Occupational justice and injustice in persons with mental disorders – a scoping review
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Abstract

Background: Approximately 20-25% of people experience mental health disorders globally and, therefore, have a higher chance of meeting occupational injustices in their everyday lives. Occupational injustice includes occupational deprivation, imbalance, alienation, marginalization and apartheid. The purpose of this study was to explore the current knowledge of occupational justice or injustice in persons with mental disorders.

Method: Scoping review methodology by Peters et al. (2020) was used for mapping evidence. For inclusion criteria, there was no age restriction. Also, mental disorders or mental illnesses or diagnoses for that had to be stated. The time span for the literature search was between 2006 and 2021. The data was searched from AMED, CINAHL, MEDLINE, PsycINFO and Scopus. Hand searching in the Journal of Occupational Science was also conducted, and the citations and reference lists were screened.

Results: Seven articles met the criteria and were included for qualitative synthesis, and all were related to working-aged adults. Three main themes were found in relation to (1) engagement in occupations, (2) social relations, and (3) participating in work-life.

Conclusion: Occupational injustice was related to environmental barriers, a lack of opportunities for engaging in meaningful activities, developing positive identity and self-esteem and to having a stigma. Participation in work-life was noted to be affecting occupational justice positively. There may also exist knowledge gaps regarding other age groups than persons of working age with mental disorders and from countries with weak health care and insurance systems. Further research about occupational injustice in persons with mental disorders is needed.

Keywords: environment, mental health, occupation, occupational problems, occupational therapy
Introduction

The number of mental health problems has risen in recent years, with depression being one of the leading causes of disability (WHO, n.d.). The World Health Organization (WHO) defined mental health as an essential component of health; “a state of well-being in which an individual realises his or her own abilities can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2018). Persons with mental health disorders can experience human rights violations, discrimination and stigma (WHO, n.d.).

In Finland, for example, approximately 20-25% of adults have mental health conditions and experience depression during their lifetime (MIELI Mental health Finland, 2021). The rates are the same globally, with women more likely to be affected by depression than men (WHO, 2019). Mental disorders cost Finland’s national economy €11 billion per year. Mental health services and resources have not improved even though the prevalence of mental disorders has increased (MIELI Mental health Finland, 2021). Despite effective, low-cost treatments, getting them at right time remain a gap globally problem (WHO, n.d.). Inadequate resources for psychiatric and mental health services increase inequality, as persons with low income cannot access the services they need (MIELI Mental health Finland, 2021).

How mental health conditions are diagnosed and used in the literature can vary. Mental disorders and mental illness are often considered as synonymous. International Statistical Classification of Diseases and Related Health Problems (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders (DSM–5) are used global when diagnosing mental disorder or illness (American Psychiatric Association, n.d.; WHO, n.d.). Both mental disorder and mental illness impacts a person’s thinking, behaviour, mood or feelings (National Alliance on Mental Illness, n.d.). According to the Finnish
Institute of Health and Welfare (2021) and Medline Plus (2021), the most common mental health disorders are anxiety disorders (panic disorder, obsessive-compulsive disorder and phobias), depression, bipolar disorder and other mood disorders, eating disorders, personality disorders, post-traumatic disorders and psychotic disorders and schizophrenia.

Mental disorders impact daily living; therefore, one of the most critical issues that persons with mental disorders face in their everyday life is occupational participation (Rebeiro Gruhl, 2014). According to Salles and Barros (2009), mental illness also affects a person’s social participation, occupation, and inclusion in the job market. In their study, Träger et al. (2017) found that low cognitive processing speed correlates with decreased ability for activities of daily living among persons with bipolar disorder, affecting their ability and skills to live independently in the community. Therefore, health care professional should consider the effects of cognitive impairments when working with persons with mental disorders (Träger et al., 2017).

As a concept, occupational justice was discussed for the first time in the 1990s. Occupational justice is a concept originating from social justice (Wilcock & Hocking, 2015). Occupational justice contrasts moral, ethical, and political ideas regarding justice in occupation from local and global perspectives (Stadnyk, Townsend & Wilcock, 2010). Structural factors can cause occupational justice or injustice conditions, which occupational determinants can affect (Townsend & Polatajko, 2013). Occupational determinants include economy, national and international policies, policy values and cultural values. These things affect health, and when they are not in balance, there is a risk of occupational injustice (Stadnyk, Townsend & Wilcock, 2010). The different variants of occupational injustice are occupational alienation, occupational apartheid, occupational deprivation, occupational imbalance and occupational marginalization.
Table 1 includes the definitions for variants of occupational injustice.

Table 1. The various aspects of occupational injustice.

<table>
<thead>
<tr>
<th>The variants of occupational injustice</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Occupational alienation</td>
<td>“deep feelings of incompatibility with the occupations associated with a place, situation, or others to the extent that basic needs and wants appear impossible to attain or maintain” (Wilcock &amp; Hocking, 2015, p. 258).</td>
</tr>
<tr>
<td>Occupational apartheid</td>
<td>“is referred to the systematic segregation of groups of people and deliberately denying them access to occupations such as quality education or well-paid work, or occupational contexts, based on prejudice about their capacities or entitlement to the benefits of culturally valued occupations” (Wilcock &amp; Hocking, 2015, p. 286).</td>
</tr>
<tr>
<td>Occupational deprivation</td>
<td>“points to externally imposed barriers to valued, meaningful occupations necessary for well-being” (Hocking, 2017, p. 33).</td>
</tr>
<tr>
<td>Occupational imbalance</td>
<td>“is due to occupational patterns of being over or under-occupied, due to excessive work demands, enforced idleness, or burdensome responsibilities to care for the environment, dependants or oneself” (Hocking, 2017, p. 33).</td>
</tr>
<tr>
<td>Occupational marginalization</td>
<td>It is associated with discrimination; people are systematically relegated to occupational opportunities and resources that are less valued within a society (Hocking, 2017, p. 33).</td>
</tr>
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</table>

Occupational justice means honouring a person’s occupational needs, abilities, interests, social situations and resources as rights to participate (Townsend & Polatajko, 2013). In occupational therapy practice, it is important to identify individual occupational needs, enablers, and barriers that impact people’s engagement in occupations and their health and well-being (Wilcock & Hocking, 2005). People living in restricted environments, such as forensic hospitals, experience occupational deprivation, and occupational therapists can intervene by ensuring occupational justice and occupation-centred practice (Whiteford et al., 2020). According to Rebeiro Gruhl (2014), persons with mental disorders are vulnerable to occupational alienation, occupational marginalization, and occupational deprivation.
Due to the high prevalence of mental disorders and their impact on people´s daily life and occupational participation, there is a need to study and provide information about their occupational justice to inform occupational science.

Purpose

The purpose of this study is to explore current knowledge related to occupational justice or the variants of injustice in persons with mental disorders.

Method

This study is a scoping review, which aims to explore current knowledge regarding the topic and present results by mapping or charting data. Conducting scoping studies can help provide information and find gaps in the literature (Peters et al., 2020). In this study, the purpose is to map the data. Arksey and O´Malley developed a framework for scoping review studies, which Peters et al. (2020) enhanced. Peters et al.’s (2020) framework for scoping reviews was implemented in this study.

Stage 1. Defining and aligning the objectives and questions

The PCC mnemonic helped define the core concepts used in this study (Peters et al., 2020). P (population) refers to persons with mental health disorders, whereas C (concept) pertains to occupational justice or injustice. As a result, answers to C as a known context can be found (Peters et al., 2020). The context was not defined in this study. Based on the population and the concept, the purpose of this study was to explore current knowledge related to occupational justice or injustice in persons with mental disorders.
Stage 2. Developing and aligning the inclusion criteria with the objectives and questions

The purpose of this stage was to scope the field, including peer-reviewed articles in English. The time span for the literature search was between 2006 and 2021 because occupational justice was accepted as a concept by the World Federation of Occupational Therapists in 2006 (Wilcock & Hocking, 2015). Mental disorders had to be stated in the articles. The most common mental disorders or illnesses, as addressed by the Finnish Institute of Health and Welfare (2021) and Medline Plus (2021), are included in this study (Table 2). There were no limits for the age of persons with mental disorders. Occupational justice or occupational injustice, or variants of occupational injustice had to be mentioned in the articles. In Table 2, inclusion and exclusion criteria are presented.

Table 2. Inclusion and exclusion criteria.

<table>
<thead>
<tr>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Published from 2006 to 2021</td>
<td>Published before 2006 and after 2021</td>
</tr>
<tr>
<td>Peer-reviewed articles</td>
<td>Not peer-reviewed</td>
</tr>
<tr>
<td>Articles in English</td>
<td>Articles in other languages than English</td>
</tr>
<tr>
<td>Full-text articles available through Jönköping University library databases</td>
<td>Only abstract available or other literature (e.g., book chapters)</td>
</tr>
<tr>
<td>Mental disorders or mental illnesses are stated or at least one of the following diagnoses: anxiety disorders (panic disorder, obsessive-compulsive disorder and phobias), depression, bipolar disorder and other mood disorders, eating disorders, personality disorders, post-traumatic disorders and psychotic disorders and schizophrenia</td>
<td>Mental disorders or mental illness are not stated. Only symptoms of mental disorder are mentioned but not diagnosis</td>
</tr>
<tr>
<td>The concept of occupational justice or injustice or different variants of occupational injustice (occupational alienation, occupational apartheid, occupational deprivation, occupational imbalance and occupational marginalization) is stated in the abstract</td>
<td>The concept of occupational justice or injustice or different variants of occupational injustice is not stated in the abstract</td>
</tr>
</tbody>
</table>
Stage 3. Describing the planned approach to knowledge searching, selection, data extraction and presentation of the evidence

Data search was conducted in electronic databases Allied and Complementary Medicine Database (AMED), Cumulated Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, PsycINFO and Scopus. When searching for studies in Scopus, citations and reference lists were screened; these hits included the total of hits of Scopus (Table 3). Hand searching was conducted in the Journal of Occupational Science, screening for potential articles that met the inclusion criteria.

Stage 4. Searching for the evidence

During the database searches, search terms were based on the PCC mnemonic. The librarian of Jönköping university’s library advised in database searches and choosing search terms. The search terms using Boolean operators were "occupational justice" OR "occupational injustice" OR "occupational deprivation" OR "occupational marginalization" OR "occupational apartheid" OR "occupational imbalance" OR "occupational alienation" AND “anxiety OR “phobia” OR "obsessive compulsive disorder" OR "panic disorder” OR “depression” OR “bipolar” OR "eating disorder" OR "personality disorder" OR "post traumatic stress disorder" OR “psychotic” OR “psychosis” OR “schizophrenic” OR “schizophrenia” OR "mental disorder" OR "mental illness". Table 3 outlines the data search process.
Table 3. Summary of the data search process.

<table>
<thead>
<tr>
<th>Date</th>
<th>Database</th>
<th>Number of hits</th>
<th>After duplicates removed</th>
<th>Screened for title and abstract</th>
<th>Full-text articles</th>
<th>Studies included</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/11/2021</td>
<td>AMED</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15/11/2021</td>
<td>CINAHL</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15/11/2021</td>
<td>PsycINFO</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15/11/2021</td>
<td>Scopus</td>
<td>18</td>
<td>12</td>
<td>8</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>28/11/2021</td>
<td>MEDLINE</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15/11/2021-30/11/2021</td>
<td>Hand searching</td>
<td></td>
<td></td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Stage 5. Selecting the evidence

Altogether, there were 42 hits from database searches and five articles identified via hand searching. After removing duplicates, 34 hits were screened based on their titles and abstracts. Then, when the title and abstract were matched by answering the research question, 18 full-text articles were read for eligibility. Finally, seven articles that meet the inclusion criteria were selected. Figure 1 presents the PRISMA flow chart data search process.
Figure 1. PRISMA flow chart from the data search process.

Records identified through database searching (n = 42) 

Additional records identified through other sources (n = 5) 

Records after duplicates removed (n = 34) 

Records screened (n = 34) 

Records excluded (n = 16) 

Full-text articles assessed for eligibility (n = 18) 

Full-text articles excluded, with reasons (n = 11) 

Mental disorder was not stated clearly e.g. only depression symptoms were mentioned (n = 9) 

The review included chosen articles (n = 2) 

Studies included in qualitative synthesis (n = 7)
Stage 6. Extracting the evidence

An overview of the chosen articles is presented in Table 4.

Stage 7. Analysis of the evidence

The literature was analysed using qualitative synthesis using the concepts of occupational justice, injustice and the variants of occupational injustice. The author/authors of the chosen studies stated what they identified or defined to be occupational justice or injustice or variants of injustice. First, sentences and citations of occupational justice, occupational injustice or variants of injustice were highlighted. Second, the highlighted sentences were transferred to Word document. Last, sentences and citations were sorted into categories, and common themes were identified.

In all articles, the author or authors were occupational therapists. Three articles were published in journals related to occupational therapy or occupational science (Kearns Murphy & Shiel, 2019, Pooremamali et al., 2017 & Hamer et al., 2017). The keywords in five articles included occupational justice, injustice or variants of occupational injustice (Kearns Murphy & Shiel, 2019, O’Connell et al., 2010, Pooremamali et al., 2017, Eklund et al., 2009 & Hamer et al., 2017).

Stage 8. Presentation of the results

Results from the qualitative synthesis are presented under in results chapter using the themes as subheadings.

Stage 9. Summarising the evidence in relation to purpose of the review, making conclusions and noting any implications of the findings

In the discussion and conclusion chapters of the present study, gathered knowledge in related to its purpose is presented. Conclusions and implications are also discussed.
**Ethical considerations**

In this study, each stage was described objectively and reported carefully in line with the procedures for a scoping review (Peters et al., 2020). When searching for knowledge and selecting studies, it is crucial to consider if the studies’ participants would permit their consent for other studies based on their views (The Research Ethics Guidebook, 2012). Ethical aspects, particularly concerning the protection of study participants’ confidentiality, were also observed in the chosen studies, as indicated by the collection of informed consent (World Medical Association, 2013). Reporting and citations relating to the studies were done rigorously to respect the ideas of researchers and ensure clear conclusions and interpretations (The Research Ethics Guidebook, 2012). Following the recommendations of the World Medical Association (2013), the chosen studies for this scoping review were implemented critically, considering how persons with mental disorders were provided access to participation in research.

**Results**

Seven articles were included for qualitative synthesis. In this section, an overview of the chosen articles for this scoping review is presented, and the results of the qualitative synthesis are shown. In the synthesis, three main themes regarding how occupational justice or occupational injustice or variants of it were stated in persons with mental disorders: “occupational injustice related to engagement in occupations”, “occupational injustice related to social relations”, and “occupational justice and injustice related to participating work-life”. The analysis also included citations from participants with mental disorders from the chosen studies.
Overview of the chosen articles

The included studies were conducted in five countries: Ireland (n=1), Australia (n=2), Sweden (n=2), South Africa (n=1) and New Zealand (n=1). Five of the articles reported original research, while the other three were literature reviews. In their study, Kearns Murphy and Shiel (2019) interviewed participants with schizophrenia who live in a residential mental health facility. O’Connell et al.’s study (2010) focused on forensic participants with schizophrenia. Pooremamali et al. (2017) studied ethnic minorities with mental illness who received occupation-based rehabilitation. Finally, van Niekerk (2008) conducted a study with participants who are persons with psychiatric disabilities and are employed. Regarding the literature reviews, Eklund et al. (2009) was concerning occupational imbalance in time use with persons with psychiatric disabilities and Farnworth and Muñoz (2009) relating to variants of occupational injustice with persons with mental illness living in prison. The articles of Hamer et al. (2017), finally, focused on discussing occupational injustice in relation to mental health service users. These literature reviews did not include the original studies reported above.
Table 4. Overview of the chosen articles.

<table>
<thead>
<tr>
<th>Author(s), year</th>
<th>Purpose</th>
<th>Method/ design</th>
<th>Participants/ population</th>
<th>Location/ context</th>
<th>Results/findings</th>
<th>Occupational justice and/or injustice were stated in the articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kearns Murphy, C., &amp; Shiel, A. (2019)</td>
<td>To explore occupational engagement identified the occupational injustices when participation is restricted</td>
<td>Qualitative, descriptive case studies, triangulation of interviews</td>
<td>Interviews were conducted for two males (in the late 20s and the late 30s) with schizophrenia</td>
<td>Ireland</td>
<td>Four themes relating to occupational injustices was found: restrictions to engagement in activities of daily living, non-purposeful occupations, lack of productive roles and impact of institutional rules and practices.</td>
<td>Power imbalance with residents and staff members was noted when the participants stated a lack of input to institutional roles and practices, leading to occupational marginalization. Overprovision of support for daily tasks can lead to occupational marginalization when the residents are disempowered to make choices and decisions in their everyday life tasks. Residents had limited opportunities to “experience meaning, enrichment, enjoyment and quality of life in their daily occupations” (p. 124) relating to the experience of occupational deprivation. In addition, residents desired to have paid jobs where staff members did not support them, leading to occupational deprivation.</td>
</tr>
<tr>
<td>O’Connell, M., Farnworth, L., &amp; Hanson, E.C. (2010)</td>
<td>To present time use of forensic patients in two institutional environments (prison and secure mental health unit)</td>
<td>Qualitative, naturalistic inquiry</td>
<td>Interviews were conducted for two males (30s and 50s) who have paranoid schizophrenia</td>
<td>Australia</td>
<td>Sleeping and passive leisure were dominated by in time use in both environments.</td>
<td>A lack of occupational opportunities was noted as an environmental barrier, leading to occupational deprivation. To facilitate change in occupational engagement, the staff should focus on the individual and his history and changes in the environment.</td>
</tr>
<tr>
<td>Pooremamali, P., Morville, A-L., &amp; Eklund, M. (2017)</td>
<td>“To investigate how ethnic minority clients experience, feel and think about participation in occupation-based rehabilitation and potential barriers they might”</td>
<td>Qualitative, Grounded Theory</td>
<td>Nine participants (six men and three women aged between 30 and 60) experiencing mental illness and being unemployed and receiving Community-based drop-in day centres and employment-oriented day centres provided, e.g.,</td>
<td>Sweden</td>
<td>There were stated person-related barriers (experiences of fear and uncertainty to ability to manage symptoms and occupations at hand), system-related barriers (a lack of opportunities for accessibility in occupations and discussions about occupational needs and interest were not met) and occupational-related barriers (discussions about safe and</td>
<td>Due to occupational marginalization, it was described as being ill, fragile and feeling stigmatized by the participants. Being a migrant, language barriers and cultural differences can create occupational deprivation. Together with mental illness, facing occupational injustice increases. Occupational injustice can be related to “limited opportunities for making occupational choices and decisions, incompatibility among persons, occupation and</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Methodology</td>
<td>Sample Description</td>
<td>Findings</td>
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<tr>
<td>van Niekerk (2008)</td>
<td>Qualitative, narrative interviews</td>
<td>17 working-aged adults experiencing mental illness (sexes of the participants were not stated)</td>
<td>Occupational injustice could limit the sense of managing social identities when ethnic minorities with mental illnesses were not noted to have possibilities for occupation-based rehabilitation.</td>
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<tr>
<td>Eklund, M., Leufstadius, C. &amp; Bejerholm, U. (2009)</td>
<td>Literature review</td>
<td>Adult population with severe mental illness</td>
<td>People with psychiatric disabilities often seem to be over- and under-occupied when there is a need to find a fit between capacities and demands. A time-use diary could serve as information for client-centred work when the individual’s occupational balance/imbalance in temporal occupational patterns can noted.</td>
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<td></td>
<td></td>
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<tr>
<td>Author(s)</td>
<td>Study Details</td>
<td>Literature Review</td>
<td>Country</td>
<td>Summary</td>
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<tr>
<td>Farnworth, L., &amp; Muñoz, J.P. (2009)</td>
<td>To focus on issues that institutions fail to meet forensic persons with mental illness</td>
<td>The forensic persons with mental illness living in secure environments in prison</td>
<td>Australia</td>
<td>Occupational deprivation, occupational imbalance and occupational enrichment provide tools for understanding performance patterns for community living. These concepts can also frame interventions to practice daily living skills and role development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamer, H.P., Kidd, J., Clarke, S., Butler, R., &amp; Lampshire, D. (2017)</td>
<td>To present how users rights to occupational justice can be interrupted and practices of inclusion that service users engage in their rights and responsibilities as occupied</td>
<td>Adults who have a psychiatric diagnosis and use mental health services</td>
<td>New Zealand</td>
<td>Service users are active participants in their daily life. Claiming and supporting their right to social and occupational justice can increase life chances and well-being as well as being valuable citizens.</td>
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</tbody>
</table>

Both geographical and social environments, where persons with schizophrenia live, can be restricted and under-demanding for time use in daily occupations, which leads to occupational deprivation.

In the social, cultural and physical environment, identifying supportive and hindering factors can help to address occupational deprivation.

“The constriction of choice and opportunity to engage occupations can negatively influence an offender’s health and well-being” (Farnworth & Muñoz, 2009, p. 194), leading to occupational deprivation.

In a prison environment, a lack of meaningful and purposeful opportunities for work, education, skill acquisition, social interaction and routine daily activities could estrange prisoners of roles for community participation, leading to occupational deprivation.

Passive leisure and boredom can lead to an experience of occupational imbalance in time use.

Service users have a paradoxical position of having legal status as citizens when their rights for access occupations are marginalized and alienated.

The impact of external and internal stigma and discrimination on service users restricts return to a meaningful social role through work and/or positive relationships relating to occupational deprivation.
Aspects of occupational injustice related to engagement in occupations

Environmental factors were noted as one of the barriers to engagement in occupations relating to occupational deprivation. If persons with mental disorders live in a restricted environment, such as a prison or a mental health facility, there can be a lack of opportunities to engage in meaningful occupations (Kearns Murphy & Shiel, 2019; O’Connell et al., 2010). A lack of meaningful and purposeful opportunities for work, education, skill acquisition, and social interaction can estrange community life, negatively influencing health and well-being (Farnworth & Muñoz, 2009).

Other factors also contribute to occupational injustice. Limited income and financial resources can be barriers to engaging in daily and leisure occupations (Kearns Murphy & Shiel, 2019). Overprovision of support for daily tasks can lead to experiences of occupational marginalization when residents are disempowered to make choices and decisions for everyday life tasks: “I like doing it (=shaving) myself. But not all the time I get the chance to do it myself... I’m well fit to do it myself. But they give it to me anyway” (Kearns Murphy & Shiel, 2019, p. 120).

Occupational imbalance in time use was noticed (Eklund et al., 2009). For persons with psychiatric disabilities, time use can be restricted to sleeping, eating, caring for oneself and performing quiet activities (Eklund et al., 2009). In prison, individuals may experience imbalanced time use since most of their time is spent in passive leisure, such as sleeping and watching TV (O’Connell et al., 2010; Farnworth & Muñoz, 2009).

Aspects of occupational injustice related to social relations

Stigma and stigmatization have been found to relate to how people generally think about mental disorders, which can consequently lead to experiences of occupational
marginalization and occupational alienation among persons with mental disorders (van Niekerk, 2008; Eklund et al., 2009; Hamer et al., 2019). Participants described occupational marginalization as being stigmatized and treated by others as ill or fragile: “It’s important to be accepted and not always seen as ill. I know I’m ill, but I can still learn things” (Pooremamali et al., 2017, p. 263).

Approaches to improving occupational justice when working with ethnic minorities were also discussed in one article (Pooremamali et al., 2017). A lack of opportunities to develop a positive occupational identity and a lack of support and resources can make persons in ethnic minorities with mental health conditions feel passive and powerless, and this can lead to a sense of occupational deprivation and alienation (Pooremamali et al., 2017).

Living in a restricted environment and needing support in daily life are critical issues dominant in experiences of occupational injustice. The participants having schizophrenia living in the mental health facility experienced occupational deprivation because they were socially excluded from the wider community. Also, a lack of to implement institutional roles and practices was noted to lead to occupational marginalization. Involvement and support from family members can be limited because they are unaware of specific procedures in the facility, such as residents’ schedule of activities of daily living (Kearns Murphy & Shiel, 2019).

**Aspects of occupational justice and occupational injustice related to participating in work-life**

Participation in work and the experience of belonging with “others” at work and in society were addressed to be positive sources of well-being and identity, affecting occupational justice with persons with psychiatric disabilities (van Niekerk, 2008): “The people I work with are the people that I know. When I am amongst them I don’t
have the feeling that I am sick although I know I am. So that is why I like being here” (van Niekerk, 2008, p. 460). One way to develop work identity is to participate and involve in actual work (van Niekerk, 2008). A positive identity as a worker can impact on positively on self-esteem: “Work gives me a stable positive identity. I can keep my role as the breadwinner, which gives me dignity and respect.” (Pooremamali et al., 2017, p. 263). Having paid employment was mentioned to be a solution for having a better standard of living and becoming independent from social services when the experience of occupational deprivation could decrease: “People don’t look down on you and you are proud to be able to present yourself through your occupation…” (Pooremamali et al., 2017, p. 263).

Mental health service users experienced occupational injustice when the employer failed to arrange reasonable adjustments to accommodate them in workplaces (Hamer et al., 2019). Similarly, residents in mental health facility wanted to have paid jobs but experienced that staff members did not support them; this situation caused occupational deprivation (Kearns Murphy & Shiel, 2019). “I wouldn’t mind doing painting or decorating but I wouldn’t be up for heights. I wouldn’t mind doing computers, doing security somewhere, gardening or land-scaping” (Kearns Murphy & Shiel, 2019, p. 121).

Discussion
This study aimed to explore current knowledge related to occupational justice or injustice in persons with mental disorders. As a result, the environment has been identified as a barrier to engaging in occupations and causes occupational injustice (Kearns Murphy & Shiel, 2019; O’Connell et al., 2010; Eklund et al., 2009; Farnworth and Muñoz, 2009), which Hocking (2017) also noted. Such as living in a restricted environment (residential mental health facility, forensic facility) can cause that
residents´ participating in occupations to be less valued, and there are restrictions for participating only in occupations that the environment could provide while feeling socially excluded from society (Kearns Murphy & Shiel, 2019; Eklund et al., 2009). The study of Rebeiro Gruhl (2014) showed similar results; persons with mental disorders experienced a lack of occupations as one of the most critical issues in their everyday lives. Nussbaum (as cited in Hocking, 2017) also noted that exclusion from participating in meaningful occupations could negatively affect mental health.

As such, occupational therapists could promote occupational justice by focusing on occupation-centred practice in restricted environments, for example, strengthening clients´ active roles and occupations (Whiteford et al., 2020). Identifying supporting and hindering factors in social, cultural and physical environments can help address occupational deprivation (Eklund et al., 2009) and could be implemented in occupational therapy practice. According to Townsend (2012), when discussing occupational justice, that concept can be used to encourage societies to create occupational possibilities, e.g., for housing, employment and community recreation, noticing institutional textual forms of governance and prompting changes in lives.

Engaging in occupations can affect skills acquisition and self-esteem in ethnic minorities with mental illness (Pooremmamali et al., 2017). Morville et al. (2014) had similar findings in their study, stating that deprivation of activities and restrictive policies could provoke a higher risk for declining ability in activities in daily living. In an asylum centre, asylum seekers need satisfactory daily occupations to develop skills and abilities for adapting to new environments (Morville et al., 2015). That can be noted that the environment has an important role in supporting persons with mental disorders to engage in occupations and develop skills for daily living.
Stigma and stigmatization were noted in relation to mental disorders, especially schizophrenia (van Niekerk, 2008; Eklund et al., 2009; Hamer et al., 2019), causing a sense of occupational injustice. A lack of resources to develop positive identity among ethnic minorities with mental health issues (Pooremamali et al., 2017) was addressed to social relations, which can cause experiences of occupational injustice. Stigma can be discussed in moral, ethical, and political aspects, which impact occupation from local and global levels, also addressed by Stadnyk, Townsend and Wilcock (2010), affecting individual and community levels for social relations.

Participation in work, belonging to the work community, and having a paid job was noted as affecting occupational justice positively (van Niekerk, 2008). Belonging to the working society also offers a positive identity and an opportunity to develop themselves with positive impacts on their recovery (Hamer et al., 2019). Similarly, their role as a worker improves their self-esteem and self-respected (Pooremamali et al., 2017). According to Salles and Barros (2009), the opportunity to join the job market supports the well-being of persons with mental disorders. For example, volunteer work could enable social inclusion and paid work (Farrell & Bryant, 2009). Even though aspects relating to participation were positive, it is essential to notice another aspect when limited income can be a barrier to engaging in daily occupations (Kearns Murphy & Shiel, 2019).

**Methodological considerations**
The purpose of this study was to map literature; therefore, the scoping review methodology of Peters et al. (2020) was suitable. It is crucial to notice that the characteristics of populations in included studies varied a lot; persons were living on their own, living in a restricted environment (mental health facility, prison environment), unemployed and employed. Also, the chosen studies had small samples.
Although there was no age limit set for persons with mental disorders in the inclusion criteria, all articles focused on working-aged adults. As such, a gap in knowledge can be addressed related to the experiences of occupational justice or injustice among children, teenagers, and elderly with mental disorders. On the other hand, children and teenagers can have different criteria for mental disorders.

In the chosen qualitative studies, participants were males (Kearns Murphy & Shiel, 2019; O’Connell et al., 2010) or were over-presented (Pooremamali et al., 2017). Women are more likely to suffer from depression than men (WHO, 2019). On the other hand, depression was just one diagnosis with other mental disorders, which were examined in this study. As such, there is a need for further studies on how women with mental disorders experience occupational justice or injustice.

The search terms relating to occupational justice and variants of occupational injustice were narrow, due to which other relevant literature may have been excluded. Moreover, theorists often confuse the concepts of justice and rights (Hammell, 2017). The concepts of occupation and justice are culturally defined so that they can be interpreted in different ways in global contexts (Hammell, 2017). The chosen studies were conducted in Europe, South Africa, Australia, and New Zealand. Most of these countries have a rather good health insurance system; hence, experiences of occupational justice and injustice are more visible. Occupational injustices such as occupational deprivation often occur in countries with poor health insurance (Wilcock & Hocking, 2015), although such is also possible in the above-mentioned countries.

The inexperience of the researcher can cause bias in conducting the database searches, which can impair the reliability of this study. Only one person conducted the search process and selected studies, which could also weaken the validity and reliability of this scoping study. Qualitative synthesis conducted by one researcher can lead to bias
in the interpretation of results. Only literature written in English was included, and this can be seen as a limitation.

As inclusion criteria, mental disorder or diagnosis had to be stated in the articles, but it was unclear in studies what criteria in diagnosis were used (was there used ICD-10 or DSM-V), which can be a limitation for this study. In the chosen qualitative studies, there were considered to provide persons with mental disorders appropriate access to participate in the research, which is one of the recommendations of the World Medical Association (2013).

Describing the search process enables to repeat of the study procedure as well as possible when transparency of this study was noted. Following the structure and protocols of scoping review, the judgement of the quality of the chosen articles was not performed in this study (Peters et al., 2020), which can be seen as a limitation. Nevertheless, evaluating the level of evidence was not the aim of this review.

**Conclusion**

This study contributes to knowledge regarding adults with mental disorders of occupational injustice related to engaging in meaningful occupations, social relations, and participating in work-life. This scoping review offers knowledge about occupational injustice and variants of injustice that persons with mental disorders can have in relation to environmental barriers, a lack of opportunities for engaging in meaningful activities, developing identity and self-esteem positively as well as having a stigma. Participation in work-life was noted to be affecting occupational justice positively.

There may also be a knowledge gap regarding the experiences of occupational justice or injustice in children, teenagers, and elderly with mental disorders. Additionally, the chosen studies were conducted in countries with good health care and insurance systems when there is a need for study in countries with weaker health care
and insurance systems. Overall, there is a need for further research on occupational justice and injustice in persons with mental disorders.
References

*included articles


World Health Organization (n.d.). *Mental health*. https://www.who.int/health-topics/mental-health#tab=tab_1
