



The Employment Experiences of People with Experience of Mental Illness: Literature Review

Written for the
Mental Health Foundation of New Zealand
by Chloë Duncan and Debbie Peterson



Mental Health
Foundation
of New Zealand

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Photography: Mark Smith

Design: Paradigm

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*The employment experiences of people with experience of mental illness:
Literature review.*

ISBN: 9781877318481 (Paperback)

*The employment experiences of people with experience of mental illness:
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ISBN: 9781877318498 (PDF)

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Preface

This is a review of research into the employment of people with experience of mental illness, and the issues which arise from that subject. The review was conducted by the Mental Health Foundation (NZ) as part of the *Like Minds, Like Mine* (LMLM) project, and is intended to supplement the original research findings of the Mental Health Foundation report *I Haven't Told Them, They Haven't Asked* (Peterson, 2007). Specifically, this review is intended to situate the findings of the LMLM study within prior research into the subject of the employment of people with experience of mental illness, thereby enabling a deeper, more informed understanding of the study's results.

Acknowledgements

We would like to thank Kathryn Nemece for taking the literature review to completion, and Lynne Pere and Paul Thornton for their work on the previous drafts. We would also like to thank the Ministry of Health library for sourcing the articles for review, and the Ministry of Health for funding this project as part of the *Like Minds, Like Mine* campaign.



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Introduction

Employment plays a critical role in the life and recovery of people with experience of mental illness. Employment provides the opportunity to improve levels of confidence, social status and identity, and can result in clinical improvements. Indeed the NZ Mental Health Commission (2001:1) stated that paid employment is a 'critical component of the pathway to recovery'.

However, while employment offers real benefits to people with experience of mental illness, the reality is that unemployment rates amongst this group are higher compared to the general population. And while there are a number of factors that contribute to the unemployment rate, unemployment is not inevitable. Overseas studies have all demonstrated that people with a diagnosis of severe mental illness are capable of holding down a job.

There are a number of barriers that confront people with experience of mental illness when looking for, and retaining employment. However, the most significant factor is discrimination. Discrimination in the workplace causes stress and limits potential, and is usually based on unfounded stereotypes and myths. Most importantly, discrimination discourages people with experience of mental illness from disclosing their experience of mental illness, and therefore not be eligible for reasonable accommodations which may help job performance.

While the arguments for and against disclosure are many, research indicates that the benefits of disclosure outweigh non disclosure. The challenge for employers is to create a non discriminatory workplace environment and culture where it is safe to disclose and receive reasonable accommodations, and people with experience of mental illness are not at risk of discrimination.

Within the workplace, there are various ways employers can support and accommodate people with experience of mental illness. This report aims to provide detailed information about the issues surrounding employment of people with experience of mental illness, and highlight issues for policy makers and mechanisms that employers can use to support people.

Overview

Employment plays a critical role in the life and recovery of people with experience of mental illness. Most importantly employment contributes to:

- **Social status and identity:** Employment helps to provide structure, the opportunity for social connections, and the means for a normal life (Noble, 1998: 775). If people with experience of mental illness are in paid employment they are more likely to be socially integrated, married, and living in independent housing (Marwaha & Johnson, 2004).
- **Self esteem and self respect:** Self esteem and respect link to sense of confidence, enjoyment of work, independence, responsibility and improved social skills.
- **Clinical improvement:** Employment reduces hospital admissions, use of medication, relapses and psychiatric symptoms (Grove, 2001).
- **Sense of helping others:** Especially for people with experience of mental illness working in the mental health sector, employment provides the opportunity for them to help others resolve issues.

Employment is important for all people. It is a source of more than financial income: it offers a sense of personal satisfaction and achievement through feelings of being productive, it challenges and stimulates, and provides both personal wellbeing and professional growth (McLaren, 2004). Work is also a means of structuring and occupying time, and has the ability to promote community participation and social inclusion, both in itself, and through a widening of leisure, recreational and social opportunities (Bassett et al, 2001; Perkins & Rinaldi, 2002; Honey, 2004).

Work is equally important in the fulfilment of human needs for people with experience of mental illness (Caltraux, 2003). Particular benefits from employment for people with experience of mental illness are described below.

Social status and identity

Employment improves social status and sense of identity, and contributes of feelings of 'being normal' (Perkins & Rinaldi, 2002; Boardman et al, 2003; Mental Health Foundation (UK), 2002). It counters the process whereby people internalise "sick or 'patient' role as the dominant feature of their lives" (Boardman et al, 2003: 467).



Employment can aid recovery by “providing structure, the opportunity for social connections, and the meaning of a normal life” (Noble, 1998: 775), and provides the means to access other important social roles, such as “spouse, friend, neighbour, customer, and taxpayer” (Stromwall, 2002: 78). Research has repeatedly shown that if people with experience of mental illness are in paid employment, they are more likely to be socially integrated, married, and living in independent housing (Marwaha & Johnson, 2004).

Self esteem and self respect

People with experience of mental illness associated their enjoyment of work with an increase in self-esteem, self-respect and confidence (McLaren, 2004; Crowther et al, 2001; Honey, 2004). People with experience of mental illness have been found to enjoy the chance to develop new skills through working, and the sense of mastery this gives them (Henry et al, 2002).

Self esteem is also linked to the enjoyment of work. Enjoyment of work, along with the desire to work and demonstrate a strong and positive commitment to work is also noted in the literature (McLaren 2004; McQuilken et al, 2003; Marwaha & Johnson, 2004).

Clinical improvements

Hospital admissions (or shortened hospital stays), use of medication and day treatments, relapses, and psychiatric symptoms can be reduced if people with experience of mental illness are employed (Grove, 2001; Caltraux, 2003: 539; Perkins & Rinaldi 2002: 297). As a result, employment reduces the use of mental health services by people with experience of mental illness (Mental Health Commission, 1999). Indeed, the New Zealand Mental Health Commission (2001: 1) has stated that paid employment is a “critical component of the pathway to recovery”.

Helping others with experience of mental illness

Interestingly, the UK Mental Health Foundation (2002) found that two fifths of employed people with experience of mental illness worked in the health care or social care sectors. Participants in this UK MHF survey noted that they were most likely to find supportive employers in these fields. However, the ability of mental health services to respond to and include greater input from people with experience of mental illness is still subject of criticism (Francis et al, 2002: 97; Stromwall, 2002).

It should be noted that some authors have cautioned that the relationship between employment and improvement of quality of life of people with experience of mental illness is inconclusive (Honey 2004; Provencher et al, 2002;132). The consequences of employment as an “additional stress” on people with experience of mental illness has also been raised (Weber et al 2003: 53).

Overview

While employment offers real benefits to people with experience of mental illness, the reality is that unemployment rates amongst this group are higher than the general population. Several factors contribute to and influence unemployment rates amongst people with experience of mental illness. These include:

- Severity of mental illness,
- Different types of mental illness, and
- Lower length of job tenure.

Employment trends and issues emerge from a closer analysis of employment rates amongst people with experience of mental illness. For example:

- Compared to other disability groups, people with experience of mental illness have the lowest rates of employment (Jensen et al, 2005).
- People with experience of mental illness are more likely to be unemployed when they have lower levels of education, and when they have other disabilities as well (Jensen et al, 2005).
- Low employment rates amongst people with experience of mental illness may not be accurate due to the secondary labour market, which is dominated by low paid, part-time, temporary and high turnover jobs that require few skills. People with experience of mental illness are disproportionately represented in these types of jobs (Catalano et al, 1999).

However, low employment rates amongst people with experience of mental illness are not inevitable. Overseas studies show that with appropriate support, people with severe mental illness can hold down employment.

While employment offers real benefits to people with experience of mental illness, the reality is that unemployment rates amongst this group are higher than the general population. For example, in the United Kingdom, estimates of unemployment levels among people with experience of mental illness range from 61% to as high as 96% (Crowther et al 2001; Grove, 2001; Perkins & Rinaldi 2002; Disability Rights Commission, 2003). In addition, the Office of National Statistics (1999; cited in Mental Health Foundation (UK), 2002) found that only 17% of people with experience of mental illness who qualified as part of the workforce were in paid employment. A similar relationship between unemployment and mental illness has been documented in the US (Noble, 1998; Laudet et al, 2002; Provencher et al, 2002) and Australia (Honey, 2003).



Factors that influence unemployment rates amongst people with experience of mental illness

Several factors contribute to and influence unemployment rates amongst people with experience of mental illness. These include:

- Severity of mental illness: Rates of unemployment are particularly high (“typically above 85%”) for people experiencing symptoms of severe mental illness (Crowther et al 2001; Goldberg et al 2001: 101; McQuilken et al, 2003).
- Different types of mental illness: People with experience of anxiety or depression are more likely to be employed compared to people with experience of schizophrenia or bipolar disorder (Mental Health Foundation (UK), 2002; Wewiorski & Fabian, 2004).
- Lower length of job tenure: People with experience of mental illness have lower length of job tenure than people without experience of mental illness in jobs, across all industries (MacDonald-Wilson et al, 2002). In the US, the average length of job tenure of people with experience of mental illness on supported employment programmes was only 70 days (Provencher et al, 2002). This is even where reasonable accommodations and job support were provided (MacDonald-Wilson et al, 2002).

Unemployment amongst people with experience of mental illness compared to other disability groups

In New Zealand, people with experience of mental illness have been found to be among those disability groups with the lowest rates of employment, at 44%, with only approximately 27% being in full-time work (Jensen et al, 2005). People with experience of mental illness are also the most likely of all disability groups in New Zealand to be in receipt of a benefit, with 48% of people with experience of mental illness claiming some sort of benefit (Jensen et al, 2005). Similar findings have been found in both the US and UK (Catalano et al, 1999; Disability Rights Commission, 2003; Zwerling et al, 2003).

Influence of other variables on unemployment rates amongst people with experience of mental illness

People with experience of mental illness are more likely to be unemployed when they have lower education levels, and where they suffer from other disabilities as well (Jensen et al, 2005). Age and race can also influence employment – in the US, younger people with experience of mental illness are significantly more likely to be employed than older people with experience of mental illness, and Caucasians with experience of mental illness are significantly more likely than people of colour who have experience of mental illness to attain employment (Wewiorski & Fabian, 2004).

Although Maori are more likely than other ethnic groups in New Zealand to have disabilities (including experiencing mental illness), “the employment levels of people in the Pacific and ‘other’ ethnicity categories were significantly more affected by disability” than those of Maori or Pakeha (Jensen et al, 2005).

Influence of the secondary labour market on unemployment rates amongst people with experience of mental illness

Some studies have indicated that unemployment rates amongst people with experience of mental illness may not be as low as suggested by statistics, and that people with experience of severe mental illness are not necessarily at higher risk of unemployment compared to other workers during periods of economic contraction (Catalano et al, 1999). This is explained by the fact that measures of labour market status are not designed to evaluate the secondary labour market, which is characterised by low paid part-time, temporary, and high-turnover jobs that require relatively few skills (Catalano et al, 1999). Indeed, it is this type of work where people with experience of mental illness are disproportionately represented (Perkins & Rinaldi, 2002; McQuilken et al, 2003; Spirito Dalgin & Gilbride, 2003). Accordingly, measurements of absolute unemployment rates of people with experience of mental illness, though roughly accurate, should be considered with a small amount of caution.

Unemployment amongst people who experience mental illness is not inevitable

The detrimental impact of unemployment on the mental health of all people, and particularly those with experience of mental illness has been well documented (McLaren, 2004; Perkins & Rinaldi, 2002; Yip & Ng, 2002: 197). However, it is not inevitable that people with experience of mental illness suffer from high levels of unemployment: in Italy, employment rates among people with experience of schizophrenia have found to be as high as 60% (Warner & Mandiberg, 2003). Further, British, American, and German studies have all demonstrated that “given appropriate support, 30% or more of people with a diagnosis of severe mental disorder are capable of holding down a job” (Grove 2001: 446). Despite this, and for reasons that remain unclear, “most US employers remain unresponsive” to the specific needs of employees with experience of mental illness, and instead use generalised workplace mental health programmes that have been found to be largely ineffective (Putnam & McKibbin, 2004: 122).

Barriers to employment amongst people with experience of mental illness

4.0



Overview

Three key barriers confront people with experience of mental illness when looking for work, applying for jobs and retaining employment. These are:

- Discrimination,
- Attitudes and beliefs about applying for and retaining employment, and
- Practical barriers.

Discrimination is destructive for people with experience of mental illness – it causes stress, limits potential and erodes interpersonal relationships (Honey, 2003). It is generally the negative preconceptions and beliefs held by employers which create discrimination in the workplace. However, their concerns are usually exaggerated, not relevant to all cases of mental illness or are not based in reality.

Discrimination manifests in a number of different forms, for example, hostility, harassment, derogatory comments, or placing employees with experience of mental illness under such scrutiny that the stress leads to developing symptoms of mental illness. However, there are rights to non-discrimination in the workplace which protects people with experience of mental illness. Within New Zealand, the right of people with experience of mental illness to work is protected under s.22 of the Human Rights Act (HRA) 1993.

The provisions in the HRA state, in essence, that it is discriminatory to treat any disabled person (including people with experience of mental illness) differently from other people at any stage in employment (s.22), except where;

- The different treatment is a “measure to ensure equality” (s.73),
- Employing a disabled person would present too much of a risk to that person or others, or
- A disabled person could only do the work with accommodations which the employer cannot reasonably be expected to provide (s.29).

Perceptions and beliefs held by people with experience of mental illness form barriers to seeking and retaining employment. These include:

- Low levels of motivation and poor perception of their employability,
- Lack of confidence and self stigma, and
- Fear of discrimination.

Practical constraints also hinder employment. These include:

- Symptoms of mental illness and side effects of medication,
- Lower levels of education,
- Fear of losing benefits,
- Low paid jobs,
- Lack of work experience, and
- Difficulties interacting with people.

There are a number of barriers that confront people with experience of mental illness when looking for work, applying for jobs and retaining employment. However, the most significant factor is discrimination, or the reaction to experience of mental illness. This section describes the commonly held preconceptions about mental illness which form the basis of discrimination, along with different types of discrimination and the effect that discrimination can have on people with experience of mental illness. A range of other barriers are described, such as the attitudinal and practical barriers that people with experience of mental illness confront in the employment market.

4.1 Discrimination

Thirty one percent of New Zealanders with experience of mental illness have suffered some sort of discrimination at work, and 34% reported experiencing discrimination when looking for employment (Peterson et al, 2004). Other studies have found that discriminatory practices and beliefs is one of the major barriers to people with experience of mental illness finding and maintaining steady employment (Mental Health Commission, 1999; Disability Rights Commission, 2003; Honey, 2003).

The effect of discrimination on people with experience of mental illness

Discrimination of people with experience of mental illness can cause stress, limit their potential, and erode their interpersonal relationships (Honey, 2003). In addition, “people with psychiatric disabilities tended to be particularly isolated from...[workplace] culture” (Ochocka et al, 1994; cited in Kirsh, 2000: 112). It has been found that discrimination often prevents people with experience of mental illness from attaining promotion, and can lead them to resign, be made redundant, or not have contracts renewed (Mental Health Foundation (UK), 2002; Mental Health Commission, 1999; Disability Rights Commission, 2003).



Employers preconceptions about mental illness

As with any other groups of people, some employers have negative preconceptions concerning mental illness. Such preconceptions can be particularly damaging as employers have the power to exclude people with experience of mental illness from the workforce (Warner & Mandiberg, 2003). British people with experience of mental illness have noted that changes in such attitudes would be more helpful than any reasonable accommodation (Mental Health Foundation (UK), 2002).

Employer preconceptions about mental health influence hiring patterns in the UK. A government survey in the UK found that only 37% of employers would hire people with experience of mental illness in the future (Disability Rights Commission, 2003). Another study found that, even where all applicants had equal qualifications, employers were more willing to hire people with severe physical disabilities than people with histories of experience of mental illness (Drehmer, 1985; cited in Kirsh, 2000).

Employers' preconceptions and concerns about mental illness can take several forms. These include:

- Lack of knowledge about services they can access to help support employees with experience of mental illness (Peckham & Muller, 2000),
- In the UK, concerns that employees with experience of mental illness may threaten “potential litigation” or “impact on their liability insurance” (Disability Rights Commission, 2003: 9),
- In Australia, fears about increased insurance costs when employing people with experience of mental illness (Peckham & Muller, 2000), and
- In New Zealand, concerns about safety, productivity, and that a person with experience of mental illness would not “fit” into the culture of the organisation (Lennan & Wyllie 2005: 13)
- Belief that people with experience of mental illness could not work except with other people with experience of mental illness; or, conversely, that if they worked in the mental health field they would be unable to be objective, or would suffer from transference (Perkins, 1993; cited in Mind Out, n.d.).

While there is some factual basis for such fears, they are exaggerated – and these fears are not relevant to all cases of people with experience of mental illness. Some employers surveyed by Perkins (1993; cited in Mind Out, n.d.) displayed anxiety about hiring individuals with experience of mental illness because they had had problems previously and assumed all people with experience of mental illness were the same.

Other concerns seem to have a less clear basis in reality. Some employers fear that people with experience of mental illness will be:

- Unable to cope with work stresses; that they will need excessive time off; and that hiring an individual with experience of mental illness would put the workplace under extra strain (Perkins, 1993; cited in Mind Out, n.d.; Peckham & Muller, 2000; Stromwall, 2002), and
- Unreliable; “take” the jobs of other people without experience of mental illness; violent, uncontrollable, or “go mad” at work (Perkins, 1993; cited in Mind Out, n.d.; Peckham & Muller, 2000).

Overall, the labour market of the employment capability of people with experience of mental illness is underestimated (Mental Health Commission 1999; Disability Rights Commission 2003), and

“many people with mental health disabilities are employed below the level of their ability and qualifications”. (Disability Rights Commission, 2003:10)

Forms of discrimination

Research has shown that discrimination at work can manifest in different forms:

- Hostility from employers, managers and supervisors (McLaren, 2004; Mind Out, n.d.). For example, one New Zealand supported employment services provider, Workwise, reported that some employers are “offensive” to people with experience of mental illness, and that this is “stressful” for their clients (in McLaren, 2004: 33).
- Employers will be willing to hire people with experience of mental illness, but, upon hiring, scrutinise these employees’ work so closely and invasively that they become resentful, and either leave or perform poorly. The consequential poor performance of work tasks or perceived lack of resilience confirms the employers prejudice (Mind Out, n.d.; McLaren, 2004; LEAP, 2005).
- Pressure on employees causes them to develop symptoms of mental illness – which then causes the employer to fire the employee (Overell, 2001).
- Patronising, or making derogatory comments to employees with experience of mental illness once they know of their experience of mental illness, either through disclosure or becoming unwell at work (Peterson et al, 2004).

Co-workers can also discriminate against people with experience of mental illness by abusing and harassing them, usually in the form of teasing, condescension, avoidance, derogatory comments, scape-goating, bullying and harassment (McLaren, 2004; Mind Out, n.d.; Peterson et al, 2004; LEAP, 2005; Mental Health Foundation (UK), 2002).

Work-related discrimination against people with experience of mental illness is not confined to the workplace. It extends to government vocational services for people with experience of mental illness receiving disproportionately less funding than vocational services for people with other disabilities (Noble, 1998). People with experience of mental illness can also be discriminated against in the process of resolving discrimination disputes (Moss et al, 2002;



Peterson et al, 2004). This was shown in a study by Moss et al (2002) which investigated the frequency with which people with experience of mental illness who had made employment discrimination complaints under the Americans with Disability Act (ADA) were referred to the Equal Employment Opportunity Commission's (EEOC) mediation programme, in comparison with other ADA claimants. Moss et al (2002) found that employees who had been discriminated against in employment due to their experience of mental illness were significantly less likely to be referred by the EEOC for mediation than employees who had been discriminated against in employment due to other disabilities.

In New Zealand, a number of participants in the Mental Health Foundation (NZ) discrimination survey (Peterson et al, 2004) referred to trying to address the employment related discrimination using formal employment dispute pathways. Unfortunately, they reported poor outcomes resulting from such actions. Not surprisingly, many people with experience of mental illness simply feel too disempowered by the discrimination they experience to address it (Peterson et al, 2004).

The right to non-discrimination in employment

While discrimination against people with experience of mental illness in employment is widespread and serious, the means to combat it are founded in the right to non-discrimination in employment. Crowther et al (2001) state that there are compelling ethical, social, and clinical reasons for assisting people with experience of mental illness into employment. They state that;

“from an ethical standpoint the right to work is enshrined in the Universal Declaration of Human Rights 1948”. (Crowther et al, 2001: 204)

The Universal Declaration states that “everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment” (1948: Art.23). Under its terms, “everyone” – including people with experience of mental illness – has the right to work. The view that high levels of unemployment among people with experience of mental illness is “unnecessarily wasteful of lives and a denial of civil rights” is receiving increasing levels of political support (Grove, 2001: 446).

However, often people with experience of mental illness are unaware of their rights to be free from discrimination. Granger (2000) found that 86% of Americans with experience of mental illness were unaware of their right to be free from discrimination guaranteed under the Americans with Disability Act. It was precisely because of the lack of awareness of information about experience of mental illness and discrimination that the EEOC Guidelines (1997) were published (Granger, 2000).

Within New Zealand, the right of people with experience of mental illness to work is protected under s.22 of the Human Rights Act (HRA) 1993. The provisions of the HRA state, in essence, that it is discriminatory to treat any disabled person (including people with experience of mental illness) differently from other people at any stage in employment (s. 22), except where;

- The different treatment is a “measure to ensure equality” (s.73),
- Employing a disabled person would present too much of a risk to that person or others, or
- A disabled person could only do the work with accommodations which the employer cannot reasonably be expected to provide (s.29).

The situation is roughly the same in the US, the UK, and Australia, with only slight variations or elaborations.

4.2 Perceptions and beliefs that form barriers to looking for, and retaining employment

A range of factors hinder people with experience of mental illness seeking and applying for jobs. And even when a job is obtained, maintaining employment may be particularly difficult for some people with experience of mental illness (Yip & Ng, 2002). Some of these factors are intrinsic, and comprise perceptions and beliefs that may be based on previous experience. They are described below.

Low levels of motivation and poor perception of ‘employability’

Research has found that the “attitudes and self-esteem” of people with experience of mental illness as one of the key barriers to their seeking work (Marwaha & Johnson, 2004: 343; McQuilken et al, 2003; Mental Health Foundation (UK), 2002). Focus on Mental Health (2001; cited in Mental Health Foundation (UK), 2002), a UK charitable organisation, found that 95% of people with experience of mental illness believed that their experience of mental illness would have a negative effect on their attempts to find work (Marwaha & Johnson, 2004: 345).

The main reason why some people with experience of mental illness may be unmotivated to find work is because they are scared off by past work “failures”, erratic work histories and of past set backs at work (Marwaha and Johnson 2004: 343-344; Laudet et al, 2002: 155).



Lack of confidence and self-stigma

Experiencing symptoms of mental illness may erode people's confidence in their ability to work and obtain work (Laudet et al, 2002). This lack of confidence, caused by the experience of symptoms, can disrupt efforts to find work by making people with experience of mental illness repeatedly reassess their employment goals, or by making them only seek work that would not be disrupted by the onset of symptoms. And once employed, lack of confidence can prevent people with experience of mental illness from performing to their full capacity (Honey, 2003).

This loss of confidence derives not only from what people with experience of mental illness fear others will think of them; it is also a consequence of shame internalised and turned into self-stigma (Laudet et al, 2002). Self-stigma results from the internalisation of cultural stereotypes, prejudices and myths surrounding mental illness, such as 'people with experience of mental illness are sick and incapacitated' (O'Flynn & Craig, 2001; Caltraux, 2003). This can lead to self-damaging behaviour. For example, internalisation of the belief that people with experience of mental illness are unreliable (Perkins, 1993; Mind Out, n.d.) as "I'm unreliable" can cause people with experience of mental illness to act unreliably at work (Caltraux, 2003: 540). Self-stigma can also prevent people with experience of mental illness from forming networks with colleagues, and from accessing ordinary employee support mechanisms (Caltraux, 2003; Putnam & McKibbin, 2004). Self-stigma among people with experience of mental illness causes them to think they are not good enough for work, and, in consequence, they fail to seek, gain, and retain employment (Caltraux, 2003).

Honey (2003: 268), however, notes that there is conflicting evidence as to whether self-stigma affects the employment patterns of people with experience of mental illness, probably because of the "difficulty in assessing and quantifying intrapersonal problems".

Fear of and actual discrimination

Some people with experience of mental illness internalise discriminatory attitudes; others fear discrimination at all stages of employment (during the hiring process, during promotion, and on-the job) and deploy strategies to avoid it (Peterson et al, 2004; McLaren, 2004; LEAP, 2005).

In the context of the workplace, fear of discrimination usually takes the form of avoiding disclosure of mental illness (Granger, 2000). Non disclosure results from the feeling that disclosing experience of mental illness would lead to discrimination and stigmatisation, and arouse others' media-generated fear of themselves as violent (Spirito Dalgin & Gilbride, 2003).

Other people with experience of mental illness report that fear of discrimination and "being labelled 'unstable' or 'incompetent'" prevents them from accessing workplace programmes designed to help people experiencing mental illness (Putnam & McKibbin, 2004). These fears are not ill-founded: people with experience of mental illness have reported discrimination at work and during interviews (Peterson et al, 2004; McLaren, 2004; LEAP, 2005).

People with experience of mental illness endured discrimination whether they themselves had disclosed, or whether their experience of mental illness had been disclosed without their consent (Peterson et al, 2004). Two of the studies found that people with experience of mental illness advised that other people with experience not disclose at work, because without disclosure there was “no discrimination” (as in LEAP, 2005: 20; see also McLaren, 2004).

As will be discussed in Section 6 and 7, the fear that disclosure will trigger discrimination often prevents people with experience of mental illness from claiming reasonable accommodations. Further, as reasonable accommodations are sometimes exactly what enables people with experience of mental illness to work, failing to claim them often only makes life difficult for the people who need them.

4.3 Practical constraints and barriers

Other factors that present barriers to seeking, applying for and retaining employment are of a more practical nature.

Symptoms of mental illness and side effects of medication

Although there is relatively little research into which factors have the most effect on people with experience of mental illness applying for jobs, two studies mentioned symptoms of mental illness and side effects of medication as barriers to seeking employment (Marwaha & Johnson, 2003; McQuilken et al, 2003; Spirito Dalgin & Gilbride, 2003).

Similarly, once employed, the symptoms of mental illness and the side effects of medication present the most difficulties at work (Peterson et al, 2004, Craig et al, 2002; Mental Health Foundation (UK), 2002). The direct and sometimes debilitating effects of mental illness may interrupt employment with periods of being unwell; which may be compounded by the side effects of psychiatric medication. Effects can manifest as disruptions of concentration or sleeping patterns, or as increased tiredness or slowness of movement. Both symptoms and side effects can lead to job loss (Peterson et al, 2004).

People with experience of mental illness have found that symptoms can:

- Make work more difficult by interfering with interpersonal relationships, decision-making, cognitive functioning reducing confidence, and with physical wellbeing (Honey, 2003; Laudet et al, 2002).
- Make maintaining a competent work performance very difficult (Honey, 2003).



- Cause difficulties at work because work stresses (such as high workloads, bad management, unhealthy workplace environments, bullying, and threats of redundancy) exacerbate symptoms, rather than because symptoms make work difficult (Mental Health Foundation (UK), 2002; Craig et al, 2002)

Symptoms of depression can be a particular issue in the work place. Of almost 500 social workers with experience of depression, 80% believed that work have caused them to become depressed (Community Care, 2002; cited in Mental Health Foundation (UK), 2002). Further, stress and depression lessen workers' enjoyment of work, and depressed workers score lower on measures of productivity and performance than other workers (Dunnagan et al, 2001).

A consistent relationship between severity of mental illness symptoms and employment levels has not been found in the literature (Anthony & Jansen, 1984; Mowbray et al, 1995; Anthony et al, 1995; all cited in Marwaha & Johnson, 2004). In relation to schizophrenia, severity of negative symptoms has been found to be correlated with unemployment, whereas it appears there is no relationship between severity of positive symptoms and employment patterns (Marwaha & Johnson, 2004). Other research has found that people experiencing episodic symptoms of mental illness have better employment outcomes than people experiencing continuous symptoms (Honey, 2003). This could be because specific symptoms of mental illness only impair specific aspects of job performance, and people experiencing certain symptoms of mental illness may be in work that is not disrupted by those symptoms (Honey, 2003).

Lower levels of education

There is a tendency for people with experience of mental illness to have attained lower levels of education than other people (McLaren, 2004). The episodic nature and the unpredictability of mental illness can affect education, and it is often particularly devastating for young people with experience of mental illness if the onset of illness disrupts their education and delays their entry into the labour force (Mental Health Commission, 1999; Mitchell et al, 2002). Inadequate educational achievement has been identified as a factor sufficient in itself to prevent people with experience of mental illness from applying for and obtaining employment (McQuilken et al, 2003; Spirito Dalgin & Gilbride, 2003).

The consequences are that some people with experience of mental illness tend to cluster in low-paid and part-time jobs that require few educational qualifications. It also means they are less likely to benefit from improvements in the economy at large (Perkins & Rinaldi, 2002).

Fear of losing benefits

The literature notes that a significant factor in preventing people with experience of mental illness from seeking work is the fear of losing welfare benefits. A number of studies have described the 'benefits trap': the relatively high pay rates of sickness- and disability-related

benefits makes it difficult for people with experience of mental illness to take low-paid jobs, especially on a part time basis, without risking loss of income (Perkins & Rinaldi 2002; Boardman et al, 2003; Mind Out, n.d).

Low paid jobs

Linked to the ‘benefits trap’ is that people with experience of mental illness disproportionately tend to take up low-paid jobs (Perkins & Rinaldi, 2002). The fear of only being able to acquire low-paid work has been identified as a barrier to employment among people with experience of mental illness (McQuilken et al, 2003). On the other hand, Catalano et al (1999) found that employees with experience of mental illness may actively choose to pursue the low-skill, part-time jobs most are employed in, in order to limit their stress.

Lack of work experience

People with experience of mental illness who have a work history prior to their experience of mental illness are more successful in finding employment than those without such a work history (Gioia & Brekke, 2003). Tsang et al (2000: 170) found that the best predictors of future employment among unemployed people with experience of mental illness in Hong Kong were job-seeking and job-related interpersonal skills, with the second strongest predictor of future employment being the development of strong “work habits”.

Once employed, lack of work experience can prevent people with experience of mental illness from having adequate “organizational preparation” to function effectively in a workplace environment (Stromwall, 2002).

Difficulties interacting with people

“Difficulties interacting with people” was cited by people with experience of mental illness as a significant barrier to employment (Laudet et al, 2002: 155). In combination with the fact that employment promotes social inclusion for all people, this suggests a depressingly circular situation where socially marginalised people cannot find work, and where those without work become socially marginalised. However, Marwaha and Johnson (2003: 345) caution that the social exclusion of people with experience of mental illness may be due to personality factors, in addition to or in place of the severity of symptoms.

Finally, the only factor canvassed in the research literature which has not been found to negatively influence people with experience of mental illness when applying for (or retaining) jobs is substance abuse. No significance differences have been found between employment rates of people with experience of mental illness who abuse substances, and those who do not (MacDonald-Wilson et al, 2002).

Practical steps for employers to combat discrimination in the workplace

5.0



Overview

Despite the difficulties faced by people with experience of mental illness in finding and retaining employment, some workplaces are well set up to combat discrimination.

Strategies include:

- Provision of information about experience of mental illness in the workplace. Indeed, a good programme dedicated to raising awareness of experience of mental illness in the workplace is considered to be one of the best means of combating discrimination (Putnam & McKibbin, 2004).
- Equal Employment Opportunities (EEO) policies in combination with training of managers and supervisors to help them deal with employees with experience of mental illness, improved workplace awareness of experience of mental illness, and creation of a trusting, open and supportive relationship with their employees (Craig et al, 2002).
- Introduce or build on any existing anti-discrimination workplace based resources and programmes.

The literature on employment discrimination against people with experience of mental illness identifies several practical means to combat discrimination. This section describes what employers can do.

Provide Information

At the most basic level, it is recommended that employers provide adequate levels of workplace information about experience of mental illness (Mind Out, n.d.; Putnam & McKibbin, 2004; Kirsh, 2003). Providing information helps create a sense of openness about mental illness in the workplace. This helps to; a) raise empathy for those who experience mental illness among all workers, and b) create a work culture welcoming to people with experience of mental illness (Mind Out, n.d.; Kirsh, 2003).

Strategies for disseminating information include “ongoing organization-wide” training about experience of mental illness, “internal marketing campaigns” to debunk myths about mental illness, and the promotion of high-status individuals with experience of mental illness within the workplace as role models (Putnam & McKibbin, 2004; Kirsh, 2003).

The Working Minds Toolkit contains a couple of recommendations concerning the dissemination of information about experience of mental illness in the workplace. Information should be:

- Accurate, specific, and descriptive in nature.
- Disseminated via an inter-departmental approach, although input from departments like welfare, human resources, and management is considered to be particularly important (Mind Out, n.d.).

From the perspective of people with experience of mental illness, information provided in job descriptions may be more helpful if a list of specific requirements and tasks is provided; this helps avoid discriminatory hiring practices (Stromwall, 2002).

It has been suggested that a good programme dedicated to raising awareness of experience of mental illness in the workplace is considered to be one of the best means of combating discrimination (Mind Out, n.d.; Putnam & McKibbin, 2004; Kirsh, 2003). Two examples of such programmes are currently operating in New Zealand.

- The MHF (NZ) Mentally Health Staff Rooms in Schools is currently operating in the Canterbury area. The service aims to address mental health issues faced by school staff, with the expectation of enhancing overall well-being within the school environment. An early evaluation of the service noted that one of the most significant contributions of the programme was making it more acceptable to talk about mental wellbeing in school staffrooms, and seek support before major stress and burnout occur (Milburn, 2005).
- The MHF (NZ) Working Well Programme supports people in the workplace to maintain their everyday mental health. It covers a range of practical workplace mental health issues such as the impacts of stress, anxiety and depression, and offers a toolkit for building mentally healthy organisations (<http://www.workingwell.co.nz/>).

Equal Employment Opportunities

Employers need to consider three things when implementing New Zealand's Equal Employment Opportunities (EEO) policies for people with experience with mental illness; "how to select the most suitable job applicant without being distracted by the person's job-unrelated health background; how to support the person after the hiring-decision has been made; and how to manage the situation if the person becomes unwell" (Craig et al, 2002:7).

Craig also recommended that in combination with the above, employers;

- provide special training to managers and supervisors to help them deal with employees with experience of mental illness,
- improve workplace awareness of experience of mental illness, and
- create a trusting, open and supportive relationship with their employees (Craig et al, 2002).



This might involve training workers on how to recognise the side effects of medication which can make work more difficult for people with experience of mental illness. Side effects can manifest as drowsiness, altered sleeping patterns, or physical incapacitation (Mental Health Foundation (UK), 2002). Some people with experience of mental illness interviewed by the UK's Mental Health Foundation (2002) stated that the side effects of medication could be so powerful that they were faced with the choice of not taking medication, or not working. Other research has suggested that the problems people with experience of mental illness face during employment are generated by the side effects of medication rather than the symptoms of mental illness (LEAP, 2005).

The American social work industry has developed a *Code of Ethics* describing how workers should be treated when they appear to be experiencing mental illness at work (Stromwall, 2002). Under the Code, workers who believe that a colleague is experiencing symptoms of mental illness must first consult with their colleague and help them take any necessary "remedial action"; only if this course fails should they discuss the matter with their employer (Stromwall, 2002: 81). (The many techniques that can be used to help people experiencing symptoms of mental illness in the workplace are called "reasonable accommodations" (Mncuso, 19990; cited in Stromwall, 2002), and are discussed in Section 7 of this review.)

Any organisation that implements EEO policies needs to incorporate a monitoring system to ensure that policies are having the desired effect. It has been reported that even in organisations that have such policies, people experiencing mental illness at work have experienced discrimination (McLaren, 2004). Therefore, in businesses without such policies, employees starting to experience symptoms of mental illness were even more vulnerable to discrimination and hostility.

Build on Existing Anti-discrimination Workplace Resources and Programmes

Where possible, pro-mental health measures in the workplace should be combined with already existing anti-discrimination, anti-bullying, and pro-dignity programmes (Mind Out, n.d.). In particular, this can help address employment discrimination against people with experience of mental illness that is compounded by discrimination on the basis of other factors, such as race.

Workplaces can also promote wider community anti-discrimination programmes, such as those that aim to combat the origins of discrimination through media advocacy, raise awareness of mental health issues, and fight discriminatory attitudes (Warner & Mandiberg, 2003; Stromwall, 2002)



Disclosing experience of mental illness: Do employers and colleagues need to know?

Overview

Disclosing experience of mental illness in the workplace is a highly complex and contentious area, with arguments both for and against disclosure. From an employer's perspective a key question concerns whether they can ask a prospective employee about experience of mental illness. Under New Zealand law, it is illegal for a potential employer to ask any questions of a job applicant that could "reasonably be understood as indicating" that the employer had an intention to commit discrimination (Human Rights Act, 1993: s. 23).

Disclosure becomes a lot more complex from the perspective of people with experience of mental illness. Pressure to disclose arises from three main sources – legal, ethical and practical. However, the most fundamental pressure arises when a person with experience of mental illness starts to experience symptoms of mental illness in the workplace (Ralph, 2000).

Benefits from disclosing experience of mental illness include:

- Reasonable accommodation can be organised.
- Employees' and employers' understanding of and dealing with the onset of symptoms can be facilitated.
- Workers with experience of mental illness can readily access supported employment services (McLaren, 2004).

The primary barrier to disclosure is fear of discrimination – that a person with experience of mental illness could be treated differently, subject to harassment, or denied promotion opportunities. However, positive experience of disclosure to employers have been reported, enabling accommodations to be made (Mental Health Foundation (UK), 2002).

Deciding when to disclose is another factor. Options include disclosing on an application form, during the interview, or after being hired. All options have advantages and disadvantages, and may involve other variables. The literature also recommends that advice be given to people with experience of mental illness specifically about disclosure rules and guidelines, and how to apply these to actual situations (Granger, 2000).

The issue of disclosure is apparently a double-bind situation: people with experience of mental illness will not disclose due to fear of discrimination, but if they don't disclose, reasonable accommodations cannot be made. Overall, research indicates that the benefits of disclosure outweigh non disclosure. The challenge for employers is to create a non-discriminatory workplace environment and culture where it is safe to disclose, and people with experience of mental illness are not at risk of discrimination.

Disclosure about experience of mental illness is a highly complex and contentious area. This section explores the issue of disclosure from a number of different angles, starting with a key question about whether prospective employers can ask about experience of mental illness.

6.1 Can potential employers ask about experience of mental illness?

In New Zealand

Under New Zealand law, it is illegal for a potential employer to ask any questions of a job applicant that could “reasonably be understood as indicating” that the employer had an intention to commit discrimination (Human Rights Act, 1993: s. 23). Research has not yet been conducted in New Zealand investigating whether people with experience of mental illness are asked such questions while applying for jobs. However, Employers Assistance Ltd, an organisation that provides information to employers on issues regarding employee and compliance issues, has published a pamphlet advising employers how to manage workplace stress (n.d.). This pamphlet includes a template of a “pre-employment screening questionnaire” (n.d.: 48), which recommends that employers ask prospective employees

“Has your work ever been affected by stress or mental health problems (eg, depression, anxiety)? No/Yes

If Yes, please explain...”

(Employers Assistance Ltd, n.d.: 45)

In the United States

In the US, the general rule is that potential employers may not ask job applicants about their history of experience of mental illness (Delikat & Meltzer, 1998). Employers are not legally permitted to ask potential employees whether they are experiencing symptoms of mental illness, even if the employer does this with the intention of helping the prospective employee (Putnam & McKibbin, 2004). Exceptions to this apply when:

- Based on objective criteria, an employer has reason to believe that a prospective employee’s job performance will be impaired by a medical condition, or will pose a “direct threat”. In these cases, the employer may ask the applicant about his or her history of mental illness, or request a medical examination. There must be objective evidence that the impairment or threat exists, or else no such examination may proceed. Only in very carefully specified situations, and in relation to specified impairments, is this criterion not necessary (Delikat & Meltzer, 1998).



- An applicant requests a reasonable accommodation during a job interview, but does not specify the reason for accommodation. If the reason is not evident to the prospective employer, then the employer may ask for documentary proof of disability (including experience of mental illness) before hiring the applicant. However, should the applicant at that point withdraw the request for accommodation, the prospective employer must also withdraw the request for documentation (Delikat & Meltzer, 1998). At no point is a prospective employer obliged to request documentation from a job applicant (Weber et al, 2002; Sahi & Kleiner, 2001).

While employers cannot ask prospective employees about experience of mental illness, and employees are not obligated to reveal experience of mental illness, employers may create programmes to assess employees' mental health so long as employees can enter them on a voluntary basis (Putnam & McKibbin, 2004). Any treatment offered by these programmes must be voluntary and confidential, available to all employees, and should not be administered by the employers themselves (Putnam & McKibbin, 2004).

In the United Kingdom

The situation in the UK is somewhat different. While Britons with experience of mental illness are not specifically required to disclose to employers prior to hiring, they must disclose if specifically asked about their health or about a gap in their employment histories (MIND, 2003a). If they fail to disclose when directly asked about these topics, they can be liable for dismissal. Further, if a person with experience of mental illness chooses not to disclose during an interview – whether or not the employer inquired as to their health during the interview – and within one year of being hired “difficulties” arise as consequence of the employee’s health, then that employee may be fired (MIND, 2003a:1). However, even a person employed for less than a year and who has not disclosed, and is consequently dismissed as a result of developing symptoms of mental illness, may still have a case to make under the Disability Discrimination Act (MIND, 2003a).

However, this situation has been criticised. In the Disability Rights Commission review of the Disability Discrimination Act 1995 (UK) they advised the government that it should be illegal for employers to ask questions on disability during recruitment except in specified circumstances (Disability Rights Commission 2003). Further, there is confusion among employers concerning how to deal with this issue in interviews, even where health questions may legitimately be asked. In a survey of managers interviewing people with experience of mental illness, and who knew applicants had experience of mental illness, it was found that managers were simply unsure of whether or not to bring up this subject during the interview (Perkins, 1993; cited in Mind Out, n.d.).

6.2 Reasons for and against disclosure

There are several reasons on people with experience of mental illness to disclose;

- Legal – where the law places obligations on people to disclose.
- Ethical – where people with experience of mental illness feel that disclosure is the right thing to do.
- Practical – where people must disclose in order to access services and resources.

However, the most basic sort of pressure on people with experience of mental illness occurs if they start experiencing symptoms in the workplace; in these situations, they have no choice except to disclose (Ralph, 2002) or leave.

Legal pressures to disclose

With regard to legal pressures, New Zealand law places an obligation on people with experience of mental illness to disclose where their symptoms would “pose a risk” to themselves or other people in their workplace, or where their symptoms would make them unable to perform a job and no reasonable accommodation can be made to help them perform it (LEAP, 2005: 18).

The legal pressures on people with experience of mental illness to disclose are very different in the UK. As discussed previously, if British job applicants are asked to explain a gap in their work history, or directly asked about their mental health, and do not disclose their experience of mental illness to the prospective employer, they will be liable for dismissal should the employer then hire them and discover their history of mental illness (MIND, 2003a). Whether or not a person with experience of mental illness is asked to disclose at interview, if the applicant does not disclose during the interview and, within one year of being hired develops symptoms of mental illness that impair job performance, they are again liable for dismissal (MIND, 2003a). These pressures to disclose do not exist in New Zealand.

Ethical pressures to disclose

Ethical pressures to disclose revolve around issues of honesty, personal integrity, and the integrity of work relationships. Non-disclosure of experience of mental illness can be stressful, or “against a person’s beliefs” (McLaren, 2004: 68; LEAP, 2005). Some people with experience of mental illness believe that non-disclosure represents dishonesty, or an ethical failure (LEAP, 2005; Anonymous, 1998a). Non-disclosure can force people with experience of mental illness to lie outright: for instance, if asked about gaps in their work histories, they will need to say these gaps were caused by things other than experience of mental illness (LEAP, 2005). Ralph (2002) argues that the secrecy and self-repression surrounding non-disclosure can not only lead to a loss of self-respect, but can also exacerbate symptoms of mental illness.



Practical pressures to disclose

Practical pressures to disclose include, firstly, the need to request reasonable accommodations: if someone needs to ask for such accommodation, they will for practical purposes need to disclose their experience of mental illness (LEAP, 2005). In the US, people with experience of mental illness are never obligated to disclose unless they wish to access reasonable accommodations (Putnam & McKibbin, 2004; Ralph, 2002).

A second type of practical pressure occurs when people with experience of mental illness need to access supported employment services. All the supported employment services agencies surveyed in McLaren's research (2004) disclose their clients' experience of mental illness to employers. Disclosure was necessary in such cases because it allowed the agencies to enter fully into the employer-employee relationship, and ensure employers are trained to deal with employee's symptoms of mental illness (McLaren, 2004; LEAP, 2005).

In addition, some people with experience of mental illness have relatively weak social support networks. For them, the support networks in the workplace are especially important, and easier to access if they have disclosed (McLaren, 2004; Ralph, 2002). Disclosure can also help people with experience of mental illness feel as if they are accepted and that they belong in the workplace culture (LEAP, 2005; Ralph, 2002).

Benefits of disclosure

In summary, disclosure helps people with experience of mental illness;

- organise accommodations (LEAP, 2005; MIND, 2003a; Ralph, 2002),
- increases the chance that people with experience of mental illness will have understanding employers, and increases the opportunities for respect and support from workmates (LEAP, 2005),
- facilitates employees' and employers' understanding of and dealing with the onset of symptoms (McLaren, 2004; LEAP, 2005),
- enables access to welfare subsidies and funding like Job Plus (LEAP, 2005),
- allows workers with experience of mental illness to access readily supported employment services (McLaren, 2004),
- to no longer worry about finding excuses to go to the doctor, or about finding ways to explain the side effects of medication (MIND, 2003a),
- strengthen workplace relationships and build trust (Ralph, 2002; LEAP, 2005), and
- ensure they are not assessed as having poor work performance rather than experiencing symptoms of mental illness; this can have adverse consequences for their employment records (Weber et al, 2002).

The Like Minds Employment Advocacy Project, a “Wellington-based employment rights initiative, run with and for people who have experienced mental health issues”, profiles people with experience of mental illness who suggest that it is especially empowering to be hired after having disclosed (LEAP, 2005: flyleaf, 19). Disclosure can give people with experience of mental illness a sense of freedom, and empower other people with experience of mental illness to disclose (Ralph, 2002; McLaren, 2004). It is also easier to educate management and co-workers about experience of mental illness once employees have disclosed (LEAP, 2005; Ralph, 2002).

Reasons not to disclose

The primary reasons not to disclose experience of mental illness are risks of potential and actual discrimination during the hiring process and at work (McLaren, 2004; LEAP, 2005; MIND, 2003a; Mental Health Foundation (UK), 2002; Granger, 2000). As noted above (Section 4.1), discrimination at work can take various forms.

People with experience of mental illness have also decided not to disclose because they believe that their experience of mental illness is historical and not relevant to their current jobs (Mental Health Foundation (UK), 2002). Other people with experience of mental illness prefer not to disclose simply because it better suits their sense of privacy (LEAP, 2005), or because they considered it an unnecessary reminder of “dark” periods in their lives involving discrimination and self-stigma (Ralph, 2002: 166). Some suggested that, where symptoms did not interfere with functioning there was simply no need to disclose (Ralph, 2002). Others felt that if they did not disclose, they would have a chance to demonstrate their value as workers, while avoiding prejudice (McLaren, 2004).



6.3 Disclosing to employers

Disclosing experience of mental illness in the workplace is a potentially risky situation – employers and co-workers can only discriminate against and harass people for their experience of mental illness if they know about it (Mental Health Foundation (UK), 2002).

Making the decision about whether to disclose

For some, the risk of discrimination is so great that people with experience of mental illness will not disclose to employers. One study noted that “disclosing to an employer was not an acceptable idea” (Spirito Dalgin & Gilbride, 2003: 308), and the UK Mental Health Foundation (2002: 2) describes disclosure as “fraught with difficulty”. However, other people with experience of mental illness will base their decision on whether to disclose or not on the basis



of their relationships with specific employers. Decisions about whether to disclose are primarily based on the perceived character of employers, although an assessment of the general environment or culture of the workplace contributes to the decision-making process (Spirito Dalgin & Gilbride, 2003). Such decisions may also involve consideration of what industry their employer is in, as some industries, such as the mental health field, are considered more welcoming to people with experience of mental illness than others (Mental Health Foundation (UK), 2002).

Employers prefer to know about experience of mental illness

The “majority” of employers surveyed in the Enabling Employment Research Project professed a preference for people with experience of mental illness disclosing (Craig et al, 2002: 18). Similarly, the employers surveyed by McLaren (2004) reported that they would prefer to know from the start whether an employee had a history or experience of mental illness, as did the employers in Lennan and Wyllie’s (2005) study. Generally, employers expressed a desire to know whether an employee experienced mental illness, so that they could respond appropriately to their workers’ needs (McLaren, 2004).

6.4 Barriers and consequences of disclosing to employers

Participants in one study believed that if they disclose to an employer, they would be;

- more closely supervised than previously,
- isolated from co-workers,
- fired,
- not hired in the first place,
- not promoted, and
- would need to work harder than co-workers simply to prove their competence.

(Spirito Dalgin and Gilbride, 2003).

Similarly, another survey of people with experience of mental illness reported that they had been scared that, following disclosure, employers would “misuse” information about their history of mental illness, either through disseminating it to other parties, or through defining all the employee’s subsequent behaviour in terms of mental illness (Granger, 2000: 218).

Consequences of disclosing to employers

However, and despite the possible negative consequences of disclosing to employers, the majority of participants in the UK Mental Health Foundation survey (2002) reported that their experiences of disclosing to employers were positive. One person with experience of mental illness, although initially put on health probation following involuntary disclosure, was later given flexible hours, recuperative hours, and repeatedly given her job back after periods of hospitalisation (Mental Health Foundation (UK), 2002). However, Granger (2000) has found that only a very few people with experience of mental illness reported positive responses from employers following disclosure. It was found that people with experience of mental illness who were supported by job coaches were the most likely to have positive experiences of disclosing to employers.

Disclosure is regarded by some as preferable as it allows workers to enter more fully into the employer-worker relationship (McLaren, 2004). Similarly, disclosure was seen as allowing for the easier arrangement of accommodations, and enabling better communication and relationships with employers (LEAP 2005; MIND, 2003a).

Most importantly, and at least in the UK, disclosure puts people with experience of mental illness on a legally stronger footing when dealing with employers and accessing support services: if the employer is fully apprised of an employee's history of experience of mental illness, then they will not legally be able to dismiss the employee without discussing the issue and trying to arrange reasonable accommodations (MIND, 2003a; McLaren, 2004). In turn, this increased ability to access support increases the possibility that work will be retained in the long term, and that the individual with experience of mental illness will succeed in their job (McLaren, 2004; Mental Health Foundation (UK), 2002).

Some people with experience of mental illness who have not disclosed have been denied flexible hours or sick leave, and even lost jobs because impaired work performance was attributed to incompetence rather than the onset of symptoms (Granger, 2000).

6.5 Disclosing to and consequences of disclosing to colleagues

Reluctance to disclose to colleagues

The majority of workers with experience of mental illness either do not wish their co-workers to know of their experience of mental illness; or else wish to inform only some of their co-workers, retaining full control over which co-workers receive the information (Perkins, 1993; cited in Mind Out, n.d.).



Although people with experience of mental illness are more willing to disclose to co-workers than employers, over half (55%) felt they could not tell co-workers about symptoms or history of mental illness (Mental Health Foundation (UK), 2002). Sixty-seven percent of people with experience of mental illness in the same survey reported that their colleagues knew (Mental Health Foundation (UK), 2002), suggesting that disclosure was not always within the control of people with experience of mental illness.

Consequences of disclosing to colleagues

A variety of responses to disclosure to colleagues have been reported; one survey showed that some colleagues reacted in a supportive and caring manner, while others reacted less positively (Granger, 2000). For those that experience a supportive environment, one survey reported that over 50% of people with experience of mental illness were always or usually given support when needed, a further 20% were sometimes given support, and about 65% reported that co-workers were “always or often very accepting” of them (Mental Health Foundation (UK), 2002: 4). Even so, people with experience of mental illness reported feeling unusually lucky that they had supportive co-workers, and still reported feeling awkward around them occasionally (Mental Health Foundation (UK), 2002).

Negative experiences of disclosing to colleagues have included being patronised by co-workers and subject to intense surveillance. This was reported by a quarter of participants in the UK Mental Health Foundation survey (2002). Others were bullied, harassed, intimidated, and/or avoided by co-workers; a co-worker of one individual with experience of mental illness who disclosed posted offensive articles about mental illness around the workplace (Mental Health Foundation (UK), 2002). It is further implied that, should co-workers discover that a person with experience of mental illness has not been disclosed, then co-workers will become very hostile (LEAP, 2005; MIND, 2003a).

Role of supported employment services in disclosure

Supported employment services agencies may be more likely to inform their clients’ co-workers about their experience of mental illness. This is done in order to facilitate the creation of employment support strategies such as using a buddy system. The agencies’ clients were reported as not minding this involuntary disclosure, with one client being proud that he received no “special treatment” (McLaren, 2004: 37). It should be noted, however, that the McLaren (2004) study included only people with experience of mental illness who were enlisted at the supported employment services agencies that were surveyed. The sample was thus biased towards people with experience of mental illness who would agree with the techniques – including disclosure – used by the agencies.

6.6 Protections surrounding disclosure and rights to confidentiality

In the US, workers' disclosing mental illness to employers is protected by the EEOC guidelines (1997), which specify that any information held by employers about an employee's experience of mental illness must be kept confidential. Consequently, an employer cannot disclose to co-workers that an employee is being accommodated, as this will inevitably prompt questions as to why the employee needs accommodations (Delikat & Meltzer, 1998; Sonnenberg, 2000).

Similarly, in the UK government's Working Minds Toolkit, employers are advised to be particularly "vigilant about confidentiality issues" when dealing with employees they suspect may be exhibiting symptoms of mental illness (Mind Out, n.d.). They are warned specifically not to discuss these suspicions with the employee's co-workers. It is even recommended that a worker needing accommodation and the employer construct a story to explain the accommodation to co-workers (Mind Out, n.d.). Under the UK Disability Discrimination Act (1995), the very fact of a worker disclosing to an employer is grounds to compel the employer not to discriminate against that employee (Mental Health Foundation (UK), 2002).

6.7 When to disclose

For most of the people with experience of mental illness, deciding the best time to disclose is influenced by a range of factors (Granger's, 2000: 218). In general, people with experience of mental illness are more likely to disclose at the later stages of the employment process, rather than on application forms (Mental Health Foundation, 2001; cited in Mental Health Foundation (UK), 2002).

A short article in the magazine *Open Mind* states that it is best to disclose either at interview or shortly after having been employed. The advantages of disclosing at the interview are:

- Applicants can then inform their prospective employers of any subsidies for which they might be eligible (Anonymous, 1998a).
- Employers "would be expected" to discuss and offer reasonable accommodation should the applicant's symptoms of mental illness cause any difficulties after hiring (MIND, 2003a: 1)
- Allows an applicant with experience of mental illness to explain to potential employers why any possible symptoms would not affect their job performance (MIND, 2003a).

However, disclosing at an interview may allow employers to impose conditions on applicants with experience of mental illness, such as passing a medical examination (MIND, 2003a).

Other people with experience of mental illness may prefer disclosing after they have been hired, so that they will be able to avoid discrimination yet still access reasonable accommodations (Anonymous, 1998a). However, disclosing immediately after being offered the job may be seen



by employers as being dishonest, or obtaining employment on “false pretences” (Lennan and Wyllie 2005: 30). If a person with experience of mental illness has a “visible disability”, or “require[s] specific access to get to the interview”, then they may need to disclose when contacted by an employer to arrange an interview (Anonymous, 1998a: 12).

It is only recommended that people disclose experience of mental illness in letters of application or on resumes if “it gives [them] some advantage over other applicants” (Anonymous, 1998: 12) – for example, were they applying for a position specially advertised for a person with experience of mental illness (Mind Out, n.d.). It is advised that people with experience of mental illness disclose when they feel most comfortable doing so (LEAP, 2005; Gioia & Brekke, 2003).

6.8 How to disclose

Plan a strategy for disclosing

Because the issue of disclosure is so complicated, Granger (2000) recommends that advice be given to people with experience of mental illness specifically about disclosure rules and guidelines, and how to apply these to actual situations. In the absence of such guidelines, it is advised that, whenever a person with experience of mental illness intends to disclose, they plan a strategy for disclosing (MIND, 2003a; Granger, 2000; Ralph, 2002). In most cases they will be able to do so, as the majority of people with experience of mental illness have been found to have “complete control” over disclosing experience of mental illness at work (Mental Health Foundation (UK), 2002: 19). It is advised that any such strategy is focused on helping them to obtain and retain work (Anonymous, 1998a), and be undertaken following a careful consideration of the work environment and culture (Ralph, 2002). Generally, it is advised that people with experience of mental illness disclose first to people at work they are close to and can trust, and then gradually disclosing to a wider circle of people as their confidence builds (Granger, 2000; Ralph, 2002).

Other strategies to use when disclosing

More specific techniques to use include obtaining a letter from a psychiatrist or other mental health worker attesting to their ability to work (MIND, 2003a); “speak[ing] with a variety of people to get their opinions and recommendations” when deciding to disclose (Anonymous, 1998a: 13); using language people can empathise with (Granger, 2000); and suggesting means by which an employer can practically assist employees with experience of mental illness (LEAP, 2005). The Like Minds Employment Advocacy Project states that the best way to disclose is to be “honest, positive, and specific” (LEAP, 2005: 21).

Job coaches can also help with deciding when and how to disclose. Granger (2000) found that participants in her survey were divided between those who had job coaches, who disclosed during the earliest stages of the employment process, such as on application forms; and those who did not have job coaches, who generally did not disclose at all.

Overview

Reasonable accommodations are any sort of “adjustment at work that helps” people with experience of mental illness “perform their best” (LEAP, 2005: 30). In New Zealand, specific provision for reasonable accommodations for workers with experience of mental illness is made under subsection 29(1) of the Human Rights Act (HRA) 1993. It states that it is not discrimination to fail to provide accommodations if those accommodations are unreasonable. The implication is that in all other cases – where provision of services or facilities would be reasonable – failing to provide these accommodations is discrimination.

The most common type of reasonable accommodations is flexible working arrangements, followed by a range of other arrangements such as:

- Provision of job coaches, mentors, and job buddies.
- Use of specialised supervisory techniques in the management of employees with experience of mental illness.
- Alteration of company policy to better meet the needs of people with experience with mental illness.
- Modification of job duties to suit the abilities of people with experience of mental illness.
- Physical modification of workplaces.

Generally, reasonable accommodations are identified during the hiring process. However, it is not always necessary to provide accommodations for people with experience of mental illness. For some, their symptoms of mental illness do not interfere with the performance of their work (Spirito Dalgin & Gilbride, 2003).

Despite the benefits of making reasonable accommodations (i.e. the number of accommodations received directly and positively correlates with length of job tenure), people with experience of mental illness are unlikely to request reasonable accommodations because they do not want to disclose experience of mental illness, and risk discrimination (LEAP, 2005). In addition, the variable nature of some symptoms of mental illness means that some people with experience of mental illness do not consider themselves as having a permanent disability. When people don't define themselves as disabled, they're less likely to request accommodations (Spirito Dalgin & Gilbride, 2003).

Research demonstrates that in terms of positive employment outcomes, it is beneficial for people with experience of mental illness to both disclose and request reasonable accommodations. As noted previously, the challenge is for employers to ensure that people with experience of mental illness are able to do both, and not feel at risk of discrimination.



Despite all the difficulties for people with experience of mental illness to find and retain work, employers, managers and co-workers sometimes respond well to employees becoming mentally unwell at work.

Three New Zealand studies – the Enabling Employment Research Project survey of employers of people with experience of mental illness (Craig et al, 2002), McLaren's (2004) study of supported employment agencies, and the *Like Minds* employer's research (Lennan & Wyllie, 2005) – present profiles of employers responding positively to employees who began to experience mental illness. A couple of the individuals profiled in the Mind Out survey (n.d.) also had employers sensitive to their needs at the onset of mental illness. These employers supported their employees by giving them leave when needed, by creating flexible work schedules, by re-assigning tasks to colleagues, and liaising with family members and doctors (Craig et al, 2002; Lennan & Wyllie, 2005; McLaren, 2004; Mind Out, n.d.).

7.1 The legal basis for reasonable accommodations

Reasonable accommodations are any sort of “adjustment at work that helps” people with experience of mental illness “perform their best” (LEAP, 2005: 30). In New Zealand, specific provision for reasonable accommodations for workers is made under subsection 29(1) of the Human Rights Act (HRA) 1993. This subsection notes that;

“nothing in...this Act shall prevent different treatment based on disability where...the position is such that the person could perform the duties of the position satisfactorily only with the aid of special services or facilities and it is not reasonable to expect the employer to provide those services or facilities...”

That is, it is not discrimination to fail to provide accommodations if those accommodations are unreasonable. The implication is that in all other cases – where provision of services or facilities would be reasonable – failing to provide these accommodations is discrimination.

The Australian legislation protecting the right of people with experience of mental illness to reasonable accommodation is set out in the Federal Disability Discrimination Act, 1993 (Aus). Its terms are roughly identical to those of those of the HRA (1993: subs. 15(4)). In the US, “not making reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability” is included within the meaning of discrimination under the Americans with Disabilities Act (ADA) (1990: para 102(5)(A)); the ADA is supplemented by the Ticket to Work and Work Incentives Act 1999 and the Workforce Investment Act 1998 (Zwerling et al, 2003). Section 6 of the Disability Discrimination Act, 1995 (UK) protects the right to reasonable accommodation of British people with experience of mental illness.

Provision of reasonable accommodations in the United States

In the US, legal requirements to provide reasonable accommodations are governed by the ADA (Delikat & Meltzer, 1998). As of 2002, the US legal situation was that an employer was required only to accommodate known disabilities (including experience of mental illness). However, employers were not under an obligation to ask whether employees were disabled (Weber et al, 2002). Case law has determined that if an employee's disability is not disclosed but is "obvious", then the employer is obligated to accommodate that disability (Weber et al, 2002: 46; Sahi & Kleiner, 2001). Under the ADA, all an employee with experience of mental illness needs to do in requesting that an accommodation be made, is to give their employer notice that accommodation is necessary; they do not need to use any specific verbal formula, or apply for accommodation in writing (Delikat & Meltzer, 1998). However, employers are entitled to request evidence of any disability requiring documentation (Delikat & Meltzer, 1998; Sonneberg, 2000; Sahi & Kleiner, 2001).

Provision of reasonable accommodations in the United Kingdom

In the UK, the Disability Discrimination Act (DDA) outlines detailed grounds for identifying whether accommodations are reasonable and necessary: the extent to which the accommodation will prevent symptoms of mental illness impairing job performance; the extent to which it is practicable the employer make the accommodation; how much the accommodation will cost the employer; how disruptive the accommodation is in the context of the workplace; the extent of the employer's resources; and the availability of any outside assistance that could help the employer make the accommodation (MIND, 2003b). These guidelines create a balancing formula within which decisions to make accommodations should be made on a case-by-case basis (Mind Out, n.d.). Under the DDA, the simple act of a worker with experience of mental illness telling an employer that s/he is experiencing mental health difficulties "binds" the employer to comply with the DDA, compelling the employer to make any necessary accommodations (Mental Health Foundation (UK), 2002: 6).

All these instruments also create a single, broad exception under which it is not discriminatory for employers to fail to supply reasonable accommodations. In New Zealand, the same provision of the HRA that creates the right to reasonable accommodation also creates the exception to it; para 29(1)(a) of the HRA states that people with disabilities may be treated differently in employment matters if it is "not reasonable" to accommodate them. The ADA states that discrimination includes "not making reasonable accommodations" unless an employer "can demonstrate that the accommodation would place an undue hardship on the operation of the business" (1990: 102(a)(5A)). Much the same exception is created under sections 5(2) and (6) of the DDA (UK), and para 15(4)(b) of the DDA (Aust).



7.2 Types of reasonable accommodation

Flexible employment

Reasonable accommodations usually involves organising employment flexibility so that people are able to work when they are well (Disability Rights Commission ,1993). There are generally three types of methods by which flexible employment can be organised:

- Create flexible work hours. This is often needed so that people may start work late to avoid sleepiness caused by medication, or to accommodate rehabilitation, assessment, or therapy sessions (McLaren, 2004; LEAP, 2005; MacDonald-Wilson et al, 2002; MIND, 2003b). Flexible work hours is one of the most common reasonable accommodations that employers make (Delikat & Meltzer, 1998).
- Create flexible work periods. This includes periods off work without pay, and part-time work schedules (McLaren, 2004; Delikat & Meltzer, 1998; Sahi & Kleiner, 2001).
- Allow for flexible sick leave.

Other types of reasonable accommodations

In addition to flexible working arrangements, the literature also describes the following as reasonable accommodations;

- Provision of job coaches, mentors, and job buddies (McLaren, 2004; LEAP 2005; Weber et al, 2002; Delikat & Meltzer, 1998).
- Use of specialised supervisory techniques in the management of employees with experience of mental illness (see also LEAP, 2005; MIND, 2003b; Weber et al, 2002).
- Modification of job duties to suit the abilities of people with experience of mental illness (MacDonald-Wilson et al, 2002). That is, restructuring of positions so that jobs comprise only tasks that a particular person with experience of mental illness can perform.
- Transfer people with experience of mental illness to different jobs that suit them better within the same organisation (MIND, 2003b; Sahi & Kleiner, 2001; Delikat & Meltzer, 1998).
- Physical modification of workplaces (Delikat and Meltzer, 1998). For example, placing a partition around the work-space to reduce distraction (McLaren, 2004).
- Alteration of company policy to better meet the needs of people with experience with mental illness (Delikat & Meltzer, 1998; MacDonald-Wilson et al, 2002; Sahi & Kleiner, 2001). Job descriptions can then be created or altered to be in line with such policies (Mind Out, n.d.). On the other hand, Perkins (1993; cited in Mind Out, n.d.) questioned the long-term efficacy of such policies, arguing that after the workers who use them leave for other workplaces, and new employees are hired, these policies may fall out of practice.

- Provision of specialised training to help employees with experience of mental illness perform their work better (MacDonald-Wilson et al, 2002; Mind Out, n.d.; Employers' Forum on Disability (cited in Disability Rights Commission, 2003); Ralph, 2002). Such training may need to be longer, as people with experience of mental illness sometimes need more time to learn certain tasks (McLaren, 2004).
- Specific training of supervisors and managers to help them understand how to work with people with experience of mental illness (LEAP, 2005; Mind Out, n.d.). The *Mind Out Working Minds Toolkit* (n.d.) recommends that managers also be trained in their "responsibilities in relation to the law, recruitment training and stress management".
- Enhanced communication procedures within a workplace (MacDonald-Wilson et al, 2002; Mind Out, n.d.; Employers' Forum on Disability (cited in Disability Rights Commission, 2003)). For example, greater frequency of meeting between employees and supervisors, and clarification of workers' responsibilities and process of accountability, and the use of special induction packs (Employers' Forum on Disability; cited in Disability Rights Commission, 2003; Mind Out, n.d).
- Use of special "equipment and aids" to support people with experience of mental illness to do their jobs better (McLaren, 2004: 69; see also MacDonald-Wilson et al, 2002; MIND, 2003b; Sahi & Kleiner, 2001; Henry et al, 2002). This can include the use of standard equipment in specialised ways, such as using only emails instead of meetings for employees who find face-to-face contact difficult (McLaren, 2004).
- Assistance with transportation needs (McLaren, 2004; LEAP, 2005; Anonymous, 1998a),
- Create support groups with other people with experience of mental illness in the workplace (Mind Out, n.d.). However, these support groups have, however, been found by some research to be largely ineffective (Perkins, 1993; cited in Mind Out, n.d.).
- Provision of workplace resources which will help educate workers to combat self-stigma (Caltraux, 2003). Caltraux further suggests that employees with self-stigma may need to access "extrinsic support" – interim support measures directed by supervisors or managers rather than by individuals with experience of mental illness themselves – until the employee is sufficiently free from self-stigma to self-manage (2003: 541).

Other types of reasonable accommodation used, but not frequently mentioned in the literature, include peer support and counselling services, union support (Mental Health Foundation (UK), 2002), job-sharing, holding jobs for people while hospitalised (Henry et al, 2002), and accessible transportation (Zwerling et al, 2003).



Practices that are not reasonable accommodations

The US EEOC Guidelines (1997) specify some practices that should not be used to accommodate people with experience of mental illness. These include:

- Monitoring employees' medication (Delikat & Meltzer, 1998; Sahi & Kleiner, 2001; Stromwall, 2002).
- Ensuring that employees take medication. However, should an employee refuse to take his/her medication, and then have symptoms interfere with his/her work performance, s/he will be considered to have a "self-inflicted disability", which is not protected under US anti-discrimination law (Stromwall, 2002).
- Any accommodation that has the effect of compromising the performance of the employee's job.
- Eliminating an essential element of the employee's job (Delikat & Meltzer, 1998).

7.3 Identifying the need for reasonable accommodations

The need for, and consequent form of reasonable accommodations for people with experience of mental illness, is most usually identified during the hiring process (MacDonald-Wilson et al, 2002). This occurred in 63% of cases surveyed, while reasonable accommodations were identified as necessary on the job in 47% of cases surveyed, with some accommodations "being identified in more than one phase" of employment (MacDonald-Wilson et al, 2002: 44). Fifty-three percent of the accommodations identified as necessary on the job were identified during the "first 2 months of employment" (ibid.). In general, the likelihood of needing reasonable accommodations is directly related to severity of symptoms (Zwerling et al, 2003).

When reasonable accommodations are not necessary

Often, it is not necessary to accommodate people with experience of mental illness because their symptoms of mental illness do not interfere with the performance of their work (Spirito Dalgin & Gilbride, 2003; Marwaha & Johnson, 2004). Some people with experience of mental illness surveyed by Spirito Dalgin and Gilbride described jobs where there is no conflict between symptoms and work tasks. Marwaha and Johnson found that people with schizophrenia who were in jobs that were appropriately matched to their symptoms, or where their symptoms were "not a hindrance or [could] be accommodated" were more likely to remain in successful employment than other people with schizophrenia (2004: 345).

7.4 Benefits of making reasonable accommodations

One study of 30 workers with experience of mental illness (Fabian et al, 1993; cited in MacDonald-Wilson et al, 2002) found that the number of accommodations received by employees directly and positively correlated with length of job tenure. The Fabian et al (1993) study found that where;

“there was no disclosure of disability [experience of mental illness] and therefore no accommodations requested or received, job tenure was only 3.6 months. Those [workers] employed 12 months had less than 5 accommodations, and those employed 24 months had more than 5 accommodations” (in MacDonald-Wilson et al, 2002).

This data demonstrates that, in terms of employment success, it is beneficial to people with experience of mental illness to both disclose and request reasonable accommodations. Further, many studies have shown that accommodating employees' symptoms of mental illness is not costly (Job Accommodation Network, 1994; Berkley Planning Associates, 1982; Blanck, 1996; Granger et al, 1996; Fabian et al, 1993 (all cited in MacDonald-Wilson et al, 2002)).

7.5 Barriers to requesting reasonable accommodations

Risk of discrimination

As with disclosure, the most usual reason that people with experience of mental illness do not request reasonable accommodations is that they do not want to disclose experience of mental illness, and thereby risk discrimination (LEAP, 2005).

Some people with experience of mental illness did not want to request accommodations specifically because there is such a strong stigma attached to psychiatric problems (Spirito Dalgin & Gilbride, 2003). Zwerling et al (2003) found that people with experience of mental illness were almost 50% less likely than people with other disabilities to receive accommodations, and partially explains this by reason of the fears people with experience of mental illness have of discriminatory attitudes towards them. The UK Mental Health Foundation (2002: 23) has explained the reluctance of people with experience of mental illness to use workplace supports and accommodations in terms of the fact that, while people with experience of mental illness appreciate having these supports and accommodations available, they do not wish to seem so “high maintenance” as to actually need to use them.



Other reasons for not requesting reasonable accommodation

US research has identified several reasons for underreporting of mental health claims under the ADA, which has had the consequence of employers failing to make accommodations for employees with experience of mental illness (Weber et al, 2002; Zwerling et al, 2003). The primary reasons for underreporting were found to be:

- workers simply ignoring the situation or unaware of their rights under the ADA for reasonable accommodations,
- workers being too afraid to make a claim,
- workers believing the stigma attached to experience of mental illness is too great, and not wanting to be 'outed' by making a claim,
- workers believing the legal aspects of making a claim are too complicated, and
- supervisors' being unaware of workers' need to make claims (ibid.).

Variable nature of mental illness

Requesting accommodations under the ADA is also seen as problematic because symptoms of mental illness are "episodic and variant"; accommodations may need to be only intermittently used, and some accommodations are not suitably flexible to help in specific cases (Francis et al, 2002). Employment for people with experience of mental illness needs to be accommodating of the changeable nature of mental illness, which may only sporadically keep people from working (Disability Rights Commission, 2003).

Because of the variable nature of mental illness, it has been found that some people with experience of mental illness defined themselves as disabled only in some situations – namely, when their symptoms prevented them from performing work tasks (Spirito, Dalgin & Gilbride, 2003). While most people with experience of mental illness in the study "spoke of having a psychiatric label", very few considered themselves to have a permanent disability – even those who saw their experience of mental illness as a "problem" (Spirito Dalgin & Gilbride, 2003: 307). When people did not define themselves as disabled, they were unlikely to request accommodations (Spirito Dalgin & Gilbride, 2003).

Most studies cited in this section (LEAP, 2005; Delikat & Meltzer, 1998; Sonnenberg, 2000; Mind Out, n.d.; Spirito Dalgin & Gilbride, 2003; Disability Rights Commission, 2003; MacDonald-Wilson et al, 2002; Weber et al, 2002) describe problems people with experience of mental illness have in requesting reasonable accommodations. However, one study (Francis et al, 2002) suggests that there are problems inherent in the rights-based regime in which reasonable accommodations may be claimed. During their ethnographic study of Coalition, a community-based service mental health service provider in New York, Francis et al (2002)



7. ACCOMMODATING PEOPLE WITH EXPERIENCE OF MENTAL ILLNESS IN EMPLOYMENT: WHAT ARE REASONABLE ACCOMMODATIONS?

found that prior to the passing of the ADA, Coalition accommodated workers with experience of mental illness by tailoring job descriptions to incumbents, each of whom had a personal advisor among the staff without experience of mental illness who would deal informally with all problems resulting from symptoms or medication. After the enactment of the ADA, these practices were abandoned, and a new regime put in place. Staff without experience of mental illness came to represent the “social-working” aspects of working with people with experience of mental illness. And some workers with experience of mental illness saw the pre-ADA scheme in retrospect as being “patronising and stigmatising”, but others missed its ethic of care (Francis et al, 2002: 101). Francis et al argue that the move to a system with a legal foundation for accommodations creates a more accountable workplace, but also a workplace that is more hostile to and suspicious of workers with experience of mental illness, and “runs the risk of switching from ‘therapizing’ to ‘policing’ people with experience of mental illness” (2002: 106).

Supported employment services: What are the options and which are the most effective?

8.0

Overview

Supported employment services assist people with experience of mental illness into competitive employment, with or without preparation, and supports them to obtain and keep work with the help of job coaches or other employment assistants. A range of supported employment services models exist of which the Individual Place and Support (IPS) model is the most effective in terms of job outcomes, duration of employment and cost effectiveness (Warner & Mandiberg, 2003). Under this model, people with experience of mental illness are generally not given training to prepare them for their job placement (Crowther et al, 2001).

However, despite its success, IPS is not for everyone and should be used in conjunction with other approaches to help people with experience of mental illness into employment (Grover, 2001:447).

Recommended best practice in supported employment services includes:

- Involve mental health staff in vocational assistance (ie. include mental health services staff in approaches to employers).
- Locate vocational rehabilitation counsellor-specialists in mental health facilities and programmes.
- Help people into jobs in the areas and hours they want.
- Not put a time limit on clients' accessing services.
- Ensure people with experience of mental illness are fully informed about services.
- Ensure people with experience of mental illness are paid for all their work.
- Use existing social networks in finding work and obtaining job support.

Most importantly, any vocational rehabilitation services that are developed must recognise the need to accommodate the entire range of problems that result from experience of symptoms of mental illness. No single approach suits the needs of all people with experience of mental illness, and different approaches "may help different people at different times in their recovery and reintegration" (Boardman et al, 2003: 468).

Other approaches can be used in combination with the IPS model to ensure a better match between services available and individual needs. These include:

- Educational services (ie. support people with experience of mental illness to improve their education levels).
- Prevocational training prior to commencing employment.
- Sheltered workshop programmes and social firms.

Finally, from an organisational perspective, the integration of vocational and mental health services is regarded as the most effective means of helping people with experience of mental illness into employment.

8.1 What are supported employment services?

Supported employment services are services offered to people with experience of mental illness where they are placed in competitive employment, with or without preparation, and supports them to obtain and keep work with the help of job coaches or other employment assistants (Crowther et al, 2001; McLaren, unpublished).

Historically, Marwaha and Johnson (2004) explain that while employment was used as a care strategy in the 1950s and early 1960s, its use fell out of favour in the mid-1960s, and only recently has employment again been mooted as an effective treatment strategy. This pattern has been exacerbated by the fact that prior to the mid-1960s people with experience of mental illness were usually put into jobs involving repetitive manual labour, and over time the need for such labour has declined (Marwaha & Johnson, 2004).

Models of supported employment

There are several different models of supported employment:

- Individual Placement and Support (IPS) model: Emphasis is on “rapid placement in work with intensive support and training on the job” (Grove, 2001: 447; McLaren, 2004).
- Assertive Community Treatment model: A team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation and support to people with experience of mental illness. The model is used in a range of settings, including employment settings where they aim to enhance an individual's ability to live successfully in the community and in their employment roles (www.actassociation.org).
- Train and Place model: Supported employment staff guide people with experience of mental illness through prevocational training, interviewing, and job placement on a step-by-step basis (Grove, 2001; McLaren, 2004).
- Transitional Employment¹ model: People with experience of mental illness are employed for a relatively short period, to be replaced by another person with experience of mental illness, so that a series of people all gain work experience (McLaren, 2004; Warner & Mandiberg, 2003).
- Workstep and Personal Advisor Schemes: This is a time-limited service, offering placement, some training and support in open employment. This service is provided mainly by voluntary organisations and individual contractors, and funded by the Department of Work and Pensions. (NIMHE, 2003; cited in McLaren, 2004).
- Job Coach model; A job coach assist a person to find a job and provides vocational support both on and off the job site.

¹ Transitional employment is only occasionally defined as a form of supported employment. See McLaren (unpublished), and Grove (2001).



Of these different models, most research has been conducted into the Individual Placement and Support (IPS), Train and Place, and Transitional Employment models. Evaluations of these models have shown that while the Train and Place, and Transitional Employment models are more effective in helping people into work than services such as sheltered employment programmes, prevocational training, and social firms, neither is as effective as the IPS model of supported employment services (Warner & Mandiberg, 2003; McLaren, 2004; McLaren, unpublished).

The IPS employment model is the most effective for supporting people with experience of mental illness to “get and keep real jobs for real pay” (Disability Rights Commission 2003: 10; Crowther et al, 2001; Grove, 2001; McLaren, 2004; McLaren, 2004). Indeed, Marwaha and Johnson (2004) attribute the apparently global contemporary interest in encouraging people with experience of mental illness into employment to the development of IPS employment support models, which have made the participation of people experiencing serious mental illness in work much easier to achieve.

Principles of the Individual Placement and Support model

Under the IPS model, people with experience of mental illness are often given no training to prepare them for their job placement (Crowther et al, 2001). The basic principles that underpin the IPS model of supported employment include:

- Job search and placement for people with experience of mental illness should be “rapid”.
- Mental health and vocational services should be integrated.
- People with experience of mental illness should only be placed in the sorts of jobs and occupational fields that they wish to enter.
- There should be “continuous assessment” of people accessing supported employment, and access to such support should not be limited in time
- Rehabilitation is held to be a core element of treatment of symptoms of mental illness.
- “Competitive employment is the goal” of supported employment. However, this point is controversial as other advocates of supported employment believe that accessing supported employment is a satisfactory goal in itself, and others hold that there are other satisfactory goals of supported employment, such as increase in job skills or self-confidence.

(Warner & Mandiberg, 2003: 60; Crowther et al, 2001).

In the following sections of this review, the term ‘supported employment’ should be taken to mean supported employment following the IPS model, unless stated otherwise.

8.2 Effectiveness of supported employment services

Effectiveness of the IPS model

Supported employment services are more effective than other methods of helping people with experience of mental illness into employment (Crowther et al, 2001; Grove, 2001; Perkins & Rinaldi, 2002), and are also cost-effective (Clark et al, 1996; cited in Grove, 2001). When compared with other vocational interventions, supported employment achieves superior results both in terms of job outcomes and duration of employment, with people in supported employment having higher rates of employment, longer job tenure and higher earnings (Crowther et al, 2001; Grove 2001; McLaren, 2004). Consequently, supported employment is utilised in the US far more than prevocational training as a method of gaining employment for people with experience of mental illness (Crowther et al, 2001). It has been found that a mean of 58% of people experiencing serious ongoing symptoms of mental illness can achieve competitive employment with appropriate ongoing support (Crowther et al, 2001; Perkins & Rinaldi, 2002).

IPS is cost effective

From a purely economic perspective, “supported employment has considerable potential for decreasing costs” (Clark et al, cited in Grove, 2001: 447). Studies have shown that in comparison to the costs of keeping people with experience of mental illness in hospitals and day centres, it is less expensive to support them in employment, even with intensive levels of individual support (Grove 2001).

IPS should be combined with other approaches

One study notes that, despite its successes “supported employment is not for everyone”, and it should be used in conjunction with other approaches to helping people with experience of mental illness into employment (Grove, 2001: 447). Crowther et al (2001) specifically caution that their findings regarding the efficacy of supported employment services may not be generalisable to different countries with different welfare regimes. Boardman et al (2003) accordingly caution that there is, in the UK context, an urgent need for more research in this area. Their concern is that “the consequences of making wrong choices based on insufficient knowledge about ‘what works and for whom’ might be serious in both personal and financial terms” (Boardman et al, 2003: 468). For example, research conducted in New Zealand (McLaren, 2004) shows that some people with experience of mental illness prefer to use other forms of assistance into work instead of supported employment services.



8.3 Recommended best practice in supported employment services.

Much of what is considered best practice in supported employment services is simply a reiteration of the basic principles of IPS-style supported employment (McLaren, 2004; LEAP, 2005; Noble, 1998). Recommended best practice includes:

- Locate vocational rehabilitation counsellor-specialists in mental health facilities and programs (Noble, 1998: 776).
- Involve mental health staff in vocational assistance (Mind Out, n.d.; McLaren, 2004).
- Help people into jobs in the areas and with the hours they want (McLaren, 2004; Mental Health Commission, 2001).
- Not put a time limit on clients' accessing of services (McLaren, 2004; Mind Out, n.d.; Disability Rights Commission, 2003).
- Help people with experience of mental illness into competitive employment (McLaren, 2004; Mind Out, n.d.; Mental Health Commission, 2001); however, Boardman et al (2003) caution that competitive employment should not be forced upon people with experience of mental illness.

Features of an effective supported employment service that are supplementary to the principles of IPS were identified by McLaren's (2004). These include:

- Services are available to all people with experience of mental illness, no matter the severity of their symptoms.
- Services include career planning services.
- Any approaches made to employers have input from mental health services staff.
- People with experience of mental illness are fully informed about services.
- People with experience of mental illness are paid for all their work.
- Services that use clients' existing social networks to find work and obtain job support.

Rehabilitation can also have an effective role in the social and vocational integration of people with mental illness (Peckham and Muller, 2000: 5). Social support in the form of assistance and training in problem-solving, self-management, money management, social skills and particularly basic living skills may help people with experience of schizophrenia retain work (Durham; cited in Peckham & Muller, 2000). However, this has been challenged by Goldberg et al (2001) who found no correlation between rehabilitation and employment history.

Most importantly, any vocational rehabilitation services that are developed must recognise the need to accommodate the entire range of problems following from experience of symptoms of mental illness. No single approach suits the needs of all people with experience of mental illness, and different approaches "may help different people at different times in their recovery and reintegration" (Boardman et al, 2003: 468).

8.4 Barriers with accessing supported employment services

Perceived difficulty in finding work

Only 25% of unemployed Americans with experience of mental illness access supported employment services (Laudet et al, 2002). One of the main barriers concerns the perceived difficulty of entering employment: that is, the more difficult a person with experience of mental illness believes it is to find work, the less likely s/he is to use vocational rehabilitation services (Laudet et al, 2002).

Availability of services

In addition, vocational rehabilitation services may not be available (Noble, 1998). Despite the proven efficacy of work-based care strategies, only 16 US states required that a vocational component be included in the rehabilitation programmes of people with experience of mental illness; that in only 8 of these states were vocational programmes extensively funded; and that spending on vocational services accounted for only 3% of all states' funding of rehabilitative programmes (Noble, 1998). Indeed, it has been found that in the US, supported employment services for people with experience of mental illness do "not produce long-term earnings" for their participants – although this may simply be because such programmes do not apportion sufficient funds to programmes for people with experience of mental illness (Noble, 1998: 775).

Mismatch between services available and individual needs

A mismatch between the supported employment services available and individual needs may also explain why people with experience of mental illness do not access services (Mitchell et al, 2002). It was mentioned above that no single approach to supported employment is suitable for all people with experience of mental illness (Boardman et al, 2003; Grove, 2001). A specific example of this is that in the UK there is no vocational service dedicated to helping dually diagnosed young people – young people identified as experiencing mental illness and as using drugs or alcohol – and no coordinated approach to dealing with dually diagnosed people, whether young people or adult (Mitchell et al, 2002).

Requirements to disclose

Finally, the use of supported employment services necessitates disclosure: if a person gains employment through a supported employment services agency, then his/her employer will know s/he has experience of mental illness (McLaren, 2004; Granger, 2002; Perkins 1993 (cited in Mind Out, n.d.)). As described previously, there are many reasons for people not to disclose experience of mental illness (see also McLaren, 2004; LEAP, 2005; MIND, 2003a).



8.5 Other means of supporting people with experience of mental illness in employment

Much research has found that supported employment services following the IPS model (ie. 'place and train'), are the most effective at improving the employment outcomes of people with experience of mental illness (Warner & Mandiberg, 2003; Crowther et al, 2001; Grove, 2001). However, other research has found that supported employment services are not always the most effective in helping people with experience of mental illness find and retain work (McLaren, 2004; Grove, 2001; Boardman et al, 2003). This subsection describes some other approaches that may be used to assist people with experience of mental illness in employment. This may be used in combination with the IPS model to ensure a better match between services available and individual needs.

Educational services

Generally, people with higher educational levels have a higher employment status (McLaren, 2004). Supporting people with experience of mental illness at the level of secondary education has been found to improve their participation in tertiary education and improve likelihood of achieving higher educational levels (McLaren, 2004). This approach also helps to reduce the tendency of people with early onset of symptoms of mental illness to drop out of the educational system (Mitchell et al, 2002; Jensen et al, 2005; McQuilken et al, 2003). However, there is little research that rigorously examines the link between support in education and improved employment outcomes (McLaren, unpublished).

Prevocational training

Prevocational training is training undertaken by people with experience of mental illness prior to commencing employment. It aims to prepare them for competitive, mainstream employment paid at a market rate (Boardman et al, 2003). (In comparison, supported employment services places people in jobs first, and then supports them through on-the-job training). Prevocational training is the most usual form of support in employment offered to people with experience of mental illness in the UK; it is also common in the US, but less common than supported employment services (Crowther et al, 2001; Grove, 2001).

Research has consistently found the efficacy of prevocational training, as measured by employment outcomes of people with experience of mental illness, to be lower than that of supported employment services (McLaren, 2004; LEAP, 2005; Crowther et al, 2001). However, should prevocational training be necessary, better employment outcomes are achieved when people with experience of mental illness are trained in skills directly relevant to desired work, rather than in generic "work skills" (McLaren, 2004: 8).

Sheltered work programmes

Sheltered work programmes involve people with experience of mental illness working in businesses alongside people with or without experience of mental illness, outside the competitive job market, and for less than market rates (McLaren, 2004). Research from several different countries (Crowther et al, 2001; Disability Rights Commission, 2003; McLaren 2004) demonstrates that participation in sheltered work programmes is largely unsuccessful in moving people into mainstream employment, and instead tends to 'ghettoise' them within sheltered work environments.

Social firms

Social firms are "market-oriented businesses with a social mission to create employment for people with disabilities" (Boardman et al, 2003: 468). Social firms are common and successful in Europe, but have largely been failures in the US and the UK (Boardman et al, 2003; Warner & Mandiberg, 2003). One study has described social firms as "modern versions of 'sheltered' employment", as a significant number of employees will have experience of mental illness or disabilities (Grove, 2001: 447). However, there are differences between sheltered employment and social firms. Unlike sheltered employment, the primary purpose of social firms is to create a successful business; the focus of the business is not rehabilitation, and all employees are paid at market rates (Grove, 2001; McLaren, 2004). Social firms differ from purely commercial firms, however, in that employees are encouraged to participate "in all aspects of the enterprise" (Grove, 2001: 447).

Overall, research into the efficacy of social firms is unreliable. However, according to the research that exists, while social firms create an inclusive environment for employees with experience of mental illness and promote long job tenures within social firms, they were nowhere near as successful as supported employment in helping people with experience of mental illness into competitive employment (McLaren, unpublished).

Clubhouses

In the clubhouse model of supported employment, people with experience of mental illness have 'work-ordered days', that is days which may not involve paid work, but which are structured as if they did (Boardman et al, 2003; McLaren, 2004). All members (people with experience of mental illness) of a clubhouse are responsible for supplying the services a clubhouse provides (McLaren, 2004), and clubhouses may also organise "transitional, paid work-experience placements" (Boardman et al, 2003: 468; McLaren, 2004). Transitional employment involves a clubhouse or other business 'owning' (McLaren, 2004) a job position in another firm; this position is sequentially filled by different members of the clubhouse or other business, providing work experience for each (Warner & Mandiberg, 2003).



Clubhouses have been defined variously as a form of sheltered employment (McLaren, unpublished), supported employment services (Boardman, 2003), and a form of prevocational training (Crowther et al, 2003; cited in McLaren, unpublished).

Research into the efficacy of the clubhouse model “is lacking”, but what research there is demonstrates that it is less effective than supported employment services in improving employment outcomes for people with experience of mental illness (McLaren, 2004: 9). It is not effective at moving people with experience of mental illness into competitive employment, and it is not known whether it is “more effective than other approaches to pre-vocational training” (McLaren, unpublished).

Other types of support in employment

While research on additional types of support in employment is sparse, the following have been identified;

- Work crews and cooperatives usually involve a group of people with experience of mental illness who perform work tasks as a crew (McLaren, 2004).
- Enclaves, where groups of people with experience of mental illness complete the functions of a department within a specific workplace. Enclaves may be more effective in promoting vocational outcomes than sheltered workshops (McLaren, unpublished).
- Temporary sheltered work, where for short periods people with experience of mental illness will work in an open workplace for less than market rates of pay (McLaren, unpublished).
- Employer subsidies (LEAP, 2005). These are payments made by welfare agencies to employers, usually with the purpose of helping people with experience of mental illness into paid work (LEAP, 2005; Caltraux, 2003), although they may also be used to subsidise reasonable accommodations (Anonymous, 1998a). Currently in New Zealand these subsidies take the form of Work and Income Job Plus, Workbridge Job Support, and the Mainstream programme (LEAP, 2005; Caltraux, 2003).

The literature on the efficacy of work crews and cooperatives is not sufficiently developed to permit assessment of this type of support in employment (McLaren, 2004; McLaren, unpublished).

8.6 The role mental health services play in employment

Integrate vocational and mental health services

Much recent research argues that one of the most effective means of helping people with experience of mental illness into employment is through the integration of vocational and mental health services (McLaren, 2004; Warner & Mandiberg, 2003; Putnam & McKibbin, 2004). Indeed, vocational rehabilitation should be seen as a core task of mental health workers, rather than as work more appropriately conducted by other agencies (Peckham & Muller, 2000; Perkins & Rinaldi, 2002; Boardman et al, 2003). And as mentioned previously, the integration of mental health and vocational services is considered one of the principles underpinning the IPS model of supported employment (Warner & Mandiberg, 2003; McLaren, unpublished).

In the US, it is considered necessary to include vocational specialists within mental health teams because:

“specialist vocational workers integrated into these teams can ensure that (vocational) needs are met within the existing care-planning approach. Vocational support cannot be simply handed over to specialists, and once people are in work any continuing support should remain the responsibility of the key worker”. (Boardman et al, 2003: 469)

Integration of vocational and mental health services is considered key to the delivery of effective supported employment services to people with experience of mental illness. It is recommended that such integration takes the form of systematic collaboration between different departments within a business, such as employee health care, welfare, management and HR (Putnam & McKibbin, 2004; Mental Health Commission, 2001). It is particularly recommended that, when integration occurs, all staff involved share an understanding of the nature and effects of experience of mental illness (Mental Health Commission, 2001).

Whatever particular style of integrated practice is followed, McLaren (2004) recommends the following as characteristics of effective interventions by medical staff in employment services:

- interventions be early,
- medical staff, such as community nurses, travel to workplaces to meet with clients with experience of mental illness,
- support be long-term, and
- clinical staff offer to see clients after work hours, so that attending clinics does not interfere with the work day (McLaren, 2004).



The benefits of integrated vocational and health services are twofold (McLaren, 2004). Firstly, clinical advice on employment issues, such as help in “managing symptoms and medication” to fit work schedules, can help people with experience of mental illness retain work and achieve more highly at work (McLaren, 2004: 55). Secondly, if clinical and vocational services are separated, then the burden lies on people with experience of mental illness themselves to integrate services. This means that people with experience of mental illness might receive conflicting advice, that integration of services will be more inefficient, and that “miscommunications” may occur (McLaren, 2004: 55).

Putnam and McKibbin (2004: 125) recommend that businesses practice “system wide collaboration” when managing employees with experience of mental illness. Collaboration between departments within a single business has several benefits over non-integrated services: it allows for pooling of departments’ budgets; it reduces reduplication of services; it ensures a consistency of approach among all departments; and it allows businesses to develop “more resources for employees to access for mental health care” (Putnam & McKibbin, 2004: 125). Further, where services are not integrated, and therefore more piecemeal and confusing to access, people with experience of mental illness are much more likely to drop out of them before finding work (McLaren, 2004; McLaren, unpublished).

Despite the proven efficacy of integrated service, and their status as best practice in mental health care overseas (Noble 1998; Peckham & Muller, 2000; Perkins & Rinaldi, 2002; Boardman et al, 2003), none of the New Zealand supported employment services surveyed by McLaren (2004) were integrated. Different employment services had different methods of coordinating services with clinical agencies: some kept vocational and medical services quite distinct, while others made a point of maintaining contact with clinical staff. However, clients with experience of mental illness did not see vocational and medical services as being completely distinct; some would contact employment services staff regarding medical matters, or visa versa (McLaren, 2004).

New Zealand lacks integrated vocational and mental health services

The lack of integration of vocational and clinical services in New Zealand has been attributed to historical circumstances (McLaren, 2004). It will be recalled that from the mid-1960s employment was ignored as a care strategy for people with experience of mental illness, and only since the development of IPS in the 1980s has employment again been widely recommended for people with experience of mental illness (Marwaha & Johnson, 2003; Warner & Mandiberg, 2003; Boardman et al, 2003). Perkins and Rinaldi (2002) explained mental health workers’ reluctance to focus on employment by the move from institutional to community-based care: in the community-based model, workers need to focus more on finding accommodation for people with experience

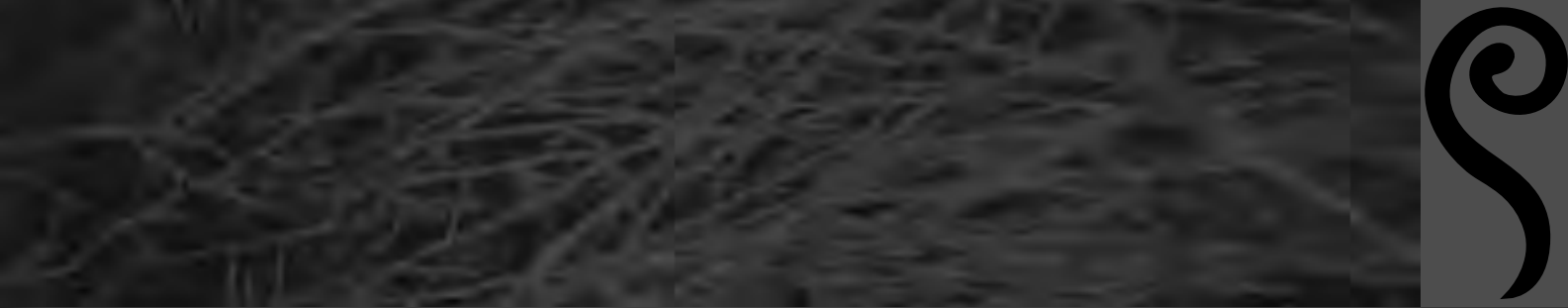
of mental illness, leaving relatively little time for them to deal with employment. Due to these historical patterns of clinical practice, mental health practitioners are – or are perceived by employment services staff as being – “uninterested in paid work for their clients”, and unaware of the value employment has for health and social outcomes of people with experience of mental illness (McLaren, 2004: 55).

Employment services staff and clinical staff need to work together

The employment services workers surveyed by McLaren (2004) mostly thought that clinical services staff did not value employment as a care strategy because clinical staff believed that employment would only put further stress on people with experience of mental illness. A few employment workers, however, attributed clinical workers’ refusal to regard employment as a valid care strategy to clinical workers’ laziness or “professional jealousy” (McLaren, 2004: 56), and Marwaha and Johnson (2003) also found that clinical staff had mixed reasons for avoiding recommending that clients work. On the other hand, other employment services workers believed that clinical staff currently in training will “come out [of training] thinking of work as a legitimate goal for people with experience of mental illness” (McLaren, 2004: 56).

At present, however, medical services staff have very different attitudes towards employment and its relationship to mental illness than do people with experience of mental illness (McQuilken, 2003). It has been found that identifications of the major barriers to employment for people with experience of mental illness differ significantly between people with experience of mental illness and mental health workers: mental health workers tend to identify individualised barriers to employment, whereas people with experience of mental illness are more ready to identify environmental barriers to employment (McQuilken, 2003). Similarly, Stromwall (2002) found that in the medical model of mental illness, people with experience of mental illness are conceptualised as having something ‘wrong’ with them.

The tendency of “mental health services [to] pathologize ordinary life problems” has been demonstrated to prevent clinical services staff from perceiving people with experience of mental illness as competent workers (Francis et al, 2002: 97). In the fields of both of mental health care (Francis et al, 2002) and social work (Stromwall, 2002), workers without experience of mental illness have been found to consider workers with experience of mental illness as being unable to handle normal work tasks, and to act patronisingly towards them. Further, some workplace-based mental health promotion programmes are rendered less effective by the fact that they are over-medicalised (Dunnagan et al, 2001). Such programmes can only deal with mental illness as a discrete, individualised problem, and Dunnagan et al (2001) warn that where mental health care and employment services are integrated within such a framework, they do not enhance the employment outcomes of people with experience of mental illness.



Conclusions

Employment is important in the lives of all people, not only for providing income, but also for encouraging personal wellbeing, giving structure to people's lives, and promoting social inclusion. Employment is particularly important in the lives of people with experience of mental illness because it promotes recovery, which it does through improving health outcomes, improving social status and identity, and improving social relationships.

Conversely, unemployment has been found to be damaging to people's mental health, and can exacerbate existing symptoms of mental illness. And while the experience of mental illness does not usually of itself prevent people from finding work, other consequences of experiencing mental illness may negatively affect employment outcomes.

People with experience of mental illness have been found to be among those disability groups with the lowest rates of employment – 44% are employed, and only approximately 27% are in full time employment (Jensen et al, 2005). This is despite New Zealand experiencing low levels of unemployment and a tightening labour market, with labour shortages in some areas (McLeod & Beynon, 2006). At the same time there has been a growth in the number of people receiving Invalid's Benefit, a phenomena happening throughout the OECD countries. Indeed, disability benefit costs are higher than unemployment benefits costs in 17 out of 18 OECD counties (OECD, 2003:17; cited in Beynon & Tucker, 2006:78). A closer analysis of those who receive sickness or disability benefits in New Zealand reveals that a high proportion of recipients have a psychological or psychiatric condition (35% of Sickness Benefits, and 27% of Invalids Benefits). A recent survey found that benefit recipients want to work – 66% of respondents receiving Sickness Benefit, and 45% of those receiving Invalid's Benefit were interested or very interested in looking for work (Beynon & Tucker, 2006). However, as this literature review has shown, people with experience of mental illness face a number of barriers when looking for work.

It is clear that the difficulties faced by people with experience of mental illness in finding and retaining work is costly to the overall economy. In the UK, efforts to support people on Incapacity Benefit to find work, or get them back to work, are currently being piloted. Called the Pathway to Work Pilot, it aims to improve the prospects of returning to work through a combination of work focused interviews, and various associated services and benefits (Blyth, 2006).

Discrimination against people with experience of mental illness at work is widespread, with a large minority of people both in New Zealand and overseas reporting experience of discrimination. Work-related discrimination against people with experience of mental illness also occurs in dispute resolution processes, in New Zealand as elsewhere. The most common reaction to discrimination among people with experience of mental illness is the creation of strategies to avoid discrimination – usually involving the avoidance of disclosure. The most commonly recommended methods of combating this discrimination in employment are dissemination in the workplace of accurate information about experience of mental illness; positive discrimination; and media advocacy.



However, not all cases of disclosure will lead to discrimination. Some people with experience of mental illness have found disclosure to employers to have positive consequences. Most research has found that people with experience of mental illness are slightly more willing to disclose to colleagues than to employers, although the majority still did not disclose to colleagues. Supported employment services automatically disclosed clients' experience of mental illness to prospective employers, and some also disclosed to colleagues on their clients' behalf.

Aside from discrimination, most of the difficulties at work faced by people with experience of mental illness are caused by symptoms, and – particularly – the side effects of medication. The difficulties faced by people with experience of mental illness at work impact on employers in terms of absenteeism and lost productivity. It is potentially less costly to offer mental health support systems and accommodations for employees, and savings in productivity losses can even outweigh the costs of such accommodations.

For example, accommodating employees' experience of mental illness has been found to increase length of job tenure, without being costly to employers. However, there is little research into exactly how many people with experience of mental illness require reasonable accommodations. Some people with experience of mental illness do not wish to request reasonable accommodations as they wish to avoid disclosure, stigmatisation, and discrimination, or because of the difficulty with designing accommodations that are compatible with the episodic nature of experience of mental illness.

The Human Rights Act 1993 provides that failure by a New Zealand employer to make necessary accommodations where there is no reasonable cause not to make them is discriminatory. Many different types of reasonable accommodation are used to enable people with experience of mental illness to best perform their tasks at work. The most commonly used types of accommodation include flexible hours, schedules, and sick leave; use of job coaches; use of specialised supervisory techniques; modification of job duties; physical modification of the workplace; and alteration of company policy.



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