

EMPLOYER ATTITUDES AND BEHAVIOURS RELATING TO MENTAL ILLNESS

RESEARCH REPORT FOR

MINISTRY OF HEALTH

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1. EXECUTIVE SUMMARY

OBJECTIVE

- To provide an understanding of employer perceptions, attitudes and behaviours relating to mental illness in the workplace, to support initiatives in this area.

RESEARCH METHOD

- Qualitative research has been used – in depth one on one interviews lasting between 40 and 60 minutes, all digitally recorded and transcribed.
- There were 25 organisations included (17 men and eight women), across a range of industry types and size of the organisations in four centres – Auckland, Hamilton, Wellington and Christchurch.

FINDINGS

Contact with Mental Illness

- Approximately half of the employers interviewed had had a personal experience with people with experience of mental illness, while approximately three quarters had employed (either knowingly or not) people with experience of mental illness.
- When asked to define mental illness there was no clear definition; some participants immediately said depression and when prompted added bipolar and/or schizophrenia, while others identified bipolar and/or schizophrenia in the first instance. Most thought there was a continuum of illnesses, some more serious than others, and some one-off episodes while others were more ongoing and requiring medication.
- Some people confused mental illness with intellectual disabilities and some even included physical disabilities – anything which they considered not ‘normal’ had a connotation of mental illness about it.

Discrimination and Stigma

- Most participants acknowledged that discrimination did occur in the workplace, but much of it was unseen and unspoken, which made it difficult to combat.

Concerns about employing people with experience of mental illness

- All participants expressed concerns about employing people with experience of mental illness. The main concerns were around issues of: safety; that the person would not ‘fit’ into the organisation’s culture; and that they would not be productive employees. There was concern and some fear based on not knowing how the person would behave.

Education for employers

- Most participants got their information about mental illness from the media; in this respect a lot of it was negative stories about someone harming themselves or others. This reinforced existing stereotypes and myths about people who had experienced a mental illness.
- Participants did not know of any information available from government or mental health sources, nor had any attended any workshops or seminars about mental health or illness.

Experience of employing people with experience of mental illness

- Only four of the employers had knowingly employed people with experience of mental illness while fourteen had employed someone who did not disclose they had a mental illness, but had become unwell while employed.
- The majority of employers reported that, from their perspective, these illnesses were managed in a positive way which resulted in the employee returning to work. Things which contributed to a good outcome included: allowing the person time off when they became unwell; a staged return to work; liaison with other family members and/or doctors; and taking care of the person through more careful management of the person's workload when they returned to work.
- Several reported that when a person did not come back to work they felt a sense of loss because the person had been a valued employee. One of the main reasons given by employers for why they thought a person became unwell, was that the person stopped taking medication. Lack of support from the person's caregiver/s and mental health services was a matter of frustration for the employers, who all indicated that they would have continued to employ the person if the issues had been resolved.

Rights of people with experience of mental illness

- Most participants thought people with experience of mental illness should have the same rights as everyone else. However there were qualifications made by some of the employers to this – that the person should be able to do a full day's productive work.
- It was suggested that the 'big stick' of the Human Rights legislation should not be used; rather appeal to employers sense of public good.

Disclosure

- The issue of disclosure was a complex one, with the majority saying people should disclose, although if they did, they risked discrimination. Others did not see why people should have to disclose, as they saw this as discriminatory.

Accommodations

- Most of the employers appeared willing to make considerable accommodations for people who became unwell at work, especially if the person was considered a valued employee.
- Employers thought that accommodations became unreasonable: where it was no longer economically viable to have the person employed; if customers were adversely affected; when it was no longer fair to other staff to allow an individual too much time off, especially if other staff had to cover for them; and when the efficient running of the business was affected. This last was particularly true for employers of small businesses. It was also mentioned by employers of larger organisations who had previously worked in small businesses.

Drugs and Alcohol

- Some participants saw drug and alcohol abuse as forms of mental illness. Others however thought that they were quite different, drugs particularly, in that a person made a choice to become involved with them.
- Most participants had a zero tolerance policy in relation to drug and alcohol abuse in the workplace, particularly in the construction and manufacturing sectors where safety was cited as a major concern

'Like Minds Like Mine' Campaign

- All but four of the participants (who saw little value in the campaign) thought the campaign had had a very positive effect on people's attitudes to mental illness. The use of well known New Zealanders was seen as a creative way to engage people. Other people however would like to see 'everyday' people in the advertisements. Suggestions were made as to how to target employers in an advertising campaign.

DISCUSSION

Reconciling an apparent inconsistency

At first appearances there appeared to be an inconsistency in many employers' responses. On the one hand people who employ someone who has become unwell while in their employ support that person. However these same employers would probably be less likely to employ a person who disclosed mental illness in the interview. The positive attitude shown towards an employee who experienced mental illness at work, of which the majority of employers reported a positive outcome, often did not translate into employers feeling confident in taking on a person with a known experience of mental illness.

This inconsistency reflects the complex nature of the issue. When employers are considering new staff they do not just make a decision based on the most suited in terms of experience and skills. They weigh up many other factors such as 'fit' with the organisation's culture and values, implications for safety and ability to handle stress. A key issue is the desire to go with the known, and a person who discloses experience of mental illness is to them introducing an element of the unknown. Because of the nature of business today, employers are often seeking to minimise risk. Therefore if they think taking on a person who discloses will bring greater risk of disruption and/or problems, they generally will go with what they consider the 'less risky' option. Some employers noted that they would be more likely to seriously consider a person who disclosed if they provided information about their illness, and were able to show how they controlled it, thus lessening the 'unknown'.

Not all employers were averse to employing people who disclosed mental illness. Those from the government sector and larger companies were more likely to consider employing someone who disclosed mental illness, on the basis of their ability and aptitude for the job.

Employers' responses are quite different if a person becomes unwell once they are employed. Then the emphasis has shifted to retention of valued staff, as economically this makes good sense. There is also more focus on supporting their staff for reasons beyond simple economics. As people become known as staff members, there is a greater understanding and appreciation of them as a person and therefore support is usually forthcoming should they encounter difficult times. In fact some employers reported high levels of support financially and in other ways.

Except for a few participants who indicated they would be reluctant to employ people with any known illnesses, most were quite comfortable having to accommodate people with illnesses such as epilepsy and diabetes. This points to a key issue that Like Minds needs to try and address, making mental illness something that can be accommodated in the workplace, similar to other types of illnesses.

Will more information/education assist?

One area in which more information/education is likely to assist is in helping employers provide appropriate assistance when a staff member does experience mental illness. Employers will feel more confident around this whole issue if they know what assistance is available (eg appropriate mental health services), if they know the signs to look for that might indicate a person is becoming unwell, and if they know how to behave appropriately with a person in that situation.

A line of support from government agencies and mental health agencies was considered important for employers. This was particularly noted by those participants who identified a lack of support networks for them to be able to adequately support their employee.

Information may well also assist in helping to reduce employer fears about the 'unknown'; their concerns about what might happen if they do employ someone with mental illness. Getting such information to employers in a form that they will

actually take notice of, will be a challenge. One option might be to provide case studies of employers acknowledging the positive contribution of employees with experience of mental illness and how they address any periods of illness in a constructive manner.

Supported Employment Programmes

Pilot schemes whereby people with experience of mental illness were mentored into work or where they were supported by a caseworker (similar to the ACC framework) met with support from employers, as did the idea of giving a person a trial period where both parties were supported. This was suggested as a mean of bypassing the Employment Relations Act, which does not allow such trial periods.

Some participants suggested a financial incentive be offered to compensate the extra time an employer would have to dedicate to the person – again the inference that the person would not have the capability to be self directed in their work. Other participants cautioned, not against the above schemes per se, but that these would need to be carefully monitored so that there was no abuse of the people involved.

RECOMMENDATIONS

- That employers are provided with information/education so that they are well equipped to appropriately support staff who experience mental illness
- That communications with employers also focus on reducing their fear of the unknown, in terms of what it would mean for them if they employed someone with a mental illness

2. INTRODUCTION

BACKGROUND

This research is part of a programme of new research being carried out to assist in the on-going development of the Like Minds Like Mine campaign and national initiatives. The workplace has been identified as a source of discrimination against people with experience of mental illness. In order to have a better understanding of why this happens and how it may be addressed, research involving employers is considered important.

The Mental Health Foundation has put out an Issues Paper on discrimination in employment¹ which indicates that discrimination against people with experience of mental illness is common in the workplace. The paper gives, amongst other things, an outline of a study conducted in Dunedin interviewing seventy-two businesses. This study found that employers were generally supportive of employing people with experience of mental illness. It also identified barriers for people with experience of mental illness gaining employment. However Peterson questioned how accurate a picture of employers in general this presented, arguing that the survey relied on self-reported behaviour and that there was little incentive to report discriminatory attitudes.

A further study by the Mental Health Foundation² surveyed people who had experience of mental illness, to gauge discrimination in the workforce. The survey found that 34% (266 people) said they had been discriminated against while looking for a job while 45% (354 people) said they had not been discriminated against. It also found that 31% (246 people) said they had been discriminated against while in the workforce while 45% (355 people) said they had not been discriminated against. The study also found that some people had left their work because of the discriminatory attitudes of their employers or work colleagues. There was also a lack of support mechanisms to help them stay in employment.

In New Zealand the Human Rights Act 1993 makes discrimination on certain grounds and in certain circumstances illegal. However this does not stop discrimination from occurring. The Employment Relations Act 2000 is also meant to protect workers against unfair and discriminatory work practices and gives workers the option of taking a personal grievance under the Act. New legislation under Occupational Health and Safety is meant to ensure that employers provide a healthy workplace, which includes mental health.

¹ Peterson, Debbie *Government Policy Project Issues Paper 1: Discrimination in Employment*

² Mental Health Foundation 2004 *Respect Costs Nothing : a survey of discrimination faced by people with experience of mental illness in Aotearoa New Zealand*

OBJECTIVES

The overall objective was to provide an understanding of employer perceptions, attitudes and behaviours relating to mental illness in the workplace, to support initiatives in this area.

More specific objectives of the research were to examine:

- Any concerns employers have about employing someone with experience of mental illness
- Ways they think these concerns might be able to be addressed
- Any experience of employing people with experience of mental illness
- Any changes in their own and other employer acceptance of people with experience of mental illness
- Perceptions of staff acceptance of people with experience of mental illness and any changes
- Perceptions relating to diagnoses
- Attitudes towards employing people with experience of alcohol and drug addiction
- Awareness of how to contact and make use of mental health services
- Perceptions relating to the support they could expect from Mental Health Services
- Sources of information about mental illness/ role of media reporting
- Awareness of the Like Minds Like Mine campaign, its messages and their response to it
- Perceived rights of people with experience of mental illness
- Desire for further information

3. RESEARCH METHOD

Qualitative research was used to gain an in-depth understanding of employer attitudes and motivations. Qualitative research seeks to provide a neutral and stimulating environment in which to facilitate thinking and free discussion around a topic. The value of qualitative discussion is the freedom to explore issues that are meaningful to the participants, rather than solely elicit answers to predetermined close ended questions that may be laden with assumptions. In this research one on one interviews were considered the most appropriate, so that participants could feel comfortable in revealing their personal views, attitudes etc.

Twenty-five in-depth interviews with employers were conducted. The person interviewed was the person in the organisation who was most responsible for employing staff. In larger organisations this was the HR manager, in smaller organisations the CEO/Manager, or in some cases the Owner. Participants were given an information sheet about the project and given the opportunity to ask questions. They were then asked to sign a consent form. The interviews generally lasted between 40 and 60 minutes. The interviews were digitally recorded and then transcribed.

In the research proposal it was planned to recruit four employers who had knowingly employed people with experience of mental illness, four who had unknowingly employed people with experience of mental illness where the experience was positive, four who had unknowingly employed people with experience of mental illness where the experience was negative and the remainder randomly selected.

The specific targeting of employers was designed to ensure that the research would be able to draw on their experiences and learn what aspects of the person's employment did or did not work and what could have been done to make the experience a positive and supportive one for both the employer and employee.

However during the recruitment phase it was very difficult to get the names of specific employers, due in part to privacy issues and also due to the reluctance of organisations which were involved with people with experience of mental illness, to provide this information because of ongoing relationships with employers.

It was then decided to randomly sample all but three of the sample. The three were employers who had been identified as having successfully employed people with experience of mental illness and were identified by key informants and advisors to the project . When the rest of the interviews were conducted it was found that over half the sample had had an experience of employing people with experience of mental illness, some knowingly, and that the experiences were both positive and negative. From the employer's perspective a negative outcome was usually when a valued employee became unwell and did not return to work. So the desired sample spread was achieved primarily through random means through the system used by Phoenix Research.

The sample was designed to give a spread across the following:

- Industry type
- Size of organisation (number of employees)
- Region (12 interviews in Auckland, 5 in Christchurch, 5 in Hamilton and 2 in Wellington)

It had been planned, for budget reasons, to keep the interviews to three centres. However, the final sample also had two interviews in Wellington, one being a government agency and the other the Head Office of a large national organisation.

The spread across industry type and the size of the organisation (in brackets) is detailed in the table below (f/t denotes full time and p/t part time).

INDUSTRY	Auckland	Hamilton	Christchurch	Wellington
Manufacturing	4	1	1	
Government sector	1			1
Local government	1		1	
Retail	1	1	1	
Hospitality	3	1	1	
NGO/Community	1	1		
Other	2	1	1	1

The 'other' included three recruitment agencies, one employer association and one large multinational organisation. Recruitment agencies were included because many employers use them to recruit on their behalf; therefore screening of employees often takes place before the employer sees many potential employees. The three recruitment agencies in the research were across a broad spectrum – one recruited from middle managers to CEOs; one recruited across the spectrum; and the other specialised in temporary appointments for industry and construction, although it had a smaller commercial and permanent section.

There were two small businesses (1-6 employees), twelve medium sized (7-40 employees), ten large (41 plus employees) and one very large (6000 employees) business represented in the sample.

4. RESEARCH FINDINGS

THE PARTICIPANTS

Interviews were held with representatives of 25 organisations. In some places the owner was interviewed while in others it was the manager. Of the 25 participants there were 17 men and eight women.

Approximately half had some personal experience of people with experience of mental illness, either a family member or a friend. Two people said they had experienced mental illness in the past. Three quarters of participants had employed (either knowingly or not) people with past experience of mental illness or someone who had developed a mental illness while in their employ.

WHAT DOES MENTAL ILLNESS MEAN?

All participants were asked to define what 'mental illness' meant to them. The responses clearly indicated that there was no sense of shared understanding as to what constituted mental illness. A small number described it in terms of special needs, or as like any other illness, without naming or labelling any specific mental illness.

"It means somebody who has special needs, special requirements in their lives. It requires other people around them to bear that in mind and to make sure that the person or the people are not disadvantaged by the circumstances that they're in. That's what it means to me" (CEO, Govt dept, 18 staff)

"What springs to mind is that mental illness is like any other illness. It's just an illness. There is background, a population of people who have it. It kind of comes and goes and there's a huge variation in terms of degree of severity from sub-clinical, through to lock them up. There are many people out there who are coping with medication and some who aren't." (Occupational Health and Safety Mngr, Employer Org, 80 staff)

Only a few participants identified bi-polar disorder and schizophrenia in the first instance while many initially named depression, stress, anxiety and post traumatic stress (or a combination of same) as examples of mental illness. With these participants further prompting elicited mention of illnesses such as bi-polar disorder and schizophrenia. Most participants accepted that some mental illnesses was of a one-off nature while others were more ongoing and may require more constant medication. Three participants included alzheimer's as a mental illness.

"Mental illness. Lots of different things. Stress, could come into it at some stages. Depression. Things like bipolar disorder. I guess there are clinical disorders, diagnosed disorders. I think there are also things like stress-related stuff and depression and things like that.... Some more serious"

than others. Some more constant, I guess, like some come and go; others you live with as part of your life, I should think."
(Employee Relations Mngr, Banking, 6,000 staff)

"[At first] I was thinking of the more serious mental illnesses like schizophrenia or long-term depression or bipolar ... In fact there are grades of everything ... So I guess it is just anything that impairs your ability to think as clearly and as well as you normally would" (Mngr, Local Govt, 11 full-time/33 part-time staff)

Several participants struggled to give a definition of mental illness at all, saying they had never had any experience of it so therefore could not say what it was; while several other people defined mental illness in terms of the stereotypes of someone who has a mental illness and who causes harm to others. One participant in particular continually referred to people suffering from serious mental illness as 'scary', 'a dangerous person' and that *'at one time they were all put in a safe environment of their own and we didn't have to worry about them'*. However other participants acknowledged that the general view of people with experience of mental illness had shifted over time and that not everyone still accepted the negative stereotype of people with experience of mental illness.

"I think because in the old days it was an ugly disease. You were a nutter, that was back in the old day My ex-mother in law she got diagnosed as a manic depressive. That was only 10 years ago and we all went wow! We were ignorant too. We were like, you look the same, but you're not, you must be crazy or something. There is that stigma to it that you must be crazy, you've got a mental illness.... Well I've got past it, I don't know if anybody else has "
(Mngr, Hospitality, 35-40 staff)

In defining mental illness, several participants confused people with intellectual disabilities as people with experience of mental illness; they were often mentioned in the same sentence as being the same thing. One participant included people with physical disabilities (e.g. in a wheelchair or cerebral palsy), in the same definition. This confusion appeared to be based on mental illness being applied to anyone who did not fit a "norm".

"I think it's dementia and Alzheimer's, Downs Syndrome type things, I'm not sure that is a mental illness particularly. It's just right on the surface, that's what pops up. I have pictures of the old institutions where they put people with mental disabilities. I have visual images of people like that."
(Mngr, Local govt, 20 staff)

DISCRIMINATION AND STIGMA

Most participants acknowledged that there was discrimination against people with experience of mental illness in the workplace. One of the reasons why

discrimination flourished in the workplace was because most of it was unseen and unspoken, which made it all the more difficult to combat. However most participants did not think many people with experience of mental illness would actually disclose they had or had had a mental illness in an interview situation, so there were unclear how a charge of discrimination could be laid if the employer was unaware of a person's personal circumstances. They did, however, acknowledge that if a person did disclose it could greatly prejudice their chance of getting the position they were applying for.

"Well that implies that they know about it [an applicant's mental illness]. That is what I am saying, that implies that firstly they are aware that this has happened. If they are aware that someone has had a mental illness, I would say invariably that they will be biased against it. That bias will come from a lack of understanding and a lack of awareness about the illness and what the repercussions of that are. They will be reluctant in any case to take a risk."

(Mngr, Recruitment Consultancy, 80 staff)

One participant suggested that the person applying for the job could do much to prevent possible discrimination by only applying for work that they are well suited for. The inference here was that employers are unfairly judged when in fact they are only making logical choices; the other inference was that people with experience of mental illness are seen as possibly not competent to do many jobs.

"I think the other thing that is also incumbent upon the person with the issue and their counsellors, is to make sure that they don't apply for things they shouldn't be applying for. I think that is the key thing too. They shouldn't put employers in a position where they are compromised and can't really employ somebody because they just don't have the ability to do that. I say that because I get loads and loads of people that apply for jobs they shouldn't apply for. I might get 100 applicants of which 5 might be appropriate. It's the same sort of scenario, do you see what I mean? Staying in the space where you can work." (Mngr, Recruitment Consultancy, 80 staff)

The sense of stigma attached to mental illness was something that the people with experience of mental illness felt quite strongly, according to one participant with a personal experience of mental illness. This stigma was counterproductive to aiding a person's recovery and their ability to be in the workforce.

"I don't think we have a huge understanding about mental illness, but most people have an episode in their lives or know someone who has. We should be able to be more supportive and know that our attitude towards someone who had pneumonia so would you have the same attitude towards someone with a mental illness. I think there is often a feeling of shame, there is that terrible feeling of shame. ...They feel ashamed, so if they were able to be in an environment where they said, look, I was depressed, I could hardly get out of bed,

but now I am managing and I am alright, and people were like, oh this is going to be a problem... I think that makes it harder to recover." (Mngr, Retail, 4-6 full-time staff)

CONCERNS ABOUT EMPLOYING PEOPLE WITH EXPERIENCE OF MENTAL ILLNESS

Concerns about employing people with experience of mental illness could be summarised into four main issues. These are:

- Fear of employing people with experience of mental illness, based on a lack of understanding about mental illness and a sense of not knowing what a person might do
- That people with experience of mental illness will not 'fit' into the team or culture of the organisation
- Safety issues, includes concern for the person and other staff. This is particularly the case in industries where machinery is used.
- 'The bottom line' – that, at best, they will not contribute to the productivity of the organisation and, at worst, they will negatively affect productivity

Fear Of The Unknown And Lack Of Understanding

It was the 'unknown' about employing people with experience of mental illness that prevented most employers from giving an unqualified 'yes, I would employ that person'. This 'unknown' stemmed from a lack of understanding and awareness of different kinds of mental illness, together with a historical stereotyping of mental illness which engendered a fear of people with experience of mental illness.

"There is a fear factor in there. The human mind is an amazingly complex thing and to suddenly turn around and say you had a mental illness, you are thinking, what are they going to do? You always think they are going to react. Mental illness has had some bad publicity, hasn't it? ... You know,[you think] straight away. Is someone going around the factory with a machete and chop somebody's head off? I mean you don't need that in the workplace, do you?"
(Owner, Manufacturing, 17 staff)

Employers who expressed a reluctance to employ a person with experience of mental illness did so not only because of the 'unknown', but also because they had little knowledge about different kinds of mental illness and how these may manifest or affect a person's performance. The individual nature of mental illness made it difficult for employers to develop a picture of the illness, in the way they could do with say diabetes or epilepsy.

"I guess the problem with a mental illness is that it's not, and it never will be, get defined, will it? They're all different. It's

not like having a defined medical condition...I guess with someone with a mental illness, there needs to be a one on one knowledge. Again it comes back to what that mental illness is I think. I mean almost like a report card in saying, this person has a mental illness, but it only affects him in this scenario. It only does this to him, is this going to affect his work. I guess we don't know. That's the problem. You hear about mental illnesses, but they're not quite defined are they?"
(Mngr, Retail, 30 to 40 staff)

Therefore faced with the option of choosing between two people equally able to do the work they all indicated they would 'take the easy option' and employ the person who had not (to their knowledge) experienced mental illness. Several employers said they would like to think they would employ people with experience of mental illness but the reality was that they probably would not unless that person was obviously the right person for the job. The 'risk' associated with employing a person with experience of mental illness was, to their minds, too great.

"I think there is a lot of fear and just, if somebody was to come in and say, I am looking for a job, I have a mental illness. They would probably go to the bottom of the selection list when you have got a lot of people applying for a position. Because people don't know how to handle them or they don't understand what it is. If you are faced with a choice of staff, you are probably going to go for the one you think, well that is not going to present you with any problems."
(Managing Director, Manufacturing, 75 staff)

"I still come back to the fact that you are buying into a risk. Most companies, or all companies these days are fairly mean and lean. If they're not performing and doing their job, then someone is carrying them. New Zealand is competing with China for labour. I'm not saying that employers won't employ them. I think they could and probably do and they probably should. It is that inherent risk. ... [People will think] 'I took a risk, it's backfired and now I've gone through a process and it's now going to take 6 months to terminate them and it will cost me this, this and this. At work they're doing nothing but causing other problems'. ... There are all those negatives that come up first." (Mngr, Recruitment consultancy, 80 staff)

An extension of that 'unknown' related to the legal ramifications of employing a person with experience of mental illness and then finding they were not suitable for the position.

"Employers have a concern that once a person is employed, then they have a raft of employment law behind them. They are, if you will, buying into a risk. They don't know what that risk is. ... With employment law these days, to manage the risk either medically, performance work at work, even to termination, is fraught with problems. It would be fair to say that from the middle order upwards in terms of obvious mental conditions, they probably wouldn't get past go. ... Because of

the risk. If you sign on the line, then all the employment law now takes place. For whatever reason, you might start to not continue to take your medication. That becomes an employment issue. The question is then, how do I get rid of him... They stop their medication, or they were fine when I employed them, but look at them now and they didn't tell me."
(Occupational Health and Safety Mngr, Employer organisation, 80 staff)

"They don't want to get into the situation with having to deal with something that could be a problem. It is no different to employing somebody that they knew had a terminal illness, or say a physical job like a bricklayer, or a builder, or a carpenter and somebody applies who might have a broken arm. Why would they employ them because they say they can't work, so they can't work until the arm has healed?"
(Partner, Recruitment Consultancy, 5 staff)

"I think a lot of employers want top of the line employees. They don't want anybody who has any sort of problems."
(Director, Recruitment consultancy, 11 staff)

Risk can be in terms of is this person going to do anything in the workplace that is going to either interfere with the work, not be able to do the work to the level we expect, or are they going to put people or themselves in danger in some way?

Not Fitting In

'Fitting in' was seen as very important in the workplace as productivity was linked to a happy and co-operating workforce. There appeared to be an assumption on the part of some participants that people with experience of mental illness would automatically not 'fit' into the work culture.

"We want to know as an employer is what are the repercussions for the team? Because if you go into most organisations, when they are recruiting people, retaining people, everything they're doing like that, it's all about the word team. ... How does this person fit into a team? That is nothing to do with mental illness. That could be team work in chemistry. Some people don't fit into teams, so by and large don't hire them, do you know what I mean? If your mental disorder was such that it created inconsistency, or uncertainty, or rivalries, or team divisiveness, of any of those sorts of things, you probably wouldn't go there. I'll just come back to it, most of us just don't know." (Service Mngr, Govt Dept, 70 staff)

Safety Issues

Another reason given for not wanting to employ people with experience of mental illness was fear of prosecution from Occupational Safety and Health if the person was involved in an incident which resulted in injury to themselves or others. However, according to one of the participants who was very au fait with the current health and safety legislation:

"Not if they didn't know about it, if they didn't know that the person had gone off their medication. It's what, the law is based on all practicable steps. So the employer has to take all practicable steps to keep people safe. If that means giving them their medicine every time they're supposed to have it, that would be the extreme 100 percent they would know exactly what was happening, versus just ignoring the fact that the behaviour has changed. You see you would normally expect them to recognise the behavioural change from the norm. So if they saw that and did nothing about it, then yes they could well be liable. But the simple fact of them not taking their meds and not observing any change, then they wouldn't be culpable in any way." (Service Mngr, Govt dept, 70 staff)

Employers in the manufacturing field were more likely to give this as a reason for not employing people with experience of mental illness because of the consequences if they were operating machinery or working on a production line and an incident occurred. Taking medication was also seen as a possible impediment to working in this area. However some of these manufacturers argued that they would take the same approach to any person who indicated they had either a physical or medical condition.

"If it was someone who went really off the rails in the work environment and potentially could have caused harm to the other staff, now that we would have to treat a little bit differently. ...Of safety, it is absolutely paramount. The construction industry is high risk and all our people are inducted into safe site procedures. They can't go on unless they have been inducted. So if someone had an illness which put that at risk, well really, we would not be able to employ them." (Managing Director, Manufacturing, 75 staff)

"If it is an issue of safety, then it needs to be treated the same as, I mean if somebody comes in with a wooden leg, you have still got to handle their safety and the safety of people around them slightly differently. I don't actually think there is a difference." (Human Resources Mngr, Manufacturing, 40 staff)

"Again it depends on where you are. If you are in a safety critical area, then you don't want someone out there who is going to be totally random. Employers have got to think not only of that particular person, but if they put other people at risk as well. ... Absolutely employers fear that because of the OSH factor." (Mngr, Manufacturing, 42 staff)

The general feeling among the participants was that people with experience of mental illness were unpredictable and had the potential to create difficulties at work. For example they might be erratic in their attendance or they might wander off leaving machinery unattended. However several employers pointed out that there are no guarantees with any staff who are employed because circumstances can change very quickly but if faced with a choice, employers will nearly always take

what they consider to be a lesser risk with the person who has not disclosed a mental illness.

"I guess the question has to be asked, would it make a difference if a person applied for a job that told me they had a mental illness, or a person who didn't tell me they had a mental illness. Yes, I guess it would! ...I think if you and you are twins and you stand there and tell me you've got a mental illness and you say you haven't. I have to decide between you both and you've got the same qualifications, I'm going to pick you. [It's to do with the] perceived running of your business. We would all like to think, each time we employ someone that we're hiring the perfect employee. There isn't a perfect employee. Whether it's a mental illness, or sexual deviancy, or theft, or gambling, or drinking, or all those sorts of problems, which all probably affect us in the same sort of way in so far as running a business." Employer No 15

Staff concerns about their safety were another reason employers expressed reluctance to employ people with experience of mental illness. One person who had employed a staff member who had schizophrenia reported that the staff expressed concerns for their safety when the person stopped taking medication.

"They said, look, what is he going to do? How is he going to behave? Because he became a little bit erratic. So when he was on the premises, at times, some staff would say, I am not working alongside him because we don't know how he is going to react. So it was getting to the point where we were going to have to definitely do something because he was affecting other people. As I say, then he left. I don't know [if they were] fearful, they were apprehensive. Because his behaviour was at times bizarre or erratic is probably a better word, they just never knew quite how he was going to react."
(Human Resources Mngr, Manufacturing, 40 staff)

While some of the issues raised by employers during the interviews were based on the actual experiences of the employer, others were based on stereotypes of people with experience of mental illness such as they would be unpredictable or else based on perceived risk, for example a person who had experienced mental illness would be unsafe working with machinery or worse, unsafe for their other employees.

Returning to Work

However most participants who had a staff member develop a mental illness after they had been employed reported that their staff expressed concern for that person and treated them with care when they returned. No one reported that their staff had refused to work with the person when they were able to come back to work.

"He's [staff member] back now. ... They [rest of staff] were fine. We're a real close-knit company here and if people raise concerns they do it because they care about people. Their only reaction was 'oh, you're back, good'."
(Mngr, Manufacturing, 400 staff)

"The doctor said she was alright. She seemed alright when she came back. We had some other women upstairs that were able to work with her to make sure she was alright, plus myself. We all took up a bit of the slack for a while. We sort of started her in one part of the job and then eased her back into it sort of thing. They're [staff] quite good here, everyone makes allowances for you. There's good team work."
(Mngr, Manufacturing, 42 staff)

"They [staff] were okay because the crowd he had been with had been employed for a while and they had built up a relationship with him. ... So they were very accepting once they knew what the problem was. [it's only] when people are strange or odd or whatever and there is no apparent explanation for it, that they get worried and don't know how to handle it." (Human Resources Mngr, Manufacturing, 40 staff)

"They [staff] were really good, they were really compassionate. They actually liked him you see. He had this established relationship, and they really liked him. So they were genuinely concerned and wanted to get him back [to work].They[staff] asked for someone to come and talk to them about [his condition]... we brought in somebody with experience of bipolar to give them [staff] an understanding of their [ill staff member] needs and what it is all about."
(Employee Relations Mngr, Banking, 6,000 staff)

It was also suggested that the leadership skills of a manager were very important in determining how staff would treat a person with experience of mental illness.

"If a person has been off with some kind of mental illness and they come back and the manager displays the right attitude, then the staff will follow generally."
(Director, Recruitment Consultancy, 11 staff)

"I think 2 or 3 [staff] were slightly stigmatized at the beginning of the process [of bringing a staff member back to work after an illness] only because they didn't know what to expect. I met with those people individually and talked them through it. I told them about the need to respect the integrity of people. Over a short time they realised it was just a matter of us all pulling together and working positively towards rebuilding this person's life or rebuilding their approach to life. It makes it easier when you have the family and practitioners involved."
(CEO, Govt Dept, 18 staff)

In the interviews it was the participants who were most negative about employing people with experience of mental illness who said that their staff would not accept such a person, thus possibly projecting their own views onto that of their staff without actually knowing how their staff would react.

Impact On 'The Bottom Line'

Some participants commented that while some employers may want to employ a person with any kind of disability the reality was that because businesses these days are "mean lean machines" that reality overrides appeasing their social conscience. The irony is that in some instances employers may actually be overlooking the most appropriate candidate because of fear of the unknown or outright prejudice.

"These days the economic reality, as I mentioned, there are KPIs[key performance indicators] and a lot of them are all financial KPIs. People have to budget and I think it's harder and harder for people to get away with spending time socially, appeasing their social conscience. It's getting harder and harder. ...I think the accommodating factor is getting less and less. It's almost a little bit okay, that's fine, you can help coach somebody, you can take that person on providing it doesn't interfere with what we're doing. If you can do it and still do the job that you're employed to do yourself, that's fine. It's probably getting harder, not easier.Everyone wants to streamline and improve things. The funny thing that we always say to people is, the single most important decision anybody can make is staff. That's what drives the business. Often people are deliberately doing themselves out of the best staff available." (Director, Recruitment Consultancy, 11 staff)

Participants who had an experience of managing or owning a small business were adamant that any person who was employed needed to be 100% productive because the small number of employees meant that there was no 'slack'. While it may be seen as discrimination therefore not to take on a person with experience of mental illness, employers saw it as good business sense.

"I don't think so [that it's discrimination], that is my opinion, because I've come from a five man band and I know. I can understand that ...But when you go beyond that variance and the breakeven point in your business, you could say yes, let's help the community. Until you have broken that barrier you are just coping with the business. You can't help somebody else as well. It's the same with your family, you can't help other people before your family. That is the mentality with business for example. People are making that business decision; whether you want to call it discriminating or what, I don't know. At the back of their mind they are thinking that. ... The majority of businesses are small, maybe two or three. It comes back to that business decision. I don't think so, no one wants to discriminate, but it's business. This is business." (Owner, Retail, 180 staff)

"If you have got 16, 17 full-time staff out there, they have all got families, children. You are responsible to feed all of their children. Not only your own family, but this greatly extended family. You have to try and employ smart. Often the bottom line is you would not look to employ somebody that had major issues going, work four hours a day or something like that, just for the benefit of saying, I am doing my bit for mental health. I think most of us employers, we will probably say,

well, if it is a good person for the job and they are going to work 8 to 5, but if you are presenting a person who is not good for the job, or if he is good for the job but only for three, four hours a day, you are going to have reservations and probably to the point of saying, well no, I won't, because you are trying to fill a full-time position with a part-time staff member."
(Owner, Manufacturing, 17 staff)

While reasons given for not employing a person with experience of mental illness seemed perfectly logical to most employers, from the perspective of running and successful and productive business, others pointed out that those reasons do not hold true because in other circumstances employers will make enormous accommodations.

"Look at rugby players, I play rugby myself a bit. Rugby is just such an accepted part of our psyche. You employ rugby players and you probably know that you're going to not have them for 10 days during the winter. They don't turn up because they are limping, or they've broken their leg, or done this and done that. The employers accommodate them, you know. Yeah, because it's part of our culture. It's like bugger it, he's hurt himself in rugby. Oh well, we'll just have to get through it. If you ring up and have a mental illness and say I can't get out of bed today they'll say, what the hell are you talking about?"
(Director, Recruitment Consultancy, 11 staff)

EDUCATION AND SUPPORT FOR EMPLOYERS

The most common source of information for participants about mental illness came from various media sources – newspapers, radio and television. While the Like Minds Like Mind campaign (see more details page 29) had had a very positive impact, participants agreed the most information about mental illness in the media was of a negative type.

"Well what I've read in the paper and seen on the news, people that have schizophrenia that have been dangerous. The guy down south that got out of Southland Hospital lalala, the wee drive to Queenstown, and thought his mother was an alien or something, you know that sort of thing. ... Yes[that's an extreme example], but I think that's the most, probably in the community that's what we see, most of the time the media is not going to broadcast the nice friendly schizophrenic that's a flower gardener one day and a painter the next, or whatever, nobody is going to do that." (Manager, Retail, 30 to 40 staff)

However one participant felt that while the media could influence attitudes the real issue was:

"... lack of understanding. It comes from fear of not knowing what's going on. ... I think it is a very deep personal thing."

The negative stuff in the media might reinforce it, but I think the real feeling comes from within and I think it is a fear. ... I think it's the fear of not being able to handle the situation. I think that's what the fear is, will I know what to do?"
(Managing Director, Manufacturing, 75 staff)

'Not knowing what to do' was a refrain from many of the participants, despite the fact that many of them had had an employee become mentally unwell during their employment. While the majority of the employers said these situations had been dealt with in a positive and caring way, very few employers felt confident about their level of knowledge of mental illness. All participants agreed that one of the ways to overcome this lack of understanding about people with experience of mental illness, which may make employers more open to employing them, was education and information, some of it general - about mental illness - and some directed specifically at employers, such as how to support a person in the workplace. Most participants said they would be pleased to have more information about various mental illnesses, together with information about what support is available.

"They just need to know the capability, or is there any lack of capability, from an individual if they've identified having some kind of mental illness. If it is, what is it, and does that matter in the job that I've got this person doing? Is it something that's going to put them in danger or endanger other people, or is it something that means I'm not going to get a quality job out of this person." (Mngr, Recruitment Consultancy, 80 staff)

"So employers probably do need a little bit more education in finding out what are the limitations, what can they get them to do without making them different, as well, is another side, isn't it, yes. ... They hear perhaps things in the media. I mean they might hear that somebody who is perhaps schizophrenia and who has run amok, like that service station guy yesterday. I mean they hear that, they hear the bad things. They don't hear the positive things that people can do."
(Human Resources Mngr, Manufacturing, 40 staff)

"Well, possibly an objective would be to have some sort of documentation telling us, explaining the different types of mental illness and what likely symptoms. If there was some information like that available I think people would, well I would read it anyhow. I think employers would read it to try and understand a little bit better about what they are trying to do." (Mngr, Local govt, 20 staff)

"Yeah. I think initially a broad education programme, because I think people get a little bit frightened. When somebody comes in and says this is this, this is that. Even if on the face of it they look like a decent employer, I think people probably still think hey, second best. They think oh, you know, am I going to have to manage this? How is this going to affect me?" (Human Resources Mngr, Manufacturing, 40 staff)

While there was agreement about the need for education there were some participants who thought that as well as being informative the education also needed to be challenging attitudes, stereotypes and discrimination.

"If you spent that money [used for the Like Minds Like Mine media campaign] educating, or did seminars, or focus groups, or anything like that for employers, because they're the people aren't they? You're obviously trying to get people back into the workforce aren't you, or they'd like to return, but they can't get a job because people are discriminating against them. I think personally that the money would be better spent on informing employers and giving them the whole picture. Those adverts must cost a fortune. I shouldn't be telling people how to do their job really. Instead of those adverts you should get someone who has had a nervous breakdown to run it. That person could be speaking for a while and then could say, later on we're going to get someone in who has had a nervous breakdown and everybody would be going okay. That person could then say after 15 minutes, by the way that person is me, that I am the person that you are all waiting for. They would then be saying, there's nothing wrong with him and why have we been discriminating against him. That's just a thought."

Participants were asked if they had attended any workshops or seminars which discussed the issues regarding employing people with experience of mental illness. No one had attended such a seminar, nor was it a topic that had been discussed with other employers.

"No, I don't think anybody talks about it to be honest. It's best left under the carpet I think for most employers. I think, and I can't talk for other employers, but I actually haven't seen a job application I think in my 25 years in government, nearly 30 now, that has said, yes I have a mental condition. I don't think I've ever seen one" (Service Mngnr, Govt dept, 70 staff)

However the participant from the employers' association had had clients phone and ask for advice when an employee had taken ill with a mental illness. In several instances they had been able to offer support to the client, helping the employee receive professional help and support.

An educator from the Human Rights Commission³ reported that the question of employing people with experience of mental illness was something which often came up at seminars they were offering employers on the Human Rights legislation.

No participants were aware of any formal support offered by government agencies or mental health services to employers who employed people who experienced

³ Personal communication as a result of some background information collected by the researcher.

mental illness. In those instances where participants had a staff member with a mental illness who did not return to work they expressed their frustration at not being able to access information and support which may have resulted in the employee remaining in their employ. Some employers saw the Privacy Act as a barrier to being able to get support for staff, because mental health professionals were unable to discuss any aspects of their client's care. However an employee can agree to information being given to their employer about their health, and one employer reported that this did happen with one of their staff.

One participant reported that their staff had specific training in understanding people with a mental illness. The reasons for this were that the participant worked in a public library where people with experience of mental illness spent a considerable amount of time. There were incidents involving a person with schizophrenia and staff had difficulty knowing the best way to respond. As a result of this staff were provided with training, which is ongoing, to learn how to effectively manage different situations. This has resulted in most staff feeling comfortable and confident with their interactions with people with experience of mental illness who use the library. It has also had an impact on staff feeling confident with employing and working with people with experience of mental illness.

EMPLOYING PEOPLE WITH EXPERIENCE OF MENTAL ILLNESS

As already stated, approximately three-quarters of the participants had had an experience of a person with a mental illness at their workplace. Several employers had had more than one person with experience of mental illness in their employ. Three of the employees and one volunteer worker were known to have a mental illness when employed. All the rest became unwell at some point in their employment.

The majority of participants reported that these employees' periods of unwellness were managed in a positive way which resulted in the employee returning to work. Many of these employees were still in the same employment at the time of the interviews. Things which contributed to a good outcome, from the employers' perspectives, included: allowing the person time off when they became unwell; a staged return to work, including part time work; liaison with other family members and/or doctors and other caregivers; more careful observation of the person to be able to discern warning signs; and being conscious of not overloading the person.

However several participants reported that the experience of having a person become mentally unwell did not have a good outcome in terms of the person's employment, that is the person did not return to work. One of the main reasons given by employers was that the person stopped taking medication which resulted in their inability to do their job competently and safely. Lack of support for the employers from the person's caregiver/s and/or mental health services was a matter of frustration for the employers, who all indicated that they would have continued to employ the person if the lack of support had been resolved. All participants felt that as a result of the poor outcome (the loss of a valued employee) everybody was in a no win situation

Another reason given in several cases for a poor outcome was the inability of the manager/supervisor to adequately deal with the situation, either because of a lack of empathy with the person who was unwell, or because of inadequate skills to deal with a difficult situation.

"At least having the skills to understand what that person was going through [would have helped]. All the manager thought about was how it was affecting them at work, rather than perhaps what the person was going through. ... Because prior to that happening that person was a very, very good employee and was a great resource for us. Consequently everybody lost out." (Director, Recruitment Consultancy, 11 staff)

Despite the fact that most of these experiences had a successful outcome, the majority of participants still said they would think very hard before knowingly employing a person with experience of mental illness.

USE OF RECRUITMENT AGENCIES

The majority of participants did their own recruitment, although a few said they used a consulting firm for middle and upper management recruitment. The three recruitment consultants who were interviewed were adamant that potential employees would not disclose a mental illness, because it could lead to discrimination. None of them could think of an instance where a person had disclosed when applying for work. However one consultant did have a person on their books who had become unwell on a construction site. The agency continued to find work for this person and had specific clients who understood the nature of the person's illness and were pleased to have him work on their sites.

One of the consultants said they were in the business of finding the best person for the job and suggested there were specific agencies which dealt with people with disabilities

"Only from our perspective as a recruiting agency, people are paying us to find the best person possible for the job. I'm not talking about other agencies like, what's the name of that agency? There is an agency that deals with people with disabilities, Workbridge and they do very well. We're of the ilk where a company is actually paying us to find a person, so therefore they are paying us good money to find the right person and/or the best person that they see for the job."
(Partner, Recruitment Consultancy, 5 staff)

The consultants felt that most of the employers they dealt with used their services to make things smoother for themselves. Therefore, in general terms, most employers would not be interested in employing a person who possibly required some special concessions on their part, or who may not be able to guarantee their ability to work to the level required by the employer.

"Some will [make some accommodations], if it is in their nature as employers and others just say forget it, what the hell are you doing? Send us somebody who wants to do the job, you know? Which is kind of harsh and that is why they come to employment agencies." (Partner, Recruitment Consultancy, 5 staff)

Only one of the three consultants regularly used psychometric testing on potential employees, although they said this was not routinely done with all applicants. The process they followed was an original behavioural interview which was done to assess the person's competencies and appropriateness for a position. Testing was only done once a person had had an interview with the client. In that respect the participant did not think recruitment consultancies acted as gatekeepers, preventing employers from seeing certain types of people. However the original interview allowed the consultant to make judgements about individuals who would appear to be acceptable to the client.

RIGHTS OF PEOPLE WITH EXPERIENCE OF MENTAL ILLNESS

The majority of participants thought that people with experience of mental illness should have the same rights as everyone else when it came to job opportunities. However the qualifications to this were many. For example, employers said that every person applying for a job should be able to put in a full day's productive work and there was an implication by some employers that they did not think a person who had experienced mental illness would be capable of this. If this was not possible then that person should probably not apply for work, in particular for certain kinds of work.

"They should [have the same rights], but they have to understand that the restrictions, the potential, there might be restrictions of opportunities that they might have to be faced with because they can't be put in some [positions], depending on the severity of their illness. There are some positions that would be unreasonable to expose other staff members to potential problems and for themselves to be exposed to that risk."

However some of the employers thought that some restrictions would not only apply to people with experience of mental illness but also to anyone with a medical or physical condition which precluded them doing particular work.

While participants were aware of the Human Rights Act which disallowed discrimination in the workplace, one cautioned against using a 'big stick' approach to employers in promoting people with experience of mental illness into work. This participant thought it more positive to focus on the stage of the current employment market and try to 'sell' individuals in that way.

"I think rather than push the human rights thing, now is a very good time to push the fact that these people are employable. These people could make a huge contribution. There is a massive shortage. You're never going to get it so good. At the moment in New Zealand there is a massive shortage of unskilled staff, unskilled labour. ... To some extent employers might be prepared to take a risk that they weren't prepared to take previously. That could get some of your people into that space. You won't get a better opportunity. I would also be reluctant to work it on the human rights thing too. I think that's a bit like force-feeding it. Rather than say this is what you've got to do, these are the rules, say, is this good for you ... Yeah. You can benefit from this exercise. You could even go to the extent that not only will your company benefit, but you will benefit because you will be doing something really good for society as well. More people have that in their underlying makeup than you would believe."
(Mngr, Recruitment Consultancy, 80 staff)

DISCLOSURE

The issue of whether a person should disclose either an ongoing mental illness or a period of mental illness when applying for a job was very complex and not clear cut at all. The majority thought that a person should disclose; however they were also aware of the potential discrimination that could result from this. Some of the reasons given for disclosing reflected either a lack of understanding about mental illness, or bought in to the fear that people with experience of mental illness were always potentially dangerous.

"I think so, I think so, especially if they're on any type of medication that may effect their alertness. It's pretty important. You can't have people drowsy on a particular type of machine." (Health and Safety Mngr, Manufacturing, 120 staff)

"Good question, I think they should personally. I can't actually turn around and say no don't disclose it because if they didn't disclose it they could get a job, but it could result in some disastrous circumstances. Supposing you had someone who had some sort of mental disturbance who was a caregiver? What happened if all of a sudden that caregiver did not disclose when they got the job that they were liable to do something to the person they are caring for? You've then got a problem." (Partner, Recruitment Consultancy, 5 staff)

"Personally I think people should disclose it, but in doing so they could jeopardise the job." (Owner, Manufacturing, 17 staff)

Some who acknowledged the dilemma people with experience of mental illness were in, said that if a person disclosed they would get points for honesty; however the employer would then know about the mental illness and that would potentially impact on their decision. Others felt there was no need for a person to disclose at all, given that people fail to disclose all other kinds of illnesses (and are not

required to do so) and other things, particularly criminal records. Others noted that not all mental illnesses were ongoing and disclosing could unnecessarily disadvantage a person.

"I can understand why you wouldn't. Because you think I am okay now, why should I tell them. I am just like everybody else. It is just like, in a way, it is like a cold, isn't it, you get over it. It actually gives you better resistance, often."

(Mngr, Hospitality, 35 to 40 staff)

"In my opinion it should be disclosed and not necessarily to prejudice against you, but more to accommodate for you. It comes down to honesty on behalf of both parties. You have the same incidence, people don't disclose a lot of things at interviews and you try very hard to find ways of getting it out."

(Manager, Retail, 4 to 6 full-time staff)

A majority of employers indicated that they had application forms that asked prospective employees to list medical conditions or any medication they were taking. Several indicated that their contracts specified that failure to disclose could render the contract null and void.

"I think they should [disclose]. Because that is only being fair to the employer. But equally, I would think that people have had a lot of discrimination because they have disclosed and that might prejudice people against them. If you at some point later find out that there is a problem that wasn't talked about, we actually have a clause in our contract that says if you fail to disclose something that affects your ability to do the job later, this contract becomes null and void."

(Human Resources Mngr, Manufacturing, 40 staff)

However the participant from an employer organisation had the following response to that:

"That would be very questionable [those contracts]. Even some of the questions on the application forms are very questionable, because there often seems no legal basis for them. It may be on the application form and if I was defending one of the employees, I would say this is in breach of the Human Rights Act. It depends which side of the fence you are sitting on and the issues are never clear cut."

(Occupational Health and Safety Mngr, Employer organisation, 80 staff)

One of the reasons given for disclosure was so that if something did happen to the employee then the employer would be in a position to assist them.

"The biggest thing is the education process, educating people with the illness, we can't help them if they don't, you know? If they're not going to help us and give us the information, we can't help them, full stop. We are going to put them in an environment that's not fair to them unknowingly where the expectation is higher. The employer takes them on not

knowing about the condition and it doesn't help them. It doesn't help anyone. (Owner, Manufacturing, 17 staff)

Another reason was that staff would also be aware of changes to that person's behaviour and be able to notify management. However, in this study most of the employers who did know about a person's history did not share that information with anyone other than the person's immediate supervisor, unless the person chose to disclose to their work mates.

"My perspective is that we would have to understand as management and maybe the workshop foreman would have to understand what they are supposed to be looking for."
(Manager, Retail, 4 to 6 full-time staff)

"Well I don't think I would inform them [the staff], not unless it was some sort of thing where it might be a health and safety issue. Like I've employed people that have had epilepsy and lots of asthmatics, but other than the immediate management that might be in charge of them I wouldn't inform anybody else. But they would need to know of any sort of medical condition if I think it could be [a problem], but I wouldn't tell the staff." (Managing Director, Manufacturing, 75 staff)

"The workplace is a bit like kindergarten. They might be grown up, but they act like little kids. Behind his back they would say, "look at that bugger, he is a bloody nutter". If he did anything outside the ordinary and they knew he had a mental illness they would immediately label him, there would be this label. ... To me that is stuff that you would disclose to your employer and as your employer is your boss, if he knew about it, that is fine. It doesn't necessarily have to be broadcast all around the building. We have got a new employee, his name is so and so, and by the way, he is bipolar." (Owner, Manufacturing, 17 staff)

However most employers acknowledged that even if a person disclosed they had a particular mental illness they would have very little knowledge and/or ability to judge its seriousness; the main reason being lack of experience with involvement with someone with a mental illness. One person who had such experience said:

"That's right, because if you've never dealt with people like that you wouldn't know. We tend to deal with people on face value. You meet them and they're nice to you and you think they're a nice person. I would think oh my god, I'd want to know what's going on in the background, how bad this illness is. ...A lot of employers wouldn't think like that. They'd either think schizophrenia oh my god and judge and say I don't want to employ you, or they would think oh well the person seems nice, I'll give them a chance. One way the person gets discriminated against and the other way the employer is taking a big risk. It might turn out fine, but it could also go terribly wrong." (Mngr, Retail, 4 to 6 full-time staff)

"Because if you come to me in your situation and you said to me that you were schizophrenic or something like that, you would think, oh my word. You would be wondering what they are going to do. Are they going to do something? Because you don't understand the disease, if you don't understand the illness how can you make a judgement on that one?"
(Mngr, Manufacturing, 400 staff)

Three participants who had a personal experience with someone with a mental illness, in particular bi-polar or schizophrenia, because of that experience said very categorically that they would not employ a person who disclosed the particular illness they were familiar with.

"I probably wouldn't employ a person with bipolar, going on what I already know about it.....Well, they go from the manic stage to the depressive stage and they seem to get on massive swings.If you come openly and you said to me you were bipolar, I probably would think very long and hard about employing a person with bipolar. ... This woman [who the participant knew]reminded me of Sally Field [an actor in ER playing a woman with bipolar]and I am thinking of her and the television programme, you think, good grief, she is surely not like this? But here is a person exactly like that. So yeah, that is a mental illness that I know about."
(Owner, Manufacturing, 17 staff)

If a person did choose to disclose it was suggested that they be prepared to discuss what their condition was, how it manifested and how it was managed. Some employers also thought the person should be prepared to give the name of their doctor or caregiver (if they had one) so the employer could be reassured if necessary.

"I think if a person is going to disclose something like that, they've got to say what steps they've taken to cure it, how it effects them doing the job that they propose to do, what the repercussions are and then the employers should have access to reports on that person." (Partner, Recruitment Consultancy, 5 staff)

One of the arguments for non-disclosure was that the employee was able to build a relationship with other employees without the burden of any potential negative labelling. If that person did then become unwell work mates had already established a (generally) positive relationship and their reaction would normally be one of support. This was the experience of the majority of participants when one of their staff became unwell.

"Once they've been here and done the things that we need them to do, then they've already proven to us that they're not going to be a major problem, and that's why they're in the system, OK, they're now one of our employees, we'll look after them. Whereas before they come in, they're just another

person off the street and we've not got any reason to have to look after them." (Manager, Manufacturing, 400 staff)

"I look at it this way, you know he's been a good worker, you know everybody has problems, I'd rather help him out, and try, I'm no expert or anything, and give him a bit of time off to have a breather and get himself sorted and then come back to work." (Owner, Manufacturing, 17 staff)

"So in a way it can be argued that it is better for people not to disclose that they have got a mental illness and build up a relationship with the people they work with so that when something does happen. They will get support rather than have the door being shut before they get there. ... In truth, in practice, I think that often works best. I don't think it should necessarily be the way that it is, but I do think it works better. Because otherwise, as you say, the prejudices and the biases kick in before the person has even had a chance to get to know or be known." (Employee Relations Mngr, Banking, 6,000 staff)

While employers may think it more appropriate for people with experience of mental illness to disclose, this study highlights the fact that one of the reasons people do not disclose is that they are not able to make a judgement call about which employers will/will not discriminate. In fact some of the employers in the study were honest enough to acknowledge that while they would like to think they would not discriminate, in reality they would because of it being the perceived easier option.

There was one area where employers were almost united in their opposition. This was if a person was offered a job and then disclosed. Once a job offer has been made, under the Employment Relations Act, it is binding. So at that point an employer cannot rescind an offer of employment.

"That, to me, is almost deceitful. I think the interview is the place to talk about it. I guess people still feel like, it can be quite embarrassing to talk about, I should imagine. Certainly, I don't think I would ask it at the beginning of an interview. It might be towards the end and in fact we have some standard questions to go through with people and it might be that, is there anything else that you feel we should know?"

(Human Resources Mngr, Manufacturing, 40 staff)

"Well not really, they've got the job on false pretences haven't they?" (Partner, Recruitment Consultancy, 5 staff)

It should be noted here that the views on disclosure cited in this research are limited to the employers who participated in the study. It is recommended that further research looks into this issue from the perspective of people with experience of mental illness.

ACCOMMODATIONS

It was acknowledged by most participants that if they did employ people with experience of mental illness there may be a need to make some accommodation for them. Examples included time to see a counsellor or caregiver, or time off to take medication etc. However there was a point where accommodation became unreasonable for various reasons.

Acceptable Accommodations

Most employers appeared to be willing to make considerable accommodations for the people they employed who needed accommodations as a result of experience of mental illness. A large part of this was the fact that most of the people were considered valuable employees who had an established relationship with their employer and work mates. This however was different to taking on a person with known needs. Accommodation by some of participants included: giving a person time off on full pay (above sick pay entitlement); keeping their position open for what was considered a reasonable time; supporting individuals at work; helping them access professional help; allowing them to return to work in a part time capacity, building back to full time.

"I think you have to make concessions. In this day and age, what is the alternative if we don't tolerate people who have got problems. I think, with the complexity in life, at some stage most people are going to have some problems in their working career." (Manager, Manufacturing, 42 staff)

"We have at times moved people so that they can have a period of respite from a role where it is really inappropriate to keep them there. That's the last resort. We look at people on balance. If you've been here for a long time and you've been a loyal, committed employee. If you are off work and getting treatment, we had one for a year. That person is just now coming back into the workplace. It's a guy who has worked for us over 20 years. There was a trauma and he went into a very deep depression. He just wasn't coping with life - that sort of thing. He's taken a year off on full pay. You know, I think we are reasonably generous."
(Employee Relations Mngr, Banking, 6,000 staff)

"Well, if he could still do his job you wouldn't fire them. You would allow them plenty of time to try and recover themselves. If they were only able to work half-day, for instance, and were genuine about the situation. If it was a genuine thing going on you would try and accommodate them, you would try and help them in that sense." (Manager, Retail, 30 to 40 staff)

"So accommodation would only be made in the form of, okay, if you need some special medication or if you need this or if you need some time off once a month, or once a week, if you have to go somewhere, to the counsellor."
(Owner, Manufacturing, 17 staff)

A participant in one of the larger organisations who was interviewed outlined the policies and practices in place that supported individuals who were having any form of emotional difficulty. This included the provision of counselling and facilitating managers and the medical people involved with the person to work together to provide the best solution for all concerned. This participant acknowledged that it was much easier to provide this level of support and accommodation in a larger organisation.

"You do have more fat in the system than when you are self-employed with three people. You lose one of those and you lose a quarter of your staff just like that. That doesn't happen here... I'm sure it happens, because the cost involved for a self-employed person would be huge, with the time off work, time to get help from somewhere else. A lot of these people that we've dealt with wouldn't have the finances themselves to go and get the help that they need. Being bigger does help. It would have to be pretty tough on a small business. It would have to be." (Employee Relations Mngr, Banking, 6,000 staff)

Many of the participants commented that they made lots of accommodations for staff in respect of many things. Some examples were when there was a sick child in the family, or other family member; after a death in the family; when the staff member was sick; and for particular religious observances. Participants acknowledged that staff were their best asset in their business and they had a responsibility to care for them in positive and considerate way.

While many of the employers who were prepared to consider employing a person who disclosed a mental illness acknowledged the person may have needs that would have to be accommodated, one participant, highlighting the discrimination in the workplace, wondered why that person would be employed in the first place.

"Why would they have been employed in the first place, as opposed to employing someone with 100% capability of doing their job?" (Partner, Recruitment Consultancy, 5 staff)

Unacceptable Accommodations

All employers did have a point where the accommodation ceased to be reasonable. Several reasons were highlighted – economic, fairness to other staff and the day to day management of a business.

"I think if that was how it was going to be forever and it really wasn't, it was going to affect the team or it was going to affect other people's health and safety, then we would have to say, look, this isn't working." (Human Resources Mngr, Manufacturing, 40 staff)

"It would probably become unreasonable if extended time was required, again depending on the position. Some positions are easy to refill than others. We've had people take unpaid leave for a few months and come back. They've had family problems, or whatever. We are pretty okay with that."

Unreasonable, it gets to the point where they are taking every second Monday off, or 2 days a week off sort of thing. We can't afford to keep a place for that person."

(Managing Director, Manufacturing, 75 staff)

"I suppose it becomes unreasonable if it disrupts other staff members, it starts disrupting our customers because they are so unreliable the job is not being performed, they are not performing their task and it then starts to affect customers, customer relationships, that sort of thing, then you have to then turn around and think, okay, you can only accommodate a certain amount. You know, you can't go and jeopardise 16 other people's mortgages and everything else because one person has got a mental illness. At that point that person needs to deal with it and if they are unable to deal with it, unfortunately then the state has to deal with it and that person then becomes a sickness beneficiary."

(Owner, Manufacturing, 17 staff)

"Well I think when those things become unfair to everybody else, because you've got a whole workforce that you have to work with and it depends again whether it is a small organisation or a big organisation. People will always say, well hang on they're giving this person a lot of time off, they're getting paid the same as me, I've got to work 8 hours a day, this person doesn't. Or if that person's working in a role where their capacity is such that it's doing slightly different type of work, fully capable of doing it, fully productive and supported, then there is no, there probably isn't an issue. It's when there's like people doing like jobs, but one is treated differently. The others then start saying, well I want some of that, or why can't I do that." (Service Manager, Govt Dept, 70 staff)

"When it starts impacting repeatedly and significantly on the bottom line of the business. That's why I said, in some areas of this business you could handle it for a lot longer period in this kind of environment. If you have a person who is dealing with the public, they could be absolutely offending someone. They might be offending everyone that steps through the door. As I say, it depends where they are." (Mngr, Local govt, 20 staff)

SUGGESTED SUPPORT/ENCOURAGEMENT FOR EMPLOYERS

One reason given for not employing people with experience of mental illness was that under the current Employment Relations Act (ERA) it was very difficult to remove an employee from the workplace if they were not performing well, the inference being that there would definitely be problems with people with experience of mental illness. Participants were asked what kinds of systems of support would encourage them to give people with experience of mental illness an opportunity to work. Some participants felt a good education programme and ongoing support in terms of a helpline or similar would be good. Others favoured a trial period in which the ERA conditions were not applicable. However other participants cautioned that

there was potential for abuse in such a situation and any such arrangement would need careful monitoring.

"I go looking more for maybe clinical support or a support structure behind you so that if something does go wrong you knew how to react. I believe that if you take somebody on, they should be able to pay their way and if they can do the job then they are in the bucks. I don't sort of go looking for handouts. Maybe some business people might. Don't use it as an excuse not to do something because there is no encouragement." (Managing Director, Manufacturing, 75 staff)

"Yes. I think if a person worked in a business and it was for three months and after that three months the trial didn't work. Well I think that someone on trial for two weeks is a waste of time. If a person was fine after three months, then I think they'd be fine from then on, unless they had a lapse, or something like that. ... The simple fact is that if we're paying them and you've got them for three months, in most jobs I would think after that time they can do the job they're employed to do. Unless they're useless, or the mental illness is causing a problem associated with their job, you don't want them anyway." (Manager, Hospitality, 26 staff)

"I do [favour a trial period] because employers like us would take more risk and I think a lot of employers would do that. People who are sitting on the fence who really don't know, they would be far more prepared to take that risk if you thought that by mutual agreement, and I think involvement with maybe professional people. Some of the WINZ work schemes, you know how they find people? They keep in touch with the employee because of the longer term employment schemes. We've done some work with WINZ like that. They keep visiting the work site." (Managing Director, Manufacturing, 75 staff)

A system similar to the one used by Accident Compensation Corporation, where a person is case managed back to work, was considered one way to support both people with experience of mental illness and the employer. In one instance where a participant had knowingly employed a person with a bipolar disorder, a caregiver of the person would have regular appointments with the employer to discuss any issues which may have arisen and to offer support to the employee.

Another way in which employers would feel supported was if the person applying for the job was able to provide information about their illness and how it could potentially affect them and their work.

"I think that if you walked in here for a job and said you suffered from severe schizophrenia, then I probably wouldn't look at employing you. If you described what it was and whether or not it effected you and that you could provide me with documentation to say that is what happens, then that would make me potentially look at your differently"
(Owner, Manufacturing, 17 staff)

Some employers thought that a financial incentive might encourage some employers to take on people with experience of mental illness, particularly if a trial period was offered. The rationale behind this is the 'bottom line' of business where all businesses must be competitive and profitable. Therefore giving someone a job who may require more support than some one else required some form of compensation to the business. Several participants cautioned that such compensation would need to be carefully monitored as it could be open to abuse. Other employers pointed out that any job offered under such circumstances had to be a 'real' job and not just something created for that person.

"We are not a charity, but we can be charitable. Any business, any institution or business, people should, their role should actually be, no matter what it is, whether it is sweeping the floor, washing the walls or whatever that is needed to be done, it shouldn't be making up a job. Because that must be quite soul-destroying if you are just making up a job. ...They should be, everybody has got a role that they can perform at some level, whether it be the most mundane task that is needed to be done." (Managing Director, Manufacturing, 75 staff)

"I think in the public sector there ought to be some sort of policy enabling, empowering employers to take a chance with mentally ill people. They need some incentives in there, I'm pretty sure that is what's needed. ...Perhaps some kind of support, incentive, some sort of financial incentive to cater for the extra care, or need, or resources that the person might need. Even knowing the situation and being aware of it is enough sometimes with employers. At least somebody knows about it and if anything stuffs up, then there is someone else there with you." (CEO, Govt Dept, 18 staff)

While the offer of the above supports may prove helpful to some participants and help them overcome their resistance to employing people with experience of mental illness, it would not be enough to help others overcome their fears in respect of mental illness.

DRUGS AND ALCOHOL

Participants were asked if they saw drug and alcohol abuse in the workplace as posing the same (perceived) issues as people with experience of mental illness. Some of the participants likened drug and alcohol abuse to mental illness. In fact some saw drug and alcohol abuses as a form of mental illness, or at least a precursor to it.

"It's probably the very thin edge of the wedge actually. It's a slightly irrational behaviour and it's prioritising something that shouldn't be prioritised. In a way it emulates what perhaps mentally ill people start to do. I don't really know. I suspect it is the very, very thin edge of the wedge. It certainly can lead to it. It certainly exacerbates it." (CEO, Govt Dept, 18 staff)

However other employers saw the situation quite differently, saying that drug and alcohol abuse were choices which an individual made, as compared to a mental illness, which was outside the control of the person. However, in some respects though in the workplace they were potentially similar, because:

"You won't know them until you've observed a behaviour change or something, and that's the hard part, that's really hard" (Service Mngr, Govt Dept, 70 staff)

"I think medically they're the same. I think the way we treat them and perceive them, I think, is different. I think we have to separate drugs and alcohol. While they're the same in terms of the substance, I think the alcoholic, when you're talking about the top end, generally get by in life at the expense of themselves and their families."
(Occupational Health and Safety Mngr, Employer Organisation, 80 staff)

All participants, though, had an attitude of zero tolerance towards alcohol and more particularly drugs.

"I think for employers, I think they see that alcoholism is more the condition, where drug taking is more of a choice, you chose to do it. Even though you may get hooked onto it, you still made that choice to go down that track. I think there is a little bit more tolerance with the alcoholic. ... If it comes into the workplace though, we then get, especially when I'm wearing my hat in terms of the safety critical areas, then they're treated the same. In many companies there is zero tolerance." (Mngr, Recruitment Consultancy, 80 staff)

"To me they're making a choice and that choice is to have that smoke, or whatever, before I come to work, in the knowledge that I might get fired. They've made a choice, whereas someone who is sick, they don't make a choice, they don't have a choice." (Owner, Manufacturing, 17 staff)

Several employers mentioned that sometimes a person's behaviour leads them to think they 'must be on drugs'. However in at least two occasions it was discovered that the person had a mental illness. This had an impact on how they subsequently dealt with the behaviour.

"There is somebody we employed that was just happy as one day and down the next and it was thought he must be on drugs. But it was bi-polar (disorder). He hadn't disclosed it."
(Director, Recruitment Consultancy, 11 staff)

LIKE MINDS CAMPAIGN

All but two of the participants had seen the media campaign on television. All but four had found them to be very positive because of the messages they sent and because of the use of high profile personalities. Some acknowledged it had changed their attitudes, while others talked more about the response of people in general.

"I would have to say that the Like Minds campaign has been, in my view, quite a large contributor to that [a more tolerant attitude towards people with experience of mental illness] because it has exposed the issue, but exposed the issue in a very positive way and in a very normal way. It has sort of normalised it. I think there has been a marked attitudinal change in New Zealand society because of campaigns like the Like Minds campaign." (Director, Recruitment Consultancy, 11 staff)

"Mental illness is something that I used to perceive as was with a person permanently. That was my perception of it. If you had mental illness you had it. That was it. There's nothing you could do about it, you just had it forever. Where it is very different, and where you see, I mean these are successful people that are on the ads there. People that have gone through an emotional time."

"My perception was they were crazy[people with a mental illness]. Whereas now, they are saying that mental illness is not just craziness. There are all these other disorders which, I suppose they are just characterising an illness and you can be mentally ill but you don't necessarily have to be crazy...In other words, you don't have to be schizophrenic or something like that. What I considered to be a mentally ill person was a person who was institutionalised. Whereas now they are saying you can be mentally ill but not necessarily institutionalised. You can be a perfectly normal person in a workplace or a community." (Manager, Manufacturing, 400 staff)

"I think they make you relate to normal people that have mental illness. In other words you know who they are, but they're not necessarily high profile people. They're known, but they're not famous, fabulous type people...I don't know if it normalises it. I think it makes it, terrible word, but more acceptable. ...I think also it changes it from being a wacky thing, to a medical thing maybe. That is always easier to handle, rather than someone just being nuts." (Mngr, Local Govt, 11 full-time, 33 part-time staff)

Some changes or additions to the current campaign were suggested. Several participants would like to see the advertisements move from featuring celebrities to using members of the public.

"To me it is targeting everyday people, people that go to work every day. We all have to work, you know. We call ourselves normal people that come to work every day, that don't have the benefit of being good at sport or what have you, and yes I

would think something like that where a person was saying those kind of things. I've been here for 10 years, I've only had two days off in all the time I've been here, but I've got mental illness, but my employer cares or something. You know just that kind of thing where it is more that everyday people. To me, that would be, I think, would hit home a lot more."
(Mngr, Manufacturing, 400 staff)

While some participants thought that 'everyday' people should be included in the advertisements, others thought that the reason the ads succeeded was because they used prominent public figures and any future campaign should do the same.

"I think it's got to be somebody who is quite a notable figure, otherwise they will seem very hum drum. Honestly if I went to one of those things and you pulled some people with life experience out and I didn't know who they were, I would be wondering to myself, are these people just being paid to be here or whatever. ... It's that whole respect thing, because you know these people. Probably because you know what they've done and you know about them before you knew they had a mental illness. I think that's what it is. I think you need to have known of the person because you know they've had a mental illness and seen what they have achieved...If you've seen somebody who has been an All Black, or TV presenting and that sort of thing you can think wow, this person has done this, this and this and yet they've had this mental illness. That will stop and make you think. If you get somebody that you don't know and they say, I've had a mental illness and I've done this, this and this in my life and they've achieved you're going to think, but I don't know you, so how do I know that's true. It's about the story being validated."
(Mngr, Retail, 4 to 6 full-time staff)

Some participants said the advertisements, while engendering a sense of awareness, left them with lots of questions about what the mental illnesses were. They thought that advertisements which explained the illness as well as featuring people who had had the illness would be worthwhile.

"I guess those ads on TV have done a lot as far as making people aware. I guess Joe Public still doesn't quite know what they are though...They don't know what the particular illness is. They might say what it is and they might show all these things, but they don't actually know what it is."

"There is an advertisement that comes on the television. It's about bi-polar disorder. There's a lady in it. They go through the thing, don't judge me before you know me. It's a very good ad. Now it's interesting because I still don't understand what bi-polar disorder is as a result of it. I know it exists. I saw it the other day on one of the television ads, one of the TV commentators had it as well, I don't know. I still don't know much about it. ...I thought that was interesting isn't it? We discovered something new, a new word, a new name, a new thing, but we still don't know any more about it."
(Mngr, Recruitment Consultancy, 80 staff)

There were some who did not find the campaign useful, but in some of these instances the point of the campaign appears to have been missed.

"Well shouldn't they be showing all the people that can't go back to work because they're mentally ill, rather than the people that are okay and can just carry on?"

(Partner, Recruitment Consultancy, 5 staff)

"By advertising it, it only brings it to everyone's attention. Like I said, a little bit of knowledge is a dangerous thing. Either you tell people heaps about it. If someone turns up and you weren't really up with the play and they said, I've got bi-polar disorder, I'd think it was one of those people from the adverts."

(Mngr, Community Service, 15 staff)

"Because I don't really think people watch them to any great extent. The ones that do are probably quite well aware anyway. The ones that don't aren't and don't want to be. Their target market is probably wrong."

(Mngr, Manufacturing, 42 staff)

One person who thought they were useful in bringing the issues of mental illness to people's attention thought that they had now been on for too long and had lost their impact.

5. DISCUSSION AND RECOMMENDATIONS

DISCUSSION

"If a staff member came to me now and said I've got this problem and it's associated with this, how would I treat that. I think I would treat it reasonably amicably as to how we worked around it. As far as someone having a mental illness in the workforce, I don't have a problem with that. As far as hiring someone with a mental illness, I don't think I would want to go down that path." (Mngr, Hospitality, 26 staff)

"I feel awful now thinking that there may be people out there that are deliberately hiding it because employers like me decide not to employ them. But yes, it's just the scary unknown thing, to be honest. You just need to know that they can have a normal life like the rest of us really."
(Mngr, Manufacturing, 400 staff)

Qualitative research is by its nature subjective. There is an expectation that the responses given are the honest opinions of the participants. Of course there are ways to probe during an interview to test those responses. In this study participants generally appeared to give honest responses to what was a topic with which they did not feel entirely comfortable. The responses above were typical of the kinds of comments participants made. They seemed genuinely concerned that they would discriminate against people with experience of mental illness; however to them the unknown nature of mental illness usually overrode any rational and logical decisions regarding employing a person who disclosed a mental illness during an interview.

Reconciling the apparent inconsistency

As well as the above example, there were other examples where employers appeared to be inconsistent in their attitudes and behaviours. On the one hand people who employed someone who had become unwell while in their employ supported that person, yet these same employers would probably be less likely to employ a person who disclosed mental illness in the interview. The experience of supporting a person who experienced a mental illness at work, of which the majority reported a positive outcome, that is the person returned to work, did not translate into participants feeling confident in taking on a person with a known experience of mental illness.

This inconsistency reflects the complex nature of the issue. When employers are considering new staff they do not just make a decision based on the most suited in terms of experience and skills. They weigh up many other factors such as 'fit' with the organisation's culture and values. They also consider the perceived risk to the

smooth running of their business. In relation to this, they prefer to go with the known and a person who discloses to them introduces an element of the unknown. They appear to assume that taking on a person who discloses will bring greater risk of disruption and/or problems and so they generally will go with what they consider the 'less risky' option.

However this did not apply to all employers. Those from the government sector and larger companies seemed more likely to consider a person who disclosed on their ability and aptitude for the job. Other employers said they would be more likely to seriously consider a person who disclosed if they provided information about their illness, and be able to show how they controlled it, thus lessening the 'unknown'.

Another factor which further compounds the issue has to do with the type of organisation the person is applying to. Employers in this study who worked in the manufacturing industry were very concerned with safety issues, particularly when machinery was involved while those who worked in the retail and hospitality industries expressed concerns about people's ability to withstand the stresses of working in customer focussed jobs.

So when considering new job applicants the employer is focussed on getting the 'best' employee, so if someone has a known disability that usually reduces their chances of being the best employee, even if they are the most qualified person for the job. However, if a person becomes unwell once they are employed then the emphasis has shifted to retention of valued staff, as economically this makes good sense. There is also more focus on supporting their staff for reasons beyond simple economics. As people become known as staff members, there is a greater understanding and appreciation of them as a person and therefore support is usually forthcoming should they encounter difficult times. In fact some employers reported high levels of support financially and in other ways.

This points to the importance of getting people with experience of mental illness into work, so that other people interact with them, which then helps to dispel stereotypes and myths about people with experience of mental illness.

It was acknowledged that that it is helpful to both management and the employee if the illness is disclosed, because if they become unwell at work then the manager, and other staff, if they know, are better equipped to support the person. Several comparisons were made in this respect with other illnesses such as diabetes and epilepsy.

Although employers acknowledged that disclosure can count against people at the time they are applying for a job, they also often considered it unacceptable for someone to disclose immediately upon getting appointed.

Requirement to complete disclosure forms

An area of potential discrimination was in the form potential applicants were sometimes required to fill in. Some of these required that a person declare mental illness, but not necessarily other illnesses; the same went for medications. However failure to disclose a mental illness on an application form was not grounds

for dismissal (if subsequently employed and the illness was identified), as some employers seemed to indicate. The Employment Relations Act relies heavily on performance measures and correct procedures to be followed before a person can be dismissed and most employers were aware of that.

Staff Response

Several participants said that while they might tolerate a person with experience of mental illness they were not sure that their staff would. It could be argued that some of the participants who expressed concerns about other staff were in fact talking about their own views, but rather than acknowledging it themselves used their staff as an excuse. In one of these instances the participant continually referred to people with experience of mental illness as 'nutters' or 'crazy'. However most participants who had had an experience of a person developing a mental illness at work reported that their staff were supportive of that person when they were unwell and when they returned to work took time to 'look out for them'.

Types of Mental Illness

While the majority of employers initially identified stress, depression and similar illnesses as mental illnesses, when it came to thinking about employing a person with experience of mental illness it seemed that it was not these kinds of illnesses they were identifying with, but rather something called 'mental illness' that had qualities which were unknown, but had the potential to cause difficulties and problems.

The majority of participants who had had a staff member experience a mental illness while in their employ identified most of the illnesses as depressive type illnesses. The employee in most instances was able to return to work. However, they still expressed reluctance to take on even people who disclosed a depressive illness, because of the possibility of things going wrong.

Participants who had had a personal experience of mental illness, either themselves, family or friends, while exhibiting empathy towards people with experience of mental illness, were still reluctant to employ them. In some instances it was because of their personal experiences that they indicated they would not take the risk of employing a person with experience of mental illness, in particular, someone with bipolar disorder or schizophrenia.

Comparison With Other Illnesses/Disabilities

While the concerns expressed about employing a person with experience of mental illness – unknown nature of the illness, safety issues, financial and productivity issues and fitting into the work culture – were often couched in seemingly legitimate terms, those same concerns could be applied to almost any employee. Participants discussed employing people with diabetes, epilepsy and other illnesses that required some monitoring. Except for a few participants who indicated they would

be reluctant to employ people with any known illnesses, most were quite comfortable having to accommodate people with those illnesses. This points to a key issue that Like Minds needs to try and address, so that mental illness is seen as something that can be accommodated just like other illnesses.

Links Between Mental Illness and Intellectual or Performance Capacity

The language used by some participants was very revealing. People with experience of mental illness were labelled as 'crazy' 'dangerous' and 'nutters'. They were often called 'these people' or 'those people' and often when describing their work potential the assumptions were that people with experience of mental illness would always be applying for low or semi-skilled positions – that there was a correlation between their mental illness and their intellectual ability.

Limits to Accommodating Behaviour

While employers were often very accommodating of people who experienced mental illness while in their employ, there were often limits to this. Employers saw accommodations as unreasonable when it became difficult for the person to perform at work, for example taking two days a week off (without prior arrangement) when they were in a full time position; when lack of performance impacted on other staff and customers (including issues of fairness); and when productivity was affected. This last was particularly mentioned by participants who were in small to medium businesses where, they said, it was not possible to sustain absences and other anomalies for very long.

Will more information/education assist?

Employers reported that it was the unknown that would lead to them really questioning whether to employ someone known to have experience of mental illness. Given that they are usually willing to employ people with other illnesses/disabilities, it does seem that if this fear of the unknown could be reduced, it might help increase a willingness to accommodate people who disclose experience of mental illness. Getting appropriate information to employers in a form that they will actually take notice of will be a challenge. One option might be to provide case studies of employers acknowledging the positive contribution of employees with mental illnesses and how they address any periods of illness in a constructive manner that does not disrupt the company.

At the same time any educative process also needs to challenge attitudes, stereotypes and discrimination.

Another area in which more information/education is likely to assist is in helping employers provide appropriate assistance when a staff member does experience mental illness. Employers will feel more confident around this whole issue if they know what assistance is available (eg appropriate mental health services), if they know the signs to look for that might indicate a person is becoming unwell and if they know how to behave appropriately with that person in that situation.

A line of support from government agencies and mental health agencies was considered important for employers. This was particularly noted by those participants who had unsuccessful experiences with people with experience of mental illness where they identified a lack of support networks for them to be able to adequately support their employee.

Supported Employment Programmes

Pilot schemes whereby people with experience of mental illness were mentored into work or where they were supported by a caseworker (similar to the ACC framework) met with support from employers, as did the idea of giving a person a trial period where both parties were supported. This was suggested as a mean of bypassing the Employment Relations Act, which does not allow such trial periods.

Some participants suggested a financial incentive be offered to compensate the extra time an employer would have to dedicate to the person – again the inference that the person would not have the capability to be self directed in their work. Other participants cautioned, not against the above schemes per se, but that these would need to be carefully monitored so that there was no abuse of the people involved.

Such schemes already exist for groups identified with special needs, such as youth at risk, and some employers are willing to take on people under these schemes.

One advantage of these schemes is that they allow a relationship to develop between the employer and staff which can be a positive tool in helping to dispel some of the stereotypes and assumptions which the employer may harbour.

RECOMMENDATIONS

- That employers are provided with strategies so that they are well equipped to appropriately support staff who become unwell due to a mental illness.
- That communications with employers also focus on reducing their fear of the unknown, in terms of what it would mean for them if they employed someone with a mental illness

APPENDIX A: EMPLOYER PROFILES

Employer No 1	Director, Recruitment Consultancy, 11 staff
Employer No 2	Manager, Local Government, 11 full-time, 33 part-time
Employer No 3	CEO, Government Department, 18 staff
Employer No 4	Health and Safety Manager, Manufacturing, 120 staff
Employer No 5	Manager, Retail, 4 – 6 fulltime staff
Employer No 6	Manager, Manufacturing, 400 staff
Employer No 7	Manager, Hospitality, 55 staff
Employer No 8	Manager, Hospitality, 35-40 staff
Employer No 9	Occupational Health & Safety Manager, Employer Organisation, 80 staff
Employer No 10	Owner, Manufacturing, 17 staff
Employer No 11	Owner, Retail, 180 staff
Employer No 12	Partner, Recruitment Consultancy, 5 staff
Employer No 13	Manager, Local Government, 20 staff
Employer No 14	Manager, Retail, 30-40 staff
Employer No 15	Manager, Hospitality, 26 staff
Employer No 16	Owner, Community Service, 25 staff
Employer No 17	Service Manager, Government Department, 70 staff
Employer No 18	Employee Relations Manager, Banking, 6000 staff
Employer No 19	Manager, Recruitment Consultancy, 80 staff
Employer No 20	Human Resources Manager, Manufacturing, 40 staff
Employer No 21	Owner, Hospitality, 22 staff
Employer No 22	Manager, Hospitality, 70 staff
Employer No 23	Managing Director, Manufacturing, 75 staff
Employer No 24	Manager, Community Service, 15 staff
Employer No 25	Manager, Manufacturing, 42 staff