

Full Disclosure:

When Mental Health Professionals Reveal Their Mental Illnesses at Work



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Translating Research Into Policy, Program, and Practice Recommendations

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Introduction

Mental health providers are increasingly pressed to support service recipients in preparing for and succeeding in competitive employment, and many agencies address this issue through both jobs programs and anti-discrimination initiatives with employers. However, there is a growing recognition that many staff within mental health agencies have had or now have mental health conditions themselves. This is in part a result of the expansion of peer support programs, but more significantly it is due to the growing awareness that many direct service staff in non-peer support roles (that is, who work as clinicians or counselors, who serve as job coaches or activity leaders, etc.) work with disclosed or undisclosed mental health conditions. This has raised questions about the degree to which mental health agencies have created welcoming work environments within their own settings for practitioners with their own history of mental illnesses. The research reported on here surveyed a sample of individuals with mental health conditions working in mental health agencies in traditional service delivery roles (that is, who were not hired in peer-support positions) to assess their worksite experiences, with a specific emphasis on the impact of self-disclosure on their professional lives and their use of workplace accommodations.

There are two broad sets of concerns that argue for such a survey. At a general level, research in the field indicates that those with mental illnesses are significantly underemployed in the competitive labor market (Burke-Miller, et al, 2006), and that as many as 85% of those with serious mental health conditions are unemployed for a significant portion of their adult lives. In addition, there is evidence that depression is one of the leading causes for workplace absenteeism, costing the US economy between \$30 and \$44 million each year, with approximately 200 million lost workdays each year (Gabriel & Liimatainen, International Labour Office, 2000) – serious issues to be sure. More specifically, mental health agencies are likely to reflect the same challenges experienced in the broader labor market – underemploying those with mental health conditions and struggling to minimize the unproductivity of lost days to mental health conditions within the workforce. These are likely to be troubling within mental health agencies because research also tells us that the attitudes and beliefs of mental health providers themselves ‘... do not differ from those of the (general) population, or are even more negative’ (Schulze, 2007, p. 142; Wahl & Oroesty-Cohen, 2010). How, then, do individuals with disclosed or undisclosed mental health histories fare in mental health settings?

Exploring this issue is an important part of a mental health agency’s self-assessment, for several reasons (Welder, L.E. & Salzer, M.S. 2016): a) workforce research confirms the high degree to which mental health provider agencies employ those with a history of mental health conditions, even if this is unknown to the mental health provider agency

itself; b) the issues of productivity and quality related to workforce mental illness that impact other employers are equally as profound for budget-stressed mental health providers; c) mental health agencies face similar legal mandates to frame equitable, non-discriminatory, and supportive employment policies related to individuals with disabilities; and d) there remains an assumption within the field that mental health agencies' employment policies ought to reflect not only the core values of the agency but also the messages it communicates to the public about the importance of welcoming work environments for individuals with mental illnesses.

While there is a growing literature on the challenges facing peer support workers within mental health agencies (Salzer, 2010), there is too little focus on the challenges facing their colleagues in more traditional service delivery roles (e.g., caseworkers, activity therapists, case managers, or counselors) who have past or current mental health issues. The Temple University Collaborative on Community Inclusion sought more information on these issues – and particularly about the impact of self-disclosure and requests for workplace accommodations – as part of its wide-ranging exploration of the challenges for those with mental health conditions as they participate more broadly in everyday life – in family and community life, in religious congregations or in academic programs, and in competitive employment.

Methods / Sample

The survey reported on here had a sample (N=69) of participants who self-identified as having a mental health problem and who self-selected to participate anonymously in the survey in response to email invitations. The sample was largely female (N=42) and Caucasian (N=43), with a mean age of 44 years. The largest group worked as mental health counselors (e.g., as social workers or licensed professional counselors) and the majority of the sample reported that they experienced anxiety disorders and major depressive disorders, although fifteen respondents indicated they had a bipolar disorder, and six other individuals reported having a borderline personality disorder. Only one respondent indicated a psychotic illness. About 60% of the sample were currently taking medications and about half the sample reported at least one inpatient hospitalization.

Results

Disclosure Rates. Fifty individuals (70%) reported that they had disclosed their mental health problems at their mental health workplace, with roughly equal number of disclosures to co-workers (N=38) or supervisors (N=34) or both. Only 15 individuals disclosed their mental health conditions to their human resources department. Nineteen respondents did not disclose their mental health issues within the workplace,

and half of these undisclosed respondents indicated that they believed that disclosure might adversely affect them, particularly with regard to the responses of co-workers, their interactions with supervisors, or their future prospects at work – all issues highlighting that disclosure remains a concern to many employees.

Disclosure to Supervisors and Co-workers: Positive and Negative Impacts.

Respondents reported that disclosure either to co-workers or to supervisors elicited similar and largely positive responses. For example, of the 34 respondents who disclosed to supervisors, twenty rated their supervisors' responses as positive, while four rated their supervisors' responses as neutral, and eight respondents assessed their supervisors' responses as negative. This pattern of responses was very similar to those who reported they had disclosed to co-workers: of the 38 in this group, 17 reported positive responses, 7 reported neutral responses, and 7 reported negative responses.

Disclosure to coworkers and supervisors often resulted in the respondent obtaining support and normalizing mental health experiences: eight respondents obtained needed accommodations from supervisors, and 'mutual self-disclosure' also occurred, although more frequently when disclosing to coworkers than when disclosing to supervisors.

However, a small group of respondents reported that disclosure resulted in an unwanted reduction in their job responsibilities or perceived avoidance of personal contact on the part of the individuals to whom they had disclosed. Two individuals reported they feared losing their jobs as a result of disclosure. Four individuals reported regretting their disclosure following these perceived negative experiences of discrimination and/or micro aggression, and some reported feeling bullied or harassed.

Disclosure to Human Resources Personnel. Seven of the individuals who disclosed to their HR department reported a positive experience, four reported having a neutral experience, and four reported a negative response.

Nondisclosure. Of the current sample, nineteen respondents reported not disclosing their mental health issues to coworkers, supervisors, or HR officers at their workplace. For twelve of these the most common reason for not disclosing at the workplace was that the respondent simply did not feel disclosure was relevant; however, eleven respondents reported that they did not disclose their mental health issues at work for fear that disclosure would result in being viewed 'differently.' Some of these respondents were also concerned that the information would be shared with people for whom the information was not intended.

Accommodations. Respondent knowledge of the legal and practical aspects of workplace accommodations varied considerably. Six respondents reported they were only moderately familiar with workplace accommodation information. Only three

respondents indicated having requested accommodations at their current place of employment, and fifteen respondents reported not currently needing them. However, respondents listed ADA training as among the most useful training needs for individuals with mental illnesses who are working in mental health environments.

Promoting Welcoming Work Environments. Respondents were asked to indicate what they thought their agency could do to make disclosure more comfortable. One overarching theme of the responses focused on the need for agencies to develop a ‘workplace culture’ that more effectively promoted welcoming work environments for staff with mental health conditions. The respondents suggested that: a) supervisors needed to be more supportive of staff who disclosed their mental health issues; b) agencies needed to promote healthy self-care practices for all employees; c) HR practices needed to create environments in which disclosure could be discussed more openly; and d) agency executives needed to review and broadly disseminate their agency’s information and policies about disclosure and accommodations.

Training Needs. Respondents also suggested more training on the ADA, support for both co-workers and supervisors with regard to how to work with colleagues with functional limitations (e.g., anxiety, stress, etc.), and more information about both the competence and challenges facing non-peer mental health staff with mental health conditions. Respondents also recommended broader discussion of the risks/boundaries/ethics issues that come with self-disclosure.

Discussion and Recommendations

Although there are grounds for optimism in the results of this survey – many individuals with mental health conditions who are working in traditional (non-peer support) mental health roles have disclosed their circumstances to co-workers or supervisors and have received either positive or neutral responses – the survey also reveals significant problem areas that suggest the need to frame more effective approaches to promoting welcoming work environments within mental health settings themselves. The survey revealed:

- almost a third of the sample of mental health professionals with mental health conditions resisted disclosing their circumstances to co-workers and supervisors, with many of them reporting that they either felt that this was a private matter and/or were concerned about negative consequences of disclosure, which included being viewed differently and more negatively by supervisors and coworkers or having their personal information shared with people for whom it was not intended;
- while many mental health professionals with mental health conditions did have a positive experience disclosing, there were some who had disclosed who felt that they had been discriminated against within the work setting, some who experienced some

level of bullying and/or harassment following disclosure, and some who simply felt a social distancing emerge between themselves and colleagues in the workplace to whom they had disclosed; and

- many respondents reported a need for a variety of policy and practical strategies to help create more welcoming work environments within their mental health settings, including the provision of information and training about accommodations, so that the agency's own environment for employees was consistent with their stated values.

In response, a related project at the Temple University Collaborative developed an expansive set of twenty-seven recommendations to help guide mental health facilities in creating more welcoming work environments: [*Creating Welcoming Mental Health Work Environments*](#). Those recommendations are broadly summarized here, but readers will find a more complete description, with models and resources for each, in the Temple University Collaborative's publication.

Confront the Issue. Many mental health providers can do much more to explicitly confront the issue. There are several steps agencies can take:

- Review agency mission statements and work toward revisions that clarify that the agency's own workforce policies should/will reflect the agency's broader values
- Assess the degree to which the agency's non-peer workforce has its own 'lived experience' and seek the input of those staffers on the agency's environment
- Develop a 'welcoming environment' committee broadly representative of staff and seek their input on policy and practice changes need

Revise Unwelcoming Policies. A regular audit of human resources policies can review areas in which the agency should strengthen its welcoming environment:

- Agencies must review their health care coverage policies and the availability of EAP programs to insure appropriate and equal support of staff with mental health needs
- Agencies must insure that reasonable accommodations are readily available, and that all hiring, probationary, firing and return-to-work policies are equitable
- Consider connecting to other area mental health settings to compare strategies, share resources, and build community-wide support

Educate and Train: There is much additional work to be done to train administrators, supervisors, and co-workers with regard to welcoming environments:

- Broad scale staff training that focuses on welcoming environments for staff should be done with supervisors and co-workers
- Additional training on reasonable accommodations within the workplace and its application to staff with mental health conditions should be undertaken regularly

- Regular assessments of the status of staff with mental health conditions should be done to ensure that a welcoming environment is a consistent feature of the agency

The persistence of negative co-worker attitudes, unresponsive supervisors, and inherently discriminatory human resources policies must give way to a more genuine commitment to building welcoming work environments within mental health provider agencies themselves. The increasing emphasis on competitive employment as a key pathway to community participation relies upon the ability of mental health providers to make the case to employers that hiring individuals with a past or current history of mental illnesses is both a ‘good business’ and ‘readily manageable’ workforce approach: the best case to be made is one that models welcoming environments within the mental health system itself.

Citations

Schulze, B. (2007). Stigma and mental health professionals: A review of the evidence on an intricate relationship. *International Review of Psychiatry*, 19 (2): 137 – 155.

Wahl, O. & Aroesty-Cohen, E. (2010). Attitudes of mental health professionals about mental illness: A review of the recent literature. *Journal of Community Psychology*, 38: 49-62.

Welder, L. & Salzer, M. (2016). [Creating Welcoming Mental Health Work Environments: Recommendations for fully embracing and supporting clinical staff with mental illnesses](#). *Temple University Collaborative on Community Inclusion*.

Salzer, M. S. (2010). Certified peer specialists in the United States behavioral health system: an emerging workforce. *Mental health self-help*, 169-191. Springer New York.