Challenges of being employed and having a bipolar disorder
A scoping review

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ABSTRACT

Background: Work is an important part of working individuals’ life and is an occupation to some people. A number of issues may need to be considered to support people with bipolar disorder in their workplace.

Objectives: Purpose of this study was to explore experiences people with bipolar disorder have at work and challenges they face.

Methods: A scoping review was undertaken across multiple databases to capture a broad range of literature.

Results: Results revealed the role work has in identity and recovery of people with BD. Importance of balance and flexible working hours, potential effect of BD symptoms on work output and the lack of work continuity were identified. Various helpful strategies were reported by many individuals with BD. Potential disclosure is a challenge individuals with BD may face at work.

Conclusion
Potential disclosure and the consequences, particularly for work, were identified as important to BD individuals. Individual Placement and Support model may present a useful intervention model methods are consistent with strategies reported by BD individuals. This area is important to occupational therapists considering that one of their competencies is enabling participation in occupation. Limitations and potential bias are acknowledged.

Keywords: bipolar disorder, work, occupational therapy.
Introduction

For working individuals, work represents an important part of their daily life and a substantial part of the occupational identity for adults. When discussing individuals with bipolar disorder (BD) who are trying to obtain or sustain an employment, a whole set of specific issues needs to be considered. However, not all of individuals with BD manage to obtain or sustain an employment. In a research conducted by Elinson, Houck and Pincus [1 p.160], 1855 individuals diagnosed with BD participated. 49,4% out of 1855 were working, 18,4% were jobless and 32,1% were jobless “and receiving disability benefits”.

Occupational environment may support or hinder performance [2, p.97]. One of the potential hindering aspects of occupational environment is public stigma [3]. Social stigma of mental illnesses’ effects on various aspects of life such as functioning in social context, life quality, self-efficacy and social integration have been well reported [4]. One of the reasons why individuals with mental illnesses choose to not engage or only partially engage in occupations is because they “feel unable to live up to the expectations of the public world” [5, p.145].

In order to fully understand challenges individuals with BD face at their workplaces it is important to know what kind of effect it has on their wellbeing. By the definition of WHO [6] BD is “a disorder characterized by two or more episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (hypomania or mania) and on others of a lowering of mood and decreased energy and activity (depression)” [6]. Before continuing it is also important to mention the difference between BD type I and type II. The difference between the two is that type II does not include “manic episodes”. Manic episodes without psychotic symptoms are defined as a mood variation between altered cheeriness and excitement that is almost beyond individual’s control [7].

Engaging in work includes, among others, formation of new interpersonal relationships and learning new behaviours [2, p. 152]. At their workplace people with various mental illnesses may have to deal with stigma which is a consequence of misconceptions society has about mental illnesses. This may result in situations where some individuals that have their mental illness under control still may struggle to find a job “because employers discriminate against them” [3, p. 529]. Individuals who work very often form friend relationships with their co-workers [2, p. 152]. However, in a research conducted by Michalak et al [8] it was discovered that the patients with bipolar disorder had problems with lack of continuity, consistency, stigma at workplace and interpersonal problems at open or sheltered
employment and community or volunteer work. In contrast, research conducted by Suto et al [9, p. 83] revealed that there are also individuals with “significant clinical history of BD” that function very well thanks to “a set of self-management strategies”. It is also important to mention that there are few crucial factors in sustaining an employment that relate to disclosure, the employment relationship, freedom from discrimination and workplace flexibility [10, p. 452]. Marwaha, Durrani & Sing [11, p. 179] state that 60% of individuals with BD have a job for a long period of time but also mention that they may tend to “change their jobs to ones that are less demanding”. Considering that in this case environment does not challenge the individual, the individual may show signs of “boredom and disinterest” [2, p. 98]

According to a review conducted by Williams, Fossey, Corbiere, Paluch & Harvey [12] there are three themes that describe the factors that help individuals with severe mental illnesses in sustaining a job: “the worker's experience of doing the current job, natural supports in the workplace and strategies for integrating work, recovery and wellness” [12, p.79-81]. Each of previously mentioned factors can either help in keeping the employment or hinder it.

In a review conducted by Reed, Hocking and Smythe [14] it was found that there is a connection between occupation and health. Furthermore, in a phenomenological study conducted by Sutton, Hocking, Smythe [5, p. 146] participants with various mental illnesses expressed that full occupational engagement, such as having a job, showed to be an important part of their recovery process. Full engagement helped them acknowledge positive characteristics of their personality and feel a connection to a wider world which resulted in focused attention and integration of the person with his or her environment [5, p.146-147]. Bejerholm and Areberg [15] had researched the connection between the return to work potential and level of empowerment and engagement among individuals with severe mental illness who voluntarily started to work. The results of the study showed that “the return to work potential was significantly associated with having fewer symptoms and higher levels of engagement and empowerment” [15, p. 284].

Similarly, in a study conducted by Blank, Harries, Reynolds [16, p. 201] participants stated that engaging in occupations that were not related to work also helped them to “express themselves” and gave them a feeling of belonging. Feeling of being excluded from work and of not belonging amongst others could be delicate for individuals “living with mental health problems and the concomitant stigma” [16, p. 204].

Occupational participation has a huge role in promoting and facilitating change [2, p. 187] and occupational therapists that work in the mental health field have a goal to “facilitate the
participation of individuals with mental illness in valuable everyday occupations” [17]. As previously stated by Sutton, Hocking & Smythe [5, p. 146] occupational engagement helps individuals at the recovery stage. Considering that the majority of people take work as their occupations it would be of great use to conduct a review on challenges people with bipolar disorder have at work. Another reason to conduct this review is that this area was neglected to a certain extent so it would be beneficial to do a literature review on this topic. Furthermore, understanding challenges that individuals with BD face at workplace may also help occupational therapists to provide interventions and or adjust working conditions that would be more appropriate for this population.

**Purpose/aim, research question**

The aim is to explore the work experiences people with BD have, and what of challenges they encounter at their workplace.

**Research question:** What kind of experience do people with BD have with employment and what kind of challenges do they encounter at their workplace?

**Methods**

After the process of choosing the appropriate approach that would be used to gather knowledge on this topic, scoping review was chosen. Scoping review is “an approach to reviewing literature which to date has received little attention in the research methods literature” [18, p. 19]. Scoping reviews most often investigate areas that lack understanding and have not been properly researched [19]. Recommended procedures of Peters et al [20] for scoping reviews were followed to ensure a broad search strategy but with a clear focus on the population, concept and context. In this particular study, the population included individuals with BD, concepts included interventions and context included of working environments. The first step involved conducting a literature search of selection of relevant databases (CINAHL, Medline, PsycINFO, PubMed, Primo) [20, p. 143-144]. A journal Work was manually searched due to its articles that may contain articles that were relevant in regards to this topic. The inclusion/exclusion criteria: articles needed to be in English language and include participants with BD. Search words included in the search process are evident in the Table 1. Studies that comprised of participants with various mental illnesses which included BD were also included in the study. In the beginning, one of the aims was to include only literature that was published from 2010-2018. However, the publishing year limitation was removed due to the lack of relevant studies conducted in this time. Another excluded articles
were the ones that included other conditions such as cancer and diabetes. These were excluded due to their large number and because they were not relevant to this review. Duplicates have been identified with the help of Mendeley which is a software program that can store all the citations uncovered during the searching process and later delete the identified duplicates.

Data extraction was undertaken by charting data, providing a summary of the studies and descriptions of data to include publication year, participant information, methods and key findings. Themes and categories were identified using thematic analysis. Thematic analysis is a method that helps identifying, analysing and reporting themes within data [21]. Gathered data was first put into codes before it was categorized into particular themes. Codes were identified when something “interesting” was found in the gathered data [21, p. 88]. When all the data had been coded, the codes were put into logic themes. Some codes were put into “overarching themes” while other codes formed its own themes [21, p. 89]. A theme represents something important in relation to the research question and researcher’s judgement is detrimental when deciding what a particular theme is. Braun & Clarke [21] stressed that a researcher needs to be flexible when extracting the themes and not to follow any rigid rules.

Results report what analysis had discovered in a logical and concise manner. However, a narrative was then used to describe the gathered data and also include arguments in regards to the research question [21].
Results
At the end of the searching process, 18 studies were decided to be included in the review (See Appendix 1). These studies represent 7 quantitative studies and 3 qualitative, 5 that were predominately interviews and 3 narratives where individuals described their experiences. Studies were undertaken in USA (6), Canada (1), Europe (6), Australia (1) and New Zealand (4). Findings showed what kind of effect work has on identity and recovery of people with BD. Data had also discovered the importance of life balance and flexible working hours. It was also reported that frequently BD symptoms have an effect on work output and work continuity. Participants with BD also reported various strategies that were helpful in regards to their work participation and a challenge that is potential disclosure which they may have to face at work,

Eight themes were identified. First theme focused on those who were employed and discussed the “importance of work and identity”. The theme “flexible working hours and life balance” discussed the connection between flexible working hours and life balance. Themes that were named “work continuity” and “work output and its non-consistency” discussed what kind of influence BD symptoms may have on individual’s work performance. Findings of the theme “illness management strategies and work management strategies” shed light on challenges individuals with BD face and how they cope with symptoms during performing working tasks. The theme “pros and cons of disclosure” explored the experiences individuals with BD have when disclosing their diagnosis to people in their working environment. The relationships with people in their working environments and their impact on working performance was discussed in a theme named “relationships with supervisors and co-workers”.

The importance of work and identity
Having a job may be not be only financial rewarding but also rewarding in terms of individuals’ identity. It was revealed that work added more structure to some individuals and even played a big role in their recovery [8, p. 23-26]. This theme appeared in 5 papers [8, 22, 23, 24, 25].

Marwaha & Johnson [22, p. 307-308] analysed fifteen semi-structured interviews with participants who were diagnosed with schizophrenia and bipolar affective disorder. One participant with bipolar disorder stated that she wanted to get a job that she would find interesting and where her work would be valued. A participant who was diagnosed with bipolar affective disorder and who was a part of a case study conducted by Miller et al [23]
stated that his life changed for the better when he gained an employment and advises everyone to do the same. Similarly, Jane who is 26 years old and had been diagnosed with BD type 1, stated that working as a primary teacher has helped her to make her emotional health better [8, p. 137].

However, Michalak et al [8] stated that 3 participants mentioned that a feeling of having no control over their mood presented the main obstacle when trying to obtain an employment. Participants also discussed the connection between “loss of career and loss of identity”. One participant with BD type 1 stated that she was afraid that BD would disable her in doing the job that she loved and that she would be given a job where she could not use her skills and would not “give her fulfilment” [8, p. 133-134].

When discussing their recovery participants mentioned work very often. Work improved their confidence, added significance to their life, helped structuring their daily life and, at times, helped them dealing with symptoms of their illness. Participants also described that having a working role was sort of a break from the role that their illness represented and their successful working life was described as a contrast to their illness’s symptoms. One participant mentioned that work also helped her/him maintain a normal sleeping pattern and find a balance in his/her daily life. Work gave them a space where they could be productive and take risks [24, p. 329]. Another participant from a study conducted by Tse, Yeats & Walsh [25, p. 152-154] mentioned that his work was not only beneficial for the financial aspect of his life but was also rewarding in other ways. John who is 51 years old and is, currently, “a part-time music teacher and a self-employed itinerant musician” had stated that seeing his pupils upgrading their skills and working with music, which he saw as a “performing art”, was also rewarding.

**Flexible working hours and life balance**

As mentioned previously, work had a positive impact on life of some individuals with BD. However, different quantities of working hours had both positive and negative effects on individuals’ life balance. This theme appeared in four papers [8, 24, 26, 28].

Working for too long had a negative effect on other participants since they connected their first episode with working too much. Considering that thirteen participants mentioned that it was important to them to have a balance they avoided working too much. To sum it up; for some participants work played an important role in their recovery while it represented a risk for others [24, p. 329-333].
Sandra who is 37 years old and Marsha who is 51 years old were diagnosed with BD type I, stated that they were independent at their work and that their work was fulfilling for them. They also mentioned that they used “a variety of self-management strategies to maintain their emotional health”. One of them was that their daily life was routine [8]. To support the latter, Jane has also mentioned that “occupational routine” has helped her stabilize her emotional health and that she has been stable for a year and a half, which started when she got a job as a primary teacher [8, p. 137].

When discussing work, it is also important to discuss working hours. Semi-structured, qualitative interviews were conducted and included in a study done by Borg, et al [24]. Many participants stated that number of working hours was important to them which meant that some had full-time jobs but felt it could not be combined with BD symptoms and therefore chose to quit. Other participants wanted to have more other activities in their daily life which was the reason why they reduced the number of their working hours [24, p. 328].

Castle et al [26] investigated the Health Optimisation Program for Employment (HOPE) which is a structured program that helps individuals with severe mental illnesses gain a job and start studies. Participants that had severe mental illnesses were asked which parts of the HOPE program they found most helpful. The most often answers were “goal setting and problem solving” and “finding out how to take more notice of myself and (what) is going on and to learn my early warning signs of when things are going down” [26, p. 340]. Eighteen participants from the study conducted by Michalak et al [8] also mentioned both using and avoiding routine in order to sustain their emotional health. To support this, one participant with BD type 1 said that keeping the routine helps him/her and the other participant BD type 2 mentioned fear that his/her life quality would change once they gain an employment [8]. 42 participants of the study conducted by Tse & Yeats [27] also mentioned routine and flexible working hours as a strategy that helped them to deal with stress at work. Other strategies were different working tasks that they would find interesting, having a job that takes place outdoors, not working in a fast working dynamic, having a balance between routine and still having a space where they could express themselves and adjustable working hours [27, p. 51]. Similarly, a study conducted by Ifoezeh [28] explored the effects supported employment has on individuals with BD. All 14 participants praised flexible working hours because such accommodation provided security and job satisfaction to them.
Symptoms’ influence on work performance

This particular theme explored the different effects BD symptoms had on work performance on individuals. Symptoms that appeared during the depressive episode resulted in individuals isolating themselves from other people in the working environment while the manic symptoms caused the lack of concentration. However, hypomanic symptoms did not have only negative effects on the working performance. This theme appeared in two papers [8, 29]. Michalak et al [8] had done a qualitative analysis of fifty-two interviews out of which there were 35 conducted with individuals that had bipolar disorder, 5 with their caregivers and 12 with healthcare workers. Nine out of thirty-five participants with bipolar disorder were employed for full-time, six were jobless and twelve were “on long-term disability” [8, p. 131]. During episodes of depression which were shown as lacking enthusiasm and confidence participants said they did not feel like they were able to work, they had problems with making eye contact and isolated themselves from other co-workers.

In contrast with episodes of depression, participants said they were more productive, enthusiastic and had a boost in confidence during hypomanic episodes. Nine participants even mentioned they had increased “problem-solving abilities” [8, p. 131]. One participant with bipolar disorder type 1 in particular, similarly mentioned that she was able to solve a problem that has been bothering her for last two months, very quickly during her hypomanic state. To support this “one expert in bipolar disorders research and treatment” stated that he had one patient who was lawyer and whose work which was written during the hypomanic episodes gave him “international recognition” [8, p. 132]. However, hypomanic symptoms did not cause positive outcomes only. Boosted productivity also had a negative effect on some individuals which showed as taking on working tasks that were not a part of their jobs.

Considering that spending too much money can be one of the symptoms that occur during manic episodes, Michalak et al [8] tried to gain information whether that had an impact on their work. Three participants that were diagnosed with BD had been employed in “positions with significant financial responsibility” but none of them mentioned any “financial indiscretion at associated with their BD”. In contrast, four healthcare workers stated that there were some patients with “financial responsibility” that have lost their jobs during their hypomanic episodes due to their significant mistakes [8, p. 132]. There were also other negative effects of hypomania such as “increased anxiety and interpersonal problems in the workplace”. Four participants stated that they could not predict their mood and behaviour. Furthermore, they said that the non-consistency of their mood and behaviour probably confused their co-workers the most. One participant stated that she could not concentrate well
enough, made many mistakes and could not even spell during her manic episode [8, p. 132]. Morriss et al [29] conducted a study that included 253 participants with bipolar disorder that were taking mood stabilizers. Authors discovered that the value of correlation coefficients “between the severity of the depressive symptoms and impaired work adjustment” was 0.6-0.7 which meant that there was a significant association between the two. However, “the severity of mania symptoms was weakly and inconsistently associated with impaired work adjustment” [29, p. 85].

**Work continuity**

The results showed that BD symptoms, to a certain extent, had an effect on work continuity for certain individuals. Several reasons for terminating their jobs voluntarily were mentioned and few participants, who were able to have jobs for longer periods of time, stated what made it work for them in order to obtain their working continuity. This theme appeared in four papers [8, 25, 27, 30].

Michalak et al [8] mentioned the subject of work continuity in their study. And discussing work continuity, 12 participants mentioned that they lacked continuity in their work history which was partially due to the reason that they quit which they regretted in the end [8, p. 133]. Cook & Burke-Miller [30, p. 892] conducted a study that included 892 participants. Most importantly, 17.6% of the participants were diagnosed with bipolar disorder. Thirty-three % of the participants who voluntarily quit their jobs stated »job dissatisfaction« as a reason to do so. Other 28 % of the participants listed other reasons that were not directly associated with work such as having trouble with dealing with symptoms related to their illness, being hospitalized due to the reasons connected to their mental illness, “psychotropic medication problems and emotional stress« as reasons for voluntarily quitting. Findings also report that 15 % of the participants claimed they quit because they got another job. Results also revealed other reasons for quitting that were connected directly to work as 12% stated having trouble accessing the work location and 6% mentioned “poor job performance” as a reason to voluntarily quit. Interestingly, 5% of the participants quit because they feared “losing disability benefits or entitlements”.

Tse, Yeats & Walsh [25] mentioned the discussion between John and the interviewer where they had discussed how did John manage to sustain his employment. He mentioned certain inner factors such as being determined, feeling that he belonged to the place where was performing his working tasks, feeling empowered to overcome illness and looking forward to receive the salary as a reward for his work, were one of the factors that “helped him maintain
his present level of paid work”. However, being encouraged from his employer who “had faith in him”, being supported by other staff at school and having “a relief arrangement in place” when he was not feeling well, was also helpful. Later, he also discussed reasons why he did not work more so he could advance his career further. One of his reasons was that he had to take care of his children which was also time consuming and understandable considering that he was a widower. Another reason was that he tried to spare himself the additional stress that “extra work” would cause and potentially damage his health, “jobs were difficult to find” and that “income would be heavily taxed if he worked more” [25, p. 155]. Jane and Mary had been diagnosed for more than twenty years and had both been able to continue working ever since. They both wanted to continue working and were “determined to succeed in their career”. Since they were qualified for their job positions the jobs had always been available for them. Mary was even recognized as someone who is a “highly skilled professional” and John was also given vacations to rest and “spend time with his family” [27, p. 53]. Similarly, Kevin, who had his BD symptoms shown in his early twenties, has been feeling well for eight years, had no side effects with using his medications and had no problems with getting a full-time job. However, he showed willingness to accept help from work rehabilitation professionals and “upgrade his work skills”. In contrast, David who also had his first BD symptoms shown in his early twenties had a different career path which due to David’s affected confidence and therefore inability to get a job which are both a consequence of episodes of depression and “seasonal mood swings”. David also had a “comorbid anxiety” and side effects of long-term use of mood stabilizers. Considering that he has failed many times trying to get a job and has been discriminated from his potential employers this has resulted in destroyed his hopes at returning to work [27, p. 54].

**Work output and its inconsistency**

Another issue that was explored during researching this topic was the non-consistency of the work output. Several different results were discovered regarding this subject. This theme appeared in two papers [8, 31].

Four participants, that were included in a study conducted by Michalak et al [8] stated that people in their working environment did “not understand the nature of the inconsistency of their work output.” Some participants said that they were more productive during their hypomanic episodes than normally and had done less work during their depressive episodes. Nonetheless, they felt that their total work was “equal or superior” to the one of their working colleagues [8, p. 136].
The results of the comparative study conducted by McMorris et al [31] show similar. The study included a normative group and a group with participants that had been diagnosed with BD type I. Participants from both group had jobs and had worked at least 20 hours per week. Authors reported that normative participants stated that on average they had worked 41,8 hours per week and bipolar disorder type I participants had worked on average 39,3 hours per week (p=0,051). Similar results emerged when they were asked about the number of working hours of previous week. Participants from the BD type I group “reported an average of 35,9 hours” and participants from the normative group stated working an average of 40,4 hours (p=0,005). Participants from the BD type I group also had a higher score in Endicott Workplace Scale (EWPS) which meant “greater negative effect on workplace productivity” than participants from the normative group with “the mean EWPS score for the BD type I group being 37,2 with 15,8 for the normative group (p<0,001)”. It needs to be noted that the authors also mentioned that 30,6% participants of the group diagnosed with BD type I “missed work because they were upset, depressed or nervous” in comparison with 1,7 of the participants in the normative group (p<0,001). Participants with BD type I were also significantly more likely to miss work if they were physically ill in comparison with participants from the normative group (19,0% vs. 10,2%; p=0,021) [31, p. 27].

**Illness management strategies and work management strategies**

In this theme strategies that helped them with coping their illness and work management strategies were discussed. Having healthy habits incorporated into their daily life and having appropriate working conditions were mentioned very often. This theme appeared in six papers [8, 24, 27, 32, 33, 34].

According to Tse & Walsh [32] for individuals with BD it is important to recognize the symptoms, find the illness's pattern and find coping strategies that work for them. It is also crucial to find a therapist that they feel understood and respected by and that they are taken seriously. Eighteen participants from another study conducted by Michalak et al [8] discussed strategies that helped them manage their illness at workplace. They mentioned isolating themselves from other people, reducing working hours, “changing work schedules”, “changing work activities” when symptoms arise. Other strategies include changing their current workplace for the one that is “less stressful”, seeking acceptance from their working colleagues and “help from their healthcare team” [8]. Participants from the study that was conducted by Tse & Yeats [27, p. 51] also mentioned other important aspects that helped
them manage their illness such as them “accepting the illness”, having more information about BD and living a healthy lifestyle. Another crucial factor participants mentioned, was also connected to living a healthy lifestyle, and included not abusing alcohol and “unprescribed drugs” [8, p. 135]. To support this, Tse & Yeats [27, p. 54] conducted a study in which a female participant, Kirsty, who had used unprescribed drugs which had a negative effect on her working outcome. Another set of factors participants from Michalak et al [8] found helpful with managing their illness were associated with taking medication and included “not relying on medication too heavily” and being careful to take the proper medication with the right dose. Other factors that were mentioned by the participants included reaching out to “psychosocial resources”, not multitasking, testing their own stress management techniques, being observant of their own mood and behaviour, “not making big decision when unwell” amongst others. “Working on a casual rather than a salaried basis” was also mentioned as one of the illness management strategies at the workplace [8, p. 135]. James [33] who is a deputy charge nurse and had been diagnosed with BD type 2 had said that her previous manager and the ward manager had been both “monitoring her progress” when she was returning to work.

However, it needs to be noted that in order to be able to work some participants mentioned that it was important to find medication that worked well when combined with their job. This meant that the medication was supposed to support them in taking a working role and not hinder them. People they were surrounded with also helped them in sustaining the job. Eight participants mentioned supportive partners that were encouraging and embodied stability. The aspects that helped them deal with working tasks were flexible working hours and being able to have breaks often [24].

Another participant found the spiritual aspect of her life helpful when it comes to going through the period of mood episodes. Jane had experienced one major depressive episode and “five episodes of full-blown mania” in the beginning of her 20s, which was a period when she was doing two jobs and was “finishing graduate school”. She has stated that spirituality and family had helped her get through a period when she was finishing her “education and teacher training” which was also a period when she had few mood episodes [8, p. 137].

In case study conducted by Michalak et al [8, p. 137] there was also a participant that was interviewed who was not able to gain an employment due to mood episodes which appeared repeatedly. Paul, who is 31 years old and was diagnosed with BD type I, had experienced six major depressive episodes and seven hospitalizations. He has graduated at technology school and, in his opinion, has not been able to gain an employment due to stigma and not being able
to come to terms with having a bipolar disorder. He also mentioned that he is concerned that his “career is destroyed” and wants to get a job that would be meaningful to him [8, p. 137]. Another resource where individuals with BD can seek support is supported employment. Ryan et al [34] conducted a study that included 353 individuals with BD. Authors had examined the course of employment during and after 12 months of the program and 24 months after completing the Life Goals Collaborative Care (LG-CC) program [34, p. 241]. Out of 353 participants, 74 were employed, 104 were unemployed and 175 were disabled. Even though that collaborative care models do not focus on employment, Ryan et al [34] assume that improvement in illness may have a positive influence on employment [34, p. 241]. Ryan et al [34] concluded that improving in affective symptoms can have a positive effect on employment outcomes. Results also showed that increased number of LG-CC sessions had a positive effect on the number of working hours per week [34, p. 242].

Pros and cons of disclosure

When exploring the experiences individuals with BD have at work, discussing disclosure is almost inevitable. Disclosure was discussed in seven papers [8, 10, 13, 25, 27, 33, 35]. There were 5 papers that reported positive experiences regarding disclosure [10, 25, 27, 33], no papers reported only negative experiences regarding disclosure and 3 papers that reported both positive and negative experiences regarding disclosure [8, 13, 35]. Twenty-two participants from the study that was conducted by Tse & Yeats [27] stated that even though they feared telling their employers about their diagnosis, they received “understanding and empathy” when they did. Similarly, James [33] had stated that this helped her a great deal and even mentioned a situation where after three years when a manic episode occurred, her manager saw the symptoms and contacted “the occupational health physician”. James [33] also mentioned that her manager was even included in her “crisis care plan” which she thought “was excellent”. Even though that all the “stakeholders” worked together in this case James [33] had stated that the “relationship with her manager” had the greatest effect on her “return to work”. In contrast, 42 participants in a study conducted by Tse & Yeats [27] stated “not being under constant observation” as one of the strategies that helped them deal with work stress. Fifteen participants had also mentioned that their co-workers had also gone out of their way to help them which resulted in offering them transport, “sharing the workload”, “helping in the background” and chatting. Thirteen participants praised their employers that they well able to get a leave when they were not feeling well [27]. Tremblay [13] conducted a study that consisted of 39 adults with bipolar disorder.
Fifteen out of 26 participants who were employed stated that they disclosed their diagnosis to their employers. Three participants said that such decision changed their situation for the better, 1 had said that it made her/his situation worse and 11 said they did not notice any change.

In a study conducted by Michalak et al [8] Sandra and Marsha stated that they were able to sustain their employment in spite of being hospitalized once and experiencing several depressive episodes. Both disclosed their diagnosis to their co-workers and received positive reactions. Sandra, who was educating people about mental health, even started “teaching about BD”. However, it needs to be noted that Marsha was able to tell people in her working environment about BD due to the reason that she was well-established in her working position [8]. Similarly, John had positive experiences with people from his working environment. He mentioned that his diagnosis that is manic depressive psychosis ruined his way of living and his work potential. Throughout his life he had experienced a psychotic episode, many manic episodes and lastly a “major depressive episode”. However, John stated that he had never experienced any stigma when he disclosed his diagnosis to his employers but only an understanding attitude. Furthermore, his working colleagues also showed sympathy towards him [25, p. 155].

However, there were also individuals that had negative experiences when they told their supervisors and co-workers about their diagnosis. Fifteen participants, from the study conducted by Michalak et al [8], discussed stigma at their workplace and telling their employers and working colleagues about their illness. Some participants believe that this led to disabling them in furthering their career or being demoted.

However, there are also situations where the return to work is even harder due to particular circumstances. Michalak et al [8] described a situation where an interviewed occupational therapist mentioned that there were also cases where the “employers were ’getting burned’ after being sued by an employee with BD during a manic phase and becoming ‘becoming gun shy’ when considering their return to work” which meant that they were afraid that they would be sued again when their employee came back to work. Unfortunately, only 3 participants stated that they were not stigmatised at work and had positive experiences with their employers when returning to work after an episode has passed. The reason for this was because they had worked at that workplace “for a long period of time” and been close to people in their working environment [8, p. 135-136].

However, there were participants who chose to not disclose their illness to anyone and there were participants that “told too many people” [8, p. 135-136]. Similarly, 55.2% of the
participants included the study conducted by Tse & Yeats [27] mentioned not hiding their illness as an illness management strategy at their workplaces.

Michalak et al [8, p. 136] had also stated that, on the positive side, there were also 4 participants who stated that their employers supported them when they disclosed their diagnosis [8, p. 136]. Mary and John who were included in a study conducted by Tse & Yeats [27, p. 53] had both stated that BD did not affect their performance at work that much and that they were able to cope with illness. They disclosed their diagnosis to their employers who had been helpful when needed. Both Mary and John had stated that they received understanding from their employers and working colleagues and even their partners or children. Similarly, the results of the study conducted by Peterson et al [10] showed that participants with experience of having a mental illness, who told their working colleagues besides their employers about it, had only positive experiences. Interestingly, Mayes [35] stated that her BD diagnosis had helped her to gain an employment as a researcher at Spectrum Centre for Mental Research where she had previously been a service user and still is. She mentioned that she had been present in the mental health field for 20 years but was unable to progress due to her repeated mood episodes and “eight acute admissions”. Mayes [35] also mentions that, even though she is satisfied to have a job within her field of interest, her role as a researcher and her role as a service user sometimes clash. She mentioned a situation where her co-worker asked her “which medication was she taking” even though there was no concrete reason to really do it. Mayes [35] concluded that it felt good to experience the contrast of having to hide her diagnosis because she feared that it would affect her work and experiencing a situation where her diagnosis helped her get a job.

It also needs to be noted that there were also some situations where participants chose not to disclose their diagnosis. One participant with BD type II from the Michalak et al [8] study who chose to not tell about having bipolar disorder to too many people, said that she did not do it due to her previous bad experiences. Similarly, Jane decided to tell her mentor about her illness and chose not to tell her co-workers [8]. Another participant with BD type I stated that she was afraid that she would not be treated equally as her working colleagues if she told them that she had BD. There were also two extreme cases where participants believe they were fired after telling about the diagnosis. However, not telling about their diagnosis brought other issues. One healthcare worker mentioned a case where one of his patients was scared asking for sick leave because he “wanted to present that he’s well” [8, p. 136-137].
**Relationships with supervisors and co-workers**

This theme shed more light on relationships that individuals with BD have with people in their working environment. Furthermore, the influence of BD symptoms on professional relationships was also discussed. This theme was found in 5 papers [22, 24, 28, 32, 36]. Tse & Walsh [32] stated that one of the major obstacles people with BD face when trying to obtain a job is »the lack of vocational maturity and self-awareness«. In regard to work, being self aware would mean to be aware of one's abilities, capacities and »early warnings of relapse« among others while vocational maturity includes having social skills and developing areas that are related to work and work habits. Borg et al [24] stressed that how important relationships with supervisors and working colleagues are, shows the fact that understanding employers and friendly working colleagues were mentioned as a factor that helped participants sustain their employment. One participant even mentioned that it was very helpful for her that the employer told her that her job was important and that it helped her in the beginning when she felt she was not confident enough [24]. Similarly, Ifoezeh [28] stated that 10 participants mentioned that they had valued the socialization part of the supported employment program most. These participants showed how important socialization is at work and that it had a great impact on their job satisfaction and security. It was also mentioned that they saw supported employment as an opportunity to be a part of a community. Some of these participants had been hospitalized and incarcerated and saw this as an opportunity to reintegrate into society again. This also had a positive influence on job satisfaction and security. All of the participants included in this study had expressed gratitude because they were able to be a part of work force again. The largest part of this study was security which is intertwined with previously mentioned information participants had given.

Results of the study conducted by Rollins et al [36, p. 247] indicate that participants, who had severe mental illnesses, had “mostly positive experiences” with their employers and working colleagues. Authors also mentioned that “job satisfaction was positively correlated with supervisor emotional support and satisfaction with supervisory relationships, as well as emotional support, instrumental support, and appraisal/feedback”. Negative correlation between “greater job satisfaction” and “stressfulness of supervisory relationships” and a positive correlation between “job satisfaction” and “instrumental support from supervisor” were also found [36, p. 248].

However, it needs to be mentioned that BD symptoms also had an effect on the relationships they had with people in their working environment. In a study conducted by Michalak et al [8] participants described having interpersonal problems during both depressive and manic
episodes. During depressive episodes they wanted to isolate themselves from everyone else and “less commonly” become easily irritated. When manic or hypomanic episodes occurred, they became aggressive and one participant even said that she got in a heated argument with her boss over a thing of little importance. In contrast, three participants mentioned that they isolated themselves from others when depressive, manic or hypomanic episodes occurred [8]. Returning to work was a challenge for one participant who felt that he/she was avoided by her co-workers after having experienced a manic episode [22]. Findings from the study conducted by Michalak et al [8, p. 136] also reported that 5 participants mentioned negative consequences of disclosure such as people from their working environment observing their mood. One participant even mentioned that their employer made comments about their mood. To sum up; results showed the importance of work regarding identity. Later, flexible working hours were also mentioned as a potential stress coping strategy. Results also mentioned the complexity of the influences BD symptoms can have on work performance, work continuity and work inconsistency. Findings also discovered various illness management strategies and work management strategies. Results also raised some important challenges BD people may face such as disclosure of BD diagnosis and potential stigma that may be a consequence of it. Interpersonal problems was also a part of the theme that discussed relationships with people in their working environment and all its nuances.

**Discussion**

Review shed light on several issues that appear at workplaces where individuals with BD are employed.

**Employment and unemployment**

An important aspect of adulthood is work. When discussing work it is important to acknowledge that work does not only provide financial benefits to an individual but is also beneficial to other life aspects. Work has a great impact on our social relationships, status and also gives structure to our life. When unemployed, the loss of salary is not the only consequence one must suffer. An individual who is unemployed may have trouble participating in activities that would substitute the lost ones and may also get depressed and apathetic. Unemployment also makes a huge damage on one’s self esteem and identity. The absence of habits connected to work can also have a negative effect on individual’s social interactions. Individuals who are unemployed may find it hard to sustain relationships they had developed in their working environment and hard to develop new relationships [37].
Support and Individual Placement and Support

When a person gains an employment, working environment demands `learning new behaviours’ and bonding with people from their working environment amongst others [2, p. 152]. Society demands from individuals to divide time of their daily life into occupations that also includes work and therefore working schedules [2, p. 152]. However, the path to gaining an employment may be different for individuals with bipolar disorder. The results of this review stated that work helped participants to cope with symptoms of their illness and gave meaning and structure to their life [24, p. 329]. To support that, it is important to note that taking context and environment into consideration helps facilitating change [2, p. 188] which is one of the things that Individual Placement and Support (IPS) model does. IPS is a model that helps individuals with SMI working at regular jobs. This model is based on 8 principles: “competitive employment, systematic job development, rapid job search, integrated job services, benefits planning, zero exclusion, time-unlimited supports, worker preferences” [38]. This program may also have a positive impact on symptoms’ influence on work performance [8, 29], work continuity [8, 25, 27, 30] and may also help individuals with BD find appropriate illness management strategies and work management strategies [8, 24, 27, 32, 33, 34] which are one of the themes identified in this review. The benefits of support were mentioned in the results which revealed a positive correlation between job satisfaction and satisfaction with supervisory relationships, as well as emotional support, instrumental support, and appraisal/feedback [36, p. 248].

Lexen & Bejerholm [39] conducted a research that explored communication and interaction skills at work among IPS service users which also includes individuals with BD. Authors suggest that occupational therapists should focus on “giving support in social interaction” when working with “participants in IPS and service users with SMI in vocational rehabilitation in general”. This was supported with the fact that there were found significant correlations between better communication and interaction skills and increased working hours. Furthermore, significant correlations between participants increased skills for communicating with the employer and “increased working hours” were also found [39, p. 317-318]. Results of this review showed that work was mentioned when discussing participants’ recovery and gave their life a structure and meaning [24, p. 329]. Similarly, results of a study that was conducted among IPS participants showed that participants saw work as having a positive effect on their everyday life even though they saw it as a challenge in the beginning [40]. Furthermore, the results of this review similarly showed that positive
working environment has a positive effect on individuals with BD and their sustainment of an employment [24].

**Occupational injustice**

As mentioned in the results of the review, one of the other reasons for voluntarily quitting work was having trouble accessing the work location, which was the reason chosen by 12% of the participants [30, p. 892]. This is important to mention as this reason is included in the concept ‘occupational alienation’. Occupational alienation includes making individuals work at jobs where they get low salaries and at places that are far away from where they live or far away from their families. Another concept named ‘occupational deprivation’ also includes circumstances where individuals have a “limited choice in occupations” due to “their isolated location, their ability or other circumstances” [41, p. 80-82]. To support this, results of this review showed that thirty-three percent of participants included in Cook & Burke-Miller’s [30] study voluntarily quit their jobs due to general job dissatisfaction. Recognizing that individuals as well as populations need to be able to make choices regarding their daily life and decisions resulted in emerging the concept of occupational marginalization [41, p. 80-82]. To support this, the results of this study revealed that fifteen participants in the study conducted by Michalak et al [8] had discussed stigma at their workplace. Some of the participants believe they were not able to further their career and were demoted due to disclosure of their diagnosis to employers and/or working colleagues.

**Positive impact of social environment**

Social interactions have existed from the beginning of human race. Individuals with BD may face some issues in this area. People with BD do not have problems with relationships in their private lives only but also in broader social settings [42, p. 253]. However, being in an appropriate social environment has a positive effect on them. A study conducted by Rebeiro [43] included eight women with mental illnesses and explored the importance of the appropriate social environment. Being in a supportive and accepting environment resulted in participants feeling like they are worthy, competent and fulfilled their need to belong somewhere. This is in line with the study conducted by Borg et al [24] who reported similar information, and in particular the role an employer may have in praising individuals when confidence declines. Furthermore, results of the study conducted by Vázquez et al [44, p. 325] report that there is a connection between received stigma and functioning which means that there is an association between better functioning and having less experiences with
 stigma. This is supported by Taylor and Kielhofner [2] who writes that a social environment that an individual supported by can help him participate in an occupation in many ways. For example, discussing his interests with other people may result in getting an opportunity to participate in an occupation for the individual [2, p. 97]. In a situation where an individual is returning to work after being hospitalized, it may help them not only to return to work successfully but to also participate in other meaningful activities outside of work.

**Occupational therapists’ support of individuals with BD at work**

Ivarsson [45] reported how occupational therapy interventions can really help individuals with severe mental illnesses. Goals that were set, were related to individual’s intimate life and skills that would help them structure their daily lives. Outcomes mainly included their experiences and their ability to manage their daily life activities. Individuals that had participated in occupational therapy activities had stated that they had become more confident in regards to their own abilities [45, p. 50-51]. Setting goals may also apply to working life of individuals with bipolar disorder. Accomplishing goals such as “complete working tasks” may be crucial for confidence of a person who was hospitalized and is trying to return to work [44]. Arbesman and Logsdon [46] stated that Supported Employment (SE), IPS model has a strong efficacy that help individuals with SMI get a job [46, p. 241] and often succeed in doing that [40]. One of options that IPS model offers is also providing support regarding strategies that help users keep up their work stamina [40]. That being said, occupational therapists may also be included in IPS model as case managers, considering that occupational therapy working process may also include finding appropriate working adjustments for an individual. Furthermore, occupational therapists may add significant knowledge to cases considering that understanding psychosocial influences on an individual is also a part of their working expertise.

After obtaining an employment there are some challenges an individual with BD may face. This includes potential disclosure of their diagnosis to their employer. According to Tse [47] an occupational therapist may help the client to decide whether or not to tell their employer about their diagnosis. This issue has also been addressed previously in the results section of this review. The results have shown that twenty-two participants from the study conducted by Tse & Yeats [27] stated that they got positive feedback from their employers after disclosure. Furthermore, fifteen participants mentioned that their working colleagues offered them their support in various ways. In contrast, Michalak et al [8] mentioned two cases where participants believed they were fired because of their diagnosis. I believe that, considering
various potential outcomes following disclosure, occupational therapists must approach this issue individually and offer their advice to their clients with extreme caution. It is important to discuss potential bias included in the study. According to Šimundić [48] there are some researchers that neglect original findings in order to present them in favour of their beliefs. This is important to mention as a potential bias in this study considering that there was only one researcher, who was a student, included in conducting this study. This fact may also affect the outcome of reviewing the titles, abstracts and extracting the data. As previously stated Braun and Clarke [21] mentioned that a researcher needs to be flexible during the extraction of the themes. This “flexibility” may contribute to potential bias of the themes. However, this research has not been financially supported by anyone, and the independence of the research limits potential bias in this respect. Another potential bias that needs to be acknowledged is limits of the used search terms, databases and the English language limit. Nevertheless, from this review it is evident that the occupational therapist may take on a role in advising employers on how to support an employee with BD at their workplace [47]. In the results section of this review, flexible working hours were mentioned as a strategy that helped 42 participants to deal with stress at work. Another supporting factor was not working in a dynamically fast working environment [47]. Considering that these accommodations are helpful for an individual with BD it would be appropriate for an occupational therapist to propose them to the employer. An occupational therapist can also have direct interventions with an individual with BD and also help them face other potential issues at their workplace. However, when approaching a client with BD who is working it is important not to be intrusive in order to “not compound the social stigma that already exists”. In order to do that, interventions can be done during lunch or seeing the client out of their working hours [47]. The results of this scoping review revealed that individuals with BD can function well with the use of self-management strategies [10]. These self-management strategies may, as found in results, include finding psychosocial resources, not multitasking, observing their own mood and taking the right dose of the right medication amongst others [8]. Similarly, the results of a study conducted by Villaggi et al [49] discussed self-management strategies. The majority of the participants included in the study mentioned strategies that either helped them obtain or sustain social relationships. These strategies included participating at activities in order to spend time with relatives and friends or make new friends. Other strategies regarding their social life included taking care of their relatives or friends and thanking people in their environment for their support amongst others. Considering the positive aspects of self-
management strategies it would be appropriate for occupational therapists to inform clients with BD about self-management strategies, their purpose and help them find appropriate strategies for them.

**Conclusion**

The purpose of this review was to explore the experiences individuals with BD have at their workplaces. Within this topic it was almost inevitable not to come across some complex issues that need to be addressed. This includes potential disclosure and its various outcomes, BD symptoms’ influence every aspect of work. The review also revealed illness management and work management strategies that may help individuals with BD to cope with illness’s symptoms and function normally at work. This review may also be a basis for further research. This being said, it is important to research this area further in order to truly understand the complexity of challenges individuals with BD face at work and to further develop an approach towards this population within occupational therapy area of practice.
References


28. Ifoezeh, C. M. (2012). A phenomenological study on the effect of supported employment on individuals diagnosed with bipolar disorder


### Table 1: Articles included in the study

<table>
<thead>
<tr>
<th>Author(s), title, publication date</th>
<th>Aim(s)</th>
<th>Methodology</th>
<th>Participants</th>
<th>Key findings</th>
<th>Key themes</th>
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<tbody>
<tr>
<td>Borg et al (2013) [26]</td>
<td>To investigate the role work has in recovery of people with BD and how these individuals cope with challenges at work.</td>
<td>Interviews were conducted with the help of hermeneutical-phenomenological approach. Authors have experiences in conducting qualitative research and are all health professionals.</td>
<td>13 participants; 7 women and 6 men with experience of having BD symptoms.</td>
<td>The study showed how important work and other meaningful activities are for recovery.</td>
<td>1) Many types of work – finding meaning and a focus 2) Helpful roles and contexts – to be much more than a person with an illness 3) Making work possible – the role of supportive relationships and supportive medications 4) The costs of working too much – finding a meaningful and healthy balance</td>
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<td>Castle, D et al (2016) [28]</td>
<td>To describe HOPE, its evaluation, self-efficacy and vocational outcomes.</td>
<td>Health Optimisation Program for Employment (HOPE) – 20 hour long program that helps people with mental illnesses in gaining employment was used on 600 participants in this study. Participants later completed an evaluation.</td>
<td>600 participants with various mental illnesses were included in the study. 83.8% of the participants were between 26-55 years old and 52.5% were males.</td>
<td>Out 364 participants that completed the baseline assessment, 168 responded to the evaluation survey 6 months after the finishing HOPE. 21.5% had gained an employment, 42.8% were volunteers or students.</td>
<td>1) Gaining an employment, 2) Self-efficacy ratings, 3) Vocational outcomes</td>
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<td>Cook, J. A., &amp; Burke-Miller, J. K. (2015) [32]</td>
<td>To explore the potential effects of various working conditions, workers characteristics and local labor markets in explaining voluntary quits among employed workers with various mental illnesses. Authors gathered the data from the Employment Intervention Demonstration Program where 2086 employments were ended by 892 workers during the last 2-years period. Multivariable logistic regression analysis followed in order to examine the effect on the likelihood of quitting. 892 participants with psychiatric disabilities who had at least one job that was terminated in the last 2 years. 59% of the quittings were voluntary, 41% were involuntary. This included firings (17%), temporary job endings (14%) and layoffs (10%). Multivariable analysis showed that workers were more likely to quit if they were employed for 20 hours per week or less, had low salaries, were not satisfied, in low-temporary positions or if they were employed in the construction working area.</td>
<td>1) Voluntary separation, 2) Involuntary separation 3) Unemployment 4) Job dissatisfaction</td>
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<td>Ifoezeh, C.M. (2011) [30]</td>
<td>To investigate how supported employment helps individuals diagnosed with BD with management and recovery. Author conducted semi-structured interviews with 14 individuals diagnosed with BD. 14 participants (3 females and 11 males) were included in the study. All participants had been diagnosed with BD, had finished high school and were inResults of the study showed that supported employment helps people with BD.</td>
<td>1) Accommodation 2) Socializations 3) Inclusion 4) Security</td>
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<td>Authors</td>
<td>Aim</td>
<td>Methodology</td>
<td>Findings</td>
<td>Themes</td>
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<td>James, K. G. (2015) [35]</td>
<td>No aim was provided.</td>
<td>Gallagher’s account on returning to work after experiencing BD symptoms was divided into themes.</td>
<td>This account revealed that managers’ and employees’ relationship plays a major role in making a return to work successful.</td>
<td>1) Bizarre behavior 2) Back at work 3) Managers’ support 4) Coping with a relapse 5) Policy improvements</td>
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<td>McMorris, B. J., Downs, K. E., Panish, J. M., &amp; Dirani, R. (2010) [33]</td>
<td>To gather data about productivity at workplace and healthcare utilization from individuals diagnosed with BD type I and compare the results with the normative participants.</td>
<td>A cross-sectional survey was completed by clients and recruiting physicians. Gathered data included employment status, EWPS results, healthcare resource utilization and quality-of-life.</td>
<td>Results showed that participants from bipolar group reported lower levels of work productivity and were more likely to miss work when compared to participants from the normative group.</td>
<td>1) Workplace productivity 2) Employment issues 3) Healthcare resource utilization</td>
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<tr>
<td>Author(s)</td>
<td>Study Title</td>
<td>Study Objective</td>
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<td>Marwaha, S., &amp; Johnson, S. (2005) [24]</td>
<td>To report the account of clients with psychosis on themes associated with employment.</td>
<td>Authors conducted semi-structured interviews with 15 individuals diagnosed with BD or schizophrenia. Interviews were later analysed with thematic analysis.</td>
<td>15 participants that were identified with BD or schizophrenia. Participants discussed various positive effects of working but also expressed doubts regarding work. Participants also discussed various factors that affect their work.</td>
<td>1) Desirability of working 2) Attitudes to employers and the perceived beliefs of employers</td>
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<td>Mayes, D. (2009) [37]</td>
<td>No aim was mentioned.</td>
<td>Author of this study is also the service user that gave the account. Mayes is a service user who was diagnosed with and has been a mental health researcher for 20 years.</td>
<td>Mayes explains pros and cons of being a service user and a researcher at the same time and the importance of having service users employed in such research.</td>
<td>1) The role 2) Power imbalance 3) Working relationships</td>
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<td>Michalak, E. E. et al (2007) [8]</td>
<td>To describe what kind of impact can BD have on individual's occupational functioning and to provide advice on how to provide support to people with BD at workplace.</td>
<td>Authors conducted 35 interviews with people with BD, 5 interviews with their caregivers and 12 interviews with healthcare professionals. Interviews were recorded, transcribed and later analysed thematically.</td>
<td>Participants that were individuals with BD needed to be 18 or older, and needed to be able to speak English fluently. Authors did not put any limitations on BD type. Participants described how BD symptoms showed at their workplace. The gathered data shines light on BD episode symptoms' effects on work functioning.</td>
<td>1) Lack of continuity and consistency 2) Loss 3) Illness management strategies in the workplace 4) Stigma and disclosure in the workplace 5) Interpersonal problems at work</td>
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<td>Miller, L., Clinton-Davis, S., &amp; Meegan, T. (2014) [25]</td>
<td>To provide accounts of going back to work by people gaining the employment and Employment Specialist who supported them.</td>
<td>Participants were asked to give accounts about their experience on going back to work.</td>
<td>Two individuals that had mental health problems and two Employment Specialists pf Individual Placement Support program who assisted them.</td>
<td>This paper did not present any findings. Participants with mental health issues gave accounts of their journey back to work and Employment specialists that supported them gave their insight regarding these two cases.</td>
<td>1) Recovery 2) IPS program support 3) Employment 4) Unemployment</td>
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<td>Morriss, R. et al (2013) [31]</td>
<td>To investigate the correlations between depressive and manic symptoms and impairment regarding various social roles.</td>
<td>Interview assessments were made throughout 72 weeks and every eighth week. Authors conducted a multilevel modelling analysis of correlation coefficients between depression and mania symptoms with roles and domains of the modified social adjustment scale.</td>
<td>253 participants were included in the study. Participants needed to be 18 years old or older, needed to have history of having BD, history of having two or more episodes; one of which must have been within 12 months prior to recruitment and must have been in contact with mental health services for previous six months at the latest.</td>
<td>Depression symptoms showed strong and stable correlations over time with performance, overall social adjustment and the work role. Mania-type symptoms showed moderately strong and reasonably stable correlation with interpersonal friction.</td>
<td>1) Overall social adjustment and mood symptoms 2) Work adjustment and mood symptoms 3) Social/leisure adjustment and mood symptoms 4) Extended family adjustment and mood symptoms 5) Interpersonal behavior and mood symptoms 6) Friction and mood symptoms 7) Dependency and overactivity with mood symptoms</td>
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<td>Rollins, A. L. et al (2011) [38]</td>
<td>To investigate social networks at workplace and their relationship with job outcomes and other employment characteristics for people with severe mental illnesses. Authors did a secondary analysis of the data that was gathered from a controlled trial [50] that compared two employment models for people with severe mental illnesses – the DPA model and the IPS model.</td>
<td>Participants from the study were clients that were receiving DPA or IPS services. Participants that were included in the study needed to be a part of paid employment or unemployed but have a paid employment as a goal, 18 years or older, have a employment relationship, freedom from discrimination and workplace flexibility were mentioned as important factors in regards to sustaining a successful employment.</td>
<td>Authors reported that employees generally had positive experiences with supervisors and working colleagues. 1) Job satisfaction 2) Job tenure</td>
<td>1) Job satisfaction 2) Job tenure</td>
<td>1) Job satisfaction 2) Job tenure</td>
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<td>Ryan, K. A. (2015) [36]</td>
<td>To investigate the effect of affective symptoms and health-related quality of life on longitudinal employment outcomes in a sample of individuals with BD who completed the Life Goals-Collaborative Care (LG-CC) intervention.</td>
<td>Participants included in the study were assessed based on HRQoL, their job status, depressive/manic symptoms and work hours. Authors later compared results 6, 12 and 24 months after LG-CC intervention.</td>
<td>353 participants who were employed, unemployed and disabled were included in this study.</td>
<td>Fewer depressive symptoms were correlated with positive employment outcomes over time.</td>
<td>1) Depressive symptoms' effect on employment 2) Manic symptoms' effect on employment</td>
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<td>Tremblay, C. H. (2011) [13]</td>
<td>To investigate the interactions between employers and employees with BD regarding potential workplace accommodations and to find job characteristics</td>
<td>Participants completed a mail-in questionnaire. Survey included both close-ended and open-ended questions about workplace characteristics that would enhance their job performance.</td>
<td>39 adult individuals that were diagnosed with BD type I or BD type II. All participants were either employed at the moment or were employed in the past.</td>
<td>Participants reported various beneficial workplace accommodations such as schedule flexibility, autonomy and supervisor willingness to provide accommodations amongst others. 12 working participants out of 26 requested workplace changes,</td>
<td>1) Workplace policies and practices 2) Job requirements, responsibilities and physical demands 3) Employer-employee interaction</td>
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<tr>
<td>Study</td>
<td>Title</td>
<td>Objective</td>
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<td>Findings</td>
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<td>Tse, S. S., &amp; Walsh, A. S. (2001) [34]</td>
<td>To discuss how can individuals with BD return to work while still recovering.</td>
<td>Literature review has been conducted.</td>
<td>Results of the review reported that clinical recovery does not necessarily mean functional recovery. Authors stated that further research is needed in this area.</td>
<td>1) Employment rates among people with BD 2) How occupational therapists can help people with BD find and retain employment</td>
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<td>Tse, S., &amp; Yeats, M. (2002) [29]</td>
<td>To gather data which would provide a theory with an account of the vocational integration process people with BD go through.</td>
<td>The data for this qualitative study was gathered with a grounded theory approach.</td>
<td>Factors that helped individuals to get and keep a job were reported.</td>
<td>1) Factors that help people with BD achieve their vocational goals 1.1) Factors which were related to me 1.2) Factors related to the job or workplace 1.3) Factors related to support from my family, friends and professional people 1.4) Factors related to my health 1.5) Factors related to support in the work place 1.6) Factors related to people’s attitude and welfare system</td>
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<td>Tse, S., Yeats, M., &amp; Walsh, A. (1999) [27]</td>
<td>To show how a single case study may enhance our understanding of the inner world of</td>
<td>Semi-structured interview was conducted with the participant.</td>
<td>This case showed that work life can be obtained even if obstacles related to BD are present.</td>
<td>1) Personal factors related to employment 2) Employer/job factors 3) Community factors</td>
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<td>someone with a mood disorder as they try to achieve mental stability and optimal employment.</td>
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Legend: BD - bipolar disorder, IPS - Individual Placement Support
Table 2: Search process and its results

<table>
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