Employer and employment agency attitudes towards employing individuals with mental health needs

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Abstract


Aims: Attitudes of employers and employment agencies that may provide short-term contracts to individuals with mental health needs are important to understand if these individuals are to be given access to paid employment.

Methods: A mixed methods approach was used to investigate this phenomenon comprising of interviews and a follow-up survey. Interviews were conducted with 10 employment agencies and 10 employers. The results of these interviews then informed a follow-up survey of 200 businesses in Gloucestershire.

Results: The findings demonstrated that employment agencies would consider putting forward individuals with previous mental health needs to employers. However, employers had a high level of concern around employing these individuals. Employers reported issues of trust, needing supervision, inability to use initiative and inability to deal with the public for individuals with either existing or previous mental health needs.

Conclusions: The findings of this research suggest a need for employers to have more accurate information regarding hiring individuals with mental health needs.

Keywords: Mental health discrimination, employer attitudes, employment agency attitudes, mental health awareness, perceptions of mental health

Introduction

There are several ways in which individuals with mental health needs are subject to discrimination, with employment being a major category of exclusion (Goldberg, 2005; Perkins & Rinaldi, 2002; Thornicroft, 2006). This is despite the Disability Discrimination Act (1995) stating that it is unlawful for an employer to treat a disabled employee, or potential employee, less favourably than others.

In 2004, the UK-based Social Exclusion Unit (SEU) found that those with mental health conditions were one of the most excluded groups in society (Department of Health, 2009)
with fewer than 4 in 10 employers stating a willingness to recruit someone with mental health needs. In addition, three-quarter of employers believed that it would be difficult or impossible to employ someone with schizophrenia.

Work is a major determinant of physical and mental health and is a socially integrating force (Boardman et al., 2003). Apart from providing a monetary reward, employment provides social identity and status, social contacts and support, a means of structuring and occupying time, activity and involvement and a sense of personal achievement (Warr, 1987). To be excluded from the workforce creates material deprivation, erodes self-confidence, creates a sense of isolation and marginalisation and is a key risk factor for mental and physical ill health, this produces a vicious circle that is hard to break (Lahelma, 1992). This has particular relevance to those with psychiatric disabilities (Boardman et al., 2003).

Limited studies have investigated employer’s attitudes towards individuals with mental health needs. In New Zealand, Samson (2004) reported a positive response supporting their employment with most employers stating that they would request that employees detail any past mental health issues in order for the organisation to accommodate their disability needs (Samson, 2004). Nevertheless, employees may be unwilling to disclose this information especially if they feel that they may be discriminated against because of their condition (Read and Baker, 1996).

Other literature demonstrates a wide range of negative beliefs regarding hiring individuals with mental health needs (Thornicroft, 2006). Employers have concerns about work performance (quality and quantity, brief tenure, absenteeism and low flexibility), work personality (including the need for excessive supervision, difficulty following instructions and poor ability to socialise) and the symptoms of the mental health needs (Diksa and Rogers, 1996). The perceived cause for the disability, that is whether mental health needs are seen as having internal or externally attributed causes, and modality of impairment (e.g. cognitive, emotional, physical) also affects employer’s rating of job applicants (Bordieri and Drehmer, 1988; Drehmer and Bordieri, 1985; Gouvier et al., 1991). If mental health needs result from an internal cause then this is considered less favourably than if it is perceived as being externally caused (Drehmer and Bordieri, 1985). Studies have shown that applicants with physical disabilities are rated as more desirable by employers than those with cognitive, emotional or other psychiatric disabilities possibly due to more understanding (Combs and Omvig, 1986; Diksa and Roger, 1996).

Employers attitudes towards those individuals may be strongly influenced by media coverage (Foster, 2006) and people commonly assume that mental health problems represent permanent states and that recovery is uncertain (Link and Cullen, 1986). Even when in complete remission and in the absence of aberrant behaviour people with schizophrenia often find that they are subjected to social discrimination and rejection (Thornicroft, 2006). Employers are largely uninformed about schizophrenia and many imagine that patients lose their minds permanently, or have split personalities leading to stereotypes of being unpredictable and dangerous (Crisp et al., 2000; Foster, 2006; Link and Cullen, 1986). Depression is also associated with stigma where people may find themselves being blamed for being emotionally weak or unproductive although there is less stigma associated with depression than schizophrenia especially in terms of violent episodes (Crisp et al., 2000). Research has shown that employing managers who have more information about mental health are much less prejudiced against the mentally ill (Brockington et al., 1993; Link and Cullen, 1986; Roman and Floyd, 1981).

The scarcity of good jobs with decent pay for people with mental health needs plays an important role in keeping both economic independence and economic prosperity
unattainable for them (Thornicroft, 2006). Assessment of the variables affecting employee selection needs to be made if progress is to be gained in reducing employment inequity that persists in spite of the Disability Act (1995).

Furthermore, a little understood area in relation to employment and inequality with regards to individuals with mental health needs, is the role of employment agencies. Employment agencies put forward a number of potential applicants for employers to then select their permanent staff from. They also, similarly to the US temporary help service industry, supply temporary agency workers to employers. Some of these agency workers may have mental health needs, although no precise statistics exist of how many may have these needs. There is a distinct lack of research looking at the attitudes of employment agencies to individuals with mental health needs.

The purpose of this report is to explore the attitudes of both employers and employment agencies towards individuals with mental health needs utilising a mixed methods study, which seeks to gain quantitative data on the issues raised in this article and give these a contextual meaning through qualitative insight.

**Method**

**Interviews**

Twenty individuals were interviewed, equally divided between employing managers in large businesses and directors responsible for the local recruitment agency in Gloucestershire, UK. The interview sample consisted of 17 females and 3 males aged between 25 and 50. The participants were drawn up from an opportunity sample obtained from the Gloucestershire Regional Federation of Small Businesses trade directory, and the Thomson Local business directory. Businesses were contacted first by letter and then by telephone. Participants were informed of the objectives of the research and their right to withdraw at anytime. Interviews were completed in a semi-structured format allowing the researcher to investigate key topic areas surrounding attitudes towards mental illness in the work place. These topic areas had been derived from a review of previous literature and the researchers own insight and included: knowledge of mental health needs, occurrence of mental health needs, issues in hiring or recommending individuals with cognitive disabilities, declaration of previous existing mental health needs by the employee to the employer, attitudes on depression in comparison with schizophrenia and gender differences associated with mental health needs. Analysis of the interviews was carried out in several steps. Interviews were first transcribed into Microsoft Word. Sub-samples of these interviews were then chosen in a random manner following Boyatzis (1998) procedure. These were examined in order to identify recurrent themes. A third step consisted of developing codes for each sub-sample that captured the essence of the themes that emerged. Definitions were then developed that described each of the key themes found in the interviews.

**Survey**

A random sample of businesses in both the public and private sector were identified from the Gloucestershire region and contacted by telephone. Two hundred organisations agreed to participate and were sent a questionnaire, covering letter, consent form and a pre-paid business reply envelope. The questionnaire was developed from a previous research instrument developed by Jacoby et al. (2005) that investigated employers’ attitudes towards employing people with epilepsy and related demographic variables. Permission was gained
from the researchers to slightly adapt this instrument concentrating some of the items specifically on mental health needs rather than epilepsy. Questions included concerns regarding: clinical factors, work performance, absenteeism, accommodations needed to be made to the business and negative beliefs.

The response rate for the questionnaire study was 21% \((n = 41)\). Eighty-one per cent of responses came from organisations with less than 50 employees with just under half of all responses made from organisations with less than 20 employees. No differences between large organisations and small medium enterprises were found in terms of knowingly employing a person with mental health needs \((F = 4.03, p = \text{n/s})\).

### Results

Overall, five themes that were common to both the employing managers and recruitment agency consultants appeared in the data (Table I). Table I also illustrates the different responses between the employing managers and the recruitment consultants. Employing managers were unified in stating that they would think twice about hiring someone with a mental illness; however, recruitment consultants stated that they would place that person or put them forward to interview. Other results from the interviews were that employing managers felt there was not enough literature on hiring individuals with mental health needs, which was in contrast to recruitment consultants.

The results from the questionnaires \((n = 41)\) demonstrated how employers had a range of negative beliefs regarding employing individuals with mental illness. Employers had concerns regarding clinical factors such as frequency of episodes (56%), relapse (51%), how well controlled the illness is (61%), the severity of the illness (63%) and the recovery time

<table>
<thead>
<tr>
<th>Thematic code</th>
<th>Code definition</th>
<th>Employing managers ((n = 10))</th>
<th>Recruitment consultants ((n = 10))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think twice</td>
<td>Would they think twice before hiring someone with a mental illness?</td>
<td>Yes ((\times 10))</td>
<td>No, would place or put forward that person ((\times 10))</td>
</tr>
<tr>
<td>Awareness</td>
<td>Is there enough awareness of mental illness?</td>
<td>No need more information ((\times 10))</td>
<td>Yes, satisfactory amount of information available ((\times 10))</td>
</tr>
<tr>
<td>Who should know?</td>
<td>Who should know about the person’s mental illness?</td>
<td>Only employers should know ((\times 10))</td>
<td>Employers and employees should know ((\times 8)) Only employers should know ((\times 2))</td>
</tr>
<tr>
<td>Under control?</td>
<td>Does mental illness have to be under control before start work?</td>
<td>Their illness should be under control before go back to work, work would make it worse ((\times 8)) Work would help ((\times 2))</td>
<td>No need for it to be under control, work helps ((\times 8)) Work would not help, need to be under control ((\times 2))</td>
</tr>
<tr>
<td>Accommodating</td>
<td>How accommodating is the employment setting?</td>
<td>Not good, could be better ((\times 10))</td>
<td>Good but improvements still welcomed ((\times 10))</td>
</tr>
</tbody>
</table>
after relapse (54%). Employers also had concerns about aspects of work performance including absenteeism, difficulty following instructions, need for excessive supervision and ability to abide by rules and regulations. There was a significant difference between the level of concern that large companies and small companies had regarding absenteeism from work when employing people who had been off sick for 3 months in the last year ($t(36) = -2.213; p < 0.05$, two tailed). Overall larger companies had a lower level of concern about absenteeism than small businesses. Employers were also asked what accommodations their business would be prepared to make when employing a person with mental health needs. These accommodations included: modification to the premises, flexible hours, working from home, allowing rest and periods of sleep, job sharing, providing transport and the temporary reassignment of duties. Employers also reported negative beliefs about people with mental health issues in personal factors such as likelihood of injury, ability to deal with money, issues to do with trust such as handling confidential information including credit cards and safety issues when working with vulnerable people including children and the elderly.

**Discussion**

A clear difference between the recruitment agencies who put forward potential applicants and the eventual hirers of these permanent workers was found. The majority of employers were more cautious towards employing people with mental health needs than recruitment agencies were in promoting them. The study found that 8 of the 10 employing managers felt the stress of employment may cause mental illness to reoccur. Over half of the organisations surveyed in the quantitative study also had this concern. In contrast, consultants in the recruitment agencies seemed to be much better informed. Eight of the consultants interviewed were aware of the benefits of work for those with mental health needs and felt there was adequate reference material on the topic as opposed to the managers who were less informed. This supports the notion originally posited by McKinsey and Company (2000) that the recruitment industry can serve a social need, by placing or trying to place individuals discriminated against in society, although further research in this area is warranted.

Although it was interesting to find differences in attitudes towards mental illness in recruitment agencies and employers, it could be argued that differences were due to the final placement of the individual as mentioned:

“We (the recruitment agency) are the middle person, so I’m not the ultimate decision maker (for recruiting the person), all I do is present a selection of candidates to a client and they decided who they want to take and who they don’t want to take”

Therefore, although the recruitment agencies promote and try to place individuals with mental health needs, this does not necessarily mean they will be selected for employment. Promotion of the needs of such individuals in a work-based context appears warranted as employing managers in this study clearly stated there was little guidance provided on employing individuals with a history of mental health needs. This could be done through: mental health awareness training, free workplace counselling, providing incentives for employers and strengthened anti-discrimination rights (DH, 2010).

The findings of this research suggest that there is a need for employers (and the public) to have more accurate information regarding mental illness. With such information and the support of qualified informed people the levels of employment for people who have experienced mental ill health might improve.
The survey results showed that employers had a range of negative beliefs regarding employing individuals with mental illness. They had concerns regarding clinical factors such as frequency of episodes, relapse, how well controlled the illness is, the severity of the illness and the recovery time after relapse. They also have concerns about aspects of work performance including absenteeism and work personality, including difficulty following instructions, need for excessive supervision and ability to abide by rules and regulations. Employers also report negative beliefs about people with mental illness in personal factors such as likelihood of injury, ability to deal with money, issues to do with trust such as handling confidential information including credit cards, names and addresses of clients and safety issues when working with vulnerable people including children and the elderly.

Employers’ beliefs were focussed on the perceived difficulty for individuals with mental health needs to meet work requirements rather than on issues relating to other employees attitudes, such as causing some employees to refuse job assignments, to feel uncomfortable or to diminish other employees ability to concentrate on work, or even to leave the company. Small businesses were more likely than large company’s to perceive that there would be negative effects on non-disabled employees.

When asked what accommodations employers would be prepared to make when employing a person with a mental illness a significant number of employers stated that they would be prepared to allow flexible working hours, job sharing and temporary assignment of duties to other colleagues to accommodate sick leave. However, few were prepared to provide or pay for transport to get to work, to get to meetings or to visit clients. This is despite the fact that local job centres operate a UK government scheme, access to work, which can pay up to 100% of the costs of fares to work for new employees and a proportion of the costs for employees who have been in the job for 6 weeks or more. This suggests that small businesses may be unaware of the help they can get in order to comply with The Disability Discrimination Act (2005).

Ways to change stigmatised attitudes have been suggested such as identifying the concerns of people whose attitude needs to be changed (Knox et al., 2003). Education and contact with people with mental illness are common methods used to decrease stigma; however, there is mixed evidence regarding these methods (Corrigan et al., 2001; Mino et al., 2001). Although education provides more accurate information, people continue to report concerns about the dangerousness of people with mental illness and a desire for social distance (Link et al., 1999). Studies have shown that exposure and cognitive restructuring with destigmatising information combined with structured interactions between students and individuals with mental illness improves attitudes and creates a more comprehensive understanding (Shera and Taulilili, 1996; Shor and Sykes, 2002). This approach could also be applied to potential employers.

If the UK Governments welfare reform programme is to succeed in getting 80% of people of working age into employment, the lack of confidence among employers about recruiting staff who have a mental health condition needs to be addressed. Employers need better advice and information and support so that they have less fear and fewer concerns about employing someone with a mental health problem, employees would then be less fearful of disclosing their condition. There is a significant need to increase employer awareness and understanding of mental illness and to ensure adequate support for employers and employees. Positive steps in this direction have been taken by charities such as Mind and the Shaw Trust (2010) and by the Department of Health (DH, 2010).

Society would benefit from greater social cohesion and financially by rehabilitating people back into paid employment through changing employer attitudes (DH, 2009). Schizophrenia, for instance, costs the UK an estimated £1.7 billion a year in lost production.
Mental health stigma and discrimination stems from individuals’ attitudes and behaviours and these needs to be changed by greater awareness and education. The Disability Discrimination Act (1995) was arguably biased towards providing protection from discrimination for people with physical disabilities rather than for people with psychiatric disorders; however, the Act was revised in December 2005. It has yet to be seen if this has had any impact on the number of people with mental health needs who are employed in competitive jobs. Nevertheless, positive changes in employer attitudes towards people with mental health needs as suggested by this research should be promoted.

As with all studies of this nature, limitations were noted in the research. Firstly it is important to emphasise that these results may not generalise to other countries with different disability policies and employment practices. Secondly, the response rate in the questionnaire study, while comparable to other studies of this nature, could have been higher. It was suggested that a follow-up prompting telephone call or email reminder could have improved the response rate; however, time and cost constraints did not permit this in the questionnaire study funded by the NHS. Thirdly, the interviews and the thematic coding that derives from them are open to criticisms of subjectivity. Indeed, as with all researches of this type, bias in the sampling of selected employers, employing managers and employment agency representatives cannot be wholly discounted.

In conclusion, this research has shown that although employers consider that people who have had or currently have a mental illness could be as successful in their business, they continue to have high levels of concern about employing someone who discloses any previous or existing mental health issues. A high percentage of respondents felt that mental illness was frightening although in reality a person with mental illness is no more likely to be violent or dangerous than any other member of society. This perhaps indicates how much influence the media has on people and their understanding of mental health issues and demonstrates a need for more accurate information. The move by the Department of Health in addressing these concerns is supported by our research that believes through better media presentation, employer awareness and training the employment position for those with mental health issues can be improved.

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**References**


