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Work Environmental Support from Small Industry's Employer Perspectives for Workers with Mental Illness

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Abstract

Objective: To determine the attitude of small business employers toward employing people with mental illness. **Methods:** This was cross sectional study with sixty participants from Kelantan, using Attitude Scale for Mental Illness. **Results:** Significant differences was seen in the mean attitude scale towards mental illness in the subscales separatism, restrictiveness, benevolence and stigmatization with p=0.00, between the participants and a group of medical students from previous study. No significant differences in stereotyping and pessimistic prediction were seen between these groups. **Conclusions:** The participants had negative attitude towards people with mental illness. Raising awareness among employers at workplace will improve their perceptions.

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1. Introduction

Prevalence of mental illness was noted to be high globally and its impact on socio-economy warrants attention from most countries (Waghorn et al., 2010). Employment for people with mental illness (PMI) has become one of the most important outcomes of mental illness management. This overreaching goal will not only ease the burden of mental health care expenditure, but occupation itself was found to be therapeutic for these populations (Chong et al., 2013). Robust evidences on significant of employment for PMI have impelled many mental institutions to embark on effort to include vocational rehabilitation aspect in the management of these patients (Waghorn et al., 2010).

On the other hand despite the advancement in vocational rehabilitations, legislations, various work placement support systems and their motivation, unemployment rates are high amongst PMI (Lannigan, 2014; Waghorn et al., 2010). Vast numbers of the population are found to label PMI as problematic and unpredictable group (Todor, 2013; Angermeyer & Dietrich 2006; Ng & Chan., 2000). Revealing mental health problem at the application or interview stages of employment seems to create difficulties in securing employment (Lannigan, 2014). Studies exploring the attitudes and perceptions of employers tend to show that negative attitude exist amongst the employers particularly in the social and emotional skills of PMI (Hand &Tryssenaar, 2006). Lack of awareness about mental illness leads to negative perceptions. Employers who have not employed PMI are found to doubt most aspects of a potential employee with a history of mental illness (Hand & Tryssenar, 2006). Such preconceptions or beliefs can be particularly detrimental as these employers and public may create a social distance and thus excluding PMI among others in employment. Studies on the negative attitude towards PMI consistently underscores belief systems held by a society and it varies accordingly to some demographic, culture and race aspects (Deva, 2004). When stigma leads to social exclusion or discrimination, it becomes a barrier for PMI to function at their capacity. Hence the lack of a supportive environment and unequal access to employment will lead to profound effect on PMI opportunities specifically in their capacity, and they will experience poor QOL (Mohit, 2014).

"Quality of life (QOL) no longer represents only a life without disease; it now represents the search for happiness and personal satisfaction in all aspects of life" (Albuquerquea et al., 2015, p. 269). Hence, QOL of PMI should result in a sense of purpose in life by enabling them to carry out their roles within their family and community. It is often argued that we need to be holistic in treating PMI rather than just then symptoms associated with condition. The Person-Environment-Occupation (PEO) model states that the individual is complex interaction between their social, physical, temporal—and their occupation (Law et al., 1996). Hence the holistic way of treating PMI not only should be circumscribe to elevating symptoms but needs to look at each of these areas is paramount to get optimum results.

Often employment is deemed important in this context and PMI rely greatly in their community support (Mohit, 2014; Rybakovas, 2014; Agheia et al., 2013; Pottera et al., 2012). Therefore engaging them in competitive employment will ensure that they would experience satisfied QOL (Alatartseva & Barysheva, 2015; Albuquerquea et al., 2015; Chiu-Yueh Hsiao et al., 2012).

Owing to the course of mental illness, traditionally sheltered workshops were widely used. Here, PMI holds an unpaid position or in precarious employment in social firms (Waghorn et al., 2010). These approaches fell short of empowering PMI to acquire and sustain remunerative occupation in an open market. The notions that held long that high expectation employment will worsen mental illness is now being refuted as the new trend of evidences are emerging in support of competitive employment (Waghorn et al., 2010). The significance of competitive employment now widely accepted as not only in improving financial status, but it's potential to reduce negative symptoms of mental illness. Policies and legislation have made provision for PMI inclusion employment in most countries (Kaur et al., 2015; Law of Malaysia, 2006). A study of QOL on 174 community-based schizophrenia in Malaysia found that these respondents marginalized due to stigmatization. Half of the respondent were financially dependent on others and were not satisfied with their financial and the QOL status (Mubarak et al., 2003). Another survey carried out by Malaysian Psychiatric Association (2005) indicated that one possible reason of stigmatization is due to misunderstanding or lack of knowledge about mental health and illness, and devotion to the traditional cultural belief systems among multi-ethnic/religious groups.

Among the possible competitive employment, small industries post a more desirable venue for PMI as it offers semi –skilled nature of the job. The least demanding nature and much more supportive working environment of small industries have seen some PMI to secure and sustain jobs in these areas in most countries. In Malaysia, the

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