



Disclosure of mental illness to prospective employers: Clinical, psychosocial, and work correlates in persons receiving supported employment



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ABSTRACT

Deciding whether to disclose one's psychiatric disorder to a prospective employer is a complex decision for people with severe mental illness seeking to return to work, with potential advantages and disadvantages. The present study examined the rates, patterns, and correlates of disclosure in 51 participants (74.5% schizophrenia or schizoaffective disorder) receiving high fidelity Individual Placement Support (IPS) who obtained competitive work over a two-year study period. Most participants (64.7%) disclosed their psychiatric disorder in their first job, and there was a tendency for those with multiple jobs who did not disclose initially to shift to disclosure in subsequent jobs. Participants who disclosed for their first job had worse baseline cognitive scores on the Positive and Negative Syndrome Scale (PANSS), lower self-esteem, and poorer psychosocial functioning than those who did not disclose. However, participants who disclosed to their first employer were more likely to obtain jobs that matched their interests, and worked significantly longer than those who did not disclose (32.55 vs. 12.50 weeks, respectively). The findings suggest that individuals receiving supported employment who disclose their mental illness to prospective employers may have better work outcomes.

1. Introduction

Employment has known benefits for individuals with severe mental illnesses, including increased economic independence, achievement of a valued social role, improved self-esteem, and enhanced overall functioning (Lehman, 1995; Fabian, 1992; Bond et al., 2001; Clark et al., 1998; Cook and Razzano, 2000; Drake et al., 1999; Mueser et al., 1997). Although the unemployment rate for individuals with severe mental illness is estimated to be as high as 75%–85% (Marwaha et al., 2007; Mueser et al., 2001a,b), most people express an interest in working (Rogers et al., 1991; Killeen and O'Day, 2004; Krupa, 2004). Of the many difficult decisions persons with severe mental illness face when returning to the workplace, the subject of disclosing their psychiatric disorder to supervisors and coworkers is one of the most challenging (Gladman and Waghorn, 2016).

The decision to disclose one's psychiatric disorder is complex as it entails both potential advantages and disadvantages. Disclosure during the process of applying for a job might reduce the chances of getting a job offer due to the stigma of mental illness (Farina and Felner, 1973; Thornicroft et al., 2009; Wahl, 1999). On the other hand, potential advantages of disclosure may include explaining gaps in one's work history, obtaining support at work (Banks et al., 2007; Rollins et al.,

2002), explaining and addressing symptoms or other problems at the workplace (Banks et al., 2007), and alleviating stress associated with hiding an illness (Kirsh, 2000; Pachankis, 2007).

One of the most common reasons for disclosing one's psychiatric disorder is to obtain workplace accommodations. With the advent of the American with Disabilities Act in 1990, employees have the right to receive “reasonable” accommodations from their employers if they disclose their condition (American Disabilities Act, 1990). Fabian et al. (1993) found that people with a psychiatric disorder who disclosed their illness and received accommodations maintained their jobs for a median of 20 months, compared to only 3.6 months in those who did not disclose.

Rates of disclosure to employers have varied largely across studies of employment in people with severe mental illness, with several studies reporting high rates, such as 87% across a sample supervisors and managers with severe mental illnesses (Ellison et al., 2003). High disclosure rates of 81% (Granger et al., 1997) and 82% (Banks et al., 2007) were reported by two large surveys of community based employment support programs completed by job coaches serving people with severe mental illnesses. The lowest rate of disclosure reported was 35% in a sample of 90 participants with severe mental illnesses who were receiving supported employment and education services (Lucca et al.,

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2004).

Previous research on disclosure has reported some relationships between disclosure and symptomatology. Banks et al. (2007) found that those with more severe symptoms were more likely to disclose their illness than less symptomatic persons. Similarly, Rollins et al. (2002) reported that individuals with more severe positive symptoms and overall symptoms were more likely to disclose to supervisors. Limited research suggests some relationships between disclosure and demographic characteristics, with studies reporting lower rates of disclosure among African Americans (Rollins et al., 2002) and women (Banks et al., 2007; Pandya et al., 2010).

The Individual Placement and Support (IPS) model of supported employment (Becker and Drake, 2003), which has the strongest evidence-base of any vocational rehabilitation approach for persons with severe mental illness (Drake et al., 2016), places a specific and collaborative emphasis on disclosure at the workplace (Bond et al., 2012). One guiding principle of IPS is respect for client preferences regarding the types of jobs sought and as well as the decision about whether to disclose one's psychiatric disorder to a prospective employer. In IPS supported employment, if the client chooses to disclose the employment specialist works with him or her to develop a plan for disclosure, and may even disclose to the prospective employer on behalf of the client (Granger, 2000; Granger et al., 1997). However, beyond rates of disclosure in supported employment programs, little research has examined associations between disclosure and demographic, clinical, and employment outcomes.

The purpose of this study was to explore the patterns and correlates of disclosure of a psychiatric disorder to a prospective employer of participants in an IPS program. We also sought to investigate whether disclosure was related to the types of jobs participants obtained, whether obtained jobs matched their areas of interest, as well employment outcomes over the two-year study period.

2. Method

A secondary analysis of data from a previously published randomized controlled trial was performed (Mueser et al., 2004). The parent study was conducted at Capitol Regional Mental Health Center, Hartford, Connecticut, with 204 participants who were randomized to one of three interventions: Individual Placement and Support (IPS; Becker and Drake, 2003), a psychosocial clubhouse program, and standard brokered vocational rehabilitation services. The primary study findings were that participants who were randomized to IPS had significantly better competitive and all paid work outcomes over the two-year study period than those assigned to either the clubhouse or standard vocational programs. The present analysis focused on participants who were in IPS and who obtained a competitive job during the study period. The original study was approved by the relevant institutional review boards.

2.1. Participants

Inclusion criteria for the study were: (1) a severe mental illness as defined by the State of Connecticut Department of Mental Health and Addiction Services (2) not employed at start of study; (3) interested in competitive employment; (4) attendance at two or more research introduction groups aimed at explaining the purposes and methods of the study; and (5) willing and legally able to provide informed consent. This study included assessors and employment specialists who were bilingual in both English and Spanish, and therefore participants who were fluent in either language were included.

A total of 68 participants were assigned to the IPS program, of whom 51 (75%) obtained competitive work in the study, which comprised the sample for the present paper. Table 1 summarizes the demographic and diagnostic characteristics of the study sample.

Table 1
Participant characteristics (N = 51).

Demographic	M	SD
Age	37.60	8.37
	N	%
Gender		
Male	31	60.8
Female	20	39.2
Race/ethnicity		
Hispanic	21	41.2
White	16	31.4
Black or African American	14	27.4
Marital status		
Ever married	15	29.4
Never married	36	70.6
High school completion		
Completed high school	29	56.9
Did not complete high school	22	43.1
Diagnosis		
Schizophrenia	25	49.0
Schizoaffective disorder	13	25.5
Bipolar disorder	1	2.0
Major depression	12	23.5

2.2. Treatment and vocational services

All study participants continued to receive usual treatment for their mental illness, including case management, pharmacological treatment, and access to other psychiatric rehabilitation services. Participants in IPS received vocational services from one of three employment specialists who comprised the vocational team, including one who was bilingual in English and Spanish. Supported employment was provided with high fidelity to the IPS model, which was assessed annually throughout the study (see Mueser et al., 2004).

2.3. Measures

All assessments were conducted by trained interviewers at baseline and every six months for the two-year study period, with supplementary information obtained from medical records. Interview assessments were used to evaluate clinical and psychosocial functioning, quality of life, and self-esteem. Work activity was tracked separately (see below). The instruments used in the present analysis are briefly described below.

2.3.1. Diagnostic and symptom assessments

The Structured Clinical Interview for DSM-IV (SCID; First et al., 1996) was used to determine psychiatric diagnoses. The Positive and Negative Syndrome Scale (PANSS; Kay et al., 1987) was used to assess psychiatric symptoms. Self-esteem was rated using a total score on the 11 items from the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

2.3.2. Psychosocial functioning assessments

Social functioning was examined using 22 selected items from the Social Adjustment Scale-II (SAS; Schooler et al., 1979). These 22 items provided ratings on three subscales including leisure, romantic, and self-efficacy. In addition, the interviewers rated participants' overall social skills and nonverbal paralinguistic skills on a five-point scale, based on their observations during the baseline interview.

The Brief Quality of Life Interview (QOLI; Lehman et al., 1995) was used to measure satisfaction in four domains: general life, leisure, social, and financial quality of life. Overall functioning was assessed using the Global Assessment Scale (GAS; Endicott et al., 1976) at the end of each interview. The scores on GAS range from 0 to 100, with higher scores indicating better functioning.

2.3.3. Employment history, preferences, and outcomes

Work history and job preferences were obtained during the baseline interview. Job preferences were coded using Dictionary of Occupational Titles (DOT; U.S. Department of Labor and Employment and Training Administration Affairs, 1991). DOT codes consist of three digits representing job category, division of occupation, and job group (e.g., specific skills required).

For each new job a participant obtained, the employment specialist ascertained: the type of job (also coded using DOT codes), the number of hours worked that week, the amount of wages earned, and whether the individual had disclosed their psychiatric disorder to their supervisor. Based on previous IPS studies (Becker et al., 1996, 1998), a job match was defined as when the first DOT code digit of the job obtained by the participant matched the first DOT code digit of one of their preferred jobs. Job type was determined using the first of the three DOT code digits representing job category. Using this method, all of the jobs fell into three types: cleaning, clerical, and service jobs. Hours of work and wages earned were tracked weekly either through direct interviews with participants, logs completed by employment specialists, or information obtained from case managers or other informants (e.g., family). An additional assessment was conducted by the employment specialist after a job ended to obtain reasons for the job ending.

2.4. Statistical analyses

We first examined the number of jobs obtained during the study, the rates of disclosure in the overall study sample, and patterns of disclosure vs. non-disclosure among participants who had more than one job. Second, we examined whether there were significant differences in the demographic characteristics of individuals who disclosed their psychiatric illness to their employer for their first job versus those who did not disclose using independent sample *t* tests for continuous variables and χ^2 tests for categorical variables. We then explored whether baseline clinical and psychosocial functioning, including psychiatric symptoms, self-esteem, social adjustment, social skills, and quality of life, were related to the disclosure using *t* tests.

Third, we investigated whether there was an association between various work variables and disclosure of psychiatric disorder. We used *t* tests to explore the relationship between job tenure (measured in weeks) and disclosure. We used χ^2 tests to evaluate whether type of job and job match were related to disclosure. χ^2 analyses were conducted comparing disclosure rate for each job type versus the other two job types (e.g., cleaning vs. clerical or service). A χ^2 analysis was conducted to compare disclosure rate between jobs that matched participants' baseline preferences with jobs that did not match.

Last, because disclosure is required in order to obtain workplace accommodations, and a previous analysis of these data indicated that participants who obtained jobs that matched their preferences had longer job tenures than those whose jobs did not match (Mueser et al., 2001), we conducted a multiple regression analysis to examine the unique contributions of receipt of accommodations, job match, and disclosure to the prediction of job tenure. We then analyzed post hoc, the difference in job tenure based on disclosure status between the three job types using *t* tests.

3. Results

3.1. Disclosure rates and patterns

Slightly more than half of the participants ($n = 33$, 64.7%) disclosed their psychiatric disorder on their first job. All disclosed at the start of their job. Of the 51 individuals who obtained employment during the study, 34 (66.6%) obtained more than one job, with 18 (35.3%) obtaining three jobs and 14 (27.5%) obtaining four or more jobs during the study. The overall rate of disclosure across all jobs was 55.8%. To examine the patterns of disclosure across multiple jobs, we categorized

Table 2

Patterns of disclosure across several jobs among those who worked multiple jobs ($N = 34$).

Disclosure type	N	%
Disclosed at each job	9	26.5
Did not disclose at any jobs	7	20.6
Did not disclose at first job, then did at following jobs	8	23.5
Disclosed at first job then did not at following jobs	4	11.8
Inconsistent pattern of disclosure across jobs	6	17.6

them into five groups: disclosed for all jobs, disclosed for no jobs, did not disclose for first job but disclosed for subsequent jobs, disclosed for first job but did not disclose for subsequent jobs, and inconsistent pattern of disclosure (e.g., disclosure for first and third jobs, but not second job). The number and percent of these different disclosure patterns are presented in Table 2. The most common pattern was disclosure for all jobs (26.5%), followed by not disclosing for first job but disclosing for subsequent jobs (23.5%), followed by not disclosing for any jobs (20.6%).

3.2. Demographic, clinical, and psychosocial correlates of disclosure

There were no significant demographic differences between participants who disclosed their psychiatric disorder on their first job and those who did not, including age, gender, education, marital status, ethnicity, and employment status. Among the clinical and psychosocial variables, there were no significant differences between the disclosure groups on psychiatric diagnosis, alcohol and drug use, quality of life, and overall functioning on the GAS. However, participants who disclosed had significantly higher scores on the PANSS cognitive subscale, lower levels of self-esteem, poorer psychosocial functioning on the social-leisure subscale of the SAS-II, and a trend towards more impaired overall social skills than those who did not disclose. Symptom and psychosocial differences between participants who disclosed for their first job and those who did not are presented in Table 3.

3.3. Employment outcomes

The relationships between disclosure for the first job, job characteristics, and work outcomes are summarized in Table 4. Participants who disclosed their psychiatric disorder were significantly more likely to have cleaning jobs (92.3%) than service jobs (58.1%) or clerical jobs (42.8%). In addition, participants who disclosed were more likely to obtain jobs that matched their preferred type of work (77.4%) than those who did not disclose (22.6%).

A total of 23 participants (69.7%) who disclosed their psychiatric disorder during their first job obtained workplace accommodations. The most common accommodation, obtained by all 23 participants with accommodations, was having contact with a helping professional on the job, most often their employment specialist. Five participants (21.7%) also obtained a work schedule modification. There were no significant clinical differences found between those who obtained accommodations and those who did not among those who disclosed in their first job. Last, disclosure was not related to the time to obtaining a first job, but was related to job tenure: participants who disclosed their psychiatric disorder worked significantly more weeks at their first job than people who did not disclose. Post hoc *t* tests examining job tenure by disclosure status for each job type also indicated a trend towards significance for those with service jobs ($t(26.54) = -2.02, p = .053$) with those disclosing having a longer job tenure ($M = 33.61, SD = 37.38$) than those who did not disclose ($M = 12.85, SD = 19.01$). The other two job types did not vary in job tenure by disclosure.

The overall model for the multiple regression analysis predicting job tenure from disclosure status, job accommodations, and job match was marginally significant ($R^2 = 0.142, F(3) = 2.593, p = .064$), with

Table 3
Clinical and psychosocial differences between participants who disclosed their psychiatric disability to employers and those who did not.

Psychosocial scale	Disclosed (N = 33)		Did not disclose (N = 18)		df	t	p
	M	SD	M	SD			
Positive and Negative Syndrome Scale							
Negative factor	2.36	0.90	1.94	0.88	49	-1.590	.118
Positive factor	1.67	0.56	1.61	0.63	49	-0.324	.757
Excitement factor	1.52	0.61	1.30	0.42	49	-1.296	.201
Depression factor	1.83	0.50	1.70	0.68	49	-0.779	.439
Cognitive factor	2.32	0.94	1.90	0.53	49	-2.050	.046
Social Adjustment Scale II							
Social-leisure subscale	3.16	0.91	2.59	0.74	49	-2.289	.026
Romantic subscale	0.36	0.66	0.54	0.66	46	0.910	.367
Self-efficacy subscale	2.28	0.53	2.17	0.52	49	-0.733	.467
Rosenberg Self-esteem Scale	27.16	3.62	30.72	3.36	47	3.410	.001
Quality of Life Interview							
Overall life satisfaction	4.58	1.13	4.94	1.36	49	1.038	.304
Satisfaction with finances	3.89	1.70	3.63	1.60	49	-0.531	.598
Social skills ratings							
Overall social skills	2.76	1.09	3.22	0.65	49	1.908	.062
Nonverbal-paralinguistic Skills	2.70	1.05	3.17	0.79	49	1.664	.102

Table 4
Employment differences between participants who disclosed their psychiatric disability to employers and those who did not (N = 51).

Employment outcome	Disclosed (N = 33)		Did not disclose (N = 18)		df	t	p
	M	SD	M	SD			
Time to first job (weeks)	28.32	5.10	17.66	4.16	48.36	-0.83	.410
Job tenure (weeks)	32.55	35.81	12.50	17.30	48.36	14.64	.010
Job type*	N	%	N	%	df	X ²	p
Service	18	54.55	13	72.22	1	1.53	.217
Cleaning	12	36.36	1	5.56	1	5.82	.016
Clerical	3	9.09	4	22.22	1	1.70	.193
Job preference					2	6.31	.012
Match	24	77.42	7	41.18			
No match	7	22.58	10	58.82			

Note: *Three chi square analyses were completed comparing each job type with the other two job types.

disclosure ($t = 1.923, \beta = 0.317, p = .061$) accounting for slightly more of the variance than job match ($t = 1.566, \beta = 0.227, p = .124$) and job accommodations ($t = -0.858, \beta = -0.143, p = .395$).

4. Discussion

The overall rate of disclosure of psychiatric disorder to an employer in this sample was 55.8%, which is in the middle range reported in previous studies of 35%–87% (Lucca et al., 2004; Jones, 2011), and similar to the rate of 41% found in the IPS study by Corbière et al. (2014). Of the 34 individuals who worked more than one job during this study, almost half were consistent in either choosing to disclose for all jobs (26.5%) or not disclosing for any jobs (20.6%). Among participants who changed their decision to disclose across

multiple jobs, there was a greater tendency to switch to disclosing on later jobs (23.5%), than to switch from disclosure to nondisclosure (11.8%). This trend toward disclosure may reflect a shift in the perception of participants about the potential benefits of disclosing to employers, based in part on their first work experience in the study in which they did not disclose and poor work outcomes ensued, as discussed below.

No significant associations were found between disclosure of psychiatric disorder and any demographic characteristics. However, participants who disclosed for their first job tended to have lower levels of functioning in several different domains than those who did not. Disclosure was related to more severe symptoms on the PANSS cognitive factor, worse self-esteem, lower functioning on the social-leisure subscale of the SAS-II, and a trend towards worse overall social skills. Somewhat similarly, Rollins et al. (2002) reported that participants in supported employment who had more severe positive symptoms and overall symptoms on the PANSS were more likely to disclose to employers than those with less severe symptoms. Greater levels of cognitive and social impairment may have increased the perceived benefit of disclosure to clients who were concerned that their impairments might become apparent to an employer even in the absence of disclosure. Relatedly, clients may have been willing to take the risk of social stigma related to mental illness in the workplace for the potential of obtaining a job and associated accommodations. Although this study did not examine reasons for disclosure, this interpretation is consistent with the finding that clients who disclosed on their first job were more likely to get jobs that matched their preference, as well as to obtain accommodations.

Compared to people who did not disclose, individuals who disclosed were significantly more likely to obtain cleaning jobs than service or clerical jobs. Cleaning jobs are commonly held positions by persons with severe mental illnesses (Marwaha et al., 2007), and are often related to one's level of disability (Martin et al., 2012). The reduced time pressure in most cleaning jobs, as well as the decreased levels of social contact and social skills required, may be appealing to some clients who may also believe that disclosing to an employer is less likely to have a negative effect on getting and keeping a job. However, the benefits of disclosure in terms of job tenure appeared to be greatest for clients in service positions, perhaps in part because these were the most common types of job obtained. Further research is needed to explore differences in disclosure rates for different types of jobs in people receiving supported employment, and the reasons for disclosure.

Although clients who disclosed for their first job had more severe impairments than those who did not, they also had significantly better work outcomes, with an average job tenure more than twice as long (32.55 vs. 12.50 weeks, respectively). Since cognitive and psychosocial impairment are established predictors of work outcomes in persons with severe mental illnesses (McGurk and Mueser, 2004; McGurk et al., 2018; Mueser et al., 2002), these findings may suggest that disclosure to the employer contributed to the superior work outcomes. It is also possible that jobs were structured in different ways not measured by this study to facilitate retention. Clients who disclosed were also more likely to get jobs that matched their work preferences, and to obtain accommodations, both of which have been found to be related to better work outcomes in this population (Becker et al., 1996, 1998; Banks et al., 2007). In the multiple regression predicting job tenure from disclosure, job match, and accommodations, disclosure was found to be the most important predictor. These results suggest that the benefits of disclosure on work outcomes cannot be explained alone by its effects on improved job match or obtaining accommodations.

In addition to the greater cognitive and psychosocial impairment at baseline of clients who disclosed their psychiatric disorder to employers for their first job than those who did not, these individuals had worse self-esteem. The lower self-esteem of clients who disclosed may reflect awareness of their lower level of psychosocial functioning, and the greater need for assistance or benefits of disclosure. Greater insight into

psychiatric illness has been found to be correlated with lower subjective well-being in persons with severe mental illnesses (Hasson-Ohayon et al., 2009; Siu et al., 2015), but is also associated with more improvement over time in psychosocial functioning (Emmerson et al., 2009; Lincoln et al., 2007; Mintz et al., 2003; Lysaker et al., 1998; Lysaker et al., 2002). Thus, insight or awareness into one's functioning may be a double-edged sword that contributes to more negative feelings about the self, but also increases willingness to accept help from others (e.g., employment specialists, employers), which ultimately leads to improvements in psychosocial functioning, and feelings about oneself (Hasson-Ohayon et al., 2009; Lincoln et al., 2007; Lysaker et al., 2018). Consistent with this, research has shown that people who obtain jobs in supported employment experience increases in their self-esteem (Torrey et al., 2000).

Several limitations of this study should be noted. The sample size of clients who obtained employment was modest, and the number of those who obtained more than one job was even more limited, thus preventing us from examining the role of disclosure across several jobs. The psychiatric diagnoses of the study sample was predominantly schizophrenia-spectrum disorders (74.5%), and thus research is needed to evaluate these findings in samples of participants with more mood and other disorders. Furthermore, only disclosure to the supervisor was explored, and further work is needed to evaluate the effects of disclosure to coworkers.

A number of strengths of the study are also notable. The supported employment program was implemented with high fidelity to the IPS model with annual fidelity assessments. The study sample was rigorously assessed with a comprehensive battery of measures, including diagnosis, symptoms, and psychosocial functioning. Comprehensive work outcomes were measured using multiple sources of information, longitudinally over a two-year period.

The findings have important implications for better understanding which clients are most willing to disclose their psychiatric disorder to a prospective employer, and the potential benefits of disclosure. Overall, the results suggest that clients who have the greatest impairments in functioning are also the most willing to disclose to an employer. Disclosure appears to be related to greater success in getting jobs that match clients' preferred type of work, as well as obtaining needed accommodations on the job. However, the benefits of disclosure on work outcomes cannot be explained by its effects on job match or accommodations. Further research is needed to understand the role of disclosure in improving work outcomes in people with severe mental illnesses, and the process clients use when deciding whether or not to disclose to an employer.

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