Maximizing work integration in job placement of individuals facing mental health problems: Supervisor experiences

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Abstract

BACKGROUND: Many people confronting mental health problems are excluded from participation in paid work. Supervisor engagement is essential for successful job placement.

OBJECTIVE: To elicit supervisor perspectives on the challenges involved in fostering integration to support individuals with mental health problems (trainees) in their job placement at ordinary companies.

METHODS: Explorative, qualitative designed study with a phenomenological approach, based on semi-structured interviews with 15 supervisors involved in job placements for a total of 105 trainees (mean 7, min-max. 1-30, SD 8). Data analyzed using qualitative content analysis.

RESULTS: Superviors experience two interrelated dilemmas concerning knowledge of the trainee and degree of preferential treatment. Challenges to obtaining successful integration were; *motivational*: 1) Supervisors previous experience with trainees encourages future engagement, 2) Developing a realistic picture of the situation, and 3) Disclosure and knowledge of mental health problems, and *continuity challenges*: 4) Sustaining trainee cooperation throughout the placement process, 5) Building and maintaining a good relationship between supervisor and trainee, and 6) Ensuring continuous cooperation with the social security system and other stakeholders.

CONCLUSIONS: Supervisors experience relational dilemmas regarding pre-judgment, privacy and equality. Job placement will be maximized when the stakeholders are motivated and recognize that cooperation must be a continuous process.

Keywords: Work disability prevention, supported employment, sick leave, vocational rehabilitation, return to work

1. Background

Participation in work of people confronting mental health problems has been referred to as "balancing on skates on the icy surface of work."[1] Roughly, 70-80 percent of individuals with severe mental health problems do not participate in ordinary working life [2-4]. Still, most people living with mental health challenges are engaged in work-like activities in sheltered environments such as sheltered workshops or pre-vocational training, without receiving an real wage [5-7]. Participating in work activities is thought to be financially, socially and medically beneficial for people facing mental health problems [8-13]. Research has revealed that when the goal is to involve individuals with severe mental health problems in paid work activities, integrated approaches at an ordinary workplace are more effective than sheltered work [14-18]. Meeting everyday demands and expectations in the open labor market is regarded as an important element in their recovery process [1, 19-22]. However, stakeholders have observed that pressure for early placement can result in a failure to match an individual with an appropriate job [23], and fully explore possibilities for work development [23].

Supervisors generally have major concerns about employing people with mental health problems [24-26], but prior experience seems to be an important factor in determining supervisors attitudes towards such employment [27]. Deepening their knowledge of mental health challenges has been found to be an effective strategy for winning supervisors cooperation [25, 28]. When employees facing mental health problems are asked about their work environment, they generally report positive experiences of supervisors and co-workers in the social network [29].

The standard work rehabilitation approach for those with mental health issues has evolved from the "train then place" model of the 1970s to today's "place then train" paradigm, based on early placement in a competitive job [30-35]. Depending on whether the trainee has a job history; job placement may take the form of job-entry or a return-to-work approach, either of which would involve occupational habilitation or rehabilitation processes [36].

Traineeship in regular companies is an employment scheme provided by The Norwegian Labour and Welfare Administration (NAV) for those who need to test their employability, gain work experience, and thereby enhance their ability to participate in ordinary working life or return to work [37]. The trainee receives work training as part of a job placement in a company, and has to develop a training plan with her or his immediate supervisor. This plan includes goals and work tasks the trainee is required to follow through with. The supervisor has to provide a contact person who will be primarily responsible for following up, such as planning of work tasks, with the trainee.

A number of studies have concluded that the success of the "place then train" approach with individuals experiencing mental health issues would be enhanced by more communication among the core stakeholders: trainees (employees), supervisors (employers), the social security system representative, and health personnel [38-40]. Supervisors can play an important role in strengthening the social networks of individuals facing mental health problems, according to users and work-coaches [29]. Studies from the supervisors' perspective reveal that they regard themselves as key players in the rehabilitation process of workers on disability. They are open to

facilitating the return-to-work process, but feel that both their perspective and workplace constraints, such as possible accommodations, should be taken into account while planning the integration of a worker experiencing mental health problems [41, 42]. One study concluded that the supervisors and employees on sick leave gave priority to different leadership qualities, such as problem-solving abilities in order to find suitable tasks, in the return-to-work process [43, 44]. This supports the premise that the supervisors' point of view and voice should be seen as both distinct and crucial for understanding and facilitating job placements and return to work.

Rehabilitation is often described and studied from a health care provider or health service organizational perspective, with the providers or the individuals experiencing mental health problems as the chosen study sample [45-47]. Further research on challenges in working life and businesses' perspectives could make a significant contribution to our knowledge of the issues involved and effective ways of dealing with participation for those facing mental health challenges [46-48]. Even though some studies have investigated the role of supervisors in the return-to-work process [29, 38, 39, 41, 42, 44], little research has been done which elicits supervisor perspectives on ways to promote successful job placement for employees with mental health problems. As supervisors are the ones organizing the job and working close with those experiencing mental health challenges when in job placement, their role in facilitating the placement process is important. To be aware of their perspectives and include their experiences may therefore be crucial for maximizing the success of job placements.

The person, the job and the work environment are all important factors to consider in order to facilitating job placements with those experiencing mental health issues [21]. In this study an underlying occupational perspective will be held, with the focus of transition into work activities [49]. Cooperation among stakeholders is key requirement in the job placement process [50] and crucial to a successful return-to-work process [39, 40]. Even so, what maximizes work integration is poorly understood. In an effort to help close that knowledge gap, the purpose of this study was to elicit supervisors' perspectives on the challenges involved in fostering work integration to support individuals facing mental health problems who are on job placements in ordinary companies.

2. Methods

To elicit the supervisor's perspective on the challenges involved in job placement for people with mental health problems, we applied an explorative, qualitative design [51] with a phenomenological approach in a broad sence [52]. This allowed for exploration of the supervisors' perspectives and experiences with a low level of interpretation and without disruption from theory or researchers' presuppositions [52, 53]. Since in Norway, job placements are offered the trainee through NAV (The Norwegian Labour and Welfare Administration), the focus on supervisors' experience with cooperation with NAV was of importance.

The study was approved by Norwegian Social Science Data Services (NSD). We obtained written informed consent from all of the informants.

2.1. Informants

Informats were recruited through a county office of The Norwegian Labour and Welfare Administration (NAV). First, the companies that have provided job placements for at least three persons were identified. Then the companies were contacted through their manager to recruit a group of supervisors (n=15) that would give us a heterogeneous sample: men and women of varying ages located in both the private and the public work place sector and in various types of companies, with a variety of experiences as supervisors and with trainees. Inclusion criteria for supervisors were: (I) had direct contact with trainees facing mental health problems through job placements and (II) in direct coordination with the county NAV office. An initial letter of invitation approved by NSD was used to recruit informants [52, 54]. To increase validity by offering knowledge of the study sample [55] data were collected about the number of actual trainee(s), the workplace and the informant's role there (see Table 1).

Table I: Characteristics of the interviewed supervisors (n=15)

Supervisor (S)*	Gender	Age	Experience with job placement (n)	Public/private	Type of company
I	Male	41-50	3	Public	Public government
II	Female	50 +	Many	Public	Public government
III	Female	41-50	1	Public	School
IV	Male	31-40	9	Private	Sales
V	Male	31-40	6	Private	Sales
VI	Male	41-50	Many	Private	Industry
VII	Male	31-40	4	Private	Food service
VIII	Female	21-30	4	Private	Hotel services
IX	Male	31-40	2	Public	Janitorial services
X	Male	50+	3	Public	Health care
XI	Male	50+	20	Private	Industry
XII	Male	50+	30	Private	Health care
XIII	Male	50+	8	Private	Transport
XIV	Female	50+	1	Private	Industry
XV	Male	50+	8	Private	Industry

Note: *the abbreviation indicating quotations from the supervisors in Results section.

The informants were from both the public (n=5) and private (n=10) work sectors. Some informants had a higher education (n = 5); other informants had completed either lower secondary school or high school (n = 10). The study's sample contained some informants who had similar titles: manager (n = 4), department manager (n = 4), head of company (n = 3). The informant group also included a deputy chairman, a maintenance supervisor, a personnel manager and a coordinator. As a group, they averaged 10 years of experience at their workplace (min-max. 0.5-44 yrs., SD 11.6

yrs.), and had been in contact with a mean of seven trainees in placement (min-max. 1-30, SD 8).

2.2. Data Collection

The interviews took place at the supervisors' workplace in the period between December 2012 and February 2013. Each lasted between one and two hours, depending on the amount of time the supervisors could spare and how much they wished to say with the interviewer. Three researchers conducted the interviews (n= 2 (ER), 5 (LLS) and 8 (LSS)). We developed a semi-structured interview guide that we used as a framework for the interviews [51]. Based on what Kvale and Brinkmann (2009) describe as short story narratives we started with the initial question: "So, can you tell me about your experience with people with mental health problems in job placements? Tell me about the events and experiences you think were important." We continued with asking open-ended questions concerning the challenges the supervisor had experienced, in concrete job placement(s) by inviting to tell more; "You told me about the first meeting you have with the trainee together with the contact person from NAV. Could you tell me some more of what happens before that meeting?". The semi-structured guide gave opportunity to formulate individual follow-up questions, for instance to encourage the supervisors to verify earlier statements; "So, the contact between you and the trainee is established at first when the trainee comes to the workplace?". To ensure consistence with the study purpose and common approach to interviews, the framework of the interviews was thoroughly discussed by researchers [56]. Within this broad framework, the informants were encouraged to speak as freely

as possible to ensure their perspective came forth [51, 53]. The interviews were recorded and subsequently transcribed verbatim.

2.3. Analysis

We analyzed the interviews using qualitative content analysis [56, 57]. This analysis is used when the existing theory or research literature on a phenomenon is limited or when the knowledge is fragmented [57, 58]. Hsieh and Shannon (2005, p. 1278) define qualitative content analysis as a "research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns". The advantages of using content analysis in present study is that the analysis is content-sensitive, it can be used to identify critical processes, and it is concerned with intentions and context [58].

In this study we used inductive, or conventional [57] content analysis i.e. we derived categories from the data [59]. The process of developing data-driven codes, or "meaningful labels" [59], was a circular process of going from raw data to code development to coding [59]. We continuously were altering between individual work and discussions in the author group. The inductive process used in this study included four steps.

In the first step we used open coding [58]. Three researchers (ER, LLS and LSS) read transcriptions of all the interviews to achieve immersion and obtain general impressions independently [57]. To be able to illuminate the general impressions in light of the final step-by step analysis, individually preliminary ideas were combined in a short summary for each interview. By altering between full-text transcriptions

and coding, the internal validity were strengthened [56]. The transcripts of four interviews was read through again individually by the researchers (two interviews each), and notes and headings where written in the text while reading it to describe all aspects of the content [57, 58].

In the second step the three researchers (ER, LLS and LSS) came together to discuss their preliminary codes. We coded individually and together to synchronize our orientation to the process, and to discuss examples and non-examples of the codes [59]. Furthermore, all three researchers coded five interviews each with the codes decided on using NVivo software program having easy access to each other's codes and notes in the further process by sharing the file. New codes were added twice when the researchers encountered data that did not fit into an existing code.

In the third step, once all transcripts were coded, the researchers (ER, LLS and LSS) examined and condensed all data (from five transcripts each) within a particular code. Some codes were then combined whereas others split into subcategories [57].

In the fourth step all codes (from 15 interviews) where then collected and categories were generated. The researchers (ER, LLS and LSS) worked together linking matching codes to form named categories. This process may be illustrated by an example where initial codes as "Knowledge of trainee in advance", "Disclosure of problems to supervisor" and "Disclosure in the co-worker community" led to the category "Disclosure and knowledge of the problems". The researchers discussed both consensus and minority reflections discerned in the material [51]. Likewise the short summery of each interview was examined to search for unfinished business, as

well as to ensure internal validity [56]. By taking this meta-perspective on the data, overall latent themes emerged [56]. The number of categories was reduced by collapsing those that were similar or dissimilar into broad higher order categories [57, 58]. At this point, the fourth researcher (RWA) contributed with comments, including suggestions for changes in the names for the main categories to respond more directly to the study purpose, to clarify the extent to which they expressed the same phenomena, and make categories' meaning accessible to readers. Researchers (ER, LLS, LSS and RWA) agreed through discussion on the final selection and grouping of items by focus on study purpose [54]. In the results, the responses of the supervisors are described using the final hierarchical structure of categories.

3. Results

In the analysis two interrelated dilemmas were identified: 1) out of concern that they might pre-judge them supervisors seemed ambivalent about how much they wanted to know about the trainees beforehand. 2) The supervisors seemed ambivalent about whether or not they should treat everybody equally or give preferential treatment to the trainees' (see Table 2).

Table 2: Interrelated dilemmas for the supervisors

	The supervisors' resource orientation	**The supervisors' problem orientation**
Dilemma I	Fear of pre-judging if knows too much about trainee's mental health problems	Desire to learn and know more about the trainee's mental health problems
Dilemma II	Desire to treat the trainee the same as everybody else	Desire to grasp the special needs of the trainee and accommodate them

The dilemmas could be viewed as manifestations of the dual nature of the supervisors' perspective: On the one hand, they have a "resource orientation," – a desire to give every trainee a new chance, believing that not knowing as much about the mental health challenge will help them to treat her or him like anybody else. On the other hand, they also have a "problem orientation" that motivates them to learn about trainees' mental health problems so they can grasp potential current or future needs and thus accommodate those needs in assigning tasks.

Furthermore, we identified six challenges involved in fostering work integration to support individuals facing mental health problems who are on job placements in ordinary companies. The six challenges were divided into two categories based on their main focus; *motivational challenges* and *continuing challenges* (see Table 3).

Table 3: Principal results: the six challenges for maximizing work integration

Type of challenges	**#**	**Categories**
Motivational challenges	1	Supervisors previous experience with trainees encourages future engagement
	2	Developing a realistic picture of the situation
	3	Disclosure and knowledge of mental health problems
Continuity challenges	4	Sustaining trainee cooperation throughout the placement process
	5	Building and maintaining a good relationship between supervisor and trainee
	6	Ensuring continuous cooperation with the social security system and other stakeholders

Note: Trainee = someone facing mental health problems who is on a job placement

The next section will elaborate on these two dilemmas interwoven in the challenges concerning the supervisors' efforts to find the proper balance between equal treatment and accommodation.

3.1. Motivational challenges

Challenge I: Supervisors previous experience with trainees encourages future engagement. The analysis revealed that job placements depend on the individual

supervisor's personal interest in having trainees. The initial contact for the job placement was established at a personal level, by either someone at the social security office who needed a job placement site or a supervisor who needed a worker. The data reveals that supervisors who have had previous experience with trainees were motivated to receive more, and were engaged in job placements. Supervisors offered several reasons why they felt they wanted to continue receiving more trainees: "I feel privileged to be able to work with people," one informant declared, "and I feel privileged when people open up to me" (S XIII). "It's better than I expected," another informant commented. "It's a lot of work, but it's incredibly gratifying to see them succeed… handle the job and participate. That gives me something, being able to see us achieve something; have the opportunity to be involved in it" (S VII).

Challenge II: Developing a realistic picture of the situation. All informants emphasized the significance of meeting with the potential trainee together with the social security system contact person prior to entering into a contract. One supervisor elaborated on the valuable information this provided:

> It's very important to have a full, honest dialogue ahead of time with the contact person who wants to place trainees, and that we receive a clear sense of what the challenges are and what kinds of accommodations are necessary. It's a problem when the contact people from the social security system don't have the same impression or assessment of the trainees that we do [after working with them]. They tend to think they can sell us on taking these trainees more easily if they minimize the problems (S XV).

Although this supervisor would have preferred more candid pre-placement appraisals of trainees, as another supervisor noted, “There are many challenges that we can’t anticipate before the trainee starts work” (S VI).

Data showed trainees also need a realistic picture of the workplace they will be going to. The supervisors emphasize that the social security system has a responsibility to know the workplace well and offer the right environment to the right person. Supervisors also made it clear that the most important determinant of success in job placements was the trainee’s motivation for the job. For the supervisors, this meant the trainees had not been pressured into work by the social security system or anyone else. Furthermore, that the trainees had received a clear picture of the job, so they could decide if the work was what they wanted to do. In the words of one informant, “They need to want it for themselves. The contact person should not tell someone what he or she is going to like. We shouldn’t force this work on anyone” (S V).

Challenge III: Disclosure and knowledge of mental health problems. Findings show that supervisors would like trainees to provide some degree of disclosure regarding trainees’ mental health issue and challenges they may face. Although the supervisors uniformly expressed a desire for information about a prospective trainee, how much they wished to know appeared to vary significantly.

For example, when it came to mental health problems, various diagnoses seemed to evoke different degrees of stigma in the workplace and expectation from supervisors and colleagues; the combination of substance abuse and psychiatry was viewed the most challenging. One informant stated:

> Psychological disorders are absolutely the most difficult to work with. Firstly, you cannot see if people are ill. Furthermore, it's [mental health problems] still considered shameful. Because of this, it's difficult to be open about it -- though I believe that the more candid you can be about your struggles, the easier it is to get help, and the easier it is for people to think it's okay if you're not functioning at 100 percent (S XV).

Another supervisor observed that because mental health problems are not evident; "we don't see any reason to tell others about it" (S V). In general, the supervisors seemed ambivalent as to how much prior information they wanted about a trainee. One reason seemed to stem from a belief that trainees should have a fresh start with clean sheets, and not be pre-judged because of a diagnosis.

Even so, most of the supervisors felt that they were provided with insufficient information before their trainees started work. As one expressed this complaint; "As far as mental health problems are concerned, we have to ask" (S V).

3.2. Continuity challenges

Challenge IV: Sustaining trainee cooperation throughout the placement process. The supervisors elaborated the importance of initial assessment and facilitation of work tasks. One of the supervisors specified the questions he asked a new trainee: "Why do you want to be here with us? What do you want us to do? What are you going to achieve by being here?" Explaining the rationale for these questions, the supervisor added, "I think occasionally someone who comes to a job placement has a different set

of goals than the social security system does, and it's important for me to know both" (S I).

All of the informants stressed the importance of beginning the placement with a plan formulated by the trainee, the supervisor and the social security system contact person. Many supervisors, however, declared that the trainee's wishes should carry the most weight. Informants stressed the importance of being able to assign trainees tasks with varying degrees of difficulty. Workplaces that lacked opportunities for scaffolding work tasks seemed to experience the most problems. In hotel reception, for example, "…everyone needs to know everything that has to do with reception" (S VIII).

One informant spoke of the importance of accurately assessing trainees' capabilities and interests during the job placement process, while they had the social security system and a network to provide support. The informants also talked about the significance of treating each trainee as an individual. This did not necessarily imply giving them special consideration. One supervisor stated this explicitly: "Each person gets complete follow-up from me, but we don't have anything like special consideration" (S XIII). Another was equally firm to set standards: "They are being treated as regular employees, period. The same requirements are set" (SVIII).

Other informants expressed a significantly different perspective, as "I suppose we have to be somewhat more generous toward the people in job placement" (S I). This apparently wide divergence on the issue of equal versus preferential treatment may be a function of different types of workplace to some extent. However, our analysis shows that seemingly definitive statements on the issue may conceal a subtle

ambivalence that resonates with the dilemma concerning degree of disclousure and knowledge of the mental problems a trainee was dealing with. One informant clearly expressed the delicate balance between equal and preferential treatment: "We try to the best of our ability to treat those in need of facilitation and job placement the same way we treat regular employees. I try to follow up with them in the same way [I do with the rest of the workers], and make the same kinds of demands on them, based on their abilities" (S XV).

Challenge V: Building and maintaining a good relationship between supervisor and trainee. Supervisors spoke of the significance of motivation of trainees and regular contact with trainees. "Then I actually know them," one supervisor explained. "I know the names of the members of their family and what they do in their leisure time, and we maintain an intimate dialog, so they can come to me with everything, both personal and work-related issues" (S VIII). "When crises occur," another stated, "we deal with them straight away, because that keeps on happening, that they struggle and have outbursts, et cetera. So we bring them in for a talk and try to motivate them and calm them down, deal with the difficulties" (S XII). A third informant commented that he was "doing some caretaking – it's like they're my boys, you know" (S XIV). In fact, it became evident that the relationship can become too close. One informant noted the difficulty, as a supervisor, of setting a limit to involvement:

> It's actually useful to be clear that there are some things I shouldn't know, I don't need to know everything. Because you can easily be stuck in the trap of over-involvement, and then I think you're not capable of caring for them in a proper way (S IV).

One informant discussing the relationship between the trainee and the colleague guiding her or him emphasized the importance of maintaining daily contact: “If you can establish good chemistry between the trainee and the supervising employee, it builds success” (S X). One supervisor observed that early, close follow-up was particularly important when a trainee experienced mental difficulties: “It’s crucial to ask how things are going early on, providing feedback and showing interest in checking up: ‘How are things going; is everything working out?’ You find out how they’re doing.… You can’t let 14 days go by without someone approaching them. That won’t fly” (S X).

Challenge VI: Ensuring continuous cooperation with the social security system and other stakeholders. All supervisors affirmed that their cooperation with the social security system concerning job placement had worked well and their experiences had been good. The meetings between the workplace supervisor, the trainee and the social security system took place in community, at the workplace. Informants cited that in these meetings they had experienced situations in which the social security system had to help a trainee decrease his or her workload. One supervisor stated that he left responsibility for workload to the contact person in the social security system: “I haven’t interfered with that. I’m not familiar with the diagnosis and so on, so it’s difficult for me to say when he’s ready to work more. They’ve dealt with that issue” (S IX).

Several informants mentioned they would have liked to see the contact person from the social security system at the workplace more frequently than at meetings convened for agreement extensions, adjustments of demands and other specific issues. Furthermore several claimed the trainee had complained to them of being

"abandoned" at the workplace by the social security system: "They simply put the trainee into our hands and were off, and at this place you've got to make an effort yourself if you want a job." (S X). Informants said they want the social security system to be what one expressed as "…more in the picture, longer" (S XII). One, however, related that the social security system had said, "If it doesn't work we need to hear about it, and we will have to have a meeting" (S X). This kind of assurance was not sufficient for other supervisors. "I said in the beginning that they [the social security system] should have followed it up more," one commented, but admitted, "Though when the trainee says things are good and working, how much are you supposed to follow up?" (S VII).

All of the informants emphasized that having a good relationship with the contact person from the social security system was important to them. That is, supervisors wanted to be confident that they could get in touch if necessary with an easily accessible contact person. One supervisor said he would like communication and updates to go both ways: "That the contact person in the social security system will update me on how things are, and [my trainee's] current status, so that we know what is going on" (S IV). Some informants would like to have some follow-up on their own role: …it's sometimes hard to deal with the tough cases… I have no-one to share this with. Sometimes it would have been nice to talk to somebody… just to know that what you're doing is ok" (S VI).

Most of the supervisors reported that they, the trainee and contact person in the social security system collaborated on the traineeship. Most informants had never collaborated with the health service on a job placement and initially did not want to.

When we mentioned the health service, many of our informants responded with negative comments. The supervisors seem to think that the health service has a problem orientation that hinders job entry for people with mental health problems; they want the health service to focus more on the resources that the trainees can draw on. One informant observed that the health service has not been flexible in changing its approach: “They forget that if something isn’t working, we have to try something new” (S XV).

One suggested a solution for closer cooperation between stakeholders; meaning workers from the health service could contribute knowledge of mental health problems and provide assistance by way of adapting a trainee’s tasks. One supervisor described how this might work: “The provider from mental health services should not simply be an observer, but actively take part in the team. You have to be a full participant. Then I believe we could succeed” (S XIII).

4. Discussion

4.1. Substantive discussion

The interpretation of the six challenges and two dilemmaes reveal that successful integration in job placements requires (I) an engaged supervisor providing work activities based primarily on the trainee’s motivation; (II) strong, candid relationships that establish a common understanding of the problems and a realistic picture of the work expected; and (III) a recognition by all stakeholders (supervisor, trainee, contact person from the social security system i.e.) that job placement requires a continuous

process of mutual cooperation, rather than individual uncoordinated actions by each party involved. These three main findings will be discussed successively.

According to Schafft (2013) many people confronting mental health problems express a desire to be challenged, try different activities and develop new skills; to overcome barriers and encounter new things [60]. Recovery theory argues that winning respect and achieving a sense of mastery in community environments such as ordinary work is the most effective pathway to recovery for individuals confronting mental health problems [12]. This approach is evident in our study with supervisors setting standards for trainees and not wanting to provide them with special treatment.

Although the demands of working life activities can lead to growth and development [1, 19-21], work activities and demands can sometimes be overwhelming [61]. It could be argued that a supervisor's resource orientation might prevent her or him from recognizing the extra challenges mental health problems create for trainees. However, the supervisors' view, that personal resources and motivation surpasses mental health issues, is consistent with international studies [10, 62] as well as the National strategic plan for work and mental health – 2007-2012 [63].

Supervisors frequently expressed the opinion that trainee satisfaction with the job match is the most important factor in successful work integration is also evident in previous studies [21, 64]. Motivation develops when something is experienced as meaningful cite. Having meaningful activities in a valued environment, such as the open labor market, is regarded as important to recovery [12, 19, 22]. The supervisors expressed concerns that the social security system or other stakeholders might push

someone into a job. The Individual Placement and Support model (IPS) emphasizes that trainees have to want the job themselves [33, 65]. It was evident that the supervisors in the present study respect their trainees, believe in their abilities and capacity, and emphasize the healthy aspects of their work. This positive attitude is central in recovery processes, which depends on confidence that an individual has the abilities and capacity to experience improvement in her or his mental health [66]. Supervisors that are able to adapt to the particular situation can facilitate a trainee's return to work most effectively by providing an appropriate level of support [67, 68].

One challenge evident in the data was that trainees must have a realistic view of both themselves and the work they will be expected to perform within the job placement. The supervisors emphasize on realism is a prerequisite for a successful job placement. Establishing realism may require considerable attention and effort. Supervisors in our study made this clear in their emphasis on the importance of adequate preliminary work. They welcomed an opportunity to clarify what the expectations of each trainee and the social security system were so they could determine if their company and the available tasks matched the trainee's wishes and needs. These findings were consistent with studies that show the importance of ensuring that work demands are appropriate to a trainee's abilities and capacity [21, 68-70]. Ensuring work demands who meet a trainee's current ability is not as simple as it might appear. The supervisors in our study expressed an acute awareness that, although they needed to know a trainee's limitations, they did not wish to know so much that they might find it hard to give the trainee a fresh start. Furthermore, the supervisors noted that they assigned more demanding tasks as trainees developed skills and made progress in

their work, and consequently were continuously adjusting and re-balancing their assessments of the trainees' capabilities. The need for continuously and coherent return to work processes is also evident in the literature [40, 47].

Realistic assessments to ensure necessary accommodations and a good job match may require disclosure of mental health issues [6, 21, 71]. However, many people confronting mental health problems are hesitant to discuss these issues at the workplace [72, 73]. The concern of how much to disclose is an ongoing dilemma for the trainee in the work environment, and not resolved at the outset [74]. A combination of substance abuse and psychiatry, for instance, is seen as a particular challenge by the supervisors in our study, a finding consistent with the results in a previous study [27]. In other words, the risk that a supervisor might not want to hire or retain someone with particular mental health challenge might lead a trainee to avoid disclosure. The question of how much ought to be disclosed by a trainee at the onset was a significant issue for our informants, who held widely differing, and in some cases ambivalent, views on what was required. Research shows that there are both advantages and disadvantages to talking openly about mental health problems [22, 75]. Disclosure is not reversible. The decision whether or not to reveal the challenges is the prerogative of the person who confronts them every day [74].

The supervisors are engaged and involved with their trainees, however, feel they bear too much of the responsibility for the trainee compared to the social security contact person. Desire for two types of support was expressed by informants: follow-up with the trainee and follow-up on their own situation vis-à-vis the trainee. It is possible that social security system contact personnel, as public-sector employees, do not have the

expertise necessary to provide supervisors with the support they need as some researchers have argued [60]. The supervisors, however, consistently asserted that input from all stakeholders is essential in planning the return-to-work process [41, 42, 76, 77]. Furthermore, they expressed a desire for mutual updates on progress and challenges [38, 39], and regarded the social security system contact person as a coordinator who was supposed to facilitate work participation, as well as deal with mental health problems that could affect work performance. Trainees, according to the supervisors, may not raise such issues on their own [78].

People confronting mental health problems while in a recovery-process environment like a workplace find support from professionals especially helpful [12]. Supervisors in our study stated that their trainees expressed a need for support throughout the process of obtaining and maintaining a job, nevertheless they had been left on their own too soon. Trainees need support at the workplace whether or not they choose to be open about their mental problems [47, 78]. Without follow-up, they felt abandoned as earlier reported by individuals who became disabled at a young age [69].

The few supervisors with cooperation experience with the health care sector on job placements, as well as some supervisors without such, expressed a critical attitude towards the health care system's focus on disease. The health service is cited as a possible bottleneck in work integration efforts also in earlier research [1, 8, 62, 79-81]. However, cooperation between services and support from people competent in mental health at the workplace can be considered an important factor for satisfaction and success with work integration [62, 82]. On the other hand, focus on illness could undermine the workplace emphasis on resources and equality. Kinn, et al. (2013)

asserts that health personnel often focus on a patient's disease rather than his or her desire to work [1]. That said, our interviews indicate that supervisors see a need for some degree of "problem orientation" in the workplace. Successful work rehabilitation likely requires knowledge of symptoms and vulnerability, as well as the framework issues and the challenges and strains that supervisors must deal with [83]. Close cooperation among all stakeholders has been shown to be one of the crucial components of success in work rehabilitation [65]. This indicates that closer, continuous cooperation among stakeholders from the social service system, health services and the workplace could contribute to a better balance between the trainees' workplace integration efforts and mental health problems. Coordination across agencies and stakeholders is most effective when the trainee's goals and values shape the process [47, 84]. Supervisors who adhere to this principle have a greater likelihood of enjoying a successful placement.

4.2. Methodological limitations

Work integration requires cooperation in a reciprocal process, however, in this study only supervisor's perspective is explored. In accordance with a decision by our research ethics office, Norwegian Social Science Data Services (NSD), we did not ask any questions about specific trainees in placement, and posed person-neutral questions exclusively in our interviews. Furthermore, the severity of the health problems that confronted trainees were not disclosed to their supervisor, nor to the researchers. This may limit the external validity of our results, as it is unclear to what extent the trainees the supervisors have had in job placement is representative for trainees facing mental health issues. Even though we sought diversity in our group of

informants, all informants were from one region in Norway, and their experiences may not be representative of those encountered by all supervisors in Norwegian job placements. However, several of the findings in our study are consistent with those reported elsewhere in the literature [1, 8, 33, 38-40, 42, 62, 65, 69, 70, 76, 79-81].

The researchers may have had slightly different approaches reflecting their professional backgrounds and experience. This might have affected the results due to follow-up-questions asked in the interview, and what the researchers sought for in the analysis [51]. On the other hand, multiprofessionalism and various experiences could be considered an asset, particularly since we strived to include a diversity of experiences in the material as long as the presumptions are acknowledged [51, 85]. Furthermore, we discussed methods throughout the study in an effort to achieve a common understanding of the data and ensure its internal validity [51]. The reliability of the study was strengthened by the inclusion of a fourth researcher with extensive experience with content analysis applied to assist in the analysis and the description of results.

5. Conclusion and implications

From the supervisor's perspective, work integration through job placement of persons confronting mental health problems is successful when supervisors are motivated and view cooperation with all stakeholders as a continuous process. Motivation is generated through engagement, realism, disclosure and knowledge of relevant mental health issues. Supervisors experience relational dilemmas with regard to pre-judgment, disclosure and equality. Research has revealed that integration in

competitive jobs is an effective antidote to mental health problems and could benefit many more individuals dealing with them. Expanding trainee opportunities for successful job placement will require additional studies that focus on various workplace perspectives.

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