Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Seed/Bridge Final Report

Feb, 2014 – Janki Shankar
EXECUTIVE SUMMARY
Although employment is an important social determinant of health the majority of individuals with severe mental illness are unemployed. In the case of those with mental illness who are employed there is increasing evidence that current workplace environments play a role in the development and/or exacerbation of the illness. Employers can play a significant role in improving the employment outcomes of individuals with these disorders who want to return to work. Yet there is little research that has examined the perspectives of employers on hiring and accommodating these workers and the kinds of supports they need. The aim of this research project was to explore these perspectives.

Methods: A qualitative research design was used to investigate employers’ perspectives. In-depth interviews were conducted with 28 employers selected from 27 industries located mainly in and around Edmonton, Canada. The employers were drawn from a wide range of industries and comprised a mix of frontline managers, disability consultants and human resource managers who had direct experience of hiring and supervising workers with mental illness.

Results: Contrary to previous findings the employers in this study were willing to hire and accommodate workers with mental illness. The challenges they faced while hiring and supervising workers with these disorders included productivity driven workplace environments, widespread prejudice about workers with mental health issues, lack of access to education and training resources and poor communication among stakeholders responsible for return to work programs.

Implications: The findings have important implications for improving the practice of all stakeholders involved in helping workers with mental illness return to and sustain employment. They highlight the need for policies and practices that can promote better collaboration and coordination among the different stakeholders so that employers responsible for hiring and accommodating these workers feel supported.

RESEARCH OVERVIEW
Objective(s)
This project sought to answer three research questions:
1. What are employers’ perspectives on workers with mental illness and related disability?
2. What are employers’ challenges and barriers to hiring and accommodating workers with mental illness?
3. What kinds of supports do employers need to hire and accommodate these workers?

Background
Despite increasing evidence that participation in employment is linked to an individual’s health and well-being, between 80% to 90% of individuals with severe mental illness are unemployed although they desire to and have the capacity to work (Krupa, Kirsh, Cockburn, & Gewurtz, 2009; Kirby & Keon, 2006). For those with mental illness who are in the workforce, there are issues related to sustaining their capacity for productive work. Currently, mental illness and addiction account for 60-65% of all disability insurance claims among Canadian employers and it is estimated that loss of productivity resulting from mental illness and ‘disability’ costs the Canadian economy $14.4 billion annually (Goetzel et al., 2004; Kirby & Keon, 2006; Dewa, Goering & Lin, 2000). There is therefore, a critical need to assist individuals experiencing mental illness to gain and sustain employment. Employers can play a significant role in achieving these goals yet there is little research that has focused on employers’ perspectives on hiring and supervising workers with mental illness and the ongoing challenges they face in the process.
**Literature Review:** Research shows that employers hold a wide range of negative beliefs about workers with mental illness. These include concerns like poor quantity and quality of work, brief tenure, absenteeism, low flexibility, low social competence, lacking commitment, needing excessive supervision and having difficulty following instructions (De Waal, 2001; Diksa & Rogers, 1996; Stuart, 2006). Some distinct assumptions held within the workplace that contribute to the disposition towards acting in a discriminatory manner towards these workers include the assumption of dangerousness and unpredictability, the belief that mental illness is not a legitimate illness, the belief that working is unhealthy for persons with mental illness, and the assumption that employing these individuals represents an act of charity inconsistent with workplace needs (Krupa et al, 2009). In recent years in Canada, there are a growing number of educational programs, training workshops and online resources that aim to change employer attitudes about workers with mental illness. In the case of those who have serious mental illness and patchy work histories there are an increasing number of employment placement programs that are funded to help these individuals find and sustain competitive employment in integrated work settings (Alberta Association for Supported Employment, 2004-2007). Yet there has been little change in employers' attitudes towards hiring and accommodating these workers. Research that examines the ongoing challenges employers face when dealing with mental health issues in the workplace and the specific kinds of support they need to hire and accommodate workers with mental illness can shed light on likely reasons for the lack of change in employer attitudes. Knowledge and information on these issues becomes particularly important in the current context where businesses are increasingly using employment practices that encourage casual and precarious employment (Quinlan, 2007), outsourcing, contractual arrangements, cost-cutting and organizational restructuring (Brun, 2007).

**Rationale:** The aim of this pilot research was to address the gap in our knowledge about the practical challenges employers face when hiring and/or supervising workers with mental illness and the kinds of support they need to facilitate the worker’s reentry into work. ‘Employer’ for the purpose of this study refers to all those in the organization who play an active role in hiring, accommodating, supervising and supporting workers with mental illness. They include front line managers, disability support consultants/case managers, human resource personnel and employment placement providers.

**Approach and Methods**
This research was joint partnership between the Faculty of Social Work, University of Calgary, Department of Occupational Therapy, University of Alberta and community partners who included Health and Wellness providers, employment placement providers and policy makers from Alberta Health. The researchers and community partners worked collaboratively to develop the project plan and the specific questions that needed to be explored with the participants. A qualitative design guided by grounded theory was employed to examine the research questions. The community partners played a significant role in connecting the researchers with employers who were willing to participate in the study. Twenty-eight (28) employers from 27 organizations were interviewed in depth for 1-1.5 hours using a semi-structured questionnaire. The sample was mixed and consisted of 4 human resource managers, 10 disability consultants/counsellors, and 14 front line managers/supervisors. The questions included a vignette to examine the employers’ perspectives on mental illness. The other questions aimed at eliciting employer demographics like the size and nature of the industry, their role, their experience with employees with mental illness, the challenges they faced and the kinds of support they need to hire and accommodate these workers. Table 1 highlights the range of industries from which employers were recruited. With the consent of the participants, all the interviews were audio-taped and transcribed verbatim.

**Analysis:** Data was collected and analyzed as per the principles of grounded theory. The analysis involved studying the data on a case by case basis, coding the data, then analyzing the data across employers (in comparison), collapsing the initial codes into “categories of meaning” that represented themes (Charmaz, 1995).
Table 1: Demographics of Employers by Industry Type.

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percentage (no of interviewed employers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-care</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Education</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Financial</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Food Production</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Government</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Health</td>
<td>7% (2)</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>21% (6)</td>
</tr>
<tr>
<td>Retail</td>
<td>18% (5)</td>
</tr>
<tr>
<td>Service</td>
<td>18% (5)</td>
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</table>

Key Findings

1. **Employers willing to hire:** The majority of employers had some awareness of mental illness either due to personal experience or experience of a close family/friend and had also interacted with workers with mental illness in the capacity of facilitating their return to work. Their experiences were generally positive and therefore they were willing to hire and accommodate these workers. Some employers had hired trainees with mental illness after a successful period of work training.

2. **Mental illness attributed to stress:** While most employers attributed mental illness to stress arising from personal/family problems, previous trauma and addiction, a small number also highlighted the role of the workplace environment and certain jobs (fast paced and entry level) in causing or exacerbating distress and anxiety.

3. **Prejudice about workers with mental illness still very high in workplaces:** Many employers shared that mental illnesses like anxiety and depression were very common in workplaces yet prejudice and discrimination towards workers with these illness was high. They expressed that management must be more committed towards increasing mental health awareness in the workplace and also provide recovery oriented information to their staff. Employers from small and medium sized organizations were much more disadvantaged as their management was unable to invest in mental health awareness training for staff.

4. **Employers’ challenges when supervising/accommodating workers with mental illness:** These challenges arose from a number of sources that are not mutually exclusive.
   a. Lack of understanding of mental illness and hence failure on the part of front line managers to recognize early warning signs of declining performance due to the illness. This often resulted in performance conversations with the worker.
   b. Productivity driven workplace environment. The front line manager is so focused on performance that he/she fails to recognize mental illness in the worker until very late.
   c. Failure on the part of the worker to disclose early enough to save the job.
   d. Front line managers feeling isolated and frustrated due to lack of timely support from disability case managers, human resource personnel and treatment providers. The latter rarely offer information that can assist the supervisor to accommodate the worker.
   e. Resource issues: Small and medium sized firms lack resources to support workers with mental health issues. Large organizations on the other hand had several resources but poor communication among different stakeholders (such as supervisor, disability support provider and Human Resource personnel) contributed to uncertainty about how to successfully facilitate return to work for workers with mental illness.
   f. Placement of trainees with mental illness in work situations before assessing their work readiness and job interests.
5. Supports needed by employers: While the above challenges suggest several areas of support, employers had some additional information support needs. These included information about medication side effects, employer safety, how to deal with crisis and also prepare other workers in the event that it occurred. Small employers also wanted ongoing advice and information support from placement agencies till the trainee/worker had settled in the workplace.

These key findings suggest that despite their willingness to hire and accommodate workers with mental illness, the employers’ decision related to these issues will be influenced by the resources they can access, the supports they have and the quality of support they received based on previous experiences. Figure 1 illustrates these findings. Employers who do not have easy access to information and support services, or in the past have not felt adequately supported by service providers or management may not hire and accommodate workers with a mental illness despite their willingness to do so.

*Figure 1. Willingness to Hire/Accommodate versus Decision to Hire/Accommodate.*

**Conclusion**

The findings of this study, though based on a small sample of employers, are significant and add to the small body of knowledge on employers’ perspectives on hiring and accommodating workers with mental illness. They help to explain why employers may maintain their reluctance to hire workers with mental illness or provide appropriate accommodations. The challenges that employers, particularly front line managers, faced underscore the importance of understanding their practical concerns and addressing their support needs in an effective manner. This calls for commitment from management to ensure that supervisors (and other stakeholders) who hire and accommodate these workers have access to timely and appropriate support.
IMPLICATIONS FOR POLICY OR PRACTICE

1. Support from higher level management and an organizational culture that is supportive toward workers with disability, especially mental health related disability, are crucial for hiring and supporting these workers to return to work successfully.

2. Management that are committed to maintaining mentally healthy workplaces must ensure that their front line managers and other employees have access to periodic in-service training for improving mental health literacy. This can help to keep mental health issues in focus and increase the probability that performance difficulties due to mental illness are detected early and addressed. In the case of small organizations that do not have the resources for periodic in-service training but are willing to hire workers with mental health problems, the management must ensure that they have access to consultation from external support providers when needed.

3. Front line managers who have hired or are facilitating the return to work of an employee must have access to individualized support as needed from a disability service provider or an HR personnel (or a placement provider in case of small firms) who understands their working context, demands and pressures and involves them in the development of the return to work plan and the accommodations that may be needed. There must be periodic follow up by the disability service provider to ensure that both the employee and their supervisor feel supported.

4. There must be a concerted effort to improve communication among the different stakeholders to promote an understanding of what each one is providing and the range of services that are available.

5. Employment placement providers must aim to achieve a proper job match and training environment for the trainee worker as failure to do so will not only result in job dissatisfaction and drop out but can reinforce employers’ negative attitudes about workers with mental illness.

DIRECTIONS FOR FUTURE RESEARCH

This pilot research provides the foundation for a future province wide study using a mixed method quantitative and qualitative design and a large sample to examine employer challenges and support needs when hiring and accommodating workers with mental illness.

KNOWLEDGE DISSEMINATION AND TRANSLATION ACTIVITIES

It is planned to present our findings first to our community partners and involve them in the process of knowledge transfer to the larger community and the employees they serve. We will also be presenting our findings at National and International conferences and publishing the results in refereed journals.

PRINCIPAL APPLICANT (TEAM LEADER)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Topics of interest</th>
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<tbody>
<tr>
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PROJECT PARTNERS (TEAM MEMBERS)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Role</th>
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<tbody>
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### Name | Position Title | Role
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Dennis Gane | President, Alberta Congress Board Edmonton Chambers of Commerce | Participant recruitment and Advisor
Liz Sliwa | Director, McBride Career Group Inc | Participant recruitment and Advisor
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Colin Simpson | Regional Director, Schizophrenia Society of Alberta | Advisor
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Liana Urichuk | Adjunct Associate Professor, University of Alberta, and Alberta Health Services | Policy Advisor

### Publications and Presentations


### About the Alberta Addiction and Mental Health Research Partnership Program
The Alberta Addiction and Mental Health Research Partnership Program is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate of these findings into practice improvements.
REFERENCES


