

Cognitive and Social Functioning Correlates of Employment Among People with Severe Mental Illness

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Abstract We assess how social and cognitive functioning is associated to gaining employment for 213 people diagnosed with severe mental illness taking part in employment programs in Andalusia (Spain). We used the *Rehabilitation Benefits and Needs Scale* and the *Social Functioning Scale* and conducted two binary logistical regression analyses. Response variables were: having a job or not, in ordinary companies (OCs) and social enterprises, and working in an OC or not. There were two variables with significant adjusted odds ratios for having a job: “attention” and “Educational level”. There were five variables with significant odds ratios for having a job in an OC: “Sex”, “Educational level”, “Attention”, “Communication”, and “Independence-competence”. The study looks at the possible benefits of combining employment with support and social enterprises in employment programs for these people and underlines how both social and cognitive functioning are central to developing employment models.

Keywords Serious mental illness · Cognitive function · Social function · Employment · Competitive employment · Social firms

Introduction

The World Health Organisation’s (2013) *Global Action Plan 2013–2020*, called for ‘prioritized attention and engagement’ in achieving the ‘human right’ of employment for people with mental health disorders. Few would question that employment is an essential component in the recovery processes of people with serious mental illness (SMI) (Boardman et al. 2003; López 2010; Perkins et al. 2009; Provencher et al. 2002). Work in today’s societies provides people with the financial resources for autonomy and social participation and encourages the construction and real exercise of a social identity of citizenship. But there is also sufficient information illustrating that employment is hard to obtain and even harder to hold on to for people with this type of problem, with jobless rates among them often ranging between 80 and 90 % (Boardman et al. 2003; López 2010), way above the rates for the general population.

Although there is no clear agreement on this point, different factors affect access to and being able to hold on to a job for people with this type of disability (Butler et al. 2010; Mueser et al. 2001). Beyond the not always clear effect of sociodemographic variables, there is data supporting the role of clinical variables related to symptomatology, social functioning and in particular cognitive functioning

The consensus is greater on the role of cognitive functioning, including the promising results of programs aimed at improving it (Lysaker et al. 2009; McGurk et al. 2009; McGurk and Wykes 2008). Although important initiatives are underway to agree procedures for research and more specialized care (August et al. 2012), it is still difficult to find valid and reliable procedures which can be applied to clinical and occupational environments (Gold et al. 1999; Hobart et al. 1999).

There are differences between the American and European contexts for employment programs for people with SMI, although there is growing consensus over the effectiveness of employment models with support in the ordinary market (Bond et al. 2008).

In Europe employment programs have been developed based on Social Enterprises which combine the basics of real, market-competitive companies with their social role of employing people with difficulties (Warner and Mandiberg 2006; Fioritti et al. 2014; Gilbert et al. 2013). Specifically, within the framework of psychiatric reform in Andalusia, an autonomous region in southern Spain, an employment program is currently underway for people with SMI, based on the articulation of both models (employment in the ordinary market and social firms) and on the coordination between public mental health services and Employment Orientation and Support Services run by a public foundation, Andalusian Foundation for Social Integration of people with Severe Mental Illness (FAISEM), which works for the social integration of these people (López 2010; Warner and Mandiberg 2006).

We think that social enterprises in Andalusia do not employ people in the same way as traditional, non-competitive jobs (i.e., vocational rehabilitation or sheltered jobs in social or health services). The characteristics of these jobs means that they have more in common with the definition of competitive employment provided by Waghorn et al. (2014). Social firms in Andalusia are in fact competitive companies operating in the free market. They are self-sustaining, operate in general productive sectors and are managed by business people. People with and without disabilities work full-time in these firms; they can all reach positions of responsibility, and their salary depends on their productivity in line with general legal regulations. The difference is that these companies have to hire a minimum number of people with disabilities. This gives them certain tax exemptions and makes them eligible for public funding, as occurs in other economic sectors in Spain and Europe; but this funding can never exceed 15 % of the company's turnover. This is why we believe that the traditional distinction between competitive and non-competitive employment may give the wrong idea about users' employment experiences.

In relation to the specific characteristics of the people receiving this support, the definition of Andalusia's mental

health services is compatible with international criteria of SMI (Ruggieri et al. 2000), including mainly diagnoses of schizophrenia and to a lesser degree bipolar disorder, severe depression and borderline personality disorder, but always with the added criteria of prolonged duration and important disability. These are aspects which limit the specific role of the diagnosis emphasizing the difficulties of cognitive and social functioning.

Within this framework, this study explores the characteristics of a group of people with this type of disorder participating in FAISEM employment programs from 2008–2010. It compares the sociodemographic variables and social and cognitive functioning variables among those who did not obtain employment and those who did, respectively, in social enterprises and ordinary market companies; it also uses regression models to obtain a more precise picture of these relations. As such, this study responds to the call from WHO (2013) to attain 'crucial information and indicators' relating to social/economic outcome data including employment among persons with mental disorders.

Methods

Participants

The final sample consisted of 213 Caucasians (146 men and 67 women) taking part in employment programs for people with SMI in Andalusia (Spain) in the year 2010. The percentage of users who accepted to participate in the research was 88.75 %. The number of users choosing not to participate was 27. They were split into three groups according to their employment situation in 2010 (62 employees in social enterprises, 20 in ordinary companies and 131 unemployed). The three groups had similar ages and a similar percentage of diagnoses of schizophrenia, with some differences in sex and educational level (higher percentage of women and higher educational levels in the people employed in ordinary companies). All the users taking part were informed and gave their written consent. The selection and execution of the study was supervised to ensure compliance with ethical standards by FAISEM. Their mean age was 39.71 years (S.D. 7.88), a low level of educational attainment (64.9 % with no formal studies or incomplete compulsory education) and a diagnosis included in the SMI group, mainly schizophrenia and related disorders (73 %). We split educational level into three categories in our analysis. "Incomplete compulsory education" included people who either dropped out of compulsory education prematurely (that in Spain involves schooling up to 16 years) or did not complete it successfully. The second level was "completed compulsory

studies". The third level was "Baccalaureate-University", and included people who finished the baccalaureate and either stopped studying or went on to university.

Instruments

We assessed the cognitive functioning first of all the *Mini-Mental State Examination* (MM), a classic neuropsychological screening tool (Folstein et al. 1975), with a suitably validated Spanish version (Lobo et al. 1999).

After that we used the *Revised Battery of Assessment of Neuropsychological Functioning* (RBANS) (Randolph 1998) which is more complex but can also be applied in the context of services and with reasonable psychometric properties (Gold et al. 1999; Hobart et al. 1999; Loughland et al. 2007). It includes five index scores (immediate memory, construction visuospatial, language, attention and delayed memory) and a total scale score. The subtests that belong to each index score are the following: immediate memory (list learning and story memory); visuospatial construction (figure copy and line orientation); language (picture naming and semantic fluency); attention (digit span and digit symbol); delayed memory (list learning free recall, list learning recognition, story memory free recall and figure free recall). This battery has been used over the last decade in several groups of patients with schizophrenia, with a mean time of application of 30 min and a total score validity of 0.8 (Loughland et al. 2007). It has also shown a correlation of up to 0.4 with other neuropsychological screening instruments such as the Mini Mental. There are normative data for patients with schizophrenia (Wilk et al. 2004) based on a sample of 575 subjects (301 men and 184 women) in health services in the USA.

We assessed the quality of life using a reduced and suitably validated Spanish version of the *Social Functioning Scale* (SFS) (Alonso et al. 2008; Birchwood et al. 1990). It has 15 items and 5 subscales (isolation, communication, independence-competence, independence-execution and occupational activity), with the last not being used because it is a variable explored directly in the study. The *Kaplan Satisfaction Scale* and the *Quality of Life Scale* were also used to assess subjective satisfaction and wellbeing of users.

Procedure

Our study was cross-sectional and the first analysis of data was carried out at the end of 2010. The sample was divided into three groups according to the employment situations of users as noted above. A clinical psychologist who was an expert at using RBANS with people with SMI assessed participants individually in the Support Services offices. Before the final assessment, the interviewer explained to

participants what they had to do and made them practice each task once to ensure they fully understood. Initially, basic socio-demographic data were obtained through an interview. After that, the *Mini-Mental State Examination*, RBANS, and SFS were applied.

Statistical Analysis

We conducted the analysis in three stages using the SPSS 21 statistical package. In the first, we obtained the direct score and the one converted from the RBANS, analyzing its internal validity using Cronbach's alpha. We also analyzed results according to the educational level by way of variance analysis. Secondly, we used an ANOVA univariate analysis to cross-check information from the RBANS, the SFS and the sociodemographic variables with the occupational situation (unemployed, employed in social company and employed in ordinary company), after checking the assumptions of normality and homoscedasticity. In the ANOVA analyses we obtained the effect size via ETA partial square.

We performed univariate logistic regressions for unadjusted effects of each variable for being employed (social company or ordinary employment). In the same way, we obtained unadjusted odds ratio for exclusively being employed in an ordinary company.

Finally, introducing socio-demographic, cognitive and social variables we conducted two logistic regressions in order to obtain fully adjusted effect for both criterion variables: being or not employed and being or not employed in an ordinary company.

Results

RBANS Outcomes

Raw scores and converted adjusted scores are presented according to the normative population (Randolph 1998). Index scores have a mean of 100 and a standard deviation of 15. High scores in RBANS mean better cognitive functioning. Participants obtained the following scores on the RBANS: Total score "TOT", M = 192.26 (SD = 32.79) [converted scores: 83.92]; Immediate memory "IM", 15.51 (3.28) [65.43]; Visuospatial "VS", 17.26 (2.27) [97]; Language "LA", 12.97 (2.41) [82.54]; Attention "AT", 20.40 (5.52) [72.67] and Delayed memory "DM", 10.82 (1.89) [81.35]. RBANS scores showed deficient cognitive functioning, particularly in the "immediate memory" and "attention" scales. There were fewer differences in the "language" and "visuospatial" scales and it is worth highlighting

Specifically, the number of standard deviations of difference from the normal population in z scores was respectively: "TOT" - 1.072; "IM" - 2.3; "VS" - 0.2; "LA" - 0.17; "AT" - 1.82; "DM" - 1.24. These deviations were slightly lower than those obtained by Wilk et al. (2004) with a sample of patients with schizophrenia. We can also see, in relation to the instrument, that while the internal validity of the total score is acceptable (Cronbach's alpha of 0.7), there are factors with questionable validity. Thus, "attention", "language" and "visuospatial", were below 0.4. However, specific damage patterns of people with SMI may explain these low alphas. RBANS correlated significantly in all its scales with the score of the Mini Mental (although the intensity of the correlation was small or medium, between 0.367 with the "overall score" and 0.203 with the "immediate memory" scale). Furthermore, both the Mini Mental and the overall RBANS score correlated negatively with age (- .22 and - .26 respectively).

Association Between Cognitive and Social Function, Sex and Educational Level

Participants with a higher educational level showed higher RBANS' scores. For the variance analysis we checked the suppositions of normality and homoscedasticity (Smirnov-Kolmogorov and Levene tests). In terms of educational level, the omnibus significance by F test was significant with a small effect size for all factors except for language factor. "TOT", $F_{(2,212)} = 10.171$, $p < .001$, $\eta^2 = 0.089$; "IM", $F_{(2,212)} = 8.417$, $p < .001$, $\eta^2 = 0.075$; "VS", $F_{(2,212)} = 4.883$, $p = .009$, $\eta^2 = 0.075$; "AT", $F_{(2,212)} = 6.335$, $p = .002$, $\eta^2 = 0.058$; "DM", $F_{(2,212)} = 6.066$, $p = .003$, $\eta^2 = 0.055$. Performing an adjustment to alpha level (Bonferroni method), only subjects with Baccalaureate-university studies presented a significantly higher score in the RBANS than those with incomplete compulsory studies. The educational level does not seem to be associated with the social functioning measured with the SFS. Significantly, women scored higher than men in "language" and men higher than women in the "visuospatial" index score. In relation to the SFS, women scored higher in "independence-performance".

Association Between Occupational Situation and Cognitive and Social Function

Regarding differences between the three groups defined by their occupational situation, women and those with a higher educational level were over-represented among employed people, particularly in ordinary companies. While 17.9 % (N = 12) of women were employed in ordinary companies "OC"; only 5.5 % (8) of men were

employed in this kind of company: $\chi^2(2, N = 213) = 10.41$, $p = .05$. While 26.3 % (10) of people with higher education status (Baccalaureate-University) were employed in "OC", only 4.4 % (6) of people with incomplete primary education were in this situation: $\chi^2(2, N = 213) = 35.33$, $p < .001$.

Those who worked in ordinary companies obtained significantly higher scores and a larger size effect in the total scale score ($F_{(2,212)} = 12.512$, $p < .001$, $\eta^2 = 0.106$) and in the "attention" ($F_{(2,212)} = 12.37$, $p < .001$, $\eta^2 = 0.105$) factor of the RBANS. This also occurred in "delayed memory" ($F_{(2,212)} = 5.984$, $p = .003$, $\eta^2 = 0.054$) and "immediate memory" ($F_{(2,212)} = 6.058$, $p = .003$, $\eta^2 = 0.055$) but with a mean effect size. The "language" factor was significant with a small effect size ($F_{(2,212)} = 2.927$, $p = .05$, $\eta^2 = 0.027$) and without significant post hoc differences between groups.

The "independence-competence" factor of the SFS was also significant, with a higher score and mean effect size for employees in ordinary companies ($F_{(2,212)} = 6.189$, $p = .002$, $\eta^2 = 0.056$). Using an adjustment to alpha level (Bonferroni method), we observed that the differences in the RBANS factors only affected employees in ordinary companies, with a significance below .01.

Logistic Regression Analysis for the Criterion Variable (Being Employed or Not)

As for the demographic variables, unadjusted odds ratio for being employed, including social enterprise and ordinary employment, were (only significant effects presented): Sex (women), $p = .019$, OR 2.03, IC (95 %) = 1.121-3.682; educational level (compulsory education), $p < .001$, OR 3.369, IC = 1.560-7.74; educational level (Baccalaureate-university), $p < .001$, OR = 5.874, IC = 2.692-12.815. Significant odds ratios of RBANS' factors were: Language, $p = .023$, OR 1.156, IC: 1.020-1.307 and attention, $p = .000$, OR = 1.106, IC = 1.047-1.169. Significant SFS factors were Independence-Execution, $p = .046$, IC = 1.148, IC = 1.003-1.316 and Independence-Competence, $p = .002$, OR = 1.264, IC = 1.087-1.469.

When we introduced all the variables to obtain adjusted

Logistic Regression Analysis for the Criterion Variable (Being Employed or Not in O.C.)

In relation to demographic variables, the unadjusted odds ratio for being employed in ordinary employment were: Sex (women), $\beta = .006$, OR = 3.736, IC (95 %) = 1.448–9.639; Educational level (Baccalaureate-university), $\beta = .000$, OR = 8.148, IC = 2.730–24.320. Significant odds ratios of RBANS' factors were: Immediate memory, $\beta = .002$, OR = 1.361, IC: 1.122–1.652; Attention, $\beta = .001$, OR = 1.195, IC = 1.093–1.306, and Differed Memory, $\beta = .002$, OR = 1.301, IC = 1.103–1.534. The only significant SFS factor was Independence-Competence, $\beta = .036$, OR = 1326, IC = 1.019–1.725.

When we introduced all the variables we obtained five significant odds ratios. Sex (women), $\beta = .005$, adjusted OR = 6.027, IC = 1.715–21.180, Educational level (Baccalaureate-university), $\beta = .007$, adjusted OR = 8.106, IC = 1.773–37.068; Attention, $\beta = .018$, adjusted OR = 1.160, IC = 1.023–1.317; Communication, $\beta = .018$, adjusted OR = 1.331, IC = 1.049–1.687; Independence-Competence, $\beta = .037$; adjusted OR = 1.539, IC = 1.026–2.308.

In this second analysis, the variance explained was fairly large, 45.6 % (Nagelkerke's R^2). The Hosmer and Lemeshowda goodness-of-fit test of the model gave a figure of 0.802. The model correctly predicted 91.4 % of our results.

Discussion

The cognitive functioning measured by the RBANS showed important deficits, especially in factors such as memory and attention. Compared with other studies with the RBANS, our scores were higher than those of the normative sample of people with schizophrenia (Wilk et al. 2004) and more in line with those found in other studies (Becker et al. 2007; Gogos et al. 2010; Han et al. 2012; Loughland et al. 2007), but the differences were probably to do with the composition of the samples studied (outpatient or inpatient care, employment programs, etc.). Our results also showed a strong association of the RBANS score with educational level, which is usual but not always found in other studies (Loughland et al. 2007) and particularly between paid work and good cognitive functioning (Bell and Bryson 2001; Giugiaro et al. 2012; McGurk and Mueser 2004).

We also found relations between factors of social functioning which form part of competences and skills necessary for independent life and employment. Thus, the independence-competence factor was significantly higher in participants with jobs compared to those who were

unemployed. Our results therefore tie in with those stating that measurements of social functioning are stronger in this respect than those which assess symptomatology exclusively (Giugiaro et al. 2012; Kilian et al. 2012; McGurk and Mueser 2004; Ramsay et al. 2012).

We found some interesting results concerning the differences between employment in ordinary companies and social enterprises. Those working in ordinary companies showed different and more complex cognitive and social capacities. Demonstrating the importance of cognitive and social functioning, our variables in the regression analysis were much better at explaining ordinary employment than employment in social enterprises. Those who work in social enterprises seem to do so by compensating for important deficits in social (independence-competence) and cognitive functioning (attention, immediate memory and, to a lesser degree, delayed memory). Given that our study is cross-sectional, it is also possible that being employed in ordinary companies has a positive effect on cognitive functioning. However, our first hypothesis is more succinct: jobs that require better cognitive functioning are held by people with high cognitive functioning.

We know that these cognitive deficits give rise to problems of social and thus occupational functioning (McGurk and Mueser 2004) but the regression analyses performed showed that the effects of social and cognitive functioning, although they may have had some degree of interaction, were relatively independent (Addington and Addington 1999). Both dimensions must therefore be taken into account in support programs.

As for socio-demographic variables, educational level (non-compulsory secondary education or university studies) weighed heavily in the equation which best explained ordinary employment. In fact, the educational level variable was stronger than cognitive functioning in the two regression equations. The educational level helped to explain not just cognitive aspects, but also sociocultural ones such as the family's financial level and social context (Burke-Miller et al. 2006). Hence, the low educational level of our sample compared to other studies (Waghorn et al. 2014) accentuated the social disarray and cognitive problems of our participants. This result reminds us of the need to support the education and training of people with SMI. It is essential to design effective educational programs to compensate for their lack of academic experience. In turn, the fact that the variable "sex" (woman) enters the equation which predicts ordinary employment must be related to the lower neuropsychological deficit, better progression and less negative symptomatology which seems to affect women with schizophrenia (Gogos et al. 2010; Ramsay et al. 2012), it may also be related to the specific employment opportunities found in Andalusia. Similar correlates between sex (being women), high educational

level and competitive employment have been found in previous studies (Waghorn et al. 2014). In addition, one study found that partnered men were more likely to achieve competitive employment than partnered women (Waghorn et al. 2014). Therefore, all these variables should be analyzed via their interaction with cognitive functioning.

The interesting differences found in the cognitive functioning between those who work in social and ordinary companies is to do with the character of both types of employment, but also with the specific characteristics of Andalusia, apart from the effect of social stigma. With a high level of unemployment (over 25 % of the population)

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