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The Hong Kong Polytechnic University
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**Psychosocial Impacts on People with Mental Illness receiving the
Individual Placement and Support (IPS) Service**

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**A THESIS SUBMITTED
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF PHILOSOPHY**

January 2008

CERTIFICATE OF ORIGINALITY

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ABSTRACT

Objective: The impact of Individual Placement and Support (IPS) approach in helping people with severe mental illness (SMI) on the psychosocial functioning of participants was examined in this study by means of quantitative and qualitative approaches.

Method: One hundred and eleven participants with severe mental illness were recruited from two non-government organizations and three day hospitals in Hong Kong and were assigned into TVR or IPS group. Data of perceived personal wellbeing and self-efficacy using validated scales were collected by an independent assessor at 7th, 11th, and 15th month. Meanwhile, thirteen eligible participants in the IPS group were randomly recruited for the first interview and eight of them who met selection criteria were recruited again for second interview. Data was collected through a tailor-made interview guide during their third and sixth months of employment.

Results: The employed participants in IPS group showed better outcomes in both personal wellbeing and self-efficacy, compared with the TVR group after 15 months of service provision. Results were essentially in line with the qualitative data. Both positive and negative impacts were obtained based on the interviews. A dynamic model was suggested based on the findings to explain the job tenure of participants.

Conclusion: The IPS approach was shown to be effective enhancing psychosocial outcomes for people with severe mental illness in Hong Kong. Suggestions to consolidate the IPS approach were made.

ACKNOWLEDGEMENTS

Being a clinician and a part-time student, I have experienced great tension to strive for the balance between work, study and leisure during these four years. It was really an uneasy time for me. Fortunately, there were many people around me who offered so much support, assistance and encouragement to me.

Firstly, I have to give my sincere thanks to my supervisor, Dr. Hector Tsang, who has given me a great deal of guidance, critiques and feedback in order to facilitate my academic growth. Also, I would like to thank my co-supervisor, Prof. Gary Bond, who has given me direction, constructive comments and lots of encouragement in my final writing.

Secondly, I would like to thank my supervisor at work, Mr. Raymond Chiu, who has genuinely offered whatever kind of supports to me, for example, endorsing me to take 'long' annual leave. Also, my thanks go to the encouragement given by my co-workers.

Lastly, it was grateful for me to have such a wonderful group of teammates who include Alvin, Leo, Kelvin, Bobby, Davis, Ashley, Wincy, Christopher, Mandy, and Sally. Thanks for their assistance and psychological support throughout my study.

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CHAPTER I: INTRODUCTION

1.1 Overview of the Study

Employment plays an essential role in an individual by offering monetary reward, social contacts and better quality of life (e.g., Bond et al., 2001a, Drake et al., 1996). A vast number of studies have indicated the essence and the positive outcomes of employment in an individual's life both physiologically and psychologically (Boardman, 2003a; Bond et al., 2001b, Dawis, 1987; Lehman, et al, 2002; Mowbray et al, 1995; Scheid & Anderson, 1995; Wong et al, 2001). Unemployment, by contrast, is considered lack of productivity and contribution to the society which in turn causes deterioration on volition, work and social performance and devastates an individual's mental health (Rutman, 1994).

Official statistics (Hong Kong Government, 1997) reported that there were 23,500 people suffering from severe mental illness (SMI). Data from the Labour Department in September 1998 indicated that there were 144 out of 609 unemployed job seekers with SMI who were able to gain employment, leaving 70% remain unemployed (福利事務委員會會議紀要, 1998). The unemployment rate is strikingly high compared to the entire population with a rate of 6.4% (Census and Statistics Department, 2005).

Although 72% of people with SMI expressed their desire of gaining employment (International Labour Organization, 2004a), the chance of getting employed has been increasingly limited since the economic turmoil in 1997 in Hong Kong. Globally speaking, the employment rates of discharged SMI patients are similarly discouraging which ranges from 15% to 30% (Anthony & Liberman, 1986; Jacobs *et al.*, 1992; Tsang, 2003). It has been reported that almost half of the employers are reluctant to employ people with mental illness (Ip, et al., 1995). Having no employment and financial support, 60% of people with SMI rely on Comprehensive Social Security Assistance (CSSA) and/or Disability Allowance (DA)

for daily living (Equal Opportunities Commission, 1997).

In view of the high unemployment rates among people with SMI, enhancing their employment opportunities through an effective model seems to be the most rewarding factor driven to better vocational and psychological outcomes. This thesis serves an integral part of Tsang's recent study (2006) which has already reported the effectiveness of using the Individual Placement & Support (IPS) approach (Drake and Becker, 1996) in Hong Kong to enhance the vocational outcomes of people with SMI, in addition to other extensive supports (Crowther, et al., 2001; Drake and Becker, 1996; Drake, et al., 1999; Lehman, et al., 2002). This study focused primarily on the non-vocational outcomes and the changes of its psychosocial components through employment using the IPS approach.

1.2 Objectives and Hypothesis of the Study

Our study aimed:

1. To study the psychosocial outcomes of IPS as applied in Hong Kong
2. To develop an understanding on the relationship between employment status (employed vs unemployed) and the non-vocational aspects (i.e., personal wellbeing and self-efficacy) of using IPS in Hong Kong.
3. To explore and explain the relationship between employment status and the non-vocational aspects of the participants.

The main hypothesis is that the group receiving IPS would have better non-vocational outcomes in terms of personal wellbeing and self-efficacy than the traditional vocational rehabilitation group.

1.3 Significance of the Study

The positive and cumulative effects of competitive employment brought by the successful application of the IPS model have become evident over the past decade (e.g., Drake & Becker, 1996). The effectiveness of IPS is well documented and widely utilized in US. Therefore one of the aims of our study is to examine the effectiveness and its applicability in Hong Kong. If promising results are obtained, it can be implemented as an accountable and evidence-based vocational rehabilitation approach in Hong Kong. Based on the social cognitive theory (Bandura, 1986), our study tries to examine the impact of employment on an individual's wellbeing and self-efficacy. Hence, this study may add to the understanding of the non-vocational outcomes of using the IPS model.

CHAPTER II: LITERATURE REVIEW

2.1 What is Mental Illness?

Mental illness or disorder is defined as general disturbances in forms or processes of thinking which are associated with distress or disability, not just an expected response to a particular event or limited to relations between a person and society (Kaplan & Sadock, 1997).

2.1.1 Major Types of Mental Illness

Our operational definition of people with severe mental illness (SMI; American Psychiatric Association, 1994) refer to those with a diagnosis of schizophrenia, depression and bipolar disorder based on the fourth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV; APA, 2000).

a) Schizophrenia

Schizophrenia is a severe, chronic brain disorder which is defined as a disturbance that lasts for at least 6 months and includes at least a month of such active-phase symptoms as delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior that alter the way a person acts, thinks, perceives reality, express emotions and relates to other people. People suffering from Schizophrenia may believe that other people have a capacity to read their mind or they may smell odors or hear voices that other people don't smell or hear. These experiences leave a person withdrawn, frightened of extremely agitated while their fundamental symptoms include thought disturbance, withdrawal, and difficulties managing effect. It is therefore a long life disease that has no known cure but can be controlled with the correct treatment (DSM-IV; APA, 2000).

b) *Major Depressive Disorder*

This is defined as one or more major depressive episodes without a history of manic, mixed, or hypomanic episodes. To classify an individual as depressed, the depressive episode must last at least 2 weeks and the person also loses interest in most everyday activities. Also, the person must experience at least 4 of the following symptoms: changes in appetite and weight; changes in sleep and activity; lack of energy; feelings of guilt; problems in thinking and making decisions, and recurring thoughts of death or suicide (DSM-IV; APA, 2000).

c) *Bipolar Disorder*

The primary symptom of this disorder is depression which is interspersed with episodes of mild manic symptoms (that is, hypomanic episodes). It may also present with the following symptoms: fast cycling between manic and depressive episodes; not primary disorder but still present; present in a delusional disorder, residual schizophrenia, or other psychotic disorder not otherwise specified; hypomanic or manic episodes with no depressive episodes (DSM-IV; APA, 2000)

2.2 Vocational Impairments of people with Severe Mental Illness

Mental illnesses are significantly associated with psychosocial, functional and cognitive deficits of individuals (e.g., Bond, et al., 1997a). The severity of illness together with the relevant impairments leads to high unemployment rates despite the desire to seek employment in the competitive workforce. The employment rates range from 15 to 30% in the open market (Boardman, 2003a, Crowther, et al., 2001; Massel, et al., 1990; Equal Opportunities Commission, 1997). For those who are employed, the job tenure is unexpectedly low compared to the general population (National Alliance for Mental Illness, retrieved 2007).

2.3 Definition of Employment

According to Boardman and colleagues (2003b), work is classified as an activity or task involving skills execution and making judgments correspondingly within a prescribed set of limits which do not necessarily attract formal payment. Employment refers to the work that an individual is paid for.

2.3.1 Role of Employment

Employment is considered as a generative and re-integrative force in the life of every human being. It provides monetary rewards, promotes a means of structural involvement, occupies time, offers self-identity and social identity, widens social contacts, and supports a sense of personal achievement for an individual, which in turn contributes to psychological health and social wellbeing (Arns & Linney, 1993; Boardman, et al., 2003b; Dawis, 1987; Lehman, 1995; Mowbray, et al, 1995; Mueser, et al., 1997; Scheid & Anderson, 1995; Shepherd, 1989; Wong, et al, 2001). Unemployment, by contrast, causes various adverse effects on people's psychosocial wellbeing. These adverse conditions include insomnia (63%), mental stress (71%), perceived low confidence (41%), and the sense of uselessness (32%) (Hong Kong Council of Social Service, 1999).

2.4 Mental Illness and Employment

2.4.1 Benefits

Employment is regarded as the primary goal of recovery for people with SMI (Mueser, et al., 2001). In addition, it provides a sense of purpose, increases self-esteem, increases quality of life, reduces psychiatric symptoms and poverty, and decreases dependency (Bond et al., 2001a; Cook & Razzano, 2000; Mueser, et al., 1997; Provencher, et al., 2002). Unemployment, however, contributes substantially to the overall burden of people with SMI on top of the costs of its corresponding

treatment (McGurk & Mueser, 2004). It induces reliance on Social Security Allowance and may thus involve living under the poverty line (Larson, et al., 2007).

2.4.2 *Barriers*

Barriers that people with SMI encounter in seeking employment can be classified into internal and external attributes. Internal attributes include low self-esteem; emotional or psychiatric disturbance; poor volition; poor social and work adjustment (Cook & Razzano, 2000; Rutman, 1994). External barriers result from misconceptions or prejudices from employers (Tsang, Weng & Tam, 2000); economic turndown; poverty and social stigma (Ip, et al., 1995; Lehman, Possidente & Hawker, 1986); risk of failure and being unable to sustain employment (Boardman, 2003a); poor job search or vocational social skills (Tsang & Pearson, 1986); and lack of appropriate vocational skills (Equal Opportunity Commission, 1997).

2.5 Traditional Vocational Rehabilitation (TVR) Service

Provision of vocational rehabilitation services has been in place since the early 1940s. These traditional vocational rehabilitation (TVR) services consist of hospital-based pre-vocational preparation programs, clubhouses, day activity centers, sheltered workshops, sheltered jobs, and transitional employment.

TVR services use the “train-and-place” approach, in which pre-vocational training is provided as required preparation before sheltered work or transitional placement is offered. Although open employment is considered the ultimate goal among the TVR services, service users usually go through a prolonged period of preparation and training before open employment opportunities are offered (Crowther, et al., 2001).

2.5.1 Sheltered Workshop

In Hong Kong, there are 53 sheltered workshop units operated by 24 non-government organizations (社會福利署, 2003). They offer a working environment for people with disabilities which are designed in a way to accommodate the limitations arising from their disabilities. Service users learn and adjust to normal work requirements, and develop social skills and relationships (Social Welfare Department, 2004). Sheltered jobs or work crews are available in some workshops where the jobs are tailor-made for the corresponding disabilities in a segregated setting with supervision provided.

2.5.2 Day Hospital

There are 13 day hospitals located in their cluster hospitals all over Hong Kong (社會福利署, 2003). These day hospitals provide pre-vocational preparation and pre-discharge rehabilitation program for people with SMI. Pre-vocational training includes routine and repetitive work which allows individuals to re-establish their daily routine, work habit, communication and social interaction. Such training serves a platform for assessing individual readiness for discharge back into the community.

2.5.3 Training and Activity Center

There are 5 community-based training and activity centers that are comprised of training centers and social clubs (社會福利署, 2003). Training centers provide training for the clients to develop their social and vocational skills to the fullest extent and prepare them to readjust to their home or work settings in the community. Social clubs provide social and recreational activities (Social Welfare Department, 2004)

2.5.4 *Limitations of TVR*

The effectiveness of TVR has been disappointing. The employment rate is less than 20% (Anthony & Liberman, 1986; Crowther, et al., 2001; Jacobs, et al., 1992; Tsang, 2003). Their pre-employment training period is considered too lengthy.

2.6 Supported Employment (SE) Service

Because of the unsatisfactory outcome of TVR, supported employment (SE) service was introduced to Hong Kong in 1994 because of its strong evidence-based practice (Bond, et al., 2001a; Drake, Becker & Bond, 2003; Wong, et al, 2001). SE provides whatever levels of support necessary for people with SMI in an open and competitive work setting with respect to individual's choices and capabilities, without requiring extended pre-vocational training (Bond, et al., 2002; Ford, 1995; Wehman & Kregel, 1992).

Unlike the TVR approaches, SE programs do not screen people for work readiness, but help those who are motivated to work. Service users do not go through intermediate work experiences. They will actively engage in the job acquisition process where the vocational specialist provides assistance with their interviews and ongoing support (Crowther, et al., 2001; Bond, Becker, & Drake, 1999).

2.6.1 *Individual Placement & Support (IPS) Approach*

Individual Placement and Support (IPS) model (Drake & Becker, 1996) is a specific approach to supported employment which helps people with psychiatric disabilities to find and maintain competitive employment. Some 60% of the participants with SMI has been shown to be competitively employed (Becker & Drake, 1993; Bond, 2004; Bond, et al., 1999 & 2001a; Cook & Razzano, 2000; Crowther, et al., 2001; Drake, et al., 1999; Lehman, 1995; Lehman, et al., 2002). It is at present widely adopted in the US with 116 supported employment services (Bond, et al., 2001a)

The IPS model emphasizes the integration of vocational and clinical services, rapid job search, matching jobs according to participants' preferences, skills and experiences with ongoing job support (Drake & Becker, 1996).

2.7 Comparison between TVR and IPS

IPS adopts a continuous, time-unlimited, follow-along treatment approach through which service users and their care providers have access to the multidisciplinary team within a mental health setting (Bond, et al., 2001a; Becker and Drake, 1993). Moreover, a standardized fidelity scale has been developed as a strategy for quality controlling its implementation (Becker & Drake, 1993; Bond, et al., 1997a & b; Bond, et al., 2002)

IPS has been proven effective in improving employment outcomes of people with SMI in the comparison of six randomized control trials. The short term employment rates were reported as slightly more than double those in the control group with 58% vs. 21% (Bond, et al., 1997a). Furthermore, IPS is more cost effective compared with other TVR services of similar cost structure (Bond, et al, 2001a).

2.8 Non-vocational Aspects in Vocational Rehabilitation Service

2.8.1 *Personal Wellbeing*

Personal wellbeing is the subjective perception of an individual regarding his/her level of satisfaction in relation to happiness, health and prosperity. Achievement of wellness is a process whereby a person adapts patterns of behavior, leading to improvement of health quality and life satisfaction (Johnson, 1993). The related constructs of personal wellbeing and quality of life are similar in that they measure an individual's life satisfaction, general sense of physical and psychosocial wellbeing, as well as the extent to which the individual is able to function in his or her role without emotional distress (Roger, 1998; Rumrill, et al., 2004).

People suffering from mental illnesses have remarkable deterioration in different life domains that can devastate their quality of life (Bryson, et al., 2002). Rosenfield (1987) suggested that vocational rehabilitation is the most effective treatment approach in bringing improvement to different facets of an individual's quality of life.

Employment enhances quality of life by giving individuals a routine to wake up for, provide them with purposeful activities, give them greater connection to normal social processes, and improve their sense of accomplishment and self-esteem (Bond, et al., 2001b; Bryson, et al., 2002; Fabian, 1989 & 1992; Lehman, 1988).

An individual's mental wellbeing and general life satisfaction can be recovered through the vocational rehabilitation process. Employment provides personal rewards apart from financial gain to people with SMI which will improve their psychosocial wellbeing and satisfaction in general. These latent benefits include better control of psychiatric symptoms, increased self-identity and status; re-establishing the meaning of life; increasing self-esteem and self-concept; and

improving sense of personal achievement and sense of wellbeing (Arns & Linney, 1993; Boardman, 2003a; Bond, et al., 2001b; Perkins & Rinaldi, 2002).

2.8.2 *Self-efficacy*

Self-efficacy is defined as an individual's belief about whether he or she can successfully engage in and execute a specific behavior to produce the outcomes (Lefton, 1997; Maddux, 1995). It refers to an individual's beliefs in their capabilities to activate motivation, cognitive resources and courses of action required to exercise control over task demands (Bandura, 1977, 1986 & 1997; Maddux, 1995).

The level of perceived self-efficacy is governed by three factors intervening with others which are 1) personal cognitive factors in effecting behavior 2) effect of behavior and affect, and 3) impact of environmental factors on cognition (Bandura, 1997; Chiu & Tsang, 2002; Maddux, 1995). Besides, individual performance accomplishments, vicarious and imaginal experiences, verbal persuasion, physiological and emotional arousal are strong determinants of self-efficacy beliefs (Fabian, 2000; Maddux, 1995). It determines the strength and magnitude of efforts that an individual will initiate or produce to deal with prospective situations (Bandura, 1977 & 1986; Stajkovic & Luthans, 1998). Consequently, the higher the level of self-efficacy the individual perceives the more effort and time he or she will put into dealing with obstacles, leading to successful outcomes. Those who perceive low self-efficacy, however, are likely to cease their efforts and fail on the task (Bandura, 1986 & 1997).

Self-efficacy has been shown to be associated with people with psychiatric illness and correlated to their rehabilitation outcomes, social adjustment, career development and symptom management (Chiu & Tsang, 2002; Fabian, 2000; McCay & Seeman, 1998 & Waghorn, Chant & King, 2005). Compared with the general population, people with SMI have lower levels of self-esteem, self-confidence, stress coping ability and problem solving ability (Chiu & Tsang, 2002; Mezzina, et al.,

2006; Pratt, et al., 2005). It therefore makes sense to assume that people with SMI are more likely to have lower perceived self-efficacy in executing corresponding behavioral and performance outcomes. They are more likely to avoid threatening situations which exceed their coping skills, worries and fears. However, if they judge themselves to be capable of handling situations in which their perceived self-efficacy is high, they are more likely to engage in activities and behave assuredly (Bandura, 1977, Fabian, 1992).

Recent studies indicated that measuring self-efficacy at the work-related task levels (e.g., work readiness and assistance needs) would provide strong predictors of individuals' career outcome expectations and lead to subsequent benefits to vocational rehabilitation (Fabian, 2000; Waghorn, Chant & King, 2005 & 2007). The tasks explored in the work-related self-efficacy scale include general work skills, career planning skills, job securing skills, work-related social skills, and the total work related self-efficacy. These measures will greatly facilitate individuals with mental illness to review and identify the corresponding specific areas for improvement in the vocational progress (Waghorn, Chant & King, 2005).

2.8.3 Importance of Employment, Personal Wellbeing and Self-efficacy

Since the introduction of the concept of self-efficacy into the literature (Bandura, 1977), the implications of an individual's belief on he or her own ability to execute certain behaviors or tasks have received much attention from researchers. One domain of great interest has been work performance (Stajkovic and Luthans, 1998). Considerable research has suggested a positive correlation between vocational outcomes and self-efficacy (Bryson, et al., 2002; Dawis, 1987; Mowbray, et al, 1995; Scheid & Anderson, 1995; Tsang, 2003; Wong, et al, 2001).

It has been shown that career self-efficacy contributes to an individual's ability in making decisions on choosing a career and making work adjustments or handling difficulties. When they are able to accomplish the tasks, overall satisfaction

associated with physical and mental health wellbeing and lifestyle will be enhanced (Hackett & Betz, 1995).

Although non-vocational aspects are of tremendous importance, few studies have established a significant relationship between employment and the non-vocational outcomes for people with SMI (Drake, et al., 1999). The aim of this study was to develop an understanding on the relationship between non-vocational aspects (i.e., personal wellbeing and self-efficacy) and employment among participants of IPS, using grounded theory approach. It aimed to generate and suggest categories, properties and hypotheses (Glaser & Strauss, 1967).

CHAPTER III: METHODOLOGY

3.1 Overall Design of the Study

*3.1.1 Quantitative Design**a) Study Background*

This research employed a mixed method approach with both quantitative and qualitative components. It adopted the quasi-experimental design with multiple measurements before, during and after treatment to document patterns or trends of behavior.

*b) Participants**i) Selection Criteria*

All participants met the following inclusion criteria:

- 1) Diagnosed with a major psychiatric illness (operationally defined as schizophrenia, major depressive disorder, and bipolar disorder and anxiety disorder) for at least 2 years according to DSM IV criteria;
- 2) Age range from 18 to 45;
- 3) Motivated to seek for competitive employment;
- 4) Unemployed;
- 5) Free from serious role dysfunction for the past three months and have at least medium functioning; and
- 6) Lack of memory/cognitive impairment or medical illness that would preclude working/participating in interview.

ii) Recruitment

Based on a similar study conducted by Drake, et al., (1999), a sample of at least 80 participants was planned to be recruited and assigned to the experimental

(IPS) and control (TVR) group by cluster random sampling which had a power of 0.80 and a medium effect size. From July 2003 to March 2005, we recruited 111 participants with 55 participants were assigned to TVR group and 56 participants were assigned to IPS group randomly. They were recruited from Baptist Oi Kwan Social Service, Richmond Fellowship, South Kwai Chung Hospital, East Kowloon Hospital and Yau Ma Tei Hospital.

iii) Demographic Features

Demographic data of TVR and IPS participants are summarized in Table 1a & 1b. There was no significant difference between two groups in gender ($X^2 = 0.23$, $p=0.63$), educational level ($X^2 = 7.85$, $p=0.05$), and diagnosis ($X^2 = 0.16$, $p=0.70$). Also, there was no significant difference between the two groups in age ($t=1.62$, $p=0.11$) and GAF scores at baseline ($t=1.30$, $p=0.20$). Although there was significant difference in scores of BPRS ($t=3.45$, $p<0.001$), earlier studies reported that psychiatric symptom is not a significant predictor of future work performance (Tsang, 2003; Anthony & Jansen, 1984). The difference was unlikely to confound the study results and the BPRS was not controlled in the subsequent data analysis.

Table 1a

Demographic Characteristics of TVR & IPS Participants

		TVR (n=55)	IPS (n=56)	X^2	p-value
Gender	Male	26 (47.3%)	29 (51.8%)	0.23	0.63
	Female	29 (52.7%)	27 (48.2%)		
Education	Below Primary	1 (1.8%)	0 (0%)	7.85	0.05
	Primary	8 (14.5%)	3 (5.4%)		
	Secondary	43 (78.2%)	42 (75.0%)		
	Post-Secondary	3 (5.5%)	11 (19.6%)		
Diagnosis	Schizophrenia	43 (78.2%)	42 (75.0%)	0.16	0.70
	Others	12 (21.8%)	14 (25.0%)		

Note. Significant level is set as $p < 0.05^*$.

Table 1b

Demographic Characteristics of TVR & IPS Participants

	TVR		IPS		<i>t</i> -value	<i>p</i> -value
	<i>(n=55)</i>		<i>(n=56)</i>			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Age	36.35	7.61	33.77	9.12	1.62	0.11
GAF	68.96	11.21	66.61	7.57	1.30	0.20
BPRS	10.05	8.16	6.00	3.07	3.45	<0.001*

Note. Significant level is set as $p < 0.05^*$.

c) *Instruments*

i) *Brief Psychiatric Rating Scale – BPRS*

The Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962) was used to ensure that the participants matched the inclusion criteria. It comprises 18 items rated from 0 (not present) to 6 (extremely severe) and includes symptoms such as somatic concern, anxiety, depressive mood, hostility and hallucinations. The scale was developed essentially for schizophrenia states but also includes symptoms of depression. Interpretation of the total scores is: 0–9, not a schizoaffective case; 10–20, possible schizoaffective case; 21 or more, definite schizoaffective case.

ii) *Global Assessment Functioning – GAF*

The Global Assessment of Functioning Scale (GAF; American Psychiatric Association, 2000) was used for screening. Participants who scored 50 or below at baseline assessment were excluded from the study. The GAF Scale was rated with respect only to psychological, social and occupational functioning. The instructions specify, “Do not include impairment in functioning due to physical (or environmental) limitations.” In most instances, ratings on the GAF Scale should be for the current period (i.e., the level of functioning at the time of the evaluation) because the ratings of current functioning will generally reflect the need for treatment or care.

iii) *Personal Wellbeing Index – PWI*

The Chinese version consisted of 8 questions to measure individual perceived satisfaction and overall wellbeing. Scale ranged from ‘0’ (extremely dissatisfied) to ‘10’ (extremely satisfied) with a standardized score distribution of 0 -100. It was shown to possess good internal reliability with a Cronbach’s alpha coefficient of 0.79 (Lau, et al., 2005).

iv) *Chinese General Self-efficacy Scale – CGSS*

The Chinese version (CGSS; Zhang and Schwarzer, 1995) consisted of 10 items related to how confident the respondents as to their abilities to deal with novel or demanding situations. Scale ranged from ‘1’ (not at all true) to ‘4’ (exactly true). It showed excellent internal consistency (0.92-0.93) and very good to excellent test re-test reliability (0.75-0.94) (Chiu & Tsang, 2004).

d) *Implementation*

i) *Traditional Vocational Rehabilitation*

Traditional vocational rehabilitation involved comprehensive vocational assessments and pre-vocational training. Having established their baseline performance, pre-vocational training was provided to the participants in the sheltered environment in form of various work groups and workshop training. Training included clerical, computing and cleansing. It aimed to provide specific work skills and work habits of the participants for later upgrading to sheltered workshop or open employment.

ii) *IPS Service Protocols*

All of the employment specialists had an occupational therapy background and were trained to follow the IPS protocols (Becker & Drake, 1993). We adhered as much as we could to the seven principles of supported employment (Bond, 2004). The seven key principles are:

1. A single-minded focus on competitive employment;

2. Eligibility for services based solely on client choice, with no exclusion on the basis of work readiness, substance use problems, lack of motivation, treatment noncompliance, etc.;
3. Rapid job search upon program admission;
4. Attention to client preferences in the job search, rather than dependence on a pool of available jobs;
5. Close integration between the employment services and the mental health treatment team;
6. Ongoing, individualized support after clients obtain employment; and
7. Systematic benefits counseling.

The protocol followed the steps listed below:

Referral: Those who were eligible for this study were referred from the social workers of the participating organizations.

Building Relationship: The employment specialist established a trusting and collaborative relationship with the clients.

Vocational Assessment: Initial vocational assessment included work background, current adjustment, work skills and other work-related factors. Afterwards, assessment was carried out continuously as each job experience gave both clients and employment specialist new information.

Individual Treatment Plan: A typical plan had five sessions including client's vocational goals, client's strength and weakness, objectives enabling the clients to meet his/her goal, type of support the client wanted from the employment specialist and the people; services and supports that would help the client achieve the objectives.

Obtaining Employment: The employment specialist and client worked together to find a job in the community and the client took the lead as much as possible in the job seeking process.

Follow along Support: An IPS program must be able to offer its clients a complete system of supports which included peer support groups, employment counseling, benefits planning and reliable transportation.

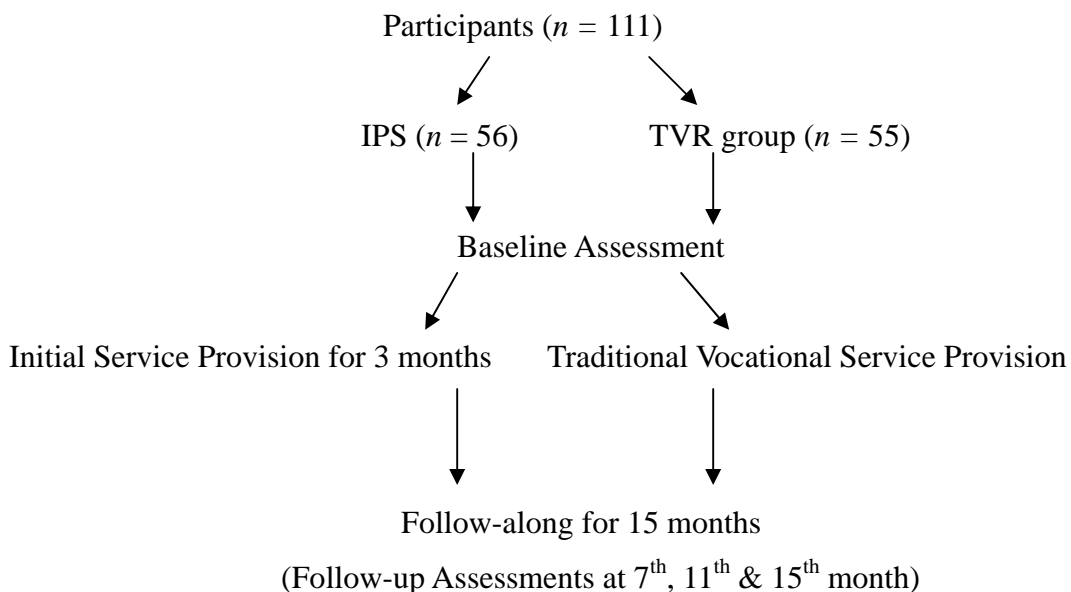
e) *Data Collection*

i) *Protocols*

There was a 3-month initial service provision for participants in experimental group which allowed the employment specialist to develop rapport, explore vocational goals and develop vocational plan with the participants followed by another 15-month IPS programs. Participants in control group received TVR service for 15 months. After conducted the baseline assessments using the instruments mentioned, ongoing data collection were conducted at 7th, 11th and 15th month. Figure 1 summarizes the data collection protocol.

Figure 1

Data Collection Protocol



ii) *Quality Assurance Control*

Three registered occupational therapists were employed as an employment specialist to provide supported employment service using The IPS model for the participants. The quality of the IPS program was monitored by the 15-item fidelity scale (Bond, et al., 2002). All OTs were qualified with training provided by Dr. Robert Drake and Ms. Deborah Becker in 2003 on the theoretical and practical

aspects of The IPS model. An assistant professional, who was specialized in using IPS and has excellent background on the vocational aspects of people with SMI, was invited to provide regular consultation for the OTs regarding problems or concerns in the IPS implementation or in case management level.

Coordinating with this research, social workers or occupational therapists working in the partnered welfare organizations or hospitals were invited as the referrer and the case managers. They were specialized in providing vocational rehabilitation service and were responsible to manage the non-vocational issues encountered by the participants.

Multi-disciplinary meetings involving the psychiatrist, clinical psychiatrist, rehabilitation managers, employment specialists and case managers were organized to review individual treatment progress of the participants, as well as to discuss its presenting problems and the future treatment plans.

Independent assessor who was blinded to the research design and the participants was employed to administer the assessment after the completion of the 3-month service and all the follow-up assessments at the 7th, 11th and 15th month.

iii) Program Attrition

Throughout the 15-month research period, 80 out of 111 participants completed all the vocational follow-up data constituting an attrition rate of 27.9% (31 participants quitted). The attrition rate was slightly higher than overseas studies because of the fact that some participants preferred working in a less stressful environment such as sheltered workshop and some of their employment settings did not meet our recruitment criteria. Furthermore, few of them preferred to stay at home because they were afraid that they might lose the government allowance, be too stressful at work and experience minor relapse.

f) *Data Analysis*

Pre-service assessment scores and the demographic variables were compared by independent t-test and chi-square test to detect significant differences between two groups at baseline and at different stages of the follow along period. Chi-square test was used again to examine the difference between employment status and the two groups. And independent t-test was used to determine if significance difference occurred between employment status and personal wellbeing or self-efficacy along 15-months respectively. While repeated measure ANOVA was used to detect significant differences between groups and personal wellbeing or self-efficacy at different stages of the follow along period respectively.

We defined success in competitive employment as having an employment in the open market and worked for a minimum of two months continuously with at least 20 hours per week. It could be part- or full-time competitive work available for the general population. The employment status of the participants was collected from the 7th month post service provision, allowing periods for job settlement and secured. Data were then continued to collect on the 11th and the 15th month. All analyses were based on an alpha value of 0.05.

3.1.2 Qualitative Design

a) *Participants*

i) *Selection Criteria*

Besides fulfilling the criteria set out earlier in the quantitative design, participants in the IPS group met the following additional criteria:

For the first interview:

- 1) Being employed in the same job for at least 3 continuous months
- 2) The employment was paid

For the second interview:

- 1) Being employed in the same job for another 3 months after the initial interview
- 2) If there was change of employment, the salary and working hours were the same or more than the last employment.

ii) *Recruitment*

Among fifty-six employed participants in the IPS group, thirteen were selected and agreed to participate in the interview with informed consent.

iii) *Demographic Features*

The demographic characteristics of 13 interviewees are presented in Table 2.

Table 2

Demographic Characteristics of IPS Participants

Features				
Interviewee	Gender	Job Title	Job Nature	Salary
1	F	Clerk / Librarian*	Full / Full*	\$6,000 / \$6,500*
2	M	Account Clerk	Full	\$6,000
3	M	Clerk / Same*	Part / Full*	\$3,500 / \$7,000*
4	F	Shop Assistant	Part	\$20/hr
5	M	Security Guard / Same*	Full / Full*	\$6,500 / \$7,000*
6	F	Cleansing Lady / Same*	Part / Part*	\$1,500 / \$3,500*
7	F	Private tutor / Admin. Officer*	Full / Full*	\$70/hr / \$10,000*
8	M	Car washing Assistant / Same*	Part / Part*	\$30/hr / \$30/hr*
9	M	Courier / Same*	Full / Full*	\$4,500 / \$4,500*
10	F	Clerk / Same*	Full / Full*	\$6,000 / \$6,000*
11	M	Dish washing Assistant	Full	\$18/hr
12	F	Waitress	Full	\$20/hr
13	M	Office Assistant	Full	\$4,000

Note. 1. Full time meant working at least 20 hrs per week; part time meant working at least 4 hrs per day and at least 3 days per week. 2. Salary was counted on Hong Kong dollars per month unless specified. 3. Data from second interview was denoted with ‘*’.

b) *Interview Guide*

A semi-structured interview guide was developed to explore participants’ perceptions of the impact of changes on employment status on their personal wellbeing and self-efficacy. Questions in the interview guide were initially generated based on literatures reviews which were then reviewed by an expert panel to assess relevance of each question and to refine the format. The expert panel consisted of 5 professionals in the areas of vocational rehabilitation, spiritual counseling, social work, training center, and half-way hostel. Three panel discussion sessions were held

in which the questions were reviewed and revised. The content validity of the questions was finally endorsed with 80% to 85% of agreement among the experts. The draft of the interview guide was endorsed by a PhD level researcher specializing in the vocational rehabilitation area. The initial set of questions was written in English. It was then forward and backward translated to Chinese by qualified translators. Pilot-test of the interview guide was conducted with 2 participants to ensure its content reliability and clarity. Final edition of the interview guide was approved by the expert panel and the PhD level researcher.

The interview questions covering the following themes:

- What does employment mean to you?
- How would you describe your life before and after you obtained employment?
- What do you understand the term self-efficacy and personal well-being?
- How do self-efficacy and personal well-being affect you after having employment?

Broad open-ended questions were followed up by prompting questions to enrich their responses. As we wanted to understand how they interpreted the terms “self-efficacy” and “personal well-being” in relation to their employment, we encouraged them to respond to the questions based on their understanding. We purposefully did not provide any professional definition.

c) Data Collection

The first round of interviews were invited by the employment specialists and conducted after their written informed consent was obtained. The interview time, data and venue were arranged according to the participants’ preferences. The purpose, procedures, the issue of anonymity and the follow-up interview were explained to the interviewees before the interview commenced. Interviewer conducted the interview according to the interview guide and was audio-recorded. The interviews lasted from 45 minutes to 1 hour. Those who were able to sustain employment for another three

months were invited again to participate in the second interview with the same set of questions and procedures. All interviews were conducted and analyzed by the author. By fulfilling our inclusion criteria 6, it was assumed that the responses given from the participants when they were asked to recall feeling of unemployment were reliable.

d) Data Analysis

i) First Interview

Transcripts were translated to English by qualified translators prior to the coding process. Responses elicited from these transcripts were then analyzed through an inductive process (Glaser & Strauss, 1967). The process included coding, identifying relevant variables, categorizing concepts and develops possible theoretical concepts/themes (Strauss & Corbin, 1990). Each phenomenon explored was broken down into individual meaning units by assigning a code number. Similar coding units were sorted into categories according to its similarities and uniqueness. Table 3 illustrates a sample on how the coding units (i.e., the illustrative quote) were assigned to the corresponding categories. All the coding units were counted and classified into positive and negative feedback which were presented later under headings, core categories, sub-categories and categories in the code book.

Table 3

Sample of Explanations of codes underpinning each category

Perception on Personal Wellbeing after Employment	
Categories	Illustrative Quotes
Physical	<p>This is the momentum for work and my body condition is getting better everyday (2;01)</p> <p>Able to sleep well, otherwise I can't go to work (2;04)</p> <p>I'm getting healthier and stronger (doing courier) (2;07)</p> <p>Not satisfied since carrying those files hurts my back (clerk).</p> <p>I worry that I can't go on this way for long (2;08)</p>

Mental	<p>I get the sense of achievement at work (2;02)</p> <p>Stable emotion is very important. If it's properly controlled, I could manage pressure by myself (now I cry less and less) (2;04)</p> <p>I still think that I can't change back to the old optimistic way and I'm still rather pessimistic (2;06)</p> <p>I have better concentration and being more energetic (2;07)</p>
Social relationship	<p>I often find someone to share with when I'm unhappy (2;01)</p> <p>I used to have very few friends....now they can see that I'm getting better, they even reminds me how to do things in a better way (2;04)</p> <p>My social network is widened, I'm more willing to participate in different social activities (2;07)</p>
Family relationship	<p>They are more relaxed now, they don't have to worry that I don't fit in to the society (2;01)</p> <p>My family's attitude towards me also changed significantly....they're treating me like an adult and letting me to make my own decision (2;04)</p> <p>They are more relaxed and not nagging so much...my brother and I talk more now....we share the good and bad things about work (2;05)</p>
Level of satisfaction / happiness	<p>Switching from part-time to full-time has made me believe that I have certain ability to do it, and my self-esteem is therefore heightened (2;02)</p> <p>I'm more carefree, I don't have to worry about my living (2;07)</p>
More optimistic	<p>Since I have more confidence, I'm getting rid of many pessimistic thoughts. I'm not taking such a negative attitude now ...although certain things are difficult to change, you just need to say it and do something, there will definitely be someone holding the same view to work with you. There will</p>

	still be a chance to change (2;05)
More motivated in general	I've become devoted to it (2;02)
	I would keep telling myself to keep the status quo as I realize that I'm really different now, and I won't let myself to go back again. I know it's difficult, but I think it's worth holding on (2;04)
	Since I live a regular life, I have the momentum to work (2;05)
	I started to have expectations about myself, I want to keep on improving and doing better (2;07)
	Although I still have suicidal ideas, I would think that I still owe my mother money and I must work hard to pay her back. So, in another way, this becomes my momentum to go on living (2;08)

Note. Illustration on the responses given by interviewees in the second interview; categories are distracted when 3 or more responses were obtained.

ii) Second Interview

Data collected at this stage were used to add, elaborate, saturate codes, categories and themes. Same data collection technique was applied to second interview which the data extracted was guided by the code book. The heading of 'Life without Employment' was deleted in the code book for the second interview as the solely purpose of taking second interview was to further explore the global and ongoing perspectives of employment on individuals' personal wellbeing and self-efficacy. Any new information analyzed in the second interview served to provide additional clarification, verification and enrichment of the theoretical model.

The underlying characteristics of each core category and sub-category became some themes to facilitate theory formation. Tables 10 to 15 in the later section were the summary of feedback given by participants during employed and unemployed phase regarding their changes on perceived personal wellbeing and self-

efficacy. Themes (especially the positive and negative impacts) created from these outcomes were compared within and across participants. The identified distinct profiles characterizing the impacts on self-efficacy and personal wellbeing formed the theoretical model.

For good inter-coder reliability, 2 set of data were coded independently with another researcher who has experience in doing coding analysis. The concordance rate was 78% which indicated that good inter-rater consistency was obtained. Narrative descriptions or quantitative descriptions by counting the frequency of certain characteristics in the sample were presented in the results section.

CHAPTER IV: QUANTITATIVE RESULTS & DISCUSSION

4.1 Quantitative Results

4.1.1 Personal Wellbeing

a) TVR vs IPS

Results of repeated measures ANOVA as to the changes of PWI scores along the 15 months of service provision are presented in Table 4. The large difference of baseline scores of PWI in TVR and IPS group compared to other time points was due to the overall contexts in personal wellbeing were perceived poorly when they were unemployed. Time or group effect was found insignificant during period of service provision; however, an overall significance was found in time x group effect with $F(4,312) = 2.87, p = .037$ which indicated that the perceived personal wellbeing of IPS increased while the TVR group did not. Figure 2 shows graphically the mean scores of the two groups at different times.

Table 4

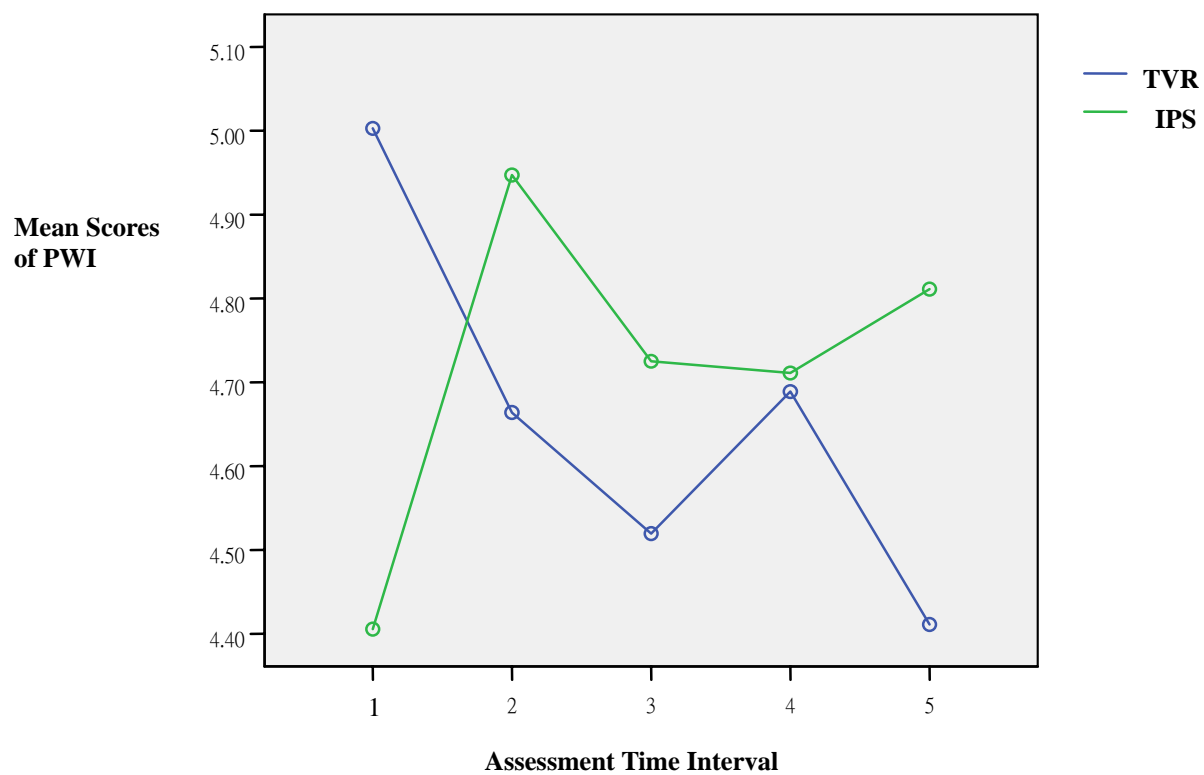
Comparisons on Scores of Personal Wellbeing across Time and Group

Time	Mean Scores (SD) (n=80)		F-values (p) Repeated Measures ANOVA		
	TVR (n=40)	IPS (n=40)	Time	Group	Time x Group
Baseline	5.00 (1.59)	4.41 (2.08)			
4 th mths	4.66 (1.49)	4.95 (2.07)			
7 th mths	4.52 (1.51)	4.73 (1.93)	.45 (.718)	.03 (.854)	2.87 (.037*)
11 th mths	4.69 (1.87)	4.71 (1.67)			
15 th mths	4.41 (1.93)	4.81 (1.58)			

Note. Values are mean (standard deviation) of the raw data; $df = 3.039$; Significant level is set as $p < 0.05^*$.

Figure 2

Mean scores of PWI across Times and Groups along 15 months



b) *Employed vs Unemployed of IPS Participants*

Table 5 compares the PWI scores between employed and unemployed participants within the IPS group. They did not show any significant difference between employed and unemployed participants at the 7th month (baseline) and the 11th month. However, PWI scores of the employed participants were significantly higher than the unemployed participants at the 15th month of service provision ($p=.03$).

Table 5

Comparisons on Scores of Personal Wellbeing and Employment Status in IPS Group

Month	Employment		Unemployment		<i>t-value</i>	<i>p-value</i> (Independent T-test)
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>		
7 th month	17	5.21 (1.93)	23	4.37 (1.90)	.014	.177
11 th month	17	4.69 (2.08)	23	4.59 (1.46)	.127	.861
15 th month	18	5.35 (1.71)	22	4.23 (1.42)	2.758	.030*

Note. Values are mean (standard deviation) of the raw data. Significant level is set as $p < 0.05^*$

4.1.2 *Self-efficacy*a) *TVR vs IPS*

Table 6 shows the results of repeated measures ANOVA regarding the changes of CGSS scores between the two groups along the 15 months of service provision. Significance was found for the time effect along 15 months with $F(4,312) = 5.06$, $p = .001$, but no significance was found on group or time x group effect. Figure 3 shows graphically the mean scores of the two groups at different times.

Table 6

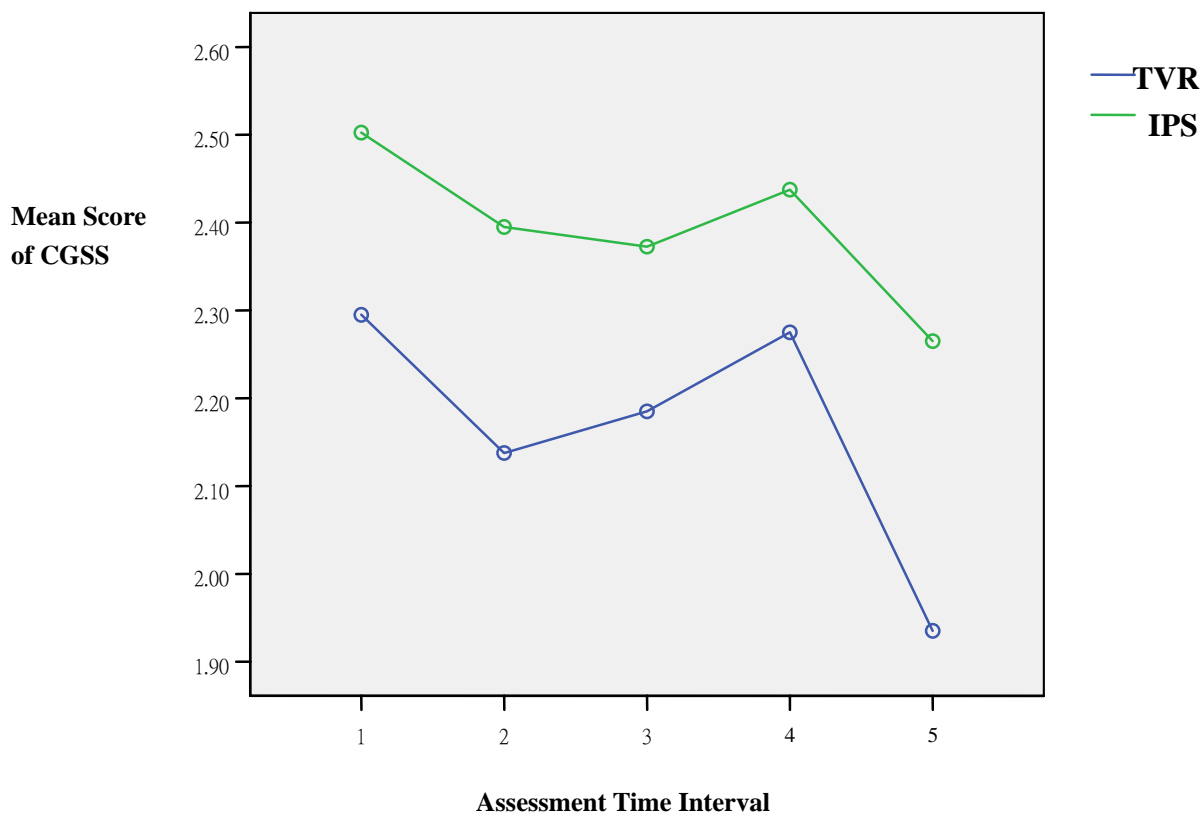
Comparisons on Scores of Self-efficacy across Time and Group

Time	Mean Scores (<i>SD</i>)		<i>F-values (p)</i>		
	(n=80)		<i>Repeated Measure ANOVA</i>		
	TVR (n=40)	IPS (n=40)	Time	Group	Time x Group
Baseline	2.30 (0.46)	2.50 (0.74)			
4 th mths	2.14 (0.37)	2.40 (0.80)			
7 th mths	2.19 (0.62)	2.37 (0.82)	5.06 (.001*)	3.42 (.068)	.43 (.753)
11 th mths	2.28 (0.65)	2.44 (0.78)			
15 th mths	1.94 (0.58)	2.27 (0.88)			

Note. Values are mean (standard deviation) of the raw data; $df = 0.108$; Significant level is set as $p < 0.05^*$.

Figure 3

Mean scores of CGSS across Times and Groups along 15 months



b) *Employed vs Unemployed of IPS Participants*

Table 7 shows the scores of CGSS between employed and unemployed participants within the IPS group. The scores of the employed participants were significantly higher than the unemployed participants at the 7th month (baseline) ($p=.024$) and the 15th month ($p= .014$).

Table 7

Comparisons on Scores of Self –Efficacy and Employment Status in IPS group

Month	Employment		Unemployment		<i>t-value</i>	<i>p-value</i> (Independent T-test)
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>		
7 th month	17	2.71 (0.77)	23	2.12 (0.78)	.224	.024*
11 th month	17	2.60 (0.80)	23	2.32 (0.76)	.076	.262
15 th month	18	2.66 (1.00)	22	1.95 (0.63)	11.448	.014*

Note. Values are mean (standard deviation) of the raw data. Significant level is set as $p < 0.05^*$.

4.2 Quantitative Discussion

4.2.1 *Impact of IPS*

a) *Changes in Personal Wellbeing*

As for the non-vocational outcomes, the perception of PWI found in TVR or IPS group has shown significant difference during those 15th months. The overall mean scores of PWI obtained in IPS group were higher than that of TVR group. For the TVR group, it showed unsteady and declining trend of the mean scores of PWI whereas there was an initial jump of the mean scores of PWI in the IPS group which was followed by a slight decline and plateau, with an overall mean scores higher than the TVR group. This indicates that participants in IPS group have better outcomes on personal wellbeing than that of TVR group after employment. One possible explanation is that the IPS model puts emphasis on the integration on vocational, clinical and social aspects (Salyers, et al., 2004) that may have possibly tackled individual matters on related constructs of personal wellbeing. In addition, the service is delivered by a multidisciplinary team and therefore different aspects of individual concerns are well supported by the team throughout the study period; rather than gradually withdrawal following successful employment (Cook, et al., 2005; Salyers, et al., 2004). As a result, individuals would feel more functional as the related constructs such as life satisfaction; sense of physical and psychosocial wellbeing was enhanced to some extent (Rumrill, et al., cited in Chibnall & Tait; Chuban, Clayton & Vandergriff; and Ware, 2004). It is believed that the follow along support provided in IPS group, with regular consultations and counseling given to the participants, dealt with some aspects involved in changing on individuals' perception on their wellbeing.

b) *Changes in Self-efficacy*

Our study outcome shows non-significant group x time effect on individual's efficacy. One reason suggested that the sample size is considerably too small to

detect the group differences. The other possible explanation is that individual efficacy beliefs was determined and governed by their perceived capabilities to activate motivation, cognitive resources and courses of action required to exercise control over task demands (Chiu & Tsang, 2002; Maddux cited in Bandura, 1995; Stajkovic & Luthans, 1998) which might only be understood or intervened superficially within these service model. Unlike the generic understanding on personal wellbeing, the individual's perception on self-efficacy was also related to a variety of health-related behaviors (e.g., overcoming anxiety) which appears intangible of people with SMI. Therefore, our results shows that the length of time would be the key factor allowing the participants in both group to determine his/her decision making on how much effort and how long should he/she be made as a result of feeling accomplished, so as to reinforce personal efficacy (Bandura, 1977). It may reflect that the IPS model may be less sensitive towards individual's efficacy than the personal wellbeing.

4.2.2 Impact of Employment Status

Our results show that employed participants had more remarkable improvement in personal wellbeing and self-efficacy than the unemployed subjects in the IPS group. It is coherent to Bond, et al. findings (2001b) that better non-vocational outcomes were achieved through employment. The employment effect seems to be more prominent than those of the group effect alone. This supports our hypothesis that employment plays an important role in enhancing the non-vocational aspects.

It appears that the self-efficacy is sensitive to employment which was supported by previous studies. Self-efficacy (or career self-efficacy) served as an influential determinant on an individual's decision making ability in choosing career, making corresponding work adjustment or developing satisfaction over work (Chiu & Tsang, 2002; Hackett & Betz, 1995; Heuven, et al., 2006). On the contrary, although it was shown that work was thoroughly associated with individual

perception on physical / mental health well-being and their lifestyle (Bond, et al., 2001b; Chiu & Tsang, 2002; Fabian, 1992; Hackett & Betz, 1995; Linney, 1993), the contexts of personal wellbeing (e.g., overall life satisfaction or satisfaction with finances) are comparatively less focused on employment solely.

Our quantitative results substantiated that employment brings about positive and cumulative influence on the individual's wellbeing and self-efficacy after a 15-month period (Bond, et al., 1995 & 2001b; Salyers, et al., 2004). On the other hand, our qualitative results suggest that employment also brings about negative impacts on the non-vocational aspects. These discrepancies may explain the non-significant results found in the 7th months of the study period. We believe that the total positive impacts of employment outweigh the negative ones and thus the overall influences were shown significant. In conclusion, it is anticipated that both positive and negative changes on personal wellbeing and self-efficacy will be more noticeable if larger sample size was applied and with an extended period of follow-up.

CHAPTER V: QUALITATIVE RESULTS & DISCUSSION

5.1 Qualitative Results

5.1.1 First Interview

a) *Impact of Employment Status on Personal Wellbeing*i) *Life without Employment*

Table 8 shows both positive and negative comments extracted from the first interviews of the thirteen participants. Results indicated that most of the comments were negative during the unemployed state. Four main findings are shown as follows:

Table 8

Feedback on Life without Employment on Personal Wellbeing

Life without Employment		
Personal Wellbeing	First Interview (<i>n</i> =13)	
<i>Functional Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Start Gambling	0	1
1.2 Time management	1	0
1.3 Idle at home often	0	5
1.4 Sleep a lot	0	5
1.5 Become Indolent	0	5
1.6 No financial security	0	5
1.7 Disordered life	0	10
<i>Psychological Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Having unrealistic (silly) thoughts	0	6
1.2 Feel bored	0	3

1.3 Insecure in general	0	1
1.4 Mental condition	0	1
1.5 Emotional control	0	2
<hr/>		
<i>Personal Value Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
<hr/>		
1.1 Feel emptiness	0	4
1.2 Sense of uselessness	0	4
1.3 Sense of inferiority	0	2
1.4 No goal	0	4
<hr/>		
<i>Social & Interpersonal Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
<hr/>		
1.1 Unresponsive to others	0	1
1.2 Little or no social life	0	7
<hr/>		

Functional. The majority of the study participants ($n = 13$) had disordered life. One of the study participants reported that when she woke up in the morning, she had no idea what she was supposed to do. Also, more than one third idled at home with limited financial support; for example, interviewee 7 and 1 said:

“I can’t support myself financially, and I feel insecure. You have to have money to dine out, go out and have social life when you live in Hong Kong.”

“I engage in sleeping for most of the time that my mother always worried that I sleep too much.”

On the contrary, one interviewee reported positively on the item of “Time management” who explained that she could spend time freely and did whatever she wanted to do during the day with her unstructured daily schedule.

Psychological. Approximately half of the study participants expressed that they were disturbed by silly (non-psychiatric related) or unrealistic (psychiatric related) thoughts more frequently. Example of silly thought explained by interviewee 8

was:

“I always think that since I have this illness, I can see no future and my life is meaningless.”

While interviewee 2 realized that her thoughts and things around her became “weird” when she was unemployed and was related to her delusion as explained.

Personal Value. One third of them expressed that they possessed poor personal values such as feeling emptied, sense of uselessness and having no goals in life. Interviewee 5 said:

“I don’t know how my life should go on and I think I’m useless.... Feel myself so pitiful.”

Social & Interpersonal. At the same time, their social life was reduced or completely missing. It was illustrated by interviewee 5 and 9 respectively:

“I had no social life. I was afraid to see my friends; I was fearful and was afraid to be discriminated.”

“I was reluctant to step out of the door or go to church.”

ii) *Life with Employment*

Table 9 shows the comments from the first interview during the employed period. Compared to the comments from the unemployed state, more categories were developed and a new sub-category called “Work Generated Aspect” emerged. There were five main findings which are shown as follows:

Table 9

Feedback on Life with Employment on Personal Wellbeing

Life with Employment			
Personal Wellbeing (n=13)	First Interview		
	<i>Functional Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Stop gambling	1	0	

1.2 Cognitive functioning	1	0
1.3 Gain financial security	8	0
1.4 Sleeping quality	1	0
1.5 Spending power	10	1
1.6 Physical condition	6	5
1.7 Time management	0	1
1.8 Functional independency	7	0
1.9 Back to normal life (orderly life)	10	0
1.10 Make contribution to the society	3	0
1.11 Make contribution to the family	4	0
1.12 Have engagement	7	0
1.13 In touch with the society	4	0
1.14 Money management skill	1	0
<i>Psychological Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Care about self	2	0
1.2 Feeling of own existence	1	0
1.3 Have hope in life	1	0
1.4 Get rid of unrealistic (silly) thoughts	4	0
1.5 Enjoy life	2	0
1.6 Being more earnest (serious)	1	0
1.7 Mental condition	7	1
1.8 Emotional control	7	1
1.9 Motivation	6	0
<i>Personal Value Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Being productive	2	0
1.2 Sense of Satisfaction in daily life	8	0
1.3 Self-discipline	3	0
1.4 Better quality of life	7	0
1.5 Able to follow along personal goal/plan	5	0

1.6 Level of Happiness	12	0
1.7 Spiritual / Religious support	3	0
1.8 Ways of thinking	3	0
<i>Social & Interpersonal Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Responsive to others	1	0
1.2 Family relationship	7	0
1.3 Social life or Social network	11	1
1.4 Commitment in church function	3	0
<i>Work Generated Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Desire to go further study	1	0
1.2 Relation with boss	0	1
1.3 Achievement in career	2	0

Functional. Individual improvement was found in abstinence from gambling, cognitive functioning, sleeping quality, and money management skill. Seven study participants explained that they were functionally more independent and were delighted that they were able to be in touch with the society again via employment and make contribution to society or family. Significant improvement was found pertaining to the changes on their daily routine. Ten study participants claimed that they were “back to normal” and a few impressive comments were noted:

Interviewee 1 said “... I begin to ‘set timetable’, plan how to spend my time”

Interviewee 2 said “Put an end to the life which is utterly boring and helpless, my life turned back to normal”

Interviewee 3 said “Go to bed early and have more time to rest so that I could feel fresh and get to work on time”

Interviewee 13 said “I can develop the habit of getting up and going to bed early. Having an appropriate cycle of working and resting is just like our lives’ project”

Seven of them became more engaged during daytime and were physically improved (6 out of 13). Another great difference identified after having employment was a sense of financial security (8 out of 13) which led to an increase in spending

power in buying new clothes for work (10 out of 13) or making financial contribution to the family (4 out of 13). Interviewee 10 explained:

“Now that I have income, I can give some of it to my family... I feel much better as I can afford to pay for myself.”

Interviewee 1 remarked that she was able to use the money she earned by herself and she was no longer have to use the pocket money given by her family.

However, a few negative comments were noted on these aspects: 1) physical health deteriorated because of long working hours or manual work natures (5 out of 13); 2) Remaining poor in spending power due to part time employment (1 out of 13); 3) poor time management due to not having enough time left for leisure after work (1 out of 13).

Psychological. About half of the study participants reported that their mental or emotional stabilities were enhanced. Interviewee 10, who was diagnosed with obsessive-compulsive disorder (OCD), strongly agreed as noted in her comment:

“There’re definitely some influences. I’m having great improvement on time management (due to checking features). I used to be distracted by minor details, but now, I have to be quick in doing things, I just can’t think in such detail. In fact, it is possible that it’s caused by my illness, I don’t check on things so often now.”

Interviewee 13 responded that:

“...being in a good mental state, with enough energy and suitable emotion to handle the job well and live a normal life.”

Emotionally, interviewee 10 experienced great happiness in term of her temper control:

“I do not lose my temper so often now, I used to get irascible very easily and I used to

smack my son seriously, but now I'll never hit him anymore. I'll only play around with him and slap him gently just to give him a lesson."

Nevertheless, negative comment appeared when interviewee 2 met his boss who put on high and frequently changing expectations on him despite of his work competence. He felt so frustrated that he preferred to quit the job as to prevent being more depressed and finally relapse. The increase in motivation was rewarding and it was highlighted by some of the study participants:

Interviewee 5 said "I have more momentum to maintain my personal health"

Interviewee 10 said "...the momentum in me was growing, driving me to go out and meet people"

Interviewee 10 felt happy that she began to do the household chores and resume her role as a mother to take care of her son. She also started to go to church.

Meanwhile, their unrealistic or silly thoughts were reduced and the comments from the study participants included:

Interviewee 9 said "Work helps me to get rid of silly thoughts and straighten up my thinking"

Interviewee 7 said "After I got this job, I don't feel "useless" anymore as I used to have this kind of negative thoughts"

Interviewee 12 said "I won't keep on thinking about my own problems, like "I'm nothing"

Other considerable aspects included more care about self (2 out of 13); enjoying present life (2 out of 13); feeling of own existence, having hope in life, and being more earnest (1 out 13).

Personal Value. Remarkable changes with no negative comments were noted in this aspect. Almost all of the study participants felt happy after they became employed. They became more optimistic, and were able to develop a friendship and make more friends. Interviewee 5 reinforced the importance of friendship saying that

it is something “unable to buy with money”. Regarding the level of satisfaction, they gained internal rewards by feeling own existence and be themselves again, could see how important they were and could feel that they were capable persons. As a citizen, they felt that they were making contribution to the society as anybody else which implied they were a useful person:

Interviewee 5 said “...to involve myself in the labour market in the society and be productive....contribute what I’ve learnt back to the society ...”

Seven of them indicated that their “life on the whole becomes enriched”. They were able to buy things that they wanted to (e.g., clothing, furniture or electric compliances). It was also related to having a more regular life pattern or be able to dine out with friends more often.

Work also brought “future and directions” to them. Five of them claimed that they were able to follow their personal goals:

Interviewee 1 said “...to run towards the goal of an ideal job that keeping the present job as stepping stone until there is opportunity and enough saving to look for another job that I like more”

Interviewee 3 said “I have my goal and direction and can think about my future”

Interviewee 7 said “....to achieve my ideal to continue study when I have enough saving”

Self-discipline, ways of thinking (more optimistic), and spiritual support was improved in a quarter of the study participants.

Social and Interpersonal. Both the relationship with friends and family were improved significantly. Socially, nearly all of them indicated that there were considerable improvement in developing relationship with others and receiving support from them, as well as having more initiative to participate in social activities and church functions. Though interviewee 12 (works as a waitress) showed disagreement that her social contact became less due to her long and varying working

hours. She elaborated that she couldn't take phone call during her "office hours" or went out with them after work. With respect to the relationship with family members, more than half of them experienced the changes on attitude towards each other's and interviewee 12 said:

"My family's attitude towards me has changed a lot, they care more about me and their attitude is getting better, it's probably that we don't get to see each other so often now, and we have our own private space, there aren't so many conflicts between us."

Work Generated. A few study participants indicated their comments in the work related aspects including having more desire for further study and looking forward to the achievement gained from work as stated:

Interviewee 3 said "I started from a very low salary, then I got promoted and there're more things for me to handle"

Issue regarding the relation with boss was highlighted by interviewee 2 as he experienced a hard time in meeting the unexpectedly high expectations from his boss.

b) *Impact of Employment Status on Self-efficacy*

i) *Life without Employment*

Table 10 illustrates the comments given regarding their perceived self-efficacy during their unemployed period by 13 participants. Four sub-categories were classified which are shown below:

Table 10

Feedback on Life without Employment on Self-efficacy

Life without Employment		
General Self-efficacy	First Interview (n=13)	
<i>Functional Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Ability to make a living	0	7
1.2 Understanding own ability	0	3
1.3 Ability to gain employment	0	13
<i>Personal Value Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Sense of worthiness	0	13
<i>Self-confidence Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Escape from facing difficulties	0	1
1.2 Self-esteem/confidence	0	13
<i>Social & Interpersonal Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Insist own opinions	0	12

Functional. All of them strongly felt that they were doubtful of their own abilities or were so useless that they would not be able to gain employment.

Interviewee 12 said “I didn’t even give myself the chance to try it (employment) before, because I assumed that I couldn’t make it (gain employment)”

Meanwhile, more than half of them were worried about earning a living by themselves.

Interviewee 12 said “I have to ask my family for money for everything and I feel bad about it”

Personal Value. All of the study participants had very low self-worthiness which was directly linked with self-confidence.

Self-confidence. None of them had positive feedback on self-esteem while being unemployed. This affected their personal values and handling of difficulties. The followings are some of the responses received:

Interviewee 5 said “I had low self-esteem and didn’t know how my life should go on...I thought I was useless....felt myself so pitiful”

Interviewee 6 said “My confidence is worse and I don’t want to talk to anyone.... also, I try not to face it (difficult situations) when I was unemployed”

Social and Interpersonal. When they encountered situations that required opinions giving, except one interviewee, all of them declared that they rarely relied on own opinions but believed that others’ comments would be a better. As a result, they preferred to agree with and follow others’ opinions instead of their own thoughts.

ii) *Life with Employment*

Table 11 demonstrates their changes on self-efficacy after three months of employment.

Table 11

Feedback on Life with Employment on Self-efficacy

Life with Employment		
General Self-efficacy	First Interview (n=13)	
<i>Functional Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Chance to understand own ability	3	0
1.2 Competency level	8	0

1.3 Make a living	7	0
1.4 Ability to maintain employment	7	0
1.5 Financial independence	5	0
<i>Personal Value Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Sense of accomplishment	1	0
1.2 Sense of worthiness	10	0
1.3 Psychological adjustment	2	0
<i>Self-confidence Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Make changes	2	0
1.2 In general	10	0
1.3 Decision making	9	0
1.4 Deal with pressure	9	0
<i>Social & Interpersonal Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Recognition / assurance gain	2	0
<i>Work Generated Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
1.1 Ability to look for better job	1	0
1.2 Level of work experience developed	4	0
1.3 Confidence in dealing with difficult situation	5	0
1.4 Persistence in dealing with obstacles	7	0
1.5 Sense of satisfaction on work performance	6	0

Functional. More than half of the study participants reported that they were now able to make their own living with few of them indicated that they were financially more independent. Simultaneously, they believed that they would have better job tenure as they had more understanding about own abilities and competencies required in that job.

Personal Value. Ten study participants reported that their personal values were improved which included their sense of worthiness; psychological adjustment (e.g., “I’m ‘dare’ to work and don’t need friends to help reported by interviewee 6); and their sense of accomplishment which interviewee 5 believed his competitiveness was enhanced.

Self-confidence. On the whole, confidence level was enhanced with improvement on the ability to make decision or to deal with stress. Some comments were obtained as follows:

Interviewee 1 said “Satisfaction from work helps me to build up more confidence”

Interviewee 2 said “Working is a means for you to achieve something and hence to build confidence from it”

Interviewee 3 said “I used to seek help from my colleagues and now I try to sort things out as I’ve gain more experience”

Interviewee 6 said “I used to turn to many other people when pressures arise but now I won’t consult so many people”

Interviewee 7 said “Every job helps me build my confidence”

Interviewee 10 said “It’s getting better now because I never make any decision in the past”

Interviewee 11 said “...since I’ve learnt more about my job and I’m getting more familiar with it, I’m gaining more confidence in making decision”

Interviewee 12 said “I didn’t even give myself the chance to try it before, because I assumed that I couldn’t make it. But now, even though I know that the outcome might not be nice, I’d at least give it a try”. She continued to say “...since this is my job, I have to face it. I can say that I still lack of confidence to handle it but I might have a little more ability to deal with it”

Interviewee 13 said “I’m feeling more pressure since I’ve started working...since I’ve been working for a certain period of time, I’m confident that I can deal with that pressure”

Social and Interpersonal. They had difficulties relating to this category and two study participants stated that their perceived level of self-efficacy was increased when colleagues or boss showed recognition or assurance on their work performance as mentioned by interviewee 7 that whenever someone praised his performance it assured his ability.

Work Generated. Seven study participants revealed that they were more persistent in dealing with obstacles as they had developed more confidence in solving their difficulties. It was directly related to the level of experiences developed over the employed period as stated:

Interviewee 3 said "...as experience increases, I have more confidence to deal with it"

Interviewee 5 said "...more time and effort will spend since I want to do a better job"

Interviewee 1 said "I have more persistence to continue my plan as I used to stop a plan after 2 to 3 days"

5.1.2 *Second Interview*

a) *Impact of Employment on Personal Wellbeing*

New categories were formulated in the second interview regarding the study participants' change of perception on personal well being after employment for six months while sub-categories were the same as in the first interview (Table 12).

Table 12

Feedback on Life with Employment on Personal Wellbeing

Life with Employment		
Personal Wellbeing	Second Interview (n=8)	
<i>Functional Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
2.1 Learn new skill	4	0
<i>Psychological Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
2.1 Illness management	2	0
<i>Personal Value Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
2.1 Sense of belonging to the society	1	0
2.2 More Optimistic	6	0
2.3 More motivated in general	5	0
<i>Social & Interpersonal Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>

2.1 Learn to get along with others	1	0
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Functional. Four study participants showed that they cherished this opportunity to learn new skills which also brought them a sense of satisfaction.

Psychological. Two of the study participants had better awareness or insight on their mental conditions after work. They used the term “better illness management” to explain their improved mental stability as follows:

Interviewee 1 said “...have more encouragement for myself and showing positive emotions to others...if I’m mentally unhealthy, it could ‘paralyze’ my job”

Interviewee 8 said “I don’t think about nonsense....and I don’t even think that I don’t want to live my life anymore”

Personal Value. Being more optimistic and motivated were the new items illustrated by half of the study participants. Interviewee 4 and 5 presented it thoroughly:

“I would keep telling myself to keep the status quo as I realize that I’m really different now, and I won’t let myself to go back again. I know it’s difficult, but I think it’s worth holding on...”

“Since I have more confidence, I’m getting rid of many pessimistic thoughts. I’m not taking such a negative attitude now ...although certain things are difficult to change, you just need to say it and do something, there will definitely be someone holding the same view to work with you...there will still be a chance to change”

The term “momentum - 衝勁” was used quite frequently to describe their increased motivation. An interviewee said that he could feel the sense of belonging to the society.

Social and Interpersonal. Ongoing employment provided opportunity not only for new skills acquisition, but also learning how to get along with others in the social context.

b) *Impact of Employment on Self-efficacy*

Referring to Table 13, a new category was formed under self-confidence aspect while others remained the same.

Table 13

Feedback on Life with Employment on Self-efficacy

Life with Employment		
General Self-efficacy	Second Interview (n=8)	
<i>Self-confidence Aspect</i>	<i>Positive Feedback</i>	<i>Negative Feedback</i>
2.1 Related to level of work experience developed	4	0

Four study participants made the statement clearly that their level of confidence was enhanced by the level of work experiences they developed. The more experiences they had, the more competencies they developed, and so as their self-confidence. Illustrations were given:

Interviewee 1 said “The experience that I’ve gained from each job helps me to gain confidence”

Interviewee 4 said “I’m more confident as compared to my last job (with same nature) because I already have some experience”

Interviewee 5 said “I have more confidence in dealing with operational decisions or judgments, it’s probably because I start to gain some experience”

5.2 Qualitative Discussion

Employment is an active constituent for achieving better nonvocational outcomes (Bond, et al., 2001b) while unemployment actively accelerates the negative influences on such outcomes. Based on this understanding, this study offers preliminary data on aspects relating to the changes of the psychological functioning on employment from a broader perspective, acknowledging that research on the non-vocational outcomes of employees with SMI is limited. Our study therefore

facilitates better understanding of the changes in working individuals' wellbeing and self-efficacy along with changes in their employment status.

5.2.1 Employment Status and Personal Wellbeing

We believe that the feedback of perceived wellbeing varies noticeably with a change in an individual's employment status. The responses from the study participants were mainly negative during the unemployed period. Their functional and psychological sense as individuals was chaotic. They preferred idling at home, being indolent, sleeping for days and when the time they received limited financial support from family or savings, their life was even more miserable.

Our study indicates that the disorganized and dysfunctional ways of living encountered by participants occurs in a chain reaction which may be initiated by unusual pattern of sleep and proceed to show increasing reluctance to participate in daily activities.

Furthermore, the declining financial support is another contributing factor which further keeps them away from joining social gathering with friends or acquaintances. Our study indicates that nearly all of our study participants expressed their concerns of diminishing social contact and peer support after being unemployed for a period of time. This in turn aggravates the feelings of boredom, drift and insecurity. This supports earlier findings on experiences of the long-term unemployed in the general population (Blumenberg, 2002). As a result, their daily routines become more dysfunctional and deviate further from the general population.

Similar to earlier studies (Bond, et al., 2001b; Marwaha & Johnson, 2005), poor mental, emotional or symptoms management is evidenced among the unemployed participants, who reported unrealistic thoughts or emotional disturbances. Ruling out the sign of relapse, our study shows that an individual's hallucination or delusional ideas seemed more dominant, especially those who had

had residual symptoms while having no meaningful activity engagement. Our study participants reported that some of the voices kept reminding them of their uselessness or telling them to kill themselves. These feelings appeared more frequently when they were unemployed and some of them even felt that things and people around them were “weird”. Few of them could distinguish the symptoms from their personal thoughts while most of them had mixed feelings of relapse. One of the study participants claimed that her emotional control became worse when she could not stop beating her son every time her son was naughty.

At the same time, participants perceived that their personal values and interpersonal relationships were in “their darkest period”. This encompasses the feeling of emptiness, uselessness and self-pity which are so dominant that they are unable to foresee their life in the future. Besides, most of them were reluctant to go out and meet friends as they were fearful and afraid of being discriminated against. This subjective perception of being devalued and marginalized coheres with recent findings (Tsang, et al., 2007; Vauth, et al., 2007) that people with higher levels of self-stigma show a greater tendency to use withdrawal as one of a range of coping strategies, and at the same time their levels of subjective quality of life.

An earlier study (Arns & Linney, 1993) showed that changes in an individual’s perception of wellbeing could be manifested as early as six months after being competitively employed. Our study is even more sensitive in that our participants showed positive changes in the third month of employment, and the changes continued to bring impacts on their life and well being at six months. Some of our findings reinforce previous studies (Boardman, et al., 2003b; Bond, et al., 2001b; Marwaha & Johnsons, 2005) that the key aspects of personal wellbeing include satisfaction with finances, quality of life, time structure, and the enlargement of the scope of social activities.

After three months of employment experience, our participants started to feel more financially secure as they received constant income, regardless of the amount

they earned. Their quality of life improved since employment guaranteed a more affluent material supply. For example, one of the study participants was now able to spend some of his earning on more luxurious items such as a fine hi-fi system. This in turn leads them to a more stable mental and emotional status. This helps to bring a more meaningful life, increased psychosocial wellbeing, better functional independency, improvement on perceived personal value, and interpersonal abilities.

Life becomes more meaningful and brighter for people with SMI immediately after they have gained competitive employment. As Lent and Brown (2006) pointed out, the positive experiences they gain from the workplace produce reinforcement of their perceived personal wellbeing. Our study participants seemed to be more capable of managing their illness and developed better insights and awareness into their early signs of relapse after they had entered into the workforce. They gradually learnt how to overcome their psychiatric disturbances in order to perform work-related tasks. The findings also show that they were more optimistic and positive toward the life difficulties that they encountered.

Individual's personal values are closely aligned with their functional and psychological wellbeing. Study participants perceived themselves as "productive citizens", accompanied with a sense of usefulness, hope in life and increased self-esteem. Like Mezzina, et al., (2006) and other studies, the present study found that being engaged at work produced a restored perception of existence and being an active citizen. We believe that the sense of social inclusion and citizenship exerts tremendous influence on an individual's sense of self, identity and wellbeing which might effectively eliminate internalized stigma (Yip, 2005).

As to the social aspect, many studies have shown that people with SMI have poor social interaction skills and support networks (Tsang, 2001 & 2003; Tsang & Pearson, 1996 & 2001). After being employed, people with SMI seem to have better interpersonal skills. Consistent with Mezzina's et al., (2006) finding, we suggest that employment provides ample opportunity for people with SMI to establish, expand or

maintain their social and interpersonal abilities within the work context. It provides them with more satisfaction arising from the positive changes they have experienced in their resumed social life and social network. Our study participants reported that they had become socially more active and responsive, and they started to develop better social networks. Some of them went more often to church activities and Sunday services. Our finding suggests that when people with SMI have the desire to find their way back into the community, they are more motivated to develop relationships with others. They became more goals directed, aiming for a better future and persevering to attain further study or training. Furthermore, their relationship with family improves, which is in line with the finding in Casper and Fishbein (2002), who reported more satisfaction with significant others with respect to the employment status of the study participants.

Work appears to be highly therapeutic in terms of social integration, illness management and restoration of an individual's identity. Many of our participants had regained, redefined and re-structured the meaning of life. In addition, their level of happiness, satisfaction and ways of thinking had significantly improved and permeated into different aspects of life. Therefore work brings many positive influences to people with SMI, which then leads to greater devotion to work and better job tenure.

Nevertheless, an important finding of the present study is that the impact of competitive employment on the psychosocial functioning of those with SMI is not always positive. There are negative influences on the individuals other than the array of positive influences we discussed earlier. The findings are similar to a report recently published by Larson, et al., (2007). Our findings suggest that negative perception of personal wellbeing and self-efficacy will impair occupational performance which will then lead to premature job termination. This is in line with the outcomes of IPS that the job tenure of the participants is usually short (Bond, et al., 2001a; Cook, et al., 2005).

The negative impacts of employment are manifested in different ways. First, despite of the fact that people had monetary rewards and thus financial security after employment (e.g., Larson, et al., 2007; Marwaha & Johnson, 2005), some participants had doubts about losing part or entire government subsidy after they declared their employment. Similarly, Larson, et al., (2007) reported that the participants will usually be given advice by family members, friends or even lawyers not to work in order to keep the government benefits. One of our study participants decided to work part-time in order to maintain his social allowances. We believe that deduction of social allowance would be discouraging to an individual's willingness to work (Marwaha & Johnson, 2005; Salyers, et al., 2004). A few participants reflected that they were not really 'earning' money for personal expense or saving. Most of them strongly agreed that although they were financially better off, certain amount of their salary was spent unwillingly on different work related areas. These expenses included purchasing appropriate clothing for work, dinning out with workmates in or out of working hours, with the aim to develop social networks; and other work related social gatherings. As people with SMI seem to be unable to understand the importance of the above work related expenses, nearly all of them expressed their desire to reduce these expenses by refusing to go for lunch or join social gathering with their co-workers. In this way, their opportunities to develop social network are reduced. Being competitively employed, some of them are expected to contribute financially to their family. This further reduced the amount left for their own expenses.

Second, participants reported that they were physically and psychologically exhausted after work, especially in the first three months of their job-securing phase. The overall malaise made them hesitate to participate in social gathering after work. One third of the study participants reported that their physical conditions became worse during the first three months of the employment. This is probably because the job duties require much physical exertion.

Third, as most of them have full time employment, nearly all of them

mentioned reduced free time for personal leisure pursuits such as watching movies or shopping.

Finally, although we agree that work can facilitate social integration and expansion of social networks (Larson, et al., 2007; Tsang, 2003), it poses challenge for people with SMI to accommodate to their new work and social environment. Some feel that they were 'forced' to develop work related social networks and communication, such as being more confident to approach workmates or have lunch with them, which was a prominent feature of the first six months of employment.

5.2.2 Employment Status and Aspects on Self-efficacy

Similar to our findings obtained in the aspects of personal wellbeing, people with SMI also had poor outcome measures on their self-efficacy during the unemployed period. They were generally lacking in confidence with dealing with life situations and coping with their psychiatric illness. Being uncertain or doubtful of their own abilities to secure gainful employment, they depended on professional support to seek employment. Our finding also echoed the study by Pratt, et al., (2005) which showed that people with SMI usually fail to acknowledge their ability to perform tasks regardless of their capability. In addition, their sense of unworthiness is another outcome indicator for the perception of low self-efficacy. The overly pessimistic personality or thoughts, together with their exceptionally low confidence in dealing with situations in all aspects, are the manifestations of poor self-efficacy found in our study participants.

Having an enhanced effect from their perceived personal wellbeing, our finding suggests that emotional and psychosocial wellbeing laid an important foundation for individual to establish their self-efficacy. After having stable employment for 3 months, the participants were able to identify the essential aspects found in their changes on perceived self-efficacy which consisted of better understanding of their own ability; better sense of accomplishment; fruitful work

experience gained; job satisfaction; and the assurance, recognition or acceptance given by their employer and colleagues. These findings verify those of a previous study (Heuven, et al., 2006) that self-efficacy has a moderating effect on the relationship between emotional job demands and wellbeing (Burke, et al., 2006; Lubbers, et al., 2005).

Consistent with previous studies (Arns & Linney, 1993; Bond, et al., 2001b; Marwaha & Johnson, 2005), our results show that individual sense of competency, self-esteem and self-identity are shaped and strengthened by employment. Furthermore, their perceived ability to deal with life stress and obstacles and make decisions is improved after they have been competitively employed (Chiu & Tsang, 2004; Hackett & Betz, 1995).

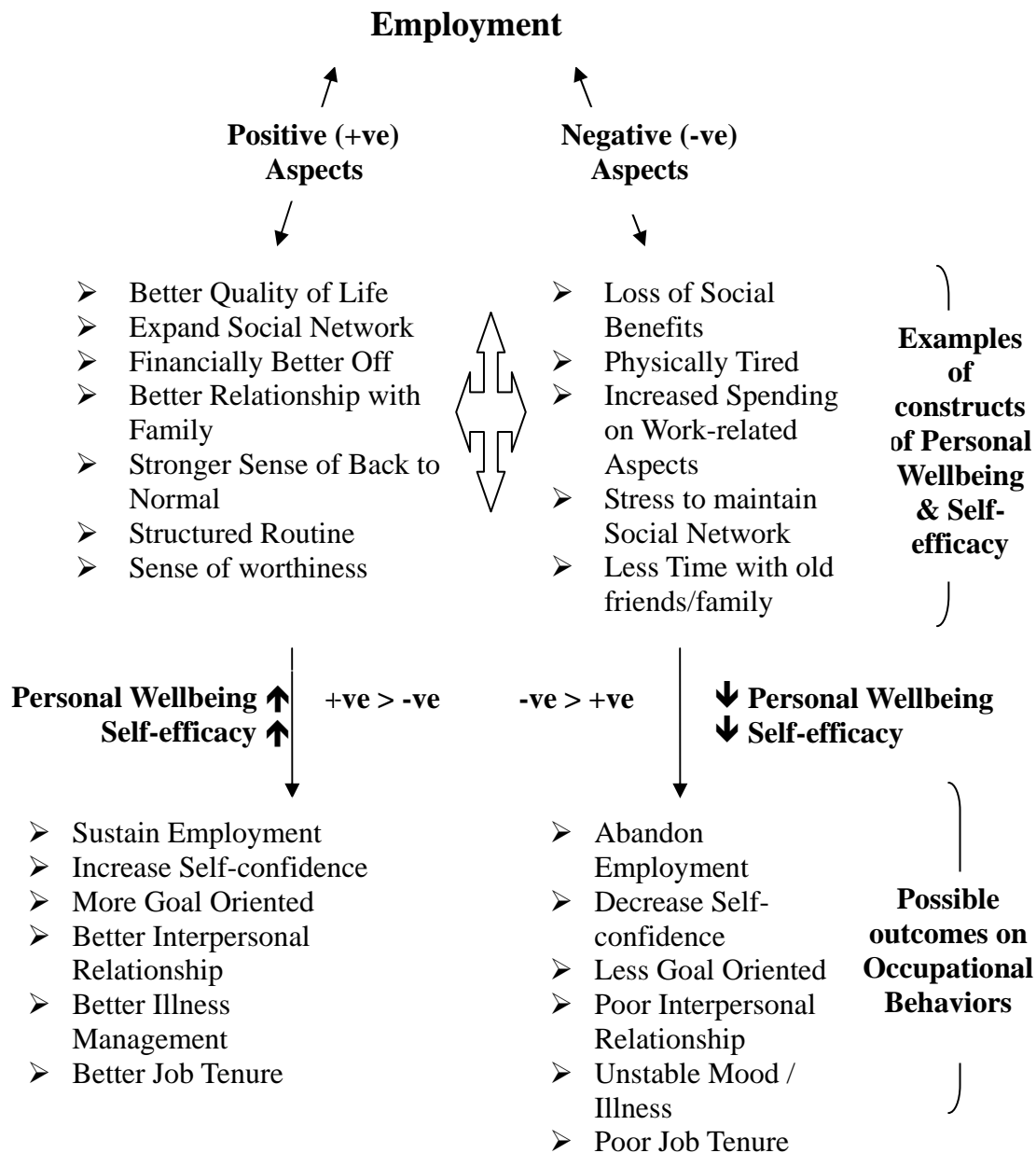
Apart from strengthening the outcomes of previous studies, our study yields new findings which earlier research efforts have not identified. Our results show that nearly all of the employed participants obtain further benefits besides job satisfaction. These benefits include opportunities for continuous learning or enhancement of their work competency. They reported feeling less stressful in the workplace when on-the-job training is available. These are the crucial elements that lead to better job tenure and overall efficacy levels.

CHAPTER VI: IMPLICATIONS

6.1 Towards a Dynamic Model of Psychosocial Impact of Employment

Although our findings suggest that the experience of employment is essentially positive, there are certain negative effects that we could not neglect. In fact, these negative effects help explain why the job tenure of individuals with SMI is generally short and that undesired job terminations are frequent. Based on the data we obtained in this study, we conceptualize that the balance of these positive and negative forces determines the direction of personal wellbeing and self-efficacy on an individual's decision to maintain or give up their employment. We posit that the values and beliefs that people experience from work are crucial determinants of their motives to get into the workforce or otherwise to accept being unemployed (e.g., Basset, et al., 2001). If positive effects of work dominate, they will continue to work. This is what has happened to most of our participants. On the other hand, their job tenure will be shaken if the negative effects of work dominate. This is the experience of those who quit their jobs, although we did not interview these participants in the present study. We therefore propose a dynamic model of employment (Figure 4) taking into account both the positive and negative influences of employment on the outcome of participants in supported employment program.

Figure 4

Dynamic Model of Psychosocial Impact of Employment

This model is innovative in a way that it challenges existing literature to simply emphasize the positive effects of employment on individuals with SMI. This reinforces the principle of rapid employment of the supported employment paradigm. While most supported employment programs succeed in bringing a short-term

employment rate as high as 40% (e.g., Bond, et al., 1997), researchers are at a loss to know why the job tenure is so unsatisfactory. The significance of the model is that it explains why most of the participants of supported employment have short job tenure. The reasons are that they experience a lot of negative impacts on their personal wellbeing and self-efficacy. Further studies are however needed to help us gain more understanding how to help participants cope with the negative effects of employment so as to improve their job tenure.

6.2 Clinical Practice

The use of The IPS model in enhancing the vocational outcomes of people with SMI has been well documented overseas, especially in North America. The present study provides evidence from its implementation in the local context. The next logical step is therefore to promote its application in the clinical community in Hong Kong.

Workshops regarding the IPS effectiveness, principles, practicality and ways to ensure fidelity should be introduced to both hospital and community-based settings. To enhance implementation and effectiveness after the workshops, a training manual and demonstration VCD or videotape should be developed. With the collaboration of The Hong Kong Polytechnic University, an E-learning package will be developed to facilitate ongoing monitoring and guiding practice, as well as for teaching purpose for the junior employment specialists working in the rehabilitation settings for people with mental illness.

From a practical perspective, it is essential to follow the seven principles of IPS, especially the follow along period, which serves as an evidence-based practice over the existing time-limited supported employment service in Hong Kong. Thus, the standardized fidelity scale should be adopted for quality assurance. Based on our qualitative outcomes, we believe that by introducing our proposed dynamic model into the existing supported employment programs, it will further enhance the quality

and the effectiveness of the service provision. The basic strategy is to make the employment specialists more aware of the possible negative effects of employment so that remedial actions may be taken. This is especially important at the beginning of the employment. For example, if an employment specialist is more aware of the emotional involvement and display of an individual who works as a salesperson, the specialist will be more sensitive in offering practical feedback and counseling in order to prevent early job termination (Heuven, et al., 2006).

6.3 Research

Despite the promising outcomes, caution has to be taken when we make generalizations about the population due to the study's small sample size and short duration compared with overseas studies. Further investigation with larger samples and longer duration need to be conducted to assess long-term changes and impact on both vocational and non-vocational outcomes on the supported employment in Hong Kong.

Our study goes beyond simply ascertaining the effectiveness of the IPS model as applied in Hong Kong. We believe that the innovative dynamic model has relevance in a broader range of employment service implications. The positive impacts on non-vocational aspects on employment are widely recognized. However, our model suggests that there are also negative impacts impeding the employment outcomes. The exemplar given is the physical exhaustion the participants experience at work. Those who are physically unprepared or sedated for an extended period of time would be more likely to feel physically exhausted in the early stage of employment. This will ultimately outweigh the positive impacts which may in turn lead to an early job termination. Our model demonstrates mainly on factors that representing the micro levels (e.g. anxiety towards colleagues) of an individual while factors intervening their macro levels (e.g. work environment) are not of focus in this research. Implications for further studies are to 1) use work-related self-efficacy scale (Waghorn, Chant and King, 2005) in future research so as to strength and

consolidate the outcome validity of the theoretical model; and 2) test the validity of the model as applied to participants of supported employment services.

6.4 Community & Policy

The effectiveness of the IPS model has been shown overseas and the present study given its effectiveness over the traditional stepwise approach of vocational rehabilitation. This should be made known to the policy makers in Hong Kong. An executive summary of this study should be drafted and sent to the Social Welfare Department and the Labour and Welfare Bureau recommending the reallocation of resources spent on vocational services in Hong Kong. More funding should be injected to further the development of supported employment services in various settings. This recommendation is based on our believe that the implementation of the IPS model would facilitate the recovery process for persons with severe mental illness and proclaim their work abilities, competence and their contribution made to the community (Cook & Razzano, 2000; Tsang, Chan & Bond, 2004; Yip & Ng, 1998).

6.5 Conclusion

This study represents a new perspective on facilitating supported employment service provision in Hong Kong community. It is shown to be effective in integrating the IPS model with the existing TVR services in Hong Kong, aiming to reduce the unemployment rates of people with SMI. Furthermore, the theoretical model facilitates better understanding of the positive and negative impacts of personal wellbeing and self-efficacy in relation to employment status and this should be incorporated in the future rehabilitation service. Moreover, it is encouraged that integration of the non-vocational aspects on the existing rehabilitation programs will further improve the overall recovery of individuals.

CHAPTER VII: REFERENCES

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Information

Research Project: Psychosocial Impacts on People with Mental Illness receiving the Individual Placement and Support (IPS) Service

You are invited to participate on a study conducted by Miss Phoebe Siu Siu Kan (research student) and supervised by Dr. Hector WH Tsang (Associate Professor) in the Department of Rehabilitation Sciences in The Hong Kong Polytechnic University.

The aims of this study are to explore

- 1) the relationship between vocational status (employed or unemployed) and the psychosocial aspects (self-efficacy & personal well-being) of people with mental illness in the Chinese Society; and
- 2) the changes on the vocational status and its impacts on the psychosocial outcomes on individuals.

You are invited to participate an interview for one or two times. All conversations will be tape-recorded and will last for 30 to 45 minutes. All information covered will remain confidential and will be known by the researcher only.

You have every right to withdrawn from the study before or during the research study without penalty of any kind.

If you have any complaints about the conduct of this research study, please do not hesitate to contact the Human Subjects Ethics Sub-Committee of the Hong Kong Polytechnic University in person or in writing (c/o Human Resources Office in Room M1303 of the University).

If you would like more information about this study, please contact Dr. Hector Tsang on _____ or Miss Phoebe Siu on _____.

Thank you for your interest in participating in this research study.

Miss Phoebe SK Siu
Researcher



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學

有關資料

研究計劃題目：復康者就業情況與社會心理健康研究

誠邀閣下參予此由香港理工大學康復治療科學系副教授 曾永康博士 監督及研究員 蕭少芹 負責執行之研究計劃。

此項研究有二個目的

- 1) 探討在華人社會精神康復者的就業情況(就業或失業)與社會心理方面(自我能力及個人健康)的關係；與
- 2) 探討就業情況的轉變及其對個人的社會心理方面的影響。

閣下將被邀請參與一致二次個人錄音訪問，整個訪問約需時 30 至 45 分鐘。凡有關閣下的資料均會保密，一切資料只有研究人員知道。

閣下享有充分的權利在研究開始之前或之後決定退出這項研究，而不會受到任何對閣下不正常的代遇或責任追究。

如閣下有任何對這項研究的不滿，請隨時親自或寫信聯絡香港理工大學人事倫理委員會秘書(地址：香港理工大學人力資源辦公室 M1303 室轉交)。

如果閣下想得更多有關這研究的資料，請聯絡曾永康博士，電話 或 蕭少芹小姐，電話 。

謝謝閣下有興趣參與這項研究。

研究員
蕭少芹小姐



Consent Form

Research Project: Psychosocial Impacts on People with Mental Illness receiving the Individual Placement and Support (IPS) Service

I _____ hereby consent to participate the captioned research conducted by Miss Phoebe Siu Siu Kan (research student) and supervised by Dr. Hector WH Tsang (Associate Professor).

I understand that the information obtained from this research may be used in future research and published. However, my right to privacy will be retained, i.e. my personal details will not be revealed.

The procedures as set out in the attached information sheet have been fully explained. I understand the benefits and risks involved. My participation in the project is voluntary.

I acknowledge that I have the right to question any part of the procedure and can withdraw at any time without penalty of any kind.

Name of participant _____

Signature of participant _____

Name of researcher _____

Signature of researcher _____

Date _____



參與研究同意書

研究計劃題目：復康者就業情況與社會心理健康研究

本人 _____ 同意參加由香港理工大學康復治療科學系副教授曾永康博士監督及研究員蕭少芹負責執行之研究項目。

我理解此研究所獲得的資料可用於未來的研究和學術交流。然而我有權保護自己的隱私，我的個人資料將不能洩漏。

我對所附資料的有關步驟已經得到充分的解釋。我理解可能會出現的風險，我是自願參與這項研究。

我理解我有權在研究過程中提出問題，並在任何時候退出研究而不會受到任何不正常的待遇或責任追究。

參加者姓名 _____

參加者簽名 _____

研究員姓名 _____

研究員簽字 _____

日期 _____

Global Assessment of Functioning (GAF) Scale (American Psychiatric Association, 2000)

Consider psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code: _____ (Note: Use intermediate codes when appropriate eg 45, 68, 72.)

91-100	Superior functioning in a wide range of activities. Lives problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms
81-90	Absent or minimal symptoms (eg mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (eg an occasional argument with family members)
71-80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (eg difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (eg temporarily falling behind in school work)
61-70	Some mild symptoms (eg depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (eg occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
51-60	Moderate symptoms (eg flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (eg few friends, conflicts with peers or co-workers).
41-50	Serious symptoms (eg suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (eg no friends, unable to keep a job).
31-40	Some impairment in reality testing or communication (eg speech is at all times illogical, obscure or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking or mood (eg depressed man avoids friends, neglects family and is unable to work; child frequently beats up younger children, is defiant at home and is failing at school).
21-30	Behaviour is considerable influenced by delusions or hallucinations OR serious impairment in communication or judgement (eg sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (eg stays in bed all day, no job, home, or friends).
11-20	Some danger of hurting self or others (eg suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (eg smears faeces) OR gross impairment in communication (eg largely incoherent or mute).
1-10	Persistent danger of severely hurting self or others (eg recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

Reference:

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-rev.* Washington, DC: American Psychiatric Association.

Brief Psychiatric Rating Scale (Overall & Gorham, 1962)

Patient _____ Rater _____

0=not present 1=very mild 2=mild 3=moderate 4=mod. severe 5=severe 6=extremely severe

- | | | |
|----|---|--------------------------|
| 1 | somatic concern – preoccupation with physical health, fear of physical illness, hypochondriacs | <input type="checkbox"/> |
| 2 | anxiety – worry, fear, overconcern for present and future | <input type="checkbox"/> |
| 3 | emotional withdrawal – lack of spontaneous interaction, isolation, deficiency in relating to others | <input type="checkbox"/> |
| 4 | conceptual disorganization – thought processes confused, disconnected, disorganized, disrupted | <input type="checkbox"/> |
| 5 | guilt feelings – self-blame, shame, remorse for past behaviour | <input type="checkbox"/> |
| 6 | tension – physical and motor manifestations or nervousness, overactivation, tension | <input type="checkbox"/> |
| 7 | mannerisms and posturing – peculiar, bizarre, unnatural motor behaviour (except tic) | <input type="checkbox"/> |
| 8 | grandiosity – exaggerated self-opinion, arrogance, conviction of unusual power or abilities | <input type="checkbox"/> |
| 9 | depressed mood – sorrow, sadness, despondency, pessimism | <input type="checkbox"/> |
| 10 | hostility – animosity, contempt, belligerence, disdain for others | <input type="checkbox"/> |
| 11 | suspiciousness – mistrust, belief others harbor malicious or discriminatory intent | <input type="checkbox"/> |
| 12 | hallucinatory behaviour – perceptions without normal external stimulus correspondence | <input type="checkbox"/> |
| 13 | motor retardation – slowed, weakened movements or speech, reduced body tone | <input type="checkbox"/> |
| 14 | uncooperativeness – resistance, guardedness, rejection of authority | <input type="checkbox"/> |
| 15 | unusual thought content – unusual, odd, strange, bizarre thought content | <input type="checkbox"/> |
| 16 | blunted affect – reduced emotional tone, agitation, increased reactivity | <input type="checkbox"/> |
| 17 | excitement – heightened emotional tone, agitation, increased reactivity | <input type="checkbox"/> |
| 18 | disorientation – confusion or lack of proper association for person, place, or time | <input type="checkbox"/> |
| | Total score | <input type="checkbox"/> |

Reference:

Overall, J. E., & Gorham, D. R. (1962). The brief psychiatric rating scale. *Psychological Report, 10*, 799-812.

個人心理健康

Personal Wellbeing Index (Lau, Cummins & McPherson, 2005)

指引 Instruction

- 1) I am now going to ask how satisfied you feel, on a scale from 0 to 10.
跟住以下的問題是想了解一下你個人的滿意程度，你可以由零至十分選擇一個適合你的分數。
- 2) On this scale, zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And the middle of the scale is 5, which means you feel neutral.
‘零’分代表你感覺得非常之不滿意，‘十’分代表你感覺得非常之滿意。如果你選擇‘五’分，就代表中立。
- 3) Would you like me to go over this again for you? In that case I will start by asking how satisfied you are with life.
你需唔需要我重複講多次俾你聽？如果無問題，我而家就開始問吓你有關你對生活上一些事情上的滿意程度。

問題 Questions

1. 你對你整個人生個人際遇，總括呢講，有幾滿意呢？你會俾幾多分呢？
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?
0 1 2 3 4 5 6 7 8 9 10
2. 你對你生活水平/指數有幾滿意呢？你會俾幾多分呢？
How satisfied are you with your standard of living?
0 1 2 3 4 5 6 7 8 9 10
3. 你對你身體健康狀況有幾滿意呢？你會俾幾多分呢？
How satisfied are you with your health?
0 1 2 3 4 5 6 7 8 9 10
4. 你對你個人成就(包括事業，家庭等)，有幾滿意呢？你會俾幾多分呢？
How satisfied are you with what you achieve in life?
0 1 2 3 4 5 6 7 8 9 10
5. 你覺得你同其他人相處關係有幾滿意呢？你會俾幾多分呢？
How satisfied are you with your personal relationships?
0 1 2 3 4 5 6 7 8 9 10
6. 你對自己個人安全感有幾滿意呢(例如覺得自己安唔安全或有無安全感)？你會俾幾多分呢？
How satisfied are you with how safe you feel?
0 1 2 3 4 5 6 7 8 9 10
7. 你覺得自己同社區融洽程度有幾滿意呢(例如你有無關注你社區所發生的事等等)？你會俾幾多分呢？
How satisfied are you with feeling part of your community?
0 1 2 3 4 5 6 7 8 9 10
8. 你對你將來人生保障(例如醫療，經濟，社會，政治等等)有幾滿意呢？你會俾幾多分呢？
How satisfied are you with your future security?
0 1 2 3 4 5 6 7 8 9 10

Reference:

Lau, A.L.D., Cummins, R.A., & McPherson, W. (2005). An investigation into the cross-cultural equivalence of the personal wellbeing index. *Social Indicators Research*, 72, 403-430.

自我效能感量表
Chinese General Self-efficacy Scale (Chiu & Tsang, 2004)

- | | | |
|----|---|--------------------------|
| 1 | 如果我盡力去做的話，我總是能夠解決難題的。
I can always manage to solve difficult problems if I try hard enough. | <input type="checkbox"/> |
| 2 | 即使別人反對我，我仍有辦法取得我所要的。
If someone opposes me, I can find the means and ways to get what I want. | <input type="checkbox"/> |
| 3 | 對我來說，堅持理想和達成目標是輕而易舉的。
It is easy for me to stick to my aims and accomplish my goals. | <input type="checkbox"/> |
| 4 | 我自信能有效地應付任何突如其來的事情。
I am confident that I could deal efficiently with unexpected events. | <input type="checkbox"/> |
| 5 | 以我的才智，我定能應付意料之外的情況。
Thanks to my resourcefulness, I know how to handle unforeseen situations | <input type="checkbox"/> |
| 6 | 如果我付出必要的努力，我一定能解決大多數的難題。
I can solve most problems if I invest the necessary effort. | <input type="checkbox"/> |
| 7 | 我能冷靜地面對難題，因為我可信賴自己處理問題的能力。
I can remain calm when facing difficulties because I can rely on my coping abilities. | <input type="checkbox"/> |
| 8 | 面對一個難題時，我通常能找到幾個解決方法。
When I am confronted with a problem, I can usually find several solutions. | <input type="checkbox"/> |
| 9 | 有麻煩的時候，我通常能想到一些應付的方法。
If I am in trouble, I can usually think of a solution. | <input type="checkbox"/> |
| 10 | 無論甚麼事在我身上發生，我都能夠應付自如。
I can usually handle whatever comes my way. | <input type="checkbox"/> |

Response Format;

1 = 完全不正確 (Not at all true) 2 = 尚算正確 (Hardly true) 3 = 多數正確 (Moderately true)

4 = 完全正確 (Exactly true)

Reference:

Chiu, F. P. F., & Tsang, H. W. H. (2004). Validation of the Chinese General Self-Efficacy Scale among individuals with schizophrenia in Hong Kong. *International Journal of Rehabilitation Research*, 27(2), 159-161.

Interview Guide

This is an interview guide developed for the interviewer to perform in-depth interview with individual participant. It takes 30-45 minutes for the interview session.

Research Objectives

- To explore the relationships between vocational status (employed or unemployed) and the psychosocial aspects (self-efficacy & personal well-being) of people with mental illness in the Chinese Society.
- To explore the changes on the vocational status and its impacts on the psychosocial outcomes on individuals.

1. What does employment mean to you?

Prompting questions:

- a) Why you need employment?
- b) What are the benefits of employment?

2. How would you describe your life before and after you obtained employment?

Prompting questions:

- a) How do you interpret the meaning of “quality”? Do your quality of living change?
- b) How would your employment affect your quality of living, social life, self worthiness or relationship with significant others?
- c) Are you able to spend more on food, clothing etc?
- d) Do you become more confident?
- e) Do you have more friends?

The elements / aspects concerned in this questionnaire include:

- *Self-efficacy*
- *Personal Wellbeing*

3. What do you understand the term “self-efficacy”?

(It is defined as one’s belief about whether he/she can successfully engage in and execute a specific behavior to produce outcomes)

Prompting questions:

- a) Do you think it refers to how a person feels and reacts to stressors that arise?
- b) Do you think it refers to how confident are you in dealing with unexpected situations/events?
- c) Do you think it refers to how enthusiastic a person is in making effort and spending time to deal with obstacles?
- d) Do you think it refers to how persistent a person will be in dealing with unexpected situations/events and/or obstacles?
- e) Do you think it refers to how insisting a person will be in sticking with his/her decision or judgment made when conflicts or objections arise?
- f) Do you think it refers to how a person feels about his/her ability in performing work?

4. After ____ months of employment, how does it affect your self-efficacy?
 Prompting questions:
 - a) How do you feel about your self-confidence and competence in dealing with stress?
 - b) How do you feel about your confidence in making judgments, decisions or actions?
 - c) Do you find that your self-esteem has been increasing since you have employment?
 - d) Ask the respondent to tell stories how this happened.

5. What do you understand the term “personal well-being”?
 (It is a subjective perception of an individual regarding one’s level of satisfaction in relation to happiness, health and prosperity)
 Prompting questions:
 - a) What does “well-being” mean to you?
 - b) Do you think it is related to the level of satisfaction a person perceives in dealing with his/her daily life and personal circumstances?
 - c) Can you list out some of the areas in your daily life that constitute your personal well-being?
 (e.g., standard of living, physical health condition, achievement in life [work, family or study], social functioning, sense of safety, feeling part of the community (follow), sense of security for the future [medical, finance, politic etc])
 - d) What do they (answer in Qc) mean to you?
 - e) Can you explain in details how satisfy or unsatisfied are you with the areas you mentioned above.
 - f) How important are they in influencing your daily life? (must follow)

6. After ____ months of employment, how does it affect your personal well-being?
 Prompting questions:
 - a) For example: feel happier than the period of unemployment, feel psychologically “fit or healthy” etc.
 - b) Ask the respondent to tell stories how this happened

7. Anything else you would like to talk about that is related to your experiences of unemployment and employment?

That’s all for today’s interview session, thanks for your comments!

訪問指引

這訪問指引是為訪問員詳細訪問個別參加者而設，整個訪問約需時 30 至 45 分鐘。

研究目的

- 探討在華人社會精神康復者的就業情況(就業或失業) 與社會心理方面(自我能力及個人健康)的關係。
- 探討就業情況的轉變及其對個人的社會心理方面的影響。

1. 工作對你來說有甚麼意義？

提示問題：

- a) 你為甚麼需要工作？
- b) 工作有甚麼好處？

2. 你怎樣形容你獲得工作之前和之後的生活？

提示問題：

- a) 你如何理解“質素”的意思？你的生活質素有甚麼改變？
- b) 你的工作如何影響你的生活質素、社交生活、個人價值或與其他重要的人的關係？
- c) 你有沒有能力在食物、衣服等方面花費更多？
- d) 你有沒有表現得更有自信？
- e) 你有沒有結識更多朋友？

這份問卷探討的內容/方面包括：

- 自我效能
- 個人健康

3. 你如何理解“自我效能”一詞？

(自我效能的定義，是指一個人的信念，認為自己能不能成功參與或完成一項特定的行為，得到結果)

提示問題：

- a) 你認為這是不是指一個人在壓力出現時的看法及如何作出反應？
- b) 你認為這是指你有多大信心處理突發情況/ 事情嗎？
- c) 你認為這是指一個人如何熱衷花費工夫及時間去處理障礙嗎？
- d) 你認為這是不是指一個人在處理突發情況/ 事情及/ 或障礙時可以有多堅持？
- e) 你認為這是不是指當衝突出現或有反對意見時，一個人如何堅持自己的決定或判斷？
- f) 你認為這是指一個人認為自己的工作表現如何嗎？

4. 你已工作了__個月，你認為工作如何影響你的“自我效能”？

提示問題：

- a) 你認為自己處理壓力的自信心及能力如何？
- b) 你認為自己在判斷、做決定或採取行動時信心如何？
- c) 你認為自己的自信心在工作後有否提升？
- d) 請受訪者講述自己的經歷。

5. 你如何理解“個人健康”一詞？

(這是指個人對自己快樂、健康及富足滿意程度的主觀感受)

提示問題：

- a) “健康”一詞對你來說有甚麼意義？
- b) 你認為這是不是關於一個人對自己日常生活及個人情況的滿意程度？
- c) 你可不可以指出個人健康在日常生活中包括甚麼範疇？
(例如：生活水平、身體健康狀況、人生成就 [工作、家庭或學業]，社交生活、安全感、對社會的歸屬感、對未來的安全感 [醫療、財政、政治等])
- d) (問題 c 的答案) 對你來說有甚麼意義？
- e) 你可不可以解釋你對上述提及各項如何滿意或不滿？
- f) 這些方面對日常生活的影響有多大？

6. 你已工作了__個月，這如何影響你的個人健康？

提示問題：

- a) 例如：比失業時快樂、覺得心理較“健康”等。
- b) 請受訪者講述自己的經歷。

7. 你還有沒有其他有關自己失業或就業的經驗想分享？

今日的訪問到此為止，多謝閣下的意見。