

Summary of Findings

Authors & year of publication	Title	Aim of Study	Type of Mental Healthcare Institution	VR Intervention Type(s)	Duration of Intervention	VR Intervention Principles	VR Intervention Strategies	VR Intervention outcomes	Main Conclusion
Adriana D.B. Vizzotto et al. 2016	A pilot randomized controlled trial of the Occupational Goal Intervention method for the improvement of executive functioning in patients with treatment-resistant schizophrenia	To test the efficacy of the Occupational Goal Intervention (OGI) method for the improvement of EF in patients with TRS.	Schizophrenia Research Program of the institute of psychiatry - University of Sao Paulo School of Medicine. (Sao Paulo General Hospital)	Goal Management Training (GMT) method	15 weeks, 30 sessions, 90 minutes per session	Not stated	In the OGI group, the initial sessions targeted ADL (personal hygiene), followed by IADL (housework, money management, and use of transportation), social activities, and leisure. Each patient was given four homework assignments in order to practice the daily living tasks they had learned	Outcome measures correlate significantly with the total PANSS score, showing that the degree of severity of schizophrenia is inversely related to the improvement of EF (BADS), Functional Outcome (DAFS-BR) and patient autonomy (ILSS-BR). With regards to effect analysis, over the course of the study period, there were no major changes regarding the clinical stability of the patients. Results suggest that the use of the OGI method is an effective strategy that can benefit patients with TRS. As expected, outcome measures were shown to be significantly intercorrelated.	"The OGI method has been shown to be reliable and effective for patients with TRS. In addition, the method appears to improve social and functional aspects of patients with TRS."
Hester van Biljon et al. 2015	An Action Research Approach to Profile an Occupational Therapy Vocational Rehabilitation Service in Public Healthcare	The aim of the project was to develop a tool that would allow occupational therapists doing vocational rehabilitation, to systematically and comprehensively profile their services	Not stated	Return to work program. Job-seeker programs and related support. Prevocational skills training and support.	Not stated	Not stated	Work-hardening, work readiness, conditioning.	Not stated	Having a comprehensive and contextually relevant tool that effectively indicates what a vocational rehabilitation service looks like, and /or should look like, will be helpful to occupational therapists that are offering, or wish to offer, vocational rehabilitation services in the public healthcare as well as in private practices. This allows them to set goals and develop their practices in a systematic and mindful manner.

Ikenna D. Ebuenyi et al. 2019	Employability of Persons With Mental Disability: Understanding Lived Experiences in Kenya	To highlight the barriers to employment experienced by persons with mental disabilities in Kenya and how they manage to find work against all the odds.	Not stated	Social networks for persons with mental disabilities. Provision of reasonable accommodation in the workplace and healthcare sectors.	Not stated	Not stated	Setting up social development programs that would provide individuals who want to opt for self-employment. Community based rehabilitation.	Not stated	Our study has highlighted that persons with mental disabilities in Kenya can work. We have also shed light on the various challenges (personal and environmental) affected persons encounter in their quest to enjoy their fundamental human right to employment.
Chitra Khare et al 2020	Employment functioning in people with severe mental illnesses living in urban vs. rural areas in India	To examine rates and patterns of work, interest in work, and perceived benefits and barriers to work in people with SMI.	Private Psychiatric outpatients department	Supported employment	Not stated	Not stated	Teaching illness self-management skills in supported employment. Systematic involvement of families in supported employment, including help with job finding through their extended social networks, collaboration on mental illness management, and facilitating work in family business.	Not stated	The findings suggest that attention should be paid to adapting models of vocational rehabilitation to the cultural context of developing countries to improve the employment outcomes of persons with SMI.
Reema Samuel, K. S. Jacob 2017	Occupational therapy in India: focus on functional recovery and need for empowerment	To discuss the role of occupational therapy in bridging the gap between symptomatic improvement and functional recovery.	Not stated	Not stated	Not stated	Patient and family empowerment. Focus on achieving functional recovery. Optimizing the fit between an individual's abilities and the environmental demands.	Group therapy. Motivational enhancement therapy. Rehabilitative and recovery model (prevocational evaluation, vocational training, life skills training). Cognitive therapy. Behaviour therapy approaches. Graded exercises to manage deficient or maladaptive task and social and occupational skills.	Improved and enhanced self-esteem through graded tasks, improved goal setting, and problem-solving and decision-making skills.	While it can be argued that the Indian government should modify legislation, open more tertiary care hospitals, grant more educational institutions to train personnel, and likewise, it is time to look at modifiable factors from an individual perspective. The answer might lie in improving one's own understanding of the complexity of mental illness, increasing the repertoire of treatment models, liaising with the multidisciplinary team,

									changing our own attitudes about the treatment process, and practicing instead of preaching client-centeredness.
Hester M van Biljon et al 2016	Opinions of occupational therapists on the positioning of vocational rehabilitation services in Gauteng Public Healthcare	To report on the opinions of occupational therapists on the positioning of vocational rehabilitation services in the Gauteng province.	Not stated	Prevention is an educative service for the prevention of injury at work and to create an awareness of good work practice, averting the development and/or exacerbation of pathology. Screening of general or specific work related skills is a short prescriptive process used to filter and effectively refer patients to more specialised therapists or facilities and supports efficient service delivery. Assessment services involve the assessment of the ability of a person who has an injury or illness's, to be able to work. Intervention services are programmes aimed at correcting or compensating for ability to work deficits. Placement services are the returning of patients to their own, alternative or new work in the open labour market; or to sheltered - or protected workshops. Follow up is done of patients who used the services	Not stated	Not stated	Stress management. Job modification, case management, pain management, work hardening, work preparation or readiness, work visits, work guidance, work-place accommodation, work adaptation, job seekers groups, self-employment initiatives, support groups and other return to work efforts. Job analysis. Vocational guidance and counselling, outpatient support groups, job acquainting, adaptation and accommodation efforts.	Not stated	The results of this survey showed a general lack of consensus amongst occupational therapists about what vocational rehabilitation services should be offered at the different levels of public healthcare. With singular exceptions the generic opinion was that occupational therapy's vocational rehabilitation services should be offered in public healthcare. No other opinions from this survey give guidance or insight to support planning and policy making.

				offered, this could be with employers, referral sources, family members and the patients themselves					
Tania Buys 2015	Professional competencies in vocational rehabilitation: Results of a Delphi study	To identify professional competencies required to practice in the area of work by occupational therapists.	Not stated	Vocational training, placement and follow-up. Work readiness/ work preparation programmes	Not stated	Client centered, objectivity, adaptability, professionalism, respect.	Vocational guidance, job analysis, workplace visits, job description review, reasonable accommodations, work hardening, work conditioning, work simulation, life skills, stress management, prevocational skills, job-seeking skills training.	Not stated	We need to as an occupational therapy profession to ensure that we provide competent, professional, contextually relevant vocational rehabilitation services to clients which enables them to fulfil their roles as independent citizens in a democratic South Africa free from disability discrimination.
Kreshnee Govender et al 2018	The role of the occupational therapist in case management in South Africa	To identify the occupational therapist's role and scope of practice in case management in South Africa.	Not stated	Case management - appears to be utilised as part of an early intervention approach once there has been an extended period of absence from work or a high rate of absence due to illness (where the service entails comprehensive assessment to determine a care plan and coordinating and monitoring client care to prevent long term absenteeism thereby contributing to cost containment).	Not stated	Planning with the client. Client advocacy.	Work site visits. Liaison with the employer to aid in the employee's transition back to work, client's reintegration in the work environment. Develop a care plan. Re-skilling/training to aid in a work re-entry.	Not stated	The study reveals that occupational therapists in South Africa are involved in case manager functions and are implementing case management as a strategy or approach to manage incapacity due to ill-health and disability in the workplace. Occupational therapists in South Africa that are positioned in various settings viz. insurance, private practice, health consulting, and Workmen's Compensation, have indicated involvement in case management and this study confirmed the utilisation of this intervention in vocational rehabilitation and as an element of disability management.

Occupational Therapy Association Of South Africa 2020	Position paper on vocational rehabilitation	Not stated	Various settings including schools for learners with special needs transitioning to world of world.	Prevention is an educative service for the prevention of injury at work and to create an awareness of good work practice, averting the development and/or exacerbation of pathology. Screening of general or specific work related skills is a short prescriptive process used to filter and effectively refer patients to more experienced therapists. Assessment and evaluation services. Intervention services are aimed at correcting adapting or compensating for ability to work deficits.	Not stated	Not stated	Skills training, sheltered workshops, entrepreneurial and self-employment initiatives. Job modification, case management, work trials, work hardening, work preparation/readiness, work visits, work/vocational guidance and counselling, work-place accommodation, work adaptation, job seekers groups, support groups. Job analysis,	Not stated	The primary aim of occupational therapy's vocational rehabilitation intervention needs to be relevant and of therapeutic value to the client so as to meet SDG9 as far as it is possible. The type of vocational rehabilitation service that occupational therapists in South Africa offer should be dictated by the vocational needs and aspirations, social structures and contextual realities of the clients. All occupational therapists can and should be able to offer basic vocational rehabilitation. Newly qualified occupational therapists have to be able to work independently at a basic level in a variety of vocational rehabilitation settings. Those vocational rehabilitation services that require competencies beyond a basic level need to be referred to therapists who have acquired, and can provide proof of the additional necessary competencies that provide competent, professional, contextually relevant vocational rehabilitation services to clients they see.
Madri Engelbrecht et al 2017	Supported Employment for people with mental disabilities in South	To report on the cost and affordability of SE services offered to people with mental	Psychiatric hospital in Cape Town (clients from forensic	Supported employment	Not stated	Not stated	Job matching. Work in protective factories. Personal life skills training (money	Reduction in the consumption of mental health services by people who entered employment. SE	Evidence from the study thus reflects the cost of SE services to people with mental disability as

	Africa: cost calculation of service utilisation	disabilities in South Africa.	wards, general wards and the outpatient department).				handling, grooming, use of transportation, management of symptoms, time management, communication). Simulated work. Trial placement, job advocacy (at job site with employers and co-workers). Evaluation of goodness of job fit. Evaluation of employment potential. Work visit (to observe real work, to discuss reasonable accommodation, to assist with performance appraisal). Job coaching and job support. Bridging programme in preparation for employment in the open labour market. Support group	promotes an outcome of open labour market employment with the associated monetary and non-monetary benefits.	substantially lower than the current government investment in disability grants and protective workshops subsidies. SE will combat unemployment, work towards poverty reduction and redress inequality as it pertains to people with disabilities. engagement with funding sources that currently support traditional vocational rehabilitation approaches is needed to present SE as a viable alternative strategy for return-to-work endeavors.
Lana Van Niekerk et al 2011	Supported employment: Recommendations for successful implementation in South Africa	To report on the findings of a descriptive qualitative study in which supported employment (SE), as a potential strategy to facilitate the employment of persons with disability in the open labour market in South Africa.	Not stated	Supported employment	Not stated	Competitive employment should always be the ultimate outcome. A client-centered approach should be used. Support should be provided to ensure long-term sustainability employment. Support consumer goals and empower them with choices and information. No more support than needed and	Job finding, job analysis, job matching, job coaching. On-going support that is determined by the worker's individual needs. Protective and sheltered workshops.	SE achieve participation in competitive employment. Participants in SE earned more and worked more hours per month than those who had had prevocational training. Person with disabilities have an opportunity to be an active and contributing member of the society. Lessen the economic burden the government. Positively influence the disabled person's health and well-being. Provided income, personal development, provided arena for social development, self esteem and identity. Integration of persons with disability into mainstream society.	"The authors propose SE as a model of choice to drive the process of economic empowerment for persons facing disabling conditions. In developing a SE model suitable for South Africa, funding and infrastructure should be used in such a way that integrated career management is a viable option for persons with disability. A holistic approach is needed because components of SE, such as the assessment of work skills, placement in suitable work and reasonable

						no less than necessary.			accommodation do not necessarily follow a linear process."
Lana Van Niekerk et al 2015	Time utilisation trends of supported employment services by persons with mental disability in South Africa	To determine the feasibility of supported employment (SE) as a strategy with which to facilitate the employment of persons with disability in competitive work contexts.	Psychiatric hospital in Cape Town (clients from forensic wards, general wards and the outpatient department).	Supported employment (SE) is a return-to-work strategy promoting the inclusion of persons with disabilities in competitive employment environments. Prepare work placement. Work visit.	Not stated	On-going support. Individualized support. Advocacy.	Job finding, Job analysis, Job matching and Job coaching. Reasonable accommodation. On-going support. Protective workshops. Non-job advocacy. Personal life skills. Simulated work. Trial placement, Person-centred instructional plans, Job advocacy - at job site with employers. Job advocacy - co-workers (and customers). Evaluation of employment potential. Evaluation of goodness of job fit. Work visit to observe real work. Work visit to discuss reasonable accommodation. Work visit to assist with performance appraisal.	To achieve employment outcomes for people with mental disabilities. Integration of mental health service users in the workplace.	SE services can be considered as a viable option for return to work in resource-constrained environments. Providers of SE services will need to modify approaches in order to meet contextual realities. Because the bulk of costs associated with SE are in the remuneration of service providers, understanding the number of provider hours necessary will be an important consideration for employers in middle income countries who are concerned with the feasibility of SE.