Journal of Mental Health

Routledge
Taylor & Francis Group

ISSN: 0963-8237 (Print) 1360-0567 (Online) Journal homepage: https://www.tandfonline.com/loi/ijmh20

Barriers to obtaining employment for people with severe mental illness experiencing homelessness

Daniel Poremski, Rob Whitley & Eric Latimer

To cite this article: Daniel Poremski, Rob Whitley & Eric Latimer (2014) Barriers to obtaining employment for people with severe mental illness experiencing homelessness, Journal of Mental Health, 23:4, 181-185, DOI: 10.3109/09638237.2014.910640

To link to this article: https://doi.org/10.3109/09638237.2014.910640

Published online: 30 Apr 2014.

Submit your article to this journal

Article views: 1738

View related articles

View Crossmark data

Citing articles: 20 View citing articles

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=ijmh20

Journal of
MENTAL
HEALTH

http://informahealthcare.com/jmh
ISSN: 0963-8237 (print), 1360-0567 (electronic)

J Ment Health, 2014; 23(4): 181–185
© 2014 Shadowfax Publishing and Informa UK Limited. DOI: 10.3109/09638237.2014.910640

informa
healthcare

ORIGINAL ARTICLE

Barriers to obtaining employment for people with severe mental illness experiencing homelessness

Daniel Poremski[1,2], Rob Whitley[1,2], and Eric Latimer[1,2]

[1]*Department of Psychiatry, McGill University, Montreal, Quebec, Canada and* [2]*Douglas Mental Health University Institute, Montreal, Quebec, Canada*

Abstract

Background: The rate of unemployment among homeless people is estimated to exceed 80%. A high prevalence of mental illness partially explains this figure, but few studies about the relationship between employment and homelessness have focused on homeless people with mental illness.
Aim: The present study explores the self-reported barriers to employment in a sample of individuals with mental illness when they were homeless.
Methods: A sample of 27 individuals with mental illness and recent experiences of homelessness, who had expressed an interest in working, participated in semi-structured qualitative interviews. Inductive analysis was used to identify barriers to employment.
Findings: The prominent barriers include: (1) current substance abuse, (2) having a criminal record, (3) work-impeding shelter practices, and (4) difficulties obtaining adequate psychiatric care.
Conclusion: Individuals who have been homeless and have a mental illness report facing specific barriers associated with mental illness, homelessness, or the interaction between the two. Additional research should explore how supported housing and employment interventions can be tailored to effectively serve this group.

Keywords

Employment barriers, homelessness, qualitative analysis, severe mental illness

History

Received 3 July 2013
Revised 27 November 2013
Accepted 10 February 2014
Published online 29 April 2014

Introduction

Unemployment among homeless people has been estimated to be around 80–90% (Acuña & Erlenbusch, 2009; Aubry et al., 2011; Pickett-Schenk et al., 2002). High levels of unemployment among homeless people, who may also have a mental illness (Fazel et al., 2008), could be attributed to the complex relationship between mental illness, employment and housing status (Frankish et al., 2005; Shelton et al., 2009; Zuvekas & Hill, 2000). Employment has the potential to improve quality of life and reduce the risk of further shelter use (Kilian et al., 2011; Lam & Rosenheck, 2000; Muñoz et al., 2005). It follows that employment represents an important means of successfully exiting homelessness and should be a priority in plans to end homelessness (Shaheen & Rio, 2007). People who are homeless would rather work than rely on welfare (Daiski, 2007) and their preference for part-time or full-time employment exceeds 87% (Acuña & Erlenbusch, 2009).

The literature documenting obstacles that homeless people with mental illness face when seeking employment can be divided into two strands, one pertaining to housed people with mental illness, and the other pertaining to people who experience homelessness. Some obstacles appear significant for both groups, while others are specific. Having a criminal record (Peternelj-Taylor, 2008; Tschopp et al., 2007), physical illness or substance abuse (Henry & Lucca, 2004; Radey & Wilkins, 2010; Zuvekas & Hill, 2000), and poor employment histories (Pickett-Schenk et al., 2002; Waghorn & Lloyd, 2005) appear to impede employment for both housed people with mental illness and people who are homeless.

Barriers specific to homeless people include maladaptive behaviours, such as quitting as a problem-solving strategy (Muñoz et al., 2005), and learned dependence created by shelter use (Morrell-Bellai et al., 2000). The belief that panhandling provides more revenue than the minimum wage also acts as a deterrent to competitive employment (Daiski, 2007). As for people with mental illness, side-effects resulting from medication (Henry & Lucca, 2004), low vocational expectations, fears of losing benefits, and financial disincentives associated with benefits rules act as barriers to obtaining competitive employment (Waghorn & Lloyd, 2005).

The qualitative studies that have reported on these obstacles have all relied on samples that included homeless people with and without mental illness. Consequently, they frequently cite mental illness as a distinct obstacle to employment in people who are homeless, but do not explore on its role (Morrell-Bellai et al., 2000; Muñoz et al., 2005; Radey & Wilkins, 2010). This demonstrates the need to elaborate on the interplay between concurrent mental illness

Correspondence: Daniel Poremski, Douglas Mental Health University Institute, 6875 Boul. LaSalle, Perry 3C, Montreal, Quebec, Canada H4H 1R3. E-mail: daniel.poremski@douglas.mcgill.ca

J Ment Health, 2014; 23(4): 181–185

and homelessness. By purposefully sampling participants with mental illness, experiences of homelessness, unemployment, and desire for employment, the interactions between mental illness and homelessness in determining employment rates can be explored in greater detail.

The aim of this study is to elicit specific self-identified barriers to competitive employment in individuals with mental illness who have recently been homeless. In particular, we planned to explore how homelessness and mental illness together generate barriers to employment.

Methods

Participants

Participants were drawn from a randomized controlled trial evaluating the efficacy of the individual placement and support (IPS) (Drake et al., 2012). These participants were also members of the moderate needs experimental arm of the Montreal site of the At Home/Chez Soi project, a larger research project testing a Housing First intervention (Goering et al., 2011). Inclusion criteria for the Housing First study were: 18 years of age or older, the presence of a mental illness, and either to have been in absolute homelessness for seven nights or more, or be currently precariously housed with at least two episodes of absolute homelessness in the past year. Absolute homelessness entails living on the street or sleeping in emergency shelters. Inclusion criteria for the IPS trial were: be unemployed at the time of recruitment, and have a desire to receive supported employment services. Participants for the present study were chosen sequentially as they entered the IPS trial. Of the 39 individuals approached, 27 agreed to participate. Informed consent was obtained from each participant. Ethics approval was obtained from the ethics review board at the Douglas Institute, affiliated with McGill University in Montreal, Canada.

Procedure

A topic guide produced by the authors was used to guide semi-structured interviews. To contextualize experiences, participants were asked to speak about their lives and the events linked to their homelessness. Then they were asked to give their impression about the roles homelessness and mental health played in their employment histories. Questions include ‘‘How has being homeless affected your work?’’ and ‘‘What kept you from looking for work while you were homeless?’’ Interviews were conducted by the first author.

Analysis

The interviews were transcribed and coded in ATLAS.ti (version 7.0). Thematic analysis was used to generate themes (Braun & Clarke, 2006). Coding lists were produced by both the first and second author following the analyses of the first few interviews. To ensure methodological rigor, these lists were compared and discrepancies discussed and reconciled. The reconciled codes were summarized into analytic categories that were then amalgamated based on their relationship with one another to produce themes. An inductive process was used to amalgamate and produce themes specifically related to the interaction of mental illness and homelessness, and their effect on employment. This code and theme hierarchy was used to code subsequent interviews. The frequency, primacy, and intensity of the content were used to assign importance to themes.

Table 1. Participant characteristics.

Age (mean, range)	48, 26–65
Women	12/27
Place of birth	
1. Quebec	20
2. Outside Quebec	3
3. Outside Canada	4
Years of education (mean, range)	11.5, 6–21
Criminal record	13/27
Diagnosis	
1. Depression	17
2. Psychotic disorder	7
3. Panic disorder	1
4. Post-traumatic stress disorder	1
5. Mania	1
Lifetime length of homelessness in years (mean, range)	4, 0.17–20
Longest uninterrupted period of homelessness in months (mean, IQR)	10, 4–30
Employed continuously for more than a year	22/27

IQR, inter-quartile range.

Findings

Demographic characteristics are presented in Table 1. The analysis produced four predominant barriers to obtaining employment. In order of frequency and intensity, they are: (1) current substance abuse, (2) having a criminal record, (3) work-impeding shelter practices, and (4) difficulties obtaining adequate psychiatric care. Self-stigmatizing beliefs tend to accompany barriers resulting from substance use and criminal records.

Current substance abuse

Homelessness and mental illness contribute to drug and alcohol consumption, which act as a predisposing, a precipitating and a perpetuating factor to unemployment. Participants frequently cite substance abuse as an obstacle that increases with depression and negative rumination. They note that their consumption increased with time spent on the street as it is a precipitates expulsion from shelters with zero-tolerance to substance use. Substance consumption interfered with their ability to maintain employment:

> I lost job after job [. . .] excellent jobs, really similar to my previous one. I lost them time and time again because of my consumption and because of the fact, and the effect of chronic depression had the compounding effect . . . I didn’t value myself enough to accept that I deserved a good job and to be happy, I had convinced myself of this, and alcohol didn’t help.

Some participants noted that their consumption was difficult to hide from potential employers:

> Because if you have drug problems you are tired, and if you have an interview [pretends to fall asleep] you are going to have problems. I went for an interview, never

> again will I do that, I had smoked cannabis the day before, and when I arrived for the interview she was talking and I was [pretends to fall asleep] my eyes were closing . . . oh my god I lost the job and it was a good one!

Substance abuse continued to play a role in their lives following rehabilitation: ''There is also the fear of having money and that it would give me the desire to consume again, that's a big fear of mine.'' This sentiment was expressed by other participants and indicates that the struggle to abstain is itself a disincentive to employment.

Having a criminal record

Some participants expressed the sentiment that their involvement with the criminal justice system was a result of criminal acts linked to survival behaviors, such as selling stolen items while they were homeless. The criminal records of the participants are usually the consequence of offences like public intoxication, solicitation, theft, and threats against police officers.

People with a criminal record are disadvantaged in their search for employment in general, but our participants expressed a great deal of concern about this barrier:

> 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!

Participants with depression explained they had not been refused employment, but avoided applying for jobs because they anticipation of rejection. Explanations often aligned with Beck's cognitive triad: they expressed negative views about themselves, the world, and the future (1967). They feared being forced to talk about their past:

> It puts me ill-at-ease actually because I am actually afraid of being asked the question and that I would lose a job I like because of [my criminal record]. I think it is a big obstacle.

Participants attributed the difficulty they experienced trying to find and maintain a job to their criminal record.

Work-impeding shelter practices

Many participants who had experiences with shelters cited difficulties resulting from shelter practices. Participants noted a variety of ways in which practices impeded obtaining and keeping jobs, but the common thread is that these obstacles were the direct result of shelter regulations. Usually these regulations governed schedules and sleeping accommodations. Participants noted that certain shelters were problematic because they did not provide an environment conducive to rest. This frequently led to fatigue and maladaptive coping mechanism of self-medication:

> We can't get any sleep! And on top of that they kick us out at 6:00 AM! . . . People who need respite: well, they are put out onto the street at 6 in the morning like it was the smart thing to do! So what happens is that the people who can't sleep medicate themselves to sleep, but that is not respite!

For others, living in this environment while experiencing depression required much effort and participants describe being too tired to keep to their work schedule.

> [You] are too unstable . . . they need you to perform at work or at school, you need to be well rested and nourished, clean clothes, to have . . . more clean spirit, otherwise you might be able to work a day or two but then you will be fed up because you are too tired and you don't know where you will be staying the next day . . .

Another problematic practice relates to the allocation of beds. Participants could reserve a bed one night but would lose their claim to that bed if they arrived late. This policy intends to reduce the number of vacant beds. However, this practice inadvertently limits the movement of people seeking jobs:

> It lets you sleep, it lets you eat, I acknowledge that. They even clothe you if you need it. But for someone who says ''Well, look, I'd like to get out of this today, to go see other things and do other stuff'' you are stuck in it, you know. You must stay in the area. [. . .] So you are stuck in a cycle. If you say ''well I want to go to work'' forget that! you will lose your bed. And if you lose your bed you lose your place and stuff, and you start all over again [. . .] waiting in line to get a bed back. And if you are late for check-in because of work, you lose your bed too. So you are stuck in the system!

Participants recognized that they could not present themselves for job interviews burdened with their personal belongings, so they needed a place to leave them. However, as the example above demonstrates, they risked losing their belongings and their place to sleep if they returned late to the shelters. This deterred some participants from pursuing job opportunities.

Difficulties obtaining adequate psychiatric care

Some participants noted that during their period of homelessness they had trouble obtaining adequate psychiatric care. Surviving on the street entailed difficulties such as maintaining their treatment regimen because of the loss or theft of their prescribed medications. They also faced challenges assuring the continuity of their care:

> Participant: So I didn't have a doctor and no more medication at the end of the month. You can't imagine how I feel. What's going to happen to me at the end of the month? I don't know!
> Interviewer: You might have to go to the emergency?
> Participant: I will definitely have to, it's screwed up, and it's giving us misery. Look, with all my worries, I don't have the spirit to search for work! What's going to happen to me in two weeks? [. . .] I'm not alone with this problem.

Obtaining timely care for the treatment of depression or psychosis could be very frustrating and discouraging when services engage people in lengthy proceedings before referring them to the appropriate professional:

> They make you meet a social worker, youth worker, then a counsellor, and then they warn you it may take 6 months to a year to see someone because of the waiting list plus priorities . . . Sooo yup . . . so I have not done any other stuff for that.

This participant had given up seeking help and left his mental illness untreated, a major obstacle to returning to employment that can be exacerbated in the case of people who are also homeless.

Discussion

The semi-structured interviews highlight several barriers documented in the mental health literature along with others from the homelessness literature. These barriers often influence one another; a finding consistent with previous quantitative research on mental illness, homelessness and employment (Pickett-Schenk et al., 2002).

Substance abuse frequently leads to criminal activity, the exacerbation of mental illness symptoms, and expulsion from shelters. Participants frequently spoke about substance abuse in their explanations of the cyclical development and exacerbation of mental illness: an increase in one usually led to an increase of the other. For some of the participants it is a habit linked to adapting to shelter conditions that had a paradoxical effect because it is also a reason for expulsion from shelters with zero-tolerance to intoxication. In this way, substance use distances people from the services, perpetuating homelessness and exacerbating mental illness.

Participant's experiences of shelters varied, but difficulties could usually be traced back to a shelter policy. The organization of some shelters was such that obtaining the rest required for finding or maintaining employment was unlikely for participants in our study. This finding is in line with previous evidence suggesting that obtaining adequate sleep is difficult for this group (Daiski, 2007). Being unable to sleep in shelters prompted some people to ''medicate themselves'' as an adaptation. If participants were able to obtain adequate rest, securing that accommodation monopolized their time, preventing them from engaging in other activities, such as seeking employment. Thus shelters permit the maintenance of a minimal existence, but this maintenance comes at the cost of flexibility in use of time. They may not cultivate the conditions necessary to maintain a productive job hunt or steady employment. While shelters do offer some transitional programs, very few of our 27 participants mention having been served by these programs when they were homeless. Previous studies have noted that habituation to living in shelters could act as a deterrent to seeking employment (Morrell-Bellai et al., 2000). For participants in our study, only two of 27 report such an effect.

A finding which exemplifies the interaction of homelessness and mental illness is the preoccupation with maintaining contact with mental health care providers and adhering to treatments. People who are homeless in addition to having a mental illness face a greater challenge in accessing psychiatric treatment and medications, due to the difficulty of holding on to their medications and the absence of a fixed address, which at least in Montreal impedes receiving steady care at one hospital or treatment centre. Assuring the continuity of treatment is an important obstacle to employment that accompanies surviving on the street because the interruption of treatment can lead to negative consequences, such as hospitalization. Untreated mental illness has been documented as an important barrier to employment for domiciled people with mental illness (Henry & Lucca, 2004; Waghorn & Lloyd, 2005). For our participants, living on the street and the complexities of the system designed to assist them acted as obstacles to care. Without care, symptoms act as a barrier to seeking and maintaining employment.

The barriers noted above may be exacerbated by the individual's beliefs: depression influences the interpretation of the self, the world, and the future in negative ways (Beck, 1967). Some participants have not been refused jobs as a result of barriers, such as having a criminal record or having been homeless, but believe that refusal would be a reasonable reaction to expect from employers. Self-stigmatizing beliefs are a prevalent problem among people with mental illness (West et al., 2011). In the context of employment, it prevents people from seeking opportunities, a finding consistent with previous research (Krupa et al., 2009). For participants in our study, depression often played a role in exacerbating negative self-stigmatizing beliefs.

It has yet to be seen if the resolution of homelessness has an impact on the barriers noted above, but some obstacles are more changeable than others. The lack of rest resulting from the shelter schedules is likely to be addressed by obtaining private residence. It is also likely to have a positive impact on a person's capacity to obtain adequate healthcare: A private accommodation will facilitate the safe-keeping of medications, and a fixed address may permit them to receive care from a neighbourhood clinic. The housing of homeless people may eliminate the need for self-medication as a tool for obtaining rest, but this alone is unlikely to resolve substance abuse issues. Finally, housing may reduce the need for crimes of survival, but will not erase past criminal records, nor will it help a person overcome the self-stigmatization.

IPS services, which have been developed to assist people with a mental illness gain employment, may be an appropriate tool for overcoming some of the obstacles related to homelessness (Heffernan & Pilkington, 2011). Evidence suggests that IPS can help overcome barriers resulting from criminal records (Frounfelker et al., 2011). Some research suggests that IPS may be successful in a population with experiences of homelessness (Campbell et al., 2011), while other attempts have been less successful (Rosenheck & Mares, 2007).

Limitations

This study had a limited sample size recruited from one large city and described experiences specific to that city. Experiences of residents of other cities may be somewhat different, for example, to the extent that shelter rules differ.

Additionally, participants had been housed as part of the larger research project, which may have influenced their accounts. However, the interviews specifically probed the experiences of participants while they were homeless.

Conclusion

By sampling from a group that has experienced simultaneous homelessness and mental illness, and by providing evidence for the obstacles that impede their return to work, this article sheds some light on the barriers to employment arising from both mental illness and homelessness, including their interaction.

Services designed to assist this population gain employment must address self-stigmatization, worries about having a criminal records, and concurrent substance abuse. Helping people move from shelters into more stable accommodations to facilitate the adoption of a flexible schedule is a natural first step. This will allow people to build their schedules around meaningful activities, such as employment. IPS may then be effective (Frounfelker et al., 2011; Heffernan & Pilkington, 2011). Evidence of its effectiveness in this population to date remains limited and mixed (Campbell et al., 2011; Radey & Wilkins, 2010; Rosenheck & Mares, 2007). Considering also the results of the present study, IPS may need some adaptation to reach maximal effectiveness in this population.

Acknowledgements

The authors thank Jayne Barker (2008–11), Ph.D., Cameron Keller (2011–12), and Catharine Hume (2012–present), Mental Health Commission of Canada, At Home/Chez Soi National Project Leads, Paula Goering, Ph.D., National Research Lead, the National Research Team, as well as housing and clinical providers associated with the Douglas Mental Health University Institute, CSSS Jeanne-Mance and Diogène. The authors also thank the Montreal site research coordinator, Cécile Leclercq, Ph.D., and Véronique Denis, M.Sc., field research coordinator, as well as their team of interviewers, for assistance in implementing the study; and last but not least, the participants who agreed to be interviewed. The views expressed herein solely represent the authors.

Declaration of interest

This study was made possible through a financial contribution from Health Canada to the Mental Health Commission of Canada for the conduct of the At Home/Chez Soi Research and Demonstration Project on Mental Health and Homelessness.

References

Acuña J, Erlenbusch B. (2009). Homeless employment report: Findings and recommendations. Washington: National coalition for the homeless.

Aubry T, Klodawsky F, Coulombe D. (2011). Comparing the housing trajectories of different classes within a diverse homeless population. Am J Commun Psychol, 49, 142–55.

Beck AT. (1967). Depression: Clinical, experimental and theoretical aspects. New York (NY): Harper and Row.

Braun V, Clarke V. (2006). Using thematic analysis in psychology. Qualitat Res Psychol, 3, 77–101.

Campbell K, Bond GR, Drake RE. (2011). Who benefits from supported employment: A meta-analytic study. Schizophrenia Bull, 37, 370–80.

Daiski I. (2007). Perspectives of homeless people on their health and health needs priorities. J Adv Nurs, 58, 273–81.

Drake R, Bond G, Becker D. (2012). Individual placement and support: An evidence-based approach to supported employment. Oxford: Oxford University Press.

Fazel S, Khosla V, Doll H, Geddes J. (2008). The prevalence of mental disorders among the homeless in Western countries: Systematic review and meta-regression analysis. PLoS Med, 5, e225.

Frankish CJ, Hwang SW, Quantz D. (2005). Homelessness and health in Canada research lessons and priorities. Can J Public Health, 96, S23–9.

Frounfelker R, Teachout A, Bond GR, Drake RE. (2011). Criminal justice involvement of individuals with severe mental illness and supported employment outcomes. Commun Mental Health J, 47, 737–41.

Goering PN, Streiner DL, Adair C, et al. (2011). The At Home/Chez Soi trial protocol: A pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. Br Med J Open, 1, e000323.

Heffernan J, Pilkington P. (2011). Supported employment for persons with mental illness: Systematic review of the effectiveness of individual placement and support in the UK. J Mental Health, 20, 368–80.

Henry AD, Lucca AM. (2004). Facilitators and barriers to employment: The perspectives of the people with psychiatric disabilities and employment service providers. Work, 22, 169–82.

Kilian R, Lauber C, Kalkan R, et al. (2011). The relationships between employment, clinical status, and psychiatric hospitalisation in patients with schizophrenia receiving either IPS or a conventional vocational rehabilitation programme. Soc Psychiatr Psychiatr Epidemiol, 47, 1381–9.

Krupa T, Kirsh B, Cockburn L, Gewurtz R. (2009). Understanding the stigma of mental illness in employment. Work, 33, 413–25.

Lam JA, Rosenheck RA. (2000). Correlates of improvement in quality of life among homeless persons with serious mental illness. Psychiatr Serv, 51, 116–18.

Morrell-Bellai T, Goering PN, Boydell KM. (2000). Becoming and remaining homeless: A qualitative investigation. Iss Mental Health Nurs, 21, 581–604.

Muñoz JP, Reichenbach D, Hansen AM. (2005). Project employ: Engineering hope and breaking down barriers to homelessness. Work, 25, 241–52.

Peternelj-Taylor C. (2008). Criminalization of the mentally ill. J Forensic Nurs, 4, 185–7.

Pickett-Schenk SA, Cook JA, Grey D, et al. (2002). Employment histories of homeless persons with mental illness. Commun Mental Health J, 38, 199–211.

Radey M, Wilkins B. (2010). Short-term employment services for homeless individuals: Perceptions from Stakeholders in a Community Partnership. J Soc Serv Res, 37, 19–33.

Rosenheck RA, Mares AS. (2007). Implementation of supported employment for homeless veterans with psychiatric or addiction disorders: Two-year outcomes. Psychiatr Serv, 58, 325–33.

Shaheen G, Rio J. (2007). Recognizing work as a priority in preventing or ending homelessness. J Prim Prev, 28, 341–58.

Shelton KH, Taylor PJ, Bonner A, van der Bree M. (2009). Risk factors for homelessness: Evidence from a population-based study. Psychiatr Serv, 60, 465–72.

Tschopp MK, Perkins DV, Hart-Katuin C, et al. (2007). Employment barriers and strategies for individuals with psychiatric disabilities and criminal histories. J Vocat Rehabil, 26, 175–87.

Waghorn G, Lloyd C. (2005). The employment of people with mental illness. Austra e-J Adv Mental Health, 4, 1–43.

West ML, Yanos PT, Smith SM, et al. (2011). Prevalence of internalized stigma among persons with severe mental illness. Stigma Res Action, 1, 3–10.

Zuvekas SH, Hill SC. (2000). Income and employment among homeless people: The role of mental health, health and substance abuse. J Mental Health Pol Econ, 3, 153–63.