



# Facilitators and Inhibitors of Mental Discrimination in the Workplace: A Traditional Review

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**ABSTRACT** *Discrimination can closely follow disclosure of neurodivergence in the workplace. This traditional review of the literature therefore aims to (a) critically explore factors that facilitate and inhibit mental discrimination in workplace environments, and (b) produce an evidence-based, anti-discrimination guide supporting neurodivergent employees. Applying content analysis to 64 scholarly articles retrieved from Scopus, ProQuest Central and PsycINFO (via OvidSP) databases, this traditional review offers three main messages which should be of value to HR policymakers and practitioners. First, the spirit of diversity and inclusion needs to be practically applied in recruitment processes so that neurodivergent applicants are not exposed to discrimination. Second, employees or prospective employees should not feel that they will be punished for disclosing their neurodivergence. Finally, sanist workplaces that refuse to be inclusive and accommodating of neurodivergent persons might experience lost productivity as a result.*

**KEYWORDS** human resources; inclusion; neurodiversity; workplace; discrimination

## Introduction

Mental discrimination in the workplace is a social justice topic that is worthy of scholarly attention. Discrimination is defined as, “treating someone differently or unfairly because of a personal characteristic or distinction, which, whether intentional or not, has an effect that imposes disadvantages not imposed on others, or that withholds or limits access that is given to others” (Jones et al., 2018, p. 87). Distinguishing stigma from discrimination, Nardodkar et al. (2016) purport discrimination to be the behavioural expression of stigma. Sanism is defined as, “the specific prejudice, stigma and discrimination associated with mental illness that, according to Perlin, is

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ISSN: 1911-4788



largely invisible and socially acceptable” (Perlin, 2000, as cited in Williams, 2014, p. 151). Sanism is opposed by the paradigm of neurodiversity, defined as “the diversity of human minds, the infinite variation in neurocognitive functioning within our species;” the term neurodivergent “means having a brain that functions in ways that diverge significantly from the dominant societal standards of ‘normal’” (Walker, 2014). When considering mental stigma and discrimination, it is important to recognise the compounding impacts of other forms of oppression. In this regard, Draper et al. (2012) report of racism, ageism and sexism amplifying disability stigma.

The extent to which sanism is experienced across across personal, organisational and societal levels should not be downplayed. At a personal level, individuals with mental health issues often report employment discrimination (Henderson et al., 2012). Draper et al. (2012) caution that these individuals are stereotyped in terms of danger and incompetence. According to Russinova et al. (2011), employer discrimination constrains the recruitment, retainment and advancement prospects of persons with mental ill health. Employees with mental health issues can be more likely to experience discrimination in covert and overt forms (Snyder et al., 2010, as cited in Cavanagh et al., 2017). The impacts of such discrimination upon employee wellbeing should not be underestimated. Lockwood et al. (2012) report that discrimination intensifies the disability that is experienced by persons with mental ill health. Crucially, the workplace environment influences the general wellbeing of employees (Coduti et al., 2015). At an organisational level, Leasher and Miller (2012, p. 282) note that discrimination is a considerable issue for workplaces owing to its “deteriorating effects.” Nardodkar et al. (2016) warn that universally the participation of people with mental ill health in the employment market has been stunningly low.

At a societal level, Williams (2014) notes that persons with mental illness are regularly characterised as being fundamentally dissimilar from others, marked by their mental illness, and subsequently rejected and distanced. Undesirable social reactions to the mentally ill have endured throughout generations regardless of improvements in care, legal assistance, and medical understandings (Gordon et al., 2004). Under systems of structural subordination, “slow death” indicates the “wearing out” of persons in a population (Berlant, 2007, p. 754). However, in contemporary society, the lives of citizens with mental illness who are *perceived* as dangerous can also be quickly cut short as a result of police brutality. Citizens with mental disabilities have been excessively impacted by the application of deadly force (International Human Rights Clinic, 2017). For instance, in the United States, a 2016 *Washington Post* report claimed that of the 963 persons who were killed by police, 25% of these were associated with mental ill health (Bratina et al., 2020).

Recognising the negative and ongoing impacts of sanism upon individuals, workplaces and society more broadly, together with Coduti et al.’s (2015) call for research to reveal workplace issues that influence mental health, this

traditional literature review has two fundamental objectives. First, it aims to identify mental discrimination facilitators and inhibitors in the workplace. Second, the study endeavours to produce an evidence-based, anti-discrimination guide that is supportive of neurodivergent employees.

## **Method**

A traditional literature review is used to critique and summarise the literature as well as to make conclusions about a topic of interest (Cronin et al., 2008). This study has principally followed stages for conducting this type of literature review described by Cronin et al. (2008). Having selected a review topic, the data collection phase involved applying the following search term against Scopus, ProQuest Central and PsycINFO (via OvidSP) scholarly databases:

“disability discrimination” AND “workplace” AND (“mental” OR “psychiatric”)

Informing the relevance of articles, the following inclusion criteria were then applied:

years = 2010-2019 AND field = search all fields AND language = English AND document type = article AND article is accessible AND abstract is available AND no duplicates AND (text describes workplace mental discrimination facilitator(s) AND/OR workplace anti-mental discrimination measure(s))

This search strategy was deliberately constructed to generate a sample of scholarly texts that was sufficient to support informative findings. The inclusion criteria were assessed in the first instance against the abstracts. Those articles showing potential were downloaded and examined in detail for evidence of mental discrimination facilitators or inhibitors. The analytical phase of the literature review was guided by the inductive content analysis steps as depicted by Elo and Kyngäs (2008). This involved: (a) open coding (i.e., highlighting data in the text); (b) grouping and coding (i.e., grouping data into themes according to coding rules); (c) abstraction (i.e., combining themes where possible); and d) modelling (i.e., positioning the themes into a conceptual map). Finally, the writing phase of the traditional review included recording results and critically discussing the study findings.

## **Results**

Of the scholarly database searches, Scopus produced 138 possibly relevant articles with 37 relevant. ProQuest Central produced 249 possibly relevant articles, 220 possible after removing duplicates, with 17 relevant. PsycINFO (via OvidSP) produced 76 possibly relevant, 37 possible after removing



the mistreatment of prospective and current neurodivergent employees should thus not be understated. Such prejudice is highlighted in the following quote from Russinova et al. (2011), “even co-workers who know of my psychiatric history make horrible degrading remarks about library patrons who are ‘perceived’ to be mentally ill” (p. 234). Temple et al. (2018) purport that persons who are experiencing psychosocial disability are more prone to reporting discrimination. Disturbingly, those reporting neurodivergence-related discrimination in the workplace should not assume that they are to receive fair hearings. Lockwood et al. (2014) caution of management bias due to the claimant’s “invisible” disability (p. 179). Such tendency towards mental prejudice, however, is not confined to those in management. Activists suggest that the issue resides with a “neurotypical society” that refuses to acknowledge “different ways of thinking or behaving” (O’Connell, 2011, p. 898). Discrimination in the workplace and more broadly in society targets various forms of neurodivergence including those of autism, depression, anxiety and schizophrenia (Goffman, 1963, as cited in Barber, 2015; Lee et al., 2016; Levin, 2013). Mental bias is pervasive in the sense that it can seep into recruitment processes. Specifically, psychiatric stigma can negatively influence hiring intentions (Ameri et al., 2018; Hickox & Hall, 2018). This discrimination against neurodivergent job applicants represents a structural obstacle to their involvement in competitive employment (Nardodkar et al., 2016). As employees with physical disabilities can be favoured over workers with mental health issues (Burke et al., 2013), mental stigma appears to contribute to unemployment (Wright et al., 2015). Moreover, employers think that persons with mental ill health will be “awkward” in their place of work (Unger, 2002, as cited in Maroto & Pettinicchio, 2014, p. 79). Hence, mental bias toxicity can flow freely beyond recruitment and into the realm of job retainment. Roulstone and Williams (2014) vividly depict this contamination as follows:

You only have to get the wrong boss with views of mental illness as a personal failing or a tabloid view linking mental illness with violence and then you might find yourself being eased out. (p. 22)

Further to the topic of retaining employment, Snyder et al. (2010) note that accommodating invisible disabilities might be seen as less warranted. Consequently, accommodations for psychological disabilities can be permitted far less frequently than for physical disabilities (Telwatte et al., 2017). Even on occasions where accommodations are successfully received by neurodivergent staff, these adjustments might come at a heavy price. Resentment can spread following a perception that an employee is receiving preferential treatment (Patton, 2010). Fevre (2013) elaborates, “co-workers may ill-treat employees with disabilities because of what they believe to be unreasonable or unfair variations in workplace norms for such employees” (p. 302). Mental bias is evidenced in other unwanted forms of attention in the workplace. Employees can experience additional scrutiny because of their

mental difference (Griffin, 2016). In addition to negatively influencing the recruitment and retainment of neurodivergent individuals, mental bias also has potential to stifle job advancement opportunities. In this light, staff with mental health issues are less likely to hold managerial or professional positions (Longhi et al., 2012).

Legislative shortfalls are another factor influencing the mistreatment of neurodivergent employees. Özcan et al. (2011) recognise that people with disabilities are confronted by discrimination despite legal attempts to protect them. Of particular relevance to this paper, O’Connell (2011) comments, “discrimination law still struggles to deal with the neurologically different” (p. 899). Employer size might play a part in promoting discrimination against neurodivergent persons. Ameri et al. (2018) raise the prospect that as small employers have Americans with Disabilities Act (ADA) exemption, they are participating in discriminatory behaviour. LaVan (2019) also recognises that not all persons have the resources to seek legal justice. Conversely, some employers might decide to use some of their considerable resources to support the continuation of discriminatory practices. Nardodkar et al. (2016) indicates that because of mental stigma, employers might elect to be fined rather than hire individuals with mental ill health. Also, laws are no guarantee that neurodivergent employees will receive the accommodations that they might require. Fairclough et al. (2013) understand that the criteria for accommodating mental disabilities in the workplace can be problematic. As acknowledged by Bell (2015), inclusion of mental health conditions in the workplace requires a wider response that puts less emphasis on personal enforcement. Hence, the literature undermines any proposition of the legal policy instrument as a panacea for sanism in the workplace.

Stigma and discrimination work to silence people. Santuzzi et al. (2014) recognise that stigma might deter the disclosure of mental disabilities in the workplace. A study by Horton and Tucker (2014) indicates that the stigmatising of mental illness as “weakness” is a popular explanation for employee non-disclosure (p. 80). De Lorenzo (2013) also notes that stigma and concerns over career harm act to extensively lessen the number of staff who disclose their mental ill health. The literature offers the following quotes which collectively emphasise the powerful influence of anticipated discrimination in constraining the disclosure of neurodivergence in the workplace:

I would be wary of disclosing until I saw how the employer actually treated employees with mental health issues, not just their stated policy. (Von Schrader et al., 2014, p. 251)

I would never disclose (my mental disability) because it’s not like you’re forgiven. (Jans et al., 2012, p. 160)

Phila shared that he preferred not to disclose his disability and shared his experiences after previously disclosing: They were more stand-offish. They would say, ‘He is on meds. He is a bit of a psycho.’ (McKinney & Swartz, 2019, p. 12)

Anxiety, such as that which is expressed above, can speak loudly to neurodivergent employees who are contemplating disclosure. These perceived fears are not unfounded. Coduti et al. (2015) raises concerns about being treated differently and having colleagues change their views about the competency of the person. Appreciating these risks (and that disclosure should be a personal choice), attempts to conceal neurodivergence in the workplace in efforts to avoid stigma and discrimination can also have deleterious consequences. Santuzzi et al. (2014) suggest that a loss in health and performance are two areas of concern. This finding suggests that workplaces who fail to be inclusive of neurodivergent persons might be penalised through possible reductions in employee wellbeing and productivity.

It is appropriate that intersecting and compounding oppressions such as racism and sexism, which have the capacity to contribute to sanism in the workplace, be acknowledged. Racism is connected with negative health influences by lowering accessibility to health advancement resources including that of employment (Paradies et al., 2015, as cited in Temple et al., 2018). Racism thus plays a role in lowering employment opportunities for prospective neurodivergent employees. In the context of high exposure to violence as reported by persons with mental illness, employers are encouraged to be aware of such “patterns of vulnerability” as well as “intersections with gender and other risk factors” (Dammeyer & Chapman, 2018, pp. 8-9).

#### *Neurodivergence in the Workplace – Mental Discrimination Inhibitors*

Opposing legislative shortfalls as a mental discrimination facilitator are legal and policy reforms (see Appendix 2). Long (2018) advises that legal definitions of disability have been considerably expanded enabling a better coverage of persons with mental health conditions. Nardodkar et al. (2016) stress a need to protect against covert as well as overt discrimination. Greater legal protections are also required across areas of hiring practices, disclosure of neurodivergence and requests for accommodations. Support has been given for affirmative action (i.e., quotas) to be utilised to redress mental discrimination in recruitment processes (Corrigan & Gelb, 2006, as cited in Nardodkar et al., 2016). Human Resources (HR) policies need to consider the high level of concealment of mental ill health (De Lorenzo, 2013). There is also a need for additional understanding about accommodating mental illness in the workplace together with the benefits of these accommodations (McDowell & Fossey, 2015). Potentially undermining these kinds of legal

and policy reforms, Santuzzi et al. (2014) warn that the cultural stigma connected to certain disabilities might be beyond the control of organisational policies. Opportunities might therefore arise to help reduce mental discrimination through an improved workplace culture. Countering the undesirable outcomes of disclosure, an inclusive workplace culture encourages health-related conversations (Munir et al., 2005; Niehaus et al., 2008, as cited in Vornholt et al., 2018). Russinova et al. (2011) also advise that changes in workplace culture are needed to deal with covert expressions of mental bias. The role of supervisors in supporting organisational cultural change should not be underestimated. Bruyere et al. (2010) elaborate that workplace culture is enhanced for all when managers take part in constructive “diversity behaviours” including those of being cooperative, flexible and respectful of everyone (p. 56). Such flexibility challenges the standardisation of work practices and spatial organisation that can form part of an assemblage of discrimination against neurodivergent employees.

Education should not be overlooked in the fight against mental discrimination. Hanisch et al. (2016) advise that anti-stigma measures can be helpful in adjusting employees’ knowledge about mental ill health. Broadly speaking, increased knowledge is associated with desirable treatment (Rossetto et al., 2019). Efforts should therefore be made to inform staff members about neurodivergence. Occupational health staff can train managers and make known the harmful impacts of mental stigma and discrimination (Downey, 2012). Rehabilitation counsellors can advise persons with mental ill health about discrimination in the workplace and of the procedures for raising perceived issues with employers and unions (An et al., 2011). Counsellors can also assist with planned disclosure as a way to acquire workplace accommodations and to avoid stigma (Corbière et al., 2014, as cited in Vornholt et al., 2018). Moreover, Allott et al. (2013) advise that as part of the Individual Placement and Support (IPS) model, disclosure can happen in a collaborative, flexible and personalised way. Coduti et al. (2015) describe as vital the raising of supervisor awareness to behave supportively towards employees who disclose. Education can also promote effective accommodations at the time of recruitment (Chen et al., 2016). McDowell and Fossey (2015) comment:

Education is required for employers, rehabilitation professionals, and employees without the support of a supported employment agency to increase understanding of disability discrimination legislation and workplace accommodations. (p. 201)

The price to be paid by neurodivergent employees for persisting ignorance is potentially high. Failing to educate people about mental disabilities would likely result in colleagues and supervisors continuing to depend on stereotypes and to discriminate against the mentally ill (Hickox & Hall, 2018). Mental discrimination in the workplace can also be lessened through greater contact with neurodivergent persons. Research indicates that contact involving persons with mental ill health and the broad public might be

effective in redressing prejudicial attitudes (Corrigan et al., 2001, 2002; Wood & Wahl, 2004, as cited in Burke et al., 2013). Rossetto et al. (2019) also purport that contact is connected with positive treatment. Furthermore, Darcy et al. (2016) highlight the importance of people to be willing to “come out” and to oppose disability discrimination (p. 1264). And in supporting strategic research direction, Henderson and Gronholm (2018) comment that more understanding is needed about how contact can be integrated into workplaces so as to allow for a sustainable impact.

### **Anti-discrimination Guide Supporting Neurodivergent Employees**

A preliminary guide endeavouring to help to reduce discrimination involving neurodivergent staff is provided in Table 1. This guide was developed from the discussion above, which was itself informed by a traditional review of the literature. The guide offers practical, evidence-based ways in which to promote social justice through work environments that are inclusive of neurodivergence.

#### **Preliminary guide for redressing discrimination against neurodivergent employees**

1. In defining the policy problem, policymakers need to recognise mental bias, legislative shortcomings and silence as key facilitators of neurodivergence discrimination in the workplace.
2. Employers should introduce affirmative action (i.e., quotas) to redress the prospects of discrimination involving neurodivergent applicants in the hiring process.
3. Undertake HR policy reforms that attempt to address the issue of non-disclose by encouraging a culture where people are safe to openly talk about neurodivergence.
4. Support workplace cultural reforms wherever needed so that managers and others are encouraged to be open minded, flexible and respectful on the topic of neurodivergence.
5. Provide mandatory training for new and current employees about the harmful impacts of mental stigma and discrimination and let it be known that such attitudes and behaviours will not be tolerated.
6. Inform neurodivergent staff about their rights not to experience discrimination as well as the process for reporting such perceived behaviours.
7. Ensure that job selection panel members are aware of their responsibility not to discriminate against neurodivergent applicants and to reasonably accommodate

<p>these persons throughout the hiring process wherever needed.</p> <p>8. Counsellors to inform staff about the planned disclosure of neurodivergence and its benefits in terms of enabling access to reasonable accommodations that might be required.</p> <p>9 Explore the role of the IPS disability employment support model in assisting clients to confidently and safely disclose their neurodivergence should they desire to do so.</p> <p>10. Invest in research that explores the possible ways in which greater contact between neurotypical and neurodivergent staff members might be achieved.</p> <p>11. Promote a culture where diversity and inclusion are openly celebrated and neurodivergent employees (including those at an executive level) are safe to disclose their neurodiversity should they wish to.</p>
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*Table 1.* Preliminary Guide for Redressing Discrimination Against Neurodivergent Employees.

## **Conclusion**

Supporting the advancement of social justice, neurodivergent citizens should have a far greater representation in employment. This paper reveals examples of the ways in which the discriminatory practices of sanism are conducted in workplaces. Despite its presence and persistence within contemporary workplace cultures, sanism should not be considered unchallengeable. By embracing the anti-discrimination guide provided above, socially inclusive workplaces will be implementing evidence-based measures that endeavour to attract and retain more neurodivergent employees.

This traditional review yields three main messages that employers who aspire to be more inclusive of neurodivergence would do well to heed. First, the spirit of diversity and inclusion needs to be practically applied in recruitment processes so that neurodivergent applicants are not exposed to discrimination. This necessitates job selection procedures to be flexible and panel members to remain open minded about possible accommodation requests. Second, employees or prospective employees should not feel that they will be punished for disclosing their neurodivergence. Any staff member (regardless of their position) found to be engaging in such discriminatory behaviours against neurodivergent persons should be held accountable. Finally, sanist workplaces who refuse to be inclusive, flexible and accommodating of neurodivergence might be the ones who find themselves to be experiencing lost productivity.

The findings of this review should be considered preliminary in that the traditional literature review undertaken was purposefully confined to the

search term that was applied and the three databases that were accessed. Future studies applying different search terms or accessing different data sources might identify themes outside of those revealed by this study. For example, future research might reveal additional compounding oppressions other than those of racism and sexism. The guide as presented in this study should thus be considered as a solid platform from which future research is invited to build.

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## **Appendix A – Sanism (i.e., Mental Discrimination) Facilitators**

**Theme:** Bias

**Coding rule:** Mental discrimination is encouraged through bias.

**Exemplary quotes:**

“This research suggests that disability discrimination may be based in part upon stigma” (Draper et al., 2012, p. 204).

“While stigma undoubtedly plays a role, discrimination is its behavioural manifestation” (Nardodka et al., 2016, p. 375).

“The ambiguity caused by those conditions perceived as less tangible such as stress, mental health conditions or those with medically unexplained symptoms, aroused scepticism” (Bramwell et al., 2016, p. 244).

“In examining the individual impairments that together comprise Behavioral Disorders, charging parties with Anxiety Disorder, Depression, Bipolar Disorder and Other Psychiatric Impairment filed 20% to 64% more harassment complaints than other types of discrimination charges” (Shaw et al., 2012, p. 193).

“Becker’s model of taste-based discrimination may apply, given the well-documented history of stigma and prejudice against people with disabilities. Under this model, prejudiced employers refuse to hire applicants with disabilities (or with particular disabilities such as mental health conditions)” (Becker, 2010, as cited in Schur et al., 2017, p. 484).

“For example, higher concern has been found in hiring people with mental or hidden disabilities than people with physical disabilities” (Heera & Devi, 2016, p. 66).

“negative employer attitudes may exacerbate the failure of employment support programmes to promote the benefits of employing workers with intellectual and mental health disability (Luecking, Cuzzo and Buchanan, 2006)” (Bartram et al., 2018, p. 733).

“among people with only one type of impairment, individuals with a mental illness or a nervous and emotional condition reported the lowest overall labour force participation rates” (Hogan et al., 2012, p. 5).

“Employees with psychiatric disabilities who have received some accommodation may also be targeted for harassment because they are seen as receiving preferential treatment, leading to resentment” (Hickox & Hall, 2018, p. 589).

“Copeland et al. (2010) reveal how employers’ attitudes towards persons with disabilities can be affected by their knowledge of accommodations legislation, beliefs regarding what constitutes a disability, perceptions regarding how reasonable the accommodation is, and perceptions about workers’ abilities and levels of productivity” (Stergiou-Kita et al., 2015, pp. 4-5).

“As well as diminishing morale in the workplace, the antipathy these accommodations could create may also give rise to issues of disability harassment (Fox v. General Motors 2001)” (Fairclough et al., 2013, p. 284).

“The most common, well-known and powerful mechanism of prejudice and discrimination involves the use of practices that target explicitly such workers either through open encounters or behind the scenes unfavorable decisions concerning them or through gossip and badmouthing” (Russinova et al., 2011, p. 237).

“Such negative impact on workers with psychiatric conditions may easily negate intended benefits from reasonable accommodations, may exacerbate original psychiatric symptoms and may lead to work interruptions and job loss” (Russinova et al., 2011, p. 238).

“One UK social worker described their experience when they disclosed to their employer about the mental illness they are living with: ‘they have made me feel as though I have something to be ashamed of and punished for, rather than recognising the additional expertise my experience gives me as a practitioner’ (SCIE, 2014)” (Healy et al., 2015, p. 1089).

“People with mental health problems are the impairment group least likely to be in senior positions in all sectors (Sayce 2011; Social Exclusion Unit 2004)” (Roulstone & Williams, 2014, p. 18).

“Those with health conditions are less likely to be in professional or managerial occupations, and this is particularly the case for those with mental health conditions” (Longhi et al., 2012, p. 946).

“While disability rights advocates are pushing for views of wellness and individual worth that are inclusive of disability and less obsessed with physical and mental differences, the wellness approach tends to coalesce around some universal standards of health that are supposedly desirable and achievable for all or most” (Basas, 2014, pp. 1054-1055).

“Compared to the general disabilities group, allegations from employees with psychiatric disabilities were filed less frequently in small companies and medium-size companies with fewer than 200 workers” (An et al., 2011, p. 15).

“Both groups commonly make allegations against the following industries (and in the same order of frequency): RetailTrade, Manufacturing, Accommodations/Food Service, and Health Care/Social Services” (Van Wieren et al., 2012, p. 166).

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**Theme:** Legal shortfalls

**Coding rule:** Mental discrimination is encouraged through legislative shortfalls.

**Exemplary quotes:**

“Not all people with mental health problems are disabled within the meaning of the Act, but establishing a disability discrimination case is the only significant route by which such an employee can challenge their employer’s or potential employer’s actions” (Brohan et al., 2012, p. 10).

“The challenge of providing inclusive workplaces for those with mental health problems demands a broader response that places less weight on individual enforcement” (Bell, 2015, p. 221).

“one response could be to re-examine the scope for incorporating participation rights into the legal framework on anti-discrimination. This might involve a duty to inform and consult workers on equality policies, including workplace procedures for providing reasonable accommodation” (Bell, 2016, p. 32).

“whilst the criteria for assessing essential job functions and providing reasonable accommodations are well suited to evaluating employees’ physical impairments, it is our opinion that they are more problematic when evaluating mental disabilities” (Fairclough et al., 2013, p. 281).

“There is still a long way to go before the cross-cutting application of reasonable accommodation can be assured in practice” (Ferri, 2018, p. 48).

“It is also important to note here that, despite explicit mention of equal treatment and non-discrimination in 64% of country laws, in many of these countries persons with disabilities, including mental disabilities, were barred from specific areas of employment such as national security services, armed forces, or occupations that are deemed hazardous” (Nardodkar et al., 2016, p. 378).

“Nevertheless, neurodiversity poses a challenge to law because it offers a way of seeing the ‘disabled’ brain that is in keeping with other activist movements that have driven legal protection for other identity-based groups by framing stigmatised difference as positive diversity” (O’Connell, 2011, p. 899).

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**Theme:** Silence

**Coding rule:** Mental discrimination is encouraged through silence.

**Exemplary quotes:**

“the potential stigma that could accompany coworkers and supervisors’ knowledge of the disability may lead employees with invisible disabilities to keep those features concealed at work, even at the cost of health and performance impairments” (Santuzzi

et al., 2014, p. 206).

“deciding whether or not to disclose presents dilemmas for people with mental illness because of fears of being stigmatized and risks of discrimination (Corbière et al. 2014)” (Villotti et al., 2017, p. 869).

“Themes of perceived stigma and discrimination appeared frequently as reasons for restricted or non-disclosure...” (Irvine, 2011, p. 184).

“Persons with mental health problems report difficulties in returning to work, for disclosure of the information about mental illness further increases risk of stigma and discrimination at the workplace (Brohan et al., 2012)” (Nardodkar et al., 2016, p. 381).

“Although disclosing the diagnosis could be helpful in improving communication and feedback in the workplace, the participants described very mixed responses when informing others” (Price et al., 2019, p. 22).

““In the end, I decided not to disclose, not to come out, as I have come across too many scare stories from those with mental health problems in particular, who have come out and disclosed their condition or their diagnosis to their colleagues, managers and employers and about the discrimination they have experienced for me to want to take the risk”” (Barber, 2015, p. 42).

“Similarly, persons who view themselves as stigmatised are more likely to accept discrimination which adds to further condone such actions and at the same time to make self-disclosure a less attractive option (Rüsch et al., 2010)” (De Lorenzo, 2013, p. 227).

“Subtle discrimination against disabled people is difficult to eradicate because victims rarely complain (Beauchemin *et al.*, 2010)” (Hemphill & Kulik, 2016, p. 539).

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**Theme:** Intersectionality.

**Coding rule:** Mental discrimination is encouraged through intersectionality.

**Exemplary quotes:**

“Racism has been shown to be associated with negative health impacts through several key pathways including by... reducing access to key health-promoting resources (e.g. employment, education, health and aged care services etc.)” (Paradies et al., 2015, as cited in Temple et al., 2018, n.p.).

“the findings here call attention to the significantly higher levels of violence reported by people with disabilities and particularly those with mental disabilities. Clinicians and other health professionals as well as service providers and employers should be cognizant of these patterns of vulnerability and the intersections with gender and other risk factors” (Dammeyer & Chapman, 2018, pp. 8-9).

## **Appendix B – Sanism (i.e., Mental Discrimination) Inhibitors**

**Theme:** Legal reforms

**Coding rule:** Reduce mental workplace discrimination through legal reforms.

**Exemplary quotes:**

“The ADAAA substantially broadened the definition of disability, thus providing significantly greater coverage for individuals with a variety of physical and mental impairments” (Long, 2018, p. 742).

“legal protection must be provided against obvious as well as subtle discrimination” (Nardodkar et al., 2016, p. 382).

“It has been argued that affirmative action strategies such as a quota system, giving incentives to employers to recruit persons with mental health problems should be used to as strategies to eliminate stigma of mental illness, and can end discrimination towards persons afflicted with mental illness (Corrigan & Gelb, 2006)” (Nardodkar et al., 2016, p. 382).

“Given the impetus of disability discrimination legislation, along with high rates of unemployment and low job retention among people with mental illness returning to work, there is a need for further understanding the nature of workplace accommodations for people with mental illness and their benefits” (McDowell & Fossey, 2015, p. 198).

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**Theme:** Policy

**Coding rule:** Reduce mental workplace discrimination through policy reviews.

**Exemplary quotes:**

“As concealment of mental illness and other chronic health conditions is high, HR policies need to factor this into their policy toolbox by recognising that employees with poor performance and/or attendance may be unwell and not insubordinate or lacking in work ethic” (De Lorenzo, 2013, p. 235).

“Until societal stigma collapses, and most persons with a mental illness feel comfortable about revealing their illness in the workplace, a change to performance management policies is overdue and necessary as a proactive system for dealing with employees who will persistently choose not to divulge they have a mental illness” (De Lorenzo, 2013, p. 235).

“legislative and policy measures aimed at eliminating discrimination hold potential in empowerment of persons with mental illness (Bhugra, Ventriglio, & Pathare, 2016)” (Nardodkar et al., 2016, p. 375).

“Importantly, general stigma attached to particular disabilities may be determined in the broader social context and not a function of experiences specifically within an employing organization. Thus, the cultural stigma attached to some disabilities might not be in the control of the organization or its policies” (Santuzzi et al., 2014, p. 208).

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**Theme:** Culture

**Coding rule:** Reduce mental workplace discrimination through improved culture.

**Exemplary quotes:**

“To counteract negative consequences of disclosure, a trusting and inclusive atmosphere (workplace culture) should be established in order to increase the readiness to make health and disease a subject of discussion at work (Munir et al., 2005; Niehaus et al., 2008)” (Vornholt et al., 2018, p. 49).

“While the ADA attempts to target tangible acts of discrimination, more attention is needed to implement changes in the workplace culture that will address specific manifestations of psychiatric prejudice which are less overt but may have an insidious negative impact on individuals with mental health backgrounds who have entered the mainstream workforce” (Ruscinova et al., 2011, p. 239).

“Workplace culture is improved for everyone when managers engage in positive ‘diversity behaviours’, such as acknowledging all team members, promoting cooperation, being flexible, and respecting everyone” (Bruyere et al., 2010, p. 56).

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**Theme:** Education

**Coding rule:** Reduce mental workplace discrimination through education.

**Exemplary quotes:**

“Rehabilitation counselors can take several actions to increase the probability of achieving the goals of the ADA in the workplace for people with psychiatric disabilities. They can work with people with psychiatric disabilities to help them understand ADA Title I protections, the dynamics of workplace discrimination, and the procedures for addressing perceived discrimination either with the employer, the union, or the EEOC.” (An et al., 2011, p. 16).

“Without education about psychiatric disabilities, both coworkers and managers are likely to continue to rely on stereotypes and to discriminate against mentally ill workers who are willing and able to work” (Hickox & Hall, 2018, p. 591).

“Negative views and attitudes were predominant among management and employees due to scepticism of a disability, and the absence of clear symptoms (e.g. those with clinical depression)” (Cavanagh et al., 2017, p. 32).

“employment specialists or counsellors can facilitate the process of planned disclosure as a means to obtain access to work adjustments in the workplace and to revert stigma (Corbière et al., 2014b)” (Vornholt et al., 2018, p. 49).

“under the IPS model, management of disclosure can occur in a flexible and collaborative way while honouring client preferences” (Allott et al., 2013, p. 340).

“education is required for employers, rehabilitation professionals, and employees without the support of a supported employment agency to increase understanding of disability discrimination legislation and workplace accommodations” (McDowell & Fossey, 2015, p. 201).

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**Theme:** Contact

**Coding rule:** Reduce mental workplace discrimination through increased contact.

**Exemplary quotes:**

“Research findings suggest that there is strong evidence that contact between the general public and people with psychiatric disabilities may be an effective approach for addressing prejudicial attitudinal change (e.g., Corrigan et al., 2001, 2002; Wood & Wahl, 2004)” (Burke et al., 2013, p. 34).

“the logistic regression results appear to indicate that less stigmatising attitudes are associated with reduced avoidance and discrimination, while greater knowledge and reported contact are associated with positive treatment” (Rosetto et al., 2019, p. 146).

“In addition to a change in attitude on the part of employers, it is important to recognise that this will only happen with the courage of people with disability who are prepared to face potential prejudice and ignorance and ‘come out’ as here and able to challenge disability discrimination in the workplace” (Darcy et al., 2016, p. 1264).

“Once the effects of the underlying medical condition are made known by OH to the employer, they will be in a position not only to...but also make any adjustments necessary...” (Roberts, 2013, p. 18).

“we need to better understand how to integrate effective contact into workplaces and educational settings so that it can have a sustained impact” (Henderson & Gronholm, 2018, n.p.)