Disclosure of Mental Illness During the Recruitment Process

Dissertation submitted in part fulfilment of the requirements for the degree of

Master of Business Administration (MBA) in Human Resource Management

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DECLARATION

I, Miriam Dowling, declare that this research is my original work and that it has never been presented to any institution or university for the award of Degree or Diploma. In addition, I have referenced correctly all literature and sources used in this work and this work is fully compliant with the Dublin Business School's academic honesty policy.

Signed: *Miriam Dowling*

Date: *9th January 2017*

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ABSTRACT

Background: Employment is often a key component of recovery, but those with mental illness are much less likely to be in work. While there are various supports for those already in employment, those seeking to enter the workforce face the dilemma of whether or not to disclose their mental illness to a potential employer.

The aim of this research is to find out if disclosing a mental illness to a potential employer or employment agency in Ireland is detrimental to the applicants' chances of successfully being appointed to the advertised position. The research question is: Disclosure of mental illness during the recruitment process in Ireland – Is honesty the best policy?

Method: A qualitative approach, conducting nine in-depth interviews with HR professionals, who are members of CIPD.

Results: The majority of respondents, while aware as HR professionals of the Employment Equality Act, there was heavy reliance on HR to advise

Conclusion: While mental health is being discussed more openly in society, it appears that in the majority of cases, the conversation does not pass the front door of businesses. Mental illness is seen as an expensive to the business, which they wish to avoid. The positive attributes that person could bring to a role, is not considered. Even though research shows through cost/benefit analysis the clear financial benefits to dealing with mental health, the connection is yet to be made by business.

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1. INTRODUCTION

The author having personal experience of attempting to gain employment, after a period of severe mental illness, found that it was not necessarily the time gap in the curriculum vitae which was the problem, but the reason for the gap, which caused the greatest difficulty.

However, this perceived discrimination, although widely believed to exist, is one that is difficult to prove. Companies do not wish to admit to being discriminatory and when asked why the application was not successful, they need only say that a more suitable candidate was chosen.

The author has spoken to companies as a mental health ambassador and written pieces relating to this topic for a number of groups, including the Irish Human Rights & Equality Commission. Each time garnering the same responses from employees, *"I would never admit to my mental illness, I would lose my job"* or *"Are you crazy being honest about your mental illness, you're talking yourself out of a job"*.

The motivation to embark on this research was borne from this experience. It is hoped that this work with shed some light on the current mind-set of employers regarding mental illness.

At this point, it is important to note the use of language when referring to mental health. There are many terms used to refer to issues of mental health. In recent times, there has been some sensitivity around the term 'mental illness'. Alternative terms used include, 'mental health issue', 'mental health concern', 'mental ill health' or 'suffering from mental health'.

These terms, which are seen to be interchangeable are not really understood. This adds to the uncertainty and fear individuals have in talking about mental illness, such as depression and anxiety. They can be vague and cause confusion for those not familiar with mental illness. *"...such linguistic misnomers disguise stigma and add to confusion in the minds of scientists and the public. These terms do a disservice, and contribute to misunderstanding about what constitutes mental illness, mental health and wellbeing."* (Bhugra, Ventriglio and Bhui, 2016)

According to The World Health Organisation (WHO) *"mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."* (*WHO | Mental health: a state of well-being*) It is a multi-facetted state, that every human being

possesses. An individual can be in a state of wellness or illness and an array of states in between, leading to various terms being used.

While mental health advocates, would like society to view mental illness as you would any other illness, such as diabetes, refusing to call it an illness contradicts this intention. At its most basic, mental illness by definition is *"a condition which causes serious disorder in a person's behaviour or thinking"* (*mental illness - definition of mental illness in English | Oxford Dictionaries*, no date), to view depression or anxiety, which can be utterly debilitating as an mental health issue, underestimates the impact it can have on an individual's life.

The focus of this research is the attitudes towards and treatment of those with a diagnosed mental illness, the most common of which are depression and anxiety.(Kassebaum *et al.*, 2016) The use of the term 'mental health issue' or any variation of same, felt inappropriate to the researcher. However, when conducting interviews terms were interchangeable, as many feel uncomfortable using the term mental illness. The interviewer was led by the interviewee and the terms in which they were comfortable using.

This paper will follow the prescribed layout. Chapter two will detail the importance of the research topic, the research objectives and questions, along with limitations of the research. Chapter three, examines the current literature, focusing on employment, disclosure, stigma, discrimination and reasonable accommodation. Chapter four details the methodology used, justifying the approach, appropriateness and the rejection of alternatives. Chapter five, will present the findings, while chapter six will set out a detailed commentary. Chapter seven will detail conclusions in relation to the research objectives and questions, while the final chapter will put forward recommendations to be considered as good practice.

Additional items, such as Learning Reflections, Research Logbook and Interview Questions are located in the Appendix. Interview transcripts, notes and audio files were submitted separately.

2. JUSTIFICATION

Over the last five years, we have seen an increasingly brighter spotlight shone on mental health in Irish society. Issues such as suicide rates and the poor health services supports sit alongside celebrity confessions of battles with mental illness. As a society, we are talking more about mental illness and beginning to realise the extent of its importance in every aspect of life.

This has been reflected on a global level with organisations such as The World Bank, World Health Organisation (WHO) and the Organisation for Economic Cooperation and Development (OECD), of which Ireland is a member, all working to move mental health to the centre of global development plans.

"In many Western countries, mental disorders are the leading cause of disability, responsible for 30-40% of chronic sick leave and costing some 3% of GDP." (*WHO - Mental Health Europe*, 2016) However, these figures may be an underestimation of the problem as those suffering are reluctant to disclose due to a fear of job loss, workplace discrimination and social stigma.

According to the OECD, mental illness accounts for up to fifty percent of all long-term sickness and disability among the working population. *"At any given moment, some 20% of the working-age population suffers from a mental illness, and one person in two will suffer a period of poor mental health during their lifetime."* *"The employment rate of people with poor mental health is 15 – 30 percentage points lower and their unemployment rate is twice as high."* ('OECD Policy Framework', 2015)

Events such as the two-day event co-hosted by The World Bank and WHO, 'Out of the Shadows: Making Mental Health a Global Priority' which brought the main stakeholders in global development together to focus on mental health as a key factor in health, social and economic benefits, along with the publications by the OECD including 'Fit Mind, Fit Job: From evidence to practice in mental health and work' (OECD, 2015) are bringing an ever increasing focus on the importance of mental health not only to the individual but the world economy.

Couple with this, the fact that young people in Ireland are increasing being diagnosed with mental illness, such as Depression and Anxiety. In a national longitudinal study, Growing Up in Ireland, which is administered jointly by the Economic and Social Research Institute (ESRI) and Trinity College

Dublin (TCD) found *"Just under 10% of 17/18 year olds said they had been diagnosed with depression or anxiety by a doctor, psychologist or psychiatrist"* and *"Most young people with a diagnosis had received some treatment – 40% currently and 44% in the past."* (Growing Up in Ireland: National Longitudinal Study of Children, 2016)

These figures would suggest that while mental illness may be recognised and diagnosed early, it is an issue which is not declining but becoming more evident. As these teenagers enter employment, it is important that the environment in which they work is one which is equipped to deal with mental illness and mental wellbeing.

This need has been recognised by the OECD in their 'mental health and work policy framework' ('OECD Policy Framework', 2015) part of which highlights the need for better workplace policies and supports, including manager training, return-to-work process and increased incentives for employers to tackle sick leave and presenteeism.

The importance of working for an individual living with a mental illness, such as Depression or Anxiety, cannot be understated. Qualitative research carried out by Leufstadius C. et al identified a number of themes and sub-themes as a result of interviewing psychiatric outpatients, with persistent mental illness in Sweden. They ranged from feeling useful and needed, having a salary and being part of a group of workmates to contributing to society, increased self-esteem and strengthened identity. (Leufstadius, Eklund and Erlandsson, 2009)

The benefits are wide ranging and key to feelings of wellness and balance. When an individual is unable to work due to mental illness, it can leave them feeling a loss of identity and an outsider in society.

Summary of the main themes and sub-themes
Work per se has certain characteristics Performing real working tasks that make the individual feel useful and needed, and that they have a certain function Having salary and paid vacation Participating in a working process and being in a group of workmates **Participation in different contexts gives a feeling of normality, acceptance, belonging and fulfilment of norms and values** |A feeling of normality Participating in and contributing to society by being a worker and playing one's part Fulfilling norms and values gives a feeling of being accepted and valued Belonging, friendship and pleasure with workmates **Work affords structure, energy and a balanced daily life** Structure in daily life and a natural daily rhythm afford a feeling of balance Energy and the desire to engage in more occupations – a spin-off effect The just right challenge and a feeling of competence **Work increases well-being and strengthens one's identity** A feeling of well-being, better health and deriving pleasure from life Increased self-esteem and strengthened identity

Table 1. Summary of themes and sub-themes to the benefits of work (Leufstadius, Eklund and Erlandsson, 2009)

There is a significant gap in current research, particularly in the areas of Human Resource Management and Business Management. The sources consulted for this paper, included RIAN, which provides open access to Irish research publications, EBSCO Discovery Service and ResearchGate, a platform on which researchers share their work. Much of the research cited in this paper are from the areas psychiatry and social psychology. The author was unable to find any current Irish research relating to mental illness and the workplace.

It is hoped that this research, will encourage others, especially in Ireland to research the area of mental illness and employment, particularly now, as it is becoming a more pressing issue globally.

The aim of this research is to find out if disclosing a mental illness to a potential employer or employment agency in Ireland is detrimental to the applicants' chances of successfully being appointed to the advertised position. The researcher will consider open employment only, this encompasses *"ordinary, existing, full-time, part-time or casual work gained in open competition."* (Perkins and Rinaldi, 2002)

The proposed research question for this dissertation is; Disclosure of mental illness during the recruitment process in Ireland - Is honesty the best policy.

Research Objectives

1. Examine the role of the current employment equality legislation in designing company policy and procedure.
2. Assess an organisations attitude towards disclosure and reasonable accommodation and its' impact on the decision-making process during recruitment.
3. Examine the views of the organisation has with regards to mental health.
4. Explore organisations view on diversity & inclusion and how mental illness is reflected in its' approach.

3. LITERATURE REVIEW

The issues surrounding mental illness, how it is perceived, how those who live with it function in society and how society treats them are complex and multifaceted. Issues such as stigma and discrimination, are intrinsically linked to disclosure. Disclosure, or the willingness to disclose is linked to the provision of reasonable accommodation. Employer attitudes influence all the above. As you can see dealing with the issue of mental illness, even in the setting of the workplace, can be complicated and messy, much like the human condition. In this literature review, the author will endeavour to separate out the issues and examine them both individually and together.

"The majority of people not working owing to mental health problems have common mental disorders such as depression and anxiety" (Harvey *et al.*, 2009) However, having gainful employment is one of the factors which contributes to recover from and management of mental illness. Having a purpose to your day, social outlet and a feeling of contributing to society in general.

"Work is important both in maintaining mental health and in promoting the recovery of those who have experienced mental health problems. Enabling people to retain or gain employment had a profound effect on more life domains then almost any other medical or social intervention." (Boardman *et al.*, 2003)

This desire can be seen in a British survey which found that as many as 90% of people with mental illness wanted to return to the workplace, having the highest 'want to work' rate of any unemployed group in the UK (Grove B. 1999, cited by Wheat *et al.*, 2010)

Manning and White *"believe that the stigma and ignorance of mental illness often determined the employment prospects of those who had been mentally ill."* The authors went on to conclude that the main barrier to employment is an unwillingness on the part of employers to consider them because of their psychiatric history. (Manning and White, 1995)

With this is mind, it is no surprise to discover that *"..users of mental health services face more significant barriers to work than do people with other disabilities: only people with a severe learning disability find more difficulty in obtaining paid work."* (Boardman *et al.*, 2003)

Firstly, we must ask, is mental illness a disability? Under the current Employment Equality Act 1998, the 'nine grounds' of discrimination place mental illness is under the umbrella of disability.

"Associating mental health problems with disability is contentious in that some, but not all users, believe that accepting the 'disabled' label is merely exchanging one form of stigma for another."(Perkins & Repper, 1996; Sayce 1998, cited by Grove, 1999)

This can also be evidenced in research carried out by Dalgin and Gilbride, (2003) which showed that those with a mental illness were reluctant to label themselves as having a disability.

"A person may have functional impairments but these need not result in disability – providing society accommodates and does not erect barriers to participation by stigmatising or discriminating against that person. In the case of mental ill health, for instance, it is clear that society reacts adversely to the label in a way which takes little or no account of what a person who had the diagnosis can or cannot do in their lives." (Grove, 1999)

Mental illness to a large extent is invisible, it is a condition which has no physical manifestation, unlike conditions which effects a person's motor skills for example. The invisible nature of mental illness impacts on the extent in which individuals may be able to relate to the person. If they have no experience of mental illness it can be difficult to imagine what it feels like. However, if a person suffers from a more obvious disability, individuals may be able to relate to them, even if it is in a very superficial way. This is borne out in research carried out by Koser, Matsuyama and Kopelman, (1999), which showed that a wheelchair using applicant was seven times more likely to be hired than an applicant with a mental health problem.

This may also be an issue, when employers want to demonstrate their credentials as 'equal opportunity employers' and see a candidate with a physical disability more advantageous. *"Employing a visibly handicapped person (that is, one with a physical disability) shows the public that the organization is an "equal opportunity employer".* (Koser, Matsuyama and Kopelman, 1999)

An issue which should also be taken in to consideration is if the disability is a medical or social in nature. The idea that mental illness in and of itself is not a disability but the stigma that surrounds it is, has been put forward by a number of academics. Which may suggest that mental illness should be dealt with as a separate entity to disability under the legislation, similar to gender or race.

"A social model of disability asserts that people are disabled by economic, social and environmental barriers and by the (often unintentional) discriminatory practices and attitudes which are still a feature of our society." (Grove, 1999)

This idea of a social model of disability was also put forward by Kay Wheat *et al.*, (2010), stating that *"Using a social model would deal more effectively with stigma and remove the irony that persons with mental health problems often fear the stigma of being regarded as disabled, with its associations (in their case) on mental incapacity."*

a. Employment

It appears to be somewhat of a lottery for those with mental illness applying for positions. Research shows that those employers who have either experience of others mental illness, or have employed or worked with an individual with mental illness, are more open to employing an individual who has disclosed the mental illness during recruitment and selection.

Research carried out by Diksa and Rogers (1996) found that Employers who had previous experience of hiring people with a mental health problem expressed lower concerns regarding the individuals work and administrative performance.

Diksa and Rogers, (1996) also found that companies who had policies concerning hiring persons with disabilities expressed lower levels of concern.

A study carried out in New Zealand (Tse, 2004), proved quiet positive, very much distinct from other research carried out in the area. Employers did not accept that those with mental illness could not maintain employment. Others found the experience of employing and working with an individual with mental illness very rewarding. However, as the research was carried out in a small geographical area it has limitations regarding generalisability.

"There was a significant difference in positive responses (i.e. invitation to interview) for those who did not disclose a disability compared with those who disclosed depression." (Pearson 2003, cited by Brohan *et al.*, 2012)

According to research carried out by Dr. David Biggs (Biggs *et al.*, 2010) there appears to be an exception to this rule. The research carried out examined the difference in attitudes towards employing individuals with mental health needs in a recruitment agency and employers. The recruitment agencies seem to serve a social need by *"placing or trying to place individuals discriminated against in society."* However, putting individuals forward did not guarantee them success.

The author also noted that the difference in attitudes could be due to the final placement of the candidate. As recruitment agencies are not the final destination for the candidate, therefore the recruiter will not have to work with them for any period of time, however the employer considers issues such as absenteeism and work performance. (Biggs *et al.*, 2010)

b. Disclosure

The decision-making process can be a long and difficult one for a person with mental illness. This process is often referred to as the *"disclosure dilemma: on one hand, concealing one's identity has been found to produce high levels of stress and anxiety, mainly resulting from the fear of being outed in-voluntary, and the constant need to conceal their stigma from co-workers."* And *"on the other hand, coming out involves the risk of discrimination."* (Capell, Tzafrir and Dolan, 2016)

Research had established a clear connection between fear of stigma and discrimination to nondisclosure of mental illness. (Corrigan, 2003) However, *"Lack of disclosure limits opportunities for workplace accommodation that could assist employees diagnosed with a mental disorder in maintaining performance in their role and remaining in the workplace while seeking treatment and recovery."* (Toth and Dewa, 2014)

According to Lasalvia, (2012) the result of a global survey, showed that 71% of respondents diagnosed with MMD (major depressive disorder) preferred to conceal their diagnosis from others in the workplace, while 47% anticipated discrimination in finding or keeping a job.

A survey of managers and professionals carried out by Ellison *et al.*, (2008) found that the majority surveyed, 80% would disclose to their supervisor, 73% would tell a colleague, whole a very low 28% would tell their human resource department. This would suggest the relationship of the employee and their supervisor or manager is of key importance to the level of disclosure within an organisation. Interestingly, they also found that respondents felt that disclosing their mental illness was the 'honest thing to do'.

In a more recent study by C. S. Dewa (2014), found that reasons for disclosure had a number of elements. Dewa found that only 61.4% of respondents would disclose to their current manager. Elements needs to encourage disclosure included, a good relationship with their manager (79.4%), supportive co-workers (8.9%), organisational policies and practices (50.3%) and the positive experience of others disclosing (35.2%). It was notable that each element on its own, was not sufficient to encourage disclosure, for example, while 79.4% cited a good relationship with their manager, only 27.6% said that would be the only reason for disclosing. In the same study, reasons for non-disclosure included fear that it would affect their careers and that this reason alone was enough of a disincentive not to disclose.

"The research on disclosure's link to workplace relationships indicates that these disclosures are related to both rewards and risks in relationships at work." (Jones, 2011) goes on to conclude that workers considering disclosure must balance the need for accommodation against the possibility of negative, stigmatising reactions and interpersonal problems at work.

Creating a supportive environment, with a strong and supportive network may influence the way, in the case, the mental illness is viewed and may have far reaching effects on the overall climate of the organisation. (Clair, Beatty and MacLean, 2005) The underlying assumption is that an environment in which employees feel more free and empowered in turn creates a positive state of well-being, having an effect on an individual's engagement and productivity in the workplace. (Roberge and van Dick, 2010) suggest a climate of openness fosters the psychological safety needed for self-disclosure, which generates positive individual and interpersonal psychological mechanisms.

"Employees who trusted their managers were more likely to discuss their original ideas with them and how they felt about their work." (Gillespie, 2003; Capell, Tzafrir and Dolan, 2016)

It is not just the existence of diversity and inclusion policies, *"but rather the employee's confidence in their superiors' support for them that ultimately determines how comfortable they feel in coming out."* (Clair, Beatty and MacLean, 2005)

(Dollard and Bakker, 2010) highlight the level of importance senior management place on employee well-being. The greater the importance they assign to it, the greater the employee' psychological working conditions, health and engagement. It is not just the existence of policies and practices, but rather the reassurance management provide with them, that creates the impact.

(Evans-Lacko and Knapp, 2014) found that while structural factors such as flexible working hours are important for workplace perceptions and employee outcomes, it is the response of the manager, focusing on offering help to the employee that have the strongest association with positive perceptions in the workplace and also, openness and disclosure of employees with depression.

Toth and Dewa, (2014) carried out qualitative research in Canada, with a final sample of 13, ten women and three men, aged between twenty-one and fifty-five, all employed in a 'post-secondary educational institution'. All participants had been diagnosed with a mental disorder or illness.

All participants held a default position of nondisclosure needing a rational reason to move from this position. The main reason for this stance is a fear of stigma, maintaining boundaries and confidentiality. This would remain the case, until a 'triggering event' occurred. This event could be any number of issues, but it is one that causes the individual to reassess their nondisclosure position. They then move to an information gathering stage, although it is noted that information gathering can be carried out over a much longer period of time.

Respondents gave several reasons for disclose, with a particular focus on interpersonal reasons, particularly to build closer relationships with others. Participants most often disclosed to help others. Sharing their personal experience as a way of showing understanding or offering support to someone struggling with mental illness. Participants were also cognisant of the fact that their illness may be negatively affecting colleagues and it was important for them to know they were not at fault. They also cited the need to correct misconceptions and challenge negative attitudes of mental illness. With regards to disclosure at work, their reasons were of a more practical nature, such as needing help if symptoms were interfering with their ability to do their job. There was also the desire to eliminate the need for keeping a secret. Participants found concealing their mental illness burdensome and to disclosure gave them a level of relief.
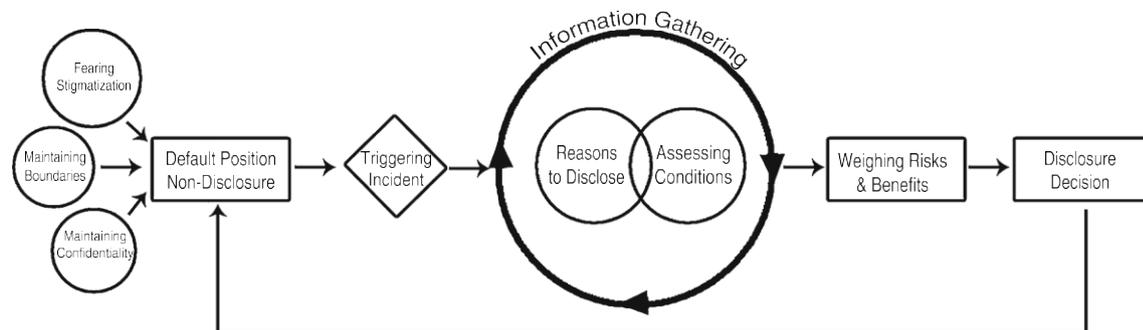
Fig. 1 Model of employee decision-making about disclosure of a mental disorder at work (Toth and Dewa, 2014)

Perhaps, unsurprisingly, the *"greatest emphasis on assessing conditions related to the characteristics of the person to whom they were considering disclosing. Time was spent getting to know the person and assess several aspects of the persons' character, such as 'whether the other was open, likely to be understanding, likely to be supportive, and could they be trusted".* (Toth and Dewa, 2014)

As can be seen from the diagram (Fig. 1) 'reasons to disclose' and 'assessing conditions' are overlapped this is to *"capture the dynamic, interdependent, iterative nature of the concepts. At any moment, conditions or reasons may change."* (Toth and Dewa, 2014)

While participants may take a long time to assess conditions, the risk/benefit analysis, is done quickly, once they individual has a reason to disclose. The experience they have if they decided to disclose, will inform their decision to disclose again in the future. One the individual has disclosed they will return to the default position of non-disclosure, until the next trigger event occurs.

The model demonstrates the important of the environment in which people work. In order for individuals to reach a decision to disclose, they must feel safe and trust in the way others will deal with the sensitive information. Toth and Dewa suggest that training of managers and staff would contribute to stigma reduction, however, they do acknowledge that the reduction of stigma is challenging as it is often deeply rooted in an individual's attitudes.

(Brohan *et al.*, 2012) examined employer characteristics in in relation to disclosure and found that those who had previous experience employing individuals with mental illness had less concerns about job performance. If they had a positive experience, they were motivated to hire those disclosing a mental illness again the future.

Employers knowledge of disability legislation, in this case the Americans with Disabilities Act (ADA) was significantly linked to compliance of hiring decisions. Applicants who requested accommodations, were seen significantly less suitable for the role. Finally, organisation size was significantly more open to employing those with a mental illness.

c. Stigma

According to Thornicroft *et al.*, (2007) suggest that stigma can be seen to "*contains three elements: problems of knowledge (ignorance), problems of attitudes (prejudice), and problems of behaviour (discrimination)."* These negative elements can manifest itself in fear and avoidance.

While (Link and Phelan, 2001) set out five components of stigma;
1. Distinguishing and labelling differences
2. Associating human difference with negative attributes (stereotyping)
3. Separating 'us from them'
4. Status loss and discrimination
5. The dependence of stigma on power (power difference between those with mental illness and those without)

"*This process is mediated by power and influenced by cultural, social and environmental factors."* (Knifton, Walker and Quinn, 2009)

(Knifton, Walker and Quinn, 2009) highlights the unclear, complex relationship between knowledge and attitudes to mental illness. Attitudes can be entrenched and interlinked, subject to structural, cultural and societal changes. Small but significant improvements in attitudes, alongside increased knowledge may influence how people view items such as media reports.

(Krupa *et al.*, 2009) defines stigma as "*a social phenomenon, grounded in both the intolerance of human differences and the inability to meaningfully capitalize on human diversity"* These features are sensitive to and constructed with social relations and conditions, in this instance, Krupa et al. focus on employment. In the work context stigma is evidenced by the exclusion of those with mental illness from fully integrating into the workplace.

In this context, exclusion includes, discrimination in recruitment and promotion, equity in workplace policies and engagement in social aspects of employment.

However, the effects of stigma can be far reaching and damaging not only for the individual but for society. It places those with mental illness at a higher risk of unemployment, to the extent where they are "*systemically excluded from employment, society will experience the underutilisation of the full capacities of the potential workforce."* A problem which is particularly acute in knowledge-based

economies where there is a dependence on the mental capacities of workers.
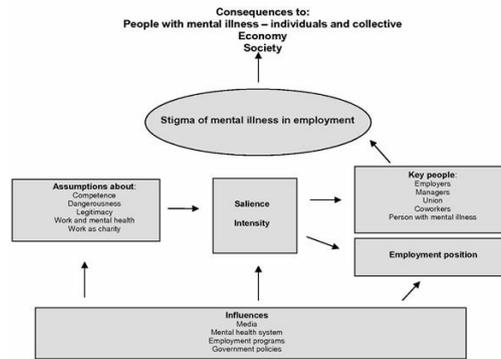

Fig. 1. A theoretical framework for understanding stigma in employment.

Fig 2: A theoretical framework for understanding stigma in employment (Krupa et al., 2009)

The model put forward by Krupa et al. focuses on the role of assumptions. Assumptions being the foundation of a negative belief causing stigma and discrimination. They are particularly damaging when they have widespread acceptance and are without critical questioning. (Link and Phelan, 2001) Negative assumptions about mental illness are seen as incompatible with employment.

The author goes on to highlight the benefits of focusing anti-stigma initiatives in the arena of employment. Citing (Couture and Penn, 2003) Krupa et al states that *"The social relations that occur in the work setting appear to have many of the features considered fundamental to reducing stigma through interpersonal contact, such as the potential for equal status, interactions requiring cooperation, and opportunities to encounter individuals with mental illness fulfilling positive social roles."*

(Hanisch *et al.*, 2016) suggests that while pubic anti-stigma campaigns often result in low returns, taking a targeted approach in the workplace may be more successful. Participation could be mandatory and programmes can be run over a longer period of time and encompass greater amounts of information. The review undertaken by showed that this approach can be effective in "changing employees' knowledge of mental disorders, as well as helping behaviour, while results related to attitudinal change were mixed but positive overall." (Hanisch *et al.*, 2016)

Anticipated stigma is the "extent to which a person believes it is likely that others will devalue or distance themselves from the person with the CSI (concealable stigmatised identity) if the identity

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becomes known."(Quinn *et al.*, 2014)

In a study conducted by (Fox, Smith and Vogt, 2016) in which the examined the effect of anticipated stigma on work function for individuals with depression, they found a direct link between anticipated stigma and levels of work functioning. *"when people with a history of depression were concerned about being stereotyped or discriminated at work, they were more likely to avoid work altogether."*

Interestingly, the authors considered the alternative theory, that the *"directionality of this relationship should be reversed – i.e., depression leads to anticipated stigma, rather than the other way around."* However, in the findings of their research depression was not correlated with anticipated stigma, suggesting that, 'the anticipated stigma impacts the psychological well-being, not the other way around."

While participants were aware of gaining accommodation if they disclosed, there was a fear of negative repercussions to disclosure, which would impact on the mental wellbeing. (Fox, Smith and Vogt, 2016) goes on to say that "the importance of establishing and maintaining a workplace culture that does not stigmatize mental illness cannot be overstated."

(Hanisch *et al.*, 2016) points out that stigma is a contributing factor to employees not engaging is workplace counselling services, such as EAP (Employee Assistance Program) which is provided by many organisations, as a cost-effective intervention.

(De Lorenzo, 2013) takes a different approach my taking the position *"that until societal views change, it is more important to focus on the issues at hand, and the fact that most employees with a mental illness will choose to remain silent."* This approach is 'grounded in the premise that a problem does not need to be visible for it to be tackled, but rather outcomes need to be felt and considered unacceptable in order to take action." De Lorenzo suggests it is important to focus on tackling the 'hidden cost burden' such as absenteeism and poor performance.

d. Discrimination

While stigma is a negative stereotype, discrimination is the unfair treatment of a person, because of their identity. (Canadian Mental Health Association, no date)

Experienced discrimination is "reported unfair treatment due to having a diagnosis or mental illness" (MIRIAD study group *et al.*, 2014) while anticipated discrimination, is the expectation of an individual to be discriminated against, if they disclose their mental illness. MIRIAD (Mental Illness-Related Investigations on Discrimination) study researched 202 mental health service users in London. 87.6% of the sample experienced discrimination, while 92.6% reported anticipated discrimination. The authors note that their findings are 'at odds with studies of public attitude', suggesting "that people's actual behaviour differs from their attitudes" The study's finding found that the participants for whom employment was a relevant factor, over one third has experienced discrimination.

In study carried out (Lasalvia *et al.*, 2013) discrimination is defined as *"the rejection of and negative behaviour towards people with mental health problems."* While they found that the key source of reported discrimination was in employment with nearly half of all participants anticipating discrimination in the absence of experienced discrimination. However, anticipated discrimination was not necessarily reflected in actual experienced discrimination, as 47% who anticipated discrimination in gaining employment did not experience any discrimination.

(Brouwers *et al.*, 2016) focused on major depressive disorder and discrimination in the workplace. They found that 62.5% of the total sample reported experienced and/or anticipated discrimination in the workplace with almost one-third of participants refraining from applying for employment because of anticipated discrimination. *"Experienced workplace discrimination was independently and positively related to unemployment."*

(Russinova *et al.*, 2011) having found that their findings were consistent with well-established patterns of discrimination in the workplace, such as reluctance to hire or promote an individual, they noted that legislation, in this case the Americans with Disabilities Act (ADA) target tangible acts of discrimination, changes are needed in the workplace to tackle less overt psychiatric prejudice.

e. Reasonable Accommodation

Reasonable accommodation is in existence in many jurisdictions, the main role of it being to reduce the *"personal and societal costs associated with the low workforce participation rates of people with disabilities."* (Telwatte *et al.*, 2017)

In Ireland, reasonable accommodation is provided for under the Employment Equality Act 1998; where it requires employers to provide 'special treatment or facilities' to enable a person who has a disability, but is deemed fully competent to undertake duties required for the role. What is deemed reasonable, is any special treatment or facility that would either raise no costs, or nominal costs to the employer. (Employment Equality Act, 1998)

While there may be a legal obligation on the employer, it seems to be a subjective one i.e. what is deemed reasonable.

Telwatte et. al. set out the multi-variables involved in the decision-making process regarding reasonable accommodation. A decision, which on the face of it, may seem straight forward, but in fact is influenced by many factors.
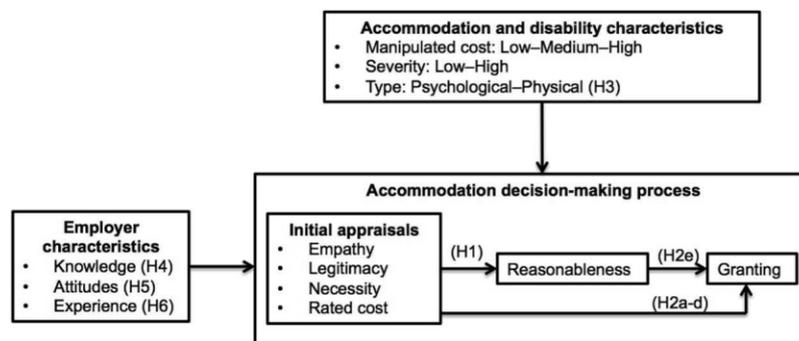
Fig. 3 Summary of variable related to accommodation decision making (Telwatte *et al.*, 2017)

As can be seen from the model, employers can be influenced by a number factors, while a cost benefit analysis may take place, other factors including the employer's knowledge of disability legislation, their attitude towards people with disabilities and their experience in working with others, with a disability. All of these factors will influence how empathic the decision maker is to the request. (Carpenter and Paetzold, 2013) as cited by Telwatte et al. *"found that empathy towards employees seeking workplace accommodations significantly influenced granting behaviour."*

Telwatte et al., go on to note that *"if empathy is an important predictor, then it may be that influencing the attidtudes of decision-makers may be as important as having clear policy."*

(McDowell and Fossey, 2015) note that accommodations relating to mental illness can seem less tangible than those for a physical disability, such as a ramp or specialised technology.

A study conducted by (Wang *et al.*, 2011) found that 83.5% of those with a mental illness and active in the workforce required one or more workplace accommodation. The main accommodation requested was regular meetings with a supervisor to deal with issues in a preventative manner. Those employees with a longer-term mental illness required access to the EAP (Employee Assistance Program) and a change in working hours. However, only 30.5% had all their requirements addressed.

Four studies reviewed by (McDowell and Fossey, 2015) examined the costs involved in provided workplace accommodations and found the majority of accommodations needed for those employees with a mental illness had not direct cost associated with them. Among the most frequently reported accommodation was supervision, adjusted hours and flexible scheduling.

(Chow, Cichocki and Croft, 2014) found that *"the higher the number of accommodations reported, the longer the tenure of employment"*

(Schartz, Hendricks and Blanck, 2006) examined carried out a cost/benefit analysis for employers, taking in to account both direct and indirect costs and benefits. 49.4% of employers reported no direct cost and 84.9% reported no indirect cost to provision of reasonable accommodation. What is notable is the list of direct and indirect benefits gained by the employers, most notably, 29.4% reported increased profitability while 15.5% saw an increase in customer base. Employee productivity increased by 57% and overall company morale improved by 60.7%. These figures are even more impressive against the backdrop of a median cost of reasonable accommodation of $250 and a median benefit of $10,000.

While (Secker and Membrey, 2003) 'natural supports' which arguably would benefit all employees are also important. These supports can take the form of learning and development, workplace culture and supportive interpersonal relationships at with co-workers and management.

(Rotenberg *et al.*, 2016) suggest that accommodations *"may reduce the disruptive impact of psychiatric disability of individuals with a wide range of mental disorders and promote and strengthen a culture of equity and diversity in the workplace."*

"One starting point would be the wider promotion of relevant accommodations and their effectiveness as well as related economic benefits, considering that accommodations are typically inexpensive" (Secker and Membrey, 2003)

4. METHODOLOGY

Employment is often a key component of recovery, but those with mental illness are much less likely to be in work. While there are various supports for those already in employment, those seeking to enter the workforce face the dilemma of whether or not to disclose their mental illness to a potential employer.

The aim of this research is to find out if disclosing a mental illness to a potential employer or employment agency in Ireland is detrimental to the applicants' chances of successfully being appointed to the advertised position.

Research Objectives

The research question for this dissertation is; Disclosure of mental illness during the recruitment process in Ireland - Is honesty the best policy?

Below are the research objectives.
1. Examine the role of the current employment equality legislation in designing company policy and procedure.
2. Assess an organisations attitude towards disclosure and reasonable accommodation and its' impact on the decision-making process during recruitment.
3. Examine the views of the organisation with regards to mental health.
4. Explore organisations view on diversity & inclusion and how mental illness is reflected in its' approach.

The research objectives reflect the main themes which the researcher wants to examine. Referring to the current employment equality legislation, is a reference to the 'nine grounds' of discrimination set out in the Employment Equality legislation. Mental health is not specifically referred to, but is seen as being under the umbrella of 'disability'. The definition of disability as it relates to mental illness is, *"a condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour."* (Employment Equality Act, 1998)

Reasonable Accommodation refers the obligation to employers to provide 'special treatment or facilities' to enable a person who has a disability, but is deemed fully competent to undertake duties required for the role. What is deemed reasonable, is any special treatment or facility that would either raise no costs, or nominal costs to the employer. (Employment Equality Act, 1998)

Research Philosophy

Taking the nature of the research topic in to account the researcher decided to take a interpretivism approach. *"Interpretivism advocates that it is necessary for the researcher to understand differences between humans in our role as social actors"* Saunders *et al.* (2012). The term 'social actors' suggesting that each person plays a role in life and brings to it their own interpretation and acts in accordance with that.

The issue of mental illness and disclosure is both complex and highly emotive. The researcher believes that in order to understand an individual's point of view it is important to adopt an empathetic stance. As they act within a particular set of circumstances, that of the workplace, which may not necessarily allow themselves to follow their own personal viewpoint. This is especially true of those in human resource roles, who may act as an advisor to the hiring manager, but will not make the final decision.

The alternative approach of positivism was considered but deemed unsuitable for this research project. The approach of positivism is one of observation and the researcher is seen as external to this and therefore can conduct research value-free. Researchers following this philosophy reduce the world to simple elements, which are be examined.

The research topic of mental illness, and it's role in a particular decision making process, is not one that can be observed alone, an in positivism. The researcher must enquire and probe in order to understand the underlying beliefs and experiences of the individual making that decision. With regard to realism, is it a philosophy which could be used, if one was to look at the wider economy and societal views of mental health. However, this research project, examined the micro factors only, as a representative of the organisation. Interviewees were asked about their experiences and beliefs, other considerations on a macro level were not dealt with in any purposeful or comprehensive way.

Research Approach

"It [Deduction] involves the development of a theory that is then subjected to a rigours test through a series of propositions."(Saunders, 2012) while the inductive approach involves *"the development of a theory as a result of the observation of empirical data."* (Saunders, 2012)

As the author is not using an established theory as a starting point for this research project, a deductive strategy is not appropriate. However, the author is attempting to understand what is going on, and establish if indeed disclosure of a mental illness during recruitment, is a factor in the decision-making process of the employer.

Research Strategy

As the author is concerned not only in the decisions being made but the context in which these decisions are taking place. It is important to develop an understanding of the nature of the problem, and the thought process behind the decision making. This qualitative research will take the form of in-depth interviews.

The sensitive nature of the this topic lends itself to semi-structured in-depth interviews. It is a topic many may find uncomfortable to talk about in front of others, especially if the way the company deals with the issue goes against their personal beliefs. Taking this in to consideration, the researchers believed one-to-one interviews rather than a focus group was the most suitable approach. Due to time constraints and logistics, methods such as mini-groups are unsuitable for this research.

Due to the time-frame available for this research, 12 weeks, a cross sectional time horizon was used, taking a snap-shot of the current attitudes towards the disclosure of mental illness during the recruitment process.

The Chartered Institute of Personnel Development (CIPD) Ireland is an independent, not-for-profit organisation that sets the standards in both human resource management and learning and development professions.

Those in positions related to the recruitment of staff were selected, as representatives of the employer. Those in Human Resources are often seen as 'gate-keepers' to an organisation, and if not the final decision maker in recruitment, certainly key advisors on candidate selection.

The sample for the qualitative research was taken from an online forum on Irish CIPD members. The approximate membership is thirty members. All members of the group were invited to take part in the research. A total of sixteen individuals came forward, of which ten were interviewed for this research. One interview was disregarded, as the interviewee now works in the United Kingdom and found it difficult to relate her answers to her previous Irish employment. All those interviewed were working in Dublin, with the exception of one participant, who was based in Kildare.

Data Collection and Analysis

Secondary Data Collection

The main source of literature for this research was EBSCO Discovery Service which was accessed via OpenAthens. Other sources of information include;

PubMed Central – digital repository of scholarly articles from biomedical and life sciences

British Journal of Psychiatry – Journal published by the Royal College of Psychiatrists

RIAN – Research repository of Irish universities

ResearchGate – online platform on which researchers can share their work

Directory of Open Access Journals (DOAJ) – a repository launched by Lund University, Sweden

Google Scholar – the academic search tool by Google

It was ensured all articles used were peer-reviewed. The majority of research is from Canada, Australia, United Kingdom and United States. Journals are mainly from the area of social science and psychiatry, with very few business management or human resources journals being cited.

Qualitative Data Collection

During the month of July 2016, nine in-depth interviews were carried out. Below is a list of the positions held by each interviewee and the industry in which they work. For reasons of confidentiality, no other details about the interviewees will be stated.

Ref.	Position	Industry
T1	HR Manager	Construction
T2	Partner	Recruitment
T3	Manager	Recruitment
T4	Director of Resources	Charity
T5	HR Generalist	Engineering
T6	HR Manager	Media (Animation)
T7	HR Business Partner	Finance
T8	HR Manager	Utilities
T9	HR Director	Media (Advertising)

Table 2. Research participants

Due to the sensitive nature of the topic those that volunteered were unsure as to the issue of anonymity and took some time to consider their participation in the research. Participants were provided with an information sheet, which detailed the research objectives, procedure, time commitments and an assurance of confidentiality, which participants were satisfied with. The researcher offered to provide them with a letter of confidentiality, but each participant was satisfied with the information provided. Participants were then asked to sign an Informed Consent Form, which was counter-signed by the researcher.

Due to the time of year, the author remained flexible to facilitate participants work commitments and annual leave plans. The author offered to meet interviewees either at their place of work or another location at which they would feel comfortable. Five participants were interviewed at their place of work, while three participants were interviewed in coffee shops convenient to their location participant was interviewed at their home.

Prior to each interview, participants were sent a list of questions. These questions were not absolute, but a guideline for the interview. The aim of this was to give participants time to consider the topics and address any worry they may have about participating in the research by providing them with the questions. It also gave participants an opportunity to raise any concerns they may have had regarding the line of questioning. However, the researcher found that participants did not read the questions before the interview and gave on-the-spot answers to questions asked. In general the questions were all answered with some additional questions asked, if a topic was of particular interest.

Interview questions were based on the literature reviewed by the researcher. The interview questions (Appendix III) were a guide for respondents, the main areas of legislation, disclosure, reasonable accommodation and employer attitude were covered. The items of stigma and discrimination, were not explicitly asked, but options about both issues were apparent in the answers given to other questions. As no individual wants to be identified as someone who sees those with mental illness in a negative manner or discriminates against them, the author felt asking about those topics directly would not illicit completely honest answers, instead the researcher noted the way in which questions were answered to see if elements of stigma or discrimination were present.

Interviews were recorded using a Dictaphone and ranged in duration from sixteen minutes to one hour, thirty one minutes. Some participants were reserved or cautious in their responses. This may have been due to the topic being discussed or the fact that the interview was being recorded.

All interviews were transcribed in full, by the researcher, using Microsoft Word. Interviews were transcribed verbatim, to the best of the researchers ability. Transcripts were then analysed and summary notes written up.

"Since meanings in qualitative research depend on social interpretation, qualitative data are likely to more ambiguous, elastic and complex than quantitative date. Analysis and understanding of these data therefore needs to be sensitive to these characteristics to be meaningful" Saunders et al (2012) With this in mind, the researcher was cognisant of the fact that not only the verbal communication but also the tone of voice used was noted to add meaning and context to the data.

Interviews were then examined again, taking the body of literature reviewed into consideration. A number of themes became clear.

Limitation on Research

There are a number of limitations to this research. Firstly, the number of participants is small, with a total number of nine semi-structured interviews being considered. All interviewees were from Dublin organisations, with the exception of one, which was located in Maynooth, Co. Kildare. This limits the generalisability of the findings to a national level.

The population size from which the sample was taken was small, it would have been preferable to take the sample from a larger population, with small, medium and large firms represented but that was not possible to achieve in the time frame. However, the researcher gained access to a group, who are actively engaged in the area of human resource management and members of CIPD.

The researchers experience or lack thereof, of carrying out in-depth interviews, may have impacted on the overall quality of information gathered.

The nature of the topic, meant that some interviewees were more comfortable than others in responding to questions. It cannot be ascertained if some made an effort to give answers, which they felt were acceptable and not wholly truthful or reflective of their views.

Due to the researchers' personal interest in the subject matter, objectivity was a matter which required monitoring throughout the research process. While total objectivity cannot be achieved due to the nature of the research, it remained important that any lack of objectivity did not distort conclusions drawn or recommendations given.

5. FINDINGS

A total of nine interviews were considered for this research. Two interviews stood out as a stark contrast to the others in a positive way, while one interview was unique in the negative responses received.

The knowledge Management held regarding employment equality legislation, came mainly from experience and policy updates from Human Resource Managers. Managers had not received any training or information about the legislation, relying solely on Human Resources to advise them. The exception to this was the respondent from the charity sector (T4) who had received funding from the Equality Authority to have an equality audit and training for staff. It was noted that there was a heavy reliance on the expertise of Human Resource managers.

The legislation is the basis for all policies, however, in the majority of cases, it would be seen as a maximum level of requirement, while in others it is seen as a minimum. This was particularly noticeable with the final respondent (T9) who found the legislation had a limited role as the polices they had introduced were "far more protective than is currently there…. particularly around the area of mental health." While in the organisation in T3 works, the legislation is adhered to, to avoid litigation.

With regards to the 'nine grounds' of discrimination under the Employment Equality Act, respondent T9 expressed the view that they did not necessarily see mental illness as a disability, it was part of being human, while T6, said it was a disability but should be treated separately to disability under the nine grounds.

The majority of respondents described similar processes, the HR team would draft the policy and make management aware of any changes. The respondent T4, all HR policy are reviewed by an equality commitment and T9, policies in relation to mental health are accompanied with annual mental health training for managers. While for respondent T5, policies while in the handbook were not put in to practice.

When asked about disclosure, the majority of respondents had no actual experience of disclosure. Much of their responses to these questions, where based on what they thought would happen or what they think they would do. Again, two respondents, T4 and T9, both had positive experience of disclosure, respondent T4 were actively working on training in relation to disclosure, with the management team that work with T9 receive annual training in relation to disclosure and mental health.

Again, only two respondents had experience of dealing with mental illness disclosure at the recruitment stage, T4 had dealt with disclosure via Occupational Health and a second interview, while T9 had

received disclosure in interview. The remaining respondents had never experienced disclosure at recruitment stage.

Reasonable accommodation was also an area in which respondents had very little experience of. On a number of occasions, the researcher had to explain what reasonable accommodation was. However, a number of respondents would have, what would be termed 'natural supports', such as flexi-time and core hours and remote working. Two respondents T4 and T9 had experience of providing reasonable accommodation to cases of mental illness to an employee. The respondent T5 said reasonable accommodation is not something that is dealt with at all.

Of the five respondents who spoke about EAP (Employee Assistance Program), T1 and T3 had minimal or no use of the service, while T4 reported one third of the staff had engaged with the service and in T9 their rate of use was 47%. EAP was introduced to the workplace in T5, but it was withdrawn, partly due to lack of use but mainly due the negative attitude the employer had about offering staff the opportunity to disclosure mental health issues, even if it was to third party.

The culture of the organisations ranged from completely closed T5 to completely open, caring and trusting culture, T9. All respondents identified an open and supportive culture as one that is important, however only one respondent, T9 identified the link between positive culture and a positive business case.

Views on diversity and inclusion while acknowledged by most as important, are being dealt with in a varying degree of ways. Respondent T2, working in recruitment, saw diversity and inclusion important to their client offering while respondent T3, also working in recruitment, noted the importance of if for effective teams and innovation. Five respondents stated mental health was seen as part of diversity, T9 stating that while it was part of diversity it was dealt with separately.

When asked what form diversity and inclusion took in their organisation, most did not answer this clearly. For those that did respondent, it was related to gender balance and sexuality, disability was not mentioned.

Apart from T4 and T9, the remainder the respondents did not have any clear approach to dealing with mental health. It was seen as being dealt with on an 'ad-hoc' basis and manager dependent. Three respondents did not make any link between mental health of staff and performance.

When asked about the link between the company's approach to mental health and their reputation as an employer, only one respondent, T9 said there was an absolute link, in their industry they would be an

employer of choice. All other respondents, did not know (T4) or did not see any link between mental health and their reputation as an employer.

However, when asked about culture and branding, five respondents saw a clear connection between culture and branding, three respondents did not see a link, one did not know and one, T9 saw a very strong link between the two, with the company actively engaging with EVP (Employer Value Positioning).

As stated previously, respondents were not asked directly about discrimination and stigma, but notes were taken by the researcher on answers given regarding these topics.

Of the nine respondents, T5 stated employers have a very clear negative response to mental health. While they had no concrete evidence, they said a less suitable candidate with no mental illness but be chosen over a better fit for the role if the disclosed a mental illness. They went on to say mental health is spoken about in 'almost scathing terms'. T8, also expressed very negative opinions stating they question how genuine cases of mental health are. While disclosure is not encouraged and there is a suspicion with regards to the motive of the employee who discloses.

Three respondents, were clearly positive in their attitudes towards discrimination and stigma. All three (T4, T6, T9) clearing stating they would not discriminate those with mental illness and that mental illness was not seen as a stigmatised identity in their organisations.

The remaining five respondents were more difficult to decipher; this was mainly due to the fact that they had no experience in the workplace of disclosure of mental illness and could not be sure how they would react. T1 stated while you very rarely see actual discrimination, you hear about perceived discrimination. They went on to say that there is definitely a stigma, saying that once you disclose a mental illness, you become tagged.

For two of the respondents (T2,T3) while they had no experience with mental illness in the workplace, the answers given regarding disclosure and culture, they appear to have very open and positive approach, however it is impossible to say if an employee would experience discrimination or not.

The responses from T7 were mixed, while they would like to think a person disclosing a mental illness would not be discriminated against, they could not be sure, as it was the manager that makes the decision. They also said that while there would be no stigma attached to someone disclosing to a peer, they could not be sure if they same could be said for management.

6. DISCUSSION

Both (Boardman *et al.*, 2003) and (Harvey *et al.*, 2009) set out the benefits of employment for those with mental illness, however only one respondent T1, acknowledged the benefits when interviewed.

T1: "*I think part of being well and part of good mental health is working and being in work and it creates stability and routine.*"

A number of respondents questioned the validity of mental illness as a disability, in the context of the Employment Equality Act 1998. (Grove, 1999) cited both Perkings & Repper (1996) and Sayce (1998) in suggesting that calling mental illness a disability, it merely "exchanging one form of stigma for another."

Respondent T6 suggests: "it's not in the nine grounds, well it's not included in the same way gender is for example. I think it should be in by itself (separate from disability). When people think of disability, they think of physical disability, they don't think of mental disability."

Respondent T8: "I would definitely see it [mental health] as a disability, but it should be a ground on its own."

T9: "I don't know if it's a disability, if I'm being honest. I'd argue with someone around that. I think everyone has mental health, I don't think anyone's excluded at any time or period in your life you are going to suffer, people get ulcers from stress. I'm not sure if it should be classed as a disability."

These contrasting views between the respondents and legislation may reflect the changing views of mental illness in Irish society. However, it is unclear from the findings, if this attitude can be associated with all mental illness or just depression and anxiety, as they are the most common forms of mental illness.

Knowledge of legislation was characteristically seen as the responsibility of HR managers, with management teams consulting them on what they could and could not do.

T7: "They probably wouldn't have any knowledge, of any of them to be honest with you. They wouldn't know the Acts and stuff like that, they probably have an understanding of what their obligations are but they wouldn't tie it back to any actual legislation. Even with discrimination, they would have a general idea but they wouldn't know the ins and outs of it. They are very much guided by HR and what HR would let them do or don't do."

T8: "I would imagine the knowledge of our current management team is very limited. Around the area stress there is an automatic assumption that they are taking the piss. Bullying themes, they would feel they are being childish."

T5: "I'd have to say very little [of the legislation]. It very much sits with HR, is transcribed into the employee hand book, which is distributed to staff. I would suspect none of the managers have read the handbook. If anything were to happen it would be bounced back to HR straight away. And certainly, not something that they would bear in mind as part of a recruitment process. The more think of it, that once the person works for you, you have to be careful but they wouldn't think of it as you can't pick A over B because there may be an equality issue. When I raise that, it's blank faces."

The general view of the legislation, is quiet negative, respondents found their employers had little regard for the legislation, either seeing it as a box ticking exercise and a hindrance to conducting business or that the legislation was inadequate for dealing with mental illness.

T5: "In the organisation I am in now, it's very much to avoid litigation. It's put it in there, tick the box, put it in the handbook. HR keeps an eye on it and makes sure we don't go too far over the line."

T5: "The two owners are, their entrepreneurs I guess. They want to make money and feel smothered by legislation. They feel like it's smothering small companies, it's PC gone mad. So, I'm fighting against that all the time. All this legislation is going to cost them money, next thing you'll have to hire people with depression and that'll cost money because they will be off sick. That's their attitude, so you're fighting against that all the time to try and make it a better place. Ultimately, if they become known as a good, open organisation, customers will see that, external people will see it, but they don't see it like that."

T8: "You wouldn't be going above and beyond what the legislation tells you. In my last role, it was a construction company, it was a big thing about, particularly in the UK for bids, and you're trying to have a diverse workgroup and what do you do and you're trying to look like a really good employer. But costs can be a barrier."

T9: "It has limited [role], if I'm being very honest, involvement. We tend to introduce policies that are far more detailed and far more protective then what is currently there, with regards to employment legislation. Particularly around the areas of mental health. From a business point of view we're maintaining a productive workforce have helping brilliant people through different phases in their lives. From a purely financial point of view it makes sense also. So, both from a business sense and a human sense that's what we're doing."

The only exception to this viewpoint was respondent T4, however, it should be noted that they work in the charity sector, which has additional legislation and obligations to that of commercial business. They may view legislation are more of an important element of their policy structure, due to the fact that they have a significantly wider range of legislation to comply with and are regulated under the Charities Act 2009. (*Charities Act 2009*)

T4: "About two years ago, we got funding from the Equality Authority. They sent out a consultant to work with us and he reviewed all our policies. We made changes where they needed and we had training for all our managers. Following that process we appointed a staff member as an equality officer. Part of their role in the organisation is to ensure that everything we do is done based on fairness and equality. They would do a review every year on our recruitment. We now have equality training as part of our induction process for all our staff."

When respondents were asked about disclosure and how it would affect decision-making regarding employment, the majority had no experience of disclosure of any type either at recruitment stage or with an existing member of staff. There responses therefore, were based on what they thought they would do and not necessary what had actually been done in the past.

T5:" Personally, it wouldn't make a difference for me. Obviously, I would be concerned for the person, but they wouldn't put themselves through a process like that if they didn't feel they could do it. Like with mental health, you feel so judged, you're going to put yourself through a process where they actually do have to judge you. When they have to judge whether you are good enough, often you don't feel good enough, so you don't need that, to put yourself under that scrutiny. If they are the best person for the job, they get the job and reasonable accommodation is something that you just work with them on. I'd like to think, if I felt the person wasn't ready for it, that I would at least have the decency to say that and let them say' I really am' or 'you're right', or talk it through. As opposed to making that judgement after the fact and not give them a chance to respond."

T6: "while I can stand over it in the current place, as I would be in all the interviews, that wasn't the case in my previous position [company named]. It could well be that somebody would interview someone, who is a line manager, why would they take that person on, it's too much hassle. So, that could well have happened. I think the bigger the organisation, the harder it is to control that."

T1: "I have never had anyone disclose anything as interview stage, ever."

T6: "I think in Ireland, there is a major situation, where they say, I won't say anything and that's the trouble. With exit interviews, when asked why they are leaving and if they say it's to take the time to deal with a problem, well we wouldn't have to let them go, but exit interviews are not done consistently."

T1: "The disclosure doesn't come as, I'd like to talk to you about my mental health issues, it's normally something happens, either someone loses it, or someone has a nervous breakdown, in my experience. Very, very rare would you get someone come up and say I suffer with depression. You might know the person suffers with depression because you can see it, but it's never disclosed. Occasionally, what has happened is if somebody is off, even I would find with GP notes, they will never say depression. In my twenty years, I have never come across a script that has said depression."

T7: We probably haven't had anyone that has come to us in the recruitment process and actually disclosed it. I am only assuming because they would be worried that if they did have a mental health issue that it would then come up.

However, two respondents did deal with disclosure at recruitment stage,

T9: "No, they disclosed, it was a gap on their CV. They disclosed that they had suffered from an illness that had led to mental health issues and it was something that they were managing but they would have it for the longevity of, probably their lives. It was something that they would continually have and it was something that would just have to get on with it. That's absolutely fine. That employee is probably with us about six months now and they work part remote, because of the illness and part in the office and that's fine. Remoting working have real helped an awful lot. It does allow people some breathing space. It can be quite stressful."

T4: "Well we always do our utmost; we would have a pre-employment medical. We would always send our Occupational Health guy the job description and a personal profile and any particular stress that this job may cause. Then we would ask our occupational health for a report on their suitability based on the criteria. There has been a number of occasions, about three a year, where the Occupational Health would highlight that the candidate had some mental health challenges, that did not come up at interview. Which we can understand, people always want to tell their best story. That would be first time we are made aware of it. .... we then call the person in. We go through it and we see what reasonable accommodation that we can make."

Respondent T9, also had existing employees disclose;

T9: "normally what would happen is, on the rare occasion we do get somebody coming to us and it does happen very rarely. The normal case scenario. A manager would spot that somebody's performance has dipped, or that they are stressed, or that they have been out for a number of days, and the manager would speak to them. The first question they would ask is, is everything ok, rather than we noticed your performance has dipped. Normally, at that point, the employee would communicate that there is something wrong and after that the manager has procedures in which they follow; divert them EAP, support them to see if they need anything etc. That would be the normal practice, otherwise, if the employee felt they couldn't be open with their manager, they would advise them to speak to HR, under the strictest of confidence."

It is in stark contrast to all other respondents, the managers have regular and ongoing training in relation to mental health, how to deal with disclosure and can deal with issues without Human Resources becoming involved.

T9: "They [the managers] are all trained in how to deal with this and they are trained not to advise the person, but to direct them to the best professional advice we can give them.
The reality is people work in small knit teams, teams of four or five people, so their closest relationship tends to be with their manager. HR can no effect over their working environment, unless they speak to their manager. So, you are kind of going around the house if you do it that way. It's much better if the manager understands and deals with them directly, as they have direct involvement in their day-to-day working. If they are not comfortable going to their manager, they can absolutely come to us in the strictest of confidence, and that's the way we work it.

While no concrete link can be made between the employers focus and training regarding mental health and the incidents of disclosure, it does bring in to question, why only those respondents who actively work to improve mental health knowledge and practice in their organisations, are they only ones that have had experience of disclosure with applicants and employees.

However, for respondent T9, the supportive environment which has been created would be conducive to openness and disclosure.

T9: "I think in the underlying of everything, because if people are not honest and open and you don't have that as a culture, then you're going to struggle with this area. I think it has to start from the top. There is no point introducing health and wellbeing month and nobody from senior management supporting that, because it's not going to feed down. We even introduced 'Ask Alan', who is our CEO, any question you want, it's anonymous, every month. He's got difficult questions to answer, but just to be generally more open with people and it's paid off."

This would be in line with the finding of (Clair, Beatty and MacLean, 2005; Roberge and van Dick, 2010) who spoke about a supportive environment and climate of openness fostering the psychological safety needed for self-disclosure.

The limited information collected from recruiters, found that while they would not see mental illness as a problem, they had not encountered it at all in their work. This would not be completely inline with the finding of (Biggs *et al.*, 2010) who found recruiters 'placing or trying to place individuals discriminated against society."

T2: "We would very rarely come across this issue during recruitment, unless is was visible. As an intermediary with a third party, people sometimes feel that they can speak to us and seek out our advice and we may become involved at that stage. I cannot recall a time when someone has openly said to me that they have a mental health issue. The issues we have tended to come across are more personal, personal in the sense of a visible ailments."

T3: "It wouldn't have an impact. Most managers would have experience in working with people with various different mental health issues and know that it doesn't usually have much of an impact on work."

When respondents were asked about disclosure policy, procedure and manager training, the general response what that, there was no policy is place and management had not received any training. The response an employee would receive when disclosing would be manager dependent.

T5: "I drafted a disclosure policy, it was in line with the whistle-blowers legislation and they didn't go ahead with it, they didn't want it. Is it kinda like the US Army, don't ask, don't tell, sort of attitude. Again, their attitude would be, well if you tell people they can tell you something, they'll start telling you everything. It's that fear, they are better off not knowing."

T8: "There is no policy. I would imagine it's ad-hoc and manager dependent. No, we do relating to whistleblowing, but that is more about the company doing something illegal. When I think of disclosure, it's somebody coming out and saying they are LGBT or have a disability or acquired a disability."

T2: "It depends on who's dealing with it, what's critical is that one person perhaps has training and understands it. So, in that context I can leverage from our HR manager and she can pick up the formal piece. Sometimes text book answer or the training that was received may not be appropriate for that individual in question."

T3: "Training would definitely be useful. I can see some managers having an absolute heart attack if someone came to them and said they were have issues. And that would only make matters worse. Especially, if they person with the MH problem knows that their manager would react in that way. It would make them less likely to open up about it. So within existing staff, absolutely think training for management would be really useful in that sense. Equally, a better policy around it to give that structure and protocol because again, even with training some people wouldn't be able to handle having those difficult conversations. All of that would make it a lot easier to work with."

T4: "That's an area we are trying to beef up at the moment. It's be recognised as something that managers do struggle with. At the moment we are putting together a wellbeing framework and mental health plays a big part of that."

T6: "No, they have not received any and neither have I, but I suppose as HR we have to deal with matters like that. Do I think we could use some training on it, probably, yeah absolutely"

T7: "They wouldn't have received any formal training. They don't have any training specifically related to mental health. It would have all been covered more so in long term absence or short term or frequent return absences. We have dealt with a few cases in the company and we have learnt through doing that, we work on precedent really, in those type of cases, but there isn't any formal trying provided. I think awareness is probably a better way. They only thing is because the managers are so reliant on HR, HR will always run it whether that's right or wrong. It's the way it's always been done in this particular company"

T9: "All our managers are training annually with See Change, in areas of mental health. We also do an equality and diversity training internally for all our managers. Because we are media company, we tend to have people from different backgrounds as well as countries."

T9: "We do a lot of awareness work. Throughout the year, nearly every month, we would have an awareness month, February would be finance month, health and wellbeing would be September, mental health would be May and Diversity month in December. So, we tend to do quite a bit throughout the year. The other thing we do, which is a lot of our senior managers and board directors would speak at these events. They speak about diversity and what they have come across, particularly our females board members. In relation to mental health, we have a number of board directors, who would tell the employees about their own experience with mental health, and how they have managed and still gone on to the achieve the positions they're in. By creating an open culture, it will benefit everyone."

T9: "The received See Change training and we have a fairly robust policy as well and they get diversity and equality training too, so their pretty well equipped. We also have compulsory training in relation to other management skills, like dealing with conflict, being able to communicate to employees, and other areas, so they are quite well equipped. I do get a sense that they feel confident in it and we're all quite open about it. So, managers are not afraid to disclose their own issues as well, that tends to help."

Again, respondent T9, stood out from the rest of the respondents, as they have a robust and comprehensive approach to mental health policy and procedure, which is further enhanced by ongoing management training in the area. This would be in line with the study of (Dewa, 2014) who highlighted the fact that many factors need to be in place rather than just having policy and procedure, supportive co-workers and a good relationship with managers was also needed.

When asked about reasonable accommodation, there appeared to be some confusion as to what is was. Once explained, most respondents identified reasonable accommodation to physical disability and not mental illness. A number of respondents were providing 'natural supports' (Secker and Membrey, 2003) such as flexible working hours, remote working and the provision of Employee Assistance Program (EAP).

T9: we have done a lot of reasonable accommodation. We also had to do some hard intervention at some points, particularly in relation to eating disorders. We had to be quite direct with someone, because it's an illness that they were going to die from, if they didn't do anything about it, so we have had to intervene on a number of occasions, and those employees are all back in work now. Some working three days, some working four days, some working remote. They are all very amazing functioning employees that are part of our business.

T9: "I see it just as important as the family's, if I'm being honest. You spend most of your time in work and it has a massive effect on your life, whether we know that or not. I do see the workplace as having to support individuals and help them through whatever issues. I mean, a lot of my experience with mental health, is that it does come in life, it's in cycles. It depends on what happens at any given time. People could lose a parent and for that period of time, they are not in a good place, six months down the road they are doing amazingly. It depends on what's going on in anyone's life, personally and professionally at any given time. I don't think there is anyone not affected by it, once you understand that, you can work with the people to help them get through that period of time."

The provision of EAP was raised as a reasonable accommodation by a number of respondents, however, the uptake and the service was varied. While those who are more proactive in the area of mental health in the workplace, cited much higher rates of engagement than other respondents. (Hanisch *et al.*, 2016) points out that stigma is a contributing factor to employees not engaging is workplace counselling services, such as EAP (Employee Assistance Program) which is provided by many organisations, as a cost-effective intervention.

T4: "We only got our annual figures in and it's about one third of our staff have engaged them. They even said that is much higher than the national average. That is something we proactively promote. Previous companies I've worked at it's not promoted; they tell staff about it in induction and that's it. We have it as part of our wellness calendar, bringing them in to talk to staff."

T5: "We had EAP and there wasn't a great uptake on it, so they got rid of it. We only had it a year and it wasn't well advertised, especially with the field guys. Again, they were like if we tell them they can ring, they'll all have problems."

T6: "Something that I definitely want to put in place is EAP, I think staff do need someone they can call, other than sitting down with me."

T9: "It's really good. We actually are having EAP in next month. Our uptake at any given time, is 47%. We encourage our senior management to use it, the reason we do that is that they can't advise anyone to use it if they haven't used it themselves. They find out at induction. We have posters all around the place and managers are able to advise staff on how to use it, because they will have used it themselves. We have a health and well-being month coming up in September, the guys from Aviva with come in and go through how it works again. We do full brand communication on it probably twice yearly, in a nice newsletter and then it would be visually there every day and then our senior managers would be aware of how it works. It's kind of a little bit in your face, but it works. It's not just for mental health."

Stigma was clearly identified as an issue for most respondents, they could understand why employees would not disclose and could not be certain of the response they would receive from their manager. One respondent, spoke about their own decision not to disclose to their manager. Stigma could be a contributory factor to employees not engaging with EAP.

T5: "In this job, I had issues with anxiety during the pregnancy and I didn't want them to know. It's awful to say but It would have been better to say there was something wrong with the baby. I know my manager would just not have been open to me talking to her. I took a week off, I think she suspected something and I was treated quite badly when I got back, because I took a week off and there was no real explanation for it, the cert was quite vague. I definitely felt I would have been viewed as week and would have limited me in there. They wouldn't see it as, you're dealing with it and actually you're quite strong. It would be more, you can't say anything to her, she might cry."

T1: People are cruel and if you're in a heavily unionised environment, people will throw it in his face, or use it and see it as sign of weakness.

T1: "unfortunately employees feel like they have to hide it. It's not like the employer doesn't know, they do, but it's a case of, if I say it then I become tagged. Once I become tagged I won't go any further. I won't be promoted because I can't handle pressure. Because people thinks anyone that's depressed, they wouldn't be able to handle it. If I'm staying in the job I'm in and if I'm out, even for the normal cold/flu everything is going to be tagged with depression. You are going to be watched."

T1: "there is a lot of misconceptions. It's nothing to do with this company, just in general. I think people hear, you've had a nervous breakdown they go, oh we need to get rid and that's just the ignorance sometimes. I think if you had more of an understanding, for example I worked with one Director who had worked with The Samaritans, he had more of an understanding. He knew it wasn't the end of the world, they're not broken, they will be fixed, they just needed some time. I think if you have some basic training or the only other thing that works, is personal experience. When you don't have that, there is a level of ignorance there."

T1: "So there is definitely a stigma attached to it, I don't care what anyone says. You'll probably go to the next ten companies, and they'll all tell you how great they are and the great policies they have in place, but in my experience, at senior management level there's definitely stigma attached to it."

T1: "With depression, people are talking about it more, the is change afoot, but when it comes to conditions like schizophrenia, people are just terrified. They just think they are going to come in and massacre everyone in the office."

None of the respondents reported witnessing any discrimination with regards to mental health in the workplace. Respondent T1 felt due to the stigma attached to mental illness, there was perceived discrimination. While a number of respondents, felt there would be discrimination, if managers were faced with the choice of an applicant that did disclose and one that didn't.

T1: " I think the perception for the person who's ill or suffering from the illness is, this is going to affect my employment relationship. And sometimes it will. I think with smaller companies It might be more likely to effect it. Like there is this thing, you're definitely going to be absent. But like I've know people who have suffered from depression and never missed a day in their life. But there is this perception that if you suffer from a mental illness you will be out half the year and it's not true. I think people who have the illness believe that, that's what's going to be thought of them. I don't believe it's necessary what's thought of them, but it's not what I see anyway. It's perceived to be negative. Very rarely, do I see actual discrimination but I do hear a lot about perceived discrimination."

T1: "The market is so competitive, that if you have two candidates and one has disclosed and one hasn't. I don't know anyone in the country that would pick the one that did."

T5: "In the context of what we are talking about, in the recruitment process, if it became evident there was a mental health issue, either they disclosed it or something. I would imagine they would say to me, let's not hire them because they'll probably go off sick and that will cost us money and that's the bottom line for them."

T5: "it always comes down to the bottom line, is hiring this person going to cost us money as opposed to is hiring this person going to make our company better, because they are good at what they do."

T5: "If they had two people, not even on par, if they had on person very good with a mental health issue and another person quite good with no mental health issue. On balance, they'd go with quite good."

However, this would seem to contradict the belief by some that there is an overall positive attitude to mental health in their organisation.

T1: "I would say positive enough. We have not incidence of disclosure, but it's something on our radar. We have designated time in September to it, where we will get someone in to talk, because I think it's prevalent."

T1: "I think people approached it as if it was their son or daughter and how they would want them to be dealt with within an organisation. That is how I would be encouraging any organisation to deal with it, purely because you'll get it back ten times. They will be indebted and grateful to you for the foreseeable future. If they are out, it's genuine, they are not taking the piss. If you treat people fairly when they are genuinely ill, you'll get it back tenfold. You have the kind of trust."

T4: "I think we try to be proactive, we try and recognise that people are made up of the mental, physical and spiritual health. We try and see the whole person and not the person that is in here 9-5. We put a big focus on work-life balance, we help people to develop their own work-life balance plans and as part of our wellness calendars, we'd have people, life coaches to talk about how to do your own work-life balance. We have EAP too."

T4: "We don't accept mental health as a reason for poor performance unless there is an action place. If it's show that due to a person's mental health they won't be able to achieve the standard, then we will look to see what reasonable accommodation can we make to help the person manage. But there are sometimes were the nature of the role is just not conducive with a person's mental health. It's a matter of finding a job that suits them and helps them stay mentally well."

T9: Very positive [attitude to mental health] The cost to the business alone, should encourage companies to be more proactive. We have a thing called 'core hours' which allow people to work anything from 7am to 3.30pm onwards. There are no rules around our remote working, so there is no set time. You can decide in the morning if you want to remote work. We have been part of the 'Great Place to Work' program touching on nine years now. Where we trust employees that they are doing their job and they trust that we have their best interests at heart. We're created an open culture as well.

While others were quite clear on the attitude the employer had towards mental health.

T5: "They're not at all.[positive about mental health] We do have a company handbook, it's very extensive, it's got everything in it. If I was audited by NERA (National Employment Rights Authority) I would get top marks for my handbook. But if somebody took a claim against us, and I was brought to court, the Judge would say, yes you have the handbook but you didn't do it."

T5: "It's just not thought about [mental health]. It's talked about in almost scathing terms. People's coping mechanisms are seen at a basic level they just don't want to look at it. When we talked about introducing the EAP, they have the idea that people are going to be ringing every week with all sorts of problems. They were like, do we pay per call. I said if people have problems they deal with them, this is just an extra facility for people who maybe don't have anywhere else to go. When we said, they could get monetary advice, they said, that would be really good, because they don't have the time. Yeah, you know they don't have time to look after themselves either. It's straight back to comfort zone of practical, tangible stuff."

T8: "In my previous role, the company were founder members of disability organisation. We did disability awareness training. We didn't do the training to make people more disability aware, we did it to tick a box on a tender for a UK company, that was the only reason it was done. But it ended up be very interesting."

T8: "I definitely see more mental health cases here than in any other jobs I've been in, but I question how legitimate they are. I don't know what the motivation is, especially since they are not paid."

Both (Secker and Membrey, 2003) and (Rotenberg *et al.*, 2016) both spoke about the role of culture in fostering an open environment for mental health. Most respondents noted the importance of this, however, few were actively doing anything to encourage it within their organisation.

T1: "An open and supportive culture, is vital for the person suffering with their mental illness. How important is it for the company, not that important."

T1: "The culture is very important, I believe we have a culture where it is normal to leave at the normal finishing time, so we don't stay here until seven o'clock, just because it looks good that we're all here. Certainly, today, we'll all be standing there are five o'clock ready to run out. But that's an important part of work, I think, being able to leave and feel like when you are on holidays nobody is going to ring you. Even if the place was falling down, they would text you and say is it ok to ring you, it's urgent."

T4: "It is hugely important. I think the culture of openness in relation to mental health has grown in Ireland in the last five years. I think people are more comfortable about speaking about it. That mental health stigma is decreasing. I wouldn't say it's gone but is coming out of the closest."

T6: "The current culture is informal, well it's very creative and very informal and it's quite young as well. And there is a multicultural aspect to it too… But it is a very positive culture, and it is a nice place to work. I think people enjoy working there. But they are a friendly bunch, I certainly wouldn't be a place where there would be discrimination."

T9: I think it has a really good impact. What tends to happen is that we tend to catch, if people have a mental health issue, we catch them quite easily and early. We work with the individual to try and rectify

that rather than getting to a stage where there is a problem. It's early prevention. Speaking to other HR leaders and they tend to have an opposite approach.

Proactive approach will save you money in the long run. Problems are only little molehills and they can turn in to mountains quite quickly. If you can catch it as a molehill you are doing well. Purely from a business point of view, you'll save yourself money doing prevention.

One respondent noted that there can be a level of naivety when it comes to company culture. A lack of understanding of what it actually takes to change a company culture.

T6: "An open supportive culture is very important. People can't bring these issues up otherwise. I mean the culture, it's massively important. In my previous position [company named] the CEO had these town hall sessions twice a year where they'd get all the management together, even below management. The CEO would come up on the stage to 'Eye of the Tiger' and this sort of stuff, you know it was very American, kind of thing. It would be one of those, where they would announce a new company culture, just like that. Everyone from HR was like that could take years. I mean, it will take years to bring out. People can kind of paste this think on top, you can't make a silk purse out of a sow's ear. Either there is a good company culture led from the top or there isn't."

T6: "The whole thing actually was like that; everything was like we're going to do this in six months and this could take ten years to bring about. Everything was like that. There is a lack of understanding."

7. CONCLUSION

While mental health is being discussed more openly in society, it appears that in the majority of cases, the conversation does not pass the front door of businesses. Mental illness is seen as an expensive to the business, which they wish to avoid. The positive attributes that person could bring to a role, is not considered.

There is an awareness that mental health is an issue which needs to be considered, business seem to take a reactive rather than proactive approach. Even though research shows through cost/benefit analysis the clear financial benefits to dealing with mental health, the connection is yet to be made by business.

The positive attitude HR managers have towards inclusion and diversity does not reach the rest of the management team. Without initiatives being led from the top, they have little hope of being successful.

There is a lack of appreciation for the role culture has in. the success of a business and how creating a diverse workforce can give a company a competitive advantage

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APPENDIX

Appendix I – Reflections on Learning

I embarked on the MBA program with a goal in mind. I wanted to give power to my voice as a person living with depression. I had completed my BA in business in 2011 and was unable to gain employment, I felt this was due not only to the gap in my curriculum vitae but the reason for the gap. I wanted to research the area of disclosure in a workplace setting, to both highlight the issue and effect positive change in the Irish workplace.

At the start of this journey, I completed both the Belbin Team Roles test (*Belbin Team Roles*, no date) and the Myers Briggs Type Indicator test. (*Myers-Briggs Type Indicator*, no date) I really did not expect my results to change, I knew I had grown in confidence, but did not believe it was a significant shift.

Belbin Team Roles

My original result for the Belbin test was, Team Worker/Completer Finisher. I felt this to be an accurate reflection of how I performed in teams. I worked will with others, and was always the one to ensure all the fine detail and box ticking was complete. This is how I performed in my initial group assignments in year one. While I found working in teams stressful, as I imposed my ideas of high standards on others, I did perform well. However, I spent additional time before submission, ensuring the work was absolute adherence to the requirements of the assignment brief.

By year two, I was facing in to team work with a sense of determination, to get the work done and push others to pull their weight. This was not something I would have seen in my behaviour before. When I took the test for a second time, after completing all my taught modules, I found my result had changed. I have moved from Team Worker/Completer Finisher to Team Worker/Shaper. While I remained mainly a Team Worker, which is aligned to my personality in general, I made a significant movement from Completer Finisher to Shaper. I have shifted my mind-set from small detail to overall result. While I still wanted the work to be exact, it did not hold the same importance at getting the work completed.

This shift in thinking has followed through to my professional work. The idea of 'done is better than perfect' holds true for a lot of my work now. I previously became stuck in a state of inertia, the fear of doing something less than perfect stopping me from doing anything at all. This led to frustration and stress, as my work moved along at a frustrating slow pace, with little to show for my time. I can now see that I am better able to move projects forward, while I still take pride in my work, I am less preoccupied with creating perfection.

Myers Briggs Type Indicator

My original results for the Meyers Briggs test was 'The Practical Helper' ISFJ; introverted, sensing, feeling and judging. Again, at the time, I felt this to be a true reflection of my personality. I had recently become a mother and felt that the traits needs for that role were reflected in my results. The idea of conscientiousness and loyalty relating back to my initial Belbin test results.

Retaking the Myers Briggs test, I was surprised to see a marked difference in my result. It now identified me as 'An Imaginative Motivator' ENFP; extraversion, intuition, feeling and perceiving. The main traits of an Imaginative Motivator are ones of confidence, flexibility and the ability to see possibilities in their environment.

I attribute this dramatic change solely to my academic work on the MBA program and in particular my work relating to my dissertation. Having completed a BA Business previously, I had a quiet sense of confidence embarking on the taught modules of the program. A number of the modules, such as International Management and Financial Analysis covered familiar topics, while my electives in Human Resource Management was a completely new field of study, I felt my experience of being in the workplace helped me contextualise a lot of the topics covered.

My time spent completing the MBA was spent connecting with others working in the area of mental health awareness. I used my academic endeavours as a way of reaching out to others in a collaborative way. At the early stages of my research, I came in to contact with See Change, the national stigma reduction partnership. I found an encouraging and enthusiastic response to my proposed dissertation. It boosted my confidence and gave me the courage to be more outspoken on the subject. I subsequently became an Ambassador for See Change, speaking publically about my experience of mental illness and employment.

Following this meeting, I realised that while mental health was being spoken about, the workplace was rarely mentioned. It was almost seen as an afterthought, even though people spend a significant amount of time in work. I decided to use my focus for my MBA as a platform on which to draw attention to the topic. I began a small project called 'Don't Mind the Gap' in which I highlighted the current research and media commentary on the issue of mental illness and employment. I connected with many groups working in this area and even spoke to a researcher, Dr. David Biggs from the University of Gloucestershire about his work.

I have changed and my life has changed as a result of embarking on this MBA. I have not only grown

in confidence but learnt new skills and found a way of turning my passion into a business. I started off this process as a stay-at-home mother, unable to get a job and have finished as an consultant to employers regarding mental health and the workplace. The research for my dissertation, led me down a path previously unknown to me.   I plan on continuing to highlight the important research being done, and hope to be involved in future research.

Appendix II – Research Logbook

Research Methods 1
October 2014

I'm enjoying this subject as it's reinforcing information I already know about research but it's time focusing on my dissertation, which I'm really excited about doing. It reminds me of why I'm doing this Masters and my overall goals. So while the information isn't new to me, I'm enjoying being in that space.

As part of this module I was required to do a short presentation on my research topic. My research title was 'Disclosure of mental illness during the recruitment process in Ireland -
Is honesty the best policy?' The presentation went well, despite some initial technical difficulties. I was delighted with the fact that PJ had no real criticism for me but actually pointed out an issue I brought up to make others aware of it. I also had some questions at the end, people seemed really engaged and interested in the topic, which I was delighted and surprised with.

However, it was the feedback that really blew me away.   People came up to me after class and congratulated me on what I was doing, to be honest, I really wasn't sure how to react. I was so flattered but also encouraged. It really cemented the idea that I was doing the right thing, I was on the road and where-ever it led, it would work out.

Each group of students had to complete feedback forms, I received very little criticism, what I did get was constructive and useful. The positive comments centred around the fact that I was brave and passionate and know what I'm talking about.   I really didn't think I was doing anything special or out of the ordinary. I had just chosen a topic I was interested in and could see a possible future working in the area. I guess everyone's perception is different, while I don't think I'm doing anything special, others may not feel like they could do what I'm doing.

Equality Authority Annual Conference - 'Think Equality, Act Equality'
Dublin Castle, Conference Centre - 4/10/2014

Ciara Miley from See Change told me about this conference last week and I decided to try and get a place at the last minute. I was delighted I made the effort to go, it really gave me a good idea of the general area of equality and what issues are being currently dealt with.

The Equality Authority and the Human Rights Commission will be replaced in November by the Irish Human Rights and Equality Commission, with Emily Logan being its Chief Commissioner Designate.

Ms Logan Opened the conference and spoke about the new body which will have greater independence and voting rights. She acknowledged that while the legislation was there, we seemed to have difficulty in implementing it.   That would make me question how useful is the legislation if it's not workable in real situations.

Mr. Aodhán Ó Ríordáin TD, Minister for State for Equality, New Communities & Culture spoke about our attitude to equality and how it needs to be central in our culture, otherwise we run the risk of disregarding it when things get tough. People often site Finland as a great example of equality at work in their education and health care system and said the reason it works is because their policies are

underpinned by equality, an ideal that is bought into by all political parties. As a country we should strive for something more profound than being the best small country to do business in.

The final speaker of the day was Mr. Paul Vaughan, Senior Manager for Policy, Communications and Area Management, Fife Council, Scotland. He spoke about the importance of gathering data, as it can show how effective equality policies are being implemented. He also spoke about the use of training and development as a tool in the organisation for instilling and equality ethos.

I decided to be brave, and asked the panel a question. I wanted to know how training and development are applied to the everyday operations of the organisation. How does it filter from the training room to the office floor, especially in areas of recruitment and selection? His answer was pretty vague, he said it's a hard thing to gauge, especially as there are thousands of employees working for the council over a large geographic area but that they found getting the staff to take ownership of the training and its implementation was important. I'm still not sure what that means!

Meeting with Ciara Miley, See Change Projects Officer
See Change Offices, Blessington Street 09/10/2014

Having decided to look at the area of mental health and the work place, I contacted See Change to see what research had already been carried out and what work they may find of interest.

I had a long conversation with Ciara about the area in general and a few themes kept recurring; disclosure, reasonable accommodation and training & development.

The area that seemed most of interest to Ciara and certainly caught my imagination was that of disclosure. It seems to be a bit of a catch 22 situation for applicants as to whether or not to disclose their 'disability'. There is a fear of discrimination but also an awareness that the employer made need to be aware of it in order to provide reasonable accommodation i.e. time off for hospital appointments.

We also discussed the idea that a mental health 'disability' was relatively invisible to the interviewer and this made the decision of whether or not to disclose a more complicated one. The area of reasonable accommodation being a far subtler area then say for someone who is in a wheelchair. The allowances given to a physically disabled person is more easily understood and accepted by staff members than for a mental illness.

The idea that mental health illness can be hard to measure and identify was also discussed. Should a person be clinically diagnosed for a particular illness or is their awareness of their mental state and what they can and can't do enough.

Ciara gave me a number of documents detailing their research findings over the last number of years and policy documents that were drafted as a result. She also asked if I would be willing to go forward as a See Change Ambassador, speaking to the public through various media about my experience of depression.

Meeting with Caoimhghín Ó Caoláin TD
Government Buildings 11/2/2015

Spoke with the Minister about the Cross Party Group on Mental Health. He appeared to be very

interested in working on the issue to mental health and employment with me. However, he failed to follow up on any correspondence following our meeting.

Meeting Nessa Childers MEP
EU Offices, Dawson Street 27/2/15

I met with Ms Childers in order to understand better the workings of the EU parliament regarding mental health initiatives, which there seems to be a few. She explained that the process was multi-faceted and time consuming, with initiatives taking years to get established. She advised to look into David McDaid who works with the London School of Economics.

Mental Health and Employment
Dean Hotel 3/3/15

This event organised by Sigmar Recruitment, was part of the mental health week. It had an interesting panel of mental health advocates, Brent Pope, Alison Canavan and Alan Quinlan, along with the CEO of Aware, Dominic Layden.

When I asked the panel about barriers to employment, Brent Pope, said it was a real issue that needs addressing, while Alison Canavan, could not imagine having to apply for work as she is self-employed. The idea of being judged by others because of her mental illness was quite shocking for her.

Mr Pope, went on to address the question to Dominic Layden, who avoiding answering as best he could. He kept repeating information from Aware's Wellness Programme, and when reminded that you had to be in employment to gain any benefit from it, he just said, more research has to be done.

Irish Mental Health Lawyers Association Conference
University College Cork 25/4/15

The main speakers were Minister Kathleen Lynch and Dr. Shari McDaid
Minister Lynch stated that the 'Vision for Change' programme will be reviewed.
I noted that the mental health legislation focused on those in medical care. The legislation needs a broad view and incorporate those that are ready to contribute to society by working.

Dr Shari McDaid, Director of Mental Health Reform said that their goal was for those with mental illness to recover their wellbeing and live a full life in the community.

I spoke with Dr McDaid following the conference and she was arranging for her Policy and Research Officer to meet with me.

Meeting Kate Mitchell, Policy and Research Officer
Mental Health Reform, Coleraine House, Dublin 7 21/7/15

Ms Mitchell explained to me the process of lobbying government for policy change. The hold many consultation groups, carry out extensive research and present policy documents to government.

She offered to help in any way with my research and suggested I contact Minister Ó Caoláin again regarding meeting the cross party group. I did so, but to no avail.

Mental Health in the Workplace Seminar
Chartered Accountants House 3/9/15

I found some speakers at this event particularly interesting. Sorcha Lowry from See Change was the first speaker, talking about the See Change Workplace Programme, which I am already familiar with.

Dr. Kara McGann from IBEC spoke of the cost of mental illness in the workplace, addressing topics of absenteeism, loss of potential labour and lower productivity, employee engagement and staff morale.

Maria Hegarty (Equality Strategies Ltd) carries out equality audits on companies, when questioned about the recruitment process and discrimination, I was give a vague answer and told the main area of discrimination in recruitment was geographical location!

Console Annual Conference 2015
Aviva Stadium 10/9/15

I attended this conference to find out what was going on in the larger mental health community. I had an opportunity to speak with nurses, teachers and psychologists. When I explained what I was planning to research, I was met with the same response….'that is something I never thought about.' One psychologist could not believe that such discrimination was occurring, a view which, to be honest, I felt was quite naive.

The main message of the conference was that prevention is better than cure. Trying to move away from 'fire fighting' the suicide problem and put measures in place to stop it happening in the first instance. Prevention was spoken about in relation to children in school, third level students and those in the workplace. Research has found that the majority of people who develop a mental illness, usually depression or anxiety, do so in their early twenties. It is believed that because they did not develop the right coping skills for live, one they leave the security of education, they have difficulty in dealing with the 'real world'.

Spoke with Dr. David Biggs
Via telephone 1/10/15

Dr. David Biggs of University of Gloucestershire kindly agreed to speak with me regarding his research carried out examining the attitude of employers and recruitment agencies to applicants with disclosed mental health issues. The main advice he gave me was

1. It is important to develop a relationship with participants before interview,

2. Confidentiality is key

3. Ask the participant to speak about 'somebody else' and what they did, taking the focus away from them, especially if they feel a little uncomfortable speaking about an issue.

4. Look at the Johari Model (1955) – reveal something about yourself, showing trust. I'm not sure how this would work, in my research, as by telling the participant my personal interest, they

may feel they don't want to upset me and come across as negative in their views of mental illness.

4.4. Published Articles

Article published on The Journal 6ᵗʰ November 2015

http://www.thejournal.ie/readme/mental-health-going-back-to-work-2428270-Nov2015/

In February 2003 I had a nervous breakdown. My brain just shut down. I was numb, unable to feel emotion, all that existed was darkness. It took me some years to recover from this experience and in 2007, I readied myself to re-enter the workplace. I wanted to have a purpose, a reason to get out of bed. I wanted to contribute to society and to the household.

Somewhat naively, I thought I just needed to apply for jobs, talk to people I know and see what kind of work was out there. I wasn't looking for a high-powered executive position, my experience was in office administration. I didn't think I'd have a problem picking up even short-term contract work, as I had been in continuous employment since leaving school and never had a problem gaining employment.

I wasn't prepared for what faced me, a lot of rejection.

As I tried to figure out what I was doing wrong, I spoke with a career coach and a couple of people that work in human resources. The feedback was unanimous, the gap in my CV was a big problem. With this in mind I decided to re-work my CV in an attempt to disguise the obvious gap and also to return to education. Three years later and having been awarded a First Class Honors Degree in business, I was ready to try again.

During the one interview that I was called for, I was asked about the gap in my CV and contrary to advice, I told the truth. I was proud of the fact that I had survived, as many don't. I was self aware, mentally healthy and happy. To gain employment would have been a huge achievement for me, but I didn't want for that to be founded on a lie, so I told the truth. But my advisors were right, as soon as I explained the gap in my CV, the demeanor of my interviewers changed. Although they were polite and sometimes inquisitive about my experience, I knew that I had talked myself out of a job.

The equality legislation exists not only to promote equality, but also to prohibit discrimination in all aspects of employment, including recruitment. The legislation requires employers to provide reasonable accommodation for employees with disabilities, such as, an adjustment of working hours, installation of a wheelchair ramp or provision of an orthopedic chair. It goes without saying that in order for the employer to provide these reasonable accommodations, they must know be aware of the problem.

Somebody applying for a position is under no obligation whatsoever to disclose their mental health issues and it is their personal choice as to whether or not to do so. However, if they do not disclose, and such issues cause future difficulties in employment, understandably the employer would be asking the question, why didn't you tell us.

Therein lies the problem. One would hope that an employer would wish to know about the disability, so that they may provide reasonable accommodation, in line with the legislation. However, if told, surely the risk arises as to whether or not an applicant would be discriminated against for having mental health issues. With that in mind, it is clear to see why people are reluctant to tell the truth.

It is of course difficult to prove that somebody has been discriminated against because of their mental health issues as no employer will ever make that admission. The usual response is that a more suitable applicant was found.

I can now fully understand why I was not selected for interview as why would an employer take a risk employing somebody with mental health issues over somebody with apparently none. Well, here's the thing. An employer doesn't need to be concerned about somebody who disclosed mental health issues, as they are dealing with it and more than likely they would not have applied for the position unless they were absolutely sure that they were ready to re-enter the workplace. We are not the ones that employers need to be worried about, they need to be conscious of their existing employees who are struggling with their mental health but are afraid to say so for fear of discrimination.

Luckily, things are starting to improve, with more people coming forward to speak about their experiences of discrimination and stigma. Organisations such as See Change are helping to educate both employees on seeking support and managers in how to provide that support through their Workplace Program.

I decided that I was not going to let others dictate whether or not I was fit for work and so I embarked on an MBA specialising in human resource management. I am in the process of launching Don't Mind the Gap, which is a social enterprise that aims to educate employers and those who carrying out recruitment, in how to deal with both candidates and employees with mental health issues. It is hoped that by challenging perceptions and changing mindsets that this will create a society where honesty really is the best policy.

Article published for the Irish Human Rights and Equality Commission

The piece was written for their 'Make Rights Real' Campaign

26th November 2015

http://www.makerightsreal.ie/miriams-story/

In February 2003 I had a nervous breakdown. My brain just shut down. I was numb, unable to feel emotion, all that existed was darkness. It took me some years to recover from this experience and in 2007, I readied myself to re-enter the workplace. I wanted to have a purpose, a reason to get out of bed. I wanted to contribute to society and to the household.

Somewhat naively, I thought I just needed to apply for jobs, talk to people I know and see what kind of work was out there. I wasn't prepared for what faced me, a lot of rejection.

As I tried to figure out what I was doing wrong, I spoke with a career coach and a couple of people that work in human resources. The feedback was unanimous, the gap in my CV was a big problem. With this in mind I decided to re-work my CV in an attempt to disguise the obvious gap and also to return to education. Three years later and having been awarded a First Class Honors Degree in business, I was ready to try again.

During the one interview that I was called for, I was asked about the gap in my CV and contrary to advice, I told the truth. To gain employment would have been a huge achievement for me. But my advisors were right, as soon as I explained the gap in my CV, the demeanor of my interviewers changed. Although they were polite and sometimes inquisitive about my experience, I knew that I had talked myself out of a job.

Nobody should have to feel like they have to justify themselves for what they have gone through. My experience of mental illness does not make me any less of a person. I just wanted to be dealt with as an equal to all the other applicants. The equality legislation is there to ensure that this is what happens.

Knowing the equality legislation exists not only to promote equality, but also to prohibit discrimination in all aspects of employment, including recruitment gave me the confidence to be honest about the gap

in my CV. Having the legislation there bolstered my confidence and self belief. I should not have to fear being myself and being honest about it, no matter what the situation.

I was under no obligation whatsoever to disclose my mental health issues; it was my personal choice to do so. However, if I did not disclose, and my mental health caused future difficulties in employment, understandably the employer would be asking the question, why didn't you tell us.

Therein lies the problem. One would hope that an employer would wish to know about the disability, so that they may provide reasonable accommodation, in line with the legislation. However, if told, surely the risk arises as to whether or not an applicant would be discriminated against for having mental health issues. With that in mind, it is clear to see why people are reluctant to tell the truth.

It is because of this situation that I decided to speak out and be a voice for all the people just like me, who are either trying to get a job or having difficulties in disclosing their mental health issues. The equality legislation is there to be adhered to by employers but also give some protection and reassurance to the employee. I would hope that I could encourage others to have the confidence to be honest about their mental health issues and educate employers to ensure they view us as equals.

Appendix III - Interview Questions

1. What knowledge does the management team have of Employment Equality legislation?

2. What role does the Employment Equality legislation have in the development of HR policy?

3. How are these policies put into practice within the organisation?

4. How does your organisation deal with disclosure?

5. What training have management received in relation to disclosure of mental health issues?

6. How is reasonable accommodation viewed and what measures have the organisation taken in the past?

7. How does your recruitment process accommodate issues of disclosure and reasonable accommodation?

8. How does the disclosure of a mental health issue affect the decision making process for that candidate during recruitment?

9. How would you describe the overall culture of the organisation?

10. How important is an open and supportive culture towards mental health and disability in your organisation?

11. What impact does the organisations culture have on the overall wellbeing of staff?

12. How is diversity and inclusion viewed by your organisation?

13. What form does diversity and inclusion take in your organisation, is mental health considered a part of your diversity policy?

14. How would you describe the organisations approach of mental health?

15. How is mental health viewed and dealt with by management?

16. How does the mental health of staff impact on performance?

17. What impact does the organisations approach to dealing with mental health issues have on the organisations reputation as an employer?

18. Does the culture of the organisation play a role in the branding of the company?