SUMMARY

Globally, mental illness is among the leading causes of disability, but the concept of mental illness as a disability is often controversial and misunderstood. Persons with mental illness often suffer in silence and the associated discrimination and social exclusion prevents them from obtaining the assistance they deserve. Mental illness affects the poor and poverty worsens the outcome of mental illness. The majority of persons with mental illness are unemployed, which often condemns them to a life of poverty and dependency.

Inclusive employment is a human right and persons with mental disability have the right to employment as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The principles of equity and social justice require governments and employers to ensure equal employment opportunities for persons with mental disability, without discrimination on the grounds of their illness. The aim of this study was to identify factors influencing employability for persons with mental disability. In order to achieve this, we adopted the research question:

What are the barriers to and facilitators of employability for persons with mental disability in Kenya?

The study adopted a transdisciplinary approach informed by an understanding of the complexity of mental illness and employment in the low-income settings. Various study designs with multiple stakeholders, including persons with mental disabilities, (potential) employers, mental health care providers, mental health/disabled persons’ organisations (DPOs), family caregivers and policymakers. The study was conducted in three phases. The research question gave rise to three sub-questions and seven study-specific questions which were answered in the first and second phase. The third phase involved an attempt to evaluate the findings from first two research phases with the stakeholders and identify pathways to change through reflection on the results.

Phase 1: Exploration

The first phase involved a systematic review of the literature and policy documents on employment for persons with mental disability in East Africa. In the first study, we explored evidence in the scientific literature regarding the barriers to and promoters of employment of persons with psychiatric disability in Africa. We observed that social stigma, discrimination, and negative attitudes among employers were identified as major barriers to employment for persons with mental disabilities and that there was dearth of research on mental illness and employment. In the second study, we set out to determine the extent to which the UNCRPD recommendations regarding reasonable accommodation for employment of persons with mental disabilities have been translated into policy in East Africa. We found that although policies and legal frameworks exist, there was little or no implementation of the recommendations that would ensure employment for persons with mental disabilities in Kenya and other East African counties.
Phase 2: Exploration by multiple stakeholders

The second phase involved a multiple stakeholder exploration of the study main question. We explored perspectives on barriers to and promoters of inclusion of persons with mental disability in employment in Kenya according to persons with mental disabilities, (potential) employers, mental health care providers, and mental health/DPOs. First, we explored the experiences of persons with mental disabilities in Kenya regarding employment through a mixed-method study. We uncovered a complex interaction of factors such as the health system, stigma, discrimination and socioeconomic status all influence the experience of mental illness and access to employment. Next, we used a quantitative study to explore the extent to which experienced and anticipated discrimination and social functioning affected the employment of persons with mental disabilities in Kenya. This study revealed heightened levels of stigma and discrimination among persons with mental illness, which stopped many from seeking or remaining in work. Later, we sought to understand the perspectives of employers regarding the employment of persons with mental disabilities in Kenya. Here, we noted a high degree of ignorance and misinformation regarding mental illness which were associated with unwillingness to employ affected individuals. The possession of skills was the highest reported promoter of employment for persons with mental disabilities. Generally, the employers considered the disclosure of mental illness as crucial in order to make reasonable workplace accommodation.

As people with lived experience and employers alike emphasise the need for illness stability and rehabilitation, mental health care providers may play an important role. We therefore used a mixed-method study design to explore their perspectives on pathways to improved employment for persons with mental disability in Kenya and Nigeria. The mental health care providers identified a cluster of barriers to employment such as a defective health system, social stigma, low socioeconomic status and lack of government commitment to social policies that could positively affect the lives of persons with mental disabilities. The identified pathways to improved employment for persons with mental disabilities included improved information to reduce stigma, government commitment to the health system and social welfare, and policy advocacy on employment. Finally, as training and education are fundamental to employment, and people with a mental disability may have missed out on educational opportunities on account of their illness, we investigated the challenges of inclusion of persons with mental disabilities in TVET programmes in East Africa. We observed that cultural (e.g. stigma) and structural (rigid curriculum) barriers in TVET programmes impede the inclusion of persons with mental disabilities. The identified promoters of inclusion include a flexible TVET curriculum, improved teacher training and inclusive attitudes towards persons with mental illness.

Phase 3: Stakeholders’ reflection on the results

The third phase involved exploring potential pathways to improved employability of persons with mental illness through reflection of the results from the previous phases with multiple stakeholders. This phase was commenced but not completed. The part of the third phase presented in this thesis involved a roundtable meeting where the findings of the first two phases were shared and discussed with stakeholders, followed by a discussion on pathways to improved employability for persons with mental disability in Kenya. The stakeholders acknowledged the complexity of the
challenges and suggested that the involvement of all social stakeholders is relevant to establishing the pathways to improved employment for persons with mental disabilities. In addition, they noted the need for clarity on gradual approaches to change rather than relying on policy statements in order to achieve a more inclusive society.

Conclusion
Employment for persons with mental disabilities is a human right and crucial to socioeconomic independence and recovery. Self-reliance is an innate desire and few people wish to lead a life of dependence. The complexity of mental illness and unemployment is often taken for granted but requires multi-level support to surmount it. There are both overt and covert structural barriers that influence the inclusion of persons with mental illness because it is perceived as a socially undesirable illness. Institutional mechanisms and the implementation of legal recommendations on reasonable accommodation in all spheres of life is relevant for the enjoyment of the right to work by persons with mental disabilities. This thesis shows that multifaceted opportunities can be explored to improve the individual’s experience of employment and that the expertise of persons with mental disabilities, employers and other stakeholders, especially when shared, may lead towards a more inclusive society.