

## **Job Reintegration For Depressed Women At ‘Second Chance’; Gothenburg, Sweden**

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### ***Abstract***

*The present paper reproduces a part of spring 2013 master’s thesis findings carried out in Sweden, at the University of Gothenburg and has never been published before. It focuses on human rights of depressed women in the process of their job reintegration at ‘Second Chance’ with critical eye on the Rwandan situation in general. It explores the difficulties people with mental disability, particularly women with depression, face in finding jobs. The analysis targets policies, programs and strategies referred to by ‘Second Chance’ to assist or prepare depressed women to join the labor market, and enjoy equal opportunities as encouraged in the 2013 World Social Work Day theme of promoting social and economic equalities (Baily, 2013).*

*Data was collected from five women at ‘Second Chance’ using semi-structured interviews. Observation, field notes and documentation were supplements to interviews while Triangulation and Thematic Content Analysis were used for data analysis. Because the study was purely qualitative, I did not use any statistical test or method for analysis. The collected data was corroborated by previous researchers such as Lerner and Hanke (2008) who argue that populations with depression are vulnerable to unemployment as depressed women at ‘Second Chance’ explained in their interviews.*

*There is a series of services however in the organization for these depressed women to cope with and recover from their disorders. These include job coach, education; both formal and social codes, research, social supports such as employment, assistance, self-help and peer support among others. It came to the researcher’s attention that the target population prefers to return to work as soon as possible rather than remaining off work to facilitate the reintegration process in the workforce.*

**Key words:** Job Reintegration, depression, human rights.

## 1. Introduction

Work is considered to be the main source of income for everyone to enjoy an adequate standard of living enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR, article 3&6). However, this has been always the case for people with depression which is a significant contributor to the global burden of disease and affects people in all communities across the world. Depression has been found amongst disadvantaged women who lack economic support when needed and do not have power and/or other means of influence (Ba'yah, 2011).

The World Health Organization (WHO) diagnosing the intensity of the problem found that depression is a common mental disorder and the leading cause of disability worldwide. Globally, more than 350 million people of all ages suffer from depression to which effective treatments exist but less than half of those affected in the world receive such treatments (WHO, 2012).

In addition to the absence or inadequate treatment, the burden of depression and other mental health conditions is on the rise globally. Sixty percent of the worldwide health budgets are directed to mental hospitals but only about 60 percent of the world's countries have mental health policies (WHO, 2011). This implies that there is no clear policy for the care of people with mental health problem in almost 40 percent of the world. The first issue is in regards to how this proportion of the population is cared for in the absence of comprehensive legal frameworks needed to provide them with protection. The second issue is in relation to the application of relevant international human rights instruments in the absence of national laws, policies and programs in line with mental health legislation according to the same WHO's report.

In 2008, the European Union High Level Conference on mental health and wellbeing stated that 11 percent of the European Union (EU) population, nearly fifty million people, had mental disorders, with depression representing the most prevalent health problem. As a consequence, the council stressed, mental disorders put pressure on health, educational, economic, labor market and social welfare systems across the EU (EU High-Level Conference 2008).

The National Board of Welfare in Sweden revealed that three to five percent of the total population of Sweden has a diagnosis of depression (Socialstyrelsen 2009). According to Stryjan (2004) the Swedish public tools of integration failed to serve those left behind by the active labor market policy. The same author stresses that most vulnerable categories of people who are not adequately helped include depressed women because they are discriminated from being part of their socio-economic lives of their communities. This is where comes in a new partnership between private and public sectors to create social enterprises to be run by the private sector and sponsored by the public sector to address the issue of job discrimination.

The situation is a bit similar when it comes to empowering excluded women. After Bolton's et al. (2002) research findings concluded that there was a portion of the Rwandan population which was seriously affected by disabling depression and which needed effective mental health interventions; they did not come up however with a specific kind of intervention.

The Rwanda Women Network for them, they proposed a holistic approach to address all the issues and problems affecting women. For this approach to be effective empowerment and capacity building, community participation, rights-based programming are considered as key strategies to promote justice, equality and freedom to tackle the power issues leading to exclusion or exploitation according to Rwanda Women Network (<http://www.rwandawomennetwork.org/spip.php?article3>).

Nevertheless, none of the accessed previous studies has shown the role of social enterprises in coping with mental disability in general or with depression in particular in helping depressed women gain access to job market. For instance Alisha et al. (2002,) have examined and described potential mechanisms by which exercise may reduce depression, and came up with the evidence that there is a considerable support for the value of exercise in reducing depressive symptoms in both healthy and clinical populations.

For the Canadian senators' research (2006) conducted on people affected by mental illness for and who were on a number of services believed necessary for them to cope with and recover from their disorders without considering the reintegration process. Another research conducted in Netherlands on psychological intervention of depression concluded that more attention should be paid to the integration of the intervention into the patient's life because it remains unclear whether patients actually succeed to integrate the principles in their lives (Jonkers et al. 2007). Bogg (2008) advocates for the social model to the expense of medical model which focuses on the social consequences and how to improve the quality of life and wider responses to the difficulties the individual is facing instead of looking at symptoms and disorders as an entity in themselves.

Lerner and Hanke (2008,) later showed that populations with depression are vulnerable to unemployment and therefore Growther et al. (2010) concluded that there are ethical, social and clinical reasons for helping mentally ill people return to work. Other researchers such as Gostin (2004), United Nations Development Programme (UNDP, 2008), Birchall (2009) and United Nations (UN, 2011) focused greatly on cooperatives and employment in relation to economic growth and sustainability.

The present study comes in to establish the role of social enterprises in therapeutic intervention to overcome unemployment issue by women with depression. The following questions guided this research:

1. What are the methods for work reintegration of depressed women at 'Second Chance'?
2. In what ways do 'Second Chance's' methods reflect social work and human rights principles?
3. How do depressed women at 'Second Chance' consider its services?
4. What is the 'Second Chance's' future projection to better serve its service users?
5. How can 'Second Chance's' activities be franchised in Rwanda?

From these research questions the objectives of the study include (1) to identify and analyze the methods 'Second Chance' uses for work reintegration of depressed women and how they reflect social work and human rights principles; (2) to collect service users' views on the services received at 'Second Chance'; (3) to reflect critically on future plans of 'Second Chance' to better serve their clients and (4) to draw a lesson from 'Second Chance' to be applied in Rwanda.

The significance of the study relies on Freeman's explanation (2002) in respect for human rights in different societies, which has been accepted as a proper object of social scientific investigation. He argues that social work can study some human rights aspects in the community and/or service users as one of the social sciences discipline. To understand and explain the subject matter at hand, the Interpersonal Therapy Theory (ITT) was referred to. ITT addresses the nature of a client's interpersonal problems in the treatment of depression and other emotional disorders (Weissman, 2006).

The goals of the therapy are to enhance clients' mastery of current social roles and adaptation to interpersonal situations. Interpersonal therapy is included in this study for several reasons. First, it represents a link between the analytic and cognitive/behavioral intervention as psychological interventions can be effective in the enhancement of subjective well-being and psychological wellbeing, as well as in helping to reduce depressive symptoms (Bolier et al. 2013). Second, it is consistent with the social work value perspective in its emphasis on the relationship "environment." Third, it has been empirically tested for effectiveness more extensively than many other interventions (Weissman, op.cit).

## **2. Methods And Material**

### **2.1. Design**

This study followed a qualitative research design applied to a case study 'Second Chance'. According to De Vaus (2001), for social scientists, case studies are often seen as prime examples of qualitative research. Qualitative research methods are highly applicable to social work too due to the interest in the nuances of peoples' lives and what it is like to experience certain phenomenon (Krysiak & Finn 2010). Participant observation and interviews methods are considered to be helpful in the

generation of an intensive, detailed examination of a case (Bryman 2008, Frankfort & Nachmias, 1996).

The researcher used semi-structured interviews due to their abilities in helping to define the area to be explored and allow also the interviewer and interviewees to deepen the topic (Gill et al., 2008). Follow-up questions were used to encourage participants to expand on their answers by exploring their feelings, thoughts, and opinions. Before conducting interviews, the interview guide was pretested.

The researcher also used observations and field notes in order to collect rich and detailed information in relation to people's biographies, experiences, opinions, values, aspirations, attitudes and feelings. In the terms of Timy (2001), responses were audio-recorded and after transcribed as advised by Kvale et al. (2009).

The sample size was five women in the categories of job coaches and job trainees as there is no ideal size for a qualitative study (Alston & Bowels 2003). Their selection based on their level of knowledge of English and experience with respect to services rendered at 'Second Chance'.

## **2.2. Data analysis**

After the interviews were transcribed, Thematic Content Analysis (TCA) was used to analyze collected data. Themes associated with the research aim originated from transcribed interviews, observations, field notes and documentation. While the participants' experiences differed from one another, there were some commonalities, which allowed for the identification of underlying themes. In order to ensure validity, data triangulation was used and raw data were compared to the audio-recorded interviews and coded into categories of similar meanings consistent with the value of thematic content analysis in qualitative methods (Nouria & Green 2008). Additionally, interviewees were requested to verify the transcriptions from the recorded interviews as discussed by Mubuke et al., (2009).

The case description was then structured around theoretical ideas as asserted by De Vaus (2001). Thus, analysis was informed by the literature and the Interpersonal Therapy Theory which allowed the researcher make sense of the world by interpreting others behaviors or interactions in Sheppard's (2006) explanations.

## **2.3. Research ethical considerations**

To ensure privacy anonymity, confidentiality, autonomy, respect and dignity of all the participants, fictitious names have been used throughout this paper. Moreover, no unauthorized people had access to recorded interviews or transcripts. The interviewees' rights to decline participating in the study and also not to answer questions they felt uncomfortable with were respected. The participants were also assured that there would

be no harm, prejudice, malice or any form of danger shall they wish to withdraw or not to participate in the study.

### **3. Results**

This section presents data collected at 'Second Chance'. Unless otherwise stated the information contained in this section was taken from the anonymous interviews and documentation from the organization. In certain circumstances, comments on quotes from interviews are completed by collected data by means of observation and field notes as explained in the methodology section. Interviewees were given anonymous names taken randomly. Their names which are used while quoting them are Jane, Mary, Chantal, Josephine and Claire.

#### **3.1. Methods for work reintegration used by 'Second Chance'**

The privileged way of helping depressed women in the recovery process is education. Due to behavior change developed as a result of depression, women-service users at 'Second Chance' are taught how to behave in their interactions with other people. Elaborating on this topic, one of the educators said: *"The education we have focuses on the social codes, how to interact with people, how to behave in different situations, how to communicate but to get the things start was really hard"* (Jane; educator).

Similarly, a service user stated that the education on social codes has contributed to their social integration. She ascertained that:

*"We are all free and equal. And I think we learn a lot from each other because we often- the women who are here, despite the fact that we have some sorts of intellectual dysfunction and very often some have some kind of crises, we are very close to one another. We go to school, work and do everything together with other people without a lot of problems. So, we don't get much stigmatized. But more people were thinking that oh! - If you are retarded you are supposed be with other retarded people for the rest of your life..."* (Josephine; Service user)

So, education for both women at the 'Second Chance' and the community on problem awareness of people with disability has contributed to less stigmatization in the society.

When another service user who has been out of the job market for five years due to the sickness, was talking about social codes, she noted that they are not written in an official document of the enterprise but they help in their daily lives to shift from considering the disability but focus on health side.

*"We have some rules that are not written down but we talk about them. When someone starts to work here, we tell everyone that we try to focus on the healthy part of everyone. We don't talk about our diseases and our unhealthiness, because we like to help people to grow and to see their potentials, and often they are very used to talking about their*

*disabilities or sicknesses and so on. So, we try to change that around to focus on the healthy parts.”* (Chantal; Service user)

The same respondent went on explaining the tools which contribute to the success of service delivery by involvement the members in all the steps of the intervention process.

*“One part is to have appraisal meetings or coaching meetings where we set goal and how to reach those goals and we follow it up to see if they managed to reach the goals or if we have to change something to make it happen.”* (Chantal; service user)

The education about the social codes empowers depressed women to be open and take decisions on what they want to be in the future as stated by Jane.

*“But people who work here have very difficult to find jobs from various reasons. Maybe they have been sick mentally for a long time; so they have to understand that we can make our own working place and we can decide what we want this place to be. Nobody else can do it for us.”* (Jane; Educator)

Education process has been a vital tool and method to encourage the service users feel more included in the programs of the enterprise and empowers them to take lead of their own lives in the respect of social work and human rights principles as described below.

### **3.2. Social work and human rights Practice at ‘Second Chance’**

Social inclusion, empowerment, social support and social change are important concepts in both social work and human rights practices. The researcher inquiries on this theme looked into how depressed women under work reintegration program know about human rights. The following quotations show how in the beginning ‘Second Chance’ was thought as a social agency which has to respect human rights.

*“We were thinking that we want to have a non-profit organization that works not with the same target group; we wanted to work with diversity as human right experts and intersectionality. It’s complex and what we do we deal with issues instead of blaming clients; that’s how we started here”* (Mary; Chair Person)

The way ‘Second Chance’ recruits its beneficiary show also that there is no discrimination which is an anti-value for social and human rights practices. This is confirmed by both the educator and a service user.

*“They came here when they were really down. We can compare it to a crashed airplane. When they reached here they had to wait and they had to be and feel themselves and decide upon when do they want to take off and where they need to go”* (Jane; educator)

One of the service users said she was on sick leave for five years and was depressed and didn't feel well for long time. She continued telling how she came in contact with 'Second Chance':

*"... I came in contact with Arbetsförmedlingen (The Swedish Public Employment Service) and Försäkringskassan (The Swedish Social Insurance Agency) - they are working together at one office here in Gothenburg my work coach showed me this place; and we came here for interview and to check the place out and I felt really good about and I started to work train at 'Second Chance'" (Chantal; Service user)*

Additionally, another service user said:

*"When you don't have a job and you are home long time unemployed and sick, first of all your economy isn't that big and you can't participate in as much things as normal people can and since I was sick, I didn't have the strength to do anything either. I was just basically sitting in my apartment for six years doing nothing really. But then, I was contacted by 'Second Chance' managers and I thought I had nothing to lose, so I came here to see them and I found they were very nice and when they told me the plans about starting this shop and what the goals were and everything, the whole philosophy about it, I thought it was great. I started being here and then afterwards more and more people dropped in to join and work here but I was the first. So, I have been here for two years now" (Josephine; Service user)*

When they got in contact with 'Second Chance', they felt their burden lessened and felt much better compared to the lives they were living before where they are so much dependent but now they can do a lot of things by themselves. This shows the way education and empowerment tools used by "Second Chance" help them to be different people; not subjects to discrimination or exclusion by other people since they can do a lot of things by themselves. The workers at 'Second Chance' revealed that they thought that they are equally treated when it comes to salaries and other work related rights because the organization follow the labor law of the Swedish government. The progress so far made by the organization is appreciable but one can wonder if it will keep on progressing, stagnant or regressing. The following section presents respondents views on how they feel about how they are socially supported.

### **3.3. Users' views on 'Second Chance' Services**

#### **3.3.1. Moral work and working environment**

At 'Second chance' services are characterized by moral work, mutual respect, human rights and conducive working environment for both staff and service users. The flexible environment and time schedule are described by Chantal in these words:

*“A focus is put on what you can rather than that you can’t do (your skills, not your dysfunctions) and this allows people to be able to use their different skills. There is a creative and variable workplace. It is good for persons to grow. So, the confidence grows as you find out that you are able to do things and not focus on the dysfunctions and diagnosis”* (Chantal; service user).

The moral work and work environment increase freedom and control for service users as witnessed below by a service user.

*“It makes more free to control my own situation, as a sick person, I was usually dependent on government/ state aid, sick benefit, health care and so on. But now I have a feeling of being independent and have little space for controlling my situation”* (Chantal; Service user).

The following passage shows how supportive leadership helps members to feel more relaxed and trustful.

*“They are very flexible and they work with the individual. So in times when I don’t feel well and when I don’t want to see bad side of things, they don’t blame me, they try to find a solution instead of seeing it as a problem. They don’t say Oh! How did you do like that but they say oh, how can we help you with work? So the focus is always on what you can do. They are more supportive”*. (Josephine; Service User)

People in the organization are considered as useful resource persons for their work to move forward.

*“First and foremost I need people in order to be able to determine where to go, what to start with and so on. In any case it is very important to talk to people. If something is not right; you do rotate with them to find a proper solution, and if they do not understand what I am talking about they have to go around and ask questions and when the questions get harder and harder and I put people together that are not usually together and that goes sometimes. It is always when we finish, they usually fill in focus group, and they see what they would like to do”* (Jane; Educator)

This way of working trains people to think and collaborate in case and individual person cannot find a solution. The flexibility and supporting aspects at ‘Second Chance’ social enterprise are reflected in the used methods as reflected in the previous section.

### **3.3.2. Social support**

When a service user was talking about the social support, she stated that *“The family doesn’t mean your family, you can get a family from a place as here”* (she was meaning at ‘Second Chance’). She kept appreciating the social support at the ‘Second Chance’ by saying:

*“Here I have the people, if I come when I have a bad day they support me, they talk to me. When I leave here walking home I am happy. Then I wonder why I am pushing myself to where I always have problems (family)!”* (Claire; Service User)

She added:

*“I started with four hour a week because I was so exhausted but I didn’t want to be at home. I wanted to do something. When I am here, I have people to talk to. And now I am full time employed. I am on my way out from here. I am looking for a job. I have been on internship in this place. I have been to four job interviews. It’s really good. What I did was to figure out because it was a big fight with my family, always a fight”* (Claire; Service User)

There some respondents who said that they lost their old friends during sickness but to the contrary, there was a member who made some other friends during the sickness as she said: *“Actually, I made some friends during this sick leave. Eh! People who were in the same position as I was in. We got really close friends and supported each other”* (Chantal; Service User).

In Josephine’s words, Second Chance is characterized by complementarily among people in the organization:

*“When you are here, you can see your potentials and we support you and the focus is on what you can, and not on what you cannot do, and so we enjoy having a very good structure in my everyday life, my schedule. I can’t sleep always for example because I had always issues with sleeping. So, I don’t sleep very much and when I didn’t have a job I could be in bed almost all days because I didn’t have any reason to leave bed really”* (Josephine; Service User)

The Swedish welfare system was recognized among the supporting systems but with a little bit critique that it does not help people to recover.

*“It is amazing that we have this security network with the welfare and everything and it’s like we are very lucky here in Sweden but it’s very easy for people to be too dependent on it and forever, many people never get their way back. They are kind of sad! Yeah, we have money to pay the rent and buy food, that’s all.”* (Josephine; Service User)

The next section looks into ‘Second Chance’s future sustainability.

### **3.4. The future of ‘Second Chance’: Challenges and Perspectives**

In social work clients are empowered to be self reliant in a sustainable way. The research was keen to know how ‘Second Chance’ replies to this. Answering the question whether the organization can survive without external funding, one respondent said:

*“I do not know yet, I really do not know, we are a very young organization, you know it started from absolutely nothing, we had no one penny, no salary. When we quitted our old jobs, we had nothing. So, it has been three years we have worked really hard to achieve what we have today, of course. But it’s early to say I can handle it, no problem-not yet!”* (Jane; Educator)

The uncertainty about the future has partly to do with the fact that they have many new projects to run, and all of them need to be financed by the money from outside the enterprise through donations or grants. That's why they apply for more money by submitting new projects to sponsors. Here Jane describes why they need more money.

*“Together with Coompanion (social enterprise umbrella organization) we are writing a franchising book. It is the girls' experience and thoughts and how we work here, how we act to each other; how we want to twist the clock. They are writing that down in a book now. So, and we want to have a fourth year here at 'Second Chance'. I am writing now the application for more money because we are going out to franchise our social enterprise...” (Mary; Chair Person)*

Clients are optimistic for their future as one of them declared:

*“I wouldn't believe like in two years ago that I would be happy just from being at home for six years doing nothing. So, it's great. It gives hope for the future and if you see other women working here you can see their progress and then you reflect on your own progress. When maybe I look at someone else and see she is a totally different happier person than a year ago when I came, it's like she is doing that much more effective and better or whatever and when I get to think like I was myself as well, there is hope” (Josephine; Service User).*

Another client while expressing her feelings about how beneficial is to be at “Second Chance”, she added:

*“Many times I ask myself why I am here but I realized that I am here because I need a second time; a second chance. I need this place; I need someone to listen to me regardless of who you, someone who doesn't tell you did this wrong but someone who just tells you how to make things better. So, we want to make the place better and we want to continue to develop the place so more women can have a second chance because it's needed” (Claire; Service User)*

Service users do appreciate the work being done by ‘Second Chance’ and are committed to work hard to change things so that other women in similar situation can have somewhere they can run to in case they need to be on work reintegration program.

### **3.5. Lesson learnt from ‘Second Chance’**

It's worth to first to present divergent and common aspect of Sweden and Rwanda on one hand and social enterprise and cooperatives on the other hand. Social issues in Sweden and Rwanda are different. While in Rwanda we have the crucial problem of poverty in the communities, in Sweden the most recurrent issues are related to social relations. The approaches used to address those problems also differ. While the case work is commonly used in Sweden, group and community work are the crucial methods in Rwanda. Considering however the role played by the

social enterprise in Sweden and the role of cooperatives in Rwanda; they all help solve socio-economic problems.

Social enterprise is a new concept in the Rwandan context because people are used to cooperatives. The main target of cooperatives being of economic character, social enterprise is for social character. Basing on the way social enterprise helps to overcome social illness in Sweden, it would be better for Rwandans to consider social aspect in a cooperative at the same level of economic aspect of it.

The lesson that the research learnt from 'Second Chance' to be adopted by Rwandan social work practitioners in dealing with mental disabilities such as depression is to keep people busy after building confidence in the clients instead of relying only on medication. This calls for initiatives and creativity on behalf of social workers because the way social enterprises are working in Sweden (they operate as private sector but with the Government funding through wealth redistribution) can face a funding problem. Private initiatives in Rwanda are privately funded in principle or funded by international organisations. Thus, the easiest way to solve the problem would be to encourage community volunteers to be able to mobilize enough needed resources.

#### **4. Discussion**

The discussion of findings is built on the five objectives and research questions of the study elaborated in the introductory part. Input of Interpersonal Therapy Theory was also useful because it addresses the nature of a client's interpersonal problems in the treatment of depression and other emotional disorders (Weissman 2006).

This theory helped to understand the change process of depressed women at 'Second Chance' where they witness themselves how they feel about the services. It is seen in the role they play and the progress they have made since the creation of 'Second Chance'. It was noticed that the service users have overcome barriers that were preventing them from participating in any situation and not being what disables them or limits their opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers' (Dreiger, 1989).

First, Due to the fact that depressed women come to 'Second Chance' when they are down and therefore cannot connect easily to the rest of the society, they have first to be trained on social codes. 'Second Chance' uses interrelated variables such as education, job coach, power relations, communication, moral work and social support to be able to deliver. Most importantly, social codes consist of reminding depressed women at 'Second Chance' how to behave, to react in different situations.

The codes they learn include those in relation to mutual respect, flexibility, openness, tolerance and understanding each other which help them to develop a sense of helping one another which is the main premise of the social support theory. Similarly, education explores their strengths and helps them to be more and more self reliant as the empowerment theory suggests. When subjects are part of the whole process, it becomes easier to overcome sickness.

It is by education also depressed women are taught how to be productive on labor market in general and in entrepreneurship in particular. So, they learn about how to do business plan, project writing, marketing and if necessary some general courses like Swedish, Mathematics or other course of their interests. In short, education empowers them with all that they need to stand on their own feet and the possibility they are given to choose what they want to do or to be reflect what is known in social work as client involvement in the social change process.

At 'Second Chance', human rights principles and practice are reflected in the way that all the members are considered equal. In order words, they do not exclude anyone on the basis of age, sexual orientation, religion, social class, political affiliation or any other differentiation (UDHR, article 2). They focus on the strengths of the client in the course of helping them overcome their mental illnesses rather than their weaknesses. This is what empowerment and strength-based perspective in social work are all about.

Second, a combination of Sheppard (op.cit) suggestion that a good social worker has to reflect on democratized relationships, humanistic social work functions as described by Rojek, Peacock & Stewart (1988) and the fact that among the tasks assigned to social enterprises include services of helping which are in the field of social work.

It came out that before the informants- service users started work training at 'Second chance'; they have been on the assistance benefits in addition to medical care as provided in the Swedish Disability Policy for long time. Unfortunately, it did not help so much with the problem of depression. But only within three years of existence of 'Second Chance' helping these service users through work reintegration, mutual assistance and support without any background differentiation.

Third, Service users of the 'Second chance' do appreciate the services rendered by the organization to them. The basis of their appreciations can be traced in the way they describe how they came to 'Second Chance'. All of them showed signs of depression such as lack of sleep, concentration, appetite combined with lack of occupation.

They were on social assistance but they were not happy because even though they could meet their basic needs like being able to find something to eat, clothes, housing among others but they said they were missing something important. There were not themselves-they say-

because they were not managers of their lives the way they wanted and in many times they were identified to their sickness.

But when they joined 'Second Chance', they started to figure out themselves and slow by slow they grew up as persons. They felt included in the society while before they were not part of it. They have been on medication but nothing seemed to have changed and then when they are at 'Second Chance', things are improving somewhat. At 'Second Chance' as they have people, who are near them, listen to them and give them chance to express all that they feel. Some are full reintegrated because they work fulltime, others depending on their progress in recovery, they can work in accordance to their strengths.

Fourth, 'Second chance's' future is uncertain because they are not very sure if they will be accepted as a social enterprise by the tax office as they are still waiting for the decision. Future projects may be considered as another step forward to reaching more people and employing more as well. Their financial status however can be a barrier to realization of the set goals and objectives on time as a big part of their budget comes from outside. They are not yet at the level of self-financing.

## **5. Conclusions**

At the end of this research, findings indicated that 'Second Chance' is an adequate and sustainable work reintegration place which deals with depressed women. The points are that at 'Second Chance' clients meet and exchange their stressing or depressing situations as part of the recovery process. Work gives a structure of the day; gives a sense of meaning and belongingness and social support from other members and from the staff. This appears to have helped depressed women to overcome their situations through empowerment.

This contributes to the effectiveness and efficiency of the organization success. All the used methods and techniques in work reintegration (job coach, active listing, intersectionality, and empowerment) are flexible and favorable for moral work and work environment and therefore reflect humanist social work on one hand and human rights on the other hand as the latter is the ultimate goal of social work (IFSW, 2011). It came also to the attention of the researcher that the responsibility to promote human rights by social enterprises is part of the moral obligations assigned to them by the UN.

Results from this study revealed that "Second Chance" is a democratically owned business working for the wellbeing of the depressed women. One can wonder however whether it might be the same as in developing countries of Asia, Latin America and Africa in general and Rwanda in particular. There is a lack of enough scientific writings on the issue in the developing parts of the world and the question is: does it mean that depression is linked to the level of economic development attained or is that there are no researchers interested in this field? This calls therefore for a deeper research to find

out more. The next paper will focus on Rwandan depressed women and their socio-economic reintegration since it has been shown that a big number of the Rwandans suffer from serious disabling depression (Bolton et al., 2002) but did not suggest a specific mental health intervention to be adopted .

## References

1. Alisha, L.B et al. 2002. Exercise and the treatment of clinical depression in adults: recent findings and future directions. *Journal of Sports Medicine*, Vol. 32, issue 12, p.741-760
2. Alston, M. & Bowels, W. 2003. Research for Social workers: an introduction to methods. 2<sup>nd</sup> ed. National library of Australia
3. Bailey, G. 2013. World social work day message [Online] Available at <http://ifsw.org/get-involved/world-social-work-day/> (Accessed on 16 April 2013)
4. Ba'yah, N.A.K. 2011. Social intervention recommendations for depressed women with insecure styles, correlated with risk factors. *Journal of Social Sciences and Humanities*, Volume 6, n<sup>o</sup>2, p. 313-320
5. Birchall, J. 2009. A comparative analysis of cooperative sectors in Scotland, Finland, Sweden and Switzerland. Spectrum House, Glasgow.
6. Bolier et al. 2013. Positive psychology interventions: a meta-analysis of randomized controlled studies. BMC public health, 13:119 Research article open access [Online] Available at <http://www.biomedcentral.com/content/pdf/1471-2458-13-119.pdf> (Accessed on 16 April 2013)
7. Bolton's et al. 2002. Prevalence of Depression in Rural Rwanda Based on Symptom and Functional Criteria. *Journal of Nervous & Mental Disease*, Volume 190 - Issue 9 - pp 631-637
8. Bryman, A. 2008. Social Research Methods: 3<sup>rd</sup> ed. New York, Oxford University Press inc.
9. De Vaus, D. 2001. Research Design in Social Research. London, Sage Publication.
10. Dreiger, D. 1989. The last civil rights movement, London: Hurst
11. Frankfort, N. C., Nachmias, D. 1996. Research Methods in the Social Sciences. 5<sup>th</sup> ed. New York, St. Martin's Press.
12. EU high-level conference 2008. European pact for mental health and well-being, Brussels.
13. Freeman, M. 2002. Human Rights: An Interdisciplinary Approach. Polity Press&Blackwell Publishing Ltd.
14. Gill et al. 2008. Methods of data collection in qualitative research: interviews and focus groups. *British dental journal*, vol. 204, n<sup>o</sup> 6 Mar 22 Freeman, M. (2002). Human Rights: An Interdisciplinary Approach. Polity Press&Blackwell Publishing Ltd.
15. Gostin, L. O. 2004. The Human Rights of Persons with Mental Disabilities: A Global Perspective on the Application of Human

Rights Principles to Mental Health, Georgetown University Law Center

16. Growher, R., Marshall, M. & Huxley, P. 2010. Vocational Rehabilitation for people with severe mental illness, Wiley Publisher.
17. IFSW. 2011. Ethics in Social Work, Statement of Principles. [Online] Available at <http://www.hcpc-uk.org/assets/documents/10003478Item12-enc10a3-IASSW-IFSWprinciples.pdf> (Accessed on 15 February 2013)
18. Lerner, D., Hanke, R. M. 2008. What does research tell us about depression, job performance, and work productivity? *JOEM*, Volume 50, Number 4, p. 401-410
19. Jonkers, et al. 2007. Process evaluation of a minimal psychological intervention to reduce depression in chronically ill elderly persons in "Patient Education and Counseling" no 68, p. 252-257, Elsevier Ireland Ltd.
20. Krysiak, J.L and Finn, J. 2010. Research for Effective Social Work Practice. 2<sup>nd</sup> ed., New York: Routledge
21. Kvale et al. 2009. Interviews: learning the craft of qualitative research Interviewing. Los Angeles and London: Sage Publications.
22. Mubuke et al. 2009. Current knowledge, attitudes and practices of expectant women toward routine sonography in pregnancy. *PanAfrican Medical Journal* [Online]. Available online at: <http://www.panafrican-med-journal.com/content/article/3/18/full> (Accessed on 7 February 2012)
23. Nouria, B., Green, J. 2008. A guide to using qualitative research methods, UK, MSF.
24. Rojek, C., Peacock, G. & Stewart, C. 1988. Social work and received ideas. London and New York: Routledge.
25. Rwanda Women Network (n.d). Strategic Approaches. [Online] available at <http://www.rwandawomennetwork.org/spip.php?article3> (Accessed on 21 August 2014)
26. Sheppard, M. 2006. Social work and social exclusion: The idea of practice. Hampshire: Ashgate Publishing Limited.
27. Socialstyrelsen. 2009. Swedish disability policies today [Online]. Available at [http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/8407/2009-126-188\\_2009126188.pdf](http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/8407/2009-126-188_2009126188.pdf) (Accessed on 14 April 2013)
28. Stryjan, Y. 2004. Work Integration Social Enterprises in Sweden. Sweden: Södertörns Högskola, Huddinge.
29. The Senate of Canada. (2006). Out of the Shadows at last. Transforming mental health, mental illness and addiction services in Canada: Final report of the standing senate committee on social affairs, science and technology.
30. Timy, M. 2001. Social research: issues, methods and process. 3<sup>rd</sup> ed. New York: Open University Press.
31. UN. International Covenant on Economic, Social and Cultural Rights. [Online Manual] available at

[https://www.frontlinedefenders.org/files/esc\\_rights\\_manual.pdf](https://www.frontlinedefenders.org/files/esc_rights_manual.pdf)

(Accessed on 30 April 2013)

32. UN. Human Rights Declaration. [Online Manual] available at <http://www.un.org/en/documents/udhr/> (Accessed on 30 April 2013)
33. UN. 2011. The Secretary-General message for the international day of cooperatives 2 July 2011
34. UNDP. 2008. Social Enterprise: A new model for poverty reduction and employment generation: An examination of the concept and practice in Europe and the commonwealth of independent States.
35. Weissman, M. M. 2006. A brief history of interpersonal psychotherapy. *Psychiatric Annals*, 36 (8), 553-557.
36. WHO. 2011. Mental health atlas. WHO library cataloguing-in-publication data
37. WHO. 2012. Depression: a global public concern; fact sheet N°369 [Online] Available at [http://www.who.int/mental\\_health/management/depression/who\\_paper\\_depression\\_wfmh\\_2012.pdf](http://www.who.int/mental_health/management/depression/who_paper_depression_wfmh_2012.pdf) (Accessed on 20 April 2013).