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Understanding the stigma of mental illness in employment

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Abstract. *Background*: Stigma has been identified as an important barrier to the full community participation of people with mental illness. This study focuses on how stigma operates specifically within the domain of employment.
Objectives: The purpose was to advance the development of theory related to the stigma of mental illness in employment to serve as a guiding framework for intervention approaches.
Method: The study used a constructivist grounded theory methodology to analyze over 500 Canadian documents from a diverse range of sources and stakeholders, and interviews with 19 key informants.
Findings: The paper develops several key components central to the processes of stigma in the work context. These include the consequences of stigma, the assumptions underlying the expressions of stigma, and the salience of these assumptions, both to the people holding them and to the specific employment situation. Assumptions are represented as varying in intensity. Finally specific influences that perpetuate these assumptions are presented.
Implications: The model suggests specific areas of focus to be considered in developing intervention strategies to reduce the negative effects of stigma at work.

1. Introduction

The research presented in this paper focuses on stigma and mental illness within the domain of employment, a particularly important social arena for community acceptance and integration. People with mental illness experience rates of labour force participation that are exceptionally low compared to the general population [21,29]. Recent research by Baldwin and Marcus demonstrated that people with mental illness who are working experience high levels of unexplained negative wage differentials and that this differential may be explained by stigma and discrimination [1,2]. In the workplace there is also evidence of unsupportive relationships with co-workers and supervisors [28,32]. The available evidence strongly suggests that stigma may be operating with particular force in the area of employment. However, relatively little research has been done to directly explore and explain stigma related to mental illness in the context of work and workplaces.

This study addresses the research question: What theory can explain the nature and processes of stigma that influence the full participation of persons with mental illness in employment? Our intent was to advance a preliminary framework that could be further tested and ultimately serve as a guiding framework for anti-stigma strategies and campaigns.

2. Background

Stigma is one of the most profound barriers to the full social inclusion and community participation of persons with mental illness. A powerful process of social control, stigma denies access to important commu-

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nity social roles and to equity and full participation in those roles. The processes that sustain stigma and discrimination are complex and not easily observed and interpreted. The sheer magnitude of the stigma problem poses a particular challenge for the development of interventions that will make a real difference to the discrimination and exclusion experienced by people with mental illness. The development of sound conceptualizations can advance our understanding of stigma processes and provide a framework for anti-stigma efforts.

Initial conceptualizations of stigma, advanced by Goffman [16] focused on the impact of labeling on the personal and social identity of the individual. More recently, social perspectives of stigma and mental illness have received attention, with efforts directed to understanding the attitudes and beliefs and the social structural conditions that underlie and rationalize discriminatory practices [8,10,15].

Several promising intervention approaches have emerged from these perspectives. Efforts have been directed to overcoming exclusionary processes through interventions that assertively support participation in important community activities and roles such as employment. Supported employment approaches have demonstrated considerable success at improving the employment opportunities and outcomes of people with mental illness who have been marginalized from the community labor market [3]. Anti-stigma efforts have focused on influencing public attitudes through awareness, education or information campaigns, organizing opportunities for positive contacts with people with mental illness, implementing constitutional and legal challenges to structural discriminatory policies and practices and staging vocal protests against stigmatizing public representations of people with mental illness [23].

Another potentially useful approach is to focus anti-stigma initiatives on specific social roles and contexts. The assumption here is that efforts to combat stigma will be enhanced by concentrating on how stigma actually emerges within specific desired community opportunities where people with mental illness appear to have been routinely denied access. Stigma is a social phenomenon, grounded in both the intolerance of human differences and the inability to meaningfully capitalize on human diversity. The behavioral expressions of the response to these differences may have some similar defining features, but they are also sensitive to and constructed within particular social relations and conditions. This has important implications for the development of anti-stigma interventions, suggesting that stigma processes may depend on their relevance to specific social contexts.

Targeting employment may be a particularly productive focus for anti-stigma initiatives. Any success in improving the employment prospects of people with mental illness has the potential to influence a broad range of factors associated with sustaining stigma. For example, since employment can enhance the financial means of individuals with mental illness [7] it can also positively influence access to community events and participation in other valued social roles such as parenting or volunteering. The extent to which paid employment increases financial autonomy among people with mental illness, may serve to counter the public and internalized stigma that is linked to poverty and the use of social assistance [22]. Current evidence suggests that the experience of mental illness is not uncommon in the contemporary workforce [13]. Thus the employment context provides a real life situation where the tendency for people to distinguish between “us and them”, considered a fundamental social-cognitive stigma process [19], could be opposed with particular force.

Despite this potential there is still much to be understood with regards to the relationship between employment and stigma. Developing a better understanding of how processes of stigma present and are perpetuated in the work context will be essential for guiding the development of anti-stigma interventions [27]. The social relations that occur in the work setting appear to have many of the features considered fundamental to reducing stigma through interpersonal contact, such as the potential for equal status, interactions requiring cooperation, and opportunities to encounter individuals with mental illness fulfilling positive social roles [12]. However, there is a lack of systematic research evaluating the influence of workplace relations on stigma processes, or how the workplace itself influences these relations. Research has suggested that understanding the social relations in any workplace requires consideration of the broader organizational culture and the extent to which that culture promotes acceptance, diversity and respect [17]. This is consistent with more global models of stigma that have emphasized the need to consider structural forces, along with the social-cognitive processes, that underlie stigma [10].

This paper develops a preliminary theoretical analysis of employment-related stigma. This analysis is seen to be a step towards greater understanding of the forces that perpetuate stigma in this focused and specific domain.

3. Method

3.1. Study design and context

This research was conducted within the context of a larger study that used constructivist grounded theory methods to develop a theoretical understanding of the principles, values, practices and main drivers in the area of work integration of persons with mental illness in Canada. The scope of the research question and design enabled us to address a number of sub-questions focusing on specific employment issues and challenges. The research question for the present study was: How is stigma towards persons with mental illness in the employment context explained?

The study focused on understanding stigma as it occurs in the community-based work force, where employment is paid and employment conditions are subject to labour laws and standards. In this paper the term "work integration" is used to describe full participation in the community-based work force. Mental illness is broadly defined, to include the range of health conditions characterized by psychological and behavioural patterns that cause an individual mental and emotional distress. Psychiatric disability refers to difficulties in the performance of important daily life activities emerging in the context of mental illness.

3.2. Data collection

The main approach to data collection was document analysis. This involved the systematic collection of a broad range of Canadian documents between the years 1990 and 2003. Relevant documents were those that were publicly accessible, authored by Canadians and containing information relevant to work integration and mental illness. A purposive sampling strategy was used to gather documents through searches of library and popular press databases, websites of Canadian mental health organizations and related stakeholder groups, websites of provincial and federal government sites, mail out requests to work initiatives across Canada, recommendations from our advisory committee and through "word of mouth". Documents reflecting the perspectives of diverse stakeholders were pursued. The intention was to obtain a representative and broad sample of materials from a range of sources. Documents in both official languages of Canada – English and French, were collected. The final data set consisted of the following documents: 100 academic; 76 government; 138 popular press; 5 legal; and 107 from work initiatives across Canada. In addition, semi-structured interviews were conducted with 19 key informants, focusing on main drivers of work integration and mental illness. These key informants were recruited from across Canada to reflect a broad range of expertise and employment-related experiences, including a union representative, lawyer, government policy analysts, people with mental illnesses, service providers, researchers and employers. Interviews were audio-recorded and transcribed verbatim.

The raw text was available in word format, abstracted from the original documents, either through electronic scanning or transcription, and the data from the key interviews were coded using NVivo software for qualitative analysis. Ethical approval for the study was obtained from the research ethics board of the university in which this research was conducted.

3.3. Data analysis

The data analysis process followed the constant comparative method central to grounded theory [26] and further expanded by Charmaz's [4] constructivist approach to grounded theory. The analysis began with line-by-line coding of both documents and interviews. Next the data from these codes were compared to identify focused categories. The data within these focused categories were examined to develop descriptions of how the category informed an understanding of work integration and how it linked to other categories. For this study analysis focused on how the data informed an understanding of employment-related stigma by attending to and interpreting data that included reference to stigma, concepts closely related to stigma (such as discrimination, disclosure, social attitudes), and any data judged by the researchers to be relevant to stigma. The analysis then moved into a process of axial coding, developing the dimensions of refined categories and interpreting relationships between categories. Finally, analytic generalizations were developed and organized into a pictorial representation of employment-related stigma.

4. Findings

The analytic generalizations of employment-related stigma are depicted pictorially in Fig. 1. The analysis develops several key components central to the processes of stigma in the work context. These include the consequences of stigma, the assumptions underlying

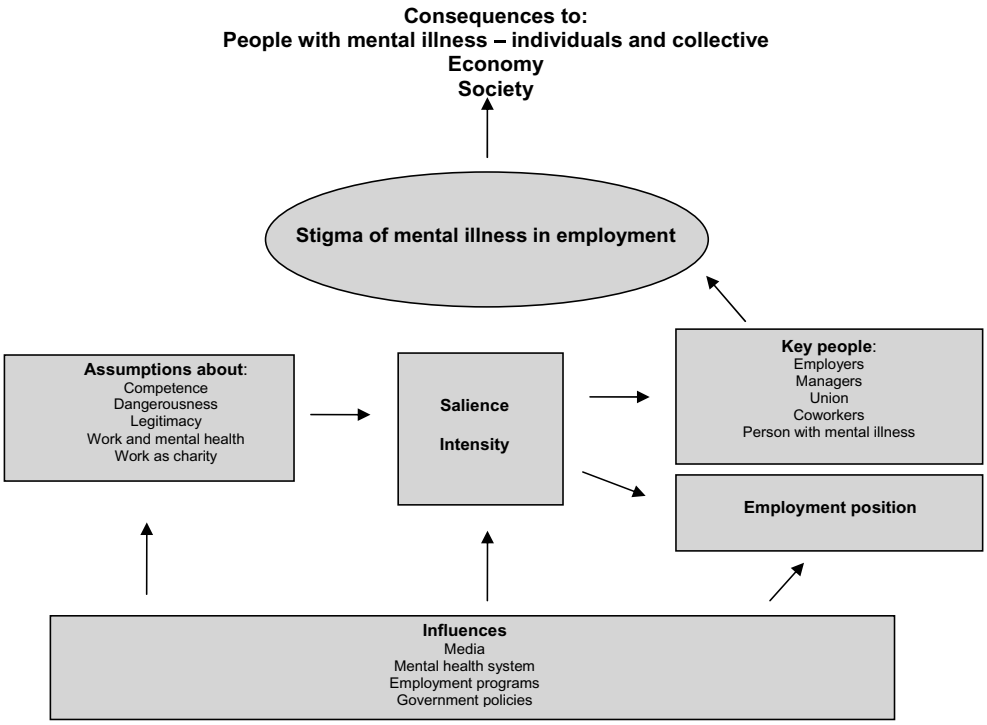

Fig. 1. A theoretical framework for understanding stigma in employment.

the expressions of stigma, the salience of these assumptions, both to the people holding them and to the specific employment situation. Assumptions are represented as varying in intensity. Finally specific influences that perpetuate these assumptions are presented. Illustrative data from interviews and documents are provided in italics, with the data source for each provided in Table 1.

4.1. Defining the core phenomenon

Stigma of mental illness in the work context is the central phenomena of interest. Stigma is defined as a disposition, in the work context, to act in a discriminatory manner towards persons with mental illness. The particulars of this definition are important. It highlights that stigma is an orientation towards exclusion of those with mental illness from full work integration, and prioritizes the behavioral expression of stigma – discrimination. This analysis suggested that a comprehensive understanding of stigma and employment requires that exclusion be defined in its broadest terms, as including, but not limited to discrimination in being hired, achieving promotions, accessing full employment benefits, equity in workplace policies, and engagement in social interactions on the job. It allows for the possibility that exclusionary practices may emerge from multiple intentions, and that mental illness need not be formally or consciously recognized in order to engage the processes of exclusion.

Discourse about stigma and discrimination of those with mental illness in employment was prevalent in both documents and interviews, and was represented as perhaps the most profound barrier to work for those with mental illness. A journalist writes in a mainstream newspaper article on employment and mental illness:

> *The single most common concern to emerge from users of mental health services during this investigation was the pervasiveness of stigma. Discrimination or abandonment by friends, employers, landlords – even families. The attitude that the lives and usefulness of people with mental health problems are somehow over*[T1].

4.2. Consequences of stigma in the work context

The analysis revealed a range of consequences of stigma that impact diverse stakeholders. Stigma has the potential to marginalize individuals with mental illness from full work integration. In addition to placing the individual with mental illness at higher risk for unem-

Table 1
Data sources

Citation	Data source
T1	Simmie, S. Life in the world of "untouchables" *The Toronto Star* (1998).
T2	Corbett, G. Psychiatric impairment and vocational considerations. *Rehab Review, 19,* (2003), 4–7.
T3	Nunes, J. and Simmie, S. *Beyond crazy*. Toronto: McClelland & Stewart Ltd., 2002.
T4	Nunes, J. and Simmie, S. *Beyond crazy*. Toronto: McClelland & Stewart Ltd. 2002.
T5	Key informant interview.
T6	Wilkerson, B. *Mental Health – The ultimate productivity weapon*. Industrial Accident Prevention Association Conference and Trade Show, Toronto, Ontario, 2002.
T7	el-Guebaly N. The disability conundrum. An update from the Canadian Psychiatric Association Task Force. *CPA Bulletin*, 33 (2001), 43–49.
T8	Key informant interview.
T9	Canadian Mental Health Association-National Office *Making it Work: A Resource Guide to Supporting Consumer Participation in the Workforce*. Ottawa: Canadian Mental Health Association, 2002.
T10	Canadian Mental Health Association-National Office. Making It Work: A *Resource Guide to Supporting Consumer Participation in the Workforce*. Ottawa: Canadian Mental Health Association,2002.
T11	Hall, N. Mental Health and Workplace Violence. Employment. *Visions: BC's Mental Health Journal* 13, (2001).
T12	Key informant interview.
T13	Key informant interview.
T14	Globe and Mail, Mental illness award sends wakeup call to employers. (1995)
T15	Wilson, M., Joffe, R. T., & Wilkerson, B. *The unheralded business crisis in Canada: Depression at work.* Toronto, ON: Global Business and Economic Roundtable on Addiction and Mental Health, 2000.
T16	Nagle, S., Cook, J. V., & Polatajko, H.J. I'm doing as much as I can: Occupational choices of persons with a severe and persistent mental illness. *Journal of Occupational Science*, 9, (2002), 72–81.
T17	Key informant interview.
T18	Key informant interview.
T19	Key informant interview.
T20	Chiu, A. *Beyond physical wellness: Mental health issues in the workplace*. Toronto On: Centre for Addiction and Mental Health, 2001.
T21	Key informant interview.
T22	Key informant interview.
T23	B.C. Partners for mental health and addictions information,*Mental disorder and addictions in the workplace,* Vancouver: B.C. Partners for mental health and addictions, 2003.
T24	Tomlinson, A. Mental health costs are high, but awareness is low. Toronto, ON, *Canadian HR reporter,* 2002.
T25	Key informant interview.
T26	Hartl, K. A-way express: a way to empowerment through competitive employment. *Canadian Journal of Community Mental Health*, *11*, (1992), 73–77.
T27	Key informant interview.

ployment, stigma can lead to underemployment, and precarious employment, which is characterized by low security and employer protection, and fewer opportunities for responsibility, advancement and personal and financial growth. One key informant described how underemployment has become a problem with vocational service delivery:

> *Vocational placements are often limited to what one researcher calls the Four"F's: food, flowers, folding and filth* (*referring to the stereotypical entry-level positions often offered clients with long-term mental illness: food service, gardening, laundry or clerical work, and janitorial services*)^{T2}.

In the workplace, stigma compromises the potential for the individual to be involved in supportive social interactions and events that foster good working relations. Stigma can also produce social conditions that undermine individual efforts to meet work requirements while maintaining personal health and integrity. This finding is illustrated by the following excerpt:

> *Joan like many people, has even skirted her company health plan, despite its guarantees of privacy, and paid for her own psychotropic drugs to avoid any kind of paper trail*^{T3}.

The social processes of labeling and limiting expectations negatively influence the likelihood that individuals will openly identify with others with mental illness. In this way, the collective power of people with mental illness to secure full work integration is prevented. The potential of this group to demonstrate their employment strengths, to become role models for others, to engender supportive peer relationships, and to advocate for their rights to full employment and its benefits is weakened.

The problem and burden of negotiating the secrecy of mental health problems in the workplace emerged in the narratives, and one example is offered here:

I have worked very hard to get to this point. But I worry about my employer finding out about my illness; close calls are scary. Recently, a colleague strolled into my office and happened to eye my bottle of valproic acid, which sat on my desk in anticipation of my noon dose. He picked it up, studied it, and announced that his best friend was bipolar and took valproic. Silence hung in the air. I coughed, looked at the floor, coughed again. I told him it was for seizures[T4].

The challenges of managing the negative labeling of mental illness extends to formal vocational initiatives focused on improving work integration outcomes, as this interview comment from a mental health vocational service provider illustrates:

And I find it easier if I approach people saying I'm a planner for the [Provincial] Disability Support Program, working with individuals with disabilities. That makes a difference, rather then saying I work for XYZ Community Mental Health Services. There's a difference. You can see it in people, you can hear it in their voices, it changes things. I mean it's unfortunate, but... the stigma[T5].

Stigma also has negative consequences for broader society. To the extent that people with mental illness are systematically excluded from employment, society will experience the underutilization of the full capacities of the potential workforce. This problem is considered particularly acute in contemporary developed economies that are knowledge-based, and depend on the mental capacities of the workforce:

Mental health underpins intellectual capital. It anchors the capacity of employees, managers and executives to think, use ideas, be creative and be productive while mining and applying information as a commodity in its own right. In such an environment, our minds not our backs, arms and legs do the heavy lifting of business. In business today, the way people think is in. Companies no longer consist of thinkers in one room and doers in another. Today, thinkers and doers must work in one room and live in one person[T6].

Business in this knowledge based economy experiences staggering economic and productivity costs because of mental illness and poor mental health in the workforce, yet problems of poor mental health and mental illness are purposely hidden. The workplace in this knowledge economy is believed to demonstrate characteristics that provoke and sustain mental distress and are associated with an increase in mental illness in the population:

It may be that the distinction between compassionate leave and psychiatric leave is getting blurred as psychiatrists find themselves faced with more and more patients who are victims of modern economic and work environment stressors. Hard work does not always bring job security and with the current need to constantly update job skills in a globalized market, an increasing number of employees experience distress. In a non-supportive environment, distress may soon transform itself into symptoms of anxiety, depression or substance abuse[T7].

The perpetuation of stigma and discrimination within workplaces violates the fundamental tenets of Canadian society as established within the Canadian Human Rights Act and the Employment Equity Act, and administered through the Canadian Human Rights Commission. Although explicitly identified as a protected group in federal policy, people with mental illness are recognized as a group who are subject to the ongoing denial of access to employment, a major right and responsibility of full Canadian citizenship. The sentiment was expressed that while Canadian society is shaped by a *"citizenship framework"*[T8], values of diversity, tolerance, respect and equity in the workplace are often subverted by unspoken resistance, resentment, confusion and prejudices.

4.3. Assumptions underlying stigma

Assumptions are the foundational negative beliefs and stereotypes of stigma and discrimination. The assumptions are particularly likely to fuel negative labeling and discrimination when they elicit emotional responses, are salient to the social situation, are commonly recognized and subject to acceptance without critical questioning [8,20]. These negative beliefs and stereotypes emerge and are sustained by assumptions about mental illness that are considered inconsistent with employment. These key assumptions include:

4.3.1. People with mental illness lack the competence required to meet the considerable task requirements and social demands of work

The assumption that mental illness creates functional disturbances that are inconsistent with the task and social demands of employment is wide-spread.

Perhaps more than any other label in our society, having a serious mental illness indicates to the person and those around that s/he will never be capable of work[T9].

Public perceptions, as shaped through the media, clearly influence social attitudes towards people with a serious mental illness. The result is that many employers resist hiring consumers due to an inaccurate belief and fear that they cannot work effectively or that meeting their needs will cost a great deal. Employees with psychiatric disabilities also continue to experience fewer opportunities for promotion and training, since employers tend to focus on their disabilities rather than their capabilities. This helps to explain why so many consumers are earning low wages that keep them below poverty existence[T10].

While specific employment related disabilities have been associated with mental illness, the positive work potential of people with mental illness is largely misunderstood and underestimated. Within a social-economic system where employment is characterized as highly competitive, focused on creating efficiencies, profit-oriented, demanding and stressful, there is limited attention to acknowledging and understanding how employment itself might be constructed to maximize the potential of individual workers and to support inclusion and diversity, without compromising productivity.

4.3.2. People with mental illness are dangerous or unpredictable in the workplace

Assumptions about the association between violence and unpredictable behaviors and mental illness undermine employment by raising fears and compromising social interactions on the job and with customers. In addition, the stressors associated with the contemporary workplace are believed to have the potential to provoke features of the mental illness and subsequently to trigger violence. The assumption of violence can provoke a chain of conditions in the workplace that ultimately contribute to social conditions that negatively affect mental health.

The reason many people with a mental disorder don't report to their employers is that studies show that eight out of ten people experience discrimination once their diagnosis becomes known. People assume violence and then increase their distance from consumers. Help and support evaporate as the troubled person's friends and co-workers vanish. The person's health deteriorates and symptoms emerge that are no doubt objectionable[T11].

4.3.3. Mental illness is not a legitimate illness

Questions about the legitimacy of mental illness raise concerns about the extent to which employees will use the label of mental illness to place themselves at an advantage in the workplace. The label of mental illness can be viewed as license for dodging work responsibilities or for receiving special privileges (*. . . if the doctor says the person can only work 4 days, why is Friday always the day the person gets off?*)[T12]. Factors that support this concern include: the "invisibility" of mental illness compared to physical illness and disability and the commonness of the stress experience at work (*. . . co-workers may say 'you look fine', we all get stressed, why do you take a month off?*[T13]); mistrust of the credibility of mental health professionals to diagnose mental illness and to make work-related recommendations (*The problem for employers is that a lot of people can simply go out and get a note from a psychiatrist or psychologist that says 'Joe should get a new boss' or 'Joe shouldn't work'*[T14)]; and concerns that stress in the contemporary workplace will be labeled as a mental illness and increase disability claims. With the legitimacy of mental illness questioned, there is a tendency to explain related work issues as evidence of moral flaws or weaknesses in personal character.

4.3.4. Working is not healthy for people with mental illness.

Features of the contemporary workplace are considered increasingly stressful, and this stress has been linked to poor physical and mental health in the workforce. (*The stress invasion of workplaces is far reaching. Stress can be a carrier of depression, almost like an airborne virus striking those most susceptible to it*[T15]). This link between stress and health, however, has not necessarily been reflected in workplace policies and compensation claims. For example, workplace compensation processes are in place for workers injured physically on the job, but the rights to benefits for psychological and emotional injury on the job have been subject to controversy and are not universally applied.

Stress is considered particularly problematic for those with mental illness who are perceived as less able to adaptively cope with demanding roles such as employment, and are thus vulnerable to mental illness in response to stressful conditions:

Despite carefully choosing occupations and environments, informants [with mental illness] still found their occupations to be too stressful at times. Stressful occupations or environments could exacerbate symptoms. When this happened, informants engaged in occupations and sought out environments to combat stress[T16].

4.3.5. Providing employment for people with mental illness is an act of charity

From this perspective efforts to increase the employment of individuals with mental illness are assumed to be inconsistent with the main goals of the contemporary workplace. While employment focuses on achieving measures of productivity (and subsequently seeks a workforce that will meet these goals), hiring an individual who is living with mental illness can be conceptualized as a predominantly therapeutic, or charitable act. One employer interviewed commented that although he was sympathetic to the situation of people with mental illness, *. . . we're not a social welfare organization*^{T17}. Focusing on the social responsibility of employers with regards to mental illness is regarded as problematic because, as one key informant stated: *. . . because it's not their needs, they're not there for that, they're there because they want people, they have work to do, they have a company to run, they have business deals to meet*^{T18}.

4.4. Intensity of assumptions

These assumptions are particularly powerful at fueling stigma because they are implicit, and because in general there is a lack of dialogue about mental illness in workplaces (*Mental illness is the only disability people don't talk about and because people don't talk about it there is more fear and perceived danger*^{T19}). The intensity of the assumptions can vary between people, from entrenched and deeply held beliefs, resistant to change, to beliefs that primarily reflect a lack of awareness and information within a work culture where these issues are not openly identified and reconciled.

> *Some organizations are at the forefront of mental health research, focusing on how to build and maintain a healthy workforce. Many businesses put tremendous effort into understanding and managing employee stress, and ensuring workers have balance in their lives. On the other hand, some organizations hide mental illness or deny its existence. Or there may be discrimination against those afflicted. Sometimes people are blamed for their mental illness, or assumed to be weak or unfit for work. Sadly, workers often recover from the illness but not the stigma*^{T20}.

4.5. The salience of assumptions

4.5.1. To the employment situation

The "salience" of certain aspects of workplaces has been discussed within organizational culture literature as a determinant of the degree of inclusion or exclusion of its members [5]. With regards to stigma, the salience of certain characteristics of the employment situation affects the impact of negative assumptions that are present within it; their effects will vary by the extent to which they are considered relevant. For example, a key informant suggested that issues of productivity and competence of people with mental illness may be less salient in the public sector where, compared to the private sector, there is less focus on profits as the outcome, although there are pressures to realize efficiencies in operations. There is also an indication that the impact of these assumptions will vary within specific jobs. One data source suggested that being in a helping profession such as teaching might provide a more sympathetic and understanding work environment, while another suggested that any indication that a teacher has had a mental illness will likely lead to a negative letter writing response by parents concerned about the potential impact on their children.

4.5.2. To key people

These assumptions are held by a range of people in the work context and their specific beliefs are influenced by the personal meaning and relevance attributed to work integration and mental illness. Employers, for example, are responsible for ensuring that workplaces are achieving their economic goals and as such can be highly sensitive to concerns about the productivity capacities and costs associated with employees. Employers are also considered largely responsible for ensuring that the work context meets obligations for the rights of employees and for influencing the overall culture of the workplace. Their attitudes and responses influence the development of a workplace culture that supports diversity, respect, tolerance and promotes mental health and well-being.

Workplace managers are charged with overseeing production processes to achieve productivity goals while being responsible for the day-to day supervision of employees. Their beliefs and ultimately their actions towards those with mental illness will be strongly influenced by the extent to which they are supported by human and material resources, such as those that can facilitate conflict resolution and enabling work management practices. Front-line managers are also faced

with the difficult challenge of realizing operational efficiencies and this can influence their attitudes (*This project requires 10 people, I'm only given 6 people and now one of them has a disability?*[T21)].

Unions are responsible for representing workers in the workplace and their responsibility includes promoting the duty to accommodate legislation for workers with disabilities. A lack of awareness and understanding of patterns of disability associated with mental illness and of the processes of stigma and discrimination may interfere with their ability to fulfill the duty of fair representation.

Coworkers engaged in daily social structures at work can be highly influenced by negative labeling in the workplace. Given that responsibility for meeting productivity demands is shared, co-workers can also be predisposed to view any changes to workplace responsibilities as potential evidence of unfairness or preferential treatment. This perspective that the employee with mental illness is *shirking responsibility*[T22] is a particular issue because the reasons underlying differential responsibilities may not be obvious to coworkers.

People with mental illness can internalize negative beliefs and assumptions about themselves and this can seriously undermine their motivation to aspire to, secure or maintain employment. As the following quote highlights, they can also be predisposed to avoid seeking treatments or supports that are fundamental to working successfully with mental illness in order to avoid confrontation with the social rejection integral to stigma.

> *In some cases the fear of losing one's job and the respect of one's colleagues is enough to prevent people from seeking treatment. Physicians, for example, often deny their own mental health needs because they fear the loss of their practice if the community discovers they are being treated for a mental illness*[T23]...

4.6. Influences perpetuating stigma in employment

Perpetuating influences refer to elements of the broader social and structural systems that act in a manner that sustain the stigma of mental illness in the workplace. The following distinct conditions are developed.

4.6.1. Media

The media is a driving force in igniting the stigma against mental illness in society. Like other members of the general public it can be expected that employers and employees will be influenced by medial portrayals of mental illness. Of particular concern is the media's depiction of people with mental illness as prone to violence. In the context of the workplace, the media's representation of violence occurring in the workplace is particularly salient.:

> *Stories in the media such as the murder-suicide in 1999 at the OC Transpo bus garage in Ottawa has a big impact on the way the general public views people with mental health problems. Pierre Lebrun, a former bus driver, suffered from depression and job-related grievances including being harassed at work because of his stutter, and he shot and killed four co-workers before killing himself. Although these stories are rare, people can get paranoid about a similar incident happening in their workplace*[T24].

4.6.2. The mental health system

Mental health professionals often lack experience in the business world and the job market, and there is great variability in their approach, resulting in problematic understandings and messages. Specific issues include the tendency for mental health service providers to: interpret situations from a medical perspective, so that pathology and deficits take prominence over work-related capacities; to discourage people with mental illness to take risks in their community lives; and give limited attention to the employment needs of people served. Perhaps most damaging has been the voiced attitude among many mental health professionals that people with mental illness are indeed incapable of work.

> *Because one barrier that I see in consumers that's the most damaging is them being told you will never be able to work. And when you hear that from an authority that you recognize as an expert in mental illness, it has huge impact on how you see yourself*[T25].

4.6.3. Work programs and services

In response to the historical social exclusion of people with mental illness, the health and social service systems have established vocational programs or services that provide opportunities to participate in work activities. While these programs can fulfill an important need and be experienced as very meaningful, they can lend support to assumptions about the inconsistency between work and mental illness by engendering the view that other non-competitive work activities are available and more appropriate options for people with mental illness.

Traditional rehabilitation programs, such as sheltered workshops, are undermined by a covert bias that consumers of mental health services are not capable of working at complex and responsible jobs, and, consequently, they provide no opportunity to develop capacities, self-esteem, and job skills that would improve participation of the psychiatrically disabled in the labour force[T26].

4.6.4. Government policy limitations

Government policy can influence the stigma of mental illness in employment by presenting positive public images of mental illness and employment, distributing resources to combat forces of stigma and by developing expectations and obligations of employers. Canadian public policy is overwhelmingly supportive of employment in the community-based labor force, provides both legal and structural protection and has been open to an ongoing dialogue about rights and responsibilities in employment as they related to people with mental illness. However, representations of mental illness are inconsistent and poorly developed, with few images of people with mental illness participating in full work integration. Guidance on how employers might meet their obligations with respect to people with mental illness is lacking, particularly compared to physical disabilities. Government is perceived as being a role model with regards to employment and mental illness, but practices in some jurisdictions were described as *atrocious*[27]. These findings were developed further in a previous publication emerging from this study [6].

Government disability income structures guarantee a basic level of financial security for individuals who, because of difficulties related to mental illness, find their capacity for achieving self-sufficiency through employment constrained. Yet disincentives to employment emerging in the context of these income structures can present additional complications to the hiring of persons with mental illness. For example, people with mental illness receiving government disability benefits may feel pressured to work no more than part-time hours, contributing to marginalization within the job in various ways.

5. Discussion

5.1. Strengths and limitations

This paper advances a theoretical framework of the stigma of mental illness in employment using a constructivist grounded theory approach. A particular strength of this approach is that the theory emerges from the inductive analysis of a broad range of data directly from the field and this should increase the likelihood that it will be evaluated as a good analytic generalization of the phenomenon of interest.

The analytic generalizations made are limited by the data available. For example, no systematic effort was made to recruit data specifically relevant to issues of concurrent mental illness and substance abuse or mental illness and legal involvement. These are frequent issues in the field and will need to be attended to in future efforts in theory building. A recent study by Tschopp and colleagues [31], for example, indicated that employers evaluate not only mental illness, but also the specific crime committed with regards to concerns about danger and violence in their work environment.

The data were limited to Canadian sources and subsequently the relevance to other countries will need to be evaluated. Research has supported the importance of carefully considering how employment discrimination is manifested across different societies. Tsang and colleagues [30] for example, demonstrated differences between three distinct societies with regards to the nature of specific employer concerns about the employment of persons with mental illness. The researchers suggest that some of these differences may emerge from different social values, specifically the extent to which collectivist rather than individualistic values are prioritized in the workplace.

5.2. Evaluation of findings in relation to extant knowledge

In many ways the theoretical understanding advanced in this paper is consistent with the existing and growing body of knowledge related to stigma and mental illness. For example, the idea that stigma and discrimination emerge from internalized stigma, social cognitions and structural factors is well known and accepted and all of these phenomena appear in the proposed framework. Other findings also share characteristics with manifestations of oppression more generally. For example, the burden of negotiating secrecy to keep mental illness hidden from others is a feature of discrimination that has been widely discussed by other oppressed groups; the problem of masking true identity is prominent, for example, within gay/lesbian studies [25]. In large part, the ability to challenge and dismantle negative assumptions about mental illness in the workplace is limited because of this very issue; the

risks involved with disclosure, exposure and assertion of one's legitimate right to work are just too great. Furthermore, while most workers who are negotiating their work selves can seek assistance from mentors, supervisors, colleagues and training programs, those who are struggling with mental health issues are left to their own devices in the workplace. The collective support and power of this group has limited opportunity to grow.

Several assumptions underlying stigma and discrimination are identified in research [15]. Our findings suggest that particular assumptions are more salient to the employment context and subsequently require specific attention. For example, assumptions about the competence of people with mental illness may be considered particularly important within the work world, where productivity, profits and efficiencies are considered paramount. The work of Tsang and colleagues [30] demonstrated that employer concerns related to competence were consistent across societies. Competence, however, has many dimensions and perspectives on the most important aspects of competence in employment vary across societies [30].

Narrowing the focus of stigma to employment highlighted some important differences from assumptions developed in the stigma literature. The assumption of attribution, specifically the belief that the individual with mental illness is responsible for his/her illness, has been identified as a common belief linked to stigma and discrimination [9,11] but did not emerge as a distinct assumption in this study. Instead, concerns about the legitimacy of mental illness (and extended to those who diagnose and treat mental illness) was identified. Legitimacy of illness has been debated within return-to-work literature generally [14], and often a climate of doubt is most closely related to non-visible and episodic conditions. Nowhere is this doubt more poignant than within the discourse of mental illness, mental health and work. In the work context evaluations of authenticity may be particularly salient because of the high degree of interaction and interdependence, and concerns about the equity of the distribution of responsibilities and meeting productivity pressures.

Consistent with extant literature, this analysis supports that stigma processes are complex, operating through multiple pathways that can be differentiated and described. For example, the findings suggests that distrust of mental health professionals within the workplace may undermine efforts to provide employment support strategies for people with mental illness. This can be understood as a form of "associative stigma", the tendency for those who are associated with a stigmatized group to become the recipients of stigma themselves [18]. Similarly, the damaging consequences of inconsistent messages about the employability of persons with mental illness coming from mental health service providers may be understood as a form of "iatrogenic stigma", stigma that is induced by treatment provided [24].

The importance of structural institutional forces in sustaining and discrimination has been highlighted in the literature [8]. Corrigan and Lam [8] described how economic pressures can lead to discrimination against persons with mental illness, even where there are good intentions to secure equity in access to resources and opportunities. The influence of economic pressures at the workplace was identified in this study as a force underlying stigma and discrimination. It emerged as tensions between the need to realize operational efficiencies and reduce costs and the view that supporting people with mental illness in the workplace will be costly. For example, there are concerns that accepting mental illness as a legitimate illness in the workplace will lead to increased costs associated with health and disability.

5.3. Implications for practice and future research

Analytic generalizations are useful if they facilitate the development of practices that are based on a comprehensive appreciation of the factors that explain the phenomenon of interest. Those developed here suggest a broad range of targeted interventions to address the stigma of mental illness in employment. They suggest, for example, that interventions designed to reduce the belief that people with mental illness lack the competencies required for employment would benefit from attending carefully to how different key people in the workplace should be engaged in these initiatives, and to being attentive to the potential for interventions to negatively impact workplace dynamics. For example, providing reasonable accommodations is an important strategy to capitalize on the strengths and capacities of the individual worker, but carries the potential of provoking some social hostility in the workplace if the specific accommodations impact the manpower available to direct supervisors to get the job done, or are construed by coworkers as preferential treatment.

The analysis draws attention to how issues emerging from the intersect of the mental health system and the employment system both contribute to and are shaped by the stigma problem. The analysis highlights that assumptions about mental illness as a health and social

issue may decrease the sense of culpability of the workplace for facilitating community employment. For example, the study findings suggest the need to consider how to best manage the public representation of alternative work programs for people with mental illness and how to reduce the association made between employment of people with mental illness and acts of charity. Related to this is the need to attend to the inconsistent messages about the employability of people with mental illness sent by mental health service providers.

This study proposes a framework for understanding stigma of mental illness in the workplace. Future research should evaluate the extent to which the elements of the framework and their proposed relationships are supported through in-vivo workplace based studies. Future research might focus on whether the processes of stigma in the workplace need to be further differentiated to be truly useful. For example, processes of stigma may be somewhat different for people with mental illness who have experienced lengthy periods of marginalization from the community-based labour force, compared to those with mental illness who have been employed or have a long-term work relationship with an employer.

6. Conclusion

This study has examined the forces and manifestations of workplace stigma and has culminated in a preliminary theoretical framework that delineates its key components. The strength of the framework is that it attends to how characteristics of stigma are expressed and operate within an important social role – employment. The study suggests particular areas of focus to be considered in developing intervention strategies. Ultimately the intent of the study is to advance the understanding of how the stigma of mental illness in employment can be reduced.

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