

Disability and Work Inclusion of People with Mental Illness in Italy

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ABSTRACT

Mental disability is a consequence of a mental disorder, classified by WHO under the International Classification of Diseases (ICD).

This review, addresses the issue of job placement of people with mental health disorders. The topic is quite sensitive given the social stigma against these people seen by society as “different” and for this reason, often underestimated and discriminated against and excluded in both social and employment spheres.

The main regulations dealing with the protection of people with disabilities are discussed, namely Law No. 104 of February 5, 1992, “Framework Law for the Assistance, Social Integration and Rights of Handicapped Persons,” and Law No. 68 of March 12, 1999, which introduced the current system of employment of people with disabilities.

Keywords: Disability, Work Inclusion, Mental Illness, Social and Political Issues, Social Inclusion

Introduction

According to the World Health Organization (WHO), the incidence of mental disorders is clearly growing going to affect health and social, human and economic aspects in all countries around the world.

Work plays a crucial role in the construction of an individual’s identity especially for those suffering from mental disorders.

Work and Mental Health

Function of work in the construction of identity of the individual Work in personal history plays a major role as a life project and consequent social affirmation, contributes to the creation of identity in a positive sense, allows for the structuring of daily life and gives meaning to the days, as well as being a source of income and an aid to one’s self-esteem.

Work recognizes dignity, as well as giving one’s identity and role within society, fosters social inclusion, and creates skills and knowledge. [1]. Work helps to understand who we are, what we can do and how others see us [2].

Reviewing the Constitution of the Italian Republic (1946) in Art. 1 and 4: “Italy is a democratic republic, founded on labor, sovereignty belongs to the people who exercise it in the forms and within the limits of the Constitution.”

“The Republic recognizes the right of all citizens to work and promotes the conditions that make this right effective. Every citizen has the duty to perform, according to his ability and choice, an activity or function that contributes to the material or spiritual progress of society” [3].

In these articles, the theme of labor is placed at the foundation of society and a tool for the reduction and abatement of economic and social inequalities. Workers promote democratic society. The Constitution recognizes the right to work as a goal to be achieved through the efforts of the public authorities to create suitable conditions for achieving this goal.

Being a worker makes people protagonists in the life of the community and its logics, with the individual at the center. Therefore, working becomes an indispensable part of a person’s life, especially for people with mental disorders, for whom performing a profession, contributes not only personal income, but also social network, mental well-being and balance.

Work for People with Mental Health Disorders

Work understood as a tool for emancipation and identity formation in the taking charge of adults with mental distress takes on a crucial role in the present day.

Work plays a major role in the promotion and maintenance of mental health; it provides an alternative to a life lived as a patient with illness [4].

The 2010 WHO Report “Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group” analyzes the role in the life cycle of people with psychiatric disorders and notes that it is one of the elements that affects them and is often denied, so much so that as a category, they are among those with the highest rate of unemployment. a symptomatology [5].

On average, the employment rate of adults with mental health problems was 20 percent lower than those without. The employment gap for mental health varies from over 30% for Hungary, Norway and the United Kingdom, to 10% in Italy and only 3.6% in Japan. In addition, it is estimated that employees with such issues have a wage gap of about 17% [6]. In addition to the condition due to illness, there are social, family and social worker prejudices that see unemployment as a natural consequence of illness and work as too difficult a challenge to sustain. All this has a negative impact on the quality of life of those with mental health issues and consequently on social integration understood as: “the role and position that individuals occupy in society and which is measured through the economic and work autonomy necessary to make people feel fulfilled enough to avoid marginalization.” [7].

The qualitative study by Mancini, Hardiman and Lawson brought to light how users themselves find work an opportunity, a sense of normalcy to their lives, allows them to play a social role and promotes social inclusion [8]. The 2021 OECD recommendations emphasize the importance of monitoring for possible mental distress. Starting from childhood and then paying attention to the developmental process through old age [9].

The job placement of people with mental disabilities
Placing people with mental disabilities, presents complexities in job placement.

Psychiatric disorders can adversely affect the career path of people who suffer from them, with major consequences [10]:

- o Greater number of absences due to illness or tardiness;
- o Presence of other disorders: depression, stress, burnout, sleep disorders, headaches
- o Reduced work performance, compared with the goals of productivity and quality of work;
- o Increased error rates;
- o increased injuries;
- o Poor decision making;
- o Poor ability to plan and control work;
- o Loss of motivation and commitment;
- o possible tensions and/or conflicts with colleagues due to poor interpersonal skills;
- o Frequent job and role changes.

All of these obstacles can result as risk factors within the job placement process going to affect the success of the project and its staying power.

Work plays a major role in people’s lives is essential for individual and collective well-being, as well as social and economic well-being. According to Blustein, it enables three basic needs to be met: survival, social relations and self-determination [11]. According to Ryan and Deci self-determination theory, work activity, under the right conditions, allows people to feel self-determined [12].

For Boardman, employment in addition to monetary compensation provides “latent” benefits, which include social identity and status, social contacts and support, and a sense of personal accomplishment [13].

The International Labor Organization introduced the concept of decent work, understood as productive, innovative, creative, safe and secure work, for all: women, men, youth, migrants and people with disabilities [14,15]. This is intertwined with Goal 8 of the 2030 Agenda for Sustainable Development, an agenda for action aimed at finding common solutions to the planet’s grand challenges; this goal, named “Decent Work and Economic Growth,” aims to stimulate “lasting, inclusive and sustainable economic growth, full and productive employment and decent work for all,” reaffirming how every human being has the right to pursue both material and spiritual well-being “under conditions of freedom, dignity and economic security with equal opportunities” [14].

Anker argues that the concept of decent work is characterized by several dimensions, the opportunity to have gainful economic activity, the freedom to choose one’s occupation, the productive aspect, and equity, understood as the absence of discrimination in access to work and the opportunity to actively contribute to decisions affecting one’s working conditions [15].

The latter dimension, is reflected in the Universal Declaration of Human Rights: article 23 states that “Everyone has the right to work, to free choice of employment, to just and satisfactory conditions of work and to protection against unemployment.” also, “Everyone, without discrimination, has the right to equal pay for equal work.” [14]. Despite these principles their application in the labor market deprivation is suffered by people suffering from a mental disorder.

Mental Health and Unemployment

The WHO (World Health Organization) defines mental health, as “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”[15].

An analysis carried out in 2015 by WHO, on the prevalence of psychopathologies in the world, highlighted the ‘increase in their incidence in the world population, with particular regard to depression, which would be present in 4.4 percent of the world population, or about 320 million individuals, anxiety disorders to the extent of 3.6 percent, about 260 million people [16]. According to WHO, the impact of mental disorders worldwide

would affect in terms of lost economic output \$16.3 trillion between 2011 and 2030. People with mental health issues are susceptible to the negative effects of unemployment; the majority of people with such disorders would like to be involved in some kind of meaningful activity that allows them to employ their skills and meets their own and others' expectations [13]. In fact, work is linked to social inclusion and offers people with mental health problems the opportunity to participate in society as active citizens: "enabling people to maintain or obtain employment has a profound effect on more domains of life than almost any other medical or social intervention" [13].

Lehtinen in 1984, had conducted a study to investigate the relationship between mental and health and unemployment [17]. His studies had shown how people with mental disorders certainly have a higher risk of experiencing unemployment, and the latter inevitably affects mental health.

The scholar, defines mental health as a human resource characterized by biological, psychological and social dimensions that interact with each other determining the mental balance of the human being. It is constantly developing, and can be influenced by the environment and events faced throughout life.

Wanting to place work in Maslow's hierarchy of needs, it could be placed at the second level, that of security, preceded in importance only by physiological needs: it is therefore not difficult to believe that one of the determining events for change in mental health may be precisely unemployment.

WHO outlined the concept of Severe Mental Illness (SMI), which mainly included schizophrenia, manic-depressive psychosis (MDP) and epilepsy. Later, around the 1990s, depression, anxiety, and unexplained somatic illnesses (now called somatoform disorders) began to be considered common (or minor) mental disorders [18].

Mental disorders defined as severe or persistent are mental health problems such that they meet the threshold for a diagnosis within internationally agreed psychiatric classification systems; they are more disabling and affect only a small percentage of the adult population, about 5 percent; depression and anxiety are less disabling and are found in 10-20 percent of the adult population [6]. Over time, studies and research have shown that so-called minor mental disorders are the most common and, as such, also have a significant impact on organizational life.

Mental Disorders Common

Organizations and employers have often focused on common mental disorders and how they affect a person's ability to obtain and retain employment, the costs of absenteeism and presenteeism, and the positive impact of work on individual and organizational well-being [19]. In 2016, all mental health problems accounted for 15.8 million lost working days and 11.5 percent of all sickness absence in the United Kingdom (Office for National Statistics), so CMDs represent a significant burden on employers and the economy.

Depression is among the medical conditions with the highest negative impact on work outcomes, as depressed workers run a higher risk of both short-term and long-term sick leave [20,21].

The impact of depression is even greater than debilitating medical conditions such as rheumatoid arthritis and ischemic heart disease [22].

Among the ten most common chronic health conditions, depression is associated with the highest reduction in workplace productivity [23]. In addition, several studies have shown that employees who have experienced episodes of depression are seven times more likely to have another mental health-related episode within 12 months [24].

The financial burden of depression on society is substantial: in 2000, in the United States, two-thirds of the total costs associated with depression were work-related (\$51.5 billion out of a total of \$83.1 billion) [25]. And that is why employers should become increasingly aware of the productivity costs associated with mental disorders and the importance of promoting a mentally healthy workforce [26].

In short, depression can cause various problems in the workplace [27].

First, cognitive limitations, such as problems with concentration, planning, memory, a limited ability to cope with complex stimuli and manage decision making: depression changes the ability to engage in direct use of time, energy, interest, and attention to goals.

Another issue relates to emotional restrictions such as inferiority complex, guilt, loss of interest and motivation, loss of initiative, apathy and loss of self-esteem, which inevitably affect the performance of daily activities at work, for example, interaction with customers.

Finally, social restrictions are encountered, resulting in difficulty in dealing with clients, colleagues and supervisors due to the irritability and introverted behavior and sometimes accompanied by social anxiety of the employee with depression.

Persistent Mental Disorders

Harnois and Gabriel, in 2000, conducted a survey, which found that only one in four of those reporting a mental health condition were employed, and 90 percent of those with severe mental disorder were not economically active [28].

In Italy national survey results presented in Rome by Isfol during the Inail conference on the job placement of people with mental disorder, it was found that in 2013 only 0.6 percent of 900 Italian companies hired staff with psychiatric problems. Amedeo Spagnolo of Isfol said that in 2011 the hiring rate was only 2 percent, and after two years there has been a 72 percent decrease [29].

According to Jans, Stoddard, and Kraus a mental disorder becomes a disability once it begins to interfere with the performance of one or more major activities, such as the ability to live independently, work, attend school, or manage the activities of daily living [30]. As the level of mental disability increases, the likelihood of inability to work and the award of disability benefits will increase. Diagnosis alone is not enough to understand the consequences of a mental disorder and how it

will develop, and the extent of disability can vary significantly among individuals with the same diagnosis.

The OECD thematic review *Illness, Disability and Employment* showed that the employment rate of people with disabilities tended to be low: typically 40 percent below the average rate in the population [31]. Decidedly lower was that of people with mental disabilities alone, at around 25 percent, with the ratio to people with other disabilities ranging from 40 to 70 percent from country to country.

The numbers provided by Istat regarding the employment status of people with disabilities in Italy also have the same implication: only 18 percent of people of working age were employed in 2010.

People with mental disorder, in employment, face a number of individual and environmental barriers [32]. There are the problems associated with the disabling condition, which limit the ability to perform specific tasks, including reacting quickly to external stimuli, focusing and maintaining attention, learning and remembering new information, planning operations, and thinking about problem solving, these functions, can be a critical factor [33].

Among environmental barriers, we can take as an example, poor access to services to a changing work environment that is increasingly intolerant of changes in employee productivity [34].

In addition, mental health professionals and family physicians may underestimate the skills and abilities of people with mental disorders and overestimate the risk to employers from hiring them. The most prominent environmental barrier is stigma [35].

A Social-Environmental Barrier: The Stigma

Stigma stems from prejudice that brands the worker with mental disorder as someone to doubt in terms of ability due to a lack of knowledge about the worker's type of distress leading to the generation of negative expectations. Stigma can affect both employers and coworkers, and it takes a variety of forms ranging from the phenomena of indirect discrimination, stemming from cultural beliefs, to those of direct discrimination, which may be expressed, for example, in the reticence of hiring. Knowledge of a mental illness frequently results in a negative outcome of a job interview, the withdrawal of an offer, or can become a brake on career advancement [36].

The fear of being stigmatized and rejected by employers can erode workers' confidence and self-esteem, even damaging their ability to sustain a job interview. Over time, the perception of an external stigmatizing attitude is likely to evolve into an internal stigma: once internalized, the stigma leads the individual to feelings of mistrust of him or herself and to develop the idea that he or she is not suitable for the job, abandoning the idea of seeking one [32,37].

The Inclusion of the Worker with Mental Distress in Italy

The legislative process having as its theme the right to work of people with disabilities originated in Italy in the 1960s, with Law 482/1968 "General regulation of compulsory hiring in public administrations and private companies," also known as the "law on compulsory employment": public bodies and some

private companies were obliged to hire a certain number of people with disabilities. This legislation was characterized by a strongly welfarist approach, accompanied by little appreciation toward the individual's skills and abilities [32].

Subsequently, the Disability Framework Law 104/1992 introduced the evaluation of the work and interpersonal abilities of the person with disabilities based on the characteristics of the job he or she would occupy.

But the most revolutionary legislation in the field of mental disorders and employment was Law 68/1999, "Regulations for the Right to Work of the Disabled," aimed at extending to the entire country the concept of targeted employment, which had already been previously introduced in some Italian regions by the EU "Employment" initiative promoted by the European Commission.

Law 68/1999 stipulates that individuals of working age with a degree of disability greater than 45 percent register on a list for employment policies maintained by the provincial commission, the so-called targeted employment lists. A prerequisite for inclusion on these lists is possession of a functional diagnosis, i.e., a form prepared by a medical commission in which, in addition to the nature and degree of the disability, the person's work abilities, skills, competencies and inclinations are reported. The provincial labor commission is then responsible for providing the specific project guidelines to be implemented for job placement and the characteristics of the jobs most suitable for individuals [32].

As for companies, on the one hand there is still the obligation to hire workers with disabilities, in proportion to their employment size: for example, one worker if the company has 15 to 35 employees, two workers if it has 36 to 50, and a number equal to 7 percent of the workers already present in case they have more than 50 employees [32].

Incentive measures are also introduced, such as the National Fund, aimed at financing agreements between employers and competent offices for the employment of people with disabilities, also including partial reimbursements for expenses incurred in adapting work environments; Regional Funds, on the other hand, fed by sanctions to companies that do not comply with the hiring obligations under Law 68/99, are used for the implementation of specific active policies at the local level.

An additional advantage for companies and workers offered by Law No. 68/1999 is the opportunity to extend the internship for a longer duration than is usually provided, i.e., 24 months, using it as a form of job placement aimed at employment, a protected placement aimed at facilitating the integration of people with disabilities into the labor market. Law No. 68 of 1999 takes a further step forward in the emancipation of the "disabled" person. "Disabled" is not a person without abilities, but simply a person with abilities 'different' from those found in people with normal working conditions and standard"[38].

The purpose of using the word disability, is not to put in evidence a certain inability of the individual, but rather to emphasize a different abilities compared to so-called able-bodied people. Among the most recent legislative innovations regarding the

conception of disability, the approval of the UN Convention on the Rights of Persons with Disabilities assumes great importance for the impetus to cultural evolution that it causes.

We no longer speak of a handicapped person but of a person with a disability, and in particular, according to Article 1 of the UN Convention, persons with disabilities are defined as “[...] those with enduring physical, mental, intellectual or sensory impairments which in interaction with barriers of various kinds may hinder their full and effective participation in society on an equal basis with others.” It takes up the conceptual framework defined by the WHO with the ICF classification, through which “dropped designations and concepts that, on the one hand, accentuate identification of the disabled person with his or her impairment and, on the other hand, the masking.

Of its objective difficulties. Emphasis is placed on the person and his or her rights without deny its special conditions” [39].

The UN Convention on the Rights of Persons with Disabilities, wanted to abandon the medical approach to disability, which regarded people with disabilities as sick people to be guaranteed proper care and treatment. In fact, the legislative policy in this regard included the following.

mainly compensatory and welfarist interventions, rather than geared toward reducing the discrimination of these individuals.

The medical model has for these reasons been superseded by a social model, geared toward value human diversity and especially disability, which “[...] does not derives from subjective qualities of people, but rather from the relationship between the characteristics of people and the ways in which society organizes access and the enjoyment of rights, goods and services” [40].

Such a conceptual revolution, makes it clear that it is not only people with difficulties motor or mental to be considered disabled, but we can all be disabled if the context in which we live puts us in a position to be so. Here is where the Convention using this as a key to the concept of disability, it makes the following points, any different treatment that may cause discrimination is no longer justified. Therefore, it is necessary to put such people in a position to live in ordinary society without having to suffer the burden of feeling different because of an environment that is okay and appropriate for only a part of society.

The Placement of the Disabled Mentally Disabled

When we talk about mental disability we tend to refer to mental inadequacies that can be the cause of possible delays not only on intellectual development, but also physical development. Mental disability, is characterized by mental retardation that can be classified as mild, severe or profound [41].

Mental disorder is classified by the World Health Organization (WHO) under the International Classification of Diseases (ICD). Based on this classification, mental disorders are divided into:

- Organic;
- Schizophrenia and delusional disorders;
- Mood disorders;
- Anxiety disorders;
- Personality disorders;

- Communication disorders;
- Attention deficit disorder;
- Etc.

In other words, the person with a mental or intellectual disability must live with a number of difficulties, which do not allow him or her to perform certain tasks. These include “concentrating, maintaining attention for prolonged periods, learning and memorizing information and instructions given, reacting promptly to stimuli that come from outside, planning activity, and identifying solutions, including on aspects that affect everyday life” [42].

The integration of a person with mental disabilities into the world of work, is very complex, especially for employers. Initially, the sheltered employment mode is offered, which involves accompaniment, preparation and training, even extended in time, and a work commitment with a gradual intensity [42].

Article 19 of Law 104/92 stipulates the provisions on targeted employment “shall also be understood to apply to those with mental disabilities who have a work capacity that allows their employment in compatible tasks “ [42].

The same article also provides that: “For the purposes of job placement, the evaluation of the handicapped person shall take into account the individual’s working and relational capacity and not only the physical or mental handicap” [42].

With regard to the placement of people with mental disabilities, Article 9 of Law No. 68/99 should be noted, which states in Paragraph 4: “People with mental disabilities are initiated by name-call through the agreements referred to in Article 11. Employers who make hirings under this paragraph are entitled to the facilities under Article 13” [42].

These individuals, therefore, can only access employment by name call and entering into an agreement, as other forms of access, such as numerical call or call by public notice, are prevented.

The placement of people with mental disabilities takes place, through an intervention model called “Support Employment, whose main characteristic “is that it is an approach mediated by the support of a job coach” [43].

The latter is a professional who helps people prepare for employment by assessing each person’s suitability. The job coach deals with some specific tasks, such as:

- “Helping clients identify personal goals, overcome the personal barriers and develop leadership skills;
- Helping clients identify job opportunities;
- Keep records and documentation of client progress” [43].

He will also be in charge of:

- “Define an individual job placement project;
- Activate to search for suitable job opportunities;
- Offer support to the worker;
- Supporting worker, data giver and colleagues during work experience
- Manage any critical moments, if necessary also with the referring physician [42].

Employment placement models for the mentally disabled can be distinguished into two categories that arise from the different meaning with which disability is interpreted.

- the *disabled worker*: Supported Employment is an intervention model for the employment of the mentally disabled that is based on the idea of the immediate search for job opportunities in the competitive labor market, with a job coach to support the worker and the employer, who facilitates the initial acclimatization and resolves any critical issues in the work experience. Experimental evaluations conducted between 2008 and 2016 show that the likelihood of employment increases where a brief shadowing or internship experience is provided. The job coach is a specialized worker who takes charge of the intervention participant and accompanies him or her on their journey. The tasks of the coach include defining an individual job placement project, activating in the search for suitable job opportunities, offering support to the participant during the training or preparatory work experience, as well as supporting him and the employer during the work experience and managing, together with the referring clinician, any moments of crisis due to mental fragility. Each job coach receives prior to the start of the project specific training
- the *disabled patient*: Sheltered Employment encompasses those forms of intervention that focus on prolonged accompaniment and preparation for work, and employ people in specially prepared environments and a placement in facilitated settings (e.g., in social cooperatives) to eventually lead to a later transition into the market. A contained work commitment of gradually increasing intensity and constant support, in principle by social workers.

Just as for all people, for those with mental disabilities, work serves to achieve some economic autonomy, foster self-esteem and new social relationships, and limit situations of exclusion, isolation and loneliness.

Conclusions

Nowadays, there is no question of social inclusion for people with disabilities in both social and employment settings.

Despite their diversity, people with a disability are always and under all circumstances equal in terms of rights and, therefore, for this reason, they cannot be excluded from social activities, let alone work activities.

For the guarantee of these people's right to work to be realized, a system that places the person to be protected at the center is essential. In this sense, the person with disabilities must become an active part of society, the economy, and also the productive sector.

It is the responsibility of employers and public offices to take action and action in order to guarantee the right to work that is suitable for the health conditions as well as the working abilities of such individuals.

Disability must be respected and accepted in every sphere of life and therefore also in work. In the handicapped person, only the deficit from which he or she suffers is attended to, with a connotation of impossibility.

Diversity is a value, and it cannot be rejected by virtue of difference leading to marginalization; instead, there must be propaganda for a culture of integration.

For a culture of integration, it is necessary:

- (a). clarify the concept of deficit and disability
- (b). move away from the compensatory view in favor of a multidimensional approach
- (c). opt for a constructive model of learning, to be contrasted with linear models and cumulative
- (d). the shift from support to supports (a network of meaningful interventions)
- (e). the enhancement of originality against the trend toward homogenization

According to Framework Law No. 104/92, they are considered necessary tools to know and operate in order to facilitate the school integration of the person with disabilities (from macro to micro):

- program agreement
- Identification of disability (certification)
- functional diagnosis
- dynamic functional profile
- individualized educational plan
- individualized educational-didactic programming

The transition from insertion to integration and inclusion of the person with a disability, must be integrated with social systems and in collaboration with the offices prepared for the placement of the person with a disability.

The recognition of the rights of people with disabilities, protects the dignity of the person, who can participate in daily activities, among which the fundamental one is work, which holds in addition to social value, an identity value, a future planning [44]. The person with disabilities needs normality, to plan his or her life and future, like any other person and to be able to demonstrate his or her value, feeling of belonging to a group, giving meaning to his or her life and taking on a social role.

Within job placement, even today, the disabled person placed in a work organization is a presence, understood only as a disability quota, as a legal obligation for companies. No consideration is given, on the part of the worker, to his or her aptitudes, nor is there any possibility for the worker to choose the job in which he or she is interested, or for which he or she has studied.

Work constitutes an object of multidisciplinary discussion and confrontation that examines rights, values and identity processes. Job placement, is part of a developmental pathway aimed at the best overall functioning of the person, at the subjective and intersubjective level [45].

Being an Adult, as Demetrius States, Recalls

a desire that is not so much natural as cultural and historically variable, involving a human maturation of personal identity manifestations and desires for affirmation/authorship that make it different from other individuals. [46].

The Human Development Report's 2015 definition: In the human development perspective, the notion of work is broader and deeper than referring only to jobs or employment. Work

provides income and supports human dignity, participation and economic security [...].

The link between work and human development is Synergistic

On the one hand, work improves development human, providing incomes and livelihoods, reducing poverty, and ensuring equitable growth; on the other hand, human development improves health, knowledge, skills, increases human capital, and expands opportunities and choices [47].

Latent Functions and Integrating Skills

From this review, it is clear the importance of work, which is not limited to a purely economic function, but is a form of emancipation and social participation, contributing to the ability to build and strengthen identity, increasing self-esteem and motivation, resulting from the opportunity to assume a professional and social role.

Having a meaningful role, allows for the creation of an identity with positive spillovers in the context and community of reference as well. Work inclusion also represents an educational experience, which allows social inclusion, going beyond the welfare logic, according to an enfranchisement approach, of the person who will be able to express his or her skills in a participatory context.

A social/occupational context, which accepts the person with his or her characteristics, as possessing his or her own abilities and specific existential dimensions, recognizing the person with disabilities' need for normalcy and a social status, which is free of negative "labels" arising from deviant social representations.

Work inclusion, also allows people to be able to express their rights of citizenship and social participation (Art. 3 of the Italian Constitution), and is manifested as one of the fundamental rights protected by the 2006 UN Convention [47].

References

- Berardi D, Fioritti A. Individual Placement and Support: manuale Italiano del metodo per il supporto all'impiego delle persone con disturbi mentali. Bologna Bononia University Press. 2017.
- Trono V. Lavorare si può. Il confronto tra modelli e pratiche per l'inserimento lavorativo delle persone con disagio e disabilità psichica, in *L'integrazione scolastica esociale*. 2020. 19: 1, Erickson, Trento
- Costituzione della Repubblica Italiana. 1946. articolo 1 e articolo 4.
- Angelozzi A. Quale lavoro? Riabilitazione lavorativa e Supported Employment in psichiatria. *Psichiatria di comunità. La rivista dei dipartimenti di salute mentale*. 2005. 5. Centro Scientifico Editore.
- Funk M, Drew N, Freeman M, Faydi E, World Health Organization. Mental health and development: targeting people with mental health conditions as a vulnerable group World Health Organization. 2010.
- OECD Mental Health and Work Fitter Minds, Fitter Jobs. From Awareness to Change in Integrated Mental Health, Skills and Work Policies. 2021.
- ISFOL Le prospettive di impiego delle persone con disabilità psichica: opportunità e barriere nei contesti aziendali. 1992. Legge n. 104 del. Legge n. 68: 1999.
- Mancini MA, Hardiman ER e Lawson HA. Making sense of it all: consumer providers' theories about factors facilitating and impeding recovery from psychiatric disabilities, in *Psychiatric Rehabilitation Journal*. 2005. 29.
- OECD Economic Surveys: Italy. 2021. OECD Publishing, Paris.
- Nations For Mental Health Mental health and work: impact, issues and good practices. 2000. Ginevra.
- Blustein DL. The psychology of working: A new perspective for career development, counseling, and public policy. 2006. New York, NY: Routledge.
- Deci EL, Ryan RM. Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being *American Psychologist*. 2000. 55: 68-78.
- Boardman J. Work, employment and psychiatric disability. *Advances in Psychiatric treatment*. 2003. 9: 327-334.
- OIL, A fair globalisation create opportunities for all International Labour Organization. 2004.
- Anker R, Chemishey I, Egger P, Mehran F, Ritter J, Measuring Decent Work with Statistical Indicators. ILO. 2002.
- Mezzetti L, Storia dei diritti umani. Diritti e Doveri Giappichelli Editore. 2013.
- Lehtinen V. Unemployment and mental disturbance. *Scandinavian Journal of Work, Environment & Health*. 1984. 10: 505-509.
- Risal A, Common Mental Disorders. *Kathmandu University Medical Journal*. 2012. 9: 213-217.
- Nicholson P, Common mental disorders and work. *British Medical Bulletin*. 2018. 126: 113-121.
- Kessler RC, Üstün TB. The world mental health (WMH) survey initiative version of the World Health Organization (WHO) composite international diagnostic interview (CIDI). *Int J Methods Psychiatr Res*. 2004. 13: 93-121.
- Bultmann U, Rugulies R, Lund T. Depressive symptoms and the risk of long-term sickness absence: a prospective study among 4747 employees in Denmark. *Social Psychiatry and Psychiatric Epidemiology*. 2006. 41: 875-880.
- Collins JJ, Baase CM, Sharda CE. The assessment of chronic health conditions on work performance, absence, and total economic impact for employers. *Journal of Occupational and Environmental Medicine*. 2005. 47: 547-557.
- Goetzel RZ, Long SR, Ozminkowski RJ. Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employers. *Journal of Occupational and Environmental Medicine*. 2004. 46: 398-412.
- Dewa CS, Chau N, Dermer S. Factors associated with short-term disability episodes. *Journal of Occupational and Environmental Medicine*. 2009. 51: 1394-1402.
- Henderson M, Glozier N, Holland EK. Long term sickness absence. *BMJ*. 2005. 330: 802-803.
- Stuart H, Employment equity and mental disability. *Current Opinion in Psychiatry*. 2007. 20: 486-490.
- De Vries G, Schene AH, Reintegration to work of people suffering from depression. In: Söderback I (ed.), *International Handbook of Occupational Therapy Interventions*. Heidelberg: Springer. 2009. 375-382.
- Gaston H, Phyllis G. World Health Organization & International, Labour Organisation. Mental health and work: impact, issues and good practices. 2000.

29. Spagnolo A. in Atti del Convegno L'inserimento socio-lavorativo delle persone con disturbo psichico Roma, 3 - 4 giugno. 2015.
30. Jans L, Stoddard S, Kraus L. Chartbook on Mental Health and Disability in the United States: An InfoUse Report. US Department of Education, National Institute on Disability and Rehabilitation Research, Washington, DC. 2004.
31. OECD "L'efficacia del supporto alle persone con disabilità in Italia", in Disability, Work and Inclusion in Italy: Better Assessment for Better Support. OECD Publishing, Paris. 2023.
32. Battiloro V, Martini A, Costabella Mo, Nava L. Disabili psichici e inserimento lavorativo: un percorso di ricerca. Documento di valutazione n 5. 2017.
33. McGurk SR, Wykes T. Cognitive remediation and vocational rehabilitation *Psychiatric Rehabilitation Journal*. 2008. 31: 350-359.
34. OECD *Sickness, disability and work: Keeping on track in the economic downturn*. Background Paper. High-Level Forum. 2009. Stockholm. 14-1.
35. Johnstone MJ. Stigma, Social Justice and the Rights of the Mentally Ill: Challenging the Status Quo. *International Journal of Mental Health Nursing*. 2001. 10: 200-209.
36. Stuart H. Mental illness and employment discrimination. *Current Opinion in Psychiatry*. 2006. 19: 522-526.
37. Overton SL, Medina SL. The stigma of mental illness, *Journal of Counseling and Development*. 2008. 86: 143-151.
38. Angeloni S, L'aziendabilità, Milano, Franco Angeli. 2010.
39. Giancaterina F, Come sono cresciute le persone con disabilità in Italia dal dopoguerra, fra buone leggi e pratiche a macchia di leopardo in *Riv. Impresa sociale*. 2010. 2: 41-51.
40. Osservatorio Nazionale sulle persone con disabilità, Proposta di Programma di azione biennale per la promozione dei diritti e l'integrazione delle persone con disabilità in attuazione della Legislazione nazionale e internazionale ai sensi dell'articolo 5, comma 3, della L. n. 18 del 3 marzo. 2009, approvato il 12 febbraio 2013. 2.
41. Torni L. Centro Studi Normativa del Lavoro, Disabilità e lavoro. 2022. Editore SEAC.
42. Bregolato M, Il collocamento mirato. Inserimento lavorativo dei disabili, Primiceri Editori. 2018.
43. Indeed Editorial Team, What is a job coach?, 23 febbraio. 2021.
44. Bernarducci M, Buzzelli A, Leonori C, AIPD Persone con disabilità intellettiva al lavoro. Metodi e strumenti per l'integrazione. 2009. Trento: Erickson.
45. Boffo V, Falconi S, Zappaterra T. Per una formazione al lavoro. Le sfide della disabilità adulta. Firenze. 2012. University Press.
46. Demetrio D. L'età adulta. Teorie dell'identità e pedagogie dello sviluppo. Carocci Editore. 2023.
47. Convenzione ONU persone disabili: storia, sintesi e diritti sanciti. 12 aprile 2022.