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Queensland University of Technology, Brisbane, Qld.

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How to improve job tenure for clients with psychosocial disabilities?

*A critical literature review for
employment services*

Byron W. Keating, Amanda Beatson, Asha Worsteling
and Thilini Alahakoon

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For further information, please contact:
Professor Byron Keating
QUT Business School
byron.keating@qut.edu.au

EXECUTIVE SUMMARY

This report presents the findings of a systematized review of the academic literature on supporting the employment of people with psychosocial disabilities. The report will provide guidance for employment support providers on best practices to support the long-term employment of people with psychosocial disabilities. In addition, this guide aims to provide guidance to policy makers and employment service managers and executives on how resources could best be allocated to support the long-term employment of people with psychosocial disabilities.

The key findings from the review are:

#1

Barriers to employment

- The symptoms associated with psychosocial disabilities can have detrimental impacts on employment functioning.
- There are systemic inequalities associated with psychosocial disabilities that negatively impact their ability to maintain work.
- Discrimination in the workplace negatively impacts people with psychosocial disabilities' ability to maintain work.
- People with psychosocial disabilities are often unable to access employment services and those services are often inadequate.

#2

Employment support models

- The two most researched models of support provided by employment services for people with psychosocial disabilities are individual placement and support and traditional vocational rehabilitation.
- Traditional vocational rehabilitation involves a stepwise approach where clients are trained and psychiatrically treated before entering employment.
- Individual placement and support is a newer model where clients are rapidly placed in employment and supported through training and treatment while employed.

#3

Effective implementation of support models

- Research shows that individual placement and support is more effective than traditional vocational rehabilitation.
- Employment support should continue indefinitely after the client has been placed in employment.
- Providing wraparound services that support the client's treatment, personal needs, and general psychological wellbeing is vital to long-term successful employment.
- Support provided should be tailored to the individual client's needs, goals, and mental health status.

INTRODUCTION

What is a psychosocial disability?

The NDIS defines psychosocial disabilities as a “disability that comes from a mental health condition” [1]. However, not everyone with a mental health issue will have a disability. Instead, psychosocial disability refers to a condition where mental health impacts on the functioning of an individual that leads to barriers with participation in their social environment. Examples of some psychosocial disabilities include Schizophrenia and Schizoaffective disorder, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, Agoraphobia and Social phobia or Mood disorders, such as Depression and Bipolar.

Method

The report presented here is based on a scoping review of the academic literature on employment for people with psychosocial disabilities. Due to the substantial academic literature on this subject, the present scoping review was limited to meta-analyses and systematic reviews (the gold-standard for academic literature).

The scoping review followed the six-step method outlined by Arksey & O’Malley [2], which involved:

1. Identification of the research question(s);
2. Identification of studies relevant to the research question(s);
3. Selecting studies for inclusion;
4. Charting information and data within the included studies;
5. Collating, summarising, and reporting results of the review; and
6. Consultation with stakeholders and experts.

The search process resulted in the identification of 56 publications. A thematic analysis of the findings was performed, and the results of this analysis are summarised in this report.

Why is it important to improve employment for people with psychosocial disabilities?

Being in employment has a range of positive impacts on quality of life for people with psychosocial disabilities:



Enhances income. Earning a wage through employment gives independence to people with psychosocial disabilities who would otherwise have to rely on the government or family for financial support. It also increases their quality of life by increasing disposable income.



Develops social skills. The routine and constant interaction with others inside the workplace improves social skills that people with psychosocial disabilities may not otherwise get the opportunity to develop.



Improves self-esteem. For most people, their work is a crucial element of their self-identity, and as such, having a job is associated with improvements in self-identity. Additionally, being employed is often considered an important indicator of social status. So being in employment improves self-esteem by improving social status.



Improves symptoms. Participating in employment nurtures positive personal changes outside the work environment, which reduces the severity of the symptoms of psychosocial disability.



Increases social inclusion. Participating in work is one of the critical factors to participating in the general community. Social inclusion increases feelings of belonging and connectedness and gives people a greater sense of meaning in life. Social inclusion also has broader social benefits in decreasing social stigma as people become more exposed to and tolerant of people with psychosocial disabilities.



Improves wellbeing. As a result, employment dramatically enhances the wellbeing of people with psychosocial disabilities.

Despite the importance of employment to the wellbeing of people with psychosocial disabilities, their employment rate remains far below the average. The Australian Bureau of Statistics found that in 2018, 4.6%, equating to 1.1 million, Australians had a psychosocial disability. Psychosocial disabilities comprised over a quarter of people who reported having a disability. However, in 2018 only 26% of people with a psychosocial disability were employed compared with 84% of people with no disability. Of all types of disabilities, people with psychosocial disabilities were least likely to be employed. Since 1998, people without disabilities have been twice as likely to be employed compared with people without disabilities [3]. This stagnation suggests that recent attempts to increase the integration of this group of people into employment have yet to be successful.

Why is job tenure important to increasing employment rates?

One of the causes for the low level of participation in the workforce for people with psychosocial disabilities is that they tend to spend less time in a job than average. There are a range of factors associated with psychosocial disabilities that can make it more difficult for them to retain employment. As a result of psychosocial disability, people are at increased risk of early job termination [4].

Moreover, these early job terminations are frequently negative experiences. Often, the employee may have experienced high stress levels associated with performing tasks of the role or due to workplace discrimination. The employer might have ended their employment suddenly because of a change in funding or government-provided wage support. Changes to treatment or living situations can also lead to sudden changes in the ability of individuals within their employment situation, leading to abrupt job terminations [5].

The negative experiences associated with unwanted and potentially unexpected job termination can massively harm confidence, mental health and motivation. As a result, people with psychosocial disabilities who experience such hostile job terminations may remain unemployed for extended periods. The result is a higher unemployment rate for people with psychosocial disabilities. Therefore, increasing the job tenure will not only increase employment of people with psychosocial disabilities but will also stop the negative cycle of unemployment.



BARRIERS TO EMPLOYMENT

Barriers to the long-term maintenance of employment for people with psychosocial disabilities can be broadly categorised as resulting from:

1. Psychosocial disability symptoms
2. Low access to employment services
3. Discrimination from employers
4. Societal and policy barriers

Each of these factors are described and listed here separately but it is important to note that these factors will have different weightings and interactions with one another in terms of impact on overall employment experiences for different people.

07

Barriers resulting from the psychosocial disability



The symptoms associated with psychosocial disabilities pose barriers to employment that are not experienced by those without psychosocial disabilities or with different types of disabilities. For instance, people with psychosocial disabilities may experience social or cognitive impairments which lower occupational functioning.

People with psychosocial disabilities commonly experience significant fluctuations in mental health. Affective episodes such as mania or depression are also common symptoms of psychosocial disability. As a result, employees may take more frequent and longer sick leave or experience extended periods of unemployment.

Such barriers to employment also impact access to education and training, reducing access to employment. People with psychosocial disabilities are more likely to have disruptions to secondary and post-secondary education than those without psychosocial disabilities. This lowers their ability to obtain the skills necessary for employment and decreases the likelihood of being hired, as they do not have the requisite qualifications.

Finally, people with psychosocial disabilities are more likely to experience significant traumas and stressful life events that can delay recovery and increase the likelihood of work impairment. They may be more likely to experience inadequate or unstable housing or homelessness and other forms of financial insecurity, spend time in prison, experience extended hospitalisations, or have substance use disorders.

As a result of all these factors, people with psychosocial disabilities are more likely to be unemployed or employed in lower-level and lower-paid positions with little to no opportunities for promotion [6, 7].

Low access to employment services

Structural inequalities in society often mean that people with psychosocial disabilities come from a lower socioeconomic background and may not live in areas with access to quality employment services or have knowledge of the availability of services in the first place. Even for those with access to employment services, the added strain of performing activities of daily living with a psychosocial disability can mean that people do not have the emotional or cognitive capacity required to seek out support services. Health professionals may also often have negative or stigmatising views about the ability of people with psychosocial disability and so not refer them to employment services or may disincentivise patients considering employment from seeking employment. Thus, employment services are often not reaching the people who need their support [6].

Negative experiences with employment services are widespread, often putting people off seeking those services again. Furthermore, others may hear about those negative experiences with employment services and chose not to use them in the first place. This problem largely arises due to a lack of adherence to guidelines for best practices.

People frequently report that staff at employment services “intimidate those interested in permanent employment with the risk of increased stress after entering the job and possible negative effects on their health”. They often guide people towards sheltered work, away from education, and into roles unsuitable for the client. As such, employers do not understand or consider the impacts of psychosocial disability or the goals and aspirations of their clients. Finally, support from employment services often ends not long after they attain employment, long before they cease requiring that support resulting in them abandoning their jobs [6, 8].



Discrimination from employers

The widespread discrimination in the workplace presents a significant barrier to employment for people with psychosocial disabilities. People often have negative beliefs and attitudes about the work capacity of a person with psychosocial disabilities, which workplace accommodations can reinforce. Other factors associated with psychosocial disability, such as receiving welfare benefits or hospitalisations, can also lead to high levels of stigma. Such stigma can lead to employees being socially excluded from the rest of the workforce, thus, having detrimental effects on mental health and wellbeing.

Employers might also believe that the discrimination and stigma from co-workers might put an employee with psychosocial disabilities at risk or that they may be unable to fit in. Employers may respond by relegating them to menial-level jobs or tasks, not considering them for promotions or development, or avoiding employing them altogether [10]. Thus, exacerbating the impact of social exclusion caused by stigma and creating extra stress by stagnating the employees' careers.

Finally, employees with psychosocial disabilities are unlikely to receive suitable reasonable work accommodations. This is partly because employees may want to avoid stigma by 'passing for normal', and so are disincentivised from disclosing their disability. As a result, employees do not receive the necessary accommodations. Even for employees who do disclose their disability, organisations often have inadequate HR policies and procedures to ensure that the correct support is provided. As a result, the onus falls on the employee to adjust for their disability which can add substantial stress to their role.

Employers are often ill-equipped to manage such challenges in the workplace, meaning that these issues do not get solved. This is largely because of a low awareness of supporting and effectively managing people with psychosocial disabilities in the workplace. For instance, employers may have a low understanding of the processes involved in fairly administering disciplinary, dispute resolution, and termination processes [10]. The invisible nature of psychosocial disabilities adds to the misunderstanding. The impacts or existence of psychosocial disabilities are not obvious meaning that co-workers and employers are often unaware of the disability or how to respond to the employee's needs [11].

Societal and policy barriers

Due to a range of societal structures, people with psychosocial disabilities are less likely to receive adequate social support, further exacerbating the impacts of their disability. People with psychosocial disabilities often do not receive adequate support for tasks of daily living, often depending on family or welfare. However, many are unaware of the disability pensions and support for caregivers, creating extra financial and emotional strain [12].

Government regulations also pose barriers to employment. The lack of coordination between state and federal government and health and employment departments has exacerbated problems and created barriers to solutions by making it difficult to simultaneously address vocational and non-vocational factors involved in the low employment rate for people with psychosocial disabilities. Instead, many government policies disincentivise work by predicated healthcare benefits on employment and earnings, meaning that people may have to leave employment because they rely on welfare support to maintain their health [7].

Finally, people with psychosocial disabilities often experience stigma from the general population, which can lead them to avoid social interaction and lead to self-isolation. This discrimination in the general community has also meant limited availability of suitable paid employment, which impacts job tenure, retention and satisfaction for people with psychosocial disabilities.



WHAT IS THE MOST EFFECTIVE EMPLOYMENT SUPPORT MODEL TO IMPROVE THE JOB TENURE OF PEOPLE WITH PSYCHOSOCIAL DISABILITIES?

The multitude of service delivery models and types of support available can be overwhelming. This section will break down what the models of support commonly described in the research mean. From there, this report will outline what the research says about the effectiveness of the various models and what to keep in mind for effective implementation. This report will focus on the two most common models of support found in research: traditional vocational rehabilitation and supported employment.

This report will also focus on models that have shown efficacy in terms of improving job tenure. Much of the academic literature on employment for people with psychosocial disabilities focuses on support to gain employment. However, as explained earlier, the low job tenure of people with psychosocial disabilities is largely to blame for their low employment outcomes.

Traditional vocational rehabilitation

Traditional vocational rehabilitation involves training clients through classes, workshops, assessments and counselling before attempting to place the individual in employment. It is thought that by providing the necessary skills for employment when the client is placed into a job, they will be better prepared and experience less stress associated with the transition. Thus, increasing the longevity of the position. Training programs in traditional vocational rehabilitation usually focus on improving cognitive, social or generic work skills [13]. Thus they focus on addressing some of the main barriers to employment, being cognitive or social impairments or a lack of education and training.



Cognitive rehabilitation training aims to improve cognitive processes by providing strategies and practice in completing cognitive exercises. Cognitive training might help clients break down tasks into constituent elements and practice them sequentially to ensure high performance. The goal is that breaking down and practicing specific tasks will improve an individual's functioning more generally as they learn to extrapolate those skills to other tasks. Cognitive processes generally targeted by cognitive remediation include attention, memory, executive function, social cognition or meta-cognition.



Social skills training is a type of behavioural training focused on providing skills to improve social functioning in specific situations, problems or activities. There are two types of models of social skills training. The basic model follows a similar premise to cognitive rehabilitation, which trains the client to break down complex social experiences into simpler steps. Role plays of those scenarios are performed to practice skills and correct mistakes. The social problem-solving model focuses on improving impairments in information processing that are assumed to cause social skills deficits to increase skill acquisition and reduce symptoms of psychosocial disability.



Workplace training covers a variety of specialized training programs designed to increase job retention by teaching work-specific skills. Training might be general, for example, improving problem-solving, socialization, and interaction with supervisors, or, more specific, such as, providing training towards skills required in a specific industry.

Supported employment

Supported employment is a newer intervention that distinguishes itself from traditional forms of vocational rehabilitation by focusing on rapid job placement followed by continued support and treatment while employed. Supported employment programs were introduced around 30 years ago with the view that actively involving clients in the job search process and that a rapid placement in employment increases confidence and helps to develop practical skills. Supported employment also provides ongoing support for clients once employed to improve job tenure [14].

Individual placement and support (IPS) is the most common form of supported employment program designed to assist people throughout the employment journey, from the job search and acquisition process to long-term support while on the job. IPS is provided by an employment specialist who maintains a relationship with the client throughout the service. The IPS model follows eight fundamental principles [15]:

1. Eligibility to the program is based on the client's desire to participate
2. Focus on competitive employment
3. Integration of mental health services and employment services
4. Attention to client preferences
5. Inclusion of benefits and work incentives planning
6. Rapid job search
7. Systematic job development in the community
8. Individualized support.

Research has found critical components of an IPS support model to rely heavily on particular qualities of employment specialists. Encouragement, honesty, respect, and flexibility are essential characteristics of an employment specialist because it improves the level of personal support experienced by the client. Employment specialists must have diverse skills as they support the client's whole journey, e.g., writing CVs, job searching, interview preparation, and negotiations with employers. IPS supports the client to be placed in a suitable position given their background, mental health, and decision-making to ensure that the job is tailored to them, ensuring longevity. The indefinite length of support from the employment specialist is crucial to the program's success [8].

Augmented supported employment

Augmented IPS supplements traditional IPS with additional training programs. Training programs are the same as those offered under traditional vocational rehabilitation models. The type and number of training programs will vary depending on the individual client's needs. Training programs can target improvement in various areas, including fostering self-awareness, increasing resilience and coping skills for work-related stressors, or increasing job skills to improve confidence and employability [16].

Which intervention model does research find is most effective at improving job tenure?

A substantial amount of high-quality research has compared the efficacy of different types of vocational interventions provided by employment services. This body of research suggests that individual placement and support is more effective than traditional vocational rehabilitation at improving job tenure [13, 14, 17]. However, some evidence suggests that clients of individual placement and support still tend to have short lengths of job tenure, an average of 4 to 6 months, and those job terminations tend to be harmful [7]. As such, augmented individual placement and support presents the highest level of efficacy [16, 18]. Research examining individual placement and support augmented with social skills training or cognitive skills training find that both show higher levels of efficacy than individual placement and support alone. Augmented individual placement and support has also been found to be more cost-effective than traditional vocational rehabilitation [14].



What types of interventions can be provided to current employees?

Almost all models of support offered by employment services, including individual placement and support, assume that support begins while the client is unemployed. However, interventions to improve job tenure would be more effective if they could intervene before the client has terminated employment. Minds at Work is an example of a program developed for employees with psychosocial disabilities to target the main predictors and barriers to employment to increase job tenure. The program is divided into nine sessions in a group setting and is designed to be interactive, filled with discussion and exercises. During the course, participants develop personalized strategies for work-related activities, including interacting with people at work, self-awareness and emotional regulation strategies, and cognitive training. At the end of the program, participants are encouraged to take the skills they learn during the course and apply them towards personal employment goals [19]. Training programs like Minds at Work could be incorporated into an IPS program or provided as stand-alone courses.

Pre-emptive measures such as the Minds at Work training program might prove more effective at increasing the rate of job tenure compared with more reactive measures currently employed. The amount of resources required to help someone from a state of unemployment to reach secure and sustainable employment is much higher than what would be necessary if assistance begins before the client loses their job. In addition, this type of intervention bypasses the emotional stress and trauma that often accompanies job terminations and so could work to increase confidence in their employment abilities. Therefore, employment service providers and policymakers should consider diverting more resources to pre-emptive measures to assist current employees with psychosocial disability.

Why is it important to consider non-vocational support to improve job tenure?

Given the impacts of psychosocial disability on employment ability and functioning, interventions aimed at improving employment outcomes need to also treat the underlying mental health condition. However, the lack of communication and cooperation between health and employment services means that people with psychosocial disability often do not receive the care they require for their mental health condition. Furthermore, the under-resourcing and funding models based on employment quotas mean that employment services cannot provide the required level of care regarding non-vocational barriers to employment [6].

To overcome these barriers, employment specialists can consult a client's mental health consultant or team regarding their treatment needs. In doing so, the employment specialist has the knowledge and understanding to support the ongoing treatment of their clients. Assertive community treatment (ACT) is a program that provides a model of how employment goals can be integrated into treating people with psychosocial disabilities. Like IPS, ACT involves treatment from a single clinician with a low caseload and can provide highly personalized care. This clinician supports the client with all their needs, including housing, finances, activities of daily living, interpersonal relationships, and employment, with the support of a multidisciplinary team of professionals. In doing so, ACT helps the client to overcome all vocational and non-vocational barriers to employment, resulting in job placements that are much longer lasting [7].

REFERENCES

1. Mental health and the NDIS | NDIS. (n.d.). Retrieved July 3, 2023, from <https://www.ndis.gov.au/understanding/how-ndis-works/mental-health-and-ndis>
2. Arksey, H., & O'Malley, L. (2007). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>
3. Psychosocial disability | Australian Bureau of Statistics. (n.d.). Retrieved July 3, 2023, from <https://www.abs.gov.au/articles/psychosocial-disability>
4. Cavanagh, J., Bartram, T., Meacham, H., Bigby, C., Oakman, J., & Fossey, E. (2017). Supporting workers with disabilities: a scoping review of the role of human resource management in contemporary organisations. *Asia Pacific Journal of Human Resources*, 55(1), 6–43. <https://doi.org/10.1111/1744-7941.12111>
5. Irvin, E., Tompa, E., Johnston, H., Padkapayeva, K., Mahood, Q., Samosh, D., & Gewurtz, R. (2022). Financial incentives to promote employment of persons with disabilities: a scoping review of when and how they work best. *Disability and Rehabilitation*, ahead-of-print(ahead-of-print), 1–15. <https://doi.org/10.1080/09638288.2022.2133178>
6. Mallick, S., & Islam, M. S. (2022). The impact of co-location employment partnerships within the Australian mental health service and policy context: A systematic review. *Int J Ment Health Nurs*, 31(5), 1125–1140. <https://doi.org/10.1111/ijnm.13007>
7. Moriearty, P. L., Oulvey, E., & Lee, K. (2001). Work Productivity in Psychiatry: Trends in Interventions and Outcomes. *Disease Management & Health Outcomes*, 9(10), 539–550. <https://doi.org/10.2165/00115677-200109100-00003>
8. Chen, N. R., & Lal, S. (2020). Stakeholder perspectives on IPS for employment: A scoping review. *Canadian Journal of Occupational Therapy - Revue Canadienne De Ergotherapie*, 87(4), 307–318. <https://doi.org/10.1177/0008417420946611>
9. Morwane, R. E., Dada, S., & Bornman, J. (2021). Barriers to and facilitators of employment of persons with disabilities in low- and middle-income countries: A scoping review. *African Journal of Disability*, 10, e1–e12. <https://doi.org/10.4102/ajod.v10i0.833>
10. Beatty, J. E., Baldridge, D. C., Boehm, S. A., Kulkarni, M., & Colella, A. J. (2019). On the treatment of persons with disabilities in organizations: A review and research agenda. *Human Resource Management*, 58(2), 119–137. <https://doi.org/10.1002/hrm.21940>
11. Karpur, A., VanLooy, S. A., & Bruyère, S. M. (2014). Employer Practices for Employment of People With Disabilities: A Literature Scoping Review. *Rehabilitation Research, Policy, and Education*, 28(4), 225–241. <https://doi.org/10.1891/2168-6653.28.4.225>
12. Prince, M. J. (2017). Persons with invisible disabilities and workplace accommodation: Findings from a scoping literature review. *Journal of Vocational Rehabilitation*, 46(1), 75–86. <https://doi.org/10.3233/JVR-160844>
13. Suijkerbuijk, Y. B., Schaafsma, F. G., van Mechelen, J. C., Ojajärvi, A., Corbière, M., & Anema, J. R. (2017). Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis. *Cochrane Database Syst Rev*, 2017(9), CD011867–CD011867. <https://doi.org/10.1002/14651858.CD011867.pub2>
14. Zheng, K., Stern, B. Z., Wafford, Q. E., & Kohli-Lynch, C. N. (2022). Trial-Based Economic Evaluations of Supported Employment for Adults with Severe Mental Illness: A Systematic Review. *Administration and Policy in Mental Health*, 49(3), 440–452. <https://doi.org/10.1007/s10488-021-01174-y>
15. de Winter, L., Couwenbergh, C., van Weeghel, J., Sanches, S., Michon, H., & Bond, G. R. (2022). Who benefits from individual placement and support? A meta-analysis. *Epidemiol Psychiatr Sci*, 31, e50–e50. <https://doi.org/10.1017/S2045796022000300>
16. Dewa, C. S., Loong, D., Trojanowski, L., & Bonato, S. (2018). The effectiveness of augmented versus standard individual placement and support programs in terms of employment: a systematic literature review. *J Ment Health*, 27(2), 174–183. <https://doi.org/10.1080/09638237.2017.1322180>
17. Walsh, E., Holloway, J., McCoy, A., & Lydon, H. (2017). Technology-Aided Interventions for Employment Skills in Adults with Autism Spectrum Disorder: A Systematic Review. *Review Journal of Autism and Developmental Disorders*, 4(1), 12–25. <https://doi.org/10.1007/s40489-016-0093-x>
18. Arbesman, M., & Logsdon, D. W. (2011). Occupational Therapy Interventions for Employment and Education for Adults With Serious Mental Illness: A Systematic Review. *AMERICAN JOURNAL OF OCCUPATIONAL THERAPY*, 65(3), 238–246. <https://doi.org/10.5014/ajot.2011.001289>
19. Sauve, G., Buck, G., Lepage, M., & Corbiere, M. (2022). Minds@Work: A New Manualized Intervention to Improve Job Tenure in Psychosis Based on Scoping Review and Logic Model. *Journal of Occupational Rehabilitation*, 32(3), 515–528. <https://doi.org/10.1007/s10926-021-09995-2>