facilitator or a facilitator could mean the absence of a barrier. In each of the dimensions, some general features are presented before the barriers and facilitators are outlined, in turn.

Individual barriers and facilitators

Social security benefits were commonly presented ambiguously; they were described as constituting both a significant barrier and a facilitator for the diagnosed person's transition. On the one hand, pride, personal motivation and social security benefits were portrayed as a type of facilitator, because their receipt supported the individual's chances of coping in times of illness and/or heavy drug use. On the other hand, lack of motivation and initiative (to try to get a job or education) and the possibility of remaining socially withdrawn were linked to receiving social benefits. In this view, DDPs' often long-term unemployment, dependence on social benefits and recurrent mental health and substance use problems were depicted as reasons why they did not re-join the labour market.

Facilitators: Despite the fact that social benefits were presented as potentially detrimental to personal motivation, their frustration, a sense of being stuck and their pride drove the DPPs to

look for and maintain employment (Mikkelsgård *et al.*, 2014; Schutt and Hursh, 2009). The following example shows how the individual's motivation to get a job was also linked to pride:

I had tunnel vision. And I was gonna do this!... knew that I needed a good job...in order to have...to HAVE the pride. ...there's so many people out there that are just...they're just WAREHOUSED! ...if you're flippin' burgers at McDonald's and you're forty-seven years old, right? Where's your pride? (Schutt and Hursh, 2009, p. 64)

Motivation and pride were not only incongruent with the potential reward of social security benefits, idleness and overly ambitious career goals; motivation and pride also worked as drivers for getting and keeping a meaningful job. Rather than being constantly oriented towards the debilitating forces of substance use or mental health problems, motivation and pride were linked to maintaining a positive outlook for the future and continuously focusing on recovering: *"I can't look back to having been sick. I must believe that I'm healthy and happy"* (Alverson *et al.*, 1995, p. 119).

Despite the fact that some diagnosed people set overly ambitious goals for themselves (Harris *et al.*, 2014; Luciano and Carpenter-Song, 2014; Strickler *et al.*, 2009), others were capable of aligning their goals with specific work activities. In these cases, it was seen as a facilitator when the DDP could translate his or her goals into achievable plans that could lead to achieving long-term career aspirations:

For example, Adam aimed to complete his university degree: "I'm almost done at [university]. I already signed up for the fall. Then I have the spring and then I have my undergrad finished" (Luciano and Carpenter-Song, 2014, p. 223).

As opposed to having overly ambitious and generalized career aspirations, working on achieving smaller goals was therefore presented as a facilitator. In addition, work itself was portrayed as

having a therapeutic value, because the structure of work tended to moderate symptoms caused by problems related to the use of therapeutic drugs (methadone or psychotropic medication) and/or mental health issues (Alverson *et al.*, 1995; Poremski *et al.*, 2014; Strickler *et al.* 2009). This was presented in the following way: *“Work was really kind of helpful. I didn’t have as many symptoms because I was too busy working”* (Strickler *et al.* 2009, p. 264).

The excerpt shows that work could have a positive influence on symptoms of mental health problems or substance use, but working was also presented as being beneficial to the person’s overall situation, psychological and physical wellbeing and subsequent ability to work (Alverson *et al.*, 1995; Poremski *et al.*, 2014; Strickler *et al.* 2009). Taken together, long periods of employment and participating in meaningful activities could not only diminish symptoms, but could also promote recovery, because he/she could develop positive feelings for and/or identify him/herself with the job. On the contrary, however, a range of individual barriers linked to unemployment also impeded individuals’ transition into becoming a working person.

Barriers: Unemployment was often presented as unreasonably rewarding if the DDP was not motivated to get a job and had become accustomed to the financial sustainability of health insurance, social security money, subsidised housing, etc. In some cases, the person’s motivation for seeking employment was solely attributable to following rules and regulations. The lack of motivation was indicated by statements such as: *“I, um...basically, I had no choice there...I HAD to get a job, because that was one of the rules of livin’ at the house”* (Schutt and Hursh, 2009:64).

Moreover, the person’s wish and motivation to move beyond unemployment and its attendant financial security could be diminished by his or her fear of losing the security of social benefits

after getting a job. DDPs' hesitancy about moving towards employment and staying off benefits was described by Harris and colleagues: "*Several JS [job seekers] were concerned about the effects of obtaining full-time work on attaining and retaining social security benefits*" (Harris *et al.*, 2014:72).

But the lack of motivation to return to, and sustain, work and fear of losing social security benefits due to employment was also explained as being a question of lack of satisfaction in having a less meaningful and boring job, underutilized skills, lack of knowledge (education) or lack of ability to cope with work-related stress. For example, the issue of work-related stress was reported by Schutt and Hursh (2009):

Stress was a common complaint among those who had lost their jobs. One graduate reported that, on one job, things "got hectic" and he "ended up doing everybody else's jobs". Another, who reported that she "loved" working and was given "employee of the month," ultimately resigned from her job due to the level of stress she experienced. (p. 64)

However, lack of motivation, inability to cope with work and stress and/or boredom were often described as factors that had already arisen due to having mental health problems, medication or substance use (Alverson *et al.*, 1995; Harris *et al.*, 2014; Luciano and Carpenter-Song 2014; Poremski *et al.*, 2014; Strickler *et al.*, 2009). For example: "*The ES [employment staff] and JS [job seekers] saw substance use as associated with poorer motivation to work, instability and unreliable behaviour.*" (Harris *et al.*, 2014, p.73)

The relation between substance use and/or mental health problems and the person's motivation was portrayed as a principal barrier to getting or keeping a job. This issue implied that the individual's reluctance to take up a job and concurrent substance use and mental health problems

were often presented as different types of problems that mutually reinforced each other:

“Homelessness and mental illness contribute to drug and alcohol consumption, which act as a predisposing, a precipitating and a perpetuating factor to unemployment” (Poremski et al., 2014, p. 182).

These kinds of interconnected problems were often presented as effects of the individual’s lack of motivation and coping skills, which originated in the person’s psychological and/or substance use problems (Alverson et al., 1995; Harris et al., 2014; Luciano and Carpenter-Song 2014; Poremski et al., 2014; Strickler et al., 2009).

Unemployment and the inability to cope with work, in particular, were reinforced by the severity of problems and length of the individual’s unemployment. For example, poor concentration and problems with organizing and planning following substance use and mental health problems were described as major impediments to gaining and maintaining employment:

[For t]hose who had only worked briefly, being employed was expressed in much more negative terms. Many of these participants reported that work compounded problems in their life. They stated that work made their mental illness worse. It was also stated that work could be too physically demanding as well (Strickler et al., 2009, p. 265).

Hence, employment was depicted as an obstacle to coping with problems associated with mental illness, substance use and medical side effects and vice versa. This was particularly the case for people with more inconsistent work patterns. Then, substance use, illness, long-term unemployment and limited work experience were depicted as interconnected obstructions on the person’s road to achieving the status as a working person. It was also reported that length of unemployment was often increased if the diagnosed person had overly ambitious career goals

(Harris *et al.*, 2014; Luciano and Carpenter-Song, 2014; Strickler *et al.*, 2009). The individual's lack of realistic goal setting was seen as a hindrance towards employment, because it signalled a discrepancy between "*what the client wants and what's realistic*" (Harris *et al.*, 2014: 70).

Despite the fact that low-skilled and low-waged jobs were often considered less meaningful by the job seekers, becoming a working person often required a redefinition of their career choices (Harris *et al.*, 2014; Luciano and Carpenter-Song, 2014; Strickler *et al.*, 2009). Consistent with the redefinition of career aspirations, lack of self-confidence was also depicted as a barrier when DDPs tried to get a job. Whereas those with more a consistent labour market attachment were described as showing higher levels of initiative and confidence, long-term unemployed people were described as showing less initiative in trying to secure employment (Harris *et al.*, 2014; Luciano and Carpenter-Song, 2014; Strickler *et al.*, 2009): "*It is hard to get in and go back to work when I'm not used to it...the longer I don't work the harder it is*" (Strickler *et al.*, 2009, p. 266). Given that unemployment, drug use and mental health problems were often portrayed as operating in a vicious circle, the long-term unemployed DDPs often lost hope and felt somewhat trapped in the situation.

Interpersonal and systemic barriers and facilitators

Congruent with the interpersonal and systemic aspects of dual recovery (Ness *et al.*, 2014), the identified studies suggested that re-establishing a social life and having supportive relationships with significant, caring others were central to recovery for unemployed DDPs. However, it was not unequivocal that involvement of others promoted the DDPs' transition, because this process was also hindered by a range of stigmatizing attitudes that originate in broad, societal forms of stigma (Harris *et al.* 2014; Luciano and Carpenter-Song 2014; Mikkelsgård *et al.*, 2014; Poremski, Whitley and Latimer, 2014; Schutt and Hursh 2009; Strickler *et al.*, 2009).

Facilitators: The involvement of health care professionals, social workers, therapists, partners, friends and even pets was depicted as capacity-building in the facilitation of change in DDPs' employment status; the involvement and utilization of different sources of support was often described as key to becoming a working person:

You need a range of support...support from those with mental illness who understand, and those without it. I need many people to deal with different stresses. I tell different people different things. One person couldn't handle it all. (Alverson et al., 1995, p. 120)

However, assistance from professionals or partners was, in itself, often considered to provide inadequate support; nor did the various resourceful individuals play equal roles in the individual's transition (Alverson et al., 1995; Schutt and Hursh, 2009). In this sense, the involvement of different sources of support, such as professionals, family, and friends was seen as necessary. These resourceful individuals could also play different roles, especially for those who worked the least, or not at all. The DDPs often gave credit to:

...particular family members [...] for soothing tensions at work, countering feelings of worthlessness and loneliness, and aiding in a crisis. [Some] relied on their network of friends to improve communication and social skills and to find free services and opportunities to barter for things basic to their very survival. [Others were in] regular contact with their IPS employment specialist as essential to coping with a working life, and all consumers relied on the employment specialist to help them, emotionally and logistically, through periods of unemployment and initial job contacts. (Alverson et al., 1995, p. 121)

Despite the fact that some sources of human support were often under-utilized, the involvement of others was highlighted as an important form of facilitation. However, the amount and quality of the help provided through their involvement depended on the support person's skills and attitudes: Personal commitment (particularly on the part of professionals) and a supportive and non-judgmental attitude were prerequisites for the involvement of others in general. Thus, the personal qualities of supportive individuals were important drivers for the diagnosed person's recovery process (Alverson *et al.*, 1995; Harris *et al.* 2014; Luciano and Carpenter-Song, 2014; Mikkelsgård *et al.*, 2014; Schutt and Hursh, 2009; Strickler *et al.*, 2009). An example of this emerged from the study of Luciano and Carpenter-Song (2014): "*She's a friend. She's a care manager. I don't know, she just supports me with where I want to go and what my goals are*" (p. 223).

In addition to versatile sources of support, the professionals played a pivotal role as "*bridge builders*" or "*system pilots*" in the diagnosed person's process of returning to work (Mikkelsgård *et al.*, 2014). This role encompasses that idea that professionals have the capacity to bridge the organizational gaps between substance use treatment, psychiatry and the employment system. For example, professionals can:

contact the NAV [Norwegian Labour and Welfare Administration] adviser on behalf of a participant who required clarification, needed to exchange information, or needed help arranging a meeting: "She was there as a visible reminder and spoke with them not only over the telephone, but eye to eye. (Mikkelsgård et al., 2014, pp. 175-176)

In spite of substance use, mental health problems, sporadic employment, lack of skills and short-term education, the combination of several sources of support and spokespersons with personal commitment, a non-judgmental attitude and the ability to navigate complex systems was

depicted as potentially promotional to the transition of an unemployed diagnosed person into becoming employed. However, this process was also impeded by a range of barriers at the interpersonal level.

Barriers:

The studies suggested that the transition of the DDPs' employment status could be obstructed if the resources and qualities of support individuals were not present. This implied that a range of different, and often negative, expectations could function as a hindrance. For instance, Poremski, Whitley and Latimer (2014) highlighted how having a criminal record was generally a barrier to getting a job:

I have a big handicap with my criminal record. When you have a criminal record you don't work! You lead the life of a criminal, or you work under the table. You have no choice! (p. 183)

Judgmental attitudes and negative expectations by potential employers and others could obstruct the diagnosed person's chances of getting a job. Accordingly, service providers often did not push the idea of work, out of fear of aggravating the person's symptoms or due to lack of shared hope and belief in the diagnosed person's goals (Harris *et al.*, 2014; Luciano and Carpenter-Song, 2014; Mikkelsgård *et al.*, 2014; Strickler *et al.*, 2009). However, these interpersonal aspects of the transition process were constituted by a broader range of systemic barriers that often blocked the road to employment (Alverson *et al.*, 1995; Strickler *et al.*, 2009; Poremski *et al.*, 2014). For example, Harris *et al.*, (2014) highlighted that employers with limited experience tended to associate mental illness with hostility and aggression: “[Like] everybody else. They think mental health problems, schizophrenic, that person's an axe murderer, you know what I

mean?” (p. 72). Such stigmatizing attitudes, value judgments and misjudged expectations, which often were at play at the interpersonal level (i.e. in the relation between DDPs and professionals, employers, colleagues, etc.) meant that the diagnosed individuals often were never considered for a position or felt socially out of place at work if they did get a job.

Moreover, insufficient social support, lack of awareness of job employment programmes among service providers and common failure to acknowledge the value of formal and social support were often considered to be interpersonal barriers on the road to employment (Harris *et al.* 2014; Luciano and Carpenter-Song 2014; Schutt and Hursh 2009; Strickler *et al.* 2009). Inaccurate diagnoses, delayed psychopharmacological treatment, and regulations surrounding supported housing were also found to be common hindrances for gaining or maintaining employment (Harris *et al.*, 2014; Mikkelsgård *et al.*, 2014; Poremski *et al.*, 2014). For example, it was described that: “*services engage people in lengthy proceedings before referring them to the appropriate professional*” (Poremski *et al.*, 2014, p. 184). In conjunction with being stigmatised and excluded from the labour market, waiting to get access to different forms of support measures and the lack of coordinated services and individually tailored help often led to frustration and stressful feelings of helplessness, resignation, passivity, and powerlessness among DDPs (Mikkelsgård *et al.*, 2014). Then, DDPs’ need for “*bridge builders*” or “*system pilots*” (Mikkelsgård *et al.*, 2014) indicates that uncoordinated and delayed services are common types of obstacles to gaining employment. However, these obstacles cannot solely be seen as lack of interpersonal facilitation, because they are framed by the complex organisation of welfare service systems at the systemic level. Taken together, the supportive individuals’ judgmental attitudes and lack of knowledge about the service systems could also be a hindrance in getting a job and sustaining employment.

Discussion

According to the principles laid out by Sandelowski and Barroso (2007), limitations and possible utility must be addressed in a qualitative meta-synthesis. This is done by addressing its descriptive and theoretical validity before presenting its pragmatic validity, implications and conclusion.

Descriptive validity: In reflecting on descriptive validity, two questions must be considered: 1) Were all relevant articles retrieved? and 2) Were all pertinent concepts and themes from the studies identified and drawn into the synthesis (Sandelowski and Barroso 2007)?

First, we will discuss the retrieval of articles. After consulting with a professional research librarian, we chose to conduct the searches in only three databases, because we considered that the selected databases would be sufficient to retrieve all articles, given that the databases span the intersection of psychiatric, drug and employment research. The flowchart (Figure 1) shows that duplicates were identified across the databases; thus, the search was fairly exhaustive, despite the fact that it can be considered to be relatively imprecise. The lack of precision and the consequent need to go through a large body of titles and abstracts suggests that there was a risk of missing studies that matched the inclusion criteria. This limitation also implies that some relevant literature that did not meet the inclusion criteria still exists in the periphery of the search. However, the flowchart indicates that the search retrieved most of the specific qualitative studies that provided focused evidence regarding the characteristics of the transformation of DDPs who were in contact with employment services. Second, we will address the second question concerning descriptive validity. The identification of themes and concepts was conducted by both authors, who then compared them. The studies often reflected multiple

dimensions of underlying, but potentially transformative, aspects of the process of gaining and maintaining employment among DDPs (i.e. Harris *et al.*, 2014; Schutt and Hursch, 2009). The authors agreed that the studies generally reflected this understanding. However, a range of non-transparent aspects concerning the descriptions of the studies' samples and perspectives challenged the transferability and utility of these findings. These are discussed in the pragmatic validity section below.

Theoretical validity: Theoretical validity encompasses a critical reflection on the methods and trustworthiness of the meta-synthesis (Sandelowski and Barroso, 2007). The process of coding and comparing the studies' findings was foundational for choosing a theoretical concept that enabled a transparent and reliable interpretation and synthesis of the studies' findings. The close resemblance among the studies meant that it was relatively easy to integrate the findings. In line with the aforementioned technique of "*reciprocal translation and synthesis in vivo and imported concepts*" (Sandelowski and Barroso 2007, p.24), the concept of dual recovery (Ness *et al.*, 2014) was used to interpret and integrate the findings, because the imported concepts not only resembled the findings but specifically outlined the process of recovery among DDPs. On the one hand, we reflected on whether this choice of concept could be a disadvantage, because the multi-dimensional understanding was so dominant within the included studies that it was difficult to consider their findings in a substantially new way, given our method of synthesizing the studies' findings. On the other hand, we maintained that the strong similarities between the studies and the concept could be considered theoretically valid and an analytical advantage, because we could gain a deeper insight into the commonalities, dominant perspectives and analytical shortcomings of this intersection between three established research fields.

Pragmatic validity: In order to consider transferability and utility of the synthesis (Sandelowski and Barroso, 2007), an assessment of the included studies was conducted using the COREQ checklist (Tong *et al.*, 2007). The assessment led to the conclusion that the studies were generally valid, despite a range of sampling issues and analytically non-transparent aspects that challenged the overall transferability of the synthesis. The sampling issues and analytical intransparencies are outline in turn.

First, the assessment of the studies' samples revealed that the studies had, predominantly, included white, Western males who were diagnosed with a broad variety of mental illnesses and types of substance use. This variation involved unclear depictions of the informants' diagnoses of mental health and drug-related problems. This general issue blurred the severity and length of the DDPs' problems and made it difficult to ascertain how the timing of the studies' interviews related to where informants were in their recovery process and illness and substance use trajectory. This rendered it unclear how long it had been since the informants had been diagnosed and enrolled in treatment and supported employment programmes, and whether access to such systems was promoted or hindered by the informants' age, gender and ethnicity. Taken together, these non-transparent aspects put in question the overall transferability of the synthesis.

Second, the studies generally lacked an explicit analytical perspective, in that they often reflected an implicit, normative understanding of how the diagnosed person should become an employed person. This implied that the studies relied on two unarticulated, but linked, assumptions. On the one hand, it was, at times, unclear if it was the researcher(s), the professionals or the diagnosed people themselves who were to decide why and how the latter should get a job. The lack of clarity on this point indicates, at least to some extent, why DDPs

often receive poorly timed and contradictory support – because the professionals’ views on what is beneficial for the diagnosed person are often known to be at odds with the diagnosed person’s own perspective (Ness *et al.*, 2014). On the other hand, it also remained implicit that seeking and trying to maintain employment is often a legal requirement for the receipt of benefits from the welfare state, and it is not just an individual choice that drives the recovery process. This implicit assumption tended to contextualize the reason for employment being generally presented as central to the diagnosed person’s transition and not the other way around: that proper psychiatric care or substance use treatment is a requirement for the change of a diagnosed person’s employment status. In contrast to previous, systematic research on employment and recovery of those diagnosed with a range of mental illnesses (Andersen *et al.*, 2012; Doroud *et al.*, 2015), the studies included in this synthesis tended to rely heavily on a perception of employment as *the* potential solution to the transformation a person’s complex situation. These implicit assumptions question the transferability and utility of the synthesis, because it still remains unclear how diverging assumptions about mental illness and drug use, and their subsequent requirements, might promote or hinder the individual’s recovery and his/her process of getting and keeping a job.

Implications for future research and policy: The present study furthers our understanding of the factors involved in seeking, attaining and maintaining employment among DDPs. By relying on the outline of dual recovery as an analytical tool, this article adds nuances to the effects of employment and supported employment in recent dual recovery research (Davidson *et al.*, 2008; Ness *et al.*, 2014). Equally, Dunn *et al.* (2008) have previously shown that employment among people recovering from mental illness promotes recovery (Dunn *et al.*, 2008). However, our meta-synthesis highlights that, while employment often plays a crucial role in dual recovery, a

less meaningful job accompanied by poor motivation, poor coping skills and being met by negative and stigmatizing attitudes might, in fact, hinder DDPs' recovery. Paradoxically, this synthesis also points to an inherent conflict regarding the assumption that attaining employment and having a job is always positive. For people diagnosed only with mental illness and DDPs, interpersonal and systemic forms of stigma or negative expectations could impede their chances of being socially included, gaining employment in the first place, and progressing with their recovery when employed (Davidson *et al.*, 2008; Doroud *et al.*, 2015; Sælør *et al.*, 2007). Particularly, this mismatch between the requirement to have a job and stigmatizing attitudes at the work place resembles findings from a study of stigma around mental illness (Krupa *et al.*, 2009). This study showed that assumptions about danger and unpredictability, the assumption that working is not healthy for people with mental illness and that DDP cannot meet the requirements and social demands of work commonly underlie stigma in employment (*ibid.*). In comparison, lack of support, hope and understanding, judgmental attitudes and fear of aggravating problems were identified in the present selection of studies and can be seen as reflections of similar forms of stigmatization. In conjunction with the assumption that employment is *the* key factor in the change of the diagnosed person's work identity and social situation, these forms of stigma situate the diagnosed person in an unsolvable conundrum that could hinder or even block his/her job aspirations and road to employment, while society in general continues to enforce the requirement for her/him to get a job. By contrast, this meta-synthesis suggests that recovery might be supported by employment but that the process is often impeded by several personal, interpersonal and systemic conditions. In doing so, it suggests that the effectiveness of Individual Placement and Support (IPS) for dually diagnosed individuals could be significantly enhanced (Bond and Drake, 2014; Christensen and Nordentoft, 2011;

Mueser, Campbell, and Drake, 2011; Mueser, Drake and Bond, 2016) if the societal, organizational and interpersonal contexts for employment initiatives for DDPs is taken into account in future research and policy. This article thus calls for more advanced research and for policies that pay particular attention to the relationship between interpersonal and societal forms of stigma, the diagnosed person's rights, and requirements for the DDPs to attain and maintain employment. In spite of the multitude of limitations encountered, in terms of the breadth, sampling, analysis and transferability of the studies, this synthesis highlights that the question of attaining employment cannot solely be considered an individual concern and responsibility. Then, this article points to that previous research on dual recovery and employment primarily has seen the individual as the main driver for the transition into becoming a working person rather than considering, for example, the local work environment or society.

Conclusion

This article synthesizes previous investigations of the characteristics and factors involved in DDPs undergoing a transition from being unemployed to being employed.

At the individual level, this process is driven by motivation and pride or impeded by personal conditions, such as or lengthy unemployment and severe mental health and drug use problems.

At the interpersonal and systemic levels, the process is facilitated by a range of supportive relations and impeded by lack of coordination and stigmatization. Taken together, the synthesis underscores that employment potentially can be part of DDPs' recovery but nuances previous research on recovery and employment by showing how the road to employment requires the co-existence of internal resources and various forms of support. This article critically points out that unconnected means of, and goals for, intervention among DDPs and different welfare systems might, in fact, reduce the possibility of obtaining and maintaining a job. The article calls for an

enhanced focus on the disentanglement of the multiple dimensions of recovery and considerations of key assumptions in formal support directed to DDPs.

References

Alverson, M., Becker, D. R., Drake, R. E. (1995), "An Ethnographic Study Of Coping Strategies Used by People with Severe Mental Illness Participating in Supported Employment", *Psychosocial Rehabilitation Journal*, 18, 115-128.

Andersen, M. F., Nielsen, K. M., Brinkmann, S. (2012), "Meta-synthesis of qualitative research on return to work among employees with common mental disorders", *Scand.J. Work Environ. Health*, 38, 93-104.

Anthony, W.A. (1993), "Recovery from mental illness: The guiding vision of the mental health service system in the 1990s", *Psychosocial Rehabilitation Journal*, 16 (4), 11–21

Blank, A., Harries, P., Reynolds, F. (2011), "Mental Health Service Users' Perspectives of Work: A Review of the Literature", *The British Journal of Occupational Therapy*, 74, 191-199.

Bond, G. R. and Drake, R. E. (2014), "Making the case for IPS supported employment", *Adm Policy Ment Health*, 41, 69-73.

Borg, M., Kristiansen, K. (2008), "Working on the edge: the meaning of work for people recovering from severe mental distress in Norway", *Disability & Society*, 23, 511-523.

Borg, M., Veseth, M., Binder, P., Topor, A. (2011), "The role of work in recovery from bipolar disorders", *Qualitative Social Work*, 12(3), 323-339.

Boyce, M., Secker, J., Johnson, R., Floyd, M., Grove, B., Schneider, J. (2008), "Mental health service users' experiences of returning to paid employment", *Disability & Society*, 23, 77-88.

Brousselle, A., Lamothe, L., Sylvain, C., Foro, A., Perreault, M. (2010), "Integrating services for patients with mental and substance use disorders: What matters?", *Health Care Manage.Rev.*, 35, 212-223.

Christensen, T., Nordentoft, M. (2011), "Review om effekter af beskæftigelsesindsatser til personer med svær psykisk sygdom", [Review of the effects of employment services for people with severe mental illness.] Danish Agency for Labour Market and Recruitment.

Crabtree, B. F., Miller, W. L. (2000). *Doing qualitative research*. (2nd edition, 2nd printing ed.) Thousand Oaks, Calif.: SAGE.

Davidson, L., White, W. (2007), "The concept of recovery as an organizing principle for integrating mental health and addiction services", *Journal of Behavioral Health Services & Research*, 34, 109-120.

Davidson, L., Andres-Hyman, R., Bedregal, L., Tondora, J., Frey, J., Kirk, T. A. (2008), "From Double Trouble to Dual Recovery: Integrating Models of Recovery in Addiction and Mental Health", *Journal of Dual Diagnosis*, 4, 273-290.

Davidson, L. (2015), “Considering recovery as a process: or, life is not an outcome”, In Rudnick, A. (Ed.), *Recovery of people with mental illness : philosophical and related perspectives*. Oxford, United Kingdom: Oxford University Press, pp. 252-263.

Doroud, N., Fossey, E., Fortune, T. (2015), “Recovery as an occupational journey: A scoping review exploring the links between occupational engagement and recovery for people with enduring mental health issues”, *Australian Occupational Therapy Journal*, 62, 378-392.

Dunn, E. C.; Wewiorski, N. J.; Rogers, E. S. (2008), “The meaning and importance of employment to people in recovery from serious mental illness: Results of a qualitative study”, *Psychiatric Rehabilitation Journal*, 32(1), 59-62.

Drake, R. E., O’Neal, E. L., Wallach, M. A. (2008), “A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders”, *J.Subst.Abuse Treat.*, 34, 123-138.

Evans, J., Repper, J. (2000), “Employment, social inclusion and mental health”, *Journal of Psychiatric and Mental Health Nursing*, 7, 15-24.

Harris, L. M., Matthews, L. M., Penrose-Wall, J., Alam, A., Jaworski, A. (2014), “Perspectives on barriers to employment for job seekers with mental illness and additional substance-use problems”, *Health and Social Care in the Community*, 22(1), 67-77 DOI: 10.1111/hsc.12062.

Hammer T. (2000). Mental health and social exclusion among unemployed youth in Scandinavia. A comparative study. *International Journal of Social Welfare*. 9. 53-63.

Koletsis, M., Niersman, A., van Busschbach, J. T., Catty, J., Becker, T., Burns, T. (2009), "Working with mental health problems: clients' experiences of IPS, vocational rehabilitation and employment", *Social Psychiatry and Psychiatric Epidemiology*, 44, 961-970.

Krupa, T., Kirsh, B. F., Cockburn, L. F., Gewurtz, R. (2009). "Understanding the stigma of mental illness in employment", *Work*, 33 (4), 413-435.

Laudet, A.B., Magura, S., Vogel, H.S., Knight, E. (2000), "Recovery challenges among dually diagnosed individuals", *Journal of Substance Abuse Treatment*, 18, 321-329.

Leamy, M., Bird, V. Boutillier, C., Williams, L., Slade, M. (2011), "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis", *The British Journal of Psychiatry*, 199, 445-452.

Luciano, A., Carpenter-Song, E. A. (2014), "A Qualitative Study of Career Exploration among Young Adult Men with Psychosis and Co-occurring Substance Use Disorder", *Journal of Dual Diagnosis*, 10 (4), 220-225, DOI: 10.1080/15504263.2014.962337.

Mikkelsen, K. A., Granerud, A. F., Høy, S. (2014), "People with mental illness returning to work: a qualitative evaluation of a Norwegian project", *Scandinavian Journal of Occupational Therapy*, 21 (3), 172-180.

Mueser, K. T., Campbell, K. F., Drake, R. E. (2011), "The Effectiveness of Supported Employment in People With Dual Disorders", *Journal of Dual Diagnosis*, 7, 90-102.

Mueser, K. T., Drake, R. E., & Bond, G. R. (2016). "Recent advances in supported employment for people with serious mental illness". *Current Opinion in Psychiatry*, 29(3), 196-201.

Munro, I., Edward., K. (2008). "The recovery journey: Employment support for people with depression and other mental illnesses", *Australian e-Journal for the Advancement of Mental Health*, 7(2), 104-111.

Ness, O., Borg, M., Davidson, L. (2014), "Facilitators and barriers in dual recovery: a literature review of first-person perspectives", *Advances in Dual Diagnosis*, 7, 107-117.

Oute, J., Huniche, L., Nielsen, C. T., Petersen, A. (2015)., "The politics of mental illness and involvement – a discourse analysis of Danish anti-stigma and social inclusion campaigns", *Advances in Applied Sociology*, 5, 273-285.

Poremski, D., Whitley, R. F., Latimer, E. (2014), "Barriers to obtaining employment for people with severe mental illness experiencing homelessness", *Journal of Mental Health*, 23, 181-185.

Rosenheck, R. A., Resnick, S. G., Morrissey, J. P. (2003), "Closing service system gaps for homeless clients with a dual diagnosis: integrated teams and interagency cooperation", *J.Ment.Health Policy Econ.*, 6, 77-87.

Sandelowski, M., Barroso, J. (2007). *Handbook for synthesizing qualitative research*. New York, NY: Springer, pp.1-284.

Schon, U. K., Denhov, A., Topor, A. (2009), "Social relationships as a decisive factor in recovering from severe mental illness", *Int.J.Soc.Psychiatry*, 55, 336-347.

Schutt, R. K., Hursch, N.C. (2009), "Influences on Job Retention among Homeless Persons with Substance Abuse or Psychiatric Disabilities", *Journal of Sociology & Social Welfare*, Volume XXXVI (4), 53-73.

Strickler, D. C., Whitley, R., Becker, D. R., Drake, R. (2009), "First Person Accounts of Long-Term Employment Activity among People with Dual Diagnosis", *Psychiatric Rehabilitation Journal*, 32 (4), 261-268. DOI: 10.2975/32.4.2009.261.268.

Sælør, K. T., Ness, O., Semb, R. (2015), "Taking the plunge: Service users' experiences of hope within the mental health and substance use services", *Scandinavian Psychologist*, 2(e9). DOI:10.15714/scandpsychol.2.e9

Tong, A., Sainsbury, P., Craig, J. (2007), "Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups", *Int.J Qual.Health Care*, 19, 349-357.

Topor, A., Borg, M., Di, G. S., Davidson, L. (2011), "Not just an individual journey: social aspects of recovery", *Int.J.Soc.Psychiatry*, 57, 90-99.

Torfig, J. (1999), "Workfare With Welfare: Recent Reforms of the Danish Welfare State", *Journal of European Social Policy*, 9, 5-28.

Wright, N., Stickley, T. (2013), "Concepts of social inclusion, exclusion and mental health: a review of the international literature", *Journal of Psychiatric and Mental Health Nursing*, 20, 71-81.

Figures and tables

Figure 1. Flowchart

Table 1. Characteristics of the identified studies

Article	Aim	Sample	Main results/ themes
Luciano & Carpenter-Song (2014)	To investigate the meaning and importance of career exploration and career development in the context of integrated treatment for young adults with early psychosis and substance use disorders	12 young adult men with diagnosed psychosis and substance use disorders	School and Work History Prior to Integrated Services Ambitious Career Goals Translating Career Goals to Action

			Career Development and Treatment Engagement
Harris, Matthews, Penrose-Wall, Alam and Jaworski (2014)	To examine the perceived barriers to employment faced by jobseekers with mental illness and additional substance use problems	17 people comprising Jobseekers with mental illness and substance-use problems, support persons and employment staff	Barriers to employment associated with mental Illness Additional barriers to employment associated with substance-use problems
Poremski, Whitley & Latimer (2014)	To explore the self-reported barriers to employment in a sample of individuals with mental illness when they were homeless	27 adult (+18) informants participating in an IPS Study and a Housing first intervention project.	Current substance use Having a criminal record Work-impeding shelter practices Difficulties obtaining adequate psychiatric care
Mikkelsgård, Granerud & Høye (2014)	To understand of the participants' experiences of being involved in the NAV project called "Work, Substance Abuse and Mental Health", which helps the service recipients to combine work and treatment	52 individuals who participated in the NAV project. The project's main target group is people under the age of 25 years who receive financial assistance from the NAV and have mental health problems, mostly depression and anxiety, some with low levels of substance use.	A life-changing process Follow-up Versatile support Person-oriented perspective
Strickler, Whitley, Becker and Drake (2009)	To examine first person accounts of work activity from people with dual diagnosis who were not selected for employment readiness or vocational interests	120 people with severe mental illness and substance use disorders	Illness management Personal evaluation of the impact of employment Congruence between job preference and actual employment Personal motivation and job-

			<p>seeking assistance</p> <p>Conditioning nature of working or not working</p>
Schutt & Hursh (2009)	To examine the factors affecting job retention among former participants in a community rehabilitation program for homeless persons with psychiatric or substance use disabilities	35 people with psychiatric and/or substance abuse disabilities who had participated in a traditional vocational rehabilitation programme	Personal motivation, availability of social support and physical health affect maintenance of sobriety and employment
Alverson, Becker & Drake (1995)	As part of a larger study of supported employment, mental health consumers were followed and interviewed by an ethnographer and to discuss their difficulties and coping strategies as they sought to participate in the world of competitive employment	13 consumers who were participating in the IPS intervention, nine of which had previous experience with substance use: six women and seven men. All had histories of multiple psychiatric hospitalizations and major mental illness and persistent disability in several areas.	<p>Keeping a Positive Outlook</p> <p>Avoiding Substance use</p> <p>Using a Diverse Support Network</p> <p>Using Medications Strategically</p> <p>Avoiding Relapse of Illness</p> <p>Overcoming Illness and Stigma on the Job</p>