

Supported Employment for South Africans with mental health conditions: An opportunity for sustainable and inclusive workforce integration

Madri Engelbrecht¹,

¹Occupational Therapist, South Africa (madri@altitudegroup.co.za)

Supported Employment (SE) is an employment strategy that was originally developed to enhance work integration of persons with intellectual disabilities (Wehman, 2012; Wehman et al., 1998), but has expanded to be used with persons with all types of disabilities (Engelbrecht et al., 2022; Van Niekerk et al., 2011). The strategy involves matching an employer's productivity needs with the abilities of a job seeker who has a disability, and then receiving support from a job coach throughout the processes of job entry, job performance, job retention, and career development (Kamp & Lynch, 2007).

Across the world, SE's individualized client-centred approach has become a preferred strategy for effecting positive employment outcomes for people with mental health conditions (Lehman et al., 2002; Bond et al., 2001; Marshall et al., 2014), and generally for people with disabilities (Burns et al., 2007; Hoffmann et al., 2012; Michon et al., 2014). The cost-effectiveness of SE, compared with traditional work integration approaches, has also been well-established in research (Van Niekerk et al., 2011). In the low- and middle-income (LMIC) context of South Africa, however, the uptake of evidence-based SE practice has been slow and limited. As in many LMICs, the majority of mental healthcare resources to South Africans are concentrated at large, tertiary level, psychiatric hospitals (Docrat et al., 2019), including vocational rehabilitation services to persons with disabilities who may want or need to return to work (Coetzee et al., 2011). Mental healthcare services at primary healthcare facilities (community level) are limited or marginally available (Gamielien et al., 2020). Public mental health services in South Africa are offered through the large public health system accessed by 84% of the population (Docrat et al., 2019), but studies cited in 2019 show that the need for mental health care offered by this system is often unmet, with a mere 26% of persons with serious mental disorders receiving care in a year (Gureje et al., 2019). This means that people with mental health conditions who are not in-patients at a tertiary health facility, do not have access to vocational rehabilitation beyond a limited number (two or three) of out-patient follow-up sessions (Coetzee et al., 2011). While rehabilitation care should form a significant part of primary healthcare, access to rehabilitation services through primary health care is limited for South African persons with disabilities (El Kout et al., 2022). The way that SE is defined in government policies by the South African Departments of Health, Social Development, and Labour, does not always reflect the originally intended values and principles of SE. These values and principles premise equitable, integrated, open labour market employment for persons with disabilities (Wehman, 1987, 2012), and as such, requires further interrogation and development for SE to reach its full potential in this context of low disability employment. Nonetheless, some SE initiatives have been implemented locally, with positive outcomes for persons with mental health conditions (Engelbrecht et al., 2022).

Supported Employment practice

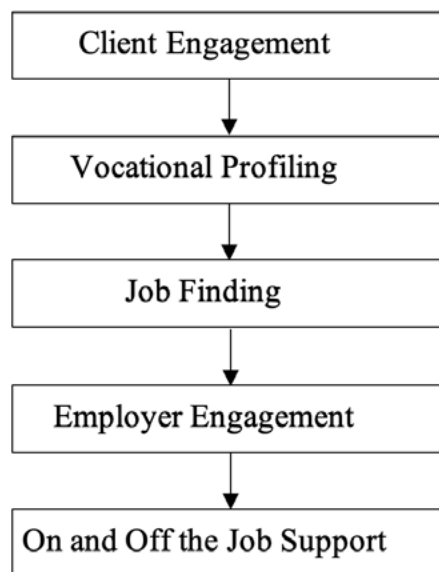
The practice of SE involves systematic, structured support that is practical and offered on the job to persons with disabilities in the workplace (Kamp & Lynch, 2007). The SE process develops through five stages (Figure II) facilitated by a job coach, each with a range of activities that are unique to specific types of disabilities and may be unique to the individual with a disability (European Union of Supported Employment, 2010). These activities are informed by values and principles that adhere to full citizenship and human rights of individuals, such as individuality, respect, self-determination, informed choice, empowerment, confidentiality, flexibility, and accessibility (European Union of Supported Employment, 2010). Figure

I gives a definition of SE that emphasises the model's goal of integrated employment (Wehman, 2012). From within the SE approach, the Individual Placement and Support (IPS) model developed (also called evidence-based SE) as a variant of SE (Rinaldi et al., 2008), and has been researched extensively for evidence of its effectiveness compared to traditional vocational rehabilitation approaches (Burns et al., 2007; Hoffmann et al., 2012; Michon et al., 2014). IPS principles are based on SE values and principles, and are substantiated by evidence, for example that SE programs should involve rapid job search and minimal prevocational training, that programs should be integrated into the work of clinical teams, and that support should only be limited by the individual's needs (Bond, 2004).

Figure I: Definition of SE

A practice can be defined as supported employment when the person with a disability, "for whom competitive employment has not traditionally occurred or for whom competitive employment has been interrupted or intermittent as a result of a severe disability; and who, because of the nature and severity of their disabilities, need intensive supported employment services [] and extended services after transition in order to perform this work...", participates in "competitive employment in an integrated setting with ongoing support".

Figure II (European Union of Supported Employment, 2010)



In the local context under consideration, the practice of SE requires policy and resources that may differ from other contexts, and subsequently impact the implementation and outcomes of SE.

SE initiatives in South Africa

Due to a lack of health and labour policies that support SE as a disability employment strategy, non-governmental organisations (NGOs) in South Africa have taken the lead in applying SE principles when facilitating persons with disabilities into open labour market jobs. The largest mental health federation in South Africa, the South African Federation for Mental Health (SAFMH), directs Mental Health Societies in each of the nine South African provinces. One of SAFMH's projects, protective workshops, offer employment services to people with mental health conditions (Terreblanche, 2015; Cape Mental Health, 2023). Many of the workshops have developed an SE offering that create opportunities for workshop attendees to exit the

protective environment and to transition into real, open labour market work with the support of a job coach.

The National Institute for the Deaf (NID) uses the SE approach to assist their beneficiaries into sustained employment through learnerships¹ or enterprise development opportunities (National Institute for the Deaf, 2023). Their approach incorporates much training and work preparation with the aim of equipping Deaf² and hard of hearing persons with knowledge and skills to navigate the world of work. The NID's training Non-Profit Company (NPC) partners with employers in various sectors to create work placement and employment opportunities for their beneficiaries, and then supports employees and employers for a defined period of time to promote sustainability of placements (National Institute for the Deaf, 2021).

A number of other organisations use SE or aspects of SE in their service offering to persons with disabilities, for example Disability Workshops Development Enterprise (DWDE) (DWDE 2023) and The Living Link (The Living Link, 2023), often with a training and preparatory component before someone enters the employment environment. The government's out-of-hospital offerings to persons with disabilities who want to work include Supported Employment Enterprises/Factories (SEEs/SEFs) (Department of Employment and Labour, 2023), where persons with disabilities work on projects supplied from government organisations, for example, government hospitals. Work in these factories are performed at quality and quantity norms equivalent to those of the open labour market, by persons with many different types of disabilities. However, people with disabilities work in this environment separate from people without disabilities, violating one of the central tenets of SE, namely that work is performed in integrated environments with persons with and without disabilities working alongside one another (Kamp & Lynch, 2007; Parents Alliance Employment Project, 2014).

One service provider in the private sector in South Africa has built their services around the SE model to offer integrated support to people with disabilities who are returning to work or entering the world of work for the first time. The company provides occupational therapy services that apply SE principles and practice in the facilitation of disability employment and closely follows the IPS model of SE in their endeavours to support employers and employees. Many occupational therapists who offer work practice services, or vocational rehabilitation, implement aspects of SE or incorporate SE principles (for example, collaborating with employers) in their practice, but do not follow the SE model in its entirety in their practice. Altitude Supported Employment (Pty) Ltd built an occupational therapy practice run wholly according to SE principles with the aim of assisting employers and employees with disabilities in the endeavour of disability employment.

SE at Altitude Supported Employment's (ASE)

ASE provides occupational therapy services to individuals, employers, and other stakeholders involved in disability employment by following the SE model approach in all interventions. The IPS approach of SE specifies that the therapist (or employment support specialist) should get to know and assess the person with a disability to understand his/her employment needs and abilities. The therapist's interventions and planning with the work seeker are person-centred from inception, meaning that the work seeker interests, preferences, and motivation about work take precedence in the SE process (Bond, 1998; Kirsh, 2016). ASE therapists discuss a client's work interests and preferences with them in the context of labour market and employment opportunities that are extant in South Africa, with the aim of offering guidance and influencing insight about possibilities and local realities.

The therapist's occupational therapy training becomes very valuable in developing an understanding

1 *Training programs that consist of both theory and practical elements, that allows a learner to gain work experience and National Qualifications Framework (NQF) accredited qualification at the same time (Skills Academy. (2 December 2021). What is a Learnership? <https://www.skillsacademy.co.za/what-is-a-learnership/>)*

2 *People with pre-lingual hearing loss who identify as Deaf (capital "D") and not as persons with disabilities (National Institute for the Deaf. (5 April 2022). Becoming more Deaf aware! <https://nid.org.za/news/deaf-awareness-article-2/>)*

of the work seeker's functional work abilities when considered in relation to possible impairments caused by health conditions, and the potential matches that exist between the person's abilities and the task performance demands in specific work environments. The therapist then plans together with the work seeker how to approach identified employers and sectors for work opportunities, and, once successful employment is obtained, devises an entry and support plan together with the employee and employer.

On-the-job support is an essential element of SE and has been identified as one of the crucial factors that makes SE successful as a disability employment strategy (Engelbrecht et al., 2022; Terreblanche, 2015). The concept and practice are not well-known by employers in South Africa and ASE therapists have to prioritise education of employers when SE is introduced to them. For this reason, among other reasons, ASE often makes use of work trial placements (called work experience placements in SE literature) as a work transition strategy that allows employers and employees to learn about work performance and on-the-job support, and create opportunity for gradual integration of the person into the job and work environment. Two examples of SE implementation are elaborated to illustrate the practice in South Africa so far.

The example of Kobus

Kobus³ is a 28-year old man with Autism Spectrum Disorder who attained a degree in Chemical Engineering from a local university. He completed his degree over an extended period (5 years instead of 4 years) as an accommodation for some of his learning needs. He also has Attention Deficit Disorder, anxiety, and depression. He was referred to ASE by his psychiatrist for assistance with finding and transitioning into work after completing his degree in 2019. The job coach (ASE therapist) conducted an assessment with Kobus involving tests aimed at learning about his abilities and impairment, exploration of his interests, goals, and preferences in relation to work, and to build rapport towards a partnership relationship with Kobus. She obtained collateral information from his psychiatrist and psychologist and informed and educated them about the SE approach that Kobus had embarked on with her. A job seeking plan was then developed together with Kobus which included several job shadow opportunities to broaden his awareness and understanding of the environments where chemical engineers may work.

One of the shadowing opportunities was arranged with an engineering company who works in the energy industry, and Kobus spent two weeks with the company, shadowing a mechanical engineer, and got the opportunity to produce some work on the chemical engineering aspects of a project. The job coach's involvement was to facilitate and negotiate these opportunities for and with Kobus. She made the initial contact with the company and then facilitated and supported Kobus' communication with them, taking into consideration his health conditions and how these affected his abilities in the situation. She attended the first in-person meeting together with Kobus, that was held with a lead engineer in the section where Kobus was going to be placed. Her role included educating and sensitising the lead engineer (and later, the engineer under whom Kobus worked directly) about Kobus' abilities and how certain impairments may impact his abilities. Together with Kobus she assessed the job demands of job positions in the area where he was placed and assisted him in adapting his task performance (where necessary) to meet the specific demands made of him.

Kobus' needs as a worker centred around alternative and adapted ways of communicating. Reasonable accommodations were made by not requiring him to give verbal feedback in person, or in a group setting (e.g. team meetings) as was required by other team members, but accepting email communications from him as an alternative. The job coach also educated Kobus' supervising engineer about alternative and adapted ways of giving and following up instructions to Kobus to accommodate the way that he processes and interprets information.

He also required support with managing anxiety around new and/or unpredictable circumstances or events, for example, having to drive a car on the highway to work. The job coach and Kobus' family members

(his support system) trained, supported, and desensitised him by grading his exposure to the task of driving until he was able to navigate the route and traffic independently.

He completed the job shadowing period with a clear sense of the type of work and type of work environment that he would prefer, and worked together with the job coach for more than a year, applying for appropriate job positions. At the time of job searching, the COVID-19 pandemic struck worldwide and, same as elsewhere, impacted the availability of jobs. Kobus and the job coach remained in contact with the engineering company throughout since the job match with Kobus at this company seemed optimal, and in the beginning of 2022 the company contacted the job coach about a contract opportunity for Kobus. He would need to work together in the same team where he did the job shadow but under a different team leader, and on different projects. The company understood his and their needs for work support, especially during an initial transition period, and engaged the job coach for a further six months of Kobus' employment with them. Her support interventions were focused on equipping and supporting Kobus' team leader and co-workers in communicating effectively with and working alongside him, and giving them guidance on how to relate to him as a co-worker in order to promote his productivity and performance. He is currently in a second period of an extended contract with the company and has gathered almost 18 months of work experience.

The example of Anne

Anne⁴ is a 40-year old woman who has been given the diagnosis Bipolar Affective Disorder and anxiety. She studied Law after school. Her studies were interrupted by ill-health and she received in-hospital treatment for an extended period of time. She did not return to studying and participated in the hospital's work rehabilitation program where she was placed in the hospital library. She worked on a part-time basis as an assistant to the librarian for approximately two years but wanted to work in the open labour market again with a market-related salary. The hospital occupational therapist referred her for SE to assist Anne with job seeking and work transition.

ASE's job coach matched Anne with a reception position that was available at a construction company, and prepared her for application. This entailed assisting Anne with developing a resume and preparing her to answer questions about her work history (particularly, her work hiatus), her abilities, and her support and reasonable accommodation needs. The job coach had built a relationship with the potential employer who was motivated to advance diversity, specifically disability diversity, in the company. The job coach promoted Anne's application based on her ability-match with the job demands, prepared her for the job interview, and attended the interview with her as support person.

Anne was then successfully appointed in the position and started working as a receptionist. The job coach offered hands-on support to her and the employer during the initial stage of work transition, by assisting her with learning, planning, and organizing work tasks that were new to her. Anne experienced high anxiety and required coaching and intervention to learn techniques and methods to mediate the effects of anxiety on work performance and productivity. The job coach continued to liaise with Anne's doctor about medication effects in the workplace, and to coordinate support towards optimal pharmacological interventions. The job coach also educated and sensitised Anne's manager and co-workers about her communication and support needs.

Anne has continued to work at the company for the past eight years. The job coach's frequency of support is now limited to one session every two or three months, with a focus on assisting her and the employer with career development. The coach and Anne identified a part-time training course that would equip her to apply for a higher level position, and have done planning on managing work and studies effectively. She has also started with in-house experiential learning of Human Resources work tasks to expand her skills portfolio.

4 *Pseudonym*

A discussion of the collaboration with Kobus and Anne

Kobus and Anne's stories demonstrate the processes and elements of SE as these present delivered through a client-centred, collaborative partnership approach of SE. The support offered to them both enabled and promoted work entry and work sustainability, positioning work as a potential contributor to their health (Wilcock, 2007).

Anne was able to re-enter the world of work despite her previous severe illness and extended time in a psychiatric hospital, and a work hiatus of more than two years. Collaboration between Anne, her job coach, and her doctor facilitated appropriate medical management that could support Anne's work performance. She has been able to sustain her performance even while becoming mildly symptomatic on occasion, and is utilising development opportunities in workplace. Importantly, a strong collaboration with Anne's line and HR managers has supported her performance, in particular when symptoms of her condition arose at work and modifications in job demands and/or the environment were required. The job coach's support has now been reduced from weekly sessions to one session per term as per the SE principle of sustained, ongoing support that is never more than is needed, or less than necessary (Kamp & Lynch, 2007).

In Kobus' case the barrier of entering work for the first time without experience and entering the world of work as a person with ASD was overcome through SE. Optimally matching Kobus with the job, but in particular with the employer, has enabled him to adjust and integrate with the employing company and sustain his employment for 18 months. In Kobus' case too, the collaborative partnership formed with his employer sustained the support efforts by the job coach and his family.

The pertinence of partnerships in SE is brought to the fore through Kobus and Anne's stories. The employee, the employer, and the job coach cooperated in creating a work placement and sustaining the partnership to support ongoing employment (Hajwani, 2008), with support as the crucial, central tenet to the process (Engelbrecht et al., 2022; Terreblanche, 2015). Support elements offered to the two persons with disability were similar (for example, sourcing of job opportunities, and education of employers and co-workers (Van Niekerk et al., 2011)) but factors such as the different health conditions, different levels of education, and different sectors of employment and work, influenced the individualized approach, activities, and interventions by the job coach. It is notable that job coach support in these two cases were offered by trained occupational therapists, although such a qualification is not required to practice SE. The therapists' professional knowledge and understanding of disability and health conditions, and their skills in analysis of work activities, tasks, and environments, informed the job matches and support interventions and may have contributed to the employment outcomes. The benefits of work support offered by therapists with a scientific evidence-based approach to occupation has been recorded in research in recent years (Abbas & Soeker, 2021; Coakley & Bryze, 2018).

It would be important to consider accessibility of SE since the individualized approach to both Kobus and Anne was influenced and enabled by factors that should be considered in SE discourse in South Africa. Kobus' was able to benefit from SE through his access to medical aid funding (health insurance) and private, out-of-pocket funds from his family. Later, when he moved into contractual employment with the engineering company, continued job coaching was made possible by the employer's undertaking to fund a limited number of sessions. Anne accessed SE services through funding from her employer who stipulated a directive for employing persons with disabilities, and who allocated company money to fund the SE process and associated services from the job coach. Government or public health care funding or services were not involved in these cases, and funding mechanisms to promote disability employment through the use of SE, do not exist in South Africa (Van Niekerk et al., 2011, 2015). A justice principle of equal access to health promoting resources bears consideration in this case where a large portion of the population of persons with disabilities in South Africa may not have access to SE if effective government policy does not exist or guide resource distribution that could support SE implementation.

Conclusion

SE is an established practice model for assisting persons with mental health conditions into work and for sustaining work with ongoing, tailored support from a job coach. The support tenet of the model, offered through collaborative partnerships with relevant stakeholders, provides the crucial mechanism through which sustained work performance is achieved. In the LMIC context of South Africa, SE is not recognized or promoted effectively through government policies in the health or labour sectors, resulting in the majority of persons with disabilities who want to work, not having access to SE. Persons with severe mental health conditions who have the means or who are able to access relevant professional networks may benefit from the individually tailored activities of SE and achieve sustained work performance and employment. With the available evidence of how SE promotes work integration and work participation for persons with mental health conditions, also in under-resourced contexts and without structural support, it remains beneficial to include SE as an approach in psychosocial rehabilitation practices.

References

- Abbas, I., & Soeker, M. S. (2021). The experiences of individuals with schizophrenia using the Model of Occupational Self-Efficacy in enhancing work skills and returning to work in the open labour market in Western Cape, South Africa. *South African Journal of Occupational Therapy*, 50(3), 22–29. <https://doi.org/10.17159/2310-3833/2020/vol50no3a3>
- Bond, G. R. (1998). Principles of the Individual Placement and Support Model: Empirical Support. *Psychiatric Rehabilitation Journal*, 22(1), 11–23.
- Bond, G. R. (2004). Supported Employment: evidence for an evidence-based practice. *Psychiatric Rehabilitation Journal*, 27(4), 345–359.
- Bond, G. R., Becker, D. R., Drake, R. E., Rapp, C. A., Meisler, N., Bell, M. D., & Blyler, C. R. (2001). Implementing Supported Employment as an Evidence-Based Practice. *Psychiatric Services*, 52(3), 313–322.
- Burns, T., Catty, J., Becker, T., Drake, R. E., Fioritti, A., Knapp, M., Lauber, C., Rössler, W., & Tomov, T. (2007). The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial. *The Lancet*, 370, 1146–1152.
- Coakley, K., & Bryze, K. (2018). The Distinct Value of Occupational Therapy in Supported Employment of Adults with Intellectual Disabilities. *The Open Journal of Occupational Therapy*, 6(2). <https://doi.org/10.15453/2168-6408.1424>
- Coetzee, Z., Goliath, C., Van der Westhuizen, R., & Van Niekerk, L. (2011). Re-conceptualising vocational rehabilitation services towards an inter-sectoral model. *South African Journal of Occupational Therapy*, 41(32–37).
- Docrat, S., Besada, D., Cleary, S., Daviaud, E., & Lund, C. (2019). Mental health system costs, resources and constraints in South Africa: A national survey. *Health Policy and Planning*, 34(9), 706–719. <https://doi.org/10.1093/heapol/czz085>
- El Kout, N. A. R. H., Pilusa, S., & Masuku, K. D. (2022). A review of the framework and strategy for disability and rehabilitation services in South Africa. *African Journal of Disability*, 11, 1–10. <https://doi.org/10.4102/AJOD.V11I10.893>

- Engelbrecht, M., Niekerk, L. Van, Shaw, L., Engelbrecht, M., Niekerk, L. Van, & Shaw, L. (2022). Supported employment for youth with intellectual disability : Promoting occupational justice. *Journal of Occupational Science*, 0(0), 1–17. <https://doi.org/10.1080/14427591.2022.2146159>
- European Union of Supported Employment. (2010). European Union of Supported Employment Toolkit Contents. EUSE. <https://www.euse.org/content/supported-employment-toolkit/EUSE-Toolkit-2010.pdf>
- Gamielien, F., Galvaan, R., Myers, B., & Sorsdahl, K. (2020). Exploration of recovery of people living with severe mental illness (SMI) in low-income and middle-income countries (LMIC): A scoping review protocol. *BMJ Open*, 10(2), 1–8. <https://doi.org/10.1136/bmjopen-2019-032912>
- Gureje, O., Seedat, S., Kola, L., Appiah-Poku, J., Othieno, C., Harris, B., Makanjuola, V., Price, L. N., Ayinde, O. O., & Esan, O. (2019). Partnership for mental health development in Sub-Saharan Africa (PaM-D): A collaborative initiative for research and capacity building. *Epidemiology and Psychiatric Sciences*, 28(4), 389–396. <https://doi.org/10.1017/S2045796018000707>
- Hajwani, Z. (2008). Creating supported employment partnerships for people with psychiatric disabilities. University of Cape Town.
- Hoffmann, H., Jackel, D., Glauser, S., & Kupper, Z. (2012). A randomised controlled trial of the efficacy of supported employment. *Acta Psychiatrica Scandinavica*, 125, 157–167. <https://doi.org/10.1111/j.1600-0447.2011.01780.x>
- Kamp, M., & Lynch, C. (2007). Handbook Supported Employment. Gladnet Digital Commons.
- Kirsh, B. (2016). Client, Contextual and Program Elements Influencing Supported Employment: A Literature Review. *Community Mental Health Journal*, 52(7), 809–820. <https://doi.org/10.1007/s10597-015-9936-7>
- Lehman, A. F., Goldberg, R., Dixon, L. B., McNary, S., Postrado, L., Hackman, A., & McDonnell, K. (2002). Improving Employment Outcomes for Persons With Severe Mental Illnesses. *Arch Gen Psychiatry*, 59(February), 163–172.
- Marshall, T., Goldberg, R. W., Braude, L., Dougherty, R. H., Daniels, A. S., Ghose, S. S., George, P., & Delphin-Rittmon, M. E. (2014). Supported employment: assessing the evidence. *Psychiatric Services (Washington, D.C.)*, 65(1), 16–23. <https://doi.org/10.1176/appi.ps.201300262>
- Michon, H., Van Busschbach, J. T., Stant, A. D., Van Vugt, M. D., Van Weeghel, J., & Kroon, H. (2014). Effectiveness of individual placement and support for people with severe mental illness in the Netherlands: A 30-month randomized controlled trial. *Psychiatric Rehabilitation Journal*, 37(2), 129–136. <https://doi.org/10.1037/prj0000061>
- Parents Alliance Employment Project. (2014). HANDBOOK FOR SUPPORTED EMPLOYMENT SERVICES (Issue 3/14).
- Rinaldi, M., Perkins, R., Glynn, E., Montibeller, T., Clenaghan, M., & Rutherford, J. (2008). Individual placement and support: From research to practice. *Advances in Psychiatric Treatment*, 14(1), 50–60. <https://doi.org/10.1192/apt.bp.107.003509>
- Terreblanche, S. E. (2015). A transformation strategy for Protective Workshops: Towards comprehensive services for adults with intellectual disability (Issue March). Stellenbosch University.
- Van Niekerk, L., Coetzee, Z., Engelbrecht, M., Hajwani, Z., Landman, S., Motimele, M., & Terreblanche, S. (2011). Supported employment: Recommendations for successful implementation in South Africa.

South African Journal of Occupational Therapy, 41(3), 85–90.

- Van Niekerk, L., Coetzee, Z., Engelbrecht, M., Hajwani, Z., & Terreblanche, S. (2015). Time utilisation trends of supported employment services for people with mental disability in South Africa. *Journal of Work*, 52, 825–833. <https://doi.org/10.3233/WOR-152149>
- Wehman, P. (1987). Supported competitive employment for persons with severe disabilities. *Special Education and Rehabilitation*, November 20-3, 187–199.
- Wehman, P. (2012). Supported Employment: What is it? *Journal of Vocational Rehabilitation*, 37(3), 139–142. <https://doi.org/10.3233/JVR-2012-0607>
- Wehman, P., Revell, G., & Kregel, J. (1998). Supported employment: a decade of rapid growth and impact. *American Rehabilitation*, Spring 1998, 31+.
- Wilcock, A. a. (2007). Occupation and Health: Are They One and the Same? *Journal of Occupational Science*, 14(1), 3–8. <https://doi.org/10.1080/14427591.2007.9686577>