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Employer and employment agency attitudes towards employing individuals with mental health needs

Abstract

Background

The positive benefits of paid employment for individuals with mental health needs are well known yet many still remain unemployed (Perkins & Rinaldi, 2002).

Aims

Attitudes of employers and employment agencies who may provide short term contracts to individuals with mental health needs are important to understand if these individuals are to be given access to paid employment.

Methods

A mixed methods approach was used to investigate this phenomenon comprising of interviews and a follow-up survey. Interviews were conducted with 10 employment agencies and 10 employers. The results of these interviews then informed a follow up survey of 200 businesses in Gloucestershire.

Results

The findings demonstrated that employment agencies would consider putting forward individuals with previous mental health needs to employers. However, employers had a high level of concern around employing these individuals. Employers reported issues of trust, needing supervision, inability to use initiative and inability to deal with the public for individuals with either existing or previous mental health needs.

Conclusions

The findings of this research suggest a need for employers to have more accurate information regarding hiring individuals with mental health needs.

Keywords

Mental health discrimination, employer attitudes, employment agency attitudes, mental health awareness, perceptions of mental health

Introduction

There are several ways in which individuals with mental health needs are subject to discrimination with employment being a major category of exclusion (Thornicroft, 2006; Goldberg, 2005). The Disability Discrimination Act (1995) states that it is unlawful for an employer to treat a disabled employee, or potential employee, less favourably than others by discriminating against them. Nevertheless, discrimination against individuals who declare any mental health issues is widespread in the literature with many desiring paid employment but many less being actually employed (Perkins and Rinaldi, 2002).

Under the Disability Discrimination Act 1995, disabled people have the legal right to fair treatment in employment. The legal definition of disability covers people with physical, sensory, communication and intellectual impairments and people with mental health and other long term conditions such as epilepsy and schizophrenia. Discriminating against disabled people is unlawful and employers are specifically required to identify obstacles to employment and to implement 'reasonable' adjustments to overcome them. Reasonable adjustments could include issues such as part-time work, more supervision and training or alternative work e.g. in a different environment. Many adjustments cost little or nothing and are often a matter of flexibility and developing a creative approach to working practice, for example enabling people to work flexible hours, job sharing or working at home (Shaw Trust, 2008). However, unemployment is still one of the main difficulties faced by people trying to get back to a normal life after a mental illness (Herman and Smith, 1989).

There is research evidence to support the fact that individuals with mental health needs can work effectively and safely in a competitive environment with adequate support (Bond & Drake, 2008). One study has even found that the employment of such individuals may even be a benefit to others in the work environment for certain types of occupations (Perkins et al. 1997). However, it remains a difficult task to be able to identify those individuals who may be able to cope in employment, and those who may not. Assessment is difficult because specific

symptoms and diagnoses are not strong predictors of employability or performance (Bond & Drake, 2008), although people's productivity can be disrupted by persistent features and the fluctuating and recurring course of much mental disorder and the side-effects of treatment. Assessment for employability is best carried out in work settings, rather than with interviews or tests. With good treatment and stability of the disorder and liaison with their employers many individuals with mental health needs could get and keep a job (Perkins et al. 1997).

The national figure for unemployment among people with long-term mental health needs is 76% (Social Exclusion Unit, 2004). However, Perkins and Rinaldi (2002) found that unemployment had increased for those with schizophrenia from 88% in 1992 to 96% in 1999. The number of people on Incapacity Benefit for mental health reasons has grown significantly in recent years, from 475,000 in 1995 to 848,000 in 2004. More people claim Incapacity Benefit and Severe Disablement Allowance for mental health reasons than claim Jobseeker's Allowance (Social Exclusion Unit, 2004). The employment figures are significantly lower than that for people with long-term disabilities but no mental health difficulty, of which 52% were in employment in 2000 (National Statistics Office, 2000). It is realistic and achievable to aim for higher rates of employment for this group of people as demonstrated during the Second World War when 400,000 previously unemployed disabled people were incorporated into the UK workforce (Humphries and Gordon, 1992).

People with mental health needs and people with other types of disabilities all experience exclusion from 'normal' social roles and entitlement, however people with mental health needs face significantly more barriers to work than people with other disabilities (Thornicroft, 2006). Only people with a severe learning disability find more difficulty in obtaining paid employment. A survey conducted by the Social Exclusion Unit (2004) found that fewer than four in ten employers would recruit someone with mental health needs and three quarters of employers believe that it would be difficult or impossible to employ someone with schizophrenia, even if it was controlled with medication and the individual would not require

physical adaptations to the work environment. For many individuals with mental health needs, the only barrier to employment is unwillingness on the part of employers to consider them because of their psychiatric history (Thornicroft, 2006). Others can successfully gain and sustain employment if they are provided with appropriate help and support.

Work is a major determinant of physical and mental good health and is a socially integrating force. Apart from providing a monetary reward, employment provides social identity and status, social contacts and support, a means of structuring and occupying time, activity and involvement and a sense of personal achievement (Warr, 1987). To be excluded from the workforce creates material deprivation, erodes self-confidence, creates a sense of isolation and marginalization and is a key risk factor for mental and physical ill health, this produces a vicious circle that is hard to break (Lahelma, 1992), and this has particular relevance to those with psychiatric disabilities. Work is crucial for people with mental health needs as they are especially sensitive to the negative effects of unemployment and the associated loss of structure, purpose and identity (Thornicroft, 2006). They are already socially excluded as a result of their mental health problems and their exclusion is magnified by unemployment, work assists in increasing social networks.

Employment for individuals with mental health needs is vital, not just because of the direct improvements in activity and social contact but also because work may promote self-esteem, quality of life and integration into the community (Bond, Resnick, Drakes, Bebout, Xie and Haiyi, 2001; Goodwin and Kennedy, 2005; Rogers, Sciarappa, McDonald, Wilson and Danley, 1995). However, limited studies have investigated employer's attitudes towards individuals with mental health needs. In New Zealand, Samson (2004) investigated employer's attitudes finding a positive response supporting their employment. Indeed, most employers stated that they would request that employees detail any past mental health issues in order for the organisation to accommodate their disability needs (Samson, 2004).

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Nevertheless, employees may be unwilling to do this especially if they feel that they may be discriminated against because of their condition (Read and Baker, 1996).

Most recruitment in the UK is completed directly by the employer and this is probably where the greatest amount of discrimination as applicable occurs. Nonetheless, employment agencies also place permanent workers, generating £1.9 billion from this activity alone in 2003/04 (Biggs, 2006). Employment agencies also supply temporary agency workers to employers, some of whom may have mental health needs. In this regard, both employers and employment agencies who may provide applicants to the employers were considered to be important in gaining work for individual with mental health needs and were thus both investigated as part of this research.

Method

Interviews

Twenty individuals in total were interviewed, equally divided between representatives in employment agencies and employing managers in large businesses in Gloucestershire. The interview sample consisted of 17 females and 3 males aged between 25 and 50. The interviews were completed in a semi-structured format allowing the researcher to investigate key topic areas surrounding attitudes towards mental illness in the work place. Interviews were then transcribed and thematic analysis allowed the researcher to identify key themes found in the interviews.

Survey

A random sample of businesses in both the public and private sector were identified from the Bristol & Gloucestershire region and contacted by telephone. 200 organisations agreed to participate and were sent a questionnaire, covering letter, consent form and a pre-paid business reply envelope. The questionnaire was developed from a previous research instrument developed by Jacoby, Gorry and Baker (2005) that investigated employers'

attitudes towards employing people with epilepsy. Permission was gained from the

researchers to adapt this instrument that had good reported levels of reliability and validity

(Jacoby, et al, 2005).

The response rate for the questionnaire study was 21% (n=41). 81% of responses came

from organisations with less than 50 employees with just under half of all responses made

from organisations with less than 20 employees (See Table I). Nevertheless, no discernable

differences between large organisations and small medium enterprises with less than 50

employees was found.

Table I: Size of the organisations responding to the survey

Number of employees in organisation	Number of returned questionnaires	Percentage of responses
Less than 5 people	7	17%
5 – 9	7	17%
10 -19	6	15%
20 – 49	13	32%
50 -99	2	5%
100 – 199	1	2%
200 – 499	1	2%
500 or more	4	10%
Total	41	100%

Results

Thematic analysis was used on the transcripts taken from the interviews of managers and

recruitment consultants. Overall, five themes that were common to both the employing

managers and recruitment agency consultants appeared in the data (See Table II). Table II

also illustrates the different responses between the employing managers and the recruitment

consultants. Employing managers were unified in stating that they would think twice about

hiring someone with a mental illness; however, recruitment consultants stated that they

would place that person or put them forward to interview. Other clear results from the

interviews was that employing managers felt there was not enough literature on hiring individuals with mental health, which was in stark contrast to recruitment consultants.

Table II: Thematic codes from the interview study

Thematic code	Code definition	Results	
		Employing Managers (N=10)	Recruitment Consultants (N=10)
Think twice	Would they think twice before hiring someone with a mental illness	Yes (x10)	No, would place or put forward that person (x10)
Awareness	Is there enough awareness of mental illness?	No need more information (x10)	Yes, satisfactory amount of information available (x10)
Who should know?	Who should know about the person's mental illness?	Only employers should know (x10)	Employers and employees should know (x8) Only employers should know (x2)
Under control?	Does mental illness have to be under control before start work?	Their illness should be under control before go back to work, work would make it worse (x8) Work would help (x2)	No need for it to be under control, work helps (x8) Work would not help, need to be under control (x2)
Accommodating	How accommodating is the employment setting?	Not good, could be better(x10)	Good but improvements still welcomed (x10)

The results from the questionnaires (N=41) demonstrated how employers had a range of negative beliefs regarding employing individuals with mental illness. Employers had concerns regarding clinical factors such as frequency of episodes (56%), relapse (51%), how well controlled the illness is (61%), the severity of the illness (63%) and the recovery time after relapse (54%). Employers also had concerns about aspects of work performance including absenteeism, difficulty following instructions, need for excessive supervision and ability to abide by rules and regulations. There was a significant difference between the level of concern that large companies and small companies had regarding absenteeism from work when employing people who had been off sick for 3 months in the last year ($t(36) = -2.213$; $p < 0.05$, two tailed). Overall larger companies had a lower level of concern about absenteeism than small businesses. Employers also reported negative beliefs about people with mental illness in personal factors such as likelihood of injury, ability to deal with money, issues to do with trust such as handling confidential information including credit cards and safety issues when working with vulnerable people including children and the elderly.

Discussion

A clear difference between the recruitment agencies who place the staff and the eventual hirers was found with the majority of employers being more cautious towards employing people with mental health needs. The study found that eight of the ten employing managers felt the stress of employment may cause mental illness to reoccur. Over half of the organisations surveyed in the quantitative study also had this concern. In contrast, consultants in the recruitment agencies seemed to be much better informed. Eight of the consultants interviewed were aware of the benefits of work for those with mental health needs and felt there was adequate reference material on the topic as opposed to the managers who were less informed. This supports the notion originally posited by McKinsey and Company (2000) that the Recruitment Industry can serve a social need, by placing or trying to place individuals discriminated against in society.

Although it was interesting to find differences in attitudes towards mental illness in recruitment agencies and employers, it could be argued differences were due to the final placement of the individual as mentioned:

> "We (the recruitment agency) are the middle person, so I'm not the ultimate decision maker (for recruiting the person), all I do is present a selection of candidates to a client and they decided who they want to take and who they don't want to take"

Therefore, although the recruitment agencies promote and try to place individuals with mental health needs, this does not necessarily mean they will be selected for employment. Promotion of the needs of such individuals in a work-based context appears warranted as employing managers in this study clearly stated there was little guidance provided on employing individuals with a history of mental health needs. The findings of this research suggest that there is a need for employers (and the public) to have more accurate information regarding mental illness. With such information and the support of qualified

informed people the levels of employment for people who have experienced mental ill health might improve.

The survey results showed that employers had a range of negative beliefs regarding employing individuals with mental illness. They had concerns regarding clinical factors such as frequency of episodes, relapse, how well controlled the illness is, the severity of the illness and the recovery time after relapse. They also have concerns about aspects of work performance including absenteeism and work personality, including difficulty following instructions, need for excessive supervision and ability to abide by rules and regulations. Employers also report negative beliefs about people with mental illness in personal factors such as likelihood of injury, ability to deal with money, issues to do with trust such as handling confidential information including credit cards, names and addresses of clients and safety issues when working with vulnerable people including children and the elderly.

Employers' beliefs were focussed on the perceived difficulty for individuals with mental health needs to meet work requirements rather than on issues relating to other employees attitudes, such as causing some employees to refuse job assignments, to feel uncomfortable or to diminish other employees ability to concentrate on work, or even to leave the company. Small businesses were more likely than large company's to perceive that there would be negative effects on non-disabled employees.

When asked what accommodations employers would be prepared to make when employing a person with a mental illness a significant number of employers stated that they would be prepared to allow flexible working hours, job sharing and temporary assignment of duties to other colleagues to accommodate sick leave. However, few were prepared to provide or pay for transport to get to work, to get to meetings or to visit clients. This is despite the fact that local job centres operate a UK government scheme, Access to Work, which can pay up to 100 per cent of the costs of fares to work for new employees and a proportion of the costs for

employees who have been in the job for six weeks or more. This suggests that small businesses may be unaware of the help they can get in order to comply with The Disability Discrimination Act 2005.

Ways to change stigmatized attitudes have been suggested such as identifying the concerns of people whose attitude needs to be changed (Knox, Smith and Herby, 2003). Education and contact with people with mental illness are common methods used to decrease stigma, however there is mixed evidence regarding these methods (Corrigan, River et al, 2001; Holmes, Corrigan, Williams, Canar and Kubiak, 1999; Mathiesen, 2000; Mino, Yasuda, Tsuda and Shimodera, 2001). Although education provides more accurate information, people continue to report concerns about the dangerousness of people with mental illness and a desire for social distance (Link, Phelan, Bresnahan, Stueve and Pescosolido, 1999). Studies have shown that exposure and cognitive restructuring with destigmatising information combined with structured interactions between students and individuals with mental illness improves attitudes and creates a more comprehensive understanding (Shera, and Tauliili, 1996; Shor, and Sykes, 2002). This approach could also be applied to potential employers.

If the Governments welfare reform programme is to succeed in getting 80% of people of working age into employment, the lack of confidence among employers about recruiting staff who have a mental health condition needs to be addressed. Employers need better advice and information and support so that they have less fear and fewer concerns about employing someone with a mental health problem, employees would then be less fearful of disclosing their condition. There is a significant need to increase employer awareness and understanding of mental illness and to ensure adequate support for employers and employees. Positive steps in this direction have been taken by the Shaw Trust, an organisation which provides online resources and advice to employers on mental health issues.

Society would benefit from greater social cohesion and financially by rehabilitating people back into paid employment as schizophrenia alone costs the UK. £1.7 billion a year in lost production (Davies and Drummond, 1994). In addition to this, evaluation suggests that the Government would save £1,900 per year in reduced welfare spending and higher taxes, not including other healthcare savings, for each person employed on the same terms and conditions as other staff (Social Exclusion Unit, 2004).

Mental health stigma and discrimination stems from individuals' attitudes and behaviours and these need to be changed by legal reform and public education. The Disability Discrimination Act 1995 was biased towards physical disabilities and did not adequately provide protection from discrimination for people with psychiatric disorders; however the Act was revised in December 2005. It has yet to be seen if this makes any impact on the number of people with mental health needs who are employed in competitive jobs.

In conclusion, this research has shown that although employers consider that people who have had or currently have a mental illness could be as successful in their chosen career, lead a normal life, can be successfully treated with drugs in most cases and are as intelligent as someone who has never had a mental illness, they continue to have high levels of concern about employing someone who discloses that they are / have been a sufferer and consider that there are less than 10% of jobs available in their company that would be suitable for someone with mental illness. This appears to be somewhat contradictory. Perhaps tellingly is the fact that a high percentage of respondents feel that mental illness is frightening to others although in reality a person with mental illness is no more likely to be violent or dangerous than any other member of society. This perhaps indicates how much influence the media has on people and their understanding of mental health issues and demonstrates a need for more accurate information.

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