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SUPPORTING PEOPLE WITH MENTAL ILLNESS IN TRAINING AND EMPLOYMENT

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Abstract

This paper argues that for real change to occur in improving the experiences of people with a mental illness in training and employment, more needs to be understood about employers' attitudes and support needs. A review of international literature reveals a gap in the research that seeks to engage directly with employers on their attitudes and support needs in relation to mental illness. Much of what is written about employer attitudes and needs is approached from the supply side: observations from those with a mental illness or from the services that support them. Very little research has concentrated on the demand side, resulting in a lack of evidence on the employer's voice. This paper, following a consideration of disparities in participation and outcomes in training and employment for those with mental illness compared to other disability types and non-disabled people, examines findings from two studies from the USA and Australia designed to engage with the employer voice. The paper concludes that while both studies provide valuable insight into employer perspectives, there is a need for further intervention by researchers and policy makers to ensure the centrality of the employer voice.

Contents

1. Introduction

The World Health Organization defines good mental health as *'a state of well-being in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'* (OECD, 2008). Those with mental health issues can be described as having a disability as they may experience emotional and psychological difficulties that have an adverse effect on one or more areas of day-to-day activities[1].

People with a mental illness[2] can have experiences that cover a wide spectrum of conditions from mild to severe. Some of the most commonly diagnosed forms of mental illness are depression, anxiety, panic attacks, obsessive-compulsive disorder, phobias, bipolar disorder and schizophrenia[3]. Mental illness is relatively common. For example, in Europe, studies show that 27% of adults experience at least one mental health disorder over a twelve month period (OECD, 2008).

This paper is concerned with the impact of mental illness on participation and outcomes in training and employment. It begins by considering disparities in education, training and employment between disabled people (including those with a mental illness) and non-disabled people, and those with a mental illness compared to other disabilities. It then considers why participation in training is important for people with a mental illness. The paper then looks at how people with a mental illness can be further supported to participate in training and employment. It does this by examining two studies (from the USA and Australia) that investigate the views of employers towards disabled employees. Key findings from both studies are:

- Policy makers and those developing support programmes for those with disabilities should recognise the value of on-the-job work experience to employers.
- Employers should have access to a trusted knowledge broker/third party that provides reliable information and support, and builds the business case for employing and training people with disabilities.

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[1] UK Disability Discrimination Act 1995 part 1, section 1.

[2] This paper refers to mental illness rather than mental health conditions or mental distress in the majority of cases. It recognises that for many people their mental health issue may remain undiagnosed, perhaps distinguishing it from being classified as a mental illness. However, 'mental illness' is used here for ease of reference while recognising that diagnosis and non-diagnosis may be important to individual situations.

[3] MIND UK: Understanding mental health

- Greater focus should be given to promoting a culture of disclosure: the benefits of disclosure of mental illness should be outlined to employers and employees.
- Initiatives should be tailored to respond to the contexts, capacities and needs of businesses of different sizes.

By outlining learning from the studies, this paper highlights the need for research that focuses on the employer perspective. Understanding employers' concerns and support needs can contribute to the development of policy and practice to improve the experiences of those with a mental illness.

Before continuing, it is worth noting that while this paper is concerned with mental health, it recognises that discussions on disability training and employment often conflate different mental and physical impairments under the broad term of 'disability'. This no doubt reflects the fact that employers may be working (or anticipate working) with people who have varied impairments. It may also reflect the fact that most government rhetoric and legislation on improving chances for disabled people tends to speak in broad terms, a fact that will impact on employers' discourse. Where possible, this paper refers specifically to those concerns relevant to mental illness. In some cases, however, the reference is to disability more widely. The decision to include wider references is based on the belief that the concerns and needs expressed are relevant to and impact on the opportunities of those with mental illness.

2.   The impact of mental illness on training and employment

In general, people with mental illnesses fare worse in employment and skills compared to those without mental illnesses. For example, those with a mental illness are more likely to have no formal qualifications, find it more difficult to find work (often due to stigma and discrimination), often find themselves in part-time or temporary positions, are often employed in low status jobs that do not match their skill levels, have few opportunities for training and career development, and belong to lower social classes (Royal College of Psychiatrists, 2008).

The experience of people with a mental illness echoes those of disabled people in general (e.g. Griffin et al. 2008; Modern et al. 2010). Recognition of poorer outcomes in education, training and employment for disabled people has resulted in international efforts to address gaps in participation and outcomes. National and regional strategies such as the European Commission's Disability Action Plan[4] reflect political will to support disabled people into sustainable employment while challenging social attitudes. However, although such efforts have made gains for disabled people in general, it is known that people with mental illnesses continue to face greater barriers to training and labour force participation than people with physical and sensory impairments for example (e.g. Royal College of Psychiatrists 2008; Sainsbury et al. 2008).

A focus on participation in vocational education and training helps to highlight some of these issues. Data from Australia (Cavallaro et al. 2005), for example, suggests that, despite a steady growth in recent years of those participating in vocational education and training that report a disability, people with disabilities continue to have low rates of participation (Figure 1). In 1998, those reporting a disability represented 3.5% of those participating in vocational education. In 2008, although the figure had risen to 5.3%, it still remained low compared to overall participation. The number of disabled people participating in vocational education was estimated at 2.3% of the total Australian population with a disability[5]. For the same year, it was estimated that those participating in vocational education without a disability represented just over 10% of the total non-disabled population[6]. In the same study, data from 2003 showed that learners with a mental illness (and acquired brain injuries) had below average outcomes in

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[4] See the European Union's Disability Action Plan
[5] The participation rate of 2.3% should be treated with care due to the caveats outlined in section 2 of this paper and also highlighted by Cavallaro et al. (2005), *p.8*
[6] This rate is an estimate based on figures from Cavallaro et al. 2005, *p.8.* The estimated Australian population with a disability was calculated (91439/2.3 = 3975609 people). This total was subtracted from the total Australian population in 2003 (19,727,476). This gave an estimated non-disabled population of 15,751,867. The total number of students not declaring a disability or for whom information is unknown (1,626,346) was then calculated as a percentage of the estimated non-disabled population (1,626,346/15,751,867 * 100 = 10.32%)

subject completion rates and poorer employment outcomes compared to those with other types of disabilities. Learners with sensory impairments – those who only have a sight or hearing impairment – have the most successful outcomes in subject completion rates and employment. The study suggests that differences in vocational education outcomes may be related to differences in achievements at the end of compulsory schooling and other factors like prior involvement in tertiary education before enrolment on a vocational education programme.

Figure 1: Number of students in the Australian public VET system reporting a disability, 1998–2003
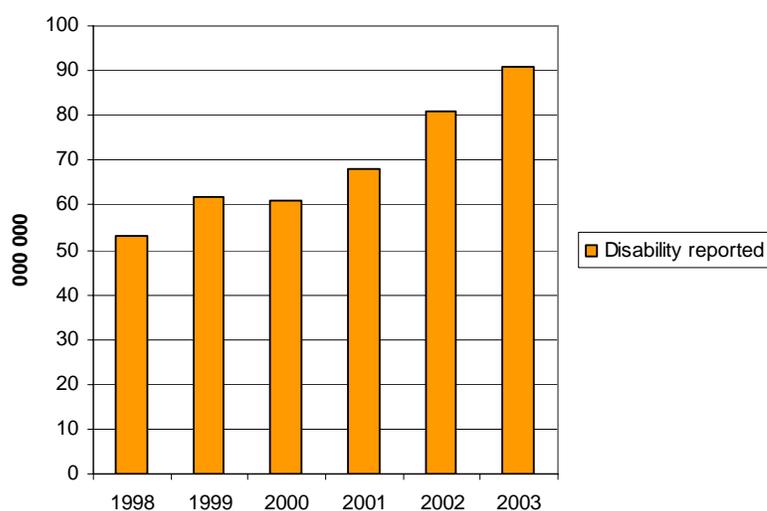
Source: Australian Bureau of Statistics (2004)

Data from England's Individual Learner Record (2007/2008) – data supplied by the further education sector – shows the participation of learners who disclosed a mental illness on work based learning programmes (Figure 2). Those declaring a mental illness represented 0.1% of the overall number of total learners participating in Apprenticeship programmes. For learners on the Train to Gain programme that supports work-based learning, they represented just below 0.1% and for learners participating in National Vocational Qualifications, no incidents of mental illness were disclosed.

Figure 2 – Number of total learner starts and those who declared a mental health condition in Apprenticeships, NVQ only and Train to Gain in England (2007/8)
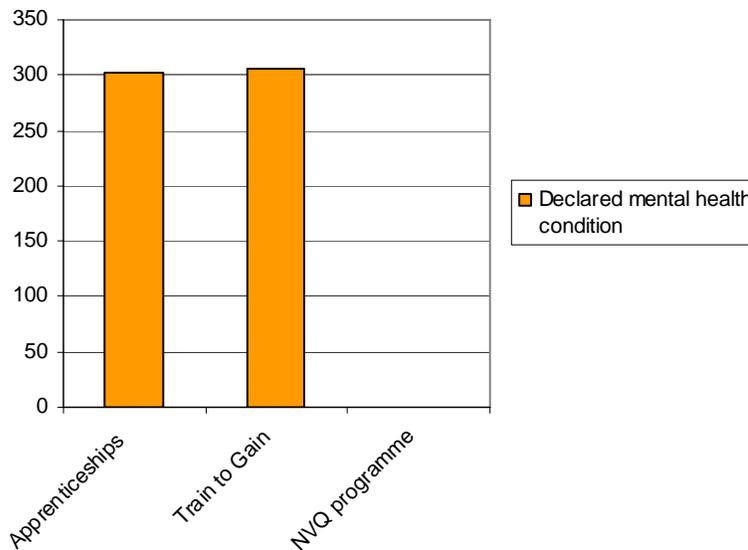
Programme	No mental health condition	Declared mental health condition
Apprenticeships	224,456	302
Train to Gain	338,393	305
NVQ programme	1,092	0

Source: National ILR0708 W15_FRAMEWORK & AIMS

While pointing to discrepancies in participation for people with a range of impairments, the data needs to be interpreted with certain caveats in mind. Apparent increases (or decreases) in the participation of disabled people in training may not be due to an increase in real terms but rather a reflection of greater willingness to self-report. This is particularly the case for mental illness as it is, in relative terms, a hidden disability (Waterhouse et al. 2010). For example, rather than showing low rates of participation of those with mental illnesses on Apprenticeship, Train to Gain and NVQ courses, Figure 2, may represent high levels of non-disclosure. It may also reflect a lack of awareness of mental health conditions. This may particularly be the case for younger learners who may have less understanding or awareness of their condition as the onset of commonly occurring mental illnesses varies by age. Kessler et al. (2007) found that phobias and impulse control disorders start at a younger age (around 7 to 14 years old) compared to anxiety, mood and substance disorders which tend to be diagnosed from 25 years and

upwards. Data showing participation rates may therefore fail to capture young people's full awareness of their condition.

Also, locating data on disability and training (and also employment) is difficult due to differences in definitions of 'disability' (ILO, 2007). Despite these difficulties, the overall picture presented by available data sources suggests that people with disabilities, including mental illness, fare less well than their non-disabled peers in training.

3. The importance of training for people with mental illness

The benefits of training and skills development for individuals, employers, society and the economy are well documented. Benefits include increased earnings for individuals (OECD, 2009); improved promotion opportunities and career progression (Dekker et al., 2002); the likelihood of improved staff retention and increased profitability for employers (McGovern et al., 2001); and benefits to local communities such as reduced involvement in crime (Palmer et al., 2007). There is also evidence that participation in training can increase an individual's employability through equipping them with relevant 'job-ready' skills (Wittekind et al., 2010).

For those with disabilities and mental illnesses, evidence from research shows the benefits of participation in training: disabled people involved in training targeted at specific employment opportunities, including participation in apprenticeship programmes, are more likely to find employment than those involved in non-job targeted programmes (Griffin et al., 2008). For those with mental illness, the opportunity to develop skills has been documented as having a positive effect on mental health as individuals benefit from continued learning, career progression and promotion (Loretto et al., 2010).

A study by Polidano and Mavromaras (2010) to examine the benefits of training for those with disabilities provides further illustration. The study looks at the influence of vocational education and training on the position of those with disabilities in the Australian labour market. Using data from the Household, Income and Labour Dynamics in Australia survey, Polidano and Mavromaras aimed to investigate whether completing a vocational qualification helped people with a disability to enter employment in the immediate term and stay in employment over a longer term (up to 2-3 years after course completion). They also considered the influence of vocational education and training on the employment prospects of those without a disability.

Findings from the study show that completing a vocational qualification improved the employment possibilities of all labour market participants. The greatest influence was seen for

those who were not in employment in the period leading up to the completion of the vocational education programme. However differences are seen between those who have a disability and those who do not. For an average person out of work with a disability, obtaining a vocational qualification increased the probability of employment from 9% to 29% in the first year after completion. For an average person without a disability, there was an improved probability of completing a vocational education programme, although the impact (52% to 62%) was less marked in the first year following completion.

Polidano and Mavromaras's study also shows the longer term employment benefits associated with completing a vocational programme for those with disabilities. Figure 3 shows that those people with a disability (in 2002) who reported completing a vocational qualification since their last interview, were 20% more likely to be in employment than those who did not report completing a vocational qualification. Figure 3 also shows that rates of employment for those completing a course compared to those who did not complete continue to be greater over a period of time (the graph shows the period 2002 to 2007)[7].

Figure 3 – Australian employment rates for those *with* a disability who report completing and not completing a VET course since their last interview, 15–64 years of age
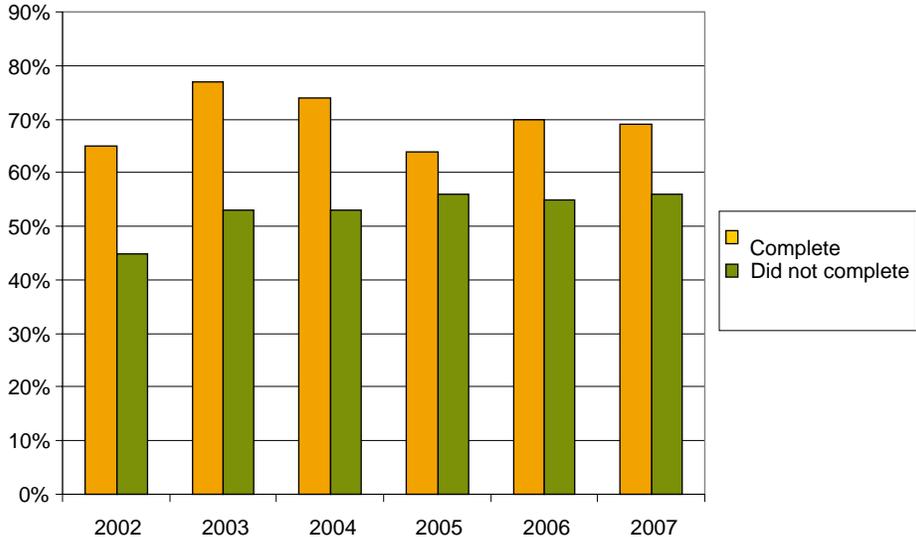
Source: *Household, Income and Labour Dynamics in Australia, 2001-07*

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[7] Figure 3 only shows the 2002 cohort responses. For more details of similar advantages for those surveyed from 2003 to 2007, refer to Polidano and Mavromaras (2010), *ibid. pp.20 & 21*

The report outlines several key factors to explain the positive effect of the completion of vocational education and training programmes on the employment prospects of those with disabilities:

- vocational education and training is an important pathway for those with disabilities: it is more accessible than other post-educational options and is of value to those who encounter difficulties in using qualifications in the labour market due to their immediate relevance to job roles.
- vocational education and training allows those with disabilities to acquire 'soft skills' (generic skills like communication and time-management) as well as 'hard skills' (job-specific technical skills).
- soft skills may help those with disabilities to gain the confidence they need to participate in the labour market.
- vocational education qualifications are of benefit to those with disabilities as an assurance to employers of their ability to perform tasks relevant to their job role.

Polidano and Mavromaras found that those with a mental illness were particularly at risk of failing to complete vocational education courses compared to those from other disability groups. The study found that a key factor influencing a person's ability to complete a course is whether they receive adequate help from others. Those with a mental illness often felt (more than those with sensory impairments, for example) that they did not receive the help that they needed, resulting in course non-completion. This finding supports earlier research, highlighted in the study, which suggests that people with mental illnesses are more reluctant to seek help from support services as they are less willing to disclose their condition.

While drawing attention to the additional support needed for those with mental illnesses (for example, safe procedures to encourage disclosure) to ensure course completion, Polidano and Mavromaras's study demonstrates the benefits people with disabilities and mental illness can gain from participation in training.

4. Two important studies to engage with the employer perspective

The impact of mental illness on employers, business and the economy has been documented in international research. Mental illness can result in high levels of absenteeism and sick leave (OECD, 2008). Estimates into the cost of mental health problems suggest that in financial terms, mental illness costs 3-4% of gross domestic product (GDP) in the EU (OECD, 2008) annually. Recent figures also show that mental health problems account for 25% of disability benefits paid across the EU (OECD, 2008).

In terms of employers, a UK Government Select Committee report demonstrates the type of influence employer attitudes can have on opportunities for disabled people. The report found that negative employer attitudes to disabled people as prospective employees were a key factor influencing the participation of people with disabilities in employment (Select Committee on Education and Employment, 2009). Reinforcing this, evidence from research also shows that less than half of employers would recruit somebody who disclosed a mental health condition[8].

In light of this data, efforts to engage with employers to better understand their perceptions and support needs are vital, in order to equip them with the tools to improve the experiences of those with a mental illness in training and employment.

Two studies from the USA and Australia set out with this aim in mind: Domzal, Houtenville and Sharma's (2008) *Survey of employer perspectives on the employment of people with disabilities* and Waterhouse, P., H. Kimberley, P. Jonas, C. Nurka (2010) ask the question: *What would it take? – Employer perspectives on employing people with a disability*.

4.1 Methodology to identify the studies

Domzal et al. and Waterhouse et al.'s studies were identified for this paper following a literature review covering international published and unpublished literature. Search terms were selected with the aim of locating studies concerned with employer attitudes to mental illness and/or disability and their support needs in training and employment. The process was careful to distinguish those documents discussing disability and employment from the user's perspective (disabled people and/or the organisations representing them) from those engaging directly with employers. Organisations such as the UK's Centre for Mental Health (CMH)[9] were also contacted to identify possible studies.

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[8] *'Verdict reached in landmark mental health employment case'* Monday 15 June 2009, MIND
[9] Previously the Sainsbury Centre for Mental Health

Although the review was as iterative as possible, it is acknowledged that the brevity of its timescale may mean that other key pieces of research were not located on this occasion. However, while other unidentified studies may also be of relevance to this paper, findings from both studies present a good example of the 'value-added' of engaging with employers. Also, compared to other studies that engaged with employers on a smaller scale (e.g. Select Committee on Education and Employment, 1999; Employer's Forum on Disability & Great Places to Work UK, 2008) both studies are distinct due to their geographical scope and/or engagement with businesses of different sizes from a range of industries.

4.2   Outlining the studies

Domzal et al.'s study aimed to inform policy and practice in key areas like recruitment, hiring, promoting and retaining people with disabilities in employment. The research compared the views of employers representing 12 industries in the USA. Senior executives from 3,797 businesses of various sizes were surveyed. The scope of the research is considerable and has been described as the first study of its kind (Waterhouse et al., 2010).

Questions on mental health formed part of the survey questions. For example, employers were asked: To your knowledge, do any of your company's current employees have a physical or mental disability? (Domzal et al. 2008:45). However, a discrete discussion of issues relevant to mental illness was not part of the study, with findings referring to disability as an umbrella term.

Waterhouse et al. describe their study as the qualitative equivalent to Domzal et al.'s in terms of its aims and its sample of employers. The study presents findings from qualitative research with employers across the state of Victoria, Australia, to explore their experiences of employing people with disabilities and the factors influencing employment decisions. Semi-structured interviews and focus groups were undertaken with 40 employers, of which 33 were small to medium-sized enterprises (SMEs). Employers from private and public enterprises participated, including some with a particular interest in training and skills: group training companies, education and training organisations, an apprenticeship centre, and a not-for-profit registered training organisation. Unlike Domzal et al., the study includes a discrete discussion on mental health issues.

Overall, allowing for the possibility of bias, given that participating employers had volunteered their time to take part in focus group discussions, the research found that far from being against the idea of employing people with disabilities, employers were either neutral or positive in

principle. Employers were more likely to discuss issues in terms of their own lack of knowledge, understanding and capabilities, than in terms of the problem lying with disabled people.

4.3. Shared findings

Domzal et al.'s study reveals variances in the employment of people with disabilities and company size, and between public and private sector recruitment. The research found that 10.7% of small companies reported employing people with disabilities compared to 22.6% of medium firms and 53.1% of large companies. Findings also show that public sector companies are more likely to recruit people with disabilities compared to private sector companies and that within public sector companies, differences existed across sectors.

The willingness of larger firms to recruit disabled employees compared to smaller firms is perhaps related to differences in capacity. In support of this, Waterhouse et al. identified that large organisations felt better equipped to integrate employees with disabilities:

'The thing that struck me the most is the amount of depressive illness amongst our own staff. It's staggering and it's hidden. In the bigger organisations they have filters, but in the small organisations these mental health issues are mostly under-diagnosed and poorly treated.'

Employer – Focus group discussions, Waterhouse et al. (2010) p. 15

Waterhouse et al. also found that the experiences of SMEs and large firms relative to disability differed greatly. For example, they noted that SMEs were more likely to lack disability confidence[10]. The study defines disability confidence as employers having the knowledge to make adjustments to the workplace to retain employees who become disabled[11]. It also talks about employers having the confidence to make changes to their recruitment processes to enable disabled people with the right skills and talent to compete on a level playing field with non-disabled counterparts. The study also highlighted that SMEs were less likely to have strong networks and connections to support services.

Both studies draw attention to the need to tailor initiatives to firms of different sizes and capacity to ensure relevance: a 'one-size-fits all' approach would not be effective. For example, employers representing SMEs said they particularly valued third-party input on how disabled people could increase productivity. Large firms said that they were more influenced by

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[10] See Waterhouse et al. (2010), *ibid p. 8,27 & 31* for a broader discussion on disability confidence.
[11] As noted in a UK study *Recruitment and Mental Health (2007)* by the Sainsbury Centre for Mental Health and the Employers' Forum on Disability, in the case of mental illness, 'adjustments' are more likely to be in terms of flexibility and an open-mind i.e. not making assumptions about a person's ability or potential

information supported by statistical data and research as they had the human resources capacity to cope with the movement and use of information.

In addition to this common strand, both studies draw out further findings on employers' attitudes and support needs relevant to disability and mental illness in the workplace. These are outlined in more detail in the next section.

5. Learning from the studies – employers' attitudes and support needs

5.1   Employers – afraid of mental illness?

Waterhouse et al. (2010) found that mental illness was the most frequently mentioned disability in focus groups, with employers perceiving mental health conditions as having the greatest impact on business. When compared to mental illness, physical disability was not perceived as a major issue.

Employers felt much less confident about managing mental illness mainly due to the '*visible*', '*more tangible*' and '*more familiar*' nature of physical disabilities compared to mental illness. In contrast, employers viewed mental illness as '*invisible*', and '*spoke passionately about the problem of unexpected, inappropriate behaviour in the workplace and its multiple impacts on the working day*'. A wide range of conditions including '*eating disorders, autism and Asperger's syndrome, learning disorders, cognitive impairment (often through substance abuse), acquired brain injury and dyslexia*' were raised. Employers tended to place these under the same '*mental illness umbrella*' due to their implications for the work environment: the impact in terms of behaviour and unpredictable outcomes (Waterhouse et al., 2010:14-16).

5.2   Non-disclosure and the employer duty of care

In discussions on mental illness, Waterhouse et al. (2008) found that employers showed a high level of concern over the issue of disclosure as a result of its '*hidden*' or '*invisible*' quality (Waterhouse et al., 2010:16). Employers were particularly concerned about non-disclosure as it impacted on their duty of care to all employees and it left them vulnerable to discrimination law. Some employers viewed non-disclosure as dishonest to the point of feeling deceived. They also felt that more should be done to challenge the secrecy around disclosure and that issues should be out in the open. That said, many employers admitted that they would think twice about employing a person who admitted a mental health condition. Focus group discussions

demonstrated that the problem of non-disclosure (from the point of view of employers) can have the detrimental effect of damaging employer trust and work relationships.

Waghorn and Spowart (2010) argue that disclosure, as it is understood presently - a binary decision (a 'yes' or 'no' answer) offered up by employees at the point of entry into employment - goes little way to addressing problems of stigma and discrimination and ensuring employees with mental illness get the support and adjustments they need in the case of non-disclosure. Instead, they argue for a change in thinking in terms of the type of information provided by new employees with mental illness that is more in keeping with the types of information provided by employees with good mental health:

'We sought to normalise disclosure by examining what people do when they do not have any particular need for a disclosure strategy. The equivalent strategy in use by healthy job seekers is to manage their personal information by preparing a personal resume to summarise the information that prospective employers want to know while concealing less favourable information.'

Waghorn & Spowart (2010) p. 204

Waghorn and Spowart, recognise that employees with mental illness may have more sensitive personal information to manage compared to those with good mental health. However, a comprehensive plan to manage a range of personal information focused on positive strengths rather than negative information is a way forward to challenge self-stigma (those with mental health having a negative regard on self) and to move the emphasis away from disclosure. This information can be managed to support the *'complex on-going nature of disclosure'* (p.203) which does not end with a simple 'yes' or 'no' on entering a job role but adapts to respond to changing job roles and circumstances (eg a change in line manager). The plan proposed by Waghorn and Spowart includes looking at work barriers, the use of terms (eg reducing the use of 'disclosure') and needed adjustments, has been described by clients participating in pilots as empowering. Waghorn and Spowart's suggested approach to managing personal information may go some way to breaking down existing barriers related to disclosure between employers and employees with mental illness.

5.3   Concern over additional costs and performance

Domzal et al.'s study highlights employers concerns over the cost of hiring disabled employees including those with a mental illness. References were made to health care costs, worker compensation costs and fear of litigation, for example. Issues of cost were particularly cited by

SMEs, with larger companies expressing concern over issues like supervision of disabled people.

72.6% of companies participating in Domzal et al.'s study said that the requirement of job roles often posed hiring problems: employers felt that disabled people were likely to lack the skills and experience necessary to perform the role adequately[12]. Again, concerns over performance were more frequently cited by SMEs.

5.4　Work experience for people with disabilities

Employers in Waterhouse et al.'s study valued work experience for disabled people as a key strategy for supporting pathways into employment.

'Employers placed high value on employees with previous work experience, not only in the specific tasks to be performed but also in workplace behaviour, for example, understanding supervision and relating to other employees.'

Waterhouse et al. (2010) p.24

'Employers appreciated applicants who presented with a history of work experience –and perceived the work experience provider/employer as a potentially reliable source of information regarding the applicant.'

Waterhouse et al. (2010) p.7

The study cites the example of a primary school employing approximately 100 staff with a reputation as the biggest employer of trainees in the state. The school has a record of 95% completion rates for traineeships which are seen as a pathway to employment for trainees, including those with disabilities. The school puts this achievement down to several factors including: work structure, staff disability training, job design and clarity over work parameters.

The above allows for several observations to be made about the value of on-the-job-experience to employers. Work experience enables employers to be more confident about the 'job-readiness' of disabled candidates in terms of their skills and ability to adapt and perform in a work place environment; this makes prospective candidates more desirable to employers. Evidence of work experience can also contribute to reassuring employers that adjustments (physical changes to the work environment, and practical, for example, transport needs) and

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[12] See also Gannon, B., B. Nolan, *The impact of disability transitions on social inclusion.* Social Science & Medicine 64 (2007) 1425-1437, for further discussion on employers' lack of awareness of the skills and abilities of disabled workers.

concerns over potential behaviour (relevant to mental illness) are manageable within the workplace.

5.5 The provision of information and assistance from a trusted third party

SMEs participating in Waterhouse et al.'s study particularly stated the importance of having a third party to introduce them to the idea of employing disabled people and to demonstrate the business case[13]. They also valued the role of a third party in *'showing them how to do it'*, supporting them through the process of recruitment, job design, providing initial and continued on-the-job support – in the role of mentor – for employers and employees (Waterhouse et al., 2010:23)[14]. Employers were pleased with the support they had received from group training organisations and from the Disability Employment Network, a network of specialist employment services that support people with disabilities to secure and remain in competitive work,[15] along these lines. Many emphasised the importance of ongoing, long-term support. They also spoke about the benefits of receiving subsidies to pay the disabled employee's wages in the short term.

5.6 Job design

Employers emphasised the importance of adopting a person-centred approach to job-design when supporting those with disabilities including mental illness. They highlighted the need to engage with disabled candidates about their aspirations and interests to see how their skills and knowledge could be integrated into the organisation. Integral to the process was the redesign of other roles in the organisation, for example, the roles of individuals working in the same department or team as the disabled employee. This allows for skills and knowledge within the team to be maximised while incorporating the support needs of the disabled person. Employers (both large businesses and SMEs) said that to engage creatively with disabled candidates and other employees in the organisation to design and re-design jobs required external support and guidance.

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[13] See The Employer's Forum on Disability for evidence on the commercial benefits of employing people with disabilities
[14] Also see *Recruitment and Mental Health (2007)*. The Sainsbury Centre for Mental Health and the Employers' Forum on Disability, for more discussion on the role of intermediaries and recruitment partners for providing support to employers and employees on recruitment, making reasonable adjustments, and on-going job-coaching.
[15] Disability Employment Network

6. The 'value-added' of the employer perspective

Domzal et al. and Waterhouse et al.'s studies demonstrate the value that can be added by engaging directly with employers to understand their attitudes to disability and mental illness and their support needs. Both studies highlight key areas of concern:

- employers' reservations and fears – e.g. disclosure and duty of care.
- the impact on business and concerns over a disabled employee's ability to perform job-related tasks effectively.
- the needs of firms in different contexts (eg large firms and SMEs).
- the need for third-party support to inform the recruitment and integration of disabled people into the work environment.
- factors that support pathways to work (on-the-job work experience).

By engaging directly with employers, the studies make an important contribution to developing an evidence base from which targeted policy and practice can be developed.

7. Conclusions

This paper has considered the importance of engaging directly with employers to understand their attitudes and support needs relative to mental illness. It shows that to date, a core body of evidence engaging with employers on issues related to mental illness and disability more generally is lacking. This is the case for employment and training issues. However, for real change to occur in the experiences of those with mental illness in employment and training, more needs to be understood about the employer perspective. The two studies from Australia and the USA developed to investigate the employer voice demonstrate the value of this approach.

Learning from both studies can be captured to inform future policy and practice and framed under the broader heading of 'building employer confidence':

- **Policy makers and those developing support programmes for those with disabilities should recognise the value of on-the-job work experience to employers**. Work experience greatly reduces employer concerns over a person's ability to carry out tasks and function in a work environment. More specifically, the value of job-ready skills (task related and soft skills) to boosting employer and employee

confidence should be recognised when adopting approaches to improve participation, retention and progression in training and employment for those with mental illness.

- **Employers should have access to a trusted knowledge broker/third party that provides reliable information, support and builds the business case for employing people with disabilities.** Findings from Waterhouse et al. show that this role was filled, in general, by group training officers or disability employment network providers. Waterhouse et al. observe that many brokerage activities are already undertaken by the vocational education sector with some activities receiving allocated funding, while others are carried out within tight budget constraints. The study argues that a brokerage role should be integral to the aims of the vocational education system with dedicated resources and funds.

- **Greater focus should be given to promoting a culture of disclosure: the benefits of disclosure of mental illness should be outlined to employers and employees.** Promoting a culture of disclosure requires joint effort and commitment from policy makers (including at government level), providers of guidance services, training providers, group training associations and employers. This should be achieved without putting pressure on individuals to disclose. There is also the question of the re-conceptualisation of disclosure so it is framed within the management of personal information with a focus on the positive. Although it is beyond the scope of this paper to discuss the mechanisms and legal processes of disclosure, learning from the studies discussed and referenced in this paper shows that it is an area of concern for both employers and employees and one which needs to be addressed.

- **Initiatives should be tailored to respond to the contexts, capacities and needs of businesses of different sizes:** a one size fits all approach is not adequate to capture the different support needs of SMEs and large businesses. The type of information needed by businesses of different sizes, the best format and methods of communication and the most appropriate types of support need to be considered.

- **Employers should be supported in having a more pro-active response to manage mental health in the work-place.** This includes having the information, advice and resources available to facilitate engagement with third party support, to make reasonable adjustments (physical and structural) to workplace environments, to develop policies to address recruitment and retention of those with mental illness, and awareness training for staff[16].

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[16] Also see *Recruitment and Mental Health (2007),* the Sainsbury Centre for Mental Health and the Employers' Forum on Disability

Finally, both studies examined here demonstrate the learning that can be achieved by direct engagement with employers. To ensure the value of the employer voice is recognised in policy and practice relevant to training and employment, this paper makes the following recommendations:

For researchers

- **The research community should demonstrate a commitment to investigating employers' perspectives on training and mental health conditions.** This should include employers representing businesses of different sizes and from a range of industries.
- **Robust, aggregated and comparable data on mental health conditions in employment and training should be developed** to provide a baseline for action.
- **Learning from research should be communicated and shared internationally.**

For policy makers

- **Issues on disclosure should be re-evaluated to consider how a *'culture of openness'* can be nurtured and/or re-conceptualised while protecting the interests of employers and employees.** Employers should have easy access to information and support.

For researchers, policy makers and practitioners (e.g. third party/intermediaries)

- **Communication channels should be developed between research, policy and practice to ensure that learning from research and policy proposals are translated into effective practice.** This includes communicating research into formats that are easily accessible.

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