

EMPLOYER PERSPECTIVES ON SUPERVISING INDIVIDUALS WITH MENTAL HEALTH PROBLEMS

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ABSTRACT

The topic of mental illness and work has been examined in terms of consumer needs and issues; however, there is limited research from the employers' perspective. The purpose of this study is to examine the experiences of employers who have supervised individuals with mental illness. This qualitative, grounded theory study consists of semistructured interviews with 5 employers (4 female, 1 male). Results and conclusions shed light on the needs of employers so that they may better facilitate the return to work or the maintenance of work of individuals with mental illness.

BACKGROUND, PURPOSE, OBJECTIVES

Mental health issues in the workplace are a growing concern from both a public health and an economic perspective. In the average Canadian workplace, 15 to 25% of employees will suffer from a mental illness (Coyle, 2004). The World Health Organization (WHO) reports that depression is one of the leading causes of workplace disability and lost workdays worldwide (1996). The loss of productivity resulting from mental illness costs the Canadian economy \$14.4 billion annually, according to figures from a study by Health Canada (Stephens & Joubert, 2001). These statistics are staggering and should be cause for concern. Furthermore, employment has remained an elusive goal for the majority of persons with serious mental illnesses, with unemployment rates among this population estimated as high as 80 to 90% (National Mental Health Association, n.d.; Noble, Honberg, Hall, & Flynn, 1999). The needs of employers must be addressed in order to assist them to prepare for and deal with mental health issues at the workplace, and to enable them to open and adapt workplaces to persons with mental health problems. Such knowledge can then direct future research and program development.

This study addresses the question, "What are the experiences and challenges faced by employers in dealing with employees with mental illnesses?" A qualitative grounded theory approach is the most appropriate means of addressing this question due to the lack of previous research and the need to explore the employer experience (Creswell, 2003). Within a grounded theory method of inquiry, theoretical concepts unfold throughout the ongoing data collection and constant comparative analysis process (Portney & Watkins, 2000).

There is a growing body of research on mental health consumers' experiences in the workplace. The benefits of employment in reducing symptoms, increasing self-esteem, and improving the quality of life in individuals with mental health problems have been well documented (Bond et al., 2001; Cunningham, Wolbert, & Brockmeier, 2000; Freedman & Fesko, 1996; Kirsh, 2000a). Recently there has been increased attention on factors contributing to the successful employment of individuals with a mental illness including attitudes towards illness, social and interpersonal skills, vocational rehabilitation programs, organizational climate, and ongoing support (Cunningham et al., 2000; Kirsh, 2000a; Twamley, Jeste, & Lehman, 2003). Yet, as previously cited, unemployment rates for persons with serious mental illness are staggering. Efforts have been made to identify predictors of work outcomes including clinical variables, symptoms, and client characteristics (Jones, Perkins, & Born, 2001; McGurk, Mueser, Harvey, LaPuglia, & Marder, 2003). In addition, various factors external to the individual have been cited that affect the employability of individuals with a mental illness including low expectations, limited opportunity, dependence on public financial assistance, and stigma (Baron & Salzer, 2002; Kirsh, 2000b; Mechanic, Bilder, & McAlpine, 2002). The degree to which variables at the individual, workplace, and societal levels contribute to work outcomes is currently unknown.

There is an increasing awareness that the workplace may be an important unit of analysis in understanding employment and productivity among those with serious mental illness. Studies have pointed to the importance of organizational culture, supervisory and coworker relationships as important variables (Kirsh, 2000c; Gowdy, Carlson, & Rapp, 2004). There is an increase in literature on mental health that is being directed toward employers regarding signs and symptoms of mental illness and the importance of a mentally healthy workplace (Goetzel, Ozminkowski, Sederer, & Mark, 2002; Schott, 1999). However, the role of the employer in the employment of individuals with mental illness is unclear at best, and the missing piece in the literature is the employers' perspective. There is limited research regarding employers' knowledge of their responsibilities to employees with mental health problems, or approaches to use when dealing with mental health issues at work. Employer information gaps have been identified as a major barrier to an increased investment in mental health intervention (Goetzel et al.). Despite this known gap, few studies have actually asked the employers what they need (Tse, 2004).

There is legislation regarding return to work (RTW) and workplace accommodation for employees with disabilities (Workplace Safety and Insurance Act [WSIA], 1997; Ontarians with Disabilities Act [ODA], Ministry of Citizenship and Immigration, 2001; Canadian Human Rights Act [CHRA], Department of Justice, 1985; Employment Equity Act [EEA], Department of Justice, 1995); however, the coverage for mental health is limited. The WSIA covers mental stress only if it is an acute reaction to a sudden and unexpected traumatic event that arises out of the course of employment (Part III, sec. 13, 5). The ODA does include mental disorder in its definition of disability but offers no provisions to address it. The CHRA prohibits discrimination based on a disability (mental or physical) but no further definition or directions are provided. Finally, the EEA addresses the duty to accommodate people with disabilities but provides little specific guidance on how to do so. This lack of clarity and direction may leave employers at a loss as to how to best facilitate entry into the workplace or return to work for individuals experiencing mental health problems.

One approach to enabling employment for people with serious mental illnesses that has been shown to be effective is Supported Employment (SE). SE has been defined as “competitive work in integrated work settings with follow along supports” (Becker, Drake, & Naughton, 2005, p. 333). These supports can include assisting the consumer with finding work, interviewing, and providing ongoing support from a job coach. SE is considered to be an evidence-based mental health practice, with findings indicating that consumers taking part in an SE program are more likely to be in competitive employment, work more hours, and receive higher wages than those in prevocational programs (Becker & Drake, 2006; Crowther, Marshall, Bond, & Huxley, 2001; Salyers, Becker, Drake, Torrey, & Wyzik, 2004). However, the components of SE that may be most helpful in enabling work are not well understood. In particular, lacking from this literature is an understanding of the employer perspective and how employer needs can be addressed within this framework. Several questions remain unanswered: What do employers need in order to effectively supervise employees with mental illnesses? What kind of support would help employers feel more confident in dealing with persons with serious mental illness at the workplace? How can employers help coworkers to be accepting and understanding? Employers are in need of resources to guide them to better support employees with mental illness, yet little such research exists.

The purpose of this study is to examine the experiences of employers participating in a mental health agency employment program who have supervised employees with mental illnesses. The objectives of this study are (a) to gain an in-depth understanding of the challenges of employing individuals with mental illness, from the employers’ perspective; (b) to understand the rewards and successes achieved by employers through the employment of individuals with a mental illness; and (c) to examine the supports, education, and resources that employers feel they need in order to successfully employ an individual with mental health problems.

This qualitative, grounded theory study used semistructured interviews with employers in order to shed light on their needs. It is hoped that by gaining an understanding of the employers’ perspectives, mental health professionals will be able to work with employers to develop programs to better enable employers, and employees with mental illness, to achieve success in the workplace.

RESEARCH METHODOLOGY

A qualitative research design was used, as the purpose was to gain an understanding of the lived experience of the participants as stated in their own words. As data were collected and analyzed, themes developed that explained the experiences, successes, and needs of the employers. The data were collected through in-depth, semistructured interviews that enabled the participants to share their experiences in a subjective manner and allowed them to elaborate where needed. The semistructured interview also enabled the interviewer to probe further when more information was required. Questions were adapted as the analysis proceeded. The iterative and emerging nature of the data collection is consistent with qualitative methodology. In addition, a demographic questionnaire was used to collect such information as the participant’s length of employment, number of employees he/she supervises, education, and employment sector. This descriptive information was necessary for a full

understanding of the participants. The interviews were conducted by the primary researcher at the participant's place of work and lasted approximately 45 minutes to an hour. All interviewees agreed to the interview being audiotaped and later transcribed verbatim. Ethics approval was obtained through a university ethics committee.

Purposive sampling was used in order to ensure that the participants had the appropriate experience and were able to shed light on the central questions of the study. Employers in this study were affiliated with and recruited through a mental health agency. This agency works with employers who are looking to diversify their workforce by hiring individuals with disabilities, including those with mental health problems. Consistent with the SE model, the employees are provided with a job coach as needed. The primary researcher had no connection to the employers, the employees, or the mental health agency. Potential participants were contacted by phone and/or email, provided with information regarding the study, and invited to participate. Criteria for inclusion in the study were that participants had to (a) be an employer/supervisor in the Greater Toronto Area, (b) have experience in direct supervision of individuals with mental health problems, and (c) be willing and able to discuss those experiences. Finally, good comprehension of the English language was required as all of the printed materials and interviews were written and conducted in English.

The demographics of the participants are presented in Table 1. There were 5 participants representing 4 types of businesses and a variety of educational backgrounds and training, ranging from on-the-job training to masters' degrees. All had supervised a number of individuals with mental health problems in the last 4 years. All names used are pseudonyms in order to protect anonymity.

Table 1
Participant Demographics

Gender	Age	Nature of business	Size of business	Education	Years in position	Current No. of employees supervised
Male Randy	44	Food service	Large (>100)	College	20	4
Female Jill	36	Customer service (call centre)	Large	University	3	28
Female Eleanor	44	Community service	Large	University	13	Unknown
Female Kate	44	Corporate education	Large	University	2	4
Female Susan	51	Food service	Small (<100)	High school	6	8

Data Analysis

Each transcription was carefully read for comments or information relating to any emerging categories. The coding process outlined by Straus and Corbin (1998) was employed beginning with open coding where categories were developed, followed by axial coding to establish connections between categories, and then selective coding whereby categories were selected and related to one another to form themes. This process was done manually. The trustworthiness of the categories and themes was ensured through a process of peer debriefing, whereby a person other than the researcher reviewed and asked questions about the findings to ensure that they resonated with persons other than the researcher (Creswell, 2003).

RESULTS

Four major themes emerged from the data: (a) the importance of employer/coworker awareness, (b) employers' views of accommodation in the workplace, (c) stigma and its dissolution, and (d) benefits of employing individuals with mental health problems.

Theme 1: Employer/Coworker Awareness of Mental Health Issues

The data indicated that the level of awareness among employers and coworkers regarding mental health issues in their particular workplace had an impact on the overall work environment and support provided. Awareness, in this context, refers to the employers' and coworkers' level of knowledge and understanding of the mental health issues of their staff and colleagues. This theme has three subcategories: employer uncertainty; disclosure, privacy, and confidentiality; and the importance of coworker support.

Employer uncertainty. A level of uncertainty regarding the impact of mental illness on the workplace was expressed. The level of knowledge of mental health and mental illness varied among participants and did not necessarily translate to an understanding of mental illness in the workplace. One supervisor reported that while her staff had a good therapeutic understanding of mental illness and what mental illness means, they often did not apply this understanding to themselves or to their colleagues. This supervisor reflected her confusion regarding employee mental health: "If your disability impacts on your memory how do you know what you don't remember? How does your supervisor know? . . . If you don't turn blue when you don't remember, how does your supervisor know if it's a blue day or not?" (Eleanor). This concern regarding the invisibility of mental illness was echoed in all the interviews and adds to the overall uncertainty surrounding mental illness in the workplace.

Disclosure, privacy, and confidentiality. While employers in this study were aware that they were hiring individuals with mental health problems, coworkers did not necessarily have this information; therefore, levels of disclosure had to be determined carefully. All of the employers interviewed commented that the diagnosis does not matter. None of the employers were initially aware of the specifics of any individual's mental health problem, and they commented that they "didn't ask, [it's] not my business." Several of the participants stated that the employees tended to disclose the nature of the problem. One participant stated that she was like the "chief psychiatrist" at work and that employees

confided in her. All expressed that they were open to communicating and that they encouraged their staff to come to them with any problems.

Several of the participants had made the decision not to share any information with their staff: “Originally when we were discussing [the employment initiative] we made the option, the decision not to tell staff specifically where they were coming from, just that they were coming from a government organization. That’s it, that’s all they really needed to know” (Jill). This employer noted, however, that often coworkers became aware of those with mental health problems through the presence of job coaches and through observing that sometimes the person seemed “a little bit different.”

One participant described a successful way of sharing information regarding mental health without disclosing any personal information or breaking confidentiality.

You know, we still have new employees come in, [and] part of our orientation program is we talk about the [employment initiative]. Once a year . . . the company does an information session, a sort of state of the company address. We discuss how the sales went last year, this is where the profits were . . . this is what’s happening in the [employment initiative]. . . . So it’s, the information is always out there, we’re always talking about it. (Randy)

In another workplace, the employer reported that the coworkers were unaware that any of their colleagues were experiencing mental health problems.

Importance of coworker support. The final subcategory within this theme is the importance of coworker support. Awareness on the part of coworkers that there were people with mental health problems in the workplace seemed to have an impact on the overall work environment and the support provided. In workplaces where there was awareness of an employee with mental health issues, or where staff became aware, the environment tended to be more supportive. A number of participants commented on the development of a nurturing environment. One employer stated, “As time went on and I think the individuals became, umm, sort of a little family, they [their coworkers] started to treat them a little more . . . a little different, like, they became more nurturing” (Jill). Several participants also mentioned the development of “genuine friendships” that extended beyond the workplace. With awareness seemed to come the willingness to help. “I think the other staff started to become probably more aware of her issues and were there to help out. . . . We sort of keep an eye on them and help them through” (Jill). Another supervisor stated, “I think people have sort of forgotten all about it because they [the staff] become supportive of the people . . . and they were genuine. As I said there’s been genuine friendships made across those boundaries that have . . . benefited both our staff and the consumers” (Randy).

In contrast, the participant from the workplace where coworkers were not aware of the existence of mental health issues reported, “Some people run out of patience with them. . . . They complain a little bit about it, you know. Like, they’re not fast enough, they’re not whatever” (Susan). While employers cannot disclose for their employees, a general level of awareness regarding mental illness in the workplace seems to contribute to a more supportive work environment.

It is important to mention that one participant pointed out the challenge of an overly supportive environment where supervisors and colleagues offer too much help.

{They} want to help and they will do anything and they’ll go over, they will go way over what is required and at the same time they’re afraid that this person may not be able to do what they’re

required to do. They may then check, double check and unintentionally undermine, you know, that person's own professional confidence. (Eleanor)

Theme 2: Employer's View of Accommodations at the Workplace

When participants were asked if and how they were accommodating or modifying the workplace for employees with mental health problems, they responded that they were not, that there were no issues with accommodation. With further questioning it became clear that these employers were indeed accommodating the workplace, though they were not labelling their actions in this way. This finding indicates that there may be limited understanding of what accommodation of the workplace means. Two subcategories emerged in this theme: problem-solving versus accommodation, and boundaries to accommodation.

Problem-solving versus accommodation. When asked about accommodation, participants replied that when faced with employee challenges they simply “understand and work around [them],” “find ways around it” and find “simple ways to help out.” One participant stated, “I think you have to be able to look at how people learn and teach that way. If you [can] only teach one method and they can't grab that method, it's not going to work” (Jill). Participants were willing to find solutions to problems whether they were mental health related or not. They did not consider this accommodation. All participants discussed a number of modifications they made in employing individuals with mental health problems including spending more time training the employee. “I understand that I may have to give them more time . . . teaching them, showing them, going over things with them. If it takes me a little extra time to sit with someone, well hey, my time is expendable; if I get an employee who wants to be here year in, year out, it's well worth my time.”

Employers also mentioned the need for repetition and reminders. “You have to have a lot of patience and really spend time and repeat, repeat, repeat. . . . Probably if they're coming in every other day I have to go through the same procedure on day 1, day 3, day 5 again. If they're away for a week, we'll have to do it again” (Jill). Participants also expressed an overall understanding and flexibility. “Like if you have to miss a day because the stress level is just too high, as it is in a lot of workplaces . . . there should be leniency given to you because of it” (Susan). It is interesting to note that these substantive modifications to the workplace were viewed as natural solutions to workplace problems as opposed to accommodations dictated by law.

Boundaries to accommodation. One employer, who is involved in a return-to-work program, stated that often the challenge is in knowing when you cannot accommodate. As an employer, one has to consider the question, “Is this a disability that can be accommodated in the workplace, given again, the nature of the work? And what's a bona fide requirement and what isn't?” (Eleanor). This employer discussed a misconception of accommodation: “I think that a lot of people don't understand what the legal requirements are to accommodate and . . . understand it to mean you have to say yes to whatever.” She went on to discuss that the difficulty lies in understanding

that because someone has a mental illness it may mean that they don't do this type of work, but doesn't mean that, you know, as a human being they have no value. . . . If you are someone who is prone to seizures, you know, they wouldn't be a race car driver and that doesn't mean there's anything

wrong with race car driving or having seizures, it just means the two of them don't go together.
(Eleanor)

One participant who is a supervisor of individuals with mental health problems and also provides support to other employers reported that often employers are “paralyzed because they’re so afraid of doing or saying the wrong thing that they say nothing and so they wait until a situation becomes unmanageable” (Kate). This fear and misconception, while not discussed directly by the other employers interviewed in this study, could explain why no employers reported making any accommodations despite the significant modifications described. This leads one to believe that there is a misunderstanding regarding accommodation, what it entails, the requirements of accommodation, and what constitutes a bona fide job requirement. If employers had a good understanding of workplace accommodations, large and small, and of their rights and responsibilities, they may be less fearful to act and more inclined to acknowledge that the workplace adjustments being made are in fact accommodations.

Theme 3: Stigma and its Dissolution

Stigma is reported in the literature as a barrier to the employment of individuals with mental health problems (Gilbride, Stensrud, Ehlers, Evans, & Peterson, 2000; Hernandez, Keys, & Balcazar, 2000). The participants in this study revealed that while there often were some initial assumptions about employees with mental health problems, these assumptions did not last. Two subcategories emerged within the theme of stigma: preconceived notions, and how stigma is dissolved.

Preconceived notions. The participants discussed the notion of stigma as manifested in preconceived notions, expectations, stereotypes, and work performance. Several participants reported an initial hesitation or reluctance to align themselves with supported employment programs. “When we first opened up, I would say that there was probably some early reluctance from the staff in here, and it was probably, you know, the stigma—we’re gonna have crazy people” (Randy).

Participants also expressed their own early expectations of employees with mental health problems.

I think I went in with little, little expectations. I think I expected that they wouldn't do as well as our other colleagues. That was my initial expectation that they would be, umm, probably if you're looking at an A, B or C student, they would be your perpetual C students. Always working, but maybe never kind of exceeding to the next level. (Jill)

Another employer expressed a similar view. “I think in the beginning people did [have certain assumptions]. I think there was, you know, a stereotype, that uh, they're not going to be able to do this, they're not going to be able to do that” (Randy).

An additional concern expressed by an employer was the difficulty of distinguishing mental illness and its symptoms from work performance. “Often for someone gone out of the workplace because they've not been well, they haven't been able to do their job effectively and it [their illness] gets blurred, integrated and confused with job performance” (Eleanor). This ambiguity can create additional difficulty for the employer who may assume an individual is in need of remediation based on

poor job performance, when in reality there are mental health issues at play. In such cases job modifications or increased support may be needed to improve job performance. This issue relates back to the theme of awareness; understanding the reasons behind an employee's job performance may affect the support provided.

How stigma is dissolved. Although the employers mentioned some initial hesitation and assumptions, they also reported that these assumptions quickly disappeared. The employer who stated her initial expectation of a “perpetual C student” also reported, “That quickly went. That definitely quickly went.” Another employer stated, “I think that's [stereotypes], pardon the expression, been all blown to hell. Those theories here, the stigma, has been washed right out the window here over the years.” This same employer also said, “I'd say it's basically a stigma-free environment because people are exposed to it [mental illness] all the time and as I said earlier they realize, hey, they're really not that different” (Randy).

The minimization of stigma in these workplaces can be attributed to employer/coworker awareness and employer attitude. There seemed to be a general attitude of “they're just like you and me” that may have aided in the dissolution of stigma.

I don't see a big difference between [me and] them. I mean, there's things I can and there are things I can't do, and uh, I don't see the big difference between me and someone who may have a mental illness and what their capabilities might be and what their capabilities might not be. It's just, it's just slightly different, umm, criteria in line of what they can and what they can't do. (Randy)

Theme 4: Benefits of Employing Individuals with Mental Health Problems

While the participants did express challenges in employing individuals with mental illness, the consensus seemed to be that these challenges were far outweighed by the benefits. Three subcategories emerged in this theme: overall positive experience, “good” employees, and the chance to give back.

Overall positive experience. Participants were extremely enthusiastic about their employment programs and expressed the benefits derived from the program on both a business and personal level. One employer stated the benefits in tangible terms: “I have to look at our bottom line. We've increased our profitability 50%—we're doing something right. It's working” (Jill). Some employers expressed the benefits on a more personal level.

For me it's been, you know, probably one of the best experiences of my work career that I've had the opportunity to be involved in building up a program, umm, that's been so successful. . . . To be where we are today is beyond probably my wildest dreams at that point in time. So it's . . . my greatest achievement in my working life. (Randy)

Another supervisor expressed the benefits derived from the experience in terms of her own personal gains. “It's taught me to have a lot more patience. . . . It has taught me a lot of patience, you know, and to be more accepting of people's limitations” (Susan).

“Good” employees. All participants commented on the calibre of employees they have received and maintained through hiring individuals with mental health problems. One employer commented, “And this is an employee who wants to be here, which is our biggest thing. These people enjoy the

experience. They love coming to work. They're happy that they've been given an opportunity and they turn out to be fantastic employees" (Jill). Another supervisor echoed this sentiment: "The thing that I've found is that the people with, umm, mental illness really have a desire to . . . part of their recovery is to prove their own competence to themselves. And as an employer, hey, that works great because you know, they're very diligent" (Kate). The theme among participants was that they felt that employees with mental health problems wanted to work, and they put in the extra effort that made them excellent workers.

A chance to give back. Several employers expressed a desire to give back to their communities and to their staff. "I really firmly believe that, you know what, it's our chance to give back to people. . . . Our upper management is looking at this like, wow, we've really, we've been wanting to give back to our community, [and] this is one way we are" (Jill). Similarly another employer stated, "The company . . . had an unfortunate layoff after a recession and they were looking for ways to sort of boost the spirits of the remaining staff here and uh, sort of give back" (Randy). Along with a desire to give back was the attitude that everyone deserves a chance. "I figure everybody needs a chance and this is sort of our opportunity to try it out" (Jill). This employer also stated, "People still need to earn an income, they still need to have a productive life, they still need that" (Jill).

Employers expressed that they were giving back not only to the community but also to individuals with mental health problems. As one employer stated, "I think everyone's entitled to a job" (Susan). The participants expressed a win-win mentality, in that employers grow personally and professionally, businesses support and give back to the community, and the consumers gain employment.

DISCUSSION

A number of limitations in this study need to be discussed. The participants in this study were all affiliated with an employment program within a mental health agency. Although the statements from these employers may not be representative of employers in general, the information gained from this study provides valuable insight into the experiences of the employers. Responses were genuine and grounded in the lived experience of being an employer with no special training in mental health. Another potential limitation regarding the participants is that the employers who agreed to participate may have done so because they had successful employment programs and a positive experience.

A number of important findings emerged from this study, one being the possible link between the level of employer and coworker awareness of mental health issues in their workplace and the overall workplace climate. The study reveals that increased awareness fosters a supportive climate. This finding is supported in the literature based on the consumer perspective where it is outlined that a supportive, comfortable workplace is a significant factor for job retention (Secker & Membrey, 2003; Kirsh, 2000a). Employer/coworker awareness may not only be a key factor in contributing to a supportive workplace climate, but it also seemed to improve relationships among staff and to decrease stigma in the workplace. This study emphasizes the employers' role in creating a mentally healthy workplace; the employer sets the tone. Communication and open dialogue between the employer and the employee is important. A comfortable environment can facilitate disclosure, which in turn increases awareness

and invites support. Also of note is that knowledge of mental illness in a therapeutic or medical capacity does not necessarily translate into knowledge of how mental illness affects work or manifests itself in the workplace.

It was reassuring to see that employers are accommodating jobs and work settings; they consider this to be a natural part of their job. While they are indeed making accommodations, they seem unaware that they are doing so. This finding indicates that there is a lack of awareness regarding what constitutes an accommodation of the workplace. Employers did not cite legislation or policy as providing guiding principles for them; rather, they spoke of their independent efforts at problem solving. The absence of discussion on the “duty to accommodate” suggests a greater need for education on how such policy can guide them. A greater awareness of legislation and policy would also enable these employers to give themselves credit for the successful accommodations they are putting into place, and track them for building and transferring knowledge in this area. Accommodations that were made were generally simple, for example, adapting job-training procedures to allow more time to learn, a finding that is consistent with other literature demonstrating that accommodations are generally inexpensive and involve changes to job duties and modified training procedures (Unger & Kregel, 2003; Macdonald-Wilson, Rogers, Massaro, Lyass, & Crean, 2002). Perhaps employers do not consider these small, simple modifications to be accommodations and are under the impression that accommodations involve major physical changes to the work environment or drastic changes in job role. It is important for employers to acknowledge what they are doing for their staff and to have a good understanding of job accommodations as often these small adaptations benefit not only the consumer but the entire staff, leading to a more positive work environment.

The findings of this study indicate that often there is some initial reluctance to hire individuals with mental health problems, but it is not an insurmountable barrier to employment. This reluctance is consistent with the literature which states that many employers have greater concerns regarding hiring persons with mental illness than those with physical illness (Gilbride et al., 2000). The participants in this study demonstrate that overcoming that initial hesitation can lead to the employment of a successful and diverse group of employees. This finding points to the importance of employer attitude in creating a stigma-free workplace. The participants derived many benefits through their employment programs, from increases in profitability, personal growth and satisfaction to acquiring and maintaining diligent, hard-working employees. There is a need for employer education to spread the news of the wealth of benefits that can result from employing persons with mental illness.

It is interesting to note that the need for employer support was not a major theme in this study. Employers reported feeling well supported and in need of nothing additional. This finding was a surprise, but again could be tied to the fact that the employers were all connected to a mental health agency. Although none of the employers mentioned any supports outside of the agency or their own human resources department, further research is needed to determine whether employers are aware of the variety of supports that are available to them.

The results of this exploratory study outline some of the strengths of employers as well as some of their needs. This study has many implications for mental health professionals and points to a need for employer education in the following areas: how to communicate to employees—what information can

and cannot be shared and how to share it, what can and cannot be accommodated and how to accommodate, the impact of mental health in the workplace, and how to create a comfortable atmosphere open to dialogue.

Mental health professionals can be involved in developing and providing education programs in all of the above areas. This study emphasizes the key role the employer plays in establishing a mentally healthy workplace. Learning of the successes and challenges of employers provides valuable information for mental health professionals.

Directions for Future Research and Conclusion

This exploratory study suggests areas for future research. Additional research is needed that draws on a larger sample of employers both with and without affiliation to a mental health agency or supported employment program. There is a need for increased study of employer understanding of accommodation and their knowledge of available supports. More research is being done with the employer in mind, and it is essential to continue this trend to ensure successful employment experiences not only for consumers but for employers as well.

RÉSUMÉ

Le travail et la maladie mentale est un sujet qui a beaucoup été étudié du point de vue des questions et des besoins la clientèle; mais peu de recherches ont été réalisées du point de vue des employeurs. Cette étude qualitative et empirique porte sur les expériences d'employeurs qui ont encadré des individus souffrant de maladie mentale. Nous avons mené cinq entrevues semi-structurées avec des employeurs (quatre hommes et une femme), dont nous présentons ici le compte rendu. Les constatations qui en découlent permettent de clarifier ce dont les employeurs ont besoin pour arriver à faciliter le retour ou le maintien au travail d'employés souffrant de maladie mentale.

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