# Mitigating Risk and Maximizing Employee Potential: Managing Employee Performance and Mental Health Conditions in the Workplace

Mitigating Risk and Maximizing Employee Potential: Managing Employee Performance and

Mental Health Conditions in the Workplace.



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Abstract

Participation in the workforce is a critical success factor in the treatment of an individual with a mental health condition.[1] [2] However, unemployment rates and the likelihood of involuntary termination are much higher among people with a mental health history relative to the overall rates for the US working-age population.

Exploring the roots of managers' fears in managing employees who have a mental health condition or are suspected of having a mental health condition in the workplace provides a baseline for future research on how to establish the highest likelihood of success in the workplace for an individual with a mental health condition. Understanding the literature on stigma, disability, management in the workplace, and legal-related decisions and articles serves as a foundation for understanding the current state manager experience. An online survey was used to gain insight into the reasons managers express hesitance to address performance issues with employees having a known or perceived mental health history. Responses to the survey revealed that the employment laws intended to protect employees with disabilities may play an inadvertent role in preventing the performance success of employees having a mental health condition. The survey results highlight the critical nature of educational interventions and practical guidance for

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[1] Shazana Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions," *Community Mental Health Journal* 58, https://doi.org/10.1007/s10597-021-00934-2.

[2] Henry G. Harder, Shannon L. Wagner, and Joshua A. Rash, *Mental Illness in the Workplace: Psychological Disability Management* (Burlington, VT: Gower Publishing Company, 2014), Kindle.

managers. This thesis explores a manager's role as a factor unintentionally limiting

employment success for employees with a mental health condition.

Author's Biographical Sketch


Stacy Babl is a Human Resources professional, who has worked in varying roles across multiple industries. Most of her career has included the coaching of dispersed leaders on approaching performance issues and employee relations investigations, typically resulting in disciplinary action. Stacy is the Chief Human Resources Officer for a behavioral health hospital system. She spent much of her career in the hospitality industry. Her work in HR includes the function of diversity, equity, and inclusion, but her passion for inclusion in the workplace stretches beyond a professional requirement. She believes an inclusive workplace creates an environment where an employee with a disability due to a mental health condition feels secure, allowing them to utilize their skills and experiences to reach their full potential. It creates an environment where all employees can thrive. Had it not been for a leader who created this type of environment, the worst of Stacy's struggles with bipolar II disorder would have ended her career and stunted her success.

Stacy resides with her husband and three children in a suburb of Milwaukee, WI. Having graduated from Chicago's Second City Training Center Conservatory program, she is a professionally trained sketch comedian. She has used and still uses improv and sketch comedy as tools for creative expression and healing.

Dedication


This thesis is dedicated to my husband, Lucas. The one person who has been there with me through the best and worst of times, experiencing the thrills and depths of the magic that bipolar disorder brings right alongside me. The person who always pushes me and refuses to let me quit despite my disability. He has sacrificed so much to ensure my success, personally and professionally. Life has thrown us a lot of curveballs and pain, and though nothing turned out the way we planned, we came out to the other side, and now we can see that everything is as it should be, perfectly imperfect.

Acknowledgments


I want to take the time to thank Mikki for being part of the inspiration behind this thesis topic. Early in my career, she was my supervisor during one of the worst moments of my life. Had it not been for the inclusive environment she had created in our department; I would have never had the security to be honest about why I abruptly needed three days off work in the midst of needing to attend to an essential function of my position.

I would also like to take the time to thank both my research advisor, Michael Miner, and my thesis advisor, Dante Spetter. Your patience, guidance, and invaluable knowledge have helped me reach the finish line.

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Chapter I.

Introduction

Why are managers in the United States hesitant to address employment concerns with employees having a known or perceived mental health condition? This work seeks to convey the imperative of increasing the focus on mental health conditions in the workplace for present-day managers of people. A survey assessed manager perceptions and their potential avoidance of addressing performance issues with an employee known to have a mental health condition because that manager feared the legal risk, and survey results are integrated with existing data on mental health stigma and other factors explaining workplace challenges for people with mental disorders.

Extending beyond the structural theories of stigma and the academic approaches to decreasing stigma, this thesis focuses on setting employees with mental health conditions up for success, similar to their "healthy" counterparts in work settings. This paper will explore the prevalence of mental illness in America and the benefits that employment provides for people with mental health conditions. It will look closely at the current management climate and how it leads to a manager's fear of providing any sort of negative feedback to employees with a documented mental health condition. Finally, the paper will provide guidance on suggested actions for managers when addressing performance issues and how to respond when an employee discloses a mental health condition in relation to the workplace.

Because stigma cannot be ignored in any discussion on mental illness, this thesis briefly recognizes stigma research, suggesting that there is a gap in managers' training when it comes to addressing poor performance in those with documented mental health conditions. Though poor performance is not inevitable for every individual with a mental illness, it is a possibility, even amidst treatment and stability. Due to stigma, it is common thought that those with a mental health condition are more likely to have performance-related problems.

Regardless of one's disability status, having a manager prepared to handle poor performance before it becomes exacerbated is critical for an employee's success.[3] If a manager avoids that performance conversation for an employee with a mental health condition, the employee is not afforded a similar opportunity for success as those without a mental health condition. At the same time, in the American climate of legal awareness, managers must balance their fear of legal or career repercussions in addressing minor performance issues with maximizing the potential of employees having a mental health condition. For a manager, the risk of the employee with a known mental health condition claiming they are being targeted for a non-egregious issue, even if their condition is not the cause for the issue, may weigh heavier for the manager than setting the stage early for that employee to be successful.

Data collected using an online survey, the Workplace Mental Illness survey, were examined to test the hypothesis that managers avoid addressing poor performance early in employees with a mental health condition because they are afraid of the legal

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[3] David Dorsey and Rose Mueller-Hanson, *Performance Management That Makes a Difference: An Evidence-Based Approach*, Society for Human Resource Management (shrm.org, December 2017), https://www.shrm.org/hr-today/trends-and-forecasting/special-reports-and-expert-views/Documents/Performance%20Management.pdf.

repercussions. After a brief review of the legal implications underlying that fear, this thesis will provide guidance on how managers can mitigate risk and maximize employee potential through the performance management of employees with mental health conditions.

## Mental Health Conditions in the Workplace

The prevalence of mental illness diagnosis has increased in both society and the workplace.[4] Varying factors, such as awareness campaigns, diagnosis expansion, generational shifts, and insurance coverage inclusion, to name a few, likely contributed to that increase. As more people with chronic mental health issues get treatment, more of them are entering the workplace, and the need to make employees with a mental health condition successful has become imperative for the benefit of both employers and employees. For the employer, supporting the success of the employee with mental illness is done amidst a multi-faceted climate. That climate includes a necessity to mitigate legal risk for the organization while managing performance to avoid legal claims, the state of those with a mental health condition showing up to work but being unproductive, which is known as presenteeism, and disengagement by other employees. This thesis aims to identify ways to mitigate risk and maximize employee potential, so that managers do not avoid early performance-correcting conversations with an employee having a mental health condition.

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[4] "Mental Health by the Numbers," National Alliance on Mental Illness, updated April 2023, accessed April 2023, www.nami.org/mhstats.

The National Alliance on Mental Illness notes that one in five U.S. adults currently live with a mental disorder.[5] At 20% of the adult population, interacting or working with an individual having a mental health condition is highly likely. Management of the condition often requires treatment from a mental health professional to help reduce symptoms. In 2021, only 47% of U.S. adults with a mental illness received treatment.[6] Without treatment, there is a greater likelihood that symptoms of the mental health condition manifest and impact the individual's daily life, including work product. The vast research on stigma indicates an individual avoids treatment due in part to self-stigma, as well as fear of the response by friends, family, co-workers, and supervisors, among other reasons. Complicating the ability of these individuals to receive treatment is a shortage of mental health professionals. Data on designated shortage areas shows that 164 million people reside in these coverage-lacking communities.[7] Though mental health awareness campaigns have increased in the United States each year, self-identification of the symptoms of a mental illness often is delayed. The National Alliance on Mental Illness states that when looking at most mental illnesses, the average delay between the onset of symptoms and treatment is 11 years.[8] The delay impacts every portion of an individual's life, and the consequences contribute to a decline in work performance.

Mental health conditions are the leading cause of disabilities across the world, with anxiety and depressive disorders being the largest among that group.[9] [10] [11] The

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[5] "Mental Health by the Numbers."
[6] "Mental Health by the Numbers."
[7] "Mental Health by the Numbers."
[8] "Mental Health by the Numbers."
[9] "Mental Health," World Health Organization, Pan American Health Organization, 2022, accessed December 7, 2022, https://www.paho.org/en/topics/mental-health.
[10] Carolyn S. Dewa et al., "Nature and Prevalence of Mental Illness in the Workplace," *HealthcarePapers* 5, no. 2 (2004), https://www.longwoods.com/product/download/code/16820.
[11] Dewa et al., "Nature and Prevalence of Mental Illness in the Workplace."

effects of these disabilities, which include workplace exclusion, result in economic decline because of the increased burden on disability systems and the loss of income and spending power of a population of capable, dismissed, and overlooked citizens. In their Global Burden of Disease Study, the World Health Organization found that mental illness created more disease burden than that of all cancers.[12]

## Employment

Employers in America are having increasing difficulty attracting talent and filling their open positions as more people leave the paid workforce.[13] [14] At the same time, more people with mental health conditions are unemployed than the general population at a rate of 7.4% as opposed to 4.6% in 2023.[15] [16] Therefore, people with mental health conditions could be a strategic recruitment target to address the labor shortage due to a shrinking talent pool.

The unemployment rate for those with a mental health condition impacts the United States economy. It has been estimated that unemployment due to serious mental illness causes 193.2 billion dollars in lost earnings each year.[17] This level of unemployment may not be due solely to an inability to work but may be due, in part, to employer bias. Nelson and Kim, in their study of the impact of mental illness on the risk

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[12] Richard E. Nelson and Jaewhan Kim, "The Impact of Mental Illness on the Risk of Employment Termination," *Journal Mental Health Policy and Economics* 14, no. 1 (March 2011).
[13] "Civilian Labor Force Participation Rate," (U.S. Bureau Labor Statistics, October 5, 2023). https://www.bls.gov/charts/employment-situation/civilian-labor-force-participation-rate.htm.
[14] Steven Hipple, "Labor Force Participation: What Has Happened Since the Peak?," *Monthly Labor Review* (September 2016), https://doi.org/https://doi.org/10.21916/mlr.2016.43. https://www.bls.gov/opub/mlr/2016/article/labor-force-participation-what-has-happened-since-the-peak.htm.
[15] "Mental Health by the Numbers."
[16] "Mental Health by the Numbers."
[17] "Mental Health by the Numbers."

of employment termination, note there is an increased risk of termination or voluntary job loss for those with a mental illness. In fact, having a mental illness makes an employee 35.6% more likely than their counterparts lacking a mental health condition to lose their job.[18] Employers must find a way to better support the success of those employees not just because it is the right thing to do from a community standpoint but also because it meets the need to fill the talent pool deficit.

Employers feel unsure about assessing performance, providing performance intervention, and accommodating the needs of employees with mental illness.[19] When organizations do not address mental health conditions, they not only risk the cost of turnover for the employee with the mental health condition, but they also increase the risk of sick leave and benefits use, higher disability insurance costs, lower co-worker engagement and productivity, and lost or reduced opportunity for the business' success.[20] Also at risk is an increase in the costs associated with presenteeism due to the employer not addressing the declining work product with the employee having a mental health condition. Workers with mental health conditions often underperform in their jobs rather than taking sick leave.[21] Choosing to underperform as opposed to taking sick leave likely occurs due to several factors, such as fear of what coworkers will think, lack of seeking treatment, no financial support during a leave of absence, and self-stigma. When a manager avoids a poor performance conversation it does not help the employee improve and misses the opportunity to discuss what support that employee may need to be

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[18] Nelson and Kim, "The Impact of Mental Illness on the Risk of Employment Termination."
[19] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management.*
[20] Keith Dobson and Andrew C.H. Szeto, "The Assessment of Mental Health Stigma in the Workplace," (New York: Oxford University Press, 2021).
[21] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*, Mental Health and Work, (OECD Publishing, 2012). https://www.oecd-ilibrary.org/content/publication/9789264124523-en.

successful and to contribute to the organization's success. Uncovering factors that predict the manager's avoidance of these conversations may improve the likelihood of addressing the issues and keeping the person with a mental health condition employed.

In a United Kingdom poll of employers, Bezborodous and Thornicroft noted only half reported they would hire someone with a mental illness.[22] Employment laws exist to protect against discrimination, but employers make these types of decisions despite those protections. An employer's unwillingness to hire someone with a mental health condition deprives people of using their skills to contribute meaningfully.

Participation in the workforce is an essential component of mental well-being. The ability to participate in the workforce provides self-confidence and less isolation for those with a mental health condition.[23] [24] Employment does not just increase self-confidence; it can also improve the physical and psychological health of a person with a mental illness.[25] The Pan American Health Organization declared in 2019 that mental health problems were the number one cause of disability worldwide.[26]

It is possible that by keeping those with mental health conditions employed, the number of individuals on disability assistance in the United States may decrease. Preventing those with mental health conditions from leaving the workplace through sound management practices will also help to curb the adverse outcomes for those with a mental health-related disability. The disparity between the unemployment rates of those with a mental health condition and those without indicates there is a definitive issue with

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[22] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.
[23] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."
[24] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.
[25] Nelson and Kim, "The Impact of Mental Illness on the Risk of Employment Termination."
[26] Organization, "Mental Health."

the employment of those who have a mental health condition. This is not to suggest the non-existence of individuals with disabling psychiatric conditions that prevent their employment; rather, it suggests that some individuals on disability assistance may actually be categorized as disabled from employment because of a lack of employer support. Like a physical disability, this unemployment problem amongst those with a mental health condition is much more complex than simply those with a psychological-related disability being incapable of working or performing successfully.

So why do individuals with psychological-related disabilities leave the workforce? It would not seem that these individuals lack the desire to work, as Mechanic, Bilder, and McAlpine found in their study there is a desire and ability to work for most individuals with a mental illness.[27] If there is a desire to work for this population of people, then is the answer necessarily they are simply incapable of performing at the level expected for success in the workplace? Research suggests that American adults with a mental health condition are involuntarily terminated from employment more often than they voluntarily leave employment.[28] In Europe, the leading cause of early retirement is mental disability.[29] On its face, such data might seem as if individuals with mental health conditions are not as suited for the workplace as those without; however, additional literature supports that increasing the likelihood of success for any employee includes ongoing coaching and transparent feedback through individualized consideration.[30] If those employees with mental health conditions were such poor performers as a cursory

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[27] Teresa L. Schied, "Stigma as a Barrier to Employment," *International Journal of Law and Psychiatry* 28 (April 14, 2005), https://doi.org/10.1016/j.ijlp.2005.04.003.

[28] Nelson and Kim, "The Impact of Mental Illness on the Risk of Employment Termination."

[29] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.

[30] Zakeer Ahmed Khan, Irfan Ullah Khan, and Allah Nawaz, "Leadership Theories and Styles: A Literature Review," *Journal of Resources Development and Management* 16 (2016).

review of the termination data may infer, this population would seemingly be receiving

higher levels of coaching from managers than their counterparts without a mental health

condition. As this thesis explores, managers are avoiding the early performance

correction conversations, fearing the legal repercussions due to the appearance of

addressing non-egregious items as singling out the employee with the mental health

condition in using these non-egregious items to support the performance correction

action. By avoiding the early discussions, where giving the employee with the mental

health condition awareness of the need for a course correction when it is still possible

provides an opportunity for success, the performance of the individual will likely become

so egregious and detrimental to the business that the manager can then provide the

necessary evidence for more serious discipline, even termination.


Definition of Terms

To avoid confusion and ensure precision in communication, an overview and

definition of some of the terms used throughout this paper are included below.


*Americans with Disabilities Act (ADA):* A civil rights law that was enacted in 1990 and

significantly amended in 2008 with the Americans with Disabilities Act Amendments

Act (ADAAA) that applies to private employers with 15 or more employees, state and

local governments, employment agencies, labor unions, agents of an employer, and joint

management labor committees. The ADA prohibits discrimination against individuals

with disabilities in all areas of public life. Employment is a specific section in the law,

Title I, creates employment protections for individuals with disabilities to ensure they

have the same rights and opportunities as others. The ADA protections in employment

mirror those for the protected categories outlined in Title VII of the Civil Rights Act of 1964. Protections define unlawful employment practices in hiring, firing, amending, or denying the terms, conditions, or privileges of employment or otherwise depriving an individual of an employment opportunity or status due to a protected characteristic defined in the law.[31] The ADAAA amended the definition of "disability" thus expanding the protections granted in the ADA to a wider class of individuals.

*Performance Correction/Conversation:* Verbally discussing a performance issue with an employee and retraining and explaining why that employee's performance is not meeting expectations and what must be done to meet expectations. May or may not include first-level written documentation.

*Disability:* As defined in the ADA/ADAAA, a physical or mental impairment that substantially limits one or more major life activities. Included in the disability protection definition is a person who has a history or record of such an impairment or a person who is perceived by others as having such an impairment.[32]

*Employment Discrimination:* A legal determination due to an employment action or decision that impacted the terms, conditions, and/or privileges of an applicant's or employee's employment based on any protected class defined under a federal law: race, color, religion, sex, (including pregnancy and transgender status), sexual orientation, national origin, age (40 or older), disability, military status, or genetic information. Some

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[31] Civil Rights Act of 1964 § 7, 42 U.S.C. § 2000e et seq, (1964).
[32] Americans With Disabilities Act of 1990 42 U.S.C. § 12101 et seq, (1990).

state employment and civil rights laws grant protections for expanded classes, but the focus here is on federal law only.

*Employee Engagement:* A state in which an employee conducts their work with an intense commitment to the organization's goals and values, with the motivation to continually provide peak performance of their duties to contribute to the success of the organization, and with an investment in their work product, team, and culture.

*Employment Decisions:* Decisions that impact the terms, conditions, and/or privileges of an individual's employment with a company.

*Equal Employment Opportunity Commission (EEOC):* The EEOC was created under Title VII of the Civil Rights Act of 1964 as an enforcement arm of federal laws that protect applicants and employees from discrimination based on specific protected classes defined in federal employment laws. The EEOC has the authority to investigate charges of discrimination against employers subject to the law and to make a finding of "cause" or "no cause" on the charge(s). The EEOC will pursue mediation between the complainant(s) and the employer if there is a finding of "cause" by the commission's investigator. In unique instances, the EEOC may file a lawsuit if a resolution is not found.[33]

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[33] "Frequently Asked Questions. Welcome," U.S. Equal Employment Opportunity Commission, accessed December 6, 2022, https://www.eeoc.gov/youth/frequently-asked-questions.

*Mental Health Condition and Mental Illness:* Disorders falling into one of the following classes established in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association: Neurodevelopmental disorders; Schizophrenia spectrum and other psychotic disorders; Bipolar and related disorders; Depressive disorders; Anxiety disorders; Obsessive-compulsive and related disorders; Trauma and stressor-related disorders; Dissociative disorders; Somatic symptom and related disorders; Feeding and eating disorders; Elimination disorders; Sleep-wake disorders; Sexual dysfunctions; Gender dysphoria; Disruptive, impulse-control and conduct disorders; Substance-related and addictive disorders; Neurocognitive disorders; Personality disorders; Paraphilia disorders; or Other mental disorders not fully meeting the criteria of any of the above-listed classes.[34] Some may be considered a common mental illness, while some others may be regarded as serious.

Though "mental health condition" is the preferred term, throughout this thesis, I will use the terms "mental illness," "mental disorder," and "psychological-related disability" frequently as they are the terms used most often in the source materials for this research.

*Performance Issues:* Performance in job duties or behaviors by an employee that are a detriment to the business or impede the ability of the individual or other employees to perform their own duties to meet business needs.

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[34] "Mental Illness, Diseases and Conditions," Mayo Clinic, accessed December 6, 2022, https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974.

*Presenteeism:* The act of an employee with a mental health condition reporting to work, while not being able to perform at their standard level due to untreated or break-through manifestations of their illness.

Chapter II.

Managing People in the Age of Awareness

Managers in the 2020s have complex jobs that require navigating employment laws, advanced social awareness, and shifts in the balance between corporate-driven and employee-driven environments due to the declining labor supply.[35] Several factors have led to the lower labor supply, including lower birth rates[36] and lower workforce participation rates among 16-19 year-olds.[37] The workforce participation rate of teenagers, having dropped from 47.4% in 2002 to 36.8% in 2022, signifies a shift in the desire or necessity for teens to seek employment.

This chapter begins with a brief discussion of the current complex state of the American workplace. Over the past several years, major tragic events in the United States brought significant social change. The COVID-19 pandemic was one of those events; however, a positive consequence of the pandemic was the elevated visibility of mental health.[38] The circumstances of the pandemic, with the isolation brought on by months of lockdown and the instability of the employment landscape on top of the unknown impact of the virus, increased the incidence of anxiety and depression or, at least, the rates of

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[35] Hipple, "Labor Force Participation: What Has Happened Since the Peak?."
[36] Melissa Kearney, Phillip Levine, and Luke Pardue, "The Mystery of the Declining U.S. Birth Rate," (February 15, 2022). https://econofact.org/the-mystery-of-the-declining-u-s-birth-rate.
[37] "Employment Projections," U.S. Bureau of Labor Statistics, 2022, accessed May 15, 2023, https://www.bls.gov/emp/tables/civilian-labor-force-participation-rate.htm.
[38] Sofia Quaglia, "The Pandemic Raised Mental Health Awareness. Will it Last?," (January 4, 2022). https://www.verywellhealth.com/pandemic-mental-health-awareness-5213655.

diagnosis and seeking of treatment for these conditions by 25% worldwide.[39] Prior to the

pandemic, as the workforce participation rate indicates, the state of the applicant pool for

businesses was already declining. In addition to the labor-flow vacuum caused by the

retirement of Baby Boomers and fewer working-age adults participating in the workforce,

employees' focus on a value-driven approach to employment also accelerated concepts

that had only been considered previously.[40] High-profile tragedies merged social issues

into the workplace, leading employees to view their employer as a reflection of their

values and a vehicle for change.[41] Following suit, applicants began seeking employers

and the managers they employed who mirrored their values.[42]

Social change, the after-effects of COVID-19, and the shrinking of the talent pool

have necessitated enhanced awareness of employee wants for managers of people in

America. Citizens of the United States have expectations of their employer and their

leaders that were less prevalent 25 years ago. According to a 2022 Qualtrics survey of

employees in the United States and the United Kingdom, 56% would not take a job if

they disagreed with the organization's values. Further, 68% of Generation Z respondents

said they would be willing to take a pay cut to work at a company that better aligned with

their values.[43] Some expectations can be attributed to educational philosophies changing

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[39] World Health Organization, "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide," (March 2, 2022). https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

[40] Jordan Turner, "Employees Seek Personal Value and Purpose at Work. Be Prepared to Deliver," (March 29, 2023). https://www.gartner.com/en/articles/employees-seek-personal-value-and-purpose-at-work-be-prepared-to-deliver.

[41] "Employees Really Value Making a Difference at Work. Here are 7 Tips From Psychology to Get Them There," American Psychological Association, updated July 13, 2023, accessed August 7, 2023, https://www.apa.org/topics/healthy-workplaces/making-difference-at-work.

[42] Erica Evans, "Employees Who Feel Aligned With Company Values Are More Likely to Stay," June 19, 2022, https://www.qualtrics.com/blog/company-values-employee-retention/.

[43] Evans Employees Who Feel Aligned With Company Values Are More Likely to Stay.

from rote skills and memorization to a personalized learning environment.[44] Employees, especially younger generations, have higher standards and lower tolerance for work environments that do not meet their expectations, as evidenced by their lesser longevity in roles than prior generations.[45] These high expectations, coupled with their knowledge of the legal employment protections in place, suggest that employees are no longer hesitant to speak up if someone crosses the line at work violating their values. A 20% increase in discrimination charges and a rise in phone and email inquiries between 2021 and 2022 at the EEOC signal an empowered employment population.[46] Such empowerment is viewed as a good thing. Still, no matter how it is viewed, leaders must manage differently than in the eras pre-dating these critical changes in American society.

This way of managing is a relatively new framework for leaders as it departs from prior Human Resources guidance. Guidance such as that given in a 2016 article by the Society for Human Resource Management, a premier resource in the human resources industry, warned people to avoid sensitive topics during performance conversations as difficult conversations can evolve into difficult lawsuits.[47] The new world of work exists in a reality that employees are more selective about their employer when choosing a job and believe company leaders should be thankful the employee chose them as their employer. Difficult conversations must occur to ensure all employees have an

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[44] Dana Schwieger and Christine Ladwig, "Reaching and Retaining the Next Generation: Adapting to the Expectations of Gen Z in the Classroom," *Information Systems Education Journal* 16, no. 3 (June 2018), https://files.eric.ed.gov/fulltext/EJ1179303.pdf.
[45] "Millenials or Gen Z: Who's Doing the Most Job-Hopping," *CareerBuilder*, 2023, https://www.careerbuilder.com/advice/blog/how-long-should-you-stay-in-a-job.
[46] *EEOC Releases Annual Performance Report for Fiscal Year 2022,* U.S. Equal Employment Opportunity Commission (Equal Employment Opportunity Commission U.S. Department of Labor, March 13, 2022), https://www.eeoc.gov/newsroom/eeoc-releases-annual-performance-report-fiscal-year-2022.
[47] "11 Tips for Talking About Poor Performance," Society for Human Resource Management, updated April 1, 2016, accessed December 7, 2022, https://www.shrm.org/topics-tools/news/hr-magazine/11-tips-talking-poor-performance.

opportunity to improve their work product while balancing the need for supporting and

personalizing the employment experience and mitigating risk for the organization all at

the same time.

Amongst the growing complexity of managing people in the American landscape

is navigating the increase in mental health conditions among adults.[48] The reasoning

behind the increase in diagnosed mental health conditions is not the subject of this thesis.

This thesis explores how to mitigate risk as a manager while maximizing the potential for

success in employees with mental health conditions. Though an increase in mental health

conditions equates to a better understanding of these conditions by the general American

population, the persistence of stigma remains. Despite the increase in mental health

conditions and public health campaigns to decrease stigma, research shows there has

been little movement on reducing stigma, nonetheless, in the workplace.[49] There is an

implication that more awareness has actually led to increased exclusion from the

workforce for those with mental health conditions because of the visibility into work-

limiting characteristics of some conditions.[50]

Corrigan et al. highlighted that the medical model of stigma was often used in

stigma-reduction education programs. However, describing a mental health condition as a

brain disease that can successfully be treated and cured reinforces the difference in the

individual and positions the illness as a defect.[51] By positioning the condition as a defect,

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[48] Organization, "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide."

[49] Aimee Gayed et al., "Effectiveness of Training Workplace Managers to Understand and Support the Mental Health Needs of Employees: A Systematic Review and Meta-Analysis," *Occupational Environmental Medicine* 75 (2018), https://doi.org/10.1136/oemed-2017-104789, http:oem.bmj.com.

[50] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.

[51] Patrick W. Corrigan et al., "Mental Illness Stigma: Problem of Public Health or Social Justice?," *Social Work* 50, no. 4 (October 2005).

it perpetuates the idea that those with a mental health condition are incapable of participating in the workforce until all of their disease symptoms are gone. In the instance of some mental health conditions, the manifestations and idiosyncrasies of the condition may dissipate entirely or be effectively managed without visibility. Thus, an employee is viewed as capable of workforce participation because their so-called defects are hidden. However, for others, there is a likelihood of the manifestations and idiosyncrasies reoccurring after a period of time without symptoms or being visible despite their presence not actually influencing an individual's true capacity to work. The medical model of stigma, which drives many public health awareness campaigns, often results in a categorization of those individuals as incapable. Managers must be cognizant of this categorization because of the medical model of stigma.

Understanding the shifting dynamic in how managers lead in 2024 due to employment laws and the societal evolution of personalization in employment is an important foundation for the goal of uncovering the roots of managers' hesitance in addressing early performance issues with employees living with a mental health condition. It is also essential to understand the breadth of existing stigma research since stigma is a looming factor in the reality of mental health conditions.

Chapter III.

Scope of Workplace Stigma Research and Gaps

Stigma has been widely researched. Psychologists have investigated the cognitive

dimensions of stigma. In sociology, a focus on the sociobiological functions of stigma led

to greater knowledge of how people treat others because of stigma in the early twenty-

first century. In his seminal research, Goffman referred to stigma as a discrediting

attribute.[52] In other words, an attribute of an individual that perceivably reduces that

individual to a lesser status.[53] Researchers building on early stigma theories presented by

Goffman studied stigma in the workplace, focusing on a few thematic areas: hiring and

general perceptions of behaviors by individuals with mental health conditions,

interventions for absenteeism and presenteeism, and supporting a return to work after an

absence for illness. Research has noted that limited attention has been given to

understanding how the workplace and employment may be altered in support of an

employee having a mental health condition without productivity being compromised.[54]

Recently, the focus has shifted to the stress of workplace culture in America and its

contributions to mental health. The COVID-19 pandemic raised awareness of the

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[52] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon and Schuster, 1963), Kindle.

[53] Janki Shankar, "Improving Job Tenure for People With Psychiatric Disabilities Through Ongoing Employment Support," *Australian e-journal for the advancement of mental health AeJAMH* 4, no. 1 (2005), https://doi.org/10.5172/jamh.4.1.37.

[54] Terry Krupa et al., "Understanding the Stigma of Mental Illness in Employment," *Work* 33, no. 4 (2009), https://doi.org/10.3233/WOR-2009-0890, https://www.ncbi.nlm.nih.gov/pubmed/19923664 https://content.iospress.com:443/download/work/wor00890?id=work%2Fwor00890.

workplace's role in mental health with a lens on supporting all employees,[55] but though important, focusing on creating a less stressful environment is only a piece of how a workplace can better support the success of its employees having mental health conditions.

Employment success for individuals with mental health conditions is limited when stigma influences the hiring and employment experience of these individuals. Shahwan et al. found these overarching manager and co-worker stigmatizing beliefs about people with mental health conditions: incompetence, dangerousness, and unpredictability, mental illness not being viewed as a legitimate illness, that working is unhealthy for people with mental illness, and employing people with mental illness is a charity and not a business need.[56] These beliefs lead to a premise that individuals with mental health conditions cannot be successful in their employment. Adrienne Colella, Angelo DeNisi, and Arup Varma, in the 1990s in the field of social psychology, found a strong link between stigma and manager and co-worker perceptions regarding the ability of an employee with a disability to be fit for a role or be successful in the performance of that role.[57] Often, this stigma and these perceptions are based on specific symptoms that are not consistent predictors of employment outcomes.[58] Environment and support are

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[55] Quaglia, "The Pandemic Raised Mental Health Awareness. Will it Last?."
[56] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."
[57] Adrienne Colella, Angelo S. DeNisi, and Arup Varma, "The Impact of Ratee's Disability on Performance Judgments and Choice as a Partner: The Role of Disability=Job Fit Stereotypes and Interdependence of Rewards," *Journal of Applied Psychology* 83, no. 4 (1998), https://doi.org/https://doi.org/10.1037/0021-9010.83.1.102.
[58] Hector Tsang et al., "Predictors of Post-Hospital Employment Status for Persons With Psychiatric Disability: Perceptions of Rehabilitation Health Professionals in Hong Kong," *Psychiatric Rehabilitation Journal* 24, no. 2 (2000), https://doi.org/10.1037/h0095103.

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[55] Quaglia, "The Pandemic Raised Mental Health Awareness. Will it Last?."
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[58] Hector Tsang et al., "Predictors of Post-Hospital Employment Status for Persons With Psychiatric Disability: Perceptions of Rehabilitation Health Professionals in Hong Kong," *Psychiatric Rehabilitation Journal* 24, no. 2 (2000), https://doi.org/10.1037/h0095103.

much more effective predictors of work success. Understanding social structural

conditions that normalize discriminatory practices provides context for these judgments.[59]

The sociobiological functions of stigma separate the non-ill from the ill based on

an evolutionary explanation. This evolutionary explanation of stigma highlights an us-

versus-them scenario as a means of identifying threats to the community. [60] These

explanations for stigma assert self-preservation is at work when an individual avoids

someone who is, in some way, ill.[61] Perceptions of ability derive from identifying a threat

to the work product and prevent managers from expecting successful job completion

from those with a disability. Instead, employers are motivated to avoid legal action for

discrimination in hiring practices. Schied found that employers hired individuals with a

disability out of fear of a lawsuit rather than because it was morally right or for the good

of the community.[62] Fear as a motivator for hiring, as opposed to seeing the hire as a

good fit for the role, undoubtedly creates animosity or disregard for an employee with a

disability by the manager and staff. If animosity or dismissal exists, it is impossible for

those feelings not to compound and perpetuate the stigma of mental health conditions.

Thus, the consequences of that stigma become an issue in the workplace and result in

workplace inequality.

Existing research lacks depth into the causes of stigma in the workplace and the

manager's role in the successful performance of an individual with a mental health

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[59] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."
[60] Bruce G. Link and Jo C. Phelan, "Conceptualizing Stigma," *Annual Review of Sociology* 27, no. 1 (2001), https://doi.org/10.1146/annurev.soc.27.1.363, https://dx.doi.org/10.1146/annurev.soc.27.1.363.
[61] John F. Dovidio, Lisa Pagotto, and Michelle R. Hebl, "Implicit Attitudes and Discrimination Against People With Physical Disabilities," *Disability and Aging Discrimination* (2011), https://doi.org/https://doi.org/10.1007/978-1-4419-6293-5_9.
[62] Schied, "Stigma as a Barrier to Employment."

condition.[63] The analysis instead addresses the employer's stigmatic perspective and does

not look to create links between the business and meeting the performance needs of the

working population with disabilities.[64] Whether having a causal relationship to the stigma

of mental health conditions or not, detriments to an employee's performance success

have not yet been thoroughly analyzed, specifically the manager's role in that success.

## Gap in Management Training

Organizations prepare leaders differently, and not all leadership training is

comprehensive. Managers' approaches to performance management for employees with

mental health conditions vary, as employees who have sought help for mental health

conditions face social inequalities such as lower salaries, lack of training, and missed

promotions.[65] [66] Employers are largely uninformed about the ability of those with a

psychiatric disability to work and the manifestations of their condition, which leads to

performance management decisions rooted in fear and stigma.[67] Employees and

managers worry about how to speak to those with mental health conditions.[68]

Intervening with job performance issues when an employee has a self-disclosed

mental health condition is difficult for employers due to their lack of understanding of

appropriate intervention.[69] In a survey on interventions for managers to support

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[63] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."
[64] Dewa et al., "Nature and Prevalence of Mental Illness in the Workplace."
[65] Dobson and Szeto, "The Assessment of Mental Health Stigma in the Workplace."
[66] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."
[67] Nene Ernest Khalema and Janki Shankar, "Perspectives on Employment Integration, Mental Illness and Disability, and Workplace Health," *Advances in Public Health* (November 14, 2014), 258614, https://doi.org/10.1155/2014/258614.
[68] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."
[69] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work.*

employees with a mental health condition, it was found managers lack the knowledge to respond to an employee raising the issue of inhibited performance due to mental illness and lack the skill to adjust and respond to needs in the workplace.[70] In many cases, employers treat people with a mental health condition better or avoid addressing performance out of fear they will provoke the person legally or personally, so employers choose to let poor performance persist.[71]

Workers with good managers take 3.34 fewer days off for mental illness per year.[72] A critical factor to success in the work environment is the leader's use of an appropriate and supportive management style, which will be discussed later in this paper.[73] Unfortunately, for many managers of people with a known mental health condition, the importance of addressing performance early is overlooked, conversations are avoided, and standards are lowered.

Early Performance Coaching & Avoiding Conversations

Performance problems in organizations can be prevented through performance coaching, which includes two-way conversations between an employee and their manager and instituting performance improvement plans.[74] Using performance coaching is pivotal to the success of employees. Too often, leaders skip the use of performance

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[70] Bridget Hogg et al., "Supporting Employees With Mental Illness and Reducing Mental Illness-Related Stigma in the Workplace: An Expert Survey," *European Archives of Psychiatry and Clinical Neuroscience* (July 22, 2022), https://doi.org/10.1007/s00406-022-01443-3.
[71] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."
[72] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work.*
[73] E. Kevin Kelloway and Julian Barling, "Leadership Development as an Intervention to Occupational Health Psychology," *Work & Stress* 24, no. 3 (July-September 2010), https://doi.org/10.1080/02678373.518441.
[74] "Managing Employee Performance." https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/managing-employee-performance.aspx.

coaching or apply it inconsistently. In the case of employees having a mental health condition, avoiding a performance coaching conversation contributes to the 56% higher risk of involuntary termination compared to employees without a mental health condition in the United States.[75] Managers fear negative reactions when coaching the performance of any employee, but that fear does not necessarily lead them to avoid the conversation in general.[76] Whereas, having to coach the performance of an employee having a mental health condition with the heightened possibility of legal repercussions, may intensify that fear and lead to avoidance or less comfort, whether the performance is the result of the illness or not. Hoping the early small concerns will resolve themselves or avoiding the conversation out of fear has never been a recommended performance management solution for any type of employee. Underperformance issues in an employee having a mental health condition may be complex. Still, prevention is crucial to both avoiding significant impact on operations and setting that employee up for successful outcomes.[77]

Lowering Standards

The stigma of inability coupled with legal fears can lead to the practice of lowering employment standards for employees with a mental health condition. Managers struggle to know what is required of them in the face of an accommodation request. When an employee requests a reasonable accommodation for a disability from a manager, the manager must seek to understand what they can and must do to fulfill the

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[75] Nelson and Kim, "The Impact of Mental Illness on the Risk of Employment Termination."

[76] Dorsey and Mueller-Hanson, *Performance Management That Makes a Difference: An Evidence-Based Approach*.

[77] "Managing Underperformance and Mental Health Problems," Return to Work, accessed October 14, 2020, https://returntowork.workplace-mentalhealth.net.au/managing-underperformance-and-mental-health-problems/.

request from the employee and their Human Resources department, if such a department exists in their organization. A manager's first response may not be to eliminate an unnecessary barrier for an employee. Instead, they may assume standards must be lowered when that is not the case, nor the point of reasonable accommodations. Lowering standards unnecessarily not only perpetuates stigma but may also breed animosity among co-workers and may eventually frustrate a manager to the point of just wanting the employee with the mental health condition to quit or to find a way for the employee to be terminated. Hesitancy by managers faced with a request for an accommodation may derive from a fear they will violate the law in having an interactive dialogue about what a reasonable accommodation is for the business.

The EEOC has published resources that aid as practical guides for employers in applying the ADA in the workplace and address the practice of lowering standards. The resources discuss how to address performance relative to reasonable accommodations. In their guidance on applying performance and conduct standards to an employee with a disability, they note the employer's requirements to provide reasonable accommodations without lowering standards.[78]

Expanding the Research

Systemic research looking specifically at how relationships in the workplace influence stigma processes is lacking.[79] A manager's hesitance to address performance concerns early with an employee with mental health condition due to a fear of legal

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[78] " Applying Performance and Conduct Standards to Employees with Disabilities." U.S. Equal Employment Opportunity Commission. Accessed October 15, 2020. https://www.eeoc.gov/laws/guidance/applying-performance-and-conduct-standards-employees-disabilities.
[79] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."

consequences is one such construct and structural force that has not yet been explored. Researching this one social element of management can produce practical applications to provide a better-poised environment of success for employees with mental health conditions.

Management studies pose ways to reduce job-related stressors and their impact on mental health and how to adjust working conditions in response.[80] Modifying workplace stress-related risk factors for health and well-being is important for all employees but in the case of people with mental health conditions, it may be particularly important so as not to exacerbate conditions. Still, the success of an employee is in their ability to complete their work to expectations. With mental illness as the leading cause of long-term absence and incapacity in the workplace, an employee with a mental health condition has a higher likelihood of a slip in performance at some point in their employment journey.[81] Therefore, workplace interventions must include more than just providing a manager with awareness training on how to eliminate stress points in the workplace; it must also include teaching the manager that coaching for improved performance early is as critical to the performance success of an employee with a mental health condition as it is for any other employee.

Why are managers in the United States hesitant to address employment concerns with employees having a known or perceived mental health condition? Ultimately, this thesis question seeks to determine how managers can best mitigate risk while maximizing employee potential when managing employee performance and mental health conditions

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[80] Gayed et al., "Effectiveness of Training Workplace Managers to Understand and Support the Mental Health Needs of Employees: A Systematic Review and Meta-Analysis."
[81] Gayed et al., "Effectiveness of Training Workplace Managers to Understand and Support the Mental Health Needs of Employees: A Systematic Review and Meta-Analysis."

in the workplace. Stigma is a well-studied concept; it represents a large bucket of beliefs and behaviors in the fields of psychology and sociology. However, there is limited research and literature on the role of managers in maximizing the performance potential of employees with mental health conditions in the workplace.[82]

To make actionable positive changes in the workplace, it would be helpful to quantify the roots and consequences of stigma in avoiding performance coaching with employees having or perceived to have a mental health conditions.

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[82] Khalema and Shankar, "Perspectives on Employment Integration, Mental Illness and Disability, and Workplace Health."

Chapter IV.

Quantifying Manager Sentiments

It was predicted that managers would report being hesitant to have performance-correcting conversations with employees having a mental health condition because they are afraid of the legal ramifications. The hypothesis was tested by a comparison of answers in the responses to a Workplace Mental Illness online survey of managers with experience managing individuals known or perceived to have a mental health condition.

A better understanding of the reasons managers hesitate to have performance-related conversations with employees known to have a mental health condition will open the door to developing more effective leadership training for managers on performance and mental health conditions in the workplace. Such training has the potential to create a work environment in which employees with mental health conditions have a more significant opportunity for success. In reviewing the literature, a gap in practical research revealed it was necessary to help identify potential reasons for the lack of performance success in employees with mental health conditions. To learn more about a manager's beliefs and experience with employees having disclosed a mental health history, a brief survey was developed. This thesis suggests that a manager hesitates to address poor performance in these employees because of a fear of legal response.

Method

The twenty-six-question Workplace Mental Illness survey was developed by the principal investigator for the purpose of collecting data from managers and was not a validated survey. The survey was conducted remotely via the Internet and assessed varying levels of managers across multiple industries in the United States. After receiving approval from the Committee on the Use of Human Subjects (CUHS), the survey was advertised via social media and personal networking. Due to limited response from social media advertisement and personal networking, a paid feature in SurveyMonkey was used to capture respondents from across the United States in industries beyond the reach of a personal network. The survey was conducted between October 9, 2023, and December 4, 2023.

Managers' perceptions and their actions or inaction in addressing performance issues with employees having a mental health condition were questioned through multiple-choice, yes or no, and open-comment questions. To determine eligibility to participate, the first question asked: whether the respondent had been a manager of people. Only those who answered yes were allowed to continue. Consent information was provided via the survey tool and detailed that the survey was seeking managers' perceptions of employees with a mental illness. It also detailed the right of the person not to participate and to opt out at any time without negative repercussions. The survey required a "yes" choice of understanding and agreement to participate to continue the survey. Anyone choosing "no" was immediately disqualified. Contact information for the principal investigator was provided, and respondents were informed that they could use this information if they desired to request additional information about participation in

the study. Furthermore, the first four of the twenty-six questions assessed whether the respondents understood that participation was voluntary, checked that they could answer the question types included in the survey and that they were at least 18 years of age. The survey then asked additional disqualifying questions to isolate respondents to only United States citizens who had managed an employee they knew or believed had a psychiatric disability or mental health impairment they considered a poor performer. Questions were created by the principal investigator utilizing manager perceptions of mental health conditions manifestations in the workplace that were noted in literature throughout the preliminary research conducted for this thesis, with answers pertaining to legal fears added. They were piloted via a small sample group of managers in the principal investigator's personal social network. Questions were approved by Dante Spetter, Thesis Advisor, and the Harvard University Institutional Review Board.

Survey Population and Details

There were 475 initial respondents, with only 38% meeting the full qualifications

for the survey. See Table 1 for survey qualifiers.

Table 1.  Survey Qualifiers

Item

Manager of people.

Responsible for the hiring, disciplining, or firing of an employee while serving
as their supervisor.

Directed the work of another employee while serving as their supervisor.

As a supervisor, had an employee known or believe a psychiatric disability or
mental health impairment.

Supervised an employee knew or believed to have a psychiatric disability or
mental health impairment and was a poor-performer.

As a supervisor, was a U.S. citizen and supervised U.S.-based employees.

Should have or needed to coach, discipline, or terminate an employee knew or
believed to have a psychiatric disability or mental health impairment.

*Respondents must have answered yes to all the questions related to these qualifying
statements.*

Qualified respondents ranged in age from eighteen to over sixty at the time of the

survey, with an average age of 44.69. All respondents identified as either female (58%)

or male (42%). Women were over-represented; they are estimated to be 47% of the U.S.

workforce, and 42% of managers.[83] Survey respondents reported higher levels of post-secondary education than U.S. census data, with 68% having at least a post-secondary degree and 40% having completed a graduate degree or higher. These participation rates do not match U.S. Bureau of Labor Statistics data on U.S. workforce composition by degree level. In that data, 55% of the population had at least an associate degree, and only 17% had at least a graduate degree.[84]

In an open comment question, in order of highest occurrence, construction, healthcare, retail, and education were the most identified industries represented by respondents. Construction and healthcare as the top two noted industries in this sample is not surprising given that the construction industry has one of the highest rates of suicide for men,[85] [86], and healthcare has the highest decline in mental health since the COVID-19 pandemic.[87] [88] In a 2022 survey conducted by Hogg et al., results indicated there was an increased risk of suicide for employees in healthcare and construction compared to the general workforce.[89]

[83] Thomas M. Costa, *Women in the Workforce*, U.S. Government Accountability Office (March 2023), https://www.gao.gov/assets/gao-23-106320.pdf.

[84] *Household Data: Annual Averages*, U.S. Bureau of Labor Statistics (2022), https://www.bls.gov/cps/cpsaat07.htm.

[85] Trudi McCleery et al., "Partnering to Prevent Suicide in the Construction Industry - Building Hope and a Road to Recovery," September 9, 2020, https://blogs.cdc.gov/niosh-science-blog/2020/09/09/suicide-in-construction/.

[86] Aaron Sussell et al., "Suicide Rates by Industry and Occupation — National Vital Statistics System, United States, 2021," *MMWR. Morbidity and Mortality Weekly Report* 72, no. 50 (2023), https://doi.org/10.15585/mmwr.mm7250a2, https://dx.doi.org/10.15585/mmwr.mm7250a2.

[87] Ali Kheradmand et al., "Mental Health Status Among Healthcare Workers During COVID-19 Pandemic," *Iran Journal of Psychiatry* 16, no. 3 (2021).

[88] Jeannie A. Nigam et al., *Vital Signs: Health Worker–Perceived Working Conditions and Symptoms of Poor Mental Health — Quality of Worklife Survey, United States, 2018–2022* (www.cdc.gov/mmwr, October 24, 2023).

[89] Hogg et al., "Supporting Employees With Mental Illness and Reducing Mental Illness-Related Stigma in the Workplace: An Expert Survey."

Information on age, socioeconomic, and professional status was collected to determine if there were varying perspectives across age, management levels, or economic classes. Microsoft Excel was used to analyze survey results. The survey responses indicated variances and similarities across educational levels, industry, age, and gender.

Managers' Comfort

62% of respondents indicated they had supervised an employee they **knew** had a psychiatric disability or mental health impairment, with this number increasing to 72% when considering those who they either **knew** or **believed** had a history of mental illness. The National Alliance on Mental Illness reports that 1 in 5 U.S. adults is living with a mental disorder.[90] These rates illustrate the importance of providing managers with guidance on how to mitigate risk and maximize the workplace success for employees with mental health conditions. 90% of managers who reported experience with employees with mental health conditions identified at least one employee as a poor performer at some point in their employment.

If 9 out of 10 employees with a mental health condition are indeed poor performers, an argument looking only cursorily at the data would pose that those with mental health conditions are not suited for success in the workplace. Still, evidence supports that these employees can work successfully with adequate support.[91] Additionally, the definition of success itself may need to be evaluated by the workplace

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[90] "Mental Health by the Numbers."
[91] Gary R. Bond and Campbell Kikuko, "Evidence-Based Practices for Individuals with Severe Mental Illness.," *Journal of Rehabilitation* 74, no. 2 (2008), http://search.proquest.com.ezp-prod1.hul.harvard.edu/scholarly-journals/evidence-based-practices-individuals-with-severe/docview/236297461/se-2.

for the presence of bias. Perhaps the notion of success is also skewed by stigma-rooted misperceptions caused by the issue at the crux of this thesis – discomfort with conversations that would provide adequate support for performance improvement out of fear of the legal risks. Research in Human Resources has proven that coaching is a critical factor for success in employment, so if the survey data were representative of the larger U.S. population of managers and 90% of the employees with a mental health condition are indeed poor performers, then there may be a connection to the lack of coaching playing a role in their less-than-successful performance. This survey data can provide helpful insight to aid in setting these employees up for success.

Beyond documenting the high prevalence of people with mental health histories in the workforce and, by extension, the high prevalence of managers interacting with these employees, a primary goal of this thesis was to investigate how managers experience their work with these employees. Only 34% of qualified respondents to the Workplace Mental Illness survey stated they were highly comfortable addressing the poor performance of an employee having a psychiatric disability or mental health impairment.

Table 2.  Comfort Addressing Poor Performance – Employee Knew or Believed

| On a scale of 1-5, how comfortable were you in addressing the poor performance issue with the employee you knew or believed had a psychiatric disability or mental health impairment? | |
| --- | --- |
| Highly comfortable | 33.54% |
| Somewhat comfortable | 27.22% |
| Somewhat uncomfortable | 29.75% |
| Extremely uncomfortable | 7.59% |
| Did not address due to my discomfort | 1.9% |

Of those indicating hesitance and answering "somewhat comfortable" or lower

with addressing the poor performance with the employee, 82% said their discomfort was

due at least in part to the employee's mental illness. Men were more likely than women

to express discomfort with addressing the poor performance due at least in part to mental

illness, as 95% of men answered yes in response to a yes or no question contrasted with

72% of women who answered yes. The difference in comfort between genders may be

explained by treatment-seeking trends for men and women. The National Institute of

Mental Health reports that women are more likely than men to have sought treatment in

the prior year.[92] The NIMH report would mean there is a likelihood that the population of

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[92] "Why Is Men's Mental Health Important?," Men and Mental Health, National Institute of Mental Health, updated May 2023, accessed July 15, 2023, https://www.nimh.nih.gov/health/topics/men-and-mental-health.

employed women with a diagnosed mental health condition is higher than that of men, so women in this sample may be more familiar with the experience of mental health conditions. In order to protect the privacy of the survey respondents, we did not specifically ask them about their own personal history or family history of mental health conditions, but given the demographics of people seeking mental health treatment, it seems logical that a higher number of female than male respondents had themselves sought mental health treatment at some point in their lives. With only 5% of men and 28% of women in this survey being fully comfortable, there is still a lot of work to be done to supply managers with the tools they need to adequately provide support to this population of employees.

Mental illnesses vary in overt symptom presentation and severity, carrying with them variances in the assumptions about competence, dangerousness, and legitimacy of job qualification.[93] Survey respondents reported a connection between the type of illness and manager comfort level. Of all qualified respondents, 62% stated the type of illness impacted their comfort level and that mental illnesses such as those in the categories of depression or anxiety would make them more comfortable than others in addressing performance concerns.

With conditions in the categories of depression and anxiety as the most prevalent diagnoses worldwide, the frequency of occurrence increases the likelihood that the manager knows someone with such a condition, potentially making them more comfortable having the conversation, which may indicate a reduction in stigma associated with less discomfort. However, though the actual incidence of violent or aggressive

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[93] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."

behavior associated with mental health conditions is incredibly low, perhaps respondents perceive conditions under the depression or anxiety categories as not having aggressive characteristics, which may decrease the assumption of danger, thus increasing comfort.[94] It is important to note the survey question was regarding which illness might make the manager more comfortable with addressing the poor performance and did not delineate less comfort from no discomfort. It is impossible from this survey data to state a correlation exists between stigma and comfort level, as the survey did not evaluate if depression or anxiety conditions, specifically, eliminated the discomfort or if respondents identified fewer stigma-driven characteristics of conditions in the categories of depression or anxiety. The goal of the survey was to isolate the reasons for manager discomfort in addressing poor performance in employees having a psychiatric disability or mental health impairment. Future research may want to look at the stigma-driven characteristics of specific mental health conditions and their impact on comfort with poor performance conversations.

Managers responding to the Workplace Mental Illness Survey were asked to rank reasons for their discomfort in a list of nine statements. In a ranking of reasons for their discomfort, respondents placed "not wanting the employee to feel singled out" as the highest percent of a #1, 2, or 3 out of nine rankings. That, coupled with the "fear of saying something wrong legally," indicated the managers' highest levels of discomfort were due to situations with the potential result of legal action. Managers not treating similarly situated employees similarly, in other words, singling them out, can provide a

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[94] Anya Stephens, "The Effects of Mental Health on Performance-Problem Employee, or Ill Employee?," *HR Management*, February 6, 2022, https://www.hrmanagementapp.com/effects-mental-health-performance-problem-employee-ill-employee/.

reason for a complaint of discrimination with the Equal Employment Opportunity Commission.[95] Also, in the highest percent of the top three ranked reasons was not wanting to make the employee cry.

The perception of emotional fragility connected to mental health conditions in this statement could be a reason for the high ranking, or it could be that not wanting to make someone cry is a common fear of managers when addressing poor performance in general and not isolated to just those with a mental health condition. The survey did not ask about manager hesitance in addressing poor performance with employees not having a mental health condition, so there is no data to compare managers' perceptions in other circumstances.

Men and women differed in their top-ranked reasons for discomfort. Men rated fear of saying something wrong legally in their top two reasons for their discomfort 51% of the time. Women ranked not wanting to make the employee cry in their top two reasons 48% of the time. Across manager levels, those at the lowest level of management, supervisors, ranked fear of saying something wrong legally as their #1 reason in 43% of their responses.

Because a first-time manager is most often at the supervisor level, they may be less confident and less experienced in their approaches to employees, resulting in fear of conducting performance conversations with employees who have a mental health condition and feeling a need to be cautious in what they say in these situations.[96] Respondents indicated that at the time of the referenced performance issue, they were in

[95] Equal Employment Opportunity Commission U.S. Department of Labor, CM-604 Theories of Discrimination, CVG-1988-13 (1988).
[96] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."

the position title of supervisor, manager, or general manager 77% of the time, with the employees in an entry-level position 53% of the time. The bulk of the employees with mental health conditions working in an entry-level position at the time is reinforced by Krupa et al.'s findings that individuals in this population are typically limited to lower-level vocational placements because of the assumptions around their capabilities and employability.[97]

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[97] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."

Table 3.  Manager Discomfort Reasons: 1-3 Ranking: All Management Levels

| Statement | 1 | 2 | 3 | Total of 1,2,3 |
|---|---|---|---|---|
| afraid they would think I was singling them out | 11.63% | 23.26% | 23.26% | 58.15% |
| didn't want to make them cry | 25.58% | 18.60% | 11.63% | 55.81% |
| afraid I would say something wrong legally | 24.42% | 17.44% | 12.79% | 54.65% |
| afraid that it would make their illness worse | 10.47% | 10.47% | 17.44% | 38.38% |
| afraid they would get physically or verbally aggressive | 15.12% | 10.47% | 5.81% | 31.40% |
| felt they lacked the capability to change | 8.14% | 9.30% | 4.65% | 22.09% |
| did not think they had the capacity to understand the feedback | 2.33% | 3.49% | 10.47% | 16.29% |
| afraid I would get fired | 2.33% | 4.65% | 9.30% | 16.28% |
| another reason not listed | 0.00% | 2.33% | 4.65% | 6.98% |

*Respondents were asked to rank nine potential reasons for their stated discomfort with addressing poor performance in an employee having a psychiatric disability or mental health impairment. The percentages of 1,2 and 3 rankings for each item are represented in this table, sorted by the highest percent of 1,2,3.*

Though qualified respondents were more heavily weighted as over the age of 45 at the time of the survey, 54% were between the ages of 27 and 44 at the time of

supervising an employee with a psychiatric disability or mental health impairment. Survey respondents on the older side of the age range reported higher levels of comfort with addressing poor performance in employees having a mental health condition. Only 14% of 18 to 26-year-old managers were extremely comfortable. Whereas, 43% of 54 to 62-year-olds reported they were extremely comfortable, suggesting management experience is a factor in comfort with the performance conversation. Once again, it is necessary to note that though 43% is significantly higher than 14%, it is still a minority of managers who report giving negative feedback without hesitance, as 57% of managers aged 54 to 62 still indicated some level of discomfort in having the performance conversation.

Data suggests that managers with higher levels of education were more likely to report they were comfortable with addressing the performance issue. Specifically, managers who completed graduate school or higher were more likely to report they were "extremely comfortable" in addressing the poor performance of an employee with a psychiatric disability or mental health impairment.

The data showing increased comfort with higher age and education level suggest that experience and education in management lends itself to less hesitance to conduct performance coaching with this population of employees. However, an increase in age did not correlate to lower #1 rankings for fear of saying something wrong legally or fear the employee would think they were being singled out.

The data reinforces the thesis statement that managers are hesitant to address employment concerns with employees having a mental health condition. The data is also hopeful in that there is preliminary evidence that more educated and experienced

managers may be less hesitant to provide early performance coaching, which means knowledge interventions have the potential to increase the opportunity for employment success for an employee with a mental health condition.

Survey Limitations

The most significant limitation of the Workplace Mental Illness Survey is that it targeted managers who had supervised employees who had a mental health condition and were poor performers; no data were collected assessing managers' perceptions regarding addressing performance issues with poor performers in general or comparing those who had and had not supervised an employee with an identified mental health condition. Due to the lack of this data, the WMI survey assumes that managers coach employees without a mental health condition when poor performance is first noticed. Not all managers manage similarly, and some managers may be prone to avoid conflict of any kind, which may inhibit them from addressing performance issues before they become serious issues with all employees, not just those with mental health conditions.

Additionally, the survey was designed to ask managers to reflect on a singular employee having a psychiatric disability or mental health impairment in responding to the survey questions. Managers who had more than one employee with a mental health condition were directed to focus on a poor-performing employee whose employment experience may have been much more negative than another employee with a mental health condition.

Another limitation is that the sample was not representative of all managers. Rather, there was a higher survey response rate of women relative to the workforce management population, so female management perceptions may be more strongly

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reflected here. Furthermore, the variance between the reported education level in the survey and the general workforce U.S. Census data might be explained by the fact that this survey targeted managers specifically, and there are typically educational requirements to obtain management roles. In contrast, the U.S. Census data measured the entire workforce population, not just managers.

Chapter V.

Legal Implications & Disability Discrimination

As discussed in Chapter II, managers today operate in a climate of increased awareness, specifically greater awareness of legal risk. Though addressing performance issues early may better set employees up for success, fear of legal repercussions influences managers to avoid these conversations. The Workplace Mental Illness survey results support the idea that this fear of legal risk is related to hesitance in these types of discussions with individuals having a mental health condition.

Employment Protections

Fear of legal recourse is grounded in the employment protections provided to employees in the United States. Federal and state employment laws protect employees from employment discrimination in certain classes.[98] Those protections are routinely tested in complaints to government agencies such as the Equal Employment Opportunity Commission or state equal rights divisions.[99] Managers most likely do not want to discriminate against an employee, and fear of an accusation may make them pause before addressing performance issues, especially with those in a protected class, such as those having a disability.

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[98] "What is Employment Discrimination?," U.S. Equal Employment Opportunity Commission, accessed August 8, 2023, https://www.eeoc.gov/youth/what-employment-discrimination.

[99] "Filing A Charge of Discrimination With the EEOC," Employees and Job Applicants, U.S. Equal Employment Opportunity Commission, accessed December 6, 2022, https://www.eeoc.gov/filing-charge-discrimination.

The Americans with Disabilities Act outlines employment protections for those with a disability. The definition of a disability under the ADA includes a mental illness that substantially limits one or more major life activities.[100] Cases that make national headlines and result in high-dollar awards and verdicts do not increase a manager's comfort with addressing performance issues with an individual having a disability of any kind. One such case is EEOC v. Wal-mart Stores East, where the employer terminated an employee with a disability for attendance after changing her work schedule when the employee's disability prevented disruption to her daily schedule.[101] In this case, the jury awarded $150,000 in compensatory damages to the plaintiff and $125,000,000 in punitive damages against Wal-mart Stores East, and these numbers made the headlines.[102] Headline-grabbing verdicts such as this call a manager's attention to the risks involved with employing and addressing performance issues with those having a disability and provide context to the discomfort out of fear of legal repercussions that managers expressed in the Workplace Mental Illness survey.

Types of employment discrimination charges that can be brought to the Equal Employment Opportunity Commission include a negative change to the terms, conditions, or privileges of employment for an individual falling into a protected class or for treating similarly-situated employees differently; discipline, including a first-level poor performance conversation, may qualify as one of those reasons.[103] There is the risk of a charge when addressing moderately poor performance, as it may be more difficult

[100] "Guide to Disability Rights Law," U.S. Department of Justice, Civil Rights Division, updated February 28, 2020, accessed November 22, 2022, https://www.ada.gov/resources/disability-rights-guide/#.
[101] EEOC v. Wal-Mart Stores East, E.D. Wis., No. 1:17-cv-00070 (E.D. Wis. 2021).
[102] Thomas Godar, "Wisconsin Jury Returns $125 Million Verdict In EEOC Disability Discrimination Case," (July 23, 2021). https://www.jdsupra.com/legalnews/wisconsin-jury-returns-125-million-8836201/.
[103] Equal Employment Opportunity Commission U.S. Department of Labor, CM-613 Terms, Conditions, And Privileges of Employment, CVG-1982-3 (1982).

for a manager to defend how that performance impacted the business to the extent that it

required a performance conversation with the individual having the mental health

condition. The Workplace Mental Illness survey data reinforces this idea, with the

reasons for discomfort results showing the highest percentage of #1, 2, and 3 rankings

deriving from the statement, "not wanting the employee to feel singled out." Whereas

egregiously negligent performance provides for a much more apparent defense of the

negative impact on the business, it is less likely an employee can point to being singled

out. With the seemingly higher risk of a discrimination charge for moderately poor

performance, managers find justification for hesitating to have these early performance

conversations with employees having a mental health condition. In waiting until the

performance becomes egregiously delinquent, however, the manager is not providing

adequate support to allow the employee to succeed. Additionally, waiting until the

performance becomes a detriment to the business, leaving the manager no choice but to

terminate, does not necessarily come without the risk of a discrimination charge.

There were 73,485 discrimination complaints filed with the Equal Employment

Opportunity Commission (EEOC) in the fiscal year 2022.[104] Thirty-four percent of these

complaints were for disability, and 13% were psychological disability-related, not

including complaints involving alcoholism and drug addiction, while 13.7% were for

regarded-as-having-a-disability.[105] Managers know there is a cost to respond to and

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[104] Jacinta Ma, *FY 2018-2022 Charge Report Submitted to Congress*, U.S. Equal Employment Opportunity Commission (February 17, 2023), https://www.eeoc.gov/fy-2018-2022-charge-report-submitted-congress.
[105] "ADA Charge Data by Impairments," U.S. Equal Employment Opportunity Commission, 2023, accessed September 5, 2023, https://www.eeoc.gov/data/ada-charge-data-impairmentsbases-receipts-charges-filed-eeoc-fy-1997-fy-2022.

defend a disability discrimination complaint with the EEOC, and $342 million were awarded for all EEOC charges in 2022.[106]

In the face of needing to provide legally defensible employment decisions and the heightened awareness of employees, managers must make a decision to address minor employment performance issues early and risk an EEOC charge for behavior that seems minor or ignore the behavior until it builds into a much larger issue and then address the behavior at that time. As the survey results indicated, managers hesitate and may decide that behavior is too minor to risk a charge, avoiding the conversation seeming to be most prudent. However, avoiding the opportunity to help improve performance at an early stage effectually hurts the chance of success for the employee with the mental health condition in the long term.

Accommodations

Employment has been shown to be critical to social inclusion,[107] [108] and in those with a psychiatric disability, it can improve their quality of life. Amidst the diversity, equity, and inclusion movement American employers are shifting hiring practices to increase their organization's diversity. As these practice shifts will ideally increase hiring for those with mental health conditions, there are implications for interactions in the workplace. Hiring people with mental health-related disabilities without providing appropriate manager training and employee support cannot successfully result in a

[106] *2022 Annual Performance Report*, U.S. Equal Employment Opportunity Commission (March 2023), https://www.eeoc.gov/2022-annual-performance-report-apr.
[107] Shankar, "Improving Job Tenure for People With Psychiatric Disabilities Through Ongoing Employment Support."
[108] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.

sustained higher employment rate.[109] Upon hire, coworker and manager perceptions can influence the view of position qualification legitimacy, as was revealed in the perceptions research by Shahwan et al. A bias noted in the study was that individuals with a mental illness, even if they have equal educational degrees, should receive a lower salary because their illness makes them less qualified.[110] Additionally, the hesitance of managers to discuss poor performance early with an employee having a mental health condition or a history of a mental health condition prevents the opportunity for success on two fronts: 1) in coaching the employee on how to improve while behaviors can still be changed, and 2) in identifying a potential need for a reasonable workplace accommodation.

Workplace accommodations are a means of supporting employees with mental health conditions. Evidence has been found that work accommodations helped employees with mental illness meet employment expectations.[111] Work accommodations, however, are not singular; they require an individualized approach and an interactive dialog with the person needing them.[112] The Workplace Mental Illness survey revealed that managers are hesitant to have poor performance conversations with employees having a mental health condition because of legal ramifications, but perhaps it is not only fear of an EEOC charge; it could also be fear that a workplace accommodation will be requested during the course of the conversation. The manager may not know how to respond to the

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[109] Nelson and Kim, "The Impact of Mental Illness on the Risk of Employment Termination."

[110] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."

[111] Nayab Zafar, Martin Rotenberg, and Abraham Rudnick, "A Systemic Review of Work Accommodations For People With Mental Disorders," *Work* 64 (2019), https://doi.org/10.3233/WOR-193008.

[112] Jennifer G. Prozinski and Imani T. Menard, "Responding to Mental Health Accommodation Requests," (June 29, 2023). https://www.venable.com/insights/publications/2023/06/responding-to-mental-health-accommodation-requests.

request or may have angst about providing an accommodation because of how other employees may react which may prevent them from seeking guidance on meeting the accommodation. Knowing the appropriate accommodation for an employee having a mental health condition seems to be of greater difficulty for employers than accommodating a physical disability.[113] Due to the complexity of navigating a workplace accommodation, outside guidance is advised, as the process involves knowledge beyond what the typical manager possesses.

Government agencies, such as the Department of Labor, the Equal Employment Opportunity Commission, and the Department of Health and Human Services, provide guidance and resources on accommodations and employer legal requirements.[114] Accommodations may include changes to job design, adjustments to organizational systems or policies, or changes in management practices, to name a few.[115] The Americans with Disabilities Act created a standard of reasonable accommodations and set forth an interactive process for determining what is reasonable for the workplace.[116]

Knowing what to do with an accommodation request and how to determine if it is required is not an area of expertise for most managers. One of the most comprehensive tools for determining workplace accommodations is the Job Accommodation Network, which provides a database for employers to search by disability and gives examples of potential reasonable accommodations for that disability.[117] With employers reporting they

[113] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.
[114] "Accommodations for Employees with Psychiatric Disabilities." https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities.
[115] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.
[116] "Accommodations," U.S. Department of Labor, Office of Disability Employment Policy, accessed July 20, 2023, https://www.dol.gov/agencies/odep/program-areas/employers/accommodations.
[117] "A to Z of Disabilities and Accommodations," (Job Accommodation Network, January 4, 2023). https://askjan.org/a-to-z.cfm.

feel unsure about how to accommodate employees with mental illness,[118] it is crucial

managers are educated on the resources available so they can best provide support to all

of their employees.

Employers should not question the legitimacy of an accommodation request, as

the need for an accommodation is a medical professional's decision. The employer's role

is to engage in an interactive process with the employee to find an accommodation that is

reasonable and does not result in undue hardship on the business.

> "'Undue hardship' means significant difficulty or expense and focuses on the resources and circumstances of the particular employer in relationship to the cost or difficulty of providing a specific accommodation. Undue hardship refers not only to financial difficulty, but to reasonable accommodations that are unduly extensive, substantial, or disruptive, or those that would fundamentally alter the nature or operation of the business."[119]

Before deciding on whether an accommodation request results in an undue hardship to

the business, the employer should consult with an employment law professional, as these

decisions need to be made on a case-by-case basis since the applicability of undue

hardship depends on the business, facility, and operations.

Depending on the business's situation and the employee's role, a reasonable

accommodation may mean allowing for a later start time, for example. Although starting

later in the morning may be an issue for an 8:00 a.m. start in shift work or servicing

customers in person, in the era of cell phones and constant connectivity, arriving at the

office for a non-customer-facing job at 9:00 a.m. instead is likely to have minimal to no

effect on the work product of the employee or the service that employee provides and

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[118] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.
[119] "Enforcement Guidance on Reasonable Accommodation and Undue Hardship Under the ADA," EEOC-CVG-2003-1 (October 17, 2002). https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada#undue.

could be considered a reasonable accommodation. Though it is not always a sign of a mental health condition, and people do not necessarily experience mental health conditions in the same way, symptoms of conditions in the category of depression and social anxiety may include decreased energy, difficulty starting a day, or anxiousness in preparing for group settings,[120] which can lead to workplace tardiness. Managers must be flexible when reasonable accommodations are to be made, but sometimes stigma gets in the way. If it does not cause business disruption, an unnecessary policy or procedure, such as arrival time, may need to be reassessed, and a legal professional can help make that determination. Still, it is essential for a manager not to immediately decline the request.

Not all psychological disabilities exhibit visible signs or symptoms. Often, accommodations for physical disabilities are apparent and tangible, but for mental health-related disabilities, the necessity is not always obvious, making any accommodations provided open for scrutiny by coworkers. To best support their employees, managers must get past their fears of the conversation, providing accommodations and the potential response by other employees once the accommodation has been provided.

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[120] Stephens The Effects of Mental Health on Performance-Problem Employee, or Ill Employee?

Chapter VI.

Mitigating Risk & Maximizing Employee Potential

The survey results provide unique insights on manager sentiments surrounding addressing performance issues with employees having a mental health condition.

The purpose of this research was to identify the factors contributing to a manager's hesitance in addressing the poor performance of an employee with a mental health condition. By identifying the root cause of the hesitance, resources and guidance can be developed to assist managers in maximizing the potential of all their employees. With the aging of the United States labor force and other factors that have led to a decline in labor force participation, managers across industries struggle to fill positions. As an underemployed population and a population at greater risk of involuntary termination, retaining and re-engaging individuals having a mental health condition is a sound business strategy.[121] This is because employee turnover costs money and because discrimination complaints are costly and time consuming to address.

Employing these individuals is not enough, however. Managers must provide these employees with adequate support to be successful in their positions long-term. To provide that support, managers must overcome the fear of legal repercussions as a result of addressing poor performance with an employee having a mental health condition.

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[121] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.

Leadership & Environment

Employees with mental health conditions face numerous challenges in the workplace. The decision to disclose a mental health condition is often not easy as there is the potential of being marginalized due to assumptions about the abilities of employees with a mental illness.[122] Not disclosing the condition, however, prevents the opportunity for the employee to request the type of support they may need to increase their success. Providing an inclusive environment where employees feel comfortable being open about their specific needs eliminates the barrier of the employee needing to decide on disclosing the condition, as the environment makes all employees comfortable to discuss their needs. This personalized employment approach creates an atmosphere of connection, retention, and well-being and is linked directly to the leader and their leadership. Leadership is the key to employee well-being. [123]

Leaders define their teams' culture through their actions and inaction. The integrative framework for organizational culture outlines distinct cultural styles but identifies that group culture is the most productive for those with mental health conditions. In group culture, social and emotional support is provided via a leader's trust and genuine concern for their employees.[124] The tenets of this type of culture reinforce the concepts of inclusion and engagement that employees with mental health conditions need by encouraging teamwork, participation, and continual knowledge growth. A

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[122] Krupa et al., "Understanding the Stigma of Mental Illness in Employment."

[123] Kelloway and Barling, "Leadership Development as an Intervention to Occupational Health Psychology."

[124] Julie Dextras-Gauthier, Alain Marchand, and Victor Hainess III, "Organizational Culture, Work Organization Conditions, and Mental Health: A Proposed Integration," *International Journal of Stress Management, American Psychological Association* 19, no. 2 (2012), https://doi.org/10.1037/a0028164.

productive working environment relies on good leadership and a management style that provides support.[125]

Of the many leadership theories and styles, traits of the transformational leadership style provide the structure for better quality outcomes when managing employees having a mental health condition. Traits within this leadership style contain the building blocks for maximizing the potential of an employee with a mental health condition. In this leadership style, managers assume the role of mentor and display confidence in all their employees. This idealized influence encourages employees to have confidence in themselves. Leaders also show genuine concern for their employees' needs, and, most critical to an employee's success, the leader's approach is to coach the desired behavior and focus on learning and improvement.[126] Traits from the transformational leadership style effectively aid a manager in establishing an inclusive workplace.

## Mental Health Literacy

Managerial success in an inclusive environment that eliminates barriers for employees with mental health conditions and mitigates legal risk also requires mental health literacy. The lack of mental health literacy in managers is a legal risk and a detriment to the sustainability of employment for an employee with a mental illness.[127] As the data from the Workplace Mental Illness survey shows, in addressing the poor performance of an employee with a mental health condition, age, and education are

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[125] Kelloway and Barling, "Leadership Development as an Intervention to Occupational Health Psychology."

[126] Khan, Khan, and Nawaz, "Leadership Theories and Styles: A Literature Review."

[127] Khalema and Shankar, "Perspectives on Employment Integration, Mental Illness and Disability, and Workplace Health."

related to lower levels of self-reported discomfort. This finding suggests that a manager's experience and level of knowledge contribute positively to creating an opportunity for behavior change and success in the poor performer. Despite having a lower level of discomfort compared to the less experienced survey respondents, managers higher in age and educational attainment still expressed discomfort in having a performance conversation due to the mental health condition for reasons related to potential legal repercussions.

The survey results indicate that diminishing or eliminating manager discomfort may require more education to increase the manager's confidence in the manner and delivery during the performance conversation to mitigate risk effectively. These results are similar to those found in other academic research.[128] In a 2022 survey conducted by Hogg et al., the results found that experts rated providing guidelines for managers on how to act if an employee has a mental health issue as the most helpful intervention.[129] In a study on employer and coworker perceptions, Shahwan et al. found that education workshops and training were suggested measures for managers to build mental illness literacy, respond more appropriately to these employees, and promote inclusion.[130] In a pre and post-pilot assessment of an online mental health training program for managers, managers indicated a desire for specialized mental illness management training to better understand the needs of their workers with mental illness and to increase their confidence

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[128] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.
[129] Hogg et al., "Supporting Employees With Mental Illness and Reducing Mental Illness-Related Stigma in the Workplace: An Expert Survey."
[130] Shahwan et al., "Employer and Co-worker Perspectives on Hiring and Working with People with Mental Health Conditions."

in discussing issues with these employees.[131] Each of these studies supports the WMI survey's conclusion that additional training, or knowledge intervention, is necessary to fill the gap in mental health literacy for managers.

Adding training is a typical response to a management gap, but adding the training does not necessarily achieve the desired outcome, which is increasing competence and confidence in the managers. Talent development professionals have varying tools available to deliver training to managers, but computer-based learning is the most frequently used in the digital age. Information delivery via an electronic module may be appropriate for specific subject matters. Still, there is a lack of data to indicate whether it would successfully increase competence in the long term due to specialized mental health training for managers.[132] Increasing a manager's competency will mitigate the risk of litigation and maintain compliance for organizations.[133]

Several resources are available for employers to help increase the mental health literacy of their managers. Providing turnkey programs and training, the American Psychiatric Association Foundation's Center for Workplace Mental Health offers free resources for employers, including complete programs aimed at reducing stigma and creating healthy workplaces.[134] The Employer Assistance and Resource Network on Disability Inclusion also offers a workplace wellness toolkit that helps build awareness

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[131] Aimee Gayed et al., "A New Online Mental Health Training Program for Workplace Managers: Pre-Post Pilot Study Assessing Feasibility, Usability, and Possible Effectiveness," *JMIR Mental Health* 5, no. 3 (2018), https://doi.org/10.2196/10517.

[132] Hogg et al., "Supporting Employees With Mental Illness and Reducing Mental Illness-Related Stigma in the Workplace: An Expert Survey."

[133] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.

[134] "Workplace Mental Health," American Psychiatric Association Foundation, accessed December 10, 2023, https://workplacementalhealth.org/employer-resources.

and create a supportive culture.[135] Mental health first aid programs for purchase are also available and have been found to increase managers' confidence in providing help to employees and decreasing stigma.[136] Virtual one-on-one coaching has been proven to build skills in leaders, allowing them to adapt to challenging situations and improve their approach to mental health and well-being.[137]

Training that organizations provide must help managers understand the constructs of stigma and the harm stigma causes. Care should be given to focus on the workplace and the assumptions commonly made by managers and coworkers about the capability and character traits of an employee with a mental health condition. Training should focus on stigma as an issue of social justice and not of public health to help the managers change their thinking about the relevance of the medical model of disability.[138] They need to approach the blueprint of what is deemed successful in their workplace with an eye on providing opportunities to maximize abilities and not strengthen barriers that highlight disabilities. Development for managers must give them the tools to build a culture of coaching and the format to create a healthy workplace that reduces stress. For practicality, it must also include how to support an employee through a performance conversation. Managers get lost in the day-to-day operations of their positions, and when immersed in a situation requiring intervention, theory takes a backseat to tactical needs.

[135] "4As: Build Awareness and a Supportive Culture," Employer Assistance and Resource Network for Disability Inclusion, accessed December 4, 2023, https://askearn.org/page/4-as-build-awareness-and-a-supportive-culture.

[136] Betty A. Kitchener and Anthony F. Jorm, "Mental Health First Aid Training in a Workplace Setting: A Randomized Controlled Trial [ISRCTN13249129]," *BMC Psychiatry* 4, no. 1 (2004), https://doi.org/10.1186/1471-244x-4-23, https://dx.doi.org/10.1186/1471-244x-4-23.

[137] Alexis M. Jeannotte, Derek M. Hutchinson, and Gabriella R. Kellerman, "Time to Change for Mental Health and Well-being via Virtual Professional Coaching: Longitudinal Observational Study," *Journal of Medical Internet Research* 23, no. 7 (2021), https://doi.org/10.2196/27774.

[138] Corrigan et al., "Mental Illness Stigma: Problem of Public Health or Social Justice?."

With proper development, training, and practical guidelines, poor performance conversations with an employee with a mental health condition will not cause a manager hesitance; instead, it will be another opportunity for them to listen to and coach a staff member on maximizing their potential.

<center>Taking Action as a Leader</center>

Increasing a manager's mental health literacy and competency requires specialized training. It also requires practical and actionable guidance on how to handle performance conversations with employees who have mental health conditions. The following is a list of practical advice for managers on managing underperformance and mental health conditions.[139] [140] [141]

1. The first place for a leader to start is with the coaching mindset that is described in the transformational leadership style.

    a. They must think of themselves as the coach of a sports team or the director of a play or orchestra.

    b. They must be invested in the idea that they are there to improve the entire cast, help each player play to the best of their ability, and make them all come together for a tremendous performance.

    c. They must create an environment where employees know they are supported, and their needs are essential.

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[139] "Managing Underperformance and Mental Health Problems."
[140] "Performance Management," Workplace Strategies for Mental Health, accessed December 4, 2023, https://www.workplacestrategiesformentalhealth.com/resources/performance-management.
[141] Fair Work Ombudsman, "Managing Underperformance - Best Practice Guide," (2021). https://www.fairwork.gov.au/sites/default/files/migration/711/managing-underperformance-best-practice-guide.pdf.

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2.  The leader must clearly and transparently communicate expectations of behavior and objective performance measures from the beginning and revisit them routinely.

    a.  Have regular conversations about goals and targets.

    b.  Highlight connections between the work, mission, and vision to create a sense of purpose.

3.  The leader must assess for their own bias by asking themselves if they are approaching observations of performance objectively or if assumptions are being made based on the common stigma of mental illness.

4.  The leader should approach discussions without judgment and be supportive.

    a.  Supportive does not mean the leader needs to know someone's personal history.

    b.  It does mean they are focused on creating an environment to make the employee successful in the workplace.

    c.  They must remember this is about performance, not personality.

    d.  Recognizing the needs of an employee with a mental illness early increases communication with the manager.[142]

5.  The leader must manage in the moment and discuss a dip below expectations as soon as it occurs, with the goal of the discussion being to discover the best way to support meeting expectations.

    a.  The leader should not assume it was the employee's fault.

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[142] Rosemary Lysaght et al., "Measuring Workplace Social Support for Workers with Disability," *Journal of Occupational Rehabilitation* 22, no. 3 (2012), https://doi.org/10.1007/s10926-012-9357-1, https://dx.doi.org/10.1007/s10926-012-9357-1.

b. The leader should not avoid the conversation.

c. This is about discovery, not discipline.

d. They must seek to understand the employee's perspective.

e. They must have tolerance for mistakes and assist in learning.[143]

f. It is best to approach these conversations by reiterating the expectation, not the deficiency, and then asking – "do you have a suggestion for anything that might help to meet that expectation?"

    i. This question is not a commitment, only a request for suggestions.

6. The leader should make reasonable adjustments or accommodations if they are requested.

    a. The leader should assume the request is based on a legitimate need.

        i. The legitimacy of the need can be verified via a medical professional.

        ii. Legitimacy verification should be sought under the guidance of a legal professional or someone familiar with the interactive process.

    b. The focus should be on adjusting based on abilities, not disabilities.[144]

    c. This may mean reassessing policies and procedures for bias to eliminate unnecessary or outdated barriers.

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[143] Stephens The Effects of Mental Health on Performance-Problem Employee, or Ill Employee?
[144] Harder, Wagner, and Rash, *Mental Illness in the Workplace: Psychological Disability Management*.

      d.   If the leader is unsure of whether an accommodation is reasonable, they should consult resources or experts.

7. The leader should offer retraining if a process, procedure, or portion of the employee's job is unclear, or the employee indicates a lack of comprehension.

If poor performance persists, the leader may need to escalate and engage in the next step of formal performance management.

1. The goal is still coaching for improvement to achieve success. No one is a lost cause.

2. The leader must consider the stress or emotional strain this type of conversation may incite for employees with a mental illness and take action to limit that stress.

      a.   When setting up the appointment, it may be helpful to let them know you want to learn more from them about a recent incident or performance.

      b.   Do not cause undue stress about fear of job loss if that is not the goal of the conversation.

          i.   It is okay for the leader to let the employee know that the intention of scheduling the conversation is a discussion and not for a termination to be communicated if that is true.

         ii.   By communicating intent, the leader is not committing to an outcome should circumstances or egregious behavior spontaneously occur during the conversation.

3. The leader must approach the conversation without judgment and reassess for their own bias – objective performance observation versus stigma-rooted assumptions.

4. It is essential for the leader to treat the employee respectfully and to remember that no one goes to work wanting to perform poorly.

5. The leader should revisit expectations – these should not be a surprise if communication from the manager has been clear and transparent.

6. The leader should provide specific examples to help the employee understand the gap between performance and expectation levels, emphasizing expectations.

7. The leader should again ask if the employee has a suggestion for what might help them meet the expectations and subsequently review any accommodation requests.

8. The leader should collaborate with the employee on a plan for improving the performance or an outline of expected behavior changes.

    a. The plan should build on strengths and focus on abilities, not disabilities.

    b. The employee needs to have ownership of the plan.

    c. Check-in dates should be set and met.

9. The leader should speak with the employee during their next scheduled shift to see how they are doing and reinforce that they care about the employee's success.

10. If an accommodation is requested, the leader must engage in the interactive process and follow up with the employee on the request.

Performance conversations provide opportunities for success, and if a leader establishes a coaching culture focused on support and growth, the hesitance to have these conversations with employees with mental health conditions will decrease, and legal risk will be mitigated.

Chapter VII.

Conclusion

Employees with mental health conditions do not request special treatment to avoid working hard. Rather, these employees must work harder because their brain function, nervous system, or behavioral response require them to find ways to navigate a workplace that was not designed for the way they think or the way they experience the world, a workplace that reinforces for them that their ability is less-than because they are absent total health. It is time for us to not only depart from the medical model of disability in treatment but also depart from it in the workplace to seek the full breadth of inclusion, not to forget mental health conditions. The high unemployment numbers and higher risk of involuntary termination for individuals with a mental health condition are disheartening, given the low labor force participation rate for the larger American population. The unemployment and involuntary termination numbers cannot simply be a result of the disability of mental health conditions, there are structural and social reasons that are preventing the success of these individuals beyond stigma. Unfortunately, the laws and legislation put into place to protect these employees may unintentionally hinder them from receiving support to maximize their potential in the workplace.

Managing people in the age of awareness is wrought with challenges. Managers are required to understand people more than they understand the operations. The COVID-19 pandemic highlighted the need for mentally healthy workplaces. As a result of the pandemic, Human Resource organizations like the Society for Human Resource

Management (SHRM) created toolkits to assist employers with creating psychologically safe working environments.[145] Initiatives such as the Mental Health in the Workplace: Public Health Summit created calls to action for employers to establish cultures of health that encourage more stress-free environments for employees with mental health issues.[146] These efforts, however, did not critically address possible causes for the higher incidence of misses for employees with a mental health condition that the employment data revealed.

Literature and research surrounding mental health conditions and stigma exist, but uncovering other factors to the lack of employment success for those with a mental health condition has had limited scholarly focus in the United States. By better understanding the roots of managers' fears in addressing employment concerns with employees who are known to have or are suspected of having a mental health condition, the next step can be taken to provide a framework for managers in these situations. Establishing a framework managers can use to address poor performance with employees having mental health conditions will benefit the employment success of employees in this category and the business, alleviate a manager's hesitance to conduct these crucial performance conversations, and mitigate legal risk.

Results from this research's survey reinforced the hypothesis of this thesis that managers are hesitant to address poor performance with employees who have a mental health condition. Several interesting discoveries were made during the analysis of the

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[145] "Creating a Mental Health Friendly Workplace," Society for Human Resource Management, accessed December 6, 2022, https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/mental-health-disabilities.aspx

[146] Ron Z. Goetzel et al., "Mental Health in the Workplace," *Journal of Occupational & Environmental Medicine* 60, no. 4 (2018), https://doi.org/10.1097/jom.0000000000001271, https://dx.doi.org/10.1097/jom.0000000000001271.

survey responses. The overwhelming discomfort among male respondents of addressing poor performance with employees having a mental health condition due at least in part to the mental illness was unexpected, at 95% of respondents. This result stimulates many more questions about why men are so much more uncomfortable.

Also revealing was the stark contrast in comfort between those with only a high school diploma and those with a graduate degree, which perhaps indicates more about how education relates to confidence overall. The critical connection in the survey data was how a manager's lower age, lower education level, and lower management level equated to the most discomfort in having a poor performance conversation with an employee with a mental health condition. This connection illuminates the need for an increase in knowledge interventions for managers on the subject of mental illness and performance management, as well as knowledge interventions that are accessible and lasting. One goal of this study was to provide guidance for managers on navigating these conversations. Gratefully, the research conducted for this thesis has allowed me to outline practical steps to navigate these conversations because the value to the workplace of those with mental health conditions is tremendous and untapped, and the value of the workplace to those with mental health conditions is life changing.

Remaining Questions & Future Research

A limitation of this research is also a contribution; research specifically related to a manager's hesitance to address performance issues early in employees with a mental health condition does not exist. In fact, there is little research into addressing performance issues in employees with mental health conditions. There is literature on stigma and employing those with a mental illness, improving the mental health of the

workforce, and creating healthy workplace cultures, but very little on coaching, discipline, or termination of employment for those with mental health conditions. Most of the information that does exist is resources or studies with an international focus, with limited reference to the United States. The body of research on addressing poor performance in those with mental health conditions in the workplace in only the U.S. is not robust. This thesis looks to add to the scholarly work of employing those with mental health conditions in America from a root cause of failed employment opportunities, with the intent of an introduction to the topic that encourages validated scientific studies.

Many questions remain and present opportunities for further research. The experience and employment success of employees with a mental health condition who receive early performance interventions should be compared to the experience and employment success of those who do not. The impact of managers who have received mental health literacy training and sustain a culture of coaching on the employment success of those with a mental health condition who experience a performance issue should also be weighed. Further, more granular research on dissecting manager sentiments on their avoidance of these performance conversations due to legal fears to determine if there are co-mingled legal fears, such as gender discrimination, would provide a deeper understanding of the roots of manager fears. It would be interesting to look more closely at how varying mental health conditions, such as those in the anxiety and depression categories, may lessen or dissipate manager discomfort.

Another open question is if a manager's sentiment toward an otherwise high performer with a mental health condition who has a dip in performance differs from if the poor performer has always been a poor performer – is there a likability bias in

discomfort? Future researchers looking to recreate this study should look to expand the sample size and account for a comparison group for insight into managers' sentiments in addressing poor performance in all employees, not just those with a mental health condition.

Next Steps

It is not just a company's responsibility to ensure managers are trained appropriately. Numerous countries have acknowledged the mental health crisis, and steps have been taken to impact this crisis. The United States has made concerted efforts in the past decade to initiate campaigns and provide resources to decrease stigma with an emphasis on the workplace. The Substance Abuse and Mental Health Services Administration, the National Institute of Mental Health, the National Alliance on Mental Illness, federal initiatives such as the Resource Centre to Promote Acceptance, Dignity, and Social Inclusion Associated with Mental Health,[147] and countless veterans groups and nonprofit organizations have served as vigorous advocates for increasing awareness and decreasing the stigma surrounding mental health conditions and seeking treatment. Free resources have been created to improve mental health literacy and provide guidance on creating mentally healthy work cultures. President Biden's 2022 announcement of a strategy to address our nation's mental health crisis was a significant step forward in rooting out and addressing the systemic issues that have led to this crisis.

Countries like Switzerland and Canada have created voluntary standards for employers to become designated as a healthy company or a psychologically safe

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[147] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.

company. Switzerland's "healthy company" label for employers to address mental health in the workplace has successfully established more supportive employment cultures.[148] Much like the U.S. Green Building Council, which provides standards that must be met by buildings to obtain a Leadership in Energy and Environmental Design (LEED) certification, to meet Canada's voluntary employment standard, known as Psychological Health and Safety in the Workplace, employers must meet requirements related to 13 psycho-social factors. The standard is intended to encourage employers to support, facilitate, and reward appropriate efforts to meet these factors that relate to well-being.[149]

1. Psychological support

2. Organizational culture

3. Clear leadership expectations

4. Civility and respect

5. Psychological job demands

6. Growth and development

7. Recognition and reward

8. Involvement and influence

9. Workload management

10. Engagement

11. Work/life balance

12. Psychological protection

13. Protection of physical safety

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[148] OECD, *Sick on the Job? Myths and Realities about Mental Health and Work*.
[149] Dobson and Szeto, "The Assessment of Mental Health Stigma in the Workplace."

Several Canadian provinces have even revised occupational health and safety legislation to ensure employers consider psychological safety.[150]

Singapore's Beyond the Label mental health campaign, supported by the National Council for Social Services, has pushed forward desired outcomes for employers to provide safer environments where employees feel comfortable disclosing their illness, adopt more inclusive hiring practices, and meet requests for workplace accommodations. Singapore's WorkWell Leaders Group of many high-profile CEOs has also proven successful in drawing awareness and improving outcomes.[151]

All these efforts provide hope for improving the circumstances of those who live with a mental health condition. In the United States, there is still research that must be done to effectively impact increasing the opportunity for success and maximize the potential of employees with a mental health condition. This study is one step in the achievement of that goal. Normalcy in employment is a myth that should be rejected and deconstructed.[152]

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[150] Dobson and Szeto, "The Assessment of Mental Health Stigma in the Workplace."
[151] "Addressing Stigma What Can You Do?," Beyond the Label, Singapore National Council of Social Service, accessed November 21, 2023, https://www.ncss.gov.sg/our-initiatives/beyond-the-label/what-we-can-do-to-address-stigma.
[152] Frederic Fovet, "Mental Illness in the Workplace - Psychological Disability Management Review," *Disability & Society* 30, no. 4 (2015), https://doi.org/10.1080/09687599.2015.1014665.

Appendix 1.

Study Consent Information Provided


Study Title: Mental Illness in The Workplace
Researcher: Stacy Babl
Faculty Advisor: Dante Spetter

**Key Information**

The following is a short summary of this study to help you decide whether to be a part of

this study. More detailed information is listed later in this form.


Why am I being invited to take part in a research study?

We invite you to take part in a research study because, in your profession, you may or

may have been a manager of people.


What should I know about a research study?

- Someone will explain this research study to you.

- Whether or not you take part is up to you.

- Your participation is completely voluntary.

- You can choose not to take part.

- You can agree to take part and later change your mind.

- Your decision will not be held against you.

- Your refusal to participate will not result in any consequences or any loss of benefits that you are otherwise entitled to receive.

- You can ask all the questions you want before you decide.

Why is this research being done?

This study seeks to identify the lead reason managers avoid addressing performance issues with employees having or perceived to have a mental illness so we can find a way to educate managers preemptively to best set employees with a mental illness up for success before their performance is at the most detrimental level to the organization.

How long will the research last, and what will I need to do?

We expect that you will be in this research study for ten to fifteen minutes.

You will be asked to complete a survey relating to your background as a manager and your approach to performance management with any employee you have managed with a known or perceived mental illness.

Is there any way being in this study could be bad for me?

We don't believe there are any risks from participating in this research.

Will being in this study help me in any way?

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research.

<u>What happens if I do not want to be in this research?</u>

Participation in research is completely voluntary. You can decide to participate, not participate, or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Your alternative to participating in this research study is to not participate.

<u>What is the purpose of this research?</u>

Existing scholarly work related to managing the underperformance of employees with mental health disorders is limited. In fact, there is little work that relates specifically to this topic in the United States. There is existing research focused on workplace decisions and performance perceptions of those with disabilities and how those decisions and perceptions derive from stigma. Though the existing research is discussing performance decisions, it does not explicitly provide suggestions for management adjustments or education because it focuses so heavily on the impact of stigma on the performance decision outcome.

The research in this study intends to identify manager perceptions regarding their avoidance of addressing performance issues at the coaching stage with employees who are known or perceived to have a mental illness. This study seeks to identify the lead reason rather than the outcome. In identifying the lead reason for the manager, we can hopefully educate managers preemptively to best set employees with a mental illness up

for success as opposed to focusing on the aftermath of a manager avoiding the coaching of an employee's early performance issues.

How long will I take part in this research?

The study involves your completion of one online survey, estimated to take ten minutes to complete.

What happens if I say yes, I want to be in this research?

You will continue and complete the ten-minute survey, and submit the results for review by the study coordinator.

What happens if I say yes, but I change my mind later?

You can leave the research at any time; it will not be held against you.

If I take part in this research, how will my privacy be protected? What happens to the information you collect?

Your identifiable Personal Information will not be collected. Unidentifiable information such as race, ethnicity, socio-economic status, and acknowledgment of a mental health disorder will be collected if you choose to answer those questions, but the answers will not be attached to any name or contact information since those items are not collected.

Can I be removed from the research without my OK?

The person in charge of the research study can remove you from the research study

without your approval if you do not meet all the qualifications of the study.

<u>Who can I talk to?</u>

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at WorkplaceMentalIllnessStudy@gmail.com.

This research has been reviewed and approved by the Harvard University Area Institutional Review Board ("IRB"). You may talk to them at (617) 496-2847 or cuhs@harvard.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.

- You cannot reach the research team.

- You want to talk to someone besides the research team.

- You have questions about your rights as a research subject.

- You want to get information or provide input about this research.

Have you reviewed all of the consent information on this page? (yes/no) (logic: no=end survey)

Survey Questions

1. How old are you? (open comment)

2. Do you understand your participation in this survey is voluntary, meaning you do not have to proceed and may end your participation at any time? (yes/no) (logic: no=end survey)

3. Are you currently capable of answering yes or no questions, ranking answers on a scale of 1-5, and providing typed short answers to questions related to your experience as a manager? (yes/no) (logic: no=end survey)

4. Do you understand this study is an online survey of managers exploring sentiments regarding mental illness in the workplace? (yes/no)

5. Do you provide consent for the principal investigator to use your answers alongside other survey respondents' answers in the aggregate to analyze similarities across respondents based on demographics, such as age or other protected classes)? (yes/no) (logic: no=end survey)

6. Have you ever been responsible for the hiring, disciplining, and firing of another employee while serving in the capacity as that employee's supervisor? (yes/no)

7. Have you ever been responsible for directing the daily work of another employee while serving in the capacity as that employee's direct supervisor? (yes/no) (logic: no to both questions=end survey)

8. As a supervisor, have you ever had to discipline or terminate an employee due to a performance issue? (yes/no) (logic: no=end survey)

9. As a supervisor, have you ever had an employee you knew to have a psychiatric disability or mental health impairment? (yes/no)

10. As a supervisor, have you ever had an employee you believed had a psychiatric disability or mental health impairment, even if you had no direct knowledge of his or her diagnosis or disability? (yes/no)

11. Have you ever supervised a poor-performing employee you knew or believed had a psychiatric disability or mental health impairment? (yes/no) (logic: no=end survey)

12. While serving as the direct supervisor to the poor-performing employee, were you a U.S. citizen overseeing other U.S.-based employees? (yes/no) (logic: no=end survey)

13. Have you ever needed to, or should have, coached, disciplined, or terminated an employee you knew or believed had a psychiatric disability or mental health impairment? (yes/no)

14. On a scale of 1-5, how comfortable were you in addressing the poor performance issue with the employee you knew or believed had a psychiatric disability or mental health impairment?
    - 1=did not address it due to my discomfort),
    - 2=extremely uncomfortable,
    - 3=somewhat uncomfortable,
    - 4=somewhat comfortable,
    - 5=extremely comfortable

15. If you selected less than a 5, was your discomfort due at least in part to their psychiatric disability or mental health impairment? (yes/no)

16. If you selected yes, please rank the following list in the order of most relevance as to why you were uncomfortable. Place the most relevant at the top and the least relevant at the bottom.
    a. didn't want to make them cry,
    b. afraid I would say something wrong legally,
    c. afraid they would think I was singling them out,
    d. afraid that it would make their illness worse,
    e. afraid they would get physically or verbally aggressive,
    f. afraid I would get fired
    g. felt they lacked the capability to change.

    h.   did not think they had the capacity to understand the feedback.
    i.   another reason not listed.

17. If you ever have or had a diagnosed psychiatric disability or mental health impairment, please rate on a scale of 1-3 how your diagnoses impacted your comfort with addressing a performance issue with an employee you knew or believed had a psychiatric disability or mental health impairment.
   - 1=made me more uncomfortable,
   - 2=did not impact my comfort,
   - 3=made me more comfortable,
   - n/a=I do not have a psychiatric disability, or I have never had to address a performance issue with an employee with a known or perceived mental illness or prefer not to answer.

18. Did the type of mental illness the employee had or believed had impact your comfort level? (yes/no)

19. If yes, which type of mental illness would make you more comfortable than others in order to address the performance issue? (comment)

20. In what industry do you work? (comment)

21. What is your sex?
   - Male,
   - Female,
   - I do not identify in either of these categories.

22. Do you qualify under any other federal or state-protected class? i.e., race, ethnicity, religion, sexual orientation (yes/no)

23. Approximately how old were you when you were supervising the employee with a known or suspected mental health condition?
   - 18-26
   - 27-35
   - 36-44
   - 45-53
   - 54-62
   - 63+

24. Please select the highest level of education you have completed.
    - High school graduate
    - Some post-secondary
    - Post-secondary graduate
    - Some graduate
    - Graduate degree or higher

25. At what level of leadership would you most closely identify at the time of the most recent relevant disciplinary situation?
    - Supervisor
    - Manager
    - General Manager
    - Director
    - Vice President or other executive
    - Senior executive
    - CEO, COO or Division/organization leader

26. At what level would you most closely identify the employee's position at the time of the most recent relevant disciplinary situation?
    - Front line staff or individual contributor
    - Supervisor
    - Manager
    - General Manager
    - Director
    - Vice President or other executive
    - Senior executive

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