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[Nikos Drosos](#)^{*} and Antonis Korfiatis

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Article

Career Adaptability and Resilience of Mental Health Service Users: The Role of Career Counseling

Nikos Drosos ¹ and Antonis Korfiatis ^{2,*}

¹ European University Cyprus; n.drosos@euc.ac.cy

² PanHellenic Association for Psychosocial Rehabilitation and Work Integration (PEPSAEE); a.korfiatis@pepsaee.gr

* Correspondence: n.drosos@euc.ac.cy

Abstract: The employment rate of people who face severe mental health issues is extremely low, while the vast majority expresses their willingness to work. There are various obstacles that impede their work re-integration process. Apart from the illness' symptoms and the employers' stigma, these barriers are strongly associated with the effects of long-term unemployment and the lack of positive psychosocial resources, such as career adaptability and resilience. The present study aims at investigating career adaptability and resilience of mental health service users who receive career counseling services. The career counseling approach that was used combines elements from the IPS model and the career construction approach that has been developed to address the contemporary world of work challenges. We investigated how mental health service users view themselves in terms of career adaptability and resilience, and which factors contributed to their development or impeded them. We used a qualitative approach, which allows for an in-depth exploration of the participants' views. Fifteen mental health users who receive career counseling services were interviewed. Results showed that mental health service users believe that they can overcome any difficulties and setbacks, when they have adequate support from their social network and when they receive career counseling services. They highlighted the importance of counseling services to maintain their work and cope with stressful events. Further implications of the results regarding vocational rehabilitation of mental health users as means for social inclusion are discussed.

Keywords: career adaptability; resilience; mental health service users; IPS model

1. Introduction

The present study aims to investigate the positive psychosocial resources that people with mental health disorders use when facing work challenges and transitions. By "mental health disorders" we refer to severe mental health issues which have significant effect on people's lives by causing impairment in important sectors of their functioning. These kind of severe disorders include psychotic disorders, such as schizophrenia, or some forms of mood disorders, such as bipolar disorder. When people receive treatment the symptoms of the disorders stop or decrease significantly and they are quite able of being productive and working effectively. Nonetheless, despite their ability to work and the fact that work is a critical aspect of social inclusion, the employment rate of people with severe mental health issues is less than 20% - by far the lowest among people with disabilities. From this point onwards, the term 'mental health service users' will be used in the paper, as it highlights the conscious choice of the individual to seek and receive mental health services rather than the terms 'person with mental health problems/mental disorder' or 'mentally ill' which have negative connotations.

Several studies have demonstrated that mental health service users have the will and desire to work [1]. This desire does not simply stem from the potential improvement of their financial situation, but reflects the broader impact of work on individuals' lives [2,3]. Having a job implies a structured daily life, increased life satisfaction, increased sense of self-worth, increased social contacts, and the sense of being a productive member of society. Furthermore, being employed is an

essential step towards one's recovery, as it has multiple clinical benefits such as reducing both symptoms of the illness and relapses. Therefore, we have thousands of published recovery stories from users that highlight the importance of being employed in overcoming illness and achieving a meaningful life (e.g., [4]). However, mental health service users' work integration is significantly hampered by various barriers: stereotypes of employers and society [5,6], low expectations of mental health professionals [7], and internal barriers and lack of skills due to long-term unemployment and/or society's stereotypes. Mental health problems are closely associated with long-term unemployment and its negative consequences. People tend to have low self-esteem and self-efficacy beliefs, as well as a greater fear of failure which often prevents them from trying new situations. Low career adaptability and resilience contributes to a vicious cycle leading to work exclusion. Introduction should briefly place the study in a broad context and highlight why it is important. It should define the purpose of the work and its significance.

1.1. Career interventions for mental health service users

The Psychiatric Reform was officially launched in Greece in 1983 (Law 1397/83), but in reality the transition from large asylums to small community-based services was very slow and reluctant. In 1997 the National Action Plan "Psychargos" was launched and set out the main axes of the reform as deinstitutionalization and creation of new community-based mental health units. Vocational rehabilitation, although mentioned from the outset as an objective of rehabilitation programmes, did not appear to be a priority of governmental mental health policies. Since 1999, the legal framework for the development of Social Cooperatives was established (where at least 40% of the workers are people with mental health problems), but so far only 31 such cooperatives are operating in Greece, with quite limited work objects.

Admittedly, at international level the most successful model that has been used for the work integration of people with mental health problems is the Individual Placement and Support (IPS) model [2,8]. This model can be categorized as part of the broader 'supported employment' interventions. The main features of supported employment models are: (a) time-unlimited support for both job seekers and employers (and therefore requires networking and collaboration with employers), (b) emphasis on paid employment with a satisfactory wage for the specific job, and (c) the integration of the individual into work in the open market on the same terms and conditions as other workers [9]. In particular, the IPS model places emphasis on close cooperation between career practitioners and other mental health specialists in order to offer quality and coherent services, and on the rapid (but not hasty) integration of the individual into jobs that meet the individual's own preferences and occupational profile.

In Greece, the first substantial effort to implement supported employment was the establishment of an 'Support for Employment' office by PEPSAEE in 2010 and, subsequently, the implementation of the "Bridges for Employment" project (2012-2014), which provided for the pilot operation of 15 supported employment offices in mental health units. The PEPSAEE is a Scientific Not-for-Profit Organization that was established in 1996 and operates various mental health units. In 2023 the National Plan for Mental Health was published by the Ministry of Health and it foresees the creation of 7 more supported employment offices, but this remains to be implemented. The "Support for Employment" office of PEPSAEE provides services to more than 300 mental health service users annually aiming at their work integration/reintegration and job retention.

The PEPSAEE developed and implemented an intervention model that combines the IPS model with contemporary career theories based on constructivism. Acquiring a job that matches the user's career interests and skills and having a reasonable salary are two very important aspects but they are not enough. Without adequate focus in career planning, users may move "laterally" in the labor market without advancing their careers. Prioritizing just job placement without emphasis in long-term career plans and development of adaptability and resilience might result in short job tenures or in low-wage jobs [10]. Therefore, they are encouraged to explore the meaning that they attribute to work and career, and to construct or re-construct their perspective regarding their career stories. The PEPSAEE model [11] encompasses the main characteristics of IPS, while giving emphasis in

developing short and long-term career goals and in fostering career adaptability and resilience. Career counseling services focus on: (a) motivating the individual, (b) re-inventing the individual's current work history, (c) developing self-efficacy, career adaptability and resilience, (d) reconstructing dysfunctional thoughts and beliefs about their career, (e) training in job search techniques, developing self-presentation skills, and (f) enhancing their vocational self-awareness so that they can choose the job or education that is right for them. With the help of the counsellor, the user formulates an action plan to achieve his/her work goals and the counsellor supports him/her in its implementation without any time limit. At the same time, there is a strong emphasis on cooperation with other mental health services and networking with employers, aiming to create a friendlier environment for the recruitment of mental health service users [11].

1.2. Career adaptability and resilience

The modern labour market is characterised by transitions and changes. Both career adaptability and career resilience are concepts developed to highlight the different ways in which individuals react when faced with such transitions, changes and/or difficulties [12]. Some people are unable to cope with change, while others can and do continue to function and work productively even in stressful situations. Also, some people are better prepared than others so that transitions and changes come more smoothly.

The concept of career adaptability refers to an individual's readiness to cope with changes and difficulties in his/her work life. According to Savickas [13,14], it has the following dimensions: (a) concern (interest/concern about one's career future), (b) control (sense of control over that future based on one's own actions), (c) curiosity (exploratory behaviour to gather information) and (d) confidence (one's belief that difficulties can be overcome). Occupational resilience refers to the individual's quick recovery despite adverse situations and effective management of changes, difficulties and stressful events. Both concepts (career adaptability and career resilience) came about in response to the fact that individuals face transitions, challenges and stressful situations and events in their careers. Adaptability refers more to an individual's readiness to cope with such situations, i.e., effective prevention, and resilience refers to the individual's good functioning despite the stressful and challenging situations, i.e., effective response [15]. Nevertheless, there is a strong positive correlation between the two and it appears that adaptability leads to resilience [16,17].

1.3. The present study

The aim of this study is to explore the career adaptability and careers resilience of people with severe psychiatric disorders who are employed and, at the same time, receive career counselling services. More specifically, the present study will explore: a) which emotions individuals feel when faced with changes or stressful and difficult situations and events at work, b) how do they cope with these changes and/or difficult situations, c) whether they feel that through their own actions they can successfully manage these events and whether they believe that any difficulties can be overcome, d) the factors that facilitate and the factors that hinder the successful management of these events, and e) the role of career counselling services in coping with difficulties and setbacks.

2. Materials and Methods

2.1. Research design

For the design, conduct and analysis of this study, the qualitative methodology was used, which was considered the most suitable to address both the research questions and the characteristics of the mental health service users.

The research design started with the formulation of the research questions. The general interest of the researchers was related to the responses of mental health service users when facing challenges or transitions related to their work. After a discussion among the researchers, the interest turned into the five research questions of the study.

2.2. Tools and data collection

The semi-structured interview method was used to collect data, which is the most widely used method of data collection in qualitative research. Keeping in mind that the interview questions should be linked to the main research questions of the study while allowing the participants to narrate their experience, the researchers created the interview guide which includes 10 questions. All questions were created to gather the necessary information in an open, non-directive way. Finally, some demographic questions and a consent form to participate in the survey were added to the guide. The interviews were conducted face-to-face and they were recorded. Fifteen recordings were collected.

2.3. Participants

There were 15 participants of the survey, 8 males and 7 females. All participants are mental health service users, reside either in the community and all receive career counselling services from the "Support for Employment" office of PEPSAEE. They are all employed and they receive services to maintain the job they have. Participants have been diagnosed with schizophrenia and delusional disorders. They were approached to participate in the research face-to-face, where the researchers described the study and its aims and obtained their consent.

2.4. Research data

For data analysis, the method of thematic analysis was utilised which according to Braun & Clarke [18] is a method of identifying, analysing and transferring patterns of meaning within qualitative data. In the process of analysis, we followed the six steps that Braun & Clarke [18] suggest: 1. familiarizing with the data, 2. generating initial codes, 3. scanning for themes, 4. re-examining themes, 5. clarifying and naming themes, and 6. creating the report. Researchers familiarized themselves with the data by individually studying the recordings/ transcripts and doing an initial coding having in mind the research questions. Subsequently, they discussed with each other and exchanged experiences, detecting common themes. Then, they reviewed the themes individually and came back collectively, clarifying and labeling the themes. Finally, a report of the results was created, discussed among the researchers and finalized in its final form. The final form presents the themes that emerged by linking them to the research questions.

The conclusions of the study were reached after discussion among the researchers considering the research questions, the results of the study and the literature review.

3. Results

3.1. First research question: which emotions individuals feel when faced with changes or stressful and difficult situations and events at work?

The first research question was about the emotions of mental health service users when faced with changes and/or difficult situations and events at work. Although there were separate questions on feelings towards changes and feelings towards difficult situations and events, the participants' responses were the same. A main theme that emerged was Negative Emotions (fear, increased negative thoughts, feeling of loss of control, stress and anxiety), which also lead to psychosomatic symptoms:

"I get anxious and think about the changes all the time. I am constantly thinking and feel anxiety. The changes, if they have serious consequences, can even leave me sleepless [...]" (G., male, 45 years old)

"I feel very bad, I feel that I won't be able to cope, I get very stressed, I get stressed, sometimes I get psychosomatic like diarrhea" (P., male, 47 years old)

Another theme that emerged from several participants was the gradual reduction in the intensity of negative emotions through becoming familiar with the change or situation.

"[...] I get temporarily numb at first but because I have high adaptability as a person I quickly become criminalized." (V. male, 40 years old)

"[...] At first I feel strange because I am a person with anxiety... whenever I get some anxiety... but then when I start... e.g. a new project is announced, when I read the invitation, I discuss it with colleagues and organise it gradually... This anxiety is therefore reduced... the process goes more smoothly." (A. female, 51 years old)

In contrast to the negative feelings and situations, some participants talked about the belief that difficulties will be overcome and there will be a positive outcome, which shows their career adaptability.

"It's true that when I heard it I had a hard time... but I've been through so much... I'm sure I'll be able to figure it out. [...]" (D. female, 53 years old).

3.2. Second research question: how they cope with these changes and/or difficult situations?

The second research question refers to the mechanisms that individuals use to cope with changes and difficult situations. Although there were separate questions on coping with changes and coping with difficult situations, the participants' responses were the same.

Two different areas of response and management seemed to emerge from the individuals' responses: (a) managing the emotions caused by the change and (b) managing the event itself so that the individual can continue to function satisfactorily.

In relation to managing emotions, a key role is played by social support from the individual's network of informal caregivers (family, friends and so on) and from the career counsellor.

"...You talk to your own people...you don't leave it to the mercy of God.... You talk and you find a solution [...]" (E. female, 36 years old)

"...I talk to the career counsellor.... He reassures me and I see things more logically [...]" (D. female, 53 years old)

In relation to managing the change itself, a theme that emerged was the individual's personal effort to find appropriate solutions (which is linked to the gradual reduction of negative feelings and the belief that any difficulties can be overcome). Several participants reported that after a while they started to think about ways of coping with difficulties.

"I struggle and I try to manage them properly... I try to deal with them in an organised way; I try to make the necessary changes... I try to achieve my goal more easily, not to be taken down..." (P. male, 47 years old)

A second theme that emerged for coping with the difficulty was seeking support and help. This help was asked (and, subsequently, provided) both from the careers counsellors and from colleagues at work.

"Only by asking for help and taking time to adjust... Only by asking the people in charge can you move forward because when you are alone you can make a wrong or hasty move... the other person unblocks you, they are the third eye" (L. female, 57 years old)

Finally, several people reported that the most important thing when dealing with challenges and setbacks is to "not lose hope" and so they try to think more positively in order to visualize possible solutions.

"I try to change my way of thinking, to see everything in a positive way and say that I will try harder" (K. female, 47 years old).

3.3. Third research question: whether they feel that through their own actions they can successfully manage these events and whether they believe that any difficulties can be overcome

Moving on, we will examine the issues that emerged regarding mental health service users' beliefs of self-efficacy and control.

Approximately half of the participants initially stated that they cannot overcome unexpected difficulties or challenges:

"[...] I don't feel that by my own actions I can solve the problems" (H., female, 49 years old)

However, it subsequently appeared that they rather wanted to emphasize the need for sources of support and for gradual familiarization with the new challenges rather than actual belief that they cannot overcome the challenges and setbacks:

"When there are changes at the beginning I cannot cope with them but then with a lot of effort and slowly I overcome whatever difficulty there is" (K., female, 47 years old)

Many stressed that they believe that every difficulty can be overcome and mentioned the following as the main sources of support: (a) their social network, (b) their previous experiences and (c) activation and taking action:

"Not on my own ... I needed to talk to my best friend" (H., female, 64 years old)

"The truth is that the experience I have gained helps me to cope with difficulties..... because I now have the experience" (P., male, 47 years old)

"I will fight with my own knowledge and my own effort to solve the problem [...] I will persevere and I will fight to solve the problem" (F. female, 42 years old)

Furthermore, we explored the extent to which participants envision their career future and set long-term career goals.

Almost half of them said that they do not think about the distant future, possibly reflecting their own past disappointments (due to relapses) in plans they had made for the future:

"I don't know what is waiting for me, here I don't know what is waiting for me tomorrow, I can't think about the future, I don't want to make changes, I don't think about the future" (P., male, 47 years old).

Some people set having a job as their main goal for the future without concern regarding their development in it or experiencing satisfaction through their work. This may also be related to their own past frustrations due to the illness:

"[...] to try to survive, because from a young age I was always being chased out of jobs [...] to survive in any jobs" (H., female, 49 years old)

In addition, several emphasised their personal development in the future, but focused only on mental health issues:

"I am starting to think positively... I have to change as a person if we want to leave the past behind... I will change as a person ... it is good to evolve for the better" (F., female, 42 years old)

Finally, some referred to their career development and finding a job that would be more satisfying for them:

" [...] I have thought to change something... I'm thinking of leaving the nursery and going to work in a garbage truck because the nursery has too much responsibility... I don't like it" (N., male, 33 years old).

3.4. Fourth research question: Factors that facilitate and the factors that hinder the successful coping with challenges and setbacks

The main theme that emerged from almost all participants was the importance of the support of one's social network. It seems that when individuals experience difficulties, social support is the most important factor in their successful management, while lack of it is the biggest barrier:

" [...] others help a lot... my son helps me... I need this support" (H., female, 64 years old)

Several people highlighted the great importance of career counselling and continuing support from the counsellor in successfully coping with difficulties:

"Only talking to the career counsellor helps me... She helps me to understand that I am not alone, that I am not the only one with problems" (H., female, 49 years old)

Finally, some referred to positive thinking as a factor in successfully coping with change, although possibly, this is a result of both the career counselling and other mental health services they receive.

"It helps me to look at some things positively in terms of my health. I try to use a positive outlook and attitude to smooth things over" (R., male, 46 years old)

3.5. Fifth research question: the role of career counselling services in successful coping

The majority of participants stressed the importance of continuous support from the counsellor, as they feel that whatever difficulties they encounter, they should not face them alone:

"It helps me to understand that I am not alone, that I am not the only one with problems, others have problems too and that calms me down" (H., female, 49 years old)

Furthermore, career counselling helps the person to acquire different perspectives regarding the challenges that he/she faces; and offers guidance even on practical issues:

"It is very important for me that when I need support I pick up a phone and discuss it with the counsellor. My career counsellor will show me another perspective" (D., male, 40 years old)

Several people highlighted the following as important elements for their support: (a) no time limit on support and regular collaboration with the counsellor, (b) group counselling, (c) support from other mental health professionals and (d) support and encouragement from people in their immediate environment. The above shows both the necessity of supporting the individual to maintain work without time limitation as envisaged by the IPS model, but also the importance of group interventions and sharing of experiences between users, of working with other mental health professionals to provide holistic and coherent services, and the necessity of providing support and guidance to the informal caregivers of the individuals to help them in their professional integration as well.

"I would like to do group therapy [...] it will help me to become a better person" (J., female, 57 years old)

"What I would like is ... whenever I am not well ... to have an easy and direct intervention from mental health professionals" (P., male, 47 years old)

"To be supported by your own people [...] I need it" (L., female, 36 years old).

4. Discussion

The purpose of this study was twofold. On the one hand, we wanted to explore how mental health service users working in the open labour market cope with the various challenges, changes and barriers they encounter at work and whether they exhibit behaviours that show career adaptability and resilience. On the other hand, we wanted to look at the factors that help them to successfully cope with difficulties and in particular the role of the support they receive from their careers counsellor.

The results of the study showed that changes and obstacles at work usually cause negative feelings of stress and anxiety, but these feelings are temporary and for a short time. As individuals become familiar with change they begin to look for ways to manage it successfully and it appears that many have high self-efficacy beliefs, believing that they have the potential to overcome difficulties. In order to successfully cope with these difficulties, all participants placed particular emphasis on the support they receive (and need) from their social network. Indeed, it appeared that this support was essential both for successfully managing the negative emotions caused by the change and for successfully coping with the stressful event itself afterwards. As the research showed, this support is at three levels: (a) support from the close social network (informal caregivers: family members and friends), (b) from colleagues at work and (c) from the career counsellor.

The role of informal caregivers is particularly important as these are the people who are with mental health service users on a daily basis. They often face difficulties and frustrations themselves, are not aware of the specifics of mental illness and do not know how to offer better support to individuals to enable them to overcome any work barriers they face. It would therefore be good in the context of supported employment offices to place more emphasis on supporting informal carers [19,20]. This support could take the form of the implementation of empowerment groups for informal caregivers, but also psychoeducation groups focusing on the vocational rehabilitation of individuals.

At the same time, the importance of preparing the individual's workplace and colleagues to be supportive when the mental health service user is experiencing a difficulty was also evident [21]. This preparation can take the form of workplace empowerment groups and brief training sessions on mental health issues. In this way, the work context will become more supportive while avoiding the risk of becoming overprotective and perpetuating the negative stereotype that mental health service users are not productive and effective in their work.

Finally, the great importance of regular and time-limited follow-up of the individual by the professional counsellor was highlighted by the results of our study. Work integration is an ongoing effort and, when the individual is facing stressful situations, it is particularly helpful to be able to share concerns and feelings with his/her counselor. The career counsellor can help him/her manage his/her feelings and see the issues from other perspectives that will help him/her find solutions. In this way, successful coping with challenges and setbacks is achieved and the person stays at work for a long time. We should mention that the vast majority of people who have managed to get into work via the "Support for Employment" office stay employed for over 12 months and often for several years.

The study has shown that many mental health service users avoid making long-term plans for their work future and career advancement. This may be due to past disappointments and frustrations that have been caused by relapses of their illness. Although this behavior protects them from potential new disappointments, their lack of planning keeps them from moving up the career ladder and achieving a satisfying career. It is important for career counsellors to assist the individual in envisioning their vocational future having in mind that there is a possibility that unexpected events may arise that may upset the planning. Constructivist approaches [13] may be used by career counseling services, leading to a deconstruction and reconstruction of the individual's personal career stories and a broader re-imagining of their career path.

Finally, the results of the study showed the great importance of positive thinking and optimism. Several participants referred to their own personal efforts to remain optimistic in the face of adversity and to see situations from different perspectives. This way of thinking is often the result of both individuals' life experiences and successful management of difficulties in the past, and the support they have received from career counsellors and other mental health professionals. The study highlights the importance of collaboration between career counselors and other mental health professionals to provide more holistic and coherent services to individuals. In this way, work issues are placed within the broader context of the individual's life and meaningful recovery leading to true social inclusion.

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Conflicts of Interest: The authors declare no conflict of interest.

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