

# Study on Perceptions of Stigmatization and Discrimination of Persons with Mental Illness in the Workplace

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**Study on Perceptions of Stigmatization and Discrimination of  
Persons with Mental Illness in the Workplace**

**Research Report**

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## **EXECUTIVE SUMMARY**

### **Background**

1. The Equal Opportunities Commission (EOC) has commissioned our research team to conduct the “Study on perceptions of stigmatization and discrimination of persons with mental illness in the workplace”.
2. The research team adopted a mixed-methods sequential explanatory design, in which quantitative and qualitative data were collected for a more robust and in-depth analysis. In the quantitative Study 1, cross-sectional surveys with purposive sampling were adopted to obtain responses from the employed persons between May and July 2020 and persons with mental illness (PMIs) between May and November 2020. The recruitment of the employed participants was supported by HK.WeCare of Wofoo Social Enterprises and the recruitment of participants with mental illness was supported by New Life Psychiatric Rehabilitation Association. In the qualitative Study 2, in-depth interviews with purposive sampling were conducted from February to July 2021 to obtain responses from employers and supervisors.
3. A total sample of 858 participants consisting of 593 employed persons and 265 PMIs were recruited in the cross-sectional surveys, which provided a general understanding of the research question. A total of 50 employers and supervisors in managerial positions participated in the in-depth interviews, which helped to enrich the quantitative results by enabling more in-depth discussions on the research objectives.

### **Objectives of the study**

4. The research objectives of this study include the following:
  - a) Evaluate the awareness and understanding of mental health among employers, supervisors and employees in Hong Kong;
  - b) Study the prevalence of discrimination against PMIs in the workplace;
  - c) Discover the patterns and practices of discrimination against PMIs in the process of job application and in the workplace;
  - d) Examine the factors associated with the vulnerability to workplace discrimination among PMIs;
  - e) Assess the application of sick leave among PMIs: (i) any difficulty in taking sick leave; and (ii) how employers and supervisors consider such applications;
  - f) Understand the actions taken by PMIs in response to discrimination and the reasons behind;
  - g) Identify the impact of stigmatization and discrimination on PMIs in terms of their employment, treatment/recovery trajectories and help-seeking patterns; and
  - h) Solicit views from stakeholders in facilitating the employment and the treatment/recovery of PMIs and in redressing stigmatization and discrimination against PMIs in the workplace.

## **Key findings from the quantitative survey of employed persons**

### **Knowledge of PMIs and perceived prevalence of discrimination against**

5. A total of 96.1% and 91.9% of the employed persons have heard of the term “disability discrimination” and knew about Disability Discrimination Ordinance (DDO) of Hong Kong, respectively. A majority of the employed persons were aware of disability discrimination and DDO, regardless of their socio-demographic background. Only those who worked in the industry of “Finance and Insurance” were slightly less knowledgeable about it than others.
6. The employed persons’ level of awareness and knowledge towards schizophrenia was lower than that towards depression, anxiety and bipolar disorders. Moreover, employed persons felt more confident in working with people with depression (41.4%) and anxiety (43.1%) than with people with schizophrenia (17.8%) and bipolar disorder (24.2%).
7. A majority of the employed persons considered that the discrimination against PMIs in Hong Kong is very prevalent or quite prevalent (81.7%). The most observed situations of workplace discrimination against PMIs was “having fewer opportunities for promotion” (71.3%) and “not hired because of mental illness” (68.3%).
8. Employed persons working in industries of “Real Estate, Professional and Business Services” (40.0%) and “Social and Personal Services” (30.4%), and in larger companies sized 300 persons or above (38.1%) were more likely to be provided with mental health support measures in the workplace compared to those in other industries, occupations and company size.

### **Stigmatization VS. acceptance of PMIs**

9. In the survey, 21 statements were presented to employed persons to gauge their views about PMIs. Majority of employed persons reported to show acceptance towards PMIs (89.4%) and one-fifth held stigmatized views against PMIs (19.8%). The top three agreed stigmatization statements of PMIs were “I am worried that people with mental illness will harm others” (55.7%), “I will try to keep my distance from the people with mental illness.” (46.5%) and “I am afraid of being alone with the mentally ill” (43.4%).
10. In terms of social distance, employed persons generally accepted working with PMIs in the same institution (94.3%) and in the same occupation (86.0%).
11. Comparatively, men, respondents aged 65 or above, those with lower educational attainment, who currently married, worked in “Accommodation and Food Services” industry, and as “Service and Sales workers” reported a significantly higher level of stigma.
12. Employed persons’ acceptance of PMIs was significantly higher among those who have never been married than their married counterparts. Moreover, acceptance was significantly higher among those working in the “Social and Personal Services” industry.



13. Comparatively, employed persons aged 45 or above, those with lower education attainment, who are currently married, and worked in “Accommodation and Food Services” industry reported the strongest preference for keeping social distance with PMIs.

### **Suggestions from employed persons in redressing discrimination against PMIs in the workplace**

14. In terms of the types of support for PMIs, a majority of employed persons expressed the need for employers to “understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted” (73.7%), “establish effective and two-way communication channels between the company and employees” (68.4%), and “develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.” (66.0%).
15. In terms of reducing workplace stigmatization and discrimination towards PMIs, over three-fifth of employed persons agreed with the statements that “the Government should step up its publicity to let more people know about the Disability Discrimination Ordinance” (67.3%), “companies should be required to formulate relevant policies to avoid discrimination, bullying, harassment, etc.” (63.9%), and “the EOC should organize more related activities to raise public awareness” (60.2%).

### **Key findings from the quantitative survey of PMIs**

#### **Prevalence and patterns of discrimination against PMIs**

16. A total of 82.6% and 77.7% of the PMIs have heard of the term “disability discrimination” and knew about DDO of Hong Kong, respectively. A majority of the PMIs were aware of disability discrimination and DDO, regardless of their socio-demographic background.
17. A majority of the PMIs reflected that the discrimination against PMIs in Hong Kong is very prevalent or quite prevalent (78.5%), especially among people who are diagnosed with anxiety (88.0%) and bipolar disorder (83.3%). The most commonly observed situations of workplace discrimination against PMIs were “having fewer opportunities for promotion” (71.3%), “not getting hired because of mental illness” (67.5%), “being paid less than others because of mental illness” (65.5%), and “being assigned to job duties, work location or work shifts that are worse than other employees” (60.2%).
18. A total of 36.2%, 32.8% and 32.8% of the PMIs reported that they experienced discrimination during the hiring process, quitting/layoff and at work, respectively over the past five years. A total of 45.3% of these PMIs experienced discrimination in at least one of the three processes, and 12.5% in all three processes.
19. However, only 14.3%, 21.3%, and 16.1% of the PMIs took action after experiencing mental illness discrimination in the hiring process, quitting/layoff and at work, respectively. They mainly chose to complain to their colleagues, their immediate supervisor or the perpetrator in person but none of them brought the case to court.

20. Most of the PMIs did not take action against mental illness discrimination in the workplace because they deemed it unnecessary or worried about their future employer's view on such actions.

### **Difficulties in taking sick leave due to mental health-related issues**

21. Among the 265 responding PMIs, 18.9% of them encountered difficulties when applying for sick leave for seeking mental illness advice. Among those who encountered difficulties, 49.0% of them disclosed their reason for taking leave to their supervisor or colleagues.
22. The most frequently occurred difficulties when PMIs applied for sick leave to seek mental illness advice were "leave applied on the same day or in a short notice was not approved by the supervisor" (42.0%) or "colleagues being dissatisfied about my leave application" (40.0%).
23. Some of the PMIs (27.2%; n=72) reported delay or were not willing to get medical treatment or follow-up consultation for mental illness during their latest job. The main reasons for delay or not willing to get treatment or follow-up consultation include "being worried about being known by other workers in the company that I have mental health-related issues" (59.7%), "being worried that the company will have negative thoughts about me because of my needs for medical treatment or leave for follow-up consultations due to mental illness" (47.2%) and "being worried about other workers in the company know that I have the needs to get medical treatment, or follow-up consultation due to mental illness" (45.8%).
24. A majority (64.8%) of these 72 PMIs believed that the delay in getting medical treatment or follow-up consultation had a negative impact on their mental health recovery process.

### **Availability of mental health support measures in the workplace for PMIs**

25. A total of 85.9% of the PMIs expressed that it is necessary for companies to provide mental health support to employees. However, 58.4% of the PMIs thought that the company or employer for which they are working would not or would rarely consider providing support for PMIs in the workplace.
26. Only 12.5% of the PMIs reported that the company for which they are currently working or the last company they worked for have provided such mental health support to employees.
27. 55.0% of the PMIs who expressed their need for mental health support measures to their company or supervisor reported that the work culture in the company allows them to express the support they need. 48.7% of the PMIs did not express their needs to employers/supervisor because they were afraid of being labeled and discriminated against by the company and supervisor.

### **Suggestions from PMIs in redressing discrimination against them in the workplace**

28. In terms of the types of support for PMIs, the responding PMIs expressed the need for employers to “understand the individual needs of the PMIs, assess whether the work arrangement or environment needs to be adjusted” (66.8%), “consider flexible work arrangements, such as flexible working hours, short breaks, etc.” (62.6%), and “develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.” (59.2%).
29. In terms of reducing workplace stigmatization and discrimination towards PMIs, the responding PMIs agreed that the Government should step up its efforts, including “enhancing its publicity efforts to let more people know about the Disability Discrimination Ordinance” (68.3%), “requiring companies to formulate relevant policies to avoid discrimination, bullying, harassment, etc.” (61.9%), and “strengthening the related legislation against discrimination” (57.1%).

### **Correlates of workplace discrimination against PMIs**

30. Results from more in-depth analyses reveal that, on the one hand, perceived prevalence of discrimination against PMIs in the workplace is associated with increased levels of internalized stigma and emotional distress and reduced ability to engage in social and vocational activities among responding PMIs.
31. On the other hand, receiving instrumental and emotional support from supervisors and colleagues is associated with increased levels of psychological well-being, social and occupational functioning and symptom recovery, as well as reduced levels of emotional distress and internalized stigma among PMIs.

### **Key findings from the in-depth interviews with employers and supervisors**

#### **Awareness of mental health-related issues and knowledge of discrimination against PMIs**

32. A lack of knowledge is observed across different industries when employers and supervisors were asked about the prevalence of stigmatization and discrimination of PMIs in the workplace.
33. In-depth interviews showed that many employers and supervisors may not know what constituted disability discrimination under DDO and had misconceptions about disability discrimination. For example, they challenged that providing PMIs with more support and care could also be considered as discrimination. This indicates that they do not have a clear understanding of DDO and their legal responsibilities.

### **Attitudes on hiring and working with PMIs**

34. From the perspective of many employers and supervisors, PMIs are less capable of controlling their behaviors and emotions. They doubted PMIs' ability to handle the job that especially required teamwork and interaction with others. They indicated that PMIs are more suitable for job positions which do not require working with others.
35. For industries that involve contact with many customers/clients, employers and supervisors tend to be hesitant in considering PMIs for the position. The responses of these employers and supervisors reflect that discrimination against PMIs is very prevalent in customer service or people-oriented industries (e.g., accommodation and food services, education).
36. Some employers and supervisors determined whether a PMI is suitable for a job based on the severity of the mental illness symptoms. This is consistent with the survey results with employed persons that people are generally accepting PMIs only if their symptoms are not severe. The stigmatization of PMIs in the workplace is quite high when PMIs are still recovering or are experiencing a relapse. Some employers and supervisors expected to collect details about the PMIs' mental health status, including the severity of the symptoms, whether they are seeking medical consultation and whether they are taking medication, before considering to hire them.

### **Policies for hiring and managing PMIs in the workplace**

37. All employers and supervisors were asked whether their company has provided clear guidelines and support in hiring and managing PMIs in the workplace. Many organizations only had vague understanding of hiring and managing PMIs. Even for employers and supervisors who had prior experience in working with PMIs, they stated that there were no policies and procedures available in their company for managing PMIs in the workplace.
38. Many employers and managers believed that treating all employees in the same way is the best management approach to avoid discrimination against PMIs. They expressed the concern about fairness to other staff if special work arrangements are provided to PMIs. This illustrates the misconceptions among employers and supervisors about the definitions of discrimination and workplace accommodation.
39. Several employers and supervisors from small sized companies agreed that their team is very small so they do not see a need to develop another set of policies and guidelines for PMIs. Everything is mutually understood between employers and employees. This is also the view shared among many employers and supervisors in our interviews that larger companies should take up the social responsibility for offering equal employment opportunities to PMIs. Compared to small sized companies, it is viewed that larger companies have more resources and job openings that enable them to hire PMIs in job positions that suit their abilities.
40. In the in-depth interviews, a few large companies have sufficient manpower and resources and they are willing to take up the social responsibility for hiring PMIs and providing them with flexible work arrangements. The employers and supervisors from these companies

showed empathy and understanding towards PMIs who voice out their needs by reducing their workload during the recovery period and approving sick leaves for them to seek medical consultation.

### **Policies for handling discrimination-related complaints**

41. In the in-depth interviews, many employers and supervisors reported that they do not know the procedure to handle complaints from PMIs on mental illness discrimination. They simply passed the responsibility to the human resources department for handling complaints and assumed that the human resources department would have the standard procedures to process them.
42. Other employers and supervisors who knew about the procedures explained that all complaints are handled in the same way and there are no separate guidelines, procedures, or dedicated staff to handle cases specifically for PMIs.

### **Suggestions for creating a discrimination-free working environment**

43. As perceived by some of the employers and supervisors, a discrimination-free environment should be initiated by the upper management. They agreed that employers and supervisors should take the lead to provide employment opportunities to PMIs, embrace diversity, and provide equal opportunities to cultivate a discrimination-free work culture. For example, team building activities can enhance mutual understanding and bonding between colleagues.
44. Some employers and supervisors believed that educating the public about mental health and mental illness is an essential step to eliminating stigma. These employers and supervisors suggested different ways to educate the general public: 1) using positive psychology in education to help people to build resilience to adapt to stress and crisis in life; 2) producing videos on how to support and communicate with PMIs to raise public awareness about mental health; and 3) encouraging employers and employees to join a mental health first aid training course to gain knowledge about mental health problems.
45. In terms of the lack of clear guidelines and policies for hiring and managing PMIs, it is suggested that the Government can provide more reference materials with concrete examples of what and how to implement equal opportunity policies in the workplace.
46. Many employers and supervisors claimed that the management team and staff may not have enough relevant experience to support and work with PMIs. Information and professional advice provided by the Labour Department, social welfare organizations, and psychologists about the procedures for complaint handling as well as the ways to work and interact with PMIs are needed for organizations to create a discrimination-free working environment.

## **Recommendations**

47. Based on our observations from the quantitative and qualitative studies, the following five recommendations on public education, anti-discrimination policy, special work arrangements, staff training and resources for mental health support are proposed:

- a) Public education initiatives (e.g., community events, educational videos and online learning resources) should be launched to promote awareness and understanding of disability discrimination and DDO in Hong Kong. The Labour Department and Advisory Committee on Mental Health should work together with EOC to provide seminars and talks for both the management of businesses and their frontline staff. A better understanding of the requirements of DDO will provide the foundation for equal employment opportunities and a discrimination-free workplace.
- b) The Government should consider providing more resources and assistance to the EOC, the Labour Department and employers to proactively facilitate the development of discrimination-related policies and measures for supporting PMIs' recovery in the workplace, such as lining up training for human resources and management of businesses by the EOC, Labour Department, NGOs and doctors. Good organizational practices for a discrimination-free work environment can be exemplified and acknowledged by the Labour Department.
- c) Employers are suggested to offer reasonable work accommodations to employees as a mental health-friendly employment practice, but considerate implementation procedures are important. They should ensure that employees with mental health conditions can attend medical appointments and apply for sick leave to seek medical advice, follow-up consultation or treatment. While work practices or arrangements based on the PMIs' abilities are welcomed, employers and supervisors must exercise in caution to avoid discrimination. Transparency in decisions related to work practices or arrangements, substantive fairness in distribution of resources and treating PMIs with sensitivity and respect are important.
- d) Apart from employers, co-workers are the key stakeholders in building a discrimination-free workplace and providing support to PMIs at work. Training workshops for employed persons should regularly be held by mental health associations and NGOs. These programs should be given by psychiatrists, psychologists, or counselors to debunk common myths, clarify misconceptions, promote mental health awareness, and teach soft skills (e.g., listening and responding) for sensitive and respectful communication with PMIs in the workplace. Since PMIs are most vulnerable to discrimination in customer service industries and in workplaces that consist of employees with lower education background, more attention should be directed to these workplaces to prevent stigmatization and discrimination.
- e) Employers are encouraged to provide an employee assistance program (e.g., 24-hour hotline, psychological assessment, counseling service and referral to specialists) as a mental health first aid for employees who experience personal, mental or emotional problems. These programs are typically company-funded and provisioned by a third-

party service provider or vendor because most organizations do not have in-house professionals with mental health training. For small and medium enterprises, they may lack the human and financial resources to provide such support for their staff. The Government may consider either providing financial subsidies or centralized support services for subscription by small and medium enterprises.

# 1. BACKGROUND AND OBJECTIVES

## 1.1. Stigmatization and Discrimination in Hong Kong

When one group of people endorses stereotypical beliefs, prejudicial attitudes, or discriminatory behaviors against another group (*stigma*), it robs individuals of opportunities to accomplish short-term or long-term personal goals, such as career goals (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Watson, 2002). Specifically, stigma adversely affects persons with mental illness (PMIs) locally and globally (Mak et al., 2017; Stuart, 2008). As Hong Kong is among the world's most densely-populated, fast-paced and expensive cities, Hong Kong working adults are often faced with long working hours, high job demands and poor work-life balance. A total of 13% of Hong Kong residents are PMIs (Lam et al., 2015). The most common mental disorders are mixed anxiety and depressive disorder (7%), generalized anxiety disorder (4%), depressive episode (3%), and other anxiety disorders (panic disorders, phobias, obsessive compulsive disorders, (2%). Although 5% had severe psychological distress, most of them (87%) did not consult a doctor or seek help from other health professionals (Department of Health, 2015).

Therefore, protecting PMIs' welfare (prosperity, health, happiness, well-being, etc.) and preventing stigmatization and discrimination against them is critical. The Hong Kong Government protects the rights of PMIs under Disability Discrimination Ordinance (DDO) enacted in 1995 (Cap.487) (Hong Kong e-Legislation, 2015). Specifically, the DDO aims to eliminate and prevent stigmatization and discrimination, notably regarding employment, against people that had, have, will/might have, or imputed by others to have (1) a disorder or malfunction that results in this person learning differently from a person without it; or (2) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behavior. It is considered as discrimination when a person treats a PMI or a PMI's associate less favorably than others (*direct discrimination*), or when a requirement or condition is applied equally to everyone but adversely affecting a PMI without justification (*indirect discrimination*). Less favourable treatment can include opportunities for employment, promotion, transfer or training, and access to benefits, services or facilities, as well as unjustified dismissal or any other detriment. The Government's Mental Health Review Report highlights the challenges and provides suggestions for reducing stigmatization and discrimination in Hong Kong (Food and Health Bureau, 2017).

However, these efforts are not fully effective. Although both employers and employees are legally responsible for conducting unlawful act(s) under DDO (Hong Kong e-Legislation, 2015), many Hong Kong people do not know these DDO requirements and legal liabilities. PMIs are still negatively stereotyped as unpredictable, dangerous and incompetent, so the general public discriminates against them (Chan & Fung, 2019). The Equal Opportunities Commission (2021) received over 300 complaints under the DDO regarding psychiatric disability or mental illness during 2016-2020, mostly related to employment (73.6%). Many spouses, families, friends, colleagues, supervisors, and employers criticize or even condemn



PMIs (Chan & Lam, 2018). Likewise, many community members ignore, reject, or isolate PMIs, treating them disrespectfully or unfairly in housing, education, employment, health care, and social services (Mak et al., 2017; Mak, Chong, & Wong, 2014).

To devise and implement effective preventive measures against workplace stigmatization and discrimination and to empower PMIs, we need more in-depth understanding about their causes, underlying mechanisms, conditional processes, and consequences. This study aims to shed light on public awareness and understanding, prevalence, patterns and practices, risk and resilience factors, actions taken by PMIs in response to discrimination, and impact of stigmatization and discrimination on work and well-being outcomes among PMIs in the workplace. Specifically, we will use a mixed-methods sequential explanatory design, in which quantitative and qualitative data complement each other for a more robust and in-depth analysis. The quantitative Study 1 (N = 858) provides a general understanding of the research problem while the qualitative Study 2 (N = 50) helps refine and explain the statistical results by exploring and elaborating on the participants' views (Ivankova, Creswell, & Stick, 2006).

## **1.2. Objectives**

The research engages the views of PMIs, employees, and employers, with the following specific objectives:

- a) Evaluate the awareness and understanding of mental health among employers, supervisors and employees in Hong Kong;
- b) Study the prevalence of discrimination against PMIs in the workplace;
- c) Discover the patterns and practices of discrimination against PMIs in the process of job application and in the workplace;
- d) Examine the factors associated with the vulnerability to workplace discrimination among PMIs;
- e) Assess the application of sick leave among PMIs: (i) any difficulty in taking sick leave and (ii) how employers and supervisors consider such applications;
- f) Understand the actions taken by PMIs in response to discrimination and the reasons behind;
- g) Identify the impact of stigmatization and discrimination on PMIs in terms of their employment, treatment/recovery trajectories and help-seeking patterns; and
- h) Solicit views from stakeholders in facilitating the employment and the treatment/recovery of PMIs and in redressing stigmatization and discrimination against PMIs in the workplace.

## **2. LITERATURE REVIEW**

### **2.1. Nature of Stigmatization and Discrimination**

Stigmatization and discrimination of PMIs serve as a serious barrier to the recovery process of mental illness (Mann, & Himelein, 2004; Tsang, Tam, Chan, & Cheung, 2003) but are often being underestimated. Reducing the stigma of mental illness endorsed by the general public and self-stigma internalized by PMIs are important for creating equal job opportunities and protecting PMIs from discrimination in the workplace. Researchers suggested that cognitive economy and social distance might be the main factors causing stigma (Baumann, 2007). Cognitive economy refers to the process when people handle a large amount of information, they tend to generalize, simplify, and filter out the information. On the one hand, it can help us save energy and process faster. On the other hand, it increases the chance of stereotyping something or a group of people that we do not fully understand, especially when the negative characteristics are more observable than the positive characteristics. Additionally, people tend to form social distance towards something or someone that act out of their expectations, contradict with their previous values, or social norms. In order to reduce the stigmatization of PMIs, scholars from different countries also emphasized the importance of public education. By increasing the awareness and understanding of the general public towards mental illness, acceptance increases, and stigma decreases (Arboleda-Flórez, & Stuart, 2012). Knowing the current situation in Hong Kong and the general public's perception towards mental illness can help develop a better strategy in promoting a discrimination-free work environment.

### **2.2. Research on Stigmatization and Discrimination in Hong Kong**

In Hong Kong, researchers found that the problem of stigmatization of PMIs only showed a slight improvement from 2001 to 2017. Misunderstanding and stereotyping still exists in the society. Hong Kong is highly influenced by the traditional Chinese culture and values. The general public may contain a rooted mindset and attitude that mental illness is associated with a strong sense of shame (Chung et al., 2019; Tsang et al., 2003). Among different types of mental illnesses, people with schizophrenia encounter more discrimination in the workplace than others due to stigmatization (Lee et al., 2006). Fear of being discriminated may deter PMIs from disclosing their mental illness to their employers, supervisors and colleagues, which would in turn affect their recovery process and treatment adherence. This is especially the case because disclosure of mental illness may lead to identity threat and loss of job opportunities. Stigmatization and discrimination can lead to a number of negative consequences among PMIs, including sleep disturbance and poor physical and mental quality of life (Chan & Fung, 2019). Therefore, public education and interventions are urgently needed to increase positive attitudes of the general public toward PMIs and eliminate stigmatization and discrimination against them.

### **2.3. Relationships between Illness Perception and Workplace Discrimination and Other Related Outcomes**

According to the Common-Sense Model of Self-Regulation (CSM) (Leventhal, Phillips, & Burns, 2016), public and PMIs' interpretations of information and personal experiences with mental illnesses drive their perceptions and appraisals of it, which in turn influences how they respond and cope with the illness. CSM's five main evaluative components include *cause* attributions (e.g., work stress causes depression), *volitional controllability* (e.g., depression as a result of self or environmental influence), *timeline* (e.g., start, duration [and end] of depression), *consequences* (perceived impact on psychological, social or behavioral outcomes; e.g., depression worsened PMIs' job performance) and *illness coherence* (clarity and comprehensibility; e.g., person's understanding of depression). These evaluative components can predict self-regulation and in turn stigmatization and discrimination as well as other psychosocial and behavioral outcomes (Hagger, Koch, Chatzisarantis, & Orbell, 2017). For PMIs, those who view their mental illness as internally caused, uncontrollable, chronic, incomprehensible, and with severe consequences likely showed poorer psychosocial adaptation and maladaptive coping strategy use, which often led to self-stigmatization and low help-seeking intention. For the general public, those with similar negative illness perceptions likely used maladaptive strategies when working with PMIs, which often led to stigmatization and discrimination. Workplace discrimination, harassment and abuse often resulted in poor well-being and reduced productivity (Miraglia & Johns, 2016). Researchers have used CSM to understand depression, schizophrenia, bipolar disorder, alcohol use disorder, and drug use disorder (Lobban, Barrowclough, & Jones, 2005; Mak et al., 2014).

According to the Job Demands-Resources (JD-R) model, *job demands* (risk factors) exhaust employees' job resources, which leads to negative work outcomes, such as exhaustion and burnout, poor work performance, and psychological and physical distress (*impairment process*), while *job resources* (resilience factors) reduce job demands, facilitate personal development, and promote employees' motivation, yielding higher work engagement, commitment, performance, and psychological well-being (*motivational process*) (Bakker & Demerouti, 2007). On the one hand, job demands are psychosocial, physical and organizational attributes (e.g., challenges from interpersonal conflict, barriers from organizational constraints and pressure from quantitative workload) that require psychological and physical efforts and skills, and yield psychological and physiological costs. On the other hand, job resources for achieving work goals are psychosocial, personal and organizational (e.g., collegial support, psychological capital, and organizational justice). Past studies provided empirical support for the JD-R model (Lesener, Gusy, & Wolter, 2019).

It is not uncommon for the general public to perceive mental illness as internally caused, uncontrollable, chronic, incomprehensible and having harmful consequences. They tend to use maladaptive regulatory strategies (e.g., anxious avoidance and harmful emotional ventilation) when working with PMIs, which in turn leads to stigmatization and discrimination. In jobs with high demands and few resources, they might view PMIs as additional burden to their already stressful work. For PMIs with similar inferior illness perceptions, they likely show maladaptive

self-regulation (e.g., self-isolation and thought suppression) which creates and further strengthens self-stigma by endorsing and internalizing the negative stereotypes against them.

### 3. RESEARCH DESIGN

This project comprises of two studies to meet the aforementioned objectives. Mixed-methods sequential explanatory design is employed to enable quantitative and qualitative data to complement each other for a more robust and in-depth analysis. Quantitative Study 1 provides a general understanding of the research question while qualitative Study 2 helps enrich the quantitative results by enabling more in-depth discussions on the research objectives (Ivankova et al., 2006).

The research team collaborated with New Life Psychiatric Rehabilitation Association<sup>1</sup>, HK.WeCare of Wofoo Social Enterprises<sup>2</sup> for participant recruitment.

#### 3.1. Study 1

In Study 1, a cross-sectional survey with purposive sampling was adopted to obtain responses from the employed persons and PMIs. This study aims to fulfill objectives a) to g). Two structured questionnaires consisting of valid and reliable instruments for assessing stigmatization and discrimination, illness perceptions, self-regulation, risk and resilience factors and work and well-being outcomes were developed. Based on the two most recent meta-analyses of stigma and mental health (Livingston & Boyd, 2010; Mak, Poon, Pun, & Cheung, 2007), the minimum effect size<sup>3</sup> in Asia was 0.37 without any significant intraclass correlation. Hence, we used this information in our *power analysis* (Konstantopoulos, 2008) to compute the minimum sample size at each level for an alpha of 0.05, statistical power of 0.97, and intraclass correlation of 0.05. A total sample size of 858 participants, consisting of 593 employed persons and 265 PMIs were recruited.

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<sup>1</sup> New Life promotes mental wellness for PMIs and their families, and the general public with the ultimate goal of equal opportunities, social inclusion, acceptance and full participation for all in the community. They provide a wide range of psychiatric rehabilitation services to help PMIs lead independent lives, align employment choices with their own interests and abilities, obtain employment in the labor market, participate actively in the community, and attain a desirable quality of living.

<sup>2</sup> HK.WeCare works to raise awareness of the effects of well-being on human development, and to bring together game-changers and shapers to push forward happiness-promoting and socially innovative programs in the city. Their work involves individual empowerment, cross-sector collaboration, public relation, and research.

<sup>3</sup> Effect size is a value indicating the magnitude of group difference or the strength of relationships between variables in a target population.

### 3.1.1. Participant Recruitment of Employed Persons

Employed persons were recruited via our collaborators' network. The data was collected between May and July 2020. Convenience sampling was used to recruit the employed persons supported by HK.WeCare as they have a large network of corporates, non-profit organizations, charities, community groups and schools in Hong Kong. To increase sample representativeness, the research team also invited various corporates, companies, small businesses, and trade unions from different industries for participant recruitment.

Prior to the data collection, the most common industries in Hong Kong (i.e., import/export and wholesale/retail, social and personal services, professional and business services, accommodation and food services, and finance and insurance) were identified based on the figures from the Census and Statistics Department (2019). A total of 24 organizations from the major industries collaborated with us to collect data from their employees.

### 3.1.2. Participant Recruitment of PMIs

Data collection of PMIs was conducted from May to November 2020. Different types of PMIs were recruited based on the following inclusion criteria: a) their economic activity status: employed, unemployed or economically inactive – PMIs were asked about their current economic activity status; b) their state of MI: previously suffered from MI, currently suffering from MI, or recovered from MI – both PMIs and employed persons were asked about their MI status; c) years of suffering from MI: 0-10 years, 11-20 years, 21-30 years, 31-40 years; and d) types of MI: from most common to most severe forms of MI, including depression, anxiety, bipolar disorder, schizophrenia, or other psychotic disorders (Chang et al., 2015; Lam et al., 2015) – clinically diagnosed PMIs as identified by New Life and other participating non-governmental organizations (NGOs) that provide mental health services. See Table 1 and 2 for the latest distribution of PMIs and their employment rates in Hong Kong.

**Table 1. Latest distribution of PMIs in Hong Kong**

PMIs	% of Hong Kong population
Schizophrenia	1
Other Psychotic	2
Depression	10
Anxiety	13
Bipolar Disorder	4
Others	2

(Chang et al., 2015; Lam et al., 2015)

**Table 2. Percentage of PMIs and Hong Kong Population by Economic Activity Status**

Economic Activity Status	% PMIs in 2020	% of Hong Kong population in 2021
Employed	24.5	59.4
Unemployed	3.0	5.2
Inactive	72.5	35.4

(Census and Statistics Department, 2021; 2022)

Recruitment of PMIs participants was supported by New Life as they are the largest organization in Hong Kong that provides mental illness rehabilitation services. In addition, three other NGOs that provide mental rehabilitation services were invited to provide support in participant recruitment of PMIs. According to local surveys on PMIs conducted in Hong Kong (Zhu, Tse, Tang, Goodyear-Smith, & Wong, 2017; Zhu, Tse, Tang, & Wong, 2016), employees from the industries of 1) construction, 2) accommodation and food services, 3) import/export and wholesale/retail, and 4) finance and insurance are high-risk groups because they often reported having MI symptoms (e.g., anxiety and depression) but fail to seek help. Moreover, employees in the 5) transport, warehouse and communication industries were the most likely to have worked with colleagues with MI. We therefore recruited PMIs from these five high-risk industry sectors.

Face-to-face questionnaire survey was conducted with 593 employed persons and 265 PMIs. For PMIs, we conducted the questionnaire survey at the participating NGOs. For the employed persons, we conducted the questionnaire survey with employees at the participating organizations. We sent our research staff to the offices of the organizations to collect data from the participants using pencil and paper questionnaires. Each questionnaire took approximately 60 minutes to complete. Participants received a total of HKD150 cash coupon as a token of appreciation.

### **3.2. Study 2**

Data collection of qualitative study was conducted from February to July 2021. In Study 2, in-depth interviews with purposive sampling were conducted to obtain responses from employers and supervisors. The primary purpose of this second part of the study is to fulfill objectives a) to h). As recommended by qualitative researchers for reaching saturation in in-depth interviews, a total sample of 50 employers or supervisors is most optimal. This sample size enables thorough examination of the themes and concepts needed to address the research questions and ensures that enough data have been collected to clarify the relationships between themes and concepts as well as to identify variations in the phenomena of interest (Dworkin, 2012).

The research team recruited participants from HK.WeCare and contacted various corporates, companies, small businesses and trade unions from different industries to collaborate with us. The research team recruited employers and supervisors from the five biggest industry sectors in Hong Kong (i.e., import/export and wholesale/retail, social and personal services, professional and business services, accommodation and food services and finance and insurance).

Semi-structured interview guidelines and prompts were developed according to a standardized in-depth interview protocol (Camic, Rhodes, & Yardley, 2003). Interviews were conducted with the employers and supervisors to identify the best practices adopted in 1) providing equal employment opportunities to PMIs, 2) meeting the treatment/recovery needs of PMIs, and 3) facilitating the integration of PMIs in the workplace via a stigmatization- and discrimination-free environment. Barriers of implementing organizational policies and practices for achieving equal opportunities were also identified. Flexibility was allowed during the interviews to enable unanticipated themes to emerge. The interviews were audio recorded and lasted for approximately 60 minutes in a quiet venue. A total of HKD150 cash coupon was given to each participant as an incentive.

### **3.3. Pilot Study**

A pilot study with a small sample of 18 employed persons and 16 PMIs have been conducted for assessing the preliminary questionnaires, which was translated into Chinese using the translation/back-translation procedure. Participants of the pilot study were debriefed upon completion to determine the appropriate duration and identify problematic items and scales. Revisions were made to improve the length, clarity and readability. Another pilot study was conducted with 2 employers/supervisors for identifying the issues and barriers of recruitment of interviewees and assessing the in-depth interview guidelines. It helped focus, expand or narrow the interview questions for a more insightful inquiry.

### **3.4. Measures**

Different scales and set of questions have been used to assess the view of the employed persons and the PMIs according to the objectives of the current study. Two different sets of questionnaire have been used for the two target participant groups independently (i.e. the employed persons and the PMIs). Table 3 has shown the measures of Study 1 in relations to the research objectives. The employed persons and PMIs questionnaires are located in Appendix 1 and 2, respectively.

**Table 3. Measures of Study 1 in Relations to Research Objectives**

<b>Objectives</b>	<b>Employed Persons</b>	<b>PMIs</b>
a) Evaluate the awareness and understanding of mental health among employers, supervisors and employees	Understanding and perception of discrimination	Understanding and perception of discrimination
b) Study the prevalence of discrimination against PMIs in the workplace	Discrimination experience	Discrimination experience
	Discrimination experience and response	Discrimination experience and response
c) Discover the patterns and practices of discrimination against PMIs in the process of job application and in the workplace	Stigma and Acceptance Scale (SAS) (Mak et al., 2014)	Discrimination experience and response
	Bogardus Social Distance Scale (BSDS) (Link, Cullen, Frank, & Wozniak, 1987)	Internalized Stigma of Mental Illness scale (ISMI) (Boyd, Otilingam, & Deforge, 2014)
d) Examine the factors associated with the vulnerability to workplace discrimination among PMIs	Illness Perception Questionnaire-Revised (IPQ-R) Adapted Version (Heyduck-Weides et al., 2019; Mak et al., 2014; Marcos et al. 2009; Sterba & DeVellis, 2009)	General Nordic Questionnaire for Psychological and Social Factors at Work (QPS Nordic questionnaire; Elo et al., 2000)
e) Assess the application of sick leave among PMIs	Sick leave application	Sick leave application
f) Understand the actions taken by PMIs in response to discrimination and the reasons behind	Discrimination experience and response	Discrimination experience and response



**Table 3. (cont'd)**

<p>g) Identify the impact of stigmatization and discrimination on PMIs in terms of their employment, treatment/recovery trajectories, and help-seeking patterns</p>	<p>/</p>	<p>Delayed treatment-related issues</p> <p>The PERMA (positive emotion, engagement, relationships, meaning, and accomplishment) Profiler (Butler, J., &amp; Kern, M. L., 2016)</p> <p>Recovery Assessment Scale (RAS) (Corrigan, Salzer, Ralph, Sangster, &amp; Keck, 2004)</p> <p>Modified Colorado Symptom Index (MCSI) (Conrad et al., 2001)</p> <p>Specific Level of Functioning scale (SLOF) (Schneider &amp; Struening, 1983)</p> <p>Help-seeking Behavior (Wilson, Deane, Ciarrochi, &amp; Rickwood, 2005)</p> <p>Demographics</p> <p>Personal mental illness record</p>
<p>h) Solicit views from stakeholders in facilitating the employment and the treatment/recovery of PMIs and in redressing stigmatization and discrimination against PMIs in the workplace.</p>	<p>Support at work</p> <p>Suggestion for improvement</p>	<p>Support at work</p> <p>Suggestion for improvement</p>

Note: All scales have been used in previous Chinese studies.

#### 4. EMPLOYED PERSONS QUANTITATIVE SURVEY RESULTS

To get a more fluent and comprehensive understanding towards the subjective perceptions of employed persons, variety of measures have been adopted in the current study to assess their knowledge of MI, perceived prevalence of the discrimination situations, perceptions towards PMIs, as well as their suggestions in improving the current situation. The sections below report their 1) General awareness, knowledge and perception towards discrimination and mental health support, 2) Stigmatization and acceptance of PMIs and 3) Suggestions in improving the current situation.

#### 4.1. Socio-Demographic Characteristics of the Employed Persons

A total of 593 employed persons recruited through 24 companies participated in the current survey. The descriptive demographics are presented in Table 4, which included sex, age, education level, marital status, industry, occupation, company size, years of experience in the organization, personal monthly income (HK\$), full- or part-time, and mode of employment of the employed persons. In this study, 372 of the employed persons were female (63.8%) and 211 of them were male (36.2%). Most of the employed persons were aged 25-34 (36.4%), with an education level of tertiary (degree) or above (56.2%), worked in the industry of real estate, professional and business services (26.9%) and had the personal income ranging from HK\$10,000 to HK\$29,999 (59.4%). In addition, 94.7% of the employed persons were working full-time and 70.2% of them were under long-term employment.

**Table 4. Demographic Characteristics of Employed Persons (N = 593)**

	n	%
<b><i>Sex</i></b>		
Male	211	36.2
Female	372	63.8
<b><i>Age</i></b>		
18-24	52	8.8
25-34	215	36.4
35-44	138	23.4
45-54	102	17.3
55-64	64	10.8
65 or above	20	3.4
<b><i>Education Level</i></b>		
Primary or below	14	2.4
Lower secondary	35	6.0
Upper Secondary	88	15.0
Tertiary (Non-Degree)	119	20.3
Tertiary (Degree)	329	56.2
<b><i>Marital Status</i></b>		
Never married	296	50.5
Married	267	45.6
Separated/ Divorced/ Widowed	23	3.9
<b><i>Industry</i></b>		
Construction	61	10.5
Import/ Export, Wholesale and Retail	40	6.9
Accommodation and Food Services	44	7.5
Finance and Insurance	24	4.1
Real Estate, Professional and Business Services	157	26.9
Social and Personal Services	79	13.6
Education	70	12.0
Others	108	18.5

**Table 4. (cont'd)**

<b><i>Occupation</i></b>		
Managers and Administration	127	22.0
Professionals	167	28.9
Associate Professionals	38	6.6
Clerical Support Workers	143	24.8
Service and Sales Workers	35	6.1
Crafts and Related Workers	11	1.9
Elementary Occupations	9	1.6
Others	47	8.1
<b><i>Company Size</i></b>		
Small (Less than 50 persons)	151	27.3
Medium (50-299 persons)	224	40.5
Large (300 persons or above)	178	32.2
<b><i>Years of Experience in the Organization</i></b>		
Less than 5 years	310	52.3
5-10 years	129	21.8
10-15 years	80	13.5
15 years or above	74	12.5
<b><i>Personal Monthly Income (HK\$)</i></b>		
Less than 10,000	36	6.2
10,000-29,999	345	59.4
30,000-49,999	136	23.4
50,000-69,999	45	7.7
70,000 or above	19	3.3
<b><i>Full-/ Part-time</i></b>		
Full-time	554	94.7
Part-time	31	5.3
<b><i>Mode of Employment</i></b>		
Long-term employment	412	70.2
Contract	175	29.8

Notes: All the percentages equal to the valid percentage-; For industry, the group “Others” included the industry of “Government Departments”, “Manufacturing”, “Transportation, Storage, Postal and Courier Services”, “Information and Communications”, and others.

#### **4.2. Employed Persons’ Knowledge and Understanding towards Discrimination**

Among all the valid responses collected, 568 (96.1%) of the employed persons have heard of the term “Disability Discrimination” and only 23 (3.9%) of them have never heard of it (Table 5). Also, for the Disability Discrimination Ordinance (DDO) in Hong Kong, as Table 6 demonstrates, 541 (91.9%) employed persons knew about it and the remaining 48 (8.1%) of the employed persons thought that Hong Kong does not have DDO.

**Table 5. Employed Persons' Knowledge of Disability Discrimination**

	n	%
Yes, have heard about it.	568	96.1
No, have not heard about it.	23	3.9
Valid Total	589	100.0

Note: All the percentages equal to the valid percentage

**Table 6. Employed Persons' Knowledge of DDO in Hong Kong**

	n	%
Yes, Hong Kong has it.	541	91.9
No, Hong Kong does not have it.	48	8.1
Valid Total	587	100.0

Note: All the percentages equal to the valid percentage

The relationships between the socio-demographic variables and the knowledge of disability discrimination and DDO in Hong Kong were assessed. **Knowledge of DDO was significantly different by industry, where  $p < 0.05$ .** As shown in Figure 1, employed persons from different industries have also heard about DDO, but those who worked in the industry of “Finance and Insurance” were slightly less knowledgeable about it than others ( $n=17$ , 73.9%). There was no significant relationship between other variables, where all  $p > 0.05$ . It means that the majority of the people were aware of disability discrimination and DDO, regardless of their socio-demographic background. The results are shown in Table 7.

**Table 7. Employed Persons' Knowledge of Disability Discrimination and Disability Discrimination Ordinance in Hong Kong**

Variable	Disability Discrimination		Disability Discrimination Ordinance	
	Yes, have heard about it (n, %)	No, haven't heard about it (n, %)	Yes, Hong Kong has it (n, %)	No, Hong Kong doesn't have it (n, %)
<b>Sex</b>				
Male	202(36.2%)	8(34.8%)	188(35.3%)	21(45.7%)
Female	356(63.8%)	15(65.2%)	345(64.7%)	25(54.3%)
<b>Age</b>				
18-24	50(8.8%)	2(8.7%)	46(8.5%)	6(12.5%)
25-34	207(36.6%)	8(34.8%)	199(36.9%)	15(31.3%)
35-44	131(23.1%)	6(26.1%)	126(23.4%)	10(20.8%)
45-54	99(17.5%)	3(13.0%)	93(17.3%)	8(16.7%)
54-64	61(10.8%)	3(13.0%)	58(10.8%)	6(12.5%)
65 or above	18(3.2%)	1(4.3%)	17(3.2%)	3(6.3%)

**Table 7. (cont'd)**

<b><i>Education Level</i></b>				
Primary or below	11(2.0%)	1(4.3%)	13(2.4%)	1(2.1%)
Lower secondary	33(5.9%)	2(8.7%)	33(6.2%)	2(4.3%)
Upper Secondary	84(15.1%)	2(8.7%)	77(14.4%)	8(17.0%)
Tertiary (Non-Degree)	116(20.8%)	3(13.0%)	113(21.2%)	5(10.6%)
Tertiary (Degree)	314(56.3%)	15(65.2%)	298(55.8%)	31(66.0%)
<b><i>Marital Status</i></b>				
Never married	284(50.6%)	12(52.2%)	273(51.1%)	22(45.8%)
Married	255(45.5%)	10(43.5%)	240(44.9%)	24(50.0%)
Separated/ Divorced/ Widowed	22(3.9%)	1(4.3%)	21(3.9%)	2(4.2%)
<b><i>*Industry</i></b>				
Construction	61(10.9%)	0(0.0%)	58(10.9%)	3(6.4%)
Import/ Export, Wholesale and Retail	39(7.0%)	1(4.3%)	37(7.0%)	3(6.4%)
Accommodation and Food Services	41(7.3%)	3(13.0%)	41(7.7%)	3(6.4%)
Finance and Insurance	21(3.8%)	3(13.0%)	17(3.2%)	6(12.8%)
Real Estate, Professional and Business Services	153(27.4%)	3(13.0%)	146(27.4%)	9(19.1%)
Social and Personal Services	76(13.6%)	3(13.0%)	74(13.9%)	5(10.6%)
Education	66(11.8%)	4(17.4%)	61(11.5%)	9(19.1%)
Others	101(18.1%)	6(26.1%)	98(18.4%)	9(19.1%)
<b><i>Occupation</i></b>				
Managers and Administrators	119(21.6%)	7(30.4%)	113(21.5%)	12(25.5%)
Professionals	158(28.6%)	9(39.1%)	152(28.9%)	15(31.9%)
Associate Professionals	36(6.5%)	2(8.7%)	33(6.3%)	4(8.5%)
Clerical Support Workers	141(25.5%)	1(4.3%)	135(25.7%)	8(17.0%)
Service and Sales Workers	34(6.2%)	1(4.3%)	30(5.7%)	5(10.6%)
Crafts and Related Workers	10(1.8%)	1(4.3%)	10(1.9%)	1(2.1%)
Elementary Occupations	8(1.4%)	1(4.3%)	9(1.7%)	0(0.0%)
Others	46(8.3%)	1(4.3%)	44(8.4%)	2(4.3%)
<b><i>Company Size</i></b>				
Small (Less than 50 persons)	141(26.7%)	9(40.9%)	138(27.2%)	12(27.3%)
Medium (50-299 persons)	216(40.8%)	7(31.8%)	206(40.6%)	18(40.9%)
Large (300 persons or above)	172(32.5%)	6(27.3%)	163(32.1%)	14(31.8%)

**Table 7 (cont'd)**

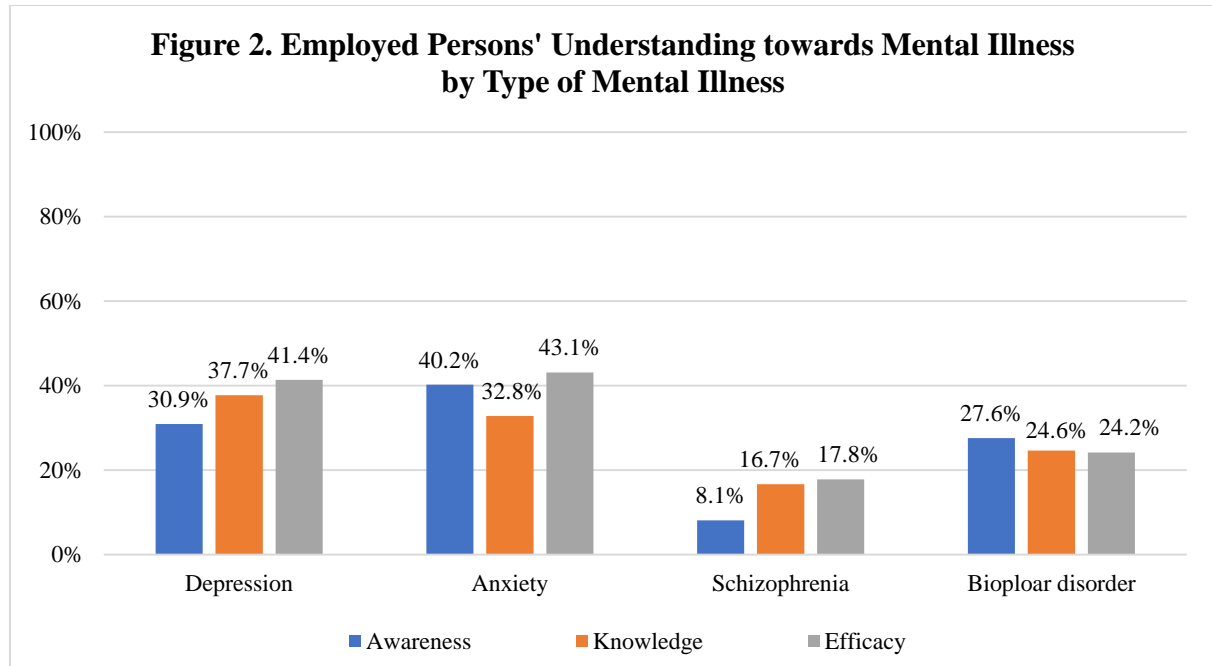
<b><i>Years of Experience in the Organization</i></b>				
Less than 5 years	297(52.3%)	13(56.5%)	277(51.2%)	30(62.5%)
5-10 years	123(21.7%)	6(26.1%)	118(21.8%)	11(22.9%)
10-15 years	77(13.6%)	2(8.7%)	76(14.0%)	3(6.3%)
15 years or above	71(12.5%)	2(8.7%)	70(12.9%)	4(8.3%)
<b><i>Personal Monthly Income (HK\$)</i></b>				
Less than 10,000	33(5.9%)	3(13.0%)	33(6.2%)	3(6.5%)
10,000-29,999	332(59.7%)	12(52.2%)	317(59.6%)	26(56.5%)
30,000-49,999	128(23.0%)	7(30.4%)	122(22.9%)	13(28.3%)
50,000-69,999	44(7.9%)	1(4.3%)	42(7.9%)	3(6.5%)
70,000 or above	19(3.4%)	0(0.0%)	18(3.4%)	1(2.2%)
<b><i>Full-/ Part-time</i></b>				
Full-time	533(95.2%)	20(87.0%)	503(94.4%)	47(97.9%)
Part-time	27(4.8%)	3(13.0%)	30(5.6%)	1(2.1%)
<b><i>Mode of Employment</i></b>				
Long-term employment	398(70.8%)	13(56.5%)	380(70.9%)	30(63.8%)
Contract	164(29.2%)	10(43.5%)	156(29.1%)	17(36.2%)

Notes: All the percentages equal to the valid percentage; \* $p < 0.05$ ; This table adopted chi-square analysis.



For employed persons' understanding of mental illness, employed persons' awareness, knowledge and efficacy towards the four common mental disorders (i.e. major depression, anxiety, schizophrenia and bipolar disorder) were assessed. Figure 2 shows that the employed persons' awareness and knowledge towards schizophrenia and their confidence to work with people with schizophrenia were observably lower than the three other types of disorders. By the observation of the employed persons, people with depression (30.9%) and anxiety (40.2%) were more prevalent in daily life compared to schizophrenia (8.1%) and bipolar disorder (27.6%). Comparatively, a greater proportion of employed persons had more understanding of

the causes, symptoms, and needs of depression (37.7%) and anxiety (32.8%). The respective figures for schizophrenia and bipolar disorder are 16.7% and 24.6%. Also, in the view of the employed persons, they felt more confident to work with people with depression (41.4%) and anxiety (43.1%) than people with schizophrenia (17.8%) and bipolar disorder (24.2%).



Note: Figures refer to the percentages of employed persons “strongly agree” or “agree” what they are aware of / have knowledge of / confident to work with persons with mental illness.

Further investigations into whether there were any relationships between the four socio-demographic variables (i.e. industry, occupation, company size and years of experience in the organization) and 1) degree of awareness of PMIs, 2) knowledge of different disorders, and 3) efficacy were conducted. The results showed that there were no significant relationships between them, where all  $p > 0.05$ . It showed that people’s awareness of PMIs, knowledge of different mental disorders and level of confidence to work with them were not associated with their working industry, occupation, company size and years of experience in the organization. The results are shown in Table 8.

**Table 8. Mean Scores of Degree of Awareness, Knowledge and Efficacy of PMIs**

	Awareness		Knowledge		Efficacy	
	Mean	Standard Deviation (SD)	Mean	SD	Mean	SD
<b><i>Overall</i></b>	1.82	0.689	2.00	0.0736	2.09	0.734
<b><i>Industry</i></b>						
Construction	1.76	0.708	2.06	0.782	2.21	0.709
Import/ Export, Wholesale and Retail	1.76	0.776	1.93	0.811	2.06	0.798
Accommodation and Food Services	1.84	0.668	1.98	0.678	2.16	0.618
Finance and Insurance	1.65	0.801	1.86	0.773	1.98	0.950
Real Estate, Professional and Business Services	1.79	0.627	1.97	0.706	2.22	0.747
Social and Personal Services	1.85	0.676	2.26	0.780	2.14	0.752
Education	1.90	0.635	1.97	0.662	1.93	0.654
Others	1.86	0.762	1.91	0.733	1.97	0.689
<b><i>Occupation</i></b>						
Managers and Administration	1.88	0.744	2.04	0.770	2.13	0.780
Professionals	1.84	0.672	2.08	0.718	2.08	0.688
Associate Professionals	1.85	0.648	2.04	0.701	2.16	0.795
Clerical Support Workers	1.78	0.700	1.94	0.733	2.14	0.703
Service and Sales Workers	1.81	0.706	1.78	0.737	1.93	0.720
Crafts and Related Workers	1.84	0.755	2.09	0.812	2.16	0.855
Elementary Occupation	2.03	0.713	2.16	0.442	2.16	0.865
Others	1.63	0.564	1.81	0.788	1.96	0.838
<b><i>Company Size</i></b>						
Small (Less than 50 persons)	1.72	0.697	2.02	0.800	1.97	0.714
Medium (50-299 persons)	1.91	0.685	2.02	0.711	2.15	0.708
Large (300 persons or above)	1.82	0.682	2.02	0.735	2.15	0.770
<b><i>Years of Experience in the Organization</i></b>						
Less than 5 years	1.79	0.691	2.03	0.726	2.15	0.748
5-10 years	1.83	0.677	2.00	0.695	2.00	0.707
10-15 years	1.92	0.655	1.91	0.797	2.08	0.706
15 years or above	1.80	0.739	1.97	0.786	2.01	0.741

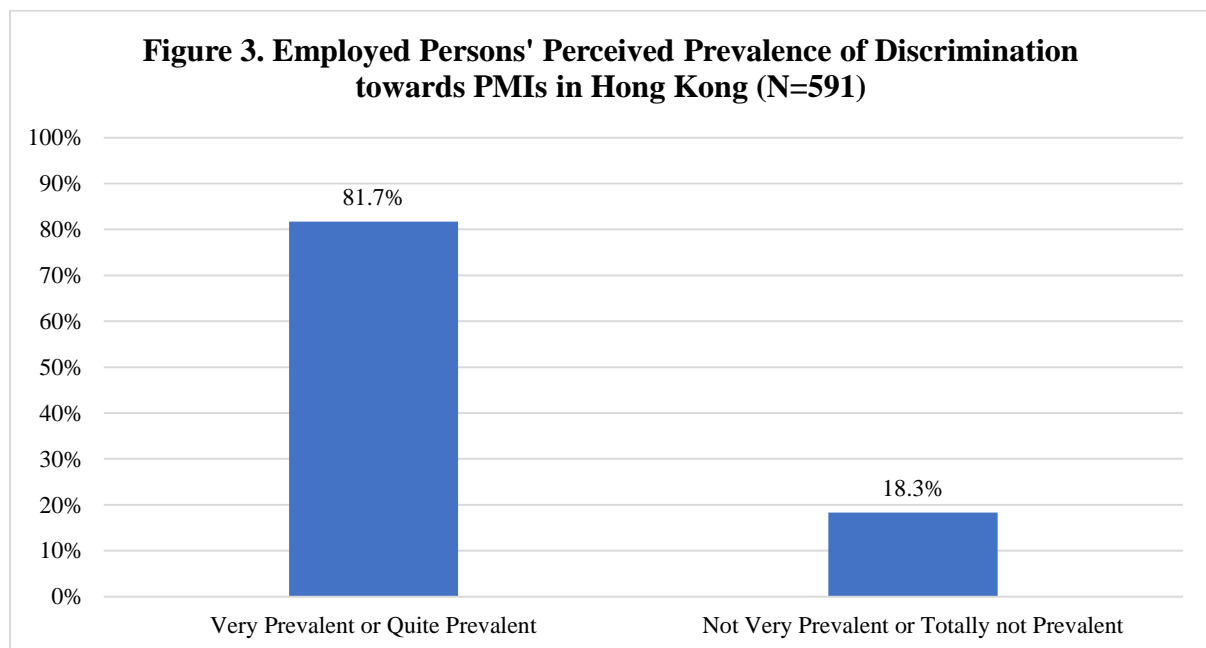
Note: Means with same superscripts were significantly different from each other; Degree of awareness, knowledge and efficacy ranged from 1 (Strongly disagree) to 4 (Strongly agree).



### 4.3. Employed Persons' Perceived Prevalence of Discrimination in Hong Kong Workplaces

In terms of the employed persons' perception of the prevalence of disability discrimination, 371 (62.7%) of the employed persons thought that it was very prevalent or quite prevalent in Hong Kong, while 221 (37.3%) of them thought that it was not very prevalent or totally not prevalent in Hong Kong.

The majority of the employed persons (n = 483, 81.7%) reflected that the discrimination situation towards PMIs in Hong Kong is very prevalent or quite prevalent. Only 108 (18.3%) employed persons reflected that the discrimination situation towards PMIs in Hong Kong is not very prevalent or totally not prevalent. The results are shown in Figure 3.

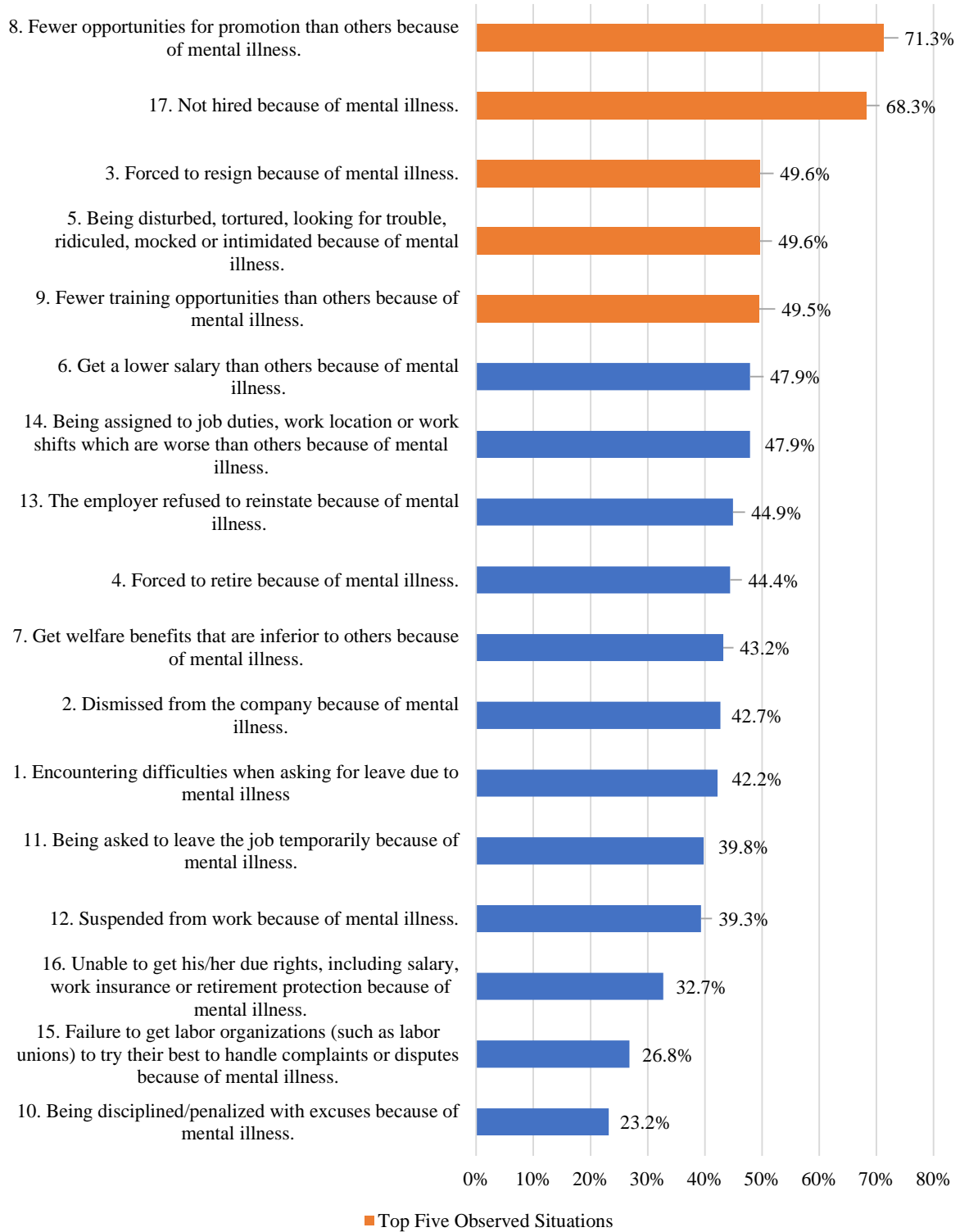


Based on the employed persons' perception of workplace discrimination towards PMIs in Hong Kong, the top five most observed situation of discrimination towards PMIs were:

1. "There are fewer opportunities for promotion than others because of mental illness." (n = 417, 71.3%);
2. "Not hired because of mental illness" (n = 396, 68.3%);
3. "Forced to resign because of mental illness" (n=289, 49.6%);
4. "Being disturbed, tortured, looking for trouble, ridiculed, mocked or intimidated because of mental illness." (n=289, 49.6%); and
5. "There are fewer training opportunities than others because of mental illness." (n=289, 49.5%)

The detailed results of each question are shown in Figure 4.

**Figure 4 Employed Persons' Observed Situations of Discrimination towards PMIs in Hong Kong (Very Prevalent or Quite Prevalent ) (N=590)**



Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

Follow-up analysis was performed to compare all 17 items of the discrimination situations that employed persons have observed in the workplace by industry and company size. However, the result showed that there were no significant differences among all variables, where all  $p > 0.05$ .

#### 4.4. Availability of Mental Health Support Measures in the Workplace as Reported by Employed Persons

The survey asked the employed persons whether the company that they are currently working at or the last company they worked for has provided any mental health support such as information about mental health, tips for communicating with people in recovery of mental illness or counselling support to the employees. Overall, 126 (22.0%) of the employed persons reported that the company they are currently working at or the last company they worked for has provided mental health support to the employees, 228 (39.7%) of them reported they did not, and 220 (38.3%) of them did not know about it. Among these 126 employed persons who reported that the company has provided mental health support, almost half of them (n=62, 49.2%) stated that they are from the industry of “Real Estate, Professional and Business Services”, and more than half of them (n=67, 56.8%) stated that they are working in a large size company. For the 228 employed persons who reported that the company has not provided mental health support, 51 (22.4%) of them stated that they are from industries of “Government Departments”, “Manufacturing”, “Transportation, Storage, Postal and Courier Services”, “Information and Communications”, and others, and half of them (n=115, 51.6%) reported that they are working in a medium size company. **For the relationships between mental health support and employed persons’ working industry, occupation, and company size, results showed that there were significant differences in mental health support by industry and company size, where all  $p < 0.001$ .** The results are shown in Table 9.

**Table 9. Whether Mental Health Support Has Been Provided in Workplace**

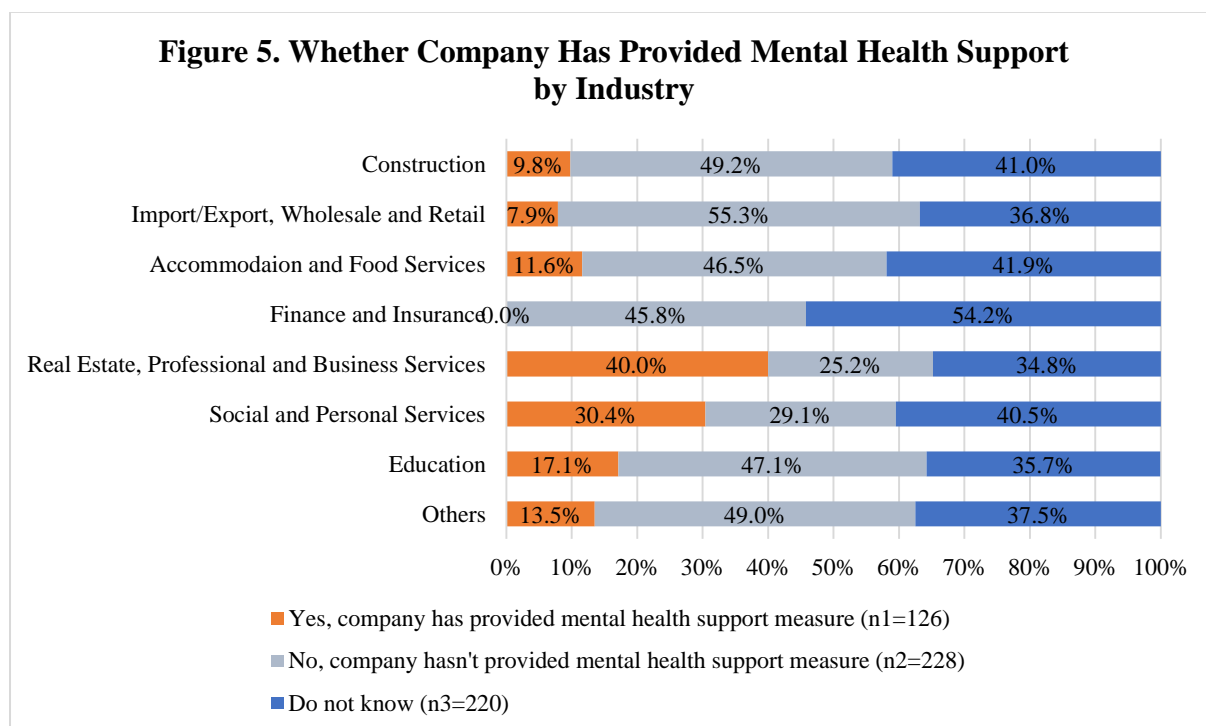
Variable	Yes, the company has provided mental health support (n1=126)	No, the company hasn't provided mental health support (n2=228)	Do not know (n3=220)
<b>***Industry</b>			
Construction	6(4.8%)	30(13.2%)	25(11.4%)
Import/ Export, Wholesale and Retail	3 (2.4%)	21 (9.2%)	14 (6.4%)
Accommodation and Food Services	5 (4.0%)	20 (8.8%)	18 (8.2%)
Finance and Insurance	0 (0.0%)	11 (4.8%)	13 (5.9%)
Real Estate, Professional and Business Services	62 (49.2%)	39 (17.1%)	54 (24.5%)
Social and Personal Services	24 (19.0%)	23 (10.1%)	32 (14.5%)
Education	12 (9.5%)	33 (14.5%)	25 (11.4%)
Others	14 (11.1%)	51 (22.4%)	39 (17.7%)

**Table 9. (cont'd)**

<b>***Company Size</b>			
Small (Less than 50 persons)	18 (15.3%)	68 (30.5%)	58 (28.6%)
Medium (50-299 persons)	33 (28.0%)	115 (51.6%)	76 (37.4%)
Large (300 persons or above)	67 (56.8%)	40 (17.9%)	69 (34.0%)

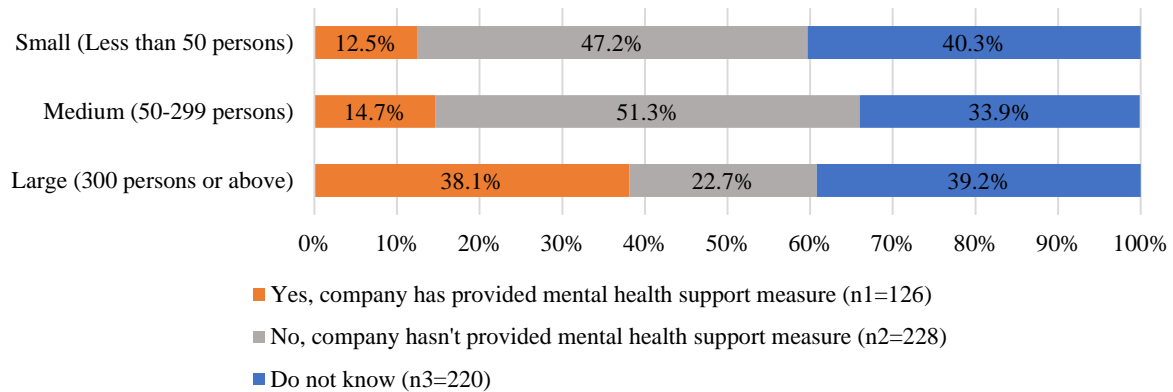
Notes: All percentages equal to the valid percentage; For industry, the group “Others” included the industry of “Government Departments”, “Manufacturing”, “Transportation, Storage, Postal and Courier Services”, “Information and Communications”, and others; \*\*\* $p < 0.001$

As shown in Figure 5, the industry of “Real Estate, Professional and Business Services” (n = 62, 40.0%) and “Social and Personal Services” (n=24, 30.4%) have provided more mental health support to their employees than other industries. The industries of “Import/Export, Wholesale and Retail” (n=3, 7.9%) and “Construction” (n=6, 9.8%) have provided relatively less mental health support. According to the sample in the present study, none of the employed persons who worked in the industry of “Finance and Insurance” had reported that the company they are currently working at or the last company they worked for has provided mental health support.



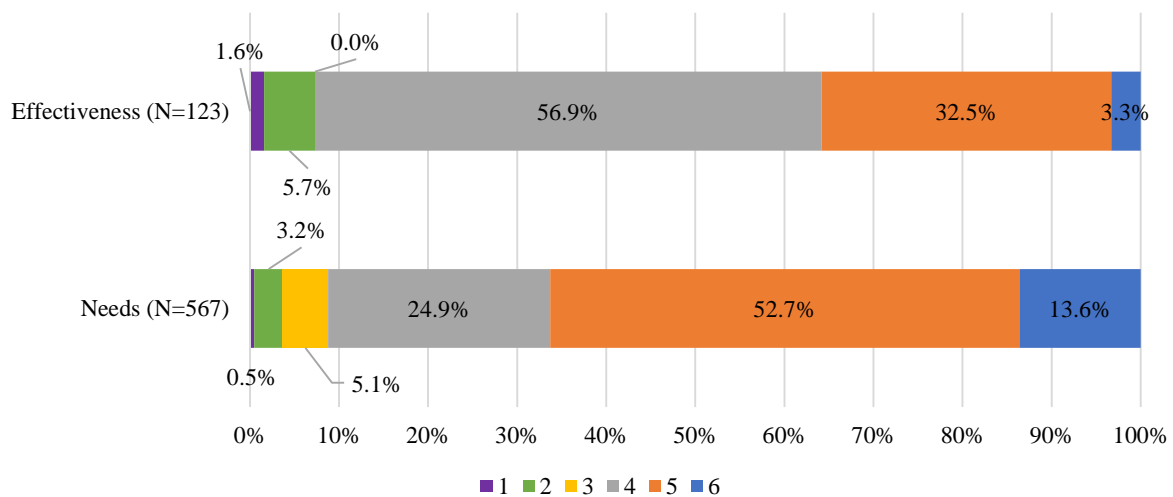
For the comparison between company size and mental health support, larger companies (n=67, 38.1%) with 300 persons or above are more likely to provide mental health support to their employees compared to smaller companies. The comparison is illustrated in Figure 6.

**Figure 6. Whether the Company Has Provided Mental Health Support by Company Size**



For those employed persons who reported that the company they are currently working at or the last company they worked for has provided mental health support to the employees, 92.7% of the responses reported that the support was a bit effective, effective, or very effective. Additionally, among all the valid responses (N=567), 91.2% of the employed persons thought that it was a bit necessary, necessary, or very necessary for the organization to provide mental health support to the employees. It showed that the majority of the employed persons are in favor of the provision of mental health support measures by their company. The percentage of the employed persons' reported effectiveness and needs are illustrated in Figure 7.

**Figure 7. Effectiveness and Needs of the Mental Health Support**



Notes: For effectiveness: 1= Very ineffective, 2= Ineffective, 3= A bit ineffective, 4= A bit effective, 5= Effective, 6= Very effective.; For needs, 1= Very unnecessary, 2= Unnecessary, 3= A bit unnecessary, 4= A bit necessary, 5= Necessary, 6= Very necessary.

Table 10 shows the mean scores of the effectiveness and needs of mental health support by industry, occupation and company size. For effectiveness, 126 employed persons whose company have provided mental health support have rated the effectiveness of the support.

**Significant differences were found in 1) effectiveness by industry and 2) needs by industry, where all  $p < 0.05$ .** Specifically, for effectiveness by industry, employed persons who worked in the industry of “Construction” (mean=3.17) and “Import/Export, Wholesale and Retail” (mean=3.33) reported a lower level of effectiveness than the industries of “Accommodation and Food Services” (mean=4.60), “Real Estate, Professional and Business Services” (mean=4.41), “Social and Personal Services” (mean=4.22), as well as “Education” (mean=4.07). In terms of the needs of company mental health support, employed persons from the industries of “Social and Personal Services” (mean=4.96) and “Education” (mean=4.79) reported a higher need for the company to provide mental health support than “Construction” (mean=4.29) and “Finance and Insurance” (mean=4.45).

**Table 10. Mean Scores of Effectiveness and Needs of Mental Health Support**

	Effectiveness		Needs	
	Mean	SD	Mean	SD
<b>Overall</b>	4.21	0.895	4.67	0.922
<b>Industry</b>				
Construction	3.17 <sup>abcd</sup>	1.329	4.29 <sup>ghi</sup>	1.108
Import/ Export, Wholesale and Retail	3.33 <sup>ef</sup>	1.155	4.63	0.998
Accommodation and Food Services	4.60 <sup>ae</sup>	0.548	4.64	0.727
Finance and Insurance	4.00	-	4.45 <sup>jk</sup>	1.011
Real Estate, Professional and Business Services	4.41 <sup>bf</sup>	0.739	4.77 <sup>g</sup>	0.798
Social and Personal Services	4.22 <sup>c</sup>	1.043	4.96 <sup>hkl</sup>	0.667
Education	4.07 <sup>d</sup>	0.829	4.79 <sup>ij</sup>	0.971
Others	3.93	0.884	4.49 <sup>l</sup>	0.995
<b>Occupation</b>				
Managers and Administration	4.17	1.060	4.65	0.958
Professionals	4.12	0.816	4.83	0.919
Associate Professionals	4.14	0.378	4.62	0.681
Clerical Support Staff	4.20	0.853	4.60	0.893
Service and Sales Staff	4.60	0.894	4.62	1.129
Crafts and Related Personnel	4.00	-	4.55	0.934
Elementary Occupations	5.00	-	5.00	0.000
Others	5.00	0.000	4.48	0.781
<b>Company Size</b>				
Small (Less than 50 persons)	4.32	0.820	4.66	0.925
Medium (50-299 persons)	4.21	1.008	4.62	0.921
Large (300 persons or above)	4.15	0.909	4.74	0.874

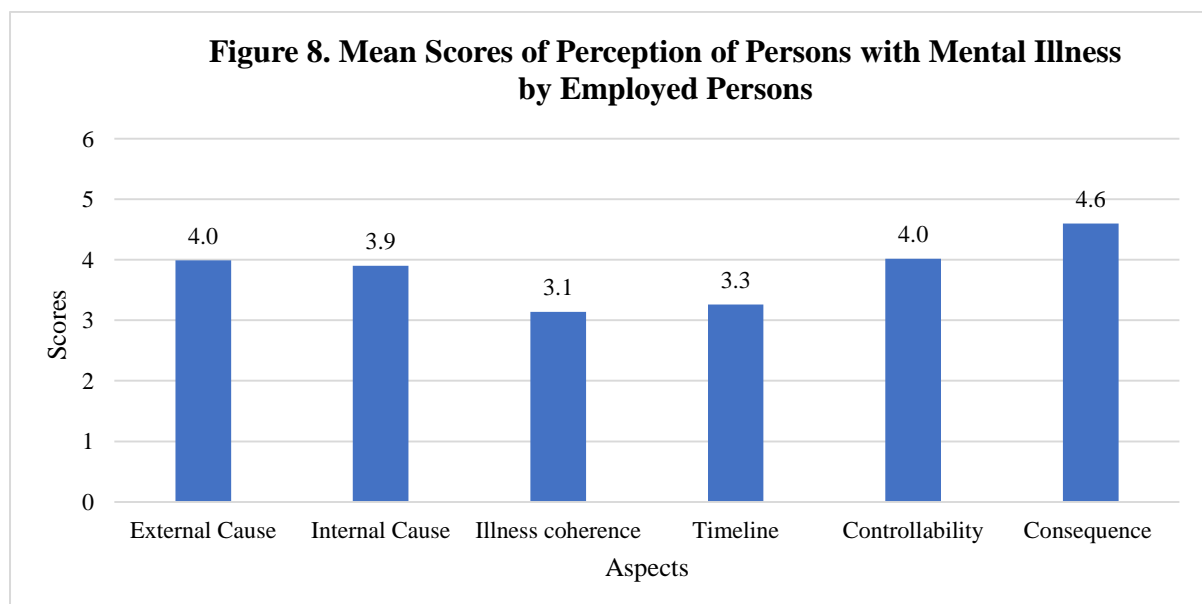
Notes: Means with same superscripts were significantly different from each other; For effectiveness, only one employed persons belonged to the group “Finance and Insurance”, “Crafts and Related Personnel”, and “Elementary Occupations”; Both scales ranged from 1 (very ineffective for effectiveness scale; very unnecessary for need scale) to 6(very effective for effectiveness scale; very necessary for need scale).

## 4.5. Stigmatization

In order to measure the employed persons' level of stigmatization of PMIs, three different scales including 1) Illness Perception Questionnaire, 2) Stigma and Acceptance Scale (SAS) and 3) Social Distance Scale have been adopted in this study. The variables of stigma and acceptance were both measured in the scale of SAS. Below were the results of each scale and the comparison between the four variables (i.e. perception of PMIs, stigma, acceptance, and preference of social distance) and the socio-demographic variables.

### 4.5.1. Perception of PMIs

In the part of the perception of PMIs, all 16 items have been divided into six aspects, which included internal or external cause (i.e., the cause of illness due to self or environment), controllability (i.e., power of controlling the illness), timeline (i.e., the duration of start and end point), consequence (i.e., impacts of the illness on psychological, social, and behavioral outcomes), and illness coherence (i.e., understanding of the illness). The higher the mean scores, the higher agreement towards the six aspects. The Cronbach's alpha of the scale was 0.743, reflecting the level of reliability of Illness Perception Questionnaire is acceptable. Most of the employed persons agreed (mean=4.6) that mental illness would bring severe consequences to the PMIs such as affecting their emotions and daily life. The lowest average score among all aspects is illness coherence. The employed persons disagreed (mean=3.1) that PMIs understood their mental illness very well. For the cause of mental illness, the scores of external and internal were similar, which means that employed persons agreed that mental illness is caused by both external (mean=4.0) and internal reasons (mean=3.9). The employed persons disagreed (mean=3.3) that mental illness will last forever (i.e. timeline). Also, the employed persons agreed (mean=4.0) that PMIs can completely control their mental illness and that the treatment they receive is of great help to their condition (i.e. controllability). These results are illustrated in Figure 8.



Note: The illness perception scale ranged from 1 (Strongly Disagree) to 6 (Strongly Agree).

#### 4.5.2. Stigma and Acceptance

For SAS, 12 items are used to measure people’s level of stigmatization of PMIs and 9 items are used to measure their level of acceptance of PMIs. The Cronbach’s alpha of the scale was 0.61, reflecting the level of reliability of SAS is acceptable. As shown in Table 11, a majority of employed persons reported to show acceptance towards PMIs (n=515, 89.4%), and one-fifth held stigmatized views against PMIs (n=112, 19.8%).

**Table 11. Level of Stigma and Acceptance towards PMIs of Employed Persons (N= 592)**

	Strongly agree, agree, slightly agree (n, %)	Strongly disagree, disagree, slightly disagree (n, %)
Stigma	112 (19.8%)	455 (80.2%)
Acceptance	515 (89.4%)	61 (10.6%)

Note: All the percentages equal to the valid percentage

Figure 9 illustrates the result of both stigma and acceptance of the employed persons towards PMIs. For stigmatization of PMIs, the top five agreed statements were:

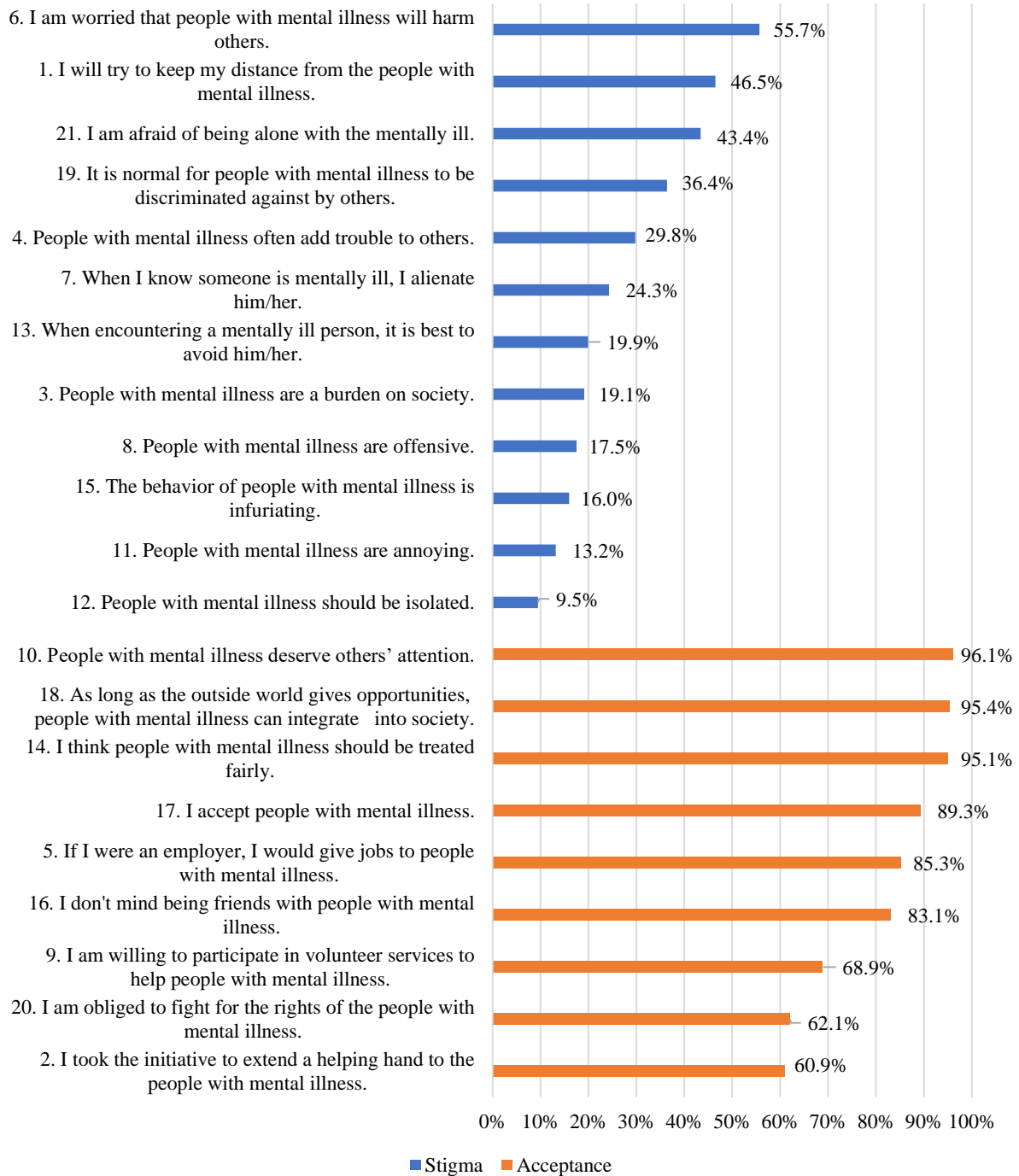
1. “I am worried that people with mental illness will harm others.” (n=329, 55.7%);
2. “I will try to keep my distance from the people with mental illness.” (n=275, 46.5%);
3. “I am afraid of being alone with the mentally ill.” (n=257, 43.4%);
4. “It is normal for people with mental illness to be discriminated against by others.” (n=215, 36.4%); and
5. “People with mental illness often add trouble to others.” (n=175, 29.8%)

For acceptance of PMIs, the top five agreed statements were:

1. “People with mental illness deserve others’ attention.” (n=569, 96.1%)
2. “As long as the outside world gives opportunities, people with mental illness can integrate into society.” (n=562, 95.4%);
3. “I think people with mental illness should be treated fairly” (n=560, 95.1%);
4. “I accept people with mental illness.” (n=524, 89.3%); and
5. “If I were an employer, I would give jobs to people with mental illness.” (n=504, 85.3%)



**Figure 9 Percentage of Employed Persons Strongly Agree, Agree, or Slightly Agree with the Items of Stigma and Acceptance**

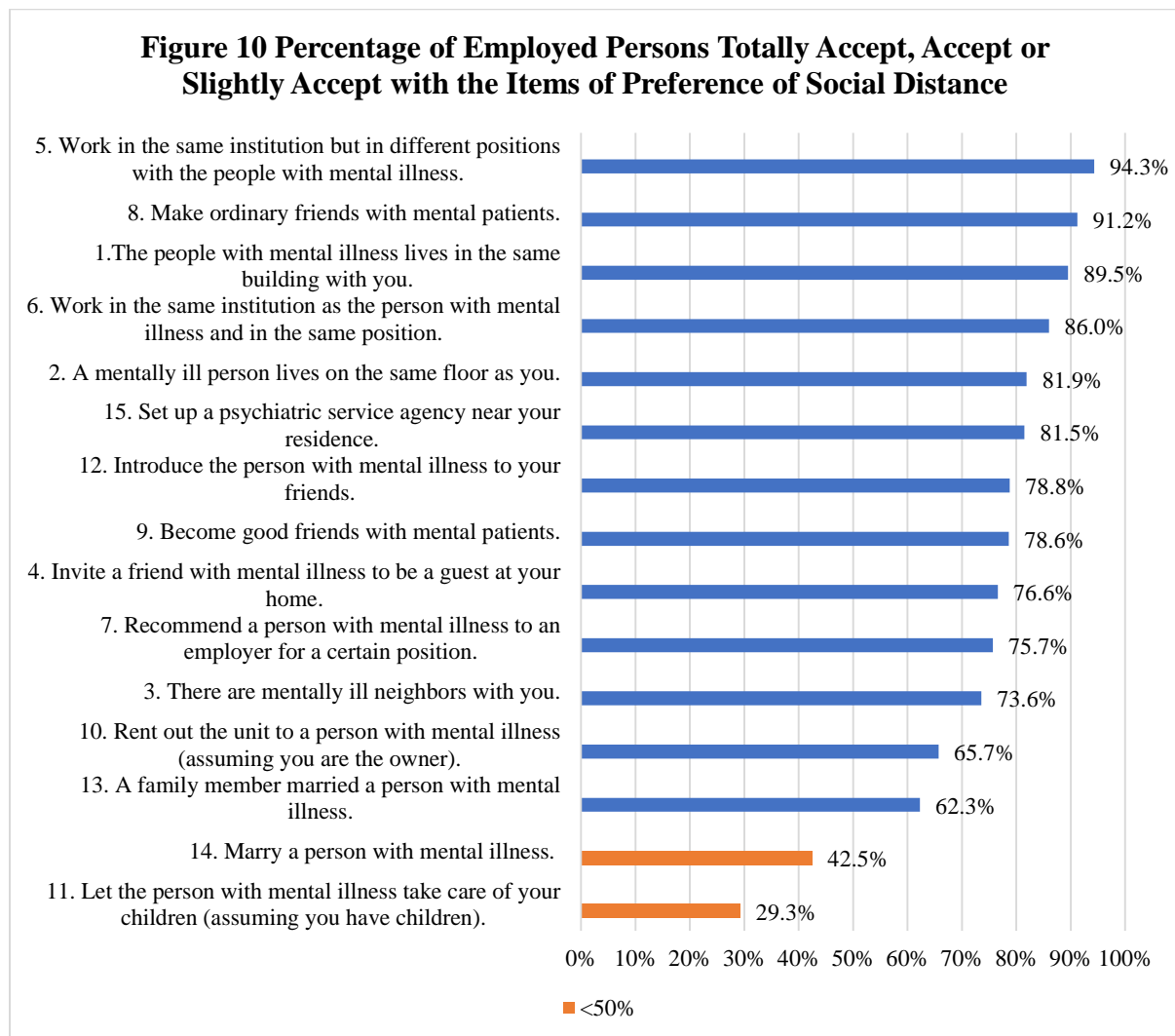


Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

### 4.5.3. Preference of Social Distance

The employed persons' preference of social distance with PMIs is shown in Figure 10. The Cronbach's alpha of the scale was 0.95, indicating that the scale of social distance is highly reliable. Among all 15 statements, two of them observably contained a lower level of acceptance (<50%) including "Let the person with mental illness take care of your children (assuming you have children)" (n=173, 29.3%) and "Marry a person with mental illness" (n=251, 42.5%). Generally, except for these two statements, the level of acceptance towards all the statements was higher than 60%. The top five most accepted statements were:

1. "Work in the same institution but in different occupation with the people with mental illness." (n=558, 94.3%);
2. "Make ordinary friends with mental health patients." (n=540, 91.2%);
3. "The people with mental illness lives in the same building with you." (n=529, 89.5%);
4. "Work in the same institution as the person with mental illness and in the same occupation." (n=509, 86.0%); and
5. "A mentally ill person lives on the same floor as you." (n=483, 81.9%)



Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

#### 4.5.4. Comparison between Stigmatization Variables and Socio-Demographic Variables

The employed persons' perception, stigma, acceptance, and preference of social distance of PMIs were compared by socio-demographic variables. Results showed that there were significant differences among all four stigmatization variables by several socio-demographic variables. See Table 12 for the results.

**For employed persons' perception of PMIs, there were significant differences by sex and marital status, where all  $p < 0.05$ .** The higher the mean score of perception of PMIs, the more negative one's view towards PMIs. Specifically, females (mean=3.59) had significantly more negative perception about PMIs than males (mean=3.54). Those who were married (mean=3.60) also had significantly more negative perception about PMIs than those who were separated, divorced or widowed (mean=3.43).

**For stigma of PMIs, there were significant differences by sex ( $p < 0.05$ ), age ( $p < 0.001$ ), education level ( $p < 0.05$ ), marital status ( $p < 0.001$ ), industry ( $p < 0.001$ ), and occupation ( $p < 0.05$ ).** The higher the mean score of stigma of PMIs, the higher the stigmatization level. Males' stigma of PMIs (mean=2.97) was significantly higher than females (mean=2.81). Those who belonged to the older age group were significantly higher on stigma than those in the younger age group, with those aged between 18-24 scoring the lowest (mean=2.75) and those aged 65 or above scoring the highest (mean=3.31). Employed persons who received upper secondary education (mean=3.05) showed a significantly higher level of stigma than those who held tertiary non-degree (mean=2.76) or degree (mean=2.84). Those who received primary education level (mean=3.26) also showed a significantly higher level of stigma than those who received tertiary non-degree education level (mean=2.76). Additionally, employed persons who had been married (mean=3.02) showed a significantly higher level of stigma than those who have never been married (mean=2.74). Employed persons who worked in the industry of "Social and Personal Services" (mean=2.60) had a significantly lower level of stigma than other industries, but those who worked in "Accommodation and Food Services" (mean=3.09) reported the highest level of stigma. Employed persons in the occupation of "Service and Sales Workers" (mean=3.17) reported a significantly higher level of stigma than most of the others.

**For acceptance of PMIs, there were significant differences by marital status ( $p < 0.05$ ) and industry ( $p < 0.01$ ).** The higher the mean score of acceptance of PMIs, the higher the acceptance level. Employed persons' acceptance of PMIs was significantly higher for those who have never been married (mean=4.34) than those who have been married (mean=4.21). Moreover, acceptance was significantly higher in the industry of "Social and Personal Services" (mean=4.49) than most of other industries, but those who worked in "Construction" (mean=4.11) reported the lowest level of acceptance.

**For preference of social distance, there were significant differences by age, education level, marital status, and industry, where all  $p < 0.01$ .** The higher the mean score of preference of social distance, the stronger the preference for social distance. The older age groups (45-54:

mean=3.07; 55-64: mean=3.17; 65 or above: mean=3.26) had a stronger preference for social distance with PMIs than the younger age groups (18-24: mean=2.78; 25-34: mean=2.82; 35-44: mean=2.83). Employed persons who received primary education (mean=3.28), lower secondary (mean=3.14) or upper secondary (mean=3.06) education had a significantly stronger preference for social distance with PMIs than those who received tertiary non-degree education (mean=2.76). Employed persons who were married (mean=3.03) had a significantly stronger preference for social distance with PMIs than those who have never been married (mean=2.79). Employed persons who worked in the industry of “Social and Personal Services” (mean=2.61) reported a preference for less social distance with PMIs than other industries, but those who worked in “Accommodation and Food Services” (mean=3.17) had the strongest preference for social distance.

**Table 12. Mean Scores of the Perception of PMIs, Stigma, Acceptance, and Social Distance**

	Perception		Stigma		Acceptance		Social Distance	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>Overall</b>	3.57	0.286	2.88	0.725	4.28	0.609	2.91	0.815
<b>Sex</b>								
Male	3.54 <sup>a</sup>	0.312	2.97 <sup>c</sup>	0.699	4.27	0.627	2.87	0.837
Female	3.59 <sup>a</sup>	0.271	2.81 <sup>c</sup>	0.734	4.29	0.602	2.94	0.805
<b>Age</b>								
18-24	3.57	0.295	2.75 <sup>de</sup>	0.608	4.31	0.563	2.78 <sup>lmn</sup>	0.856
25-34	3.59	0.280	2.76 <sup>fgh</sup>	0.765	4.29	0.663	2.82 <sup>opq</sup>	0.799
35-44	3.56	0.279	2.83 <sup>ij</sup>	0.710	4.33	0.624	2.83 <sup>rst</sup>	0.763
45-54	3.59	0.337	2.95 <sup>fk</sup>	0.711	4.24	0.523	3.07 <sup>lor</sup>	0.888
55-64	3.52	0.251	3.26 <sup>dgik</sup>	0.617	4.22	0.565	3.17 <sup>mps</sup>	0.770
65 or above	3.59	0.190	3.31 <sup>ehj</sup>	0.475	4.13	0.572	3.26 <sup>nqt</sup>	0.672
<b>Education Level</b>								
Primary or below	3.59	0.228	3.26 <sup>l</sup>	0.577	4.33	0.577	3.28 <sup>u</sup>	0.654
Lower secondary	3.52	0.279	3.03	0.772	4.21	0.651	3.14 <sup>v</sup>	0.898
Upper Secondary	3.62	0.269	3.05 <sup>mn</sup>	0.756	4.21	0.621	3.06 <sup>w</sup>	0.763
Tertiary (Non-Degree)	3.53	0.313	2.76 <sup>lm</sup>	0.728	4.41	0.62	2.76 <sup>uvw</sup>	0.822
Tertiary (Degree)	3.59	0.282	2.84 <sup>n</sup>	0.707	4.27	0.597	2.89	0.818
<b>Marital Status</b>								
Never married	3.56	0.293	2.74 <sup>o</sup>	0.725	4.34 <sup>d</sup>	0.626	2.79 <sup>x</sup>	0.844
Married	3.60 <sup>b</sup>	0.265	3.02 <sup>o</sup>	0.695	4.21 <sup>d</sup>	0.584	3.03 <sup>x</sup>	0.755
Separated/ Divorced/ Widowed	3.43 <sup>b</sup>	0.384	3.05	0.793	4.33	0.631	3.09	0.968
<b>Industry</b>								
Construction	3.57	0.312	2.93 <sup>p</sup>	0.627	4.11 <sup>efgh</sup>	0.575	3.01 <sup>y</sup>	0.803
Import/ Export, Wholesale and Retail	3.50	0.279	2.72 <sup>qr</sup>	0.769	4.39 <sup>e</sup>	0.660	2.85	0.857
Accommodation and Food Services	3.47	0.335	3.09 <sup>rst</sup>	0.788	4.14 <sup>i</sup>	0.607	3.17 <sup>zab</sup>	0.894
Finance and Insurance	3.63	0.197	2.88	0.647	4.42 <sup>f</sup>	0.414	2.73 <sup>zc</sup>	0.500
Real Estate, Professional and Business Services	3.56	0.315	2.83 <sup>su</sup>	0.709	4.33 <sup>g</sup>	0.615	2.85 <sup>ade</sup>	0.813
Social and Personal Services	3.59	0.271	2.60 <sup>ptuw</sup>	0.762	4.49 <sup>hijk</sup>	0.573	2.61 <sup>ybd</sup>	0.859
Education	3.64	0.251	2.87 <sup>w</sup>	0.627	4.16 <sup>j</sup>	0.603	2.95 <sup>f</sup>	0.772
Others	3.59	0.246	3.07 <sup>rv</sup>	0.700	4.22 <sup>k</sup>	0.625	3.11 <sup>ceg</sup>	0.745

**Table 12. cont'd**

<b><i>Occupation</i></b>								
Managers and Administrators	3.58	0.292	2.94 <sup>y</sup>	0.658	4.26	0.544	2.93	0.737
Professionals	3.57	0.312	2.78 <sup>z</sup>	0.761	4.37	0.642	2.80	0.866
Associate Professionals	3.51	0.349	2.64 <sup>ya</sup>	0.677	4.33	0.653	2.69	0.812
Clerical Support Workers	3.56	0.255	2.90 <sup>b</sup>	0.676	4.23	0.59	2.94	0.783
Service and Sales Workers	3.66	0.269	3.17 <sup>zabc</sup>	0.802	4.12	0.631	3.23	0.922
Crafts and Related Workers	3.49	0.290	3.05	0.572	4.27	0.831	3.02	0.907
Elementary Occupations	3.57	0.171	2.40 <sup>c</sup>	0.726	4.35	0.488	3.04	1.020
Others	3.60	0.235	2.88	0.715	4.23	0.632	2.98	0.729
<b><i>Company Size</i></b>								
Small (Less than 50 persons)	3.59	0.280	2.87	0.795	4.33	0.636	2.88	0.875
Medium (50-299 persons)	3.56	0.285	2.87	0.675	4.26	0.599	2.89	0.745
Large (300 persons or above)	3.56	0.295	2.87	0.694	4.28	0.610	2.93	0.822
<b><i>Years of Experience in the Organization</i></b>								
Less than 5 years	3.58	0.278	2.81	0.709	4.31	0.617	2.86	0.829
5-10 years	3.57	0.292	2.90	0.716	4.21	0.628	2.91	0.809
10-15 years	3.58	0.335	3.03	0.828	4.21	0.607	3.08	0.840
15 years or above	3.57	0.260	2.95	0.663	4.35	0.531	2.95	0.722
<b><i>Personal Monthly Income (HK\$)</i></b>								
Less than 10,000	3.61	0.243	2.95	0.635	4.20	0.633	3.01	0.985
10,000-29,999	3.56	0.298	2.84	0.764	4.31	0.609	2.89	0.814
30,000-49,999	3.57	0.277	2.92	0.695	4.27	0.632	2.89	0.779
50,000-69,999	3.64	0.219	3.01	0.649	4.19	0.637	3.03	0.891
70,000 or above	3.71	0.331	2.89	0.654	4.18	0.395	3.09	0.732
<b><i>Full-/ Part-time</i></b>								
Full-time	3.57	0.290	2.88	0.725	4.29	0.611	2.90	0.802
Part-time	3.66	0.200	2.88	0.792	4.18	0.641	3.08	1.096
<b><i>Mode of Employment</i></b>								
Long-term employment	3.56	0.299	2.90	0.719	4.27	0.608	2.94	0.789
Contract	3.61	0.249	2.82	0.734	4.30	0.619	2.84	0.876

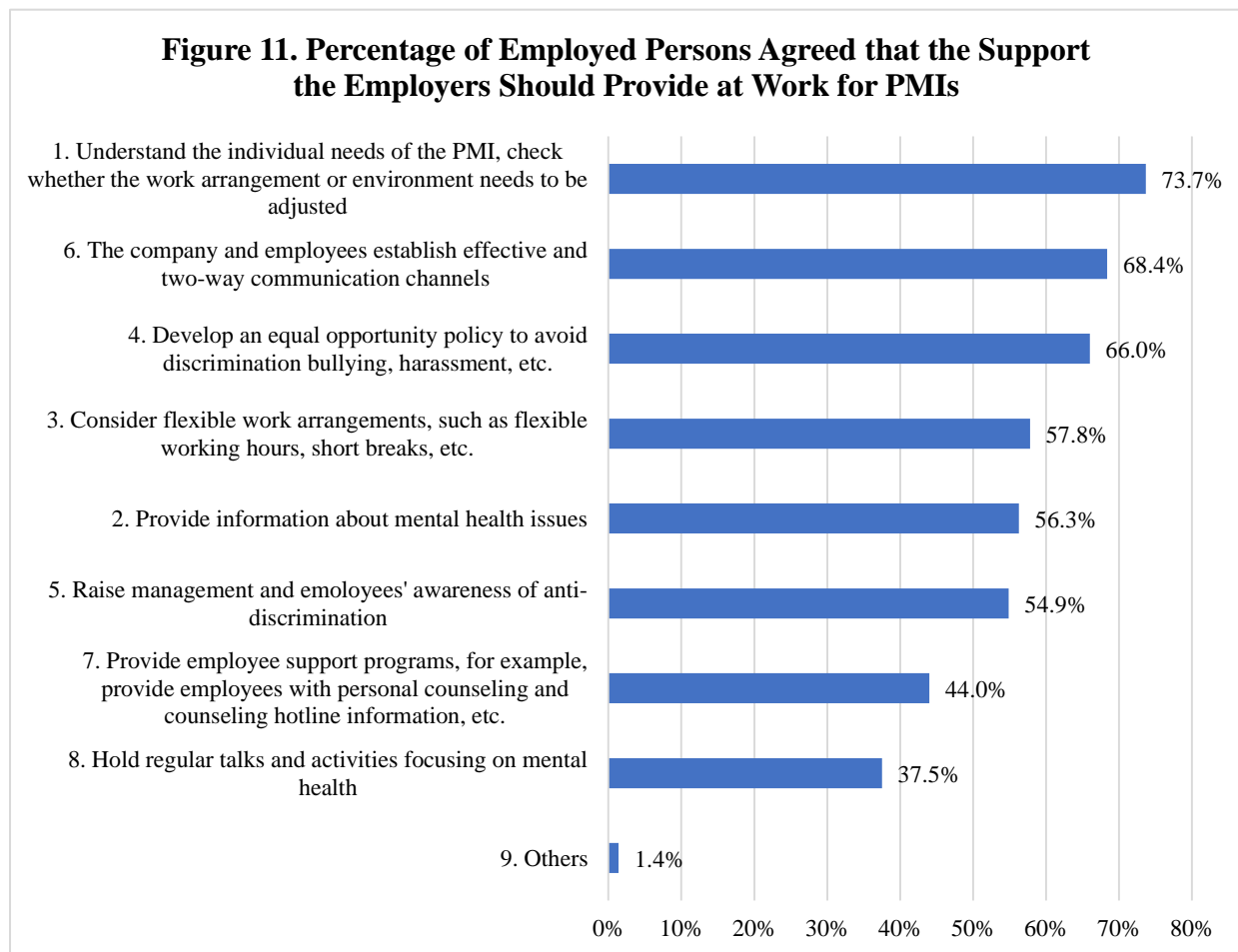
Notes: Means with same superscripts were significantly different from each other; All scales ranged from 1 (Strongly Disagree for Perception, Stigma, and Acceptance scale; Totally acceptable for Social Distance scale) to 6 (Strongly Agree for Perception, Stigma, and Acceptance scale; Totally unacceptable for Social Distance scale).

#### 4.6. Desired Measures of Workplace Support and Directions for Improvement as Reported by Employed Persons

The survey asked the employed persons about what support they think employers should provide at work for PMIs. The result is illustrated in Figure 11.

The top three most supported statements were:

1. “Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted” (n=432, 73.7%);
2. “The company and employees establish effective and two-way communication channels” (n=401, 68.4%);
3. “Develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.” (n=387, 66.0%);



Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

The relationships between support that should be provided for PMIs and industry and company size were examined. According to the result, **industry was significantly related to item 1 (i.e. Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted) and item 2 (i.e. Provide information about mental health issues), where all  $p < 0.05$ .** The result is reported in Table 13.

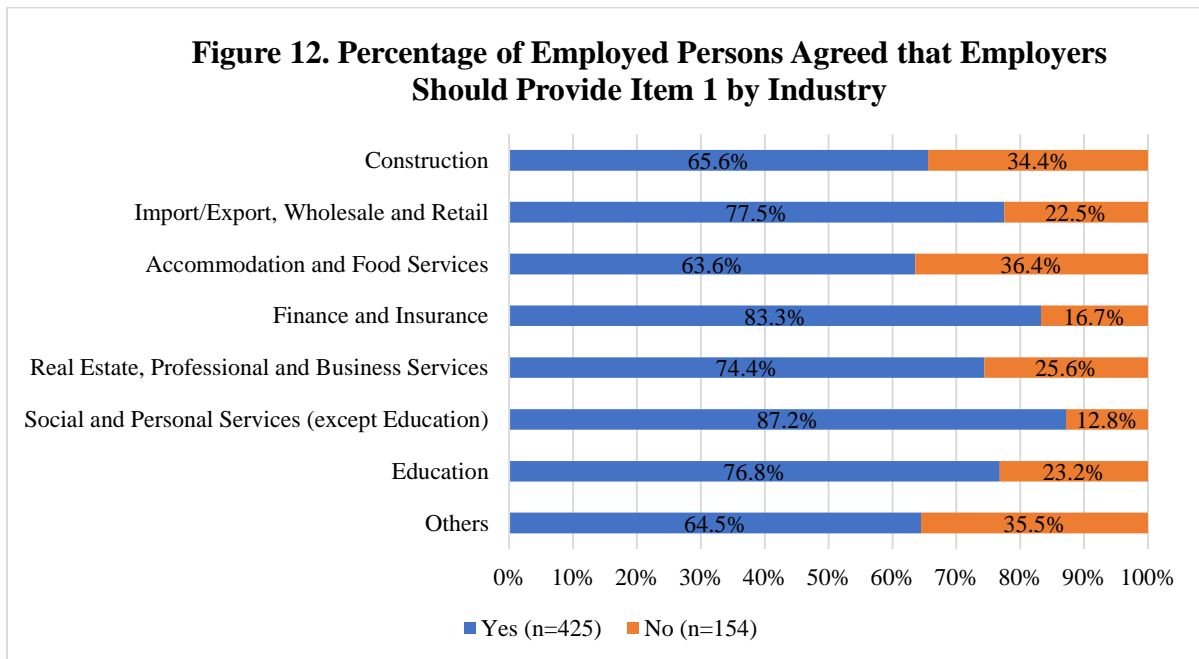
**Table 13. Support Employers Should Provide for PMIs by Industry and Company Size**

Items Number	1		2		3		4		5		6		7		8		9		
	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	
Overall	432 (73.7%)	154 (26.3%)	330 (56.3%)	256 (43.7%)	339 (57.8%)	247 (42.2%)	387 (66.0%)	199 (34.0%)	322 (54.9%)	264 (45.1%)	401 (68.4%)	185 (31.6%)	258 (44.0%)	328 (56.0%)	220 (37.5%)	366 (62.5%)	8 (1.4%)	578 (98.6%)	
<b>Industry</b>																			
Construction	40 (9.4%)	21 (13.6%)	34 (10.4%)	27 (10.7%)	32 (9.6%)	29 (11.9%)	35 (9.1%)	26 (13.4%)	36 (11.3%)	25 (9.6%)	43 (10.8%)	18 (9.9%)	23 (9.1%)	38 (11.6%)	19 (8.8%)	42 (11.6%)	0 (0.0%)	61 (10.7%)	
Import/ Export, Wholesale and Retail	31 (7.3%)	9 (5.8%)	17 (5.2%)	23 (9.1%)	23 (6.9%)	17 (7.0%)	27 (7.0%)	13 (6.7%)	23 (7.2%)	17 (6.5%)	29 (7.3%)	11 (6.1%)	19 (7.5%)	21 (6.4%)	11 (5.1%)	29 (8.0%)	0 (0.0%)	40 (7.0%)	
Accommodation and Food Services	28 (6.6%)	16 (10.4%)	31 (9.5%)	13 (5.2%)	24 (7.2%)	20 (8.2%)	25 (6.5%)	19 (9.8%)	24 (7.5%)	20 (7.7%)	28 (7.0%)	16 (8.8%)	18 (7.1%)	26 (8.0%)	13 (6.0%)	31 (8.6%)	0 (0.0%)	44 (7.7%)	
Finance and Insurance	20 (4.7%)	4 (2.6%)	9 (2.8%)	15 (6.0%)	15 (4.5%)	9 (3.7%)	15 (3.9%)	9 (4.6%)	12 (3.8%)	12 (4.6%)	12 (3.0%)	12 (6.6%)	12 (4.8%)	12 (3.7%)	5 (2.3%)	19 (5.2%)	0 (0.0%)	24 (4.2%)	
Real Estate, Professional and Business Services	116 (27.3%)	40 (26.0%)	93 (28.4%)	63 (25.0%)	92 (27.5%)	64 (26.2%)	105 (27.3%)	51 (26.3%)	82 (25.7%)	74 (28.5%)	100 (25.1%)	56 (30.9%)	66 (26.2%)	90 (27.5%)	68 (31.3%)	88 (24.3%)	3 (37.5%)	153 (26.8%)	
Social and Personal Services	68 (16.0%)	10 (6.5%)	47 (14.4%)	31 (12.3%)	47 (14.0%)	31 (12.7%)	61 (15.8%)	17 (8.8%)	49 (15.4%)	29 (11.2%)	62 (15.6%)	16 (8.8%)	33 (13.1%)	45 (13.8%)	33 (15.2%)	45 (12.4%)	2 (25.0%)	76 (13.3%)	
Education	53 (12.5%)	16 (10.4%)	43 (13.1%)	26 (10.3%)	44 (13.1%)	25 (10.2%)	50 (13.0%)	19 (9.8%)	41 (12.9%)	28 (10.8%)	49 (12.3%)	20 (11.0%)	35 (13.9%)	34 (10.4%)	25 (11.5%)	44 (12.2%)	2 (25.0%)	67 (11.7%)	
Others	69 (16.2%)	38 (24.7%)	53 (16.2%)	54 (21.4%)	58 (17.3%)	49 (20.1%)	67 (17.4%)	40 (20.6%)	52 (16.3%)	55 (21.2%)	75 (18.8%)	32 (17.7%)	46 (18.3%)	61 (18.7%)	43 (19.8%)	64 (17.7%)	1 (12.5%)	106 (18.6%)	
<b>Company Size</b>																			
Small (Less than 50 persons)	118 (29.1%)	33 (22.8%)	86 (27.7%)	65 (27.1%)	89 (27.8%)	62 (27.0%)	96 (26.4%)	55 (29.4%)	82 (27.1%)	69 (27.9%)	101 (26.5%)	50 (29.6%)	63 (26.3%)	88 (28.4%)	50 (24.4%)	101 (29.3%)	2 (28.6%)	149 (27.4%)	
Medium (50- 299 persons)	166 (41.0%)	55 (37.9%)	127 (41.0%)	94 (39.2%)	130 (40.6%)	91 (39.6%)	145 (39.9%)	76 (40.6%)	133 (43.9%)	88 (35.6%)	163 (42.8%)	58 (34.3%)	95 (39.6%)	126 (40.6%)	79 (38.5%)	142 (41.2%)	3 (42.9%)	218 (40.1%)	
Large (300 persons or above)	121 (29.9%)	57 (39.3%)	97 (31.3%)	81 (33.8%)	101 (31.6%)	77 (33.5%)	122 (33.6%)	56 (29.9%)	88 (29.0%)	90 (36.4%)	117 (30.7%)	61 (36.1%)	82 (34.2%)	96 (31.0%)	76 (37.1%)	102 (29.6%)	2 (28.6%)	176 (32.4%)	

Notes: Item 1 and item 2 were significantly related to industry ( $p < 0.05$ ); All of the percentages refer to valid percentage.

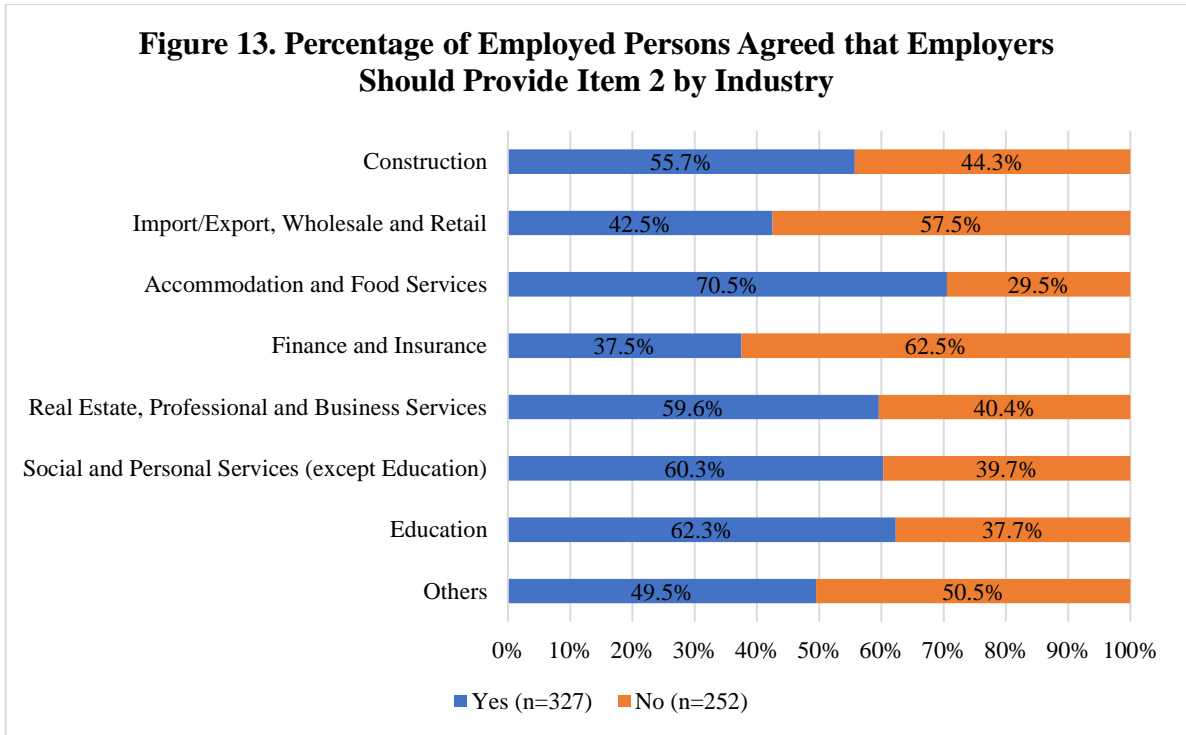


By comparing item 1 to industry, most of the employed persons who worked in the industry of “Social and Personal Services” (n=68, 87.2%) and “Finance and Insurance” (n=20, 83.3%) reported that employers should provide the support of “Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted”. The result is illustrated in Figure 12.



Note: Item 1= Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted

Furthermore, Figure 13 shows that most of the employed persons who worked in the industry of “Accommodation and Food Services” (n=31, 70.5%), “Education” (n=43, 62.3%), and “Social and Personal Services” (n=47, 60.3%) reported that employers should provide the support of “Provide information about mental health issues”.

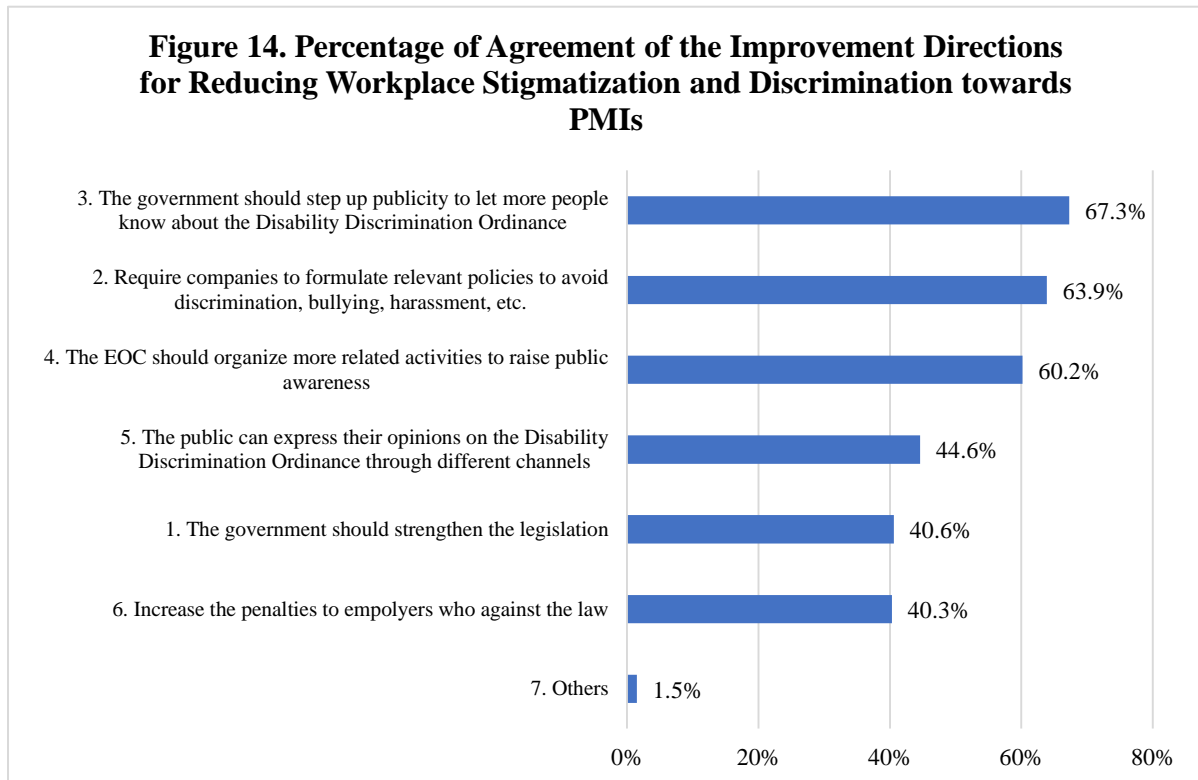


Note: Item 2= Provide information about mental health issues

For improvement directions, the employed persons reported that in order to reduce workplace stigmatization and discrimination towards PMIs, the top three most supported improvement directions were:

1. “The government should step up publicity to let more people know about the Disability Discrimination Ordinance” (n=396, 67.3%);
2. “Require companies to formulate relevant policies to avoid discrimination, bullying, harassment, etc.” (n=376, 63.9%); and
3. “The EOC should organize more related activities to raise public awareness” (n=354, 60.2%)

Figure 14 shows the percentage of agreement of the improvement directions.



Note: The number of each statement refers to the item number shown in the questionnaire.

The results showed that there were no significant relationships between improvement directions and industry and company size, where all  $p > 0.05$ . It suggests that employed persons who worked in different industries and company sizes did not have different opinions about the improvement directions for providing a better working environment for PMIs.

#### 4.7. Conclusions from the Survey Results of Employed Persons

In summary, section 4 captures employed persons' knowledge of mental illness, perceived prevalence of the discrimination situation, mental health support in the workplace, stigmatization towards PMIs, and suggestions in redressing discrimination of PMIs in the workplace. Major findings in section 4 are discussed and elaborated in this section.

The majority of the employed persons were aware of disability discrimination and Disability Discrimination Ordinance (DDO) in Hong Kong. Nevertheless, the prevalence of disability discrimination is still considered to be high. The most observed workplace discrimination against PMIs include having fewer opportunities to promote and not getting hired because of mental illness. The most supportive industries for employees' mental health included "Real Estate, Professional and Business Services" and "Social and Personal Services". Moreover, larger companies were more likely to provide mental health support measures than smaller companies. Industries such as "Import/export, Wholesale and Retail", "Construction", and especially "Finance and Insurance" are recommended to formulate employee-oriented strategies to promote well-being and allocate more resources to implement effective mental

health support measures. Leaders and policymakers should pay close attention to these industries and small companies and offer sufficient support to PMIs as needed.

The employed persons generally held positive perceptions of PMIs. They believed that PMIs' condition is not chronic and their symptoms can be controlled with proper treatment. Thus, they generally believed that PMIs should be accepted and treated fairly in the society. Consistent with this belief, majority of the employed persons did not hold stigmatized views towards PMIs. They accepted working with PMIs in the same institution and befriend them.

However, employed persons' perceptions of PMIs differed depending on their socio-demographic characteristics. Specifically, employed persons who were older or had lower education level were more likely to hold stigmatized views towards PMIs and preferred keeping social distance with them. This suggests that while our education system has been effective for educating young people about mental illnesses and instilling the virtue of treating people with dignity and respect regardless of their characteristics and health, more efforts should be made to educate those who did not have these learning opportunities. Industries that have a large composition of employees with lower education level are therefore suggested to provide regular training and workshops to rectify misconceptions and promote respectful work relationships.

Moreover, employed persons from the "Social and Personal Services" industry had the lowest level of stigma and preference for social distance, and the highest level of acceptance compared to other industries. This suggests that the industry has been efficacious not only in helping employees manage their own mental health but also in cultivating a discrimination-free work environment. In contrast, discrimination may be more severe in "Accommodation and Food Services" as they reported the highest level of stigma and had the strongest preference for social distance. This industry is recommended to make reference to "Social and Personal Services" and devise discrimination-free work practices and policies.

Other demographic characteristics that may impact perceptions of PMIs include sex and marital status. A possible explanation is that sub-groups of employed persons may have different concerns in regards to PMIs. For example, people typically reported a lower level of acceptance for marrying a PMI and letting a PMI take care of their children. These stigmatized views may be especially prominent among people with specific sex and marital status because it is more relevant to them. Public education on the key concepts and unlawful acts under DDO and ways to promote equal opportunities is an effective approach to reduce stigmatization and discrimination of PMIs (Arboleda-Flórez, & Stuart, 2012).

Finally, the employed persons generally agreed that employers should make efforts to understand the needs of PMIs, establish effective communication with PMIs, and develop an equal opportunity policy to prevent stigmatization and discrimination in the workplace. Moreover, the government should publicize more about DDO and make it mandatory for employers to formulate equal opportunities policies, and EOC should organize more related activities to raise public awareness. This finding suggests that people generally believed that employers, the government, and EOC are the key stakeholders for creating a discrimination-free work environment for employees in Hong Kong.

## 5. PMIs QUANTITATIVE SURVEY RESULTS

### 5.1. Socio-Demographic Characteristics of the PMIs

A total of 265 people who were diagnosed with mental illness and employed within the past five years participated in the current survey. The descriptive socio-demographics are presented in Table 14, which included sex, age, education level, marital status, latest diagnosed mental illness, the current state of mental illness, took psychiatric medication or not and whether had relapsed or not. A total of 134 of the PMIs were female (50.6%) and 131 of them were male (49.4%). Most of the PMIs were aged 35-44 (29.5%), received upper secondary education (45.2%), diagnosed with schizophrenia (49.4%) and still under treatment (94.7%). In addition, a majority of the PMIs were taking psychiatric medications (95.5%) and nearly half of them had relapsed (45.7%).

**Table 14. Socio-Demographic Characteristics of PMIs Respondents (N=265)**

	n	%
<b><i>Sex</i></b>		
Male	131	49.4%
Female	134	50.6%
<b><i>Age</i></b>		
18-24	9	3.4%
25-34	59	22.3%
35-44	78	29.5%
45-54	67	25.4%
55-64	49	18.6%
65 or above	2	0.8%
<b><i>Education Level</i></b>		
Primary or below	17	6.5%
Lower secondary	53	20.2%
Upper Secondary	119	45.2%
Tertiary (Non-Degree)	54	20.5%
Tertiary (Degree)	20	7.6%
<b><i>Marital Status</i></b>		
Never married	155	58.9%
Married	48	18.3%
Separated/ Divorced/ Widowed	60	22.8%
<b><i>Diagnosed Major Mental Illness</i></b>		
Schizophrenia	127	49.4%
Depression	59	23.0%
Anxiety	25	9.7%
Bipolar Disorder	30	11.7%
Others	16	6.2%

**Table 14. (cont'd)**

<i>State of Mental Illness</i>		
Diagnosed but not Treated	3	1.1%
Under Treatment	251	94.7%
Recovered	11	4.2%
<i>Taking Psychiatric Medications</i>		
Yes	235	95.5%
No	11	4.5%
<i>Whether Had Relapsed</i>		
Yes	121	45.7%
No	144	54.3%

Note: All the percentages equal to the valid percentage

Table 15 shows the working situation between currently employed (n=141, 53.2%) and unemployed/ economically inactive (n=124, 46.8%) PMIs. Work-related variables include industry, occupation, company size, years of experience, latest personal monthly income (HK\$), full- or part-time and mode of employment of the current or the most recent job. For currently employed PMIs, a higher proportion of them worked in the “Social and Personal Services” industry (31.9%), in “Elementary Occupations” (38.8%) and in a small company that had less than 50 persons (63.3%). For unemployed or economically inactive PMIs, a higher proportion of them previously worked in the industry of “Accommodation and Food Services” (25.0%), as “Service and Sales Workers” (44.3%) and in a small company that had less than 50 persons (61.0%). In addition, for both economic activity statuses, most of the PMIs had a personal monthly income of less than HK\$10,000 and employed in a part-time and contract basis.

**Table 15. Latest Job Profile of PMIs by Current Economic Activity Status**

Variable	Employed n (%)	Unemployed/ Economically Inactive n (%)
<i>Industry (Current or the Most Recent Job)</i>		
Import/ Export, Wholesale and Retail	12(8.5%)	23(18.5%)
Transportation, Warehouse, Postal and Express Services	12(8.5%)	8(6.5%)
Accommodation and Food Services	27(19.1%)	31(25.0%)
Finance and Insurance	5(3.5%)	4(3.2%)
Real Estate, Professional and Business Services	11(7.8%)	11(8.9%)
Social and Personal Services	45(31.9%)	24(19.4%)
Others	29(20.6%)	23(18.5%)

**Table 15. (cont'd)**

<b><i>Occupation (Current or the Most Recent Job)</i></b>		
Managers and Administrators	2(1.4%)	5(4.1%)
Professionals	11(7.9%)	1(0.8%)
Associate Professionals	12(8.6%)	5(4.1%)
Clerical Support Workers	14(10.1%)	9(7.4%)
Service and Sales Workers	43(30.9%)	54(44.3%)
Elementary Occupations	54(38.8%)	41(33.6%)
Others	3(2.2%)	7(5.7%)
<b><i>Company Size (Current or the Most Recent Job)</i></b>		
Small (Less than 50 persons)	76(63.3%)	64(61.0%)
Medium (50-299 persons)	27(22.5%)	23(21.9%)
Large (300 persons or above)	17(14.2%)	18(17.1%)
<b><i>Years of Experience (Current or the Most Recent Job)</i></b>		
Less than 5 years	114(80.9%)	105(87.5%)
5-10 years	14(9.9%)	5(4.2%)
10-15 years	8(5.7%)	6(5%)
15 years or above	5(3.5%)	4(3.3%)
<b><i>Latest Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i></b>		
Less than 10,000	105(74.5%)	85(68.5%)
10,000-29,999	35(24.8%)	32(25.8%)
30,000-49,999	1(0.7%)	0(0%)
50,000-69,999	0(0%)	5(4.0%)
70,000 or above	0(0%)	2(1.6%)
<b><i>Full-/ Part-time (Current or the Most Recent Job)</i></b>		
Full-time	65(46.1%)	51(41.1%)
Part-time	76(53.9%)	73(58.9%)
<b><i>Mode of Employment (Current or the Most Recent Job)</i></b>		
Long-term employment	61(43.9%)	53(44.5%)
Contract	78(56.1%)	66(55.5%)

Notes: All the percentages equal to the valid percentage; Percentage for unemployed/ economically inactive refers to their current activity status; For industry, "Others" included the category of "Government department", "Manufacturing", "Construction", "Information and Communications", and other industries; For occupation, "Others" included the category of "Crafts and Related Workers", "Machine and Machine Operators, Assemblers", "Skilled Fishery and Agricultural Workers" and other occupations.

The results showed that the general working situation of people with different types of mental illnesses were similar. No significant differences were found between different types of mental illnesses and most of the working situation ( $p > 0.05$ ) **except the current economic activity status ( $p < 0.001$ )**. Specifically, compared with those who were diagnosed with schizophrenia (33.1%) and bipolar disorders (43.3%), a higher proportion of people who were diagnosed with

depression (52.5%) or anxiety (68.0%) were unemployed. Regardless of type of mental illness, most of the PMIs worked in the “Social and Personal Services” or “Accommodation and Food Services” industry, in “Elementary Occupations” or as “Service and Sales Staff”, in a relatively small company (i.e. less than 50 persons), worked for less than five years in the current or latest job and had a personal income of less than HK\$10,000. The results are shown in Table 16.

**Table 16. Job Profile of PMIs by Type of Mental Illnesses**

	Schizophrenia	Depression	Anxiety	Bipolar Disorder	Others
Variable	n (%)	n (%)	n (%)	n (%)	n (%)
<b><i>Industry (Current or the Most Recent Job)</i></b>					
Import/ Export, Wholesale and Retail	14(11.0%)	5(8.5%)	3(12.0%)	6(20.0%)	5(31.3%)
Transportation, Warehouse, Postal and Express Services	13(10.2%)	4(6.8%)	1(4.0%)	2(6.7%)	0(0.0%)
Accommodation and Food Services	23(18.1%)	17(28.8%)	9(36.0%)	4(13.3%)	3(18.8%)
Finance and Insurance	5(3.9%)	3(5.1%)	1(4.0%)	0(0.0%)	0(0.0%)
Real Estate, Professional and Business Services	11(8.7%)	4(6.8%)	1(4.0%)	3(10.0%)	3(18.8%)
Social and Personal Services	37(29.1%)	15(25.4%)	3(12.0%)	7(23.3%)	5(31.3%)
Others	24(18.9%)	11(18.6%)	7(28.0%)	8(26.7%)	0(0.0%)
<b><i>Occupation (Current or the Most Recent Job)</i></b>					
Managers and Administrators	2(1.6%)	2(3.4%)	1(4.3%)	1(3.4%)	0(0.0%)
Professionals	7(5.6%)	0(0.0%)	2(8.7%)	3(10.3%)	0(0.0%)
Associate Professionals	10(7.9%)	4(6.8%)	1(4.3%)	1(3.4%)	1(6.3%)
Clerical Support Staff	9(7.1%)	5(8.5%)	1(4.3%)	4(13.8%)	2(12.5%)
Service and Sales Staff	47(37.3%)	22(37.3%)	8(34.8%)	8(27.6%)	9(56.3%)
Elementary Occupations	44(34.9%)	24(40.7%)	10(43.5)	11(37.9%)	4(25.0%)
Others	7(5.6%)	2(3.4%)	0(0%)	1(3.4%)	0(0.0%)
<b><i>Company Size (Current or the Most Recent Job)</i></b>					
Small (Less than 50 persons)	70(64.8%)	24(47.0%)	16(76.2%)	19(70.3%)	8(72.78%)
Medium (50-299 persons)	23(21.3%)	16(31.4%)	3(14.3%)	5(18.5%)	2(18.2%)
Large (300 persons or above)	15(13.9%)	11(21.6%)	2(9.5%)	3(11.1%)	1(9.1%)
<b><i>***Current Economic Activity Status</i></b>					
Employed	84(66.1%)	22(37.3%)	6(24.0%)	17(56.7%)	8(50.0%)
Unemployed	42(33.1%)	31(52.5%)	17(68.0%)	13(43.3%)	8(50.0%)
Economically Inactive	1(0.8%)	6(10.2%)	2(8.0%)	0(0.0%)	0(0.0%)
<b><i>Years of Experience (Current or the Most Recent Job)</i></b>					
Less than 5 years	107(85.6%)	48(82.8%)	20(83.3%)	27(90.0%)	11(68.8%)
5-10 years	9(7.2%)	4(6.9%)	1(4.2%)	2(6.7%)	2(12.5%)
10-15 years	5(4.0%)	5(8.6%)	2(8.3%)	0(0.0%)	2(12.5%)
15 years or above	4(3.2%)	1(1.7%)	1(4.2%)	1(3.3%)	1(6.3%)



**Table 16. (cont'd)**

<i>Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i>					
Less than 10,000	92(72.4%)	45(76.3%)	19(76.0%)	19(63.3%)	11(68.8%)
10,000-29,999	32(25.2%)	12(20.3%)	4(16.0%)	10(33.3%)	5(31.3%)
30,000-49,999	2(1.6%)	1(1.7%)	2(8.0%)	1(3.3%)	0(0.0%)
50,000-69,999	0(0%)	1(1.7%)	0(0.0%)	0(0.0%)	0(0.0%)
70,000 or above	1(0.8%)	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)
<i>Full-/ Part-time (Current or the Most Recent Job)</i>					
Full-time	54(42.5%)	22(37.3%)	10(40.0%)	17(56.7%)	9(56.3%)
Part-time	73(57.5%)	37(62.7%)	15(60.0%)	13(43.3%)	7(43.8%)
<i>Mode of Employment (Current or the Most Recent Job)</i>					
Long-term employment	56(44.8%)	20(35.7%)	11(47.8%)	15(50.0%)	9(56.3%)
Contract	69(55.2%)	36(64.3%)	12(52.2%)	15(50.0%)	7(43.8%)

Notes: All the percentages equal to the valid percentage;  $p^{***} < 0.001$

## 5.2. Knowledge & Understanding towards Discrimination

Out of 264 PMIs respondents, 218 (82.6%) of them heard of the term “Disability Discrimination” and only 46 (17.4%) of them have never heard of it. Also, for DDO in Hong Kong, out of 265 PMIs respondents, 206 (77.7%) PMIs knew about it and the remaining 59 (22.3%) of them thought that Hong Kong does not have DDO. This finding is consistent with the employed persons, suggesting that most people were aware of disability discrimination and DDO in Hong Kong.

The relationships between the socio-demographic variables and the knowledge of disability discrimination and DDO in Hong Kong were assessed. **For Disability Discrimination, significant differences were found by sex and latest personal monthly income, where  $p < 0.01$  and  $p < 0.05$ , respectively.** Results showed that females had higher awareness of the term “disability discrimination” than males, in which 31 (67.4%) of PMIs who claimed that they have not heard about it were male. Also, a higher proportion of PMIs who have heard about it had the income level of “less than HK\$10,000” (n=155, 71.1%) or “HK\$10,000-29,999” (n=58, 26.6%). However, there were no significant relationships between the socio-demographic variables and knowledge of DDO in Hong Kong, where all  $p > 0.05$ . It means that PMIs’ knowledge about DDO did not differ by their socio-demographic background. This finding is largely consistent with that of employed persons. The result is shown in Table 17.

**Table 17. PMIs' Knowledge of Disability Discrimination and Disability Discrimination Ordinance in Hong Kong**

Variable	Disability Discrimination		Disability Discrimination Ordinance	
	Yes, have heard about it (n, %)	No, haven't heard about it (n, %)	Yes, Hong Kong has it (n, %)	No, Hong Kong doesn't have it (n, %)
<b><i>Sex</i></b>				
Male	99(45.4%)	31(67.4%)	97(47.1%)	34(57.6%)
Female	119(54.6%)	15(32.6%)	109(52.9%)	25(42.4%)
<b><i>Age</i></b>				
18-24	7(3.2%)	2(4.3%)	5(2.4%)	4(6.9%)
25-34	47(21.7%)	12(26.1%)	47(22.8%)	12(20.7%)
35-44	67(30.9%)	11(23.9%)	64(31.1%)	14(24.1%)
45-54	54(24.9%)	12(26.1%)	54(26.2%)	13(22.4%)
54-64	40(18.4%)	9(19.6%)	35(17.0%)	14(24.1%)
65 or above	2(0.9%)	0(0.0%)	1(0.5%)	1(1.7%)
<b><i>Education Level</i></b>				
Primary or below	14(6.5%)	3(6.5%)	12(5.9%)	5(8.5%)
Lower secondary	42(19.4%)	10(21.7%)	43(21.1%)	10(16.9%)
Upper Secondary	92(42.6%)	27(58.7%)	85(41.7%)	34(57.6%)
Tertiary (Non-Degree)	48(22.2%)	6(13.0%)	46(22.5%)	8(13.6%)
Tertiary (Degree)	20(9.3%)	0(0.0%)	18(8.8%)	2(3.4%)
<b><i>Marital Status</i></b>				
Never married	126(58.3%)	29(63.0%)	120(58.8%)	35(59.3%)
Married	41(19.0%)	6(13.0%)	38(18.6%)	10(16.9%)
Separated/ Divorced/ Widowed	49(22.7%)	11(23.9%)	46(22.5%)	14(23.7%)
<b><i>Industry (Current or the Most Recent Job)</i></b>				
Import/ Export, Wholesale and Retail	30(13.8%)	5(10.9%)	26(12.6%)	9(15.3%)
Transportation, Warehouse, Postal and Express Services	12(5.5%)	8(17.4%)	14(6.8%)	6(10.2%)
Accommodation and Food Services	49(22.5%)	9(19.6%)	42(20.4%)	16(27.1%)
Finance and Insurance	5(2.3%)	4(8.7%)	7(3.4%)	2(3.4%)
Real Estate, Professional and Business Services	20(9.2%)	2(4.3%)	21(10.2%)	1(1.7%)
Social and Personal Services	58(26.6%)	10(21.7%)	52(25.2%)	17(28.8%)
Others	44(20.2%)	8(17.4%)	44(21.4%)	8(13.6%)
<b><i>Occupation (Current or the Most Recent Job)</i></b>				
Managers and Administrators	7(3.3%)	0(0.0%)	5(2.5%)	2(3.5%)
Professionals	11(5.1%)	1(2.2%)	11(5.4%)	1(1.8%)
Associate Professionals	15(7.0%)	2(4.3%)	14(6.9%)	3(5.3%)
Clerical Support Workers	16(7.5%)	7(15.2%)	18(8.8%)	5(8.8%)
Service and Sales Workers	84(39.3%)	13(28.3%)	76(37.3%)	21(36.8%)
Elementary Occupations	72(33.6%)	22(47.8%)	72(35.3%)	23(40.4%)
Others	9(4.2%)	1(2.2%)	8(3.9%)	2(3.5%)
<b><i>Company Size (Current or the Most Recent Job)</i></b>				
Small (Less than 50 persons)	114(62.0%)	25(62.5%)	108(61.0%)	32(65.3%)
Medium (50-299 persons)	39(21.2%)	11(27.5%)	38(21.5%)	12(24.5%)
Large (300 persons or above)	31(16.8%)	4(10.0%)	31(17.5%)	5(10.2%)

**Table 17. (cont'd)**

<b><i>Latest Economic Activity Status</i></b>				
Employed	118(54.1%)	22(47.8%)	110(53.4%)	31(52.5%)
Unemployed	93(42.7%)	21(45.7%)	91(44.2%)	23(39.0%)
Economically Inactive	7(3.2%)	3(6.5%)	5(2.4%)	5(8.5%)
<b><i>Years of Experience (Current or the Most Recent Job)</i></b>				
Less than 5 years	177(82.3%)	41(91.1%)	169(83.7%)	50(84.7%)
5-10 years	18(8.4%)	1(2.2%)	16(7.9%)	3(5.1%)
10-15 years	12(5.6%)	2(4.4%)	13(6.4%)	1(1.7%)
15 years or above	8(3.7%)	1(2.2%)	4(2.0%)	5(8.5%)
<b><i>Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i></b>				
Less than 10,000	155(71.1%)	34(73.9%)	149(72.3%)	41(69.5%)
10,000-29,999	58(26.6%)	9(19.6%)	52(25.2%)	15(25.4%)
30,000-49,999	5(2.3%)	1(2.2%)	4(1.9%)	2(3.4%)
50,000-69,999	0(0.0%)	1(2.2%)	0(0.0%)	1(1.7%)
70,000 or above	0(0.0%)	1(2.2%)	1(0.5%)	0(0.0%)
<b><i>Full-/ Part-time (Current or the Most Recent Job)</i></b>				
Full-time	92(42.2%)	23(50.0%)	94(45.6%)	22(37.3%)
Part-time	126(57.8%)	23(50.0%)	112(54.4%)	37(62.7%)
<b><i>Mode of Employment (Current or the Most Recent Job)</i></b>				
Long-term employment	91(42.7%)	22(48.9%)	87(43.1%)	27(47.4%)
Contract	121(56.8%)	23(51.1%)	115(56.9%)	29(50.9%)
Casual Labor	1(0.5%)	0(0.0%)	0(0.0%)	1(1.8%)
<b><i>Currently Major Diagnosed Mental Illness</i></b>				
Schizophrenia	104(49.3%)	22(48.9%)	100(50.3%)	27(46.6%)
Depression	46(21.8%)	13(28.9%)	46(23.1%)	13(22.4%)
Anxiety	21(10.0%)	4(8.9%)	18(9.0%)	7(12.1%)
Bipolar Disorder	26(12.3%)	4(8.9%)	23(11.6%)	7(12.1%)
Others	14(6.6%)	2(4.4%)	12(6.0%)	4(6.9%)
<b><i>Current State of Mental Illness</i></b>				
Diagnosed but not Treated	2(0.9%)	1(2.2%)	2(1.0%)	1(1.7%)
Under Treatment	208(95.4%)	42(91.3%)	197(95.6%)	54(91.5%)
Recovered	8(3.7%)	3(6.5%)	7(3.4%)	4(6.8%)
<b><i>Taking Psychiatric Medications</i></b>				
Yes	195(95.6%)	39(95.1%)	182(95.3%)	53(96.4%)
No	9(4.4%)	2(4.9%)	9(4.7%)	2(3.6%)
<b><i>Whether Had Relapsed</i></b>				
Yes	101(46.3%)	20(43.5%)	97(47.1%)	24(40.7%)
No	117(53.7%)	26(56.5%)	109(52.9%)	35(59.3%)

Notes: All the percentages equal to the valid percentage; knowledge of disability discrimination significantly differed by “Sex” and “Personal Monthly Income”, where  $p < 0.01$  and  $p < 0.05$ , respectively.

### **5.3. PMIs’ Perceived Prevalence of Discrimination in Hong Kong Workplaces**

For the perceived prevalence of disability discrimination, 188 (70.9%) of the PMIs thought it was very prevalent or quite prevalent in Hong Kong, while 77 (29.1%) of them thought it was not very prevalent or totally not prevalent in Hong Kong. This finding is consistent with that of employed persons. The results are shown in Table 18.

**Table 18. PMIs' Perceived Prevalence of Disability Discrimination in Hong Kong**

	n	%
Very Prevalent or Quite Prevalent	188	70.9
Not Very Prevalent or Totally not Prevalent	77	29.1
Valid Total	265	100.0

Note: All the percentages equal to the valid percentage

Among all the valid responses (N = 265), the majority of the PMIs (n = 208, 78.5%) reflected that the discrimination situation towards PMIs in Hong Kong is very prevalent or quite prevalent. Only 57 (21.5%) PMIs reflected that the discrimination situation towards PMIs in Hong Kong is not very prevalent or totally not prevalent. This finding is consistent with that of employed persons. The results are shown in Table 19.

**Table 19. PMIs' Perceived Prevalence of Discrimination towards PMIs in Hong Kong**

	n	%
Very Prevalent or Quite Prevalent	208	78.5
Not Very Prevalent or Totally not Prevalent	57	21.5
Valid Total	265	100.0

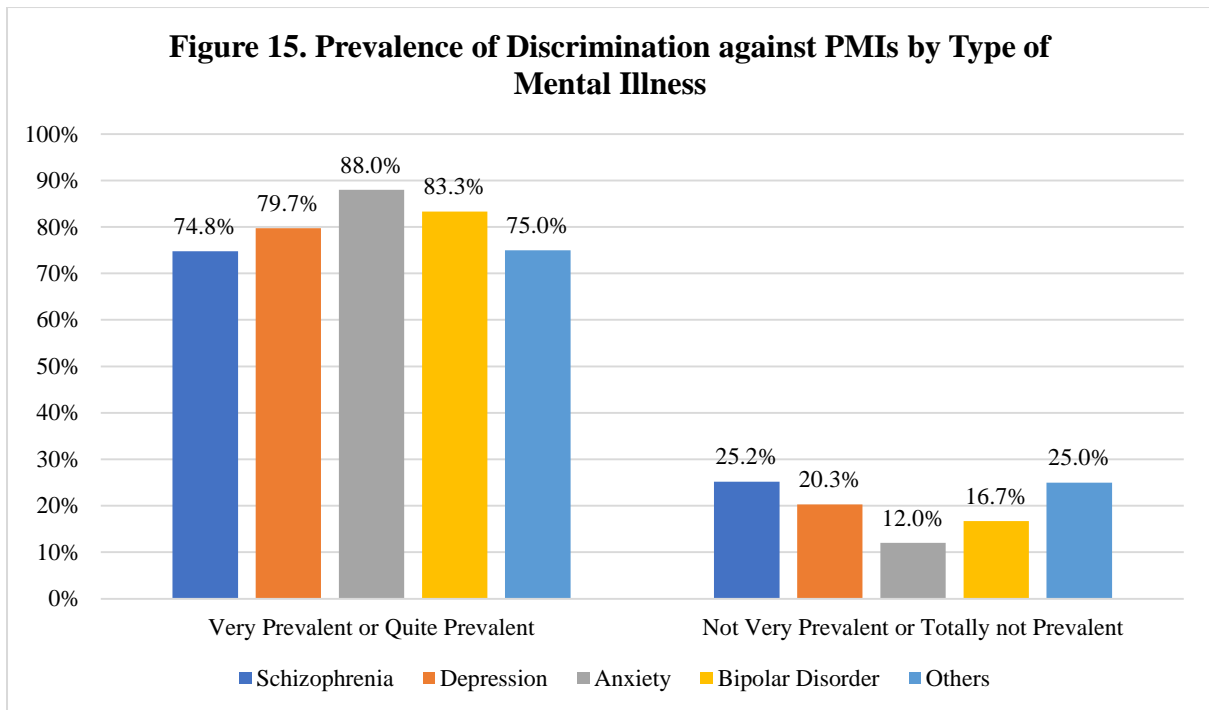
Note: All the percentages equal to the valid percentage

Table 20 and Figure 15 shows the prevalence of discrimination towards PMIs as reported by people with different types of mental illness. Observably, a higher proportion of people who were diagnosed with anxiety (n=22, 88.0%) and bipolar disorder (n=25, 83.3%) perceived more discrimination towards PMIs in Hong Kong than those who were diagnosed with schizophrenia (n=95, 74.8%), depression (n=47, 79.7%), and other types of mental illnesses (n=12, 75.0%), but this difference was not statistically significant ( $p > 0.05$ ).

**Table 20. Prevalence of Discrimination against PMIs by Type of Mental Illness**

	Very Prevalent or Quite Prevalent	Not Very Prevalent or Totally not Prevalent
Diagnosed Major Mental Illness	n (%)	n (%)
Schizophrenia	95(47.3%)	32(57.1%)
Depression	47(23.4%)	12(21.4%)
Anxiety	22(10.9%)	3(5.4%)
Bipolar Disorder	25(12.4%)	5(8.9%)
Others	12(6.0%)	4(7.1%)
Valid Total	201(100.0%)	56(100.0%)

Note: All the percentages equal to the valid percentage



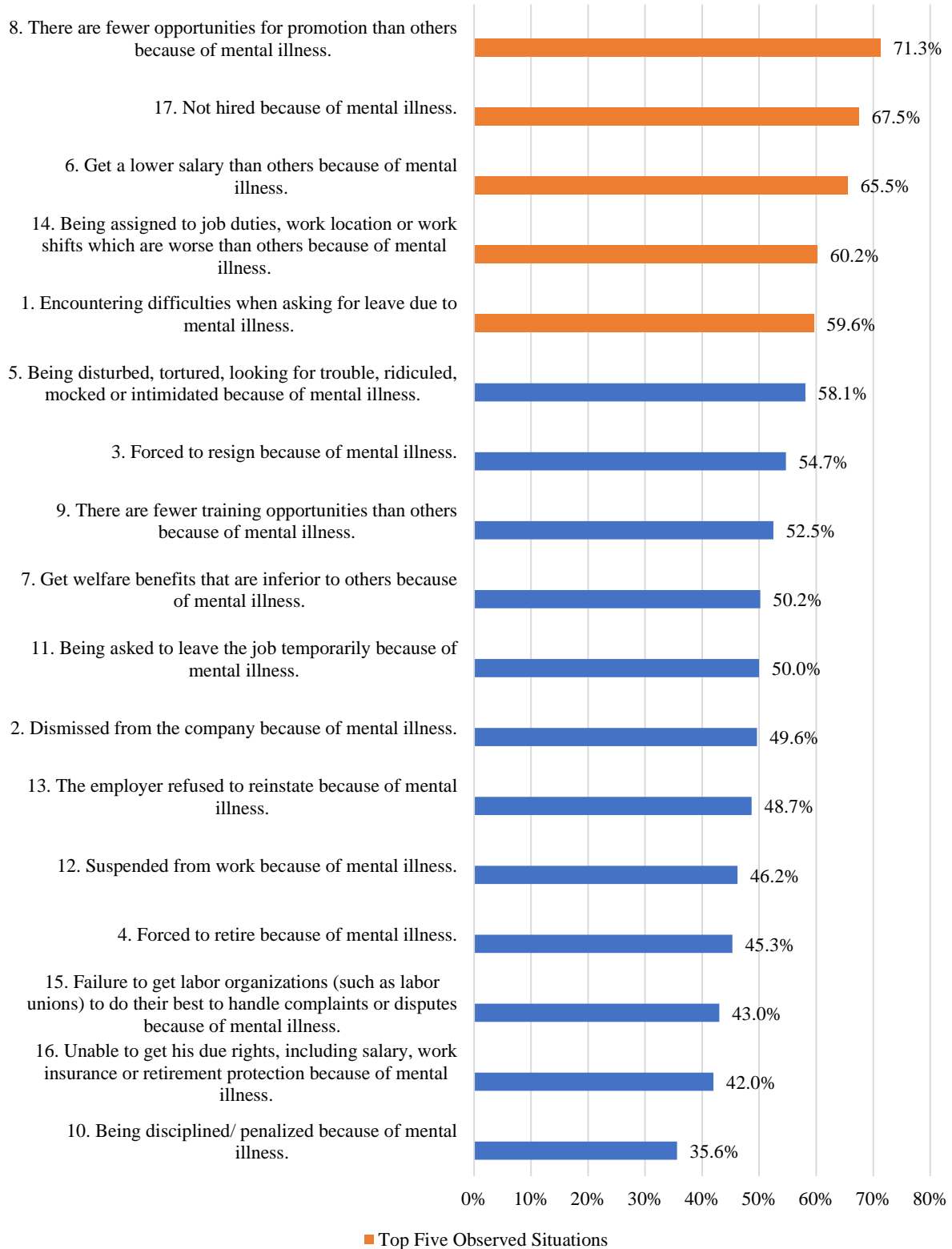
Based on the PMIs' experiences/observation of workplace discrimination in Hong Kong, the top five most common types of discrimination were:

1. "There are fewer opportunities for promotion than others because of mental illness." (n=189, 71.3%);
2. "Not hired because of mental illness." (n=179, 67.5%);
3. "Get a lower salary than others because of mental illness." (n = 173, 65.5%);
4. "Assigned to job duties, work location or work shifts that are worse than other employees." (n=159, 60.2%); and
5. "Encountering difficulties when asking for leave due to mental illness." (n = 158, 59.6%).

The detailed results by type of discrimination are shown in Figure 16.

A follow-up analysis was performed to compare all 17 items of workplace discrimination that the PMIs experienced/observed by industry, company size, diagnosed mental illness (i.e., type) and the state of mental illness (i.e., diagnosed/under treatment/recovered). However, similar to the results of the employed persons, there were no significant differences when comparing observed workplace discrimination by industry and company size, where all  $p > 0.05$ . Also, no significant results ( $p > 0.05$ ) were found when comparing by diagnosed mental illness or state of mental illness. This suggests that different types of workplace discrimination were experienced/observed by PMIs regardless of their industry, company size, diagnosed mental illness and the state of mental illness.

**Figure 16. PMIs' Observed Discrimination Situations in Hong Kong**



Note: The figures denote the percentages of PMIs observed that the situation is very or quite prevalent in Hong Kong. The number of each statement refers to the item number of the scale shown in the questionnaire.

#### 5.4. Mental Illness Discrimination in the Hiring Process

One of the main objectives of the current study is to explore the prevalence of workplace discrimination experienced by PMIs and to examine the factors associated with the vulnerability to workplace discrimination among PMIs. Therefore, PMIs were asked whether they experienced workplace discrimination due to mental illness in the hiring, working and quitting process. If they have experienced discrimination in any of the three processes, the pattern of mental illness discrimination and the action they have taken were also assessed. The results are shown in sections 5.4 to 5.6.

Out of 265 PMIs respondents, 214 (80.8%) of them searched for jobs in the past five years. Among those PMIs respondents who searched for jobs, 77 (36.2%) of them reported that they experienced mental illness discrimination during the hiring process.

For PMIs who experienced mental illness discrimination in the hiring process, relatively more of them were female (54.5%), aged between 35 and 44 (35.1%), received upper secondary education (42.9%), currently diagnosed with schizophrenia (50.0%) and were under treatment (98.5%). Table 21 compared the socio-demographic characteristics of the PMIs by whether they had experienced mental illness discrimination during the hiring process.

**Table 21. Profile of PMIs by Whether Experienced Mental Illness Discrimination during the Hiring Process**

Variable	Have experienced mental illness discrimination (n1=77)	Have not experienced mental illness discrimination (n2=136)
<b><i>Sex</i></b>		
Male	35(45.5%)	76(55.9%)
Female	42(54.5%)	60(44.1%)
<b><i>Age</i></b>		
18-24	5(6.5%)	4(2.9%)
25-34	18(23.4%)	36(26.5%)
35-44	27(35.1%)	40(29.4%)
45-54	17(22.1%)	32(23.5%)
54-64	9(11.7%)	24(17.6%)
65 or above	1(1.3%)	0(0.0%)
<b><i>Education Level</i></b>		
Primary or below	4(5.2%)	5(3.7%)
Lower secondary	17(22.1%)	23(16.9%)
Upper Secondary	33(42.9%)	64(47.1%)
Tertiary (Non-Degree)	18(23.4%)	32(23.5%)
Tertiary (Degree)	5(6.5%)	12(8.8%)

**Table 21. (cont'd)**

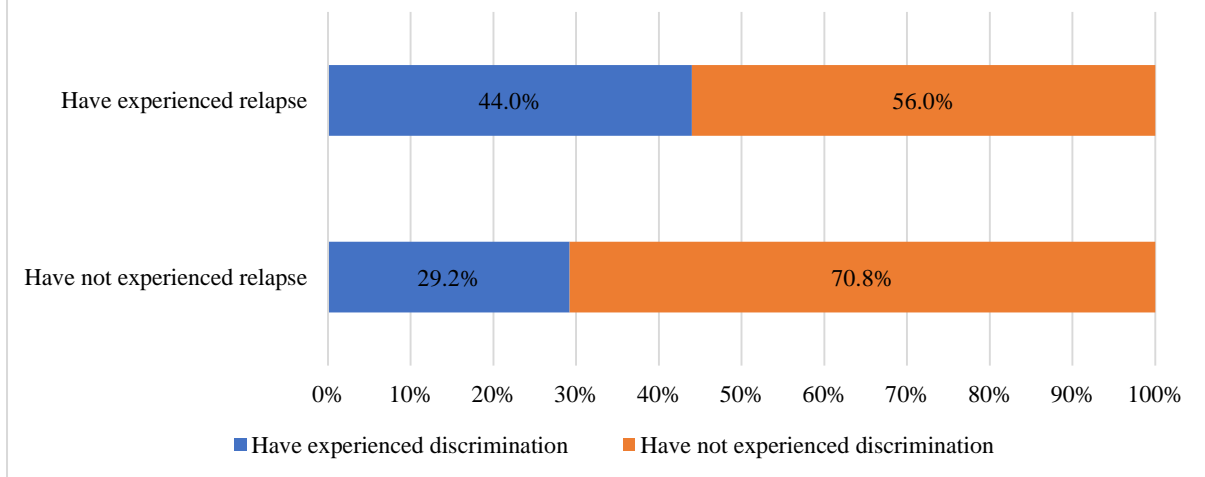
<i>Marital Status</i>		
Never married	50(64.9%)	87(64.0%)
Married	12(15.6%)	21(15.4%)
Separated/ Divorced/ Widowed	15(19.5%)	28(20.6%)
<i>Currently Major Diagnosed Mental Illness</i>		
Schizophrenia	37(50.0%)	69(51.9%)
Depression	17(23.0%)	26(19.5%)
Anxiety	6(8.1%)	13(9.8%)
Bipolar Disorder	9(12.2%)	16(12.0%)
Others	5(6.8%)	9(6.8%)
<i>Current State of Mental Illness</i>		
Diagnosed but not Treated	0(0.0%)	1(0.7%)
Under Treatment	76(98.7%)	129(94.9%)
Recovered	1(1.3%)	6(4.4%)
<i>Taking Psychiatric Medications</i>		
Yes	67(98.5%)	121(93.8%)
No	1(1.5%)	8(6.2%)
<i>*Whether Had Relapsed</i>		
Yes	44(57.1%)	56(41.2%)
No	33(42.9%)	80(58.8%)

Note: \* $p < 0.05$

**The results showed that there was a significant difference in discrimination experience during the hiring process by whether they had a relapse of mental illness, where  $p < 0.05$ .** As illustrated in Figure 17, a higher proportion of PMIs who had a relapse of mental illness (44.0%) experienced mental illness discrimination in the hiring process than PMIs who did not have a relapse (29.2%).



**Figure 17. Percentage of Whether Experienced Mental Illness Discrimination in the Hiring Process by Whether Have Experienced a Relapse of Mental Illness**



For those who experienced mental illness discrimination in the hiring process, most of them were applying for a job in the “Accommodation and Food Services” industry (n=16, 21.3%), for “Service and Sales Workers” (n=31, 41.3%), in a small company with less than 50 persons (n=25, 49.0%), and disclosed that they have been diagnosed with mental illness (n=37, 48.1%) to that company at that time. The results are shown in Table 22.

**Table 22. Mental Illness Discrimination Cases during the Hiring Process**

Variable	n	%
<b><i>Industry</i></b>		
Import/ Export, Wholesale and Retail	12	16.0
Transportation, Warehouse, Postal and Express Services	7	9.3
Accommodation and Food Services	16	21.3
Finance and Insurance	3	4.0
Real Estate, Professional and Business Services	8	10.7
Social and Personal Services	11	14.7
Others	18	24.0
<b><i>Occupation</i></b>		
Managers and Administrators	2	2.7
Professionals	2	2.7
Associate Professionals	7	9.3
Clerical Support Workers	6	8.0
Service and Sales Workers	31	41.3
Elementary Occupations	21	28.0
Others	6	8.0

**Table 22. (cont'd)**

<i>Company Size</i>		
Small (Less than 50 persons)	25	49.0
Medium (50-299 persons)	13	25.5
Large (300 persons or above)	13	25.5
<i>Disclosed Mental Illness</i>		
Schizophrenia	15	53.6
Depression	9	32.1
Anxiety	3	10.7
Bipolar Disorder	5	17.9
Others	1	3.6

Notes: All the percentage equals to the valid percentage; For disclosed mental illness, multiple answers were allowed for this question, and the total number of persons disclosed their mental illness was 28. Adding all of the valid percentages reported in this item will exceed 100%.

It is showed in Table 23 that the most prevalent types of mental illness discrimination experienced by the PMIs in the hiring process were: “Was given poor employment conditions because of the mental illness record” (42.9%), “Not hired due to disclosure of mental illness record during the interview” (40.3%) and “Not get an interview opportunity/not notified of an interview because of mental illness record” (32.5%). The percentages were calculated out of the total valid number of PMIs who had experienced mental illness discrimination during the hiring process (i.e. 77).

**Table 23. Perceived Types of Mental Illness Discrimination Experienced during the Hiring Process**

	n	% out of 77
Was given poor employment conditions because of the mental illness record	33	42.9
Not hired due to disclosure of mental illness record during the interview	31	40.3
Not get an interview opportunity/not notified of an interview because of mental illness record	25	32.5
The job advertisement states that only people with no mental illness record will be considered	5	6.5
Others	8	10.4

Notes: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

After experiencing mental illness discrimination in the hiring process, 11 out of 77 PMIs (14.3%) chose to take action. As shown in Table 24, around one-third of these 11 PMIs made complaints to that company (36.4%) or confronted with the perpetrator in person (36.4%). The other 65 valid PMIs respondents did not take any action because they deemed it unnecessary

(58.5%) or worried about their future employer’s view (30.8%). The results are shown in Table 24 and 25.

**Table 24. Actions Taken after Experiencing Mental Discrimination during the Hiring Process**

	n	% out of 11
Complain to that company	4	36.4
Confront the perpetrator in person	4	36.4
Complain to EOC	2	18.2
Others	3	27.3

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

**Table 25 Reasons for Not Taking Action after Experiencing Mental Illness Discrimination during the Hiring Process**

	n	% out of 65
It is unnecessary to take actions and I can find other jobs	38	58.5
Worrying about future employer's view on such actions	20	30.8
I do not know the channels of making complaints	18	27.7
Afraid of the retaliation from the employer	10	15.4
Others	4	6.2

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

### 5.5. Mental Illness Discrimination in the Quitting Process

Among 265 PMIs respondents, a total of 188 PMIs (70.9%) had quit their job within the past 5 years. Of 188 PMIs respondents who had quit jobs, 61 (32.8%) of them experienced mental illness discrimination in the quitting process.

As shown in Table 26, most of the PMIs who experienced mental illness discrimination in the quitting process were female (57.4%), aged 35-44 (34.4%), received upper secondary education (50.0%), were diagnosed with schizophrenia (49.1%), and were under treatment (96.7%). There was no significant difference between whether experienced mental illness discrimination in quitting process and demographics or mental illness related variables ( $p > 0.05$ ).

**Table 26. Profile of PMIs by Whether Experienced Mental Illness Discrimination in the Quitting Process**

Variable	Have experienced mental illness discrimination (n1=61)	Have not experienced mental illness discrimination (n2=125)
<b><i>Sex</i></b>		
Male	26(42.6%)	68(54.4%)
Female	35(57.4%)	57(45.6%)
<b><i>Age</i></b>		
18-24	2(3.3%)	6(4.8%)
25-34	13(21.3%)	33(26.4%)
35-44	21(34.4%)	35(28.0%)
45-54	17(27.9%)	29(23.2%)
54-64	8(13.1%)	21(16.8%)
65 or above	0(0.0%)	1(0.8%)
<b><i>Education Level</i></b>		
Primary or below	4(6.7%)	6(4.8%)
Lower secondary	11(18.3%)	19(15.3%)
Upper Secondary	30(50.0%)	57(46.0%)
Tertiary (Non-Degree)	11(18.3%)	31(25.0%)
Tertiary (Degree)	4(6.7%)	11(8.9%)
<b><i>Marital Status</i></b>		
Never married	38(62.3%)	78(62.9%)
Married	14(23.0%)	21(16.9%)
Separated/ Divorced/ Widowed	9(14.8%)	25(20.2%)
<b><i>Currently Major Diagnosed Mental Illness</i></b>		
Schizophrenia	28(49.1%)	61(49.2%)
Depression	13(22.8%)	24(19.4%)
Anxiety	5(8.8%)	14(11.3%)
Bipolar Disorder	8(14.0%)	15(12.1%)
Others	3(5.3%)	10(8.1%)
<b><i>Current State of Mental Illness</i></b>		
Diagnosed but not Treated	1(1.6%)	1(0.8%)
Under Treatment	59(96.7%)	118(94.4%)
Recovered	1(1.6%)	6(4.8%)
<b><i>Taking Psychiatric Medications</i></b>		
Yes	55(96.5%)	112(94.9%)
No	2(3.5%)	6(5.1%)
<b><i>Whether Had Relapsed</i></b>		
Yes	34(55.7%)	55(44.0%)
No	27(44.3%)	70(56.0%)

Note: All the percentages equal to the valid percentage

For those who had experienced mental illness discrimination in the quitting process, a higher proportion of them had quit the job in the “Accommodation and Food Services” industry (n=17, 27.9%), as “Service and Sales Workers” (n=26, 42.6%), in a small company which less than 50 persons (n=30, 63.8%), and disclosed that they have been diagnosed with mental illness (n=30, 50%) to their supervisors or colleagues at that time. The results are shown in Table 27.

**Table 27. Mental Illness Discrimination Cases in the Quitting Process**

Variable	n	%
<b><i>Industry</i></b>		
Import/ Export, Wholesale and Retail	10	16.4
Transportation, Warehouse, Postal and Express Services	3	4.9
Accommodation and Food Services	17	27.9
Finance and Insurance	2	3.3
Real Estate, Professional and Business Services	6	9.8
Social and Personal Services	10	16.4
Others	13	21.3
<b><i>Occupation</i></b>		
Managers and Administrators	3	4.9
Professionals	2	3.3
Associate Professionals	4	6.6
Clerical Support Workers	5	8.2
Service and Sales Workers	26	42.6
Elementary Occupations	16	26.2
Others	5	8.2
<b><i>Company Size</i></b>		
Small (Less than 50 persons)	30	63.8
Medium (50-299 persons)	8	17.1
Large (300 persons or above)	9	19.1
<b><i>Disclosed Mental Illness</i></b>		
Schizophrenia	13	54.2
Depression	9	37.5
Anxiety	3	12.5
Bipolar Disorder	3	12.5

Notes: All the percentages equal to the valid percentage; For disclosed mental illness, multiple answers were allowed for this question. The number of persons disclosed their mental illness was 24. Adding all of the valid percentages reported in this item will exceed 100%.

Table 28 showed that the most prevalent types of mental illness discrimination experienced by the PMIs in the quitting process were “Given inferior treatment or changing employment conditions” (29.5%). The percentages were calculated out of the total valid number of PMIs who have experienced mental illness discrimination during the quitting process (i.e. n=61).

**Table 28. Perceived Types of Mental Illness Discrimination Experienced in the Quitting Process**

	n	% out of 61
Given inferior treatment or changing employment conditions	18	29.5
Was assigned to a lower occupation or reduced job responsibilities	17	27.9
Received firing announcement directly	16	26.2
A layoff targets due to structural reorganization	10	16.4
Others	18	29.5

Notes: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%. “Others” included verbal attack, increase in workload and discriminated by colleagues.

After experiencing mental illness discrimination in the quitting process, 13 out of 61 PMIs (21.3%) reported they chose to take action. As shown in Table 29, a higher proportion of them complained to their immediate supervisor (30.8%) and confronted with the perpetrator in person (30.8%). The other 46 valid PMIs respondents did not take any action because they deemed it unnecessary (56.5%) or worried about their future employer’s view (34.8%). The results are shown in Table 29 and 30.

**Table 29. Actions Taken after Experiencing Mental Illness Discrimination in the Quitting Process**

	n	% out of 13
Complain to your immediate supervisor	4	30.8
Confront the perpetrator in person	4	30.8
Complain to colleagues	3	23.1
Complain to EOC	3	23.1
Complain to management	3	23.1
Others	2	15.4

Notes: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

**Table 30. Reasons for Not Taking Action after Experiencing Mental Illness Discrimination in the Quitting Process**

	n	% out of 46
It is unnecessary to take actions and I can find other jobs	26	56.5
Worrying about future employer's view on such actions	16	34.8
I do not know the channels of making complaints	14	30.4
Afraid of the retaliation from the employer	10	21.7
Others	6	13.0

Notes: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

## 5.6. Mental Illness Discrimination at Work

Among the 265 PMIs respondents, 87 (32.8%) of them reported that they experienced mental illness discrimination at work during the past five years.

As demonstrated in Table 31, most of the PMIs who experienced mental illness discrimination at work were female (54.0%), aged between 45-54 (29.9%), received upper secondary education (43.7%), were diagnosed with schizophrenia (46.3%) and were under treatment (96.6%).

**Table 31. Profile of PMIs on Whether They Have Experienced Mental Illness Discrimination at Work**

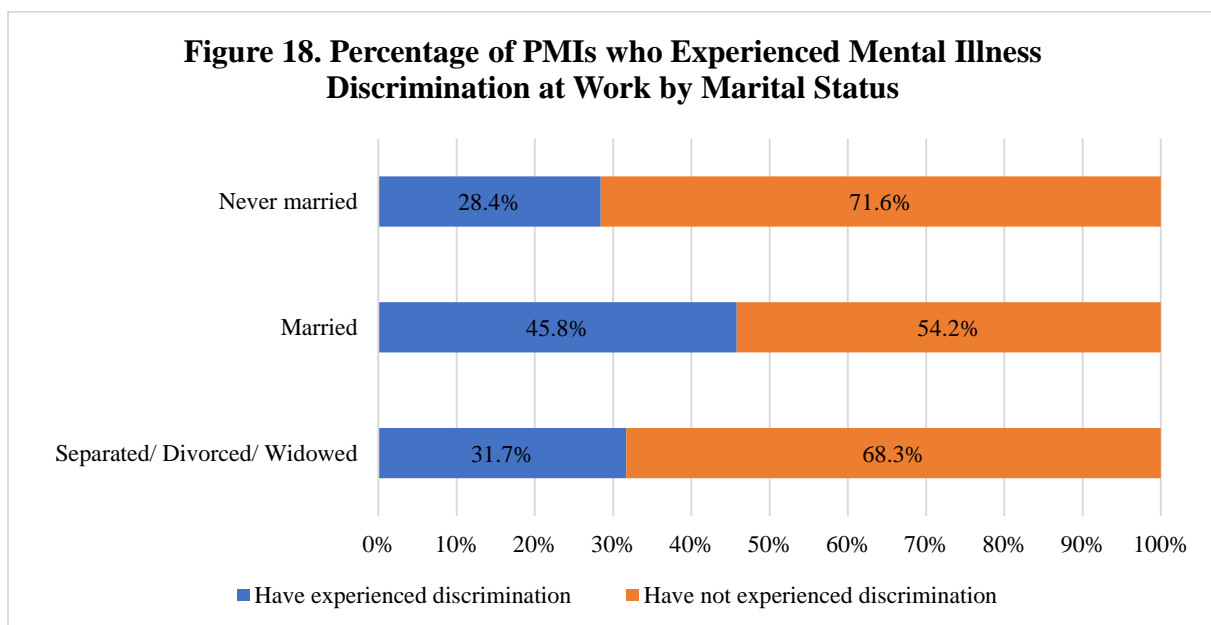
Variable	Have experienced mental illness discrimination (n1=87)	Have not experienced mental illness discrimination (n2=178)
<b><i>Sex</i></b>		
Male	40(46.0%)	91(51.1%)
Female	47(54.0%)	87(48.9%)
<b><i>Age</i></b>		
18-24	2(2.3%)	7(4.0%)
25-34	20(23.0%)	39(22.0%)
35-44	24(27.6%)	54(30.5%)
45-54	26(29.9%)	41(23.2%)
54-64	13(14.9%)	36(20.3%)
65 or above	2(2.3%)	0(0.0%)
<b><i>Education Level</i></b>		
Primary or below	6(6.9%)	11(6.3%)
Lower secondary	18(20.7%)	35(19.9%)
Upper Secondary	38(43.7%)	81(46.0%)
Tertiary (Non-Degree)	17(19.5%)	37(21.0%)
Tertiary (Degree)	8(9.2%)	12(6.8%)
<b><i>*Marital Status</i></b>		
Never married	44(51.8%)	111(62.4%)
Married	22(25.9%)	26(14.6%)
Separated/ Divorced/ Widowed	19(22.4%)	41(23.0%)

**Table 31. (cont'd)**

<i>Current Diagnosed Mental Illness</i>		
Schizophrenia	38(46.3%)	89(50.9%)
Depression	21(25.6%)	38(21.7%)
Anxiety	6(7.3%)	19(10.9%)
Bipolar Disorder	13(15.9%)	17(9.7%)
Others	4(4.9%)	12(6.9%)
<i>Current State of Mental Illness</i>		
Diagnosed but not Treated	1(1.1%)	2(1.1%)
Under Treatment	84(96.6%)	167(93.8%)
Recovered	2(2.3%)	9(5.1%)
<i>Taking Psychiatric Medications</i>		
Yes	74(94.9%)	161(95.8%)
No	4(5.1%)	7(4.2%)
<i>**Whether Had Relapsed</i>		
Yes	51(58.6%)	70(39.3%)
No	36(41.4%)	108(60.7%)

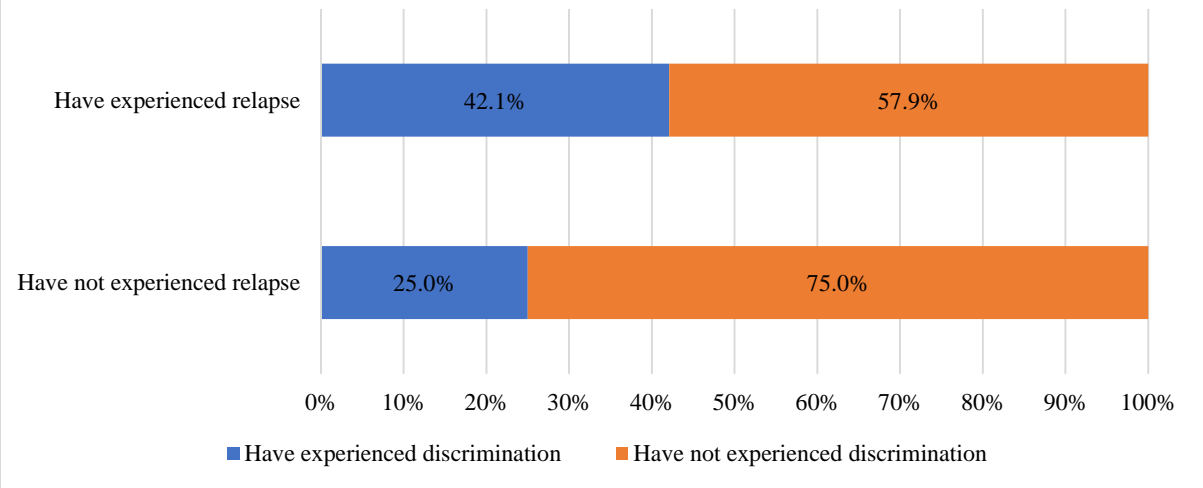
Note: \*\* $p < 0.01$ , \* $p < 0.05$

The results showed that there was a significant difference in PMIs on whether or not they had experienced discrimination by marital status ( $p < 0.05$ ) and whether or not they had a relapse of mental illness ( $p < 0.01$ ). As shown in Figure 18, there were more PMIs who were married reported experiencing mental illness discrimination at work (45.8%) than those who never got married (28.4%) or separated/divorced/widowed (31.7%). Moreover, as shown in Figure 19, there were more PMIs who had relapsed had experienced discrimination at work (42.1%) than those who did not have a relapse (25.0%).





**Figure 19. Percentage of PMIs Experienced Mental Illness Discrimination by Whether Have Experienced a Relapse of Mental Illness**



For the 87 PMIs who experienced mental illness discrimination at work, a higher proportion of them were working in the “Accommodation and Food Services” industry (n=24, 27.6%), as “Service and Sales Workers” (n=27, 31.0%) or in “Elementary Occupations” (n=27, 31.0%), working in a small company (n=36, 52.9%), and disclosed that they have been diagnosed with mental illness (n=57, 67.1%) to their supervisors or colleagues at that time. The results are shown in Table 32.

**Table 32. Mental Illness Discrimination Cases at Work**

Variable	n	%
<b>Industry</b>		
Import/ Export, Wholesale and Retail	10	11.5
Transportation, Warehouse, Postal and Express Services	6	6.9
Accommodation and Food Services	24	27.6
Finance and Insurance	2	2.3
Real Estate, Professional and Business Services	7	8.0
Social and Personal Services	17	19.5
Others	21	24.1
<b>Occupation</b>		
Managers and Administrators	6	6.9
Professionals	5	5.7
Associate Professionals	7	8.0
Clerical Support Workers	7	8.0
Service and Sales Workers	27	31.0
Elementary Occupations	27	31.0
Others	8	9.2

**Table 32. (cont'd)**

<i>Company Size</i>		
Small (Less than 50 persons)	36	52.9
Medium (50-299 persons)	14	20.6
Large (300 persons or above)	18	26.5
<i>Disclosed Mental Illness</i>		
Schizophrenia	23	53.5
Depression	15	34.9
Anxiety	2	4.7
Bipolar Disorder	6	14.0
Others	2	4.7

Notes: All the percentages equal to the valid percentage. For disclosed mental illness, multiple answers were allowed for this question. The number of PMIs disclosed the mental illness was 43. Adding all of the valid percentages reported in this item will exceed 100%.

The most prevalent types of mental illness discrimination at work were: “Less salary in the same occupation (compared with others)” (35.6%), “Reduced responsibility” (26.4%) and “Lost the opportunity to get promotion” (24.1%). The percentages were calculated out of the total valid number of PMIs who have experienced discrimination at work in the past five years (i.e. 87). The results are shown in Table 33.

**Table 33. Perceived Types of Mental Illness Discrimination Experienced at Work**

	n	% out of 87
Less salary in the same occupation (compared with others)	31	35.6
Reduced responsibility	23	26.4
Lost the opportunity to get promotion	21	24.1
Employees without mental illness received more favorable treatment from company, forgiveness and not be held accountable	19	21.8
Experienced unfair treatment when applying for leave	15	17.2
Lost/Reduced work benefits	14	16.1
Was not approved for taking leave	13	14.9
Was rejected to attend training	11	12.6
Others	21	24.1

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

After experiencing mental illness discrimination at work, 14 out of 87 PMIs (16.1%) chose to take action. As shown in Table 34, a higher proportion of them complained to their immediate supervisor (35.7%) or colleagues (28.6%). The other 72 valid PMIs respondents did not take any action because they deemed it unnecessary (55.6%) or worried about future employers’ view on such action (33.3%). The results are shown in Table 34 and 35.

**Table 34. Actions Taken after Experiencing Mental Illness Discrimination at Work**

	n	% out of 14
Complain to your immediate supervisor	5	35.7
Complain to colleagues	4	28.6
Complain to management	3	21.4
Confront the perpetrator in person	2	14.3
Complain to EOC	2	14.3
Others	4	28.6

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

**Table 35. Reasons for Not Taking Action after Experiencing Mental Illness Discrimination at Work**

	n	% out of 72
It is unnecessary to take actions and I can find other jobs	40	55.6
Worrying about future employer's view on such actions	24	33.3
Afraid of the retaliation from the employer	21	29.2
I do not know the channels of making complaints	19	26.4
Others	5	6.9

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

To conclude, section 5.4 to 5.6 have shown the perceived types of mental illness discrimination, action taken and the most common reasons for not taking any action in the hiring and quitting process and at work. Results showed that the mental illness discrimination PMIs mostly experienced at work was being given less salary in the same occupation. However, the majority of them thought that it was unnecessary to take action. Table 36 summarizes the percentages of PMIs who experienced discrimination during the hiring and quitting process and at work. In total, 120 out of 265 PMIs (45.3%) experienced mental illness discrimination at least once during the three processes, 87 out of 265 PMIs (32.8%) experienced mental illness discrimination at work, and 33 out of 265 (12.5%) PMIs experienced mental illness discrimination in all three processes.

**Table 36. Percentage of PMIs who Experienced Mental Illness Discrimination in Hiring and Quitting Process and at Work**

Discrimination Experienced	n	%
In Hiring process	77 out of 213	36.2
In Quitting process	61 out of 186	32.8
At Work	87 out of 265	32.8
At least one of the three processes	120 out of 265	45.3
All three processes	33 out of 265	12.5

## 5.7. Difficulties in Leave Application

As PMIs may need to seek medical advice, treatment and follow-up consultation more often than other employees, we asked them about the difficulties they encountered in leave application for mental well-being and mental illness. 50 out of 265 PMIs (18.9%) encountered difficulties when applying for leave to seek mental illness advice (i.e. seek medical advice on mental illness before diagnosis). Among those who encountered difficulties, 24 (49.0%) of them disclosed their reason for taking leave to their supervisors or colleagues.

Table 37 compared the demographic characteristics of PMIs who encountered difficulties in leave application for seeking mental illness advice and those who did not encounter such difficulties. Among the 50 PMIs who have encountered difficulties in leave application for seeking mental illness advice, relatively more PMIs were female (56.0%), aged between 35-44 (46.0%), received upper secondary education (32.0%), and had a latest monthly income level of less than HK\$10,000 (68.0%).

**Table 37. Profile of PMIs by Whether Encountered Difficulties in Leave Application for Seeking Mental Illness Advice**

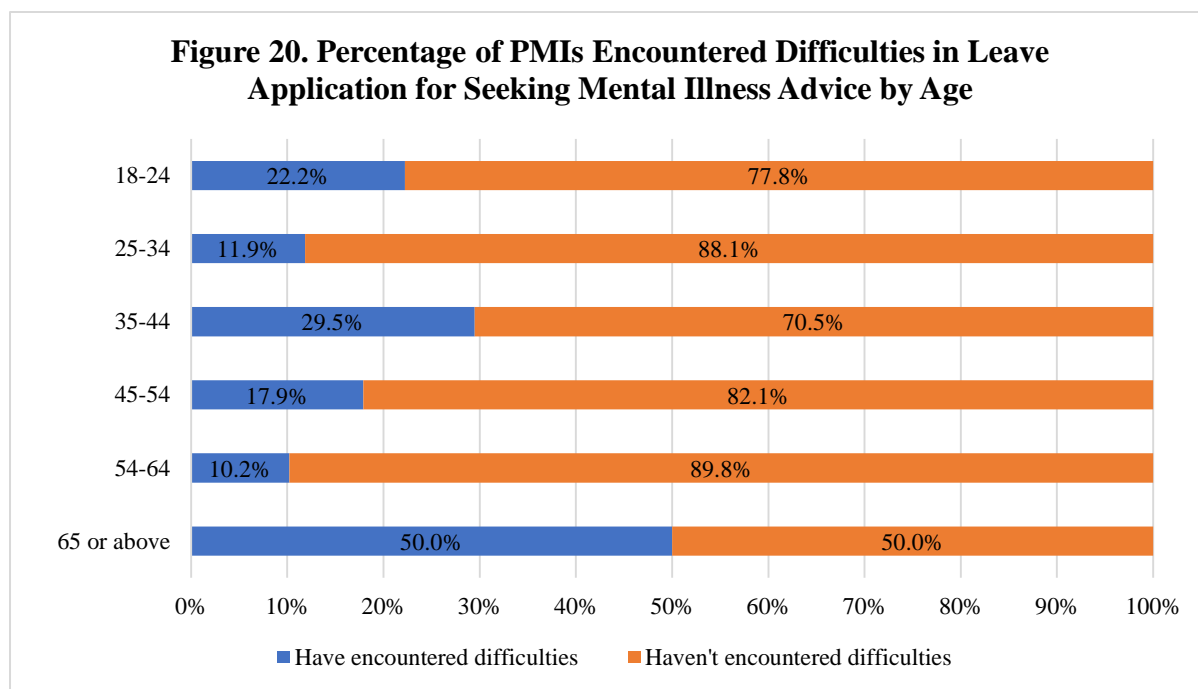
Variable	Have encountered difficulties in seeking mental illness advice (n1=50)	Have not encountered difficulties in seeking mental illness advice (n2=215)
<b><i>Sex</i></b>		
Male	22(44.0%)	109(50.7%)
Female	28(56.0%)	106(49.3%)
<b><i>*Age</i></b>		
18-24	2(4.0%)	7(3.3%)
25-34	7(14.0%)	52(24.3%)
35-44	23(46.0%)	55(25.7%)
45-54	12(24.0%)	55(25.7%)
54-64	5(10.0%)	44(20.6%)
65 or above	1(2.0%)	1(0.5%)
<b><i>Education Level</i></b>		
Primary or below	3(6.0%)	14(6.6%)
Lower secondary	13(26.0%)	40(18.8%)
Upper Secondary	16(32.0%)	103(48.4%)
Tertiary (Non-Degree)	13(26.0%)	41(19.2%)
Tertiary (Degree)	5(10.0%)	15(7.0%)
<b><i>Marital Status</i></b>		
Never married	28(56.0%)	127(59.6%)
Married	13(26.0%)	35(16.4%)
Separated/ Divorced/ Widowed	9(18.0%)	51(23.9%)

**Table 37. (cont'd)**

<b><i>Industry (Current or the Most Recent Job)</i></b>		
Import/ Export, Wholesale and Retail	5(10.0%)	30(14.0%)
Transportation, Warehouse, Postal and Express Services	4(8.0%)	16(7.4%)
Accommodation and Food Services	12(24.0%)	46(21.4%)
Finance and Insurance	3(6.0%)	6(2.8%)
Real Estate, Professional and Business Services	1(2.0%)	21(9.8%)
Social and Personal Services	14(28.0%)	55(25.6%)
Others	11(22.0%)	41(19.1%)
<b><i>Occupation (Current or the Most Recent Job)</i></b>		
Managers and Administrators	0(0.0%)	7(3.3%)
Professionals	1(2.1%)	11(5.2%)
Associate Professionals	2(4.2%)	15(7.0%)
Clerical Support Workers	8(16.7%)	15(7.0%)
Service and Sales Workers	18(37.5%)	79(37.1%)
Elementary Occupations	16(33.3%)	79(37.1%)
Others	3(6.3%)	7(3.3%)
<b><i>Company Size (Current or the Most Recent Job)</i></b>		
Small (Less than 50 persons)	25(59.5%)	115(62.8%)
Medium (50-299 persons)	10(23.8%)	40(21.9%)
Large (300 persons or above)	7(16.7%)	28(15.3%)
<b><i>Current Economic Activity Status</i></b>		
Employed	24(48.0%)	117(54.4%)
Unemployed	23(46.0%)	91(42.3%)
Inactive	3(6.0%)	7(3.3%)
<b><i>Years of Experience (Current or the Most Recent Job)</i></b>		
Less than 5 years	42(84.0%)	177(83.9%)
5-10 years	1(2.0%)	18(8.5%)
10-15 years	6(12.0%)	8(3.8%)
15 years or above	1(2.0%)	8(3.8%)
<b><i>Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i></b>		
Less than 10,000	34(68.0%)	156(72.6%)
10,000-29,999	16(32.0%)	51(23.7%)
30,000-49,999	0(0.0%)	6(2.8%)
50,000-69,999	0(0.0%)	1(0.5%)
70,000 or above	0(0.0%)	1(0.5%)
<b><i>Full-/ Part-time (Current or the Most Recent Job)</i></b>		
Full-time	27(54.0%)	89(41.4%)
Part-time	23(46.0%)	126(58.6%)
<b><i>Mode of Employment (Current or the Most Recent Job)</i></b>		
Long-term employment	20(40.8%)	94(44.8%)
Contract	29(59.2%)	115(54.8%)
Casual Labor	0(0.0%)	1(0.5%)

Notes: All the percentages equal to the valid percentage; \* $p < 0.05$

The results showed that there was a significant difference in difficulties encountered in leave application by age, where  $p < 0.05$ . As illustrated in Figure 20, for respondents who encountered difficulties in applying for leave, a higher proportion of them were aged “65 or above” (50.0%).



As summarized in Table 38, the most common difficulties PMIs encountered in leave application for seeking mental illness advice were “leave applied for on the same day or in a short notice was not approved by the supervisor” (42.0%) or “colleagues were dissatisfied about my leave application” (40.0%).

**Table 38. Difficulties in Leave Application for Seeking Mental Illness Advice**

	n	% out of 50
Leave applied for on the same day or in a short notice was not approved by the supervisor	21	42.0
Colleagues were dissatisfied about my leave application	20	40.0
Leave applied in advance were not approved by supervisor	18	36.0
Others	6	12.0

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

Among the 50 PMIs respondents who encountered difficulties in leave application for seeking mental illness advice, 33 of them took action. A majority of them chose to reschedule the date to seek mental illness advice (n=25, 75.8%) or applied for paid leave for seeking mental illness advice (n=10, 30.3%). The results are shown in Table 39.

**Table 39. Actions Taken When Encountering Difficulties in Leave Application for Seeking Mental Illness Advice**

	n	% out of 33
Reschedule the date to seek mental illness advice	25	75.8
Apply for paid leave for seeking mental illness advice	10	30.3
Given up seeking medical illness advice	5	15.2
Others	5	15.2

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

A total of 62 out of 265 PMIs (23.4%) encountered difficulties when applying for leave for treatment or follow-up consultation for mental illness. Among those who encountered difficulties, 31 (52.5%) of them disclosed their reason for taking leave to their supervisors or colleagues.

Table 40 compared the demographic characteristics of PMIs who encountered difficulties in leave application for mental illness treatment and those who did not encounter difficulties. Relatively more of the participants who encountered difficulties in leave application for mental illness treatment were male (51.6%), aged between 35-44 (40.3%), received upper secondary education (33.9%), and had a latest monthly income level of less than HK\$10,000 (64.5%). There was no significant difference between whether PMIs encountered difficulties in leave application for mental illness treatment by socio-demographic factors ( $p > 0.05$ ).

**Table 40. Profile of PMIs by Whether Encountered Difficulties in Leave Application for Mental Illness Treatment**

Variable	Have experienced difficulties for mental illness treatment (n1=62)	Have not experienced difficulties for mental illness treatment (n2=203)
<b><i>Sex</i></b>		
Male	32(51.6%)	99(48.8%)
Female	30(48.4%)	104(51.2%)
<b><i>Age</i></b>		
18-24	3(4.8%)	6(3.0%)
25-34	12(19.4%)	47(23.3%)
35-44	25(40.3%)	53(26.2%)
45-54	13(21.0%)	54(26.7%)
54-64	8(12.9%)	41(20.3%)
65 or above	1(1.6%)	1(0.5%)
<b><i>Education Level</i></b>		
Primary or below	3(4.8%)	14(7.0%)
Lower secondary	15(24.2%)	38(18.9%)
Upper Secondary	21(33.9%)	98(48.8%)
Tertiary (Non-Degree)	16(25.8%)	38(18.9%)
Tertiary (Degree)	7(11.3%)	13(6.5%)
<b><i>Marital Status</i></b>		
Never married	39(62.9%)	116(57.7%)
Married	14(22.6%)	34(16.9%)
Separated/ Divorced/ Widowed	9(14.5%)	51(25.4%)
<b><i>Industry (Current or the Most Recent Job)</i></b>		
Import/ Export, Wholesale and Retail	8(12.9%)	27(13.3%)
Transportation, Warehouse, Postal and Express Services	5(8.1%)	15(7.4%)
Accommodation and Food Services	14(22.6%)	44(21.7%)
Finance and Insurance	1(1.6%)	8(3.9%)
Real Estate, Professional and Business Services	3(4.8%)	19(9.4%)
Social and Personal Services	15(24.2%)	54(26.6%)
Others	16(25.8%)	36(17.7%)
<b><i>Occupation (Current or the Most Recent Job)</i></b>		
Managers and Administrators	0(0.0%)	7(3.5%)
Professionals	4(6.7%)	8(4.0%)
Associate Professionals	4(6.7%)	13(6.5%)
Clerical Support Workers	6(10.0%)	17(8.5%)
Service and Sales Workers	26(43.3%)	71(35.3%)
Elementary Occupations	17(28.3%)	78(38.8%)
Others	3(5.0%)	7(3.5%)



**Table 40. (cont'd)**

<b><i>Company Size (Current or the Most Recent Job)</i></b>		
Small (Less than 50 persons)	32(62.7%)	108(62.1%)
Medium (50-299 persons)	13(25.4%)	37(21.3%)
Large (300 persons or above)	6(11.8%)	29(16.7%)
<b><i>Current Employment Status</i></b>		
Employed	34(54.8%)	107(52.7%)
Unemployed	25(40.3%)	89(43.8%)
Inactive	3(4.8%)	7(3.4%)
<b><i>Years of Experience (Current or the Most Recent Job)</i></b>		
Less than 5 years	53(85.5%)	166(83.4%)
5-10 years	2(3.2%)	17(8.5%)
10-15 years	3(4.8%)	11(5.5%)
15 years or above	4(6.5%)	5(2.5%)
<b><i>Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i></b>		
Less than 10,000	40(64.5%)	150(73.9%)
10,000-29,999	22(35.5%)	45(22.2%)
30,000-49,999	0(0.0%)	6(3.0%)
50,000-69,999	0(0.0%)	1(0.5%)
70,000 or above	0(0.0%)	1(0.5%)
<b><i>Full-/ Part-time (Current or the Most Recent Job)</i></b>		
Full-time	27(43.5%)	89(43.8%)
Part-time	35(56.5%)	114(56.2%)
<b><i>Mode of Employment (Current or the Most Recent Job)</i></b>		
Long-term employment	23(37.1%)	91(46.4%)
Contract	39(62.9%)	105(53.6%)

Note: All the percentages equal to the valid percentage

As shown in Table 41, the most common difficulties the PMIs encountered when applying leave for treatment or follow-up consultation for mental illness were “leave applied for on the same day or in a short notice was not approved by the supervisor ” (41.9%) and “colleagues were dissatisfied about my leave application” (41.9%).

**Table 41 Difficulties in Leave Application for Mental Illness Treatment**

	n	% out of 62
Leave applied for on the same day or in a short notice was not approved by the supervisor	26	41.9
Colleagues were dissatisfied about my leave application	26	41.9
Leave applied in advance were not approved by supervisor	23	37.1
Others	14	22.6

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

Among the 62 PMIs who experienced difficulties in leave application for mental illness treatment, 37 of them had taken action. A majority of them rescheduled the date for treatment

or follow-up consultation (n=26, 70.3%) or applied for paid leave (n=13, 35.1%). The results are shown in Table 42.

**Table 42. Actions Taken When Encountering Difficulties in Leave Application for Mental Illness Treatment**

	n	% out of 37
Reschedule the date for treatment or follow-up consultation	26	70.3
Apply for paid leave for treatment or follow-up consultation	13	35.1
Given up the treatment or follow-up consultation	10	27.0
Others	4	10.8

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

We also asked the PMIs whether they had delayed or were not willing to get medical treatment or follow-up consultation for mental illness during their latest job and their reasons. 72 out of 265 of the PMIs had delayed or were not willing to get medical treatment or follow-up consultation for mental illness during their latest job. Among those 72 PMIs, 46 (64.8%) of them believed that the delay in getting medical treatment or follow-up consultation had a negative impact on their mental health recovery process.

The comparison between the PMIs' socio-demographic background and their willingness to get medical treatment or follow-up consultation is shown in Table 43. In general, relatively more of those who were not willing to get/had delayed treatment were female (61.1%), aged between 35-44 (44.4%), received upper secondary education (40.3%), had a latest monthly income level of less than HK\$10,000 (62.5%), were diagnosed with schizophrenia (31.9%), and were under treatment (98.6%).

**Table 43. Profile of PMIs by Whether Delayed / Not Willing to Get Treatment or Follow-Up Consultation**

Variable	Not willing/ Have delayed (n1=72)	Willing/ Have not delayed (n2=193)
<b>*Sex</b>		
Male	28(38.9%)	103(53.4%)
Female	44(61.1%)	90(46.6%)
<b>*Age</b>		
18-24	3(4.2%)	6(3.1%)
25-34	11(15.3%)	48(25.0%)
35-44	32(44.4%)	46(24.0%)
45-54	18(25.0%)	49(25.5%)
54-64	7(9.7%)	42(21.9%)
65 or above	1(1.4%)	1(0.5%)
<b>Education Level</b>		
Primary or below	4(5.6%)	13(6.8%)
Lower secondary	18(25.0%)	35(18.3%)
Upper Secondary	29(40.3%)	90(47.1%)
Tertiary (Non-Degree)	12(16.7%)	42(22.0%)
Tertiary (Degree)	9(12.5%)	11(5.8%)
<b>Marital Status</b>		
Never married	39(54.2%)	116(60.7%)
Married	19(26.4%)	29(15.2%)
Separated/ Divorced/ Widowed	14(19.4%)	46(24.1%)
<b>Industry (Current or the Most Recent Job)</b>		
Import/ Export, Wholesale and Retail	12(16.7%)	23(11.9%)
Transportation, Warehouse, Postal and Express Services	8(11.1%)	12(6.2%)
Accommodation and Food Services	18(25.0%)	40(20.7%)
Finance and Insurance	2(2.8%)	7(3.6%)
Real Estate, Professional and Business Services	5(6.9%)	17(8.8%)
Social and Personal Services	16(22.2%)	53(27.5%)
Others	11(15.3%)	41(21.2%)
<b>Occupation (Current or the Most Recent Job)</b>		
Managers and Administrators	2(2.9%)	5(2.6%)
Professionals	2(2.9%)	10(5.2%)
Associate Professionals	1(1.4%)	16(8.4%)
Clerical Support Workers	9(12.9%)	14(7.3%)
Service and Sales Workers	29(41.4%)	68(35.6%)
Elementary Occupations	23(32.9%)	72(37.7%)
Others	4(5.7%)	6(3.1%)
<b>Company Size (Current or the Most Recent Job)</b>		
Small (Less than 50 persons)	37(58.7%)	103(63.6%)
Medium (50-299 persons)	16(25.4%)	34(21.0%)
Large (300 persons or above)	10(15.9%)	25(15.4%)

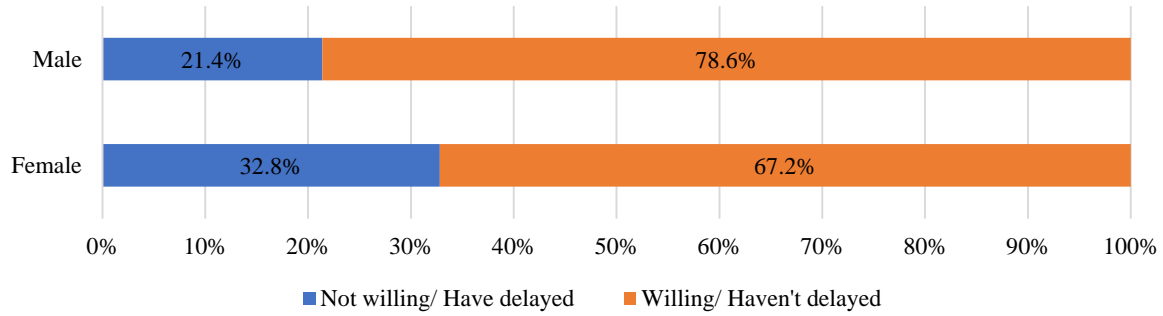
**Table 43. (cont'd)**

<b><i>Years of Experience (Current or the Most Recent Job)</i></b>		
Less than 5 years	63(87.5%)	156(82.5%)
5-10 years	2(2.8%)	17(9.0%)
10-15 years	3(4.2%)	11(5.8%)
15 years or above	4(5.6%)	5(2.6%)
<b><i>Latest Personal Monthly Income (HK\$) (Current or the Most Recent Job)</i></b>		
Less than 10,000	45(62.5%)	145(75.1%)
10,000-29,999	23(31.9%)	44(22.8%)
30,000-49,999	3(4.2%)	3(1.6%)
50,000-69,999	1(1.4%)	0(0.0%)
70,000 or above	0(0.0%)	1(0.5%)
<b><i>Full-/ Part-time (Current or the Most Recent Job)</i></b>		
Full-time	33(45.8%)	83(43.0%)
Part-time	39(54.2%)	110(57.0%)
<b><i>Mode of Employment (Current or the Most Recent Job)</i></b>		
Long-term employment	29(40.3%)	85(45.7%)
Contract	43(59.7%)	101(54.3%)
<b><i>*Diagnosed Major Mental Illness</i></b>		
Schizophrenia	22(31.9%)	105(55.9%)
Depression	21(30.4%)	38(20.2%)
Anxiety	8(11.6%)	17(9.0%)
Bipolar Disorder	13(18.8%)	17(9.0%)
Others	5(7.2%)	11(5.9%)
<b><i>State of Mental Illness</i></b>		
Diagnosed but not Treated	1(1.4%)	2(1.0%)
Under Treatment	71(98.6%)	180(93.3%)
Recovered	0(0.0%)	11(5.7%)
<b><i>Taking Psychiatric Medications</i></b>		
Yes	65(95.6%)	170(95.5%)
No	3(4.4%)	8(4.5%)
<b><i>Whether Had Relapsed</i></b>		
Yes	35(48.6%)	86(44.6%)
No	37(51.4%)	107(55.4%)

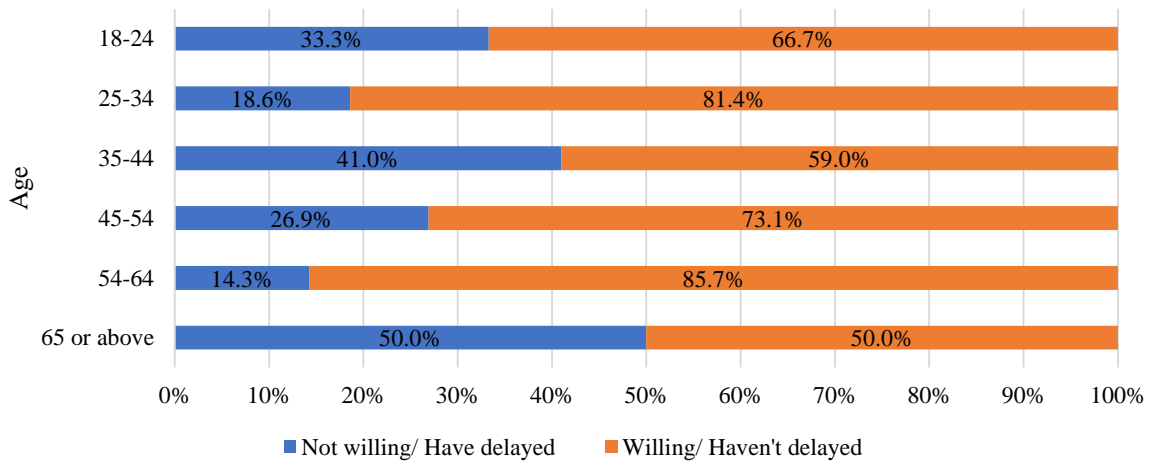
Notes: All the percentages equal to the valid percentage; \* $p < 0.05$

**There were significant differences in whether PMIs had delayed or not willing to get treatment or follow-up consultation by sex, age, and diagnosed mental illness, where all  $p < 0.05$ .** The results showed that females (32.8%), PMIs aged 65 (50%) or above or aged 35 to 44 (41.0%), and diagnosed with bipolar disorder (43.3%) or depression (35.6%) were less willing or had delayed getting treatment or follow-up consultation than other PMIs. Results are illustrated in Figures 21 to 23.

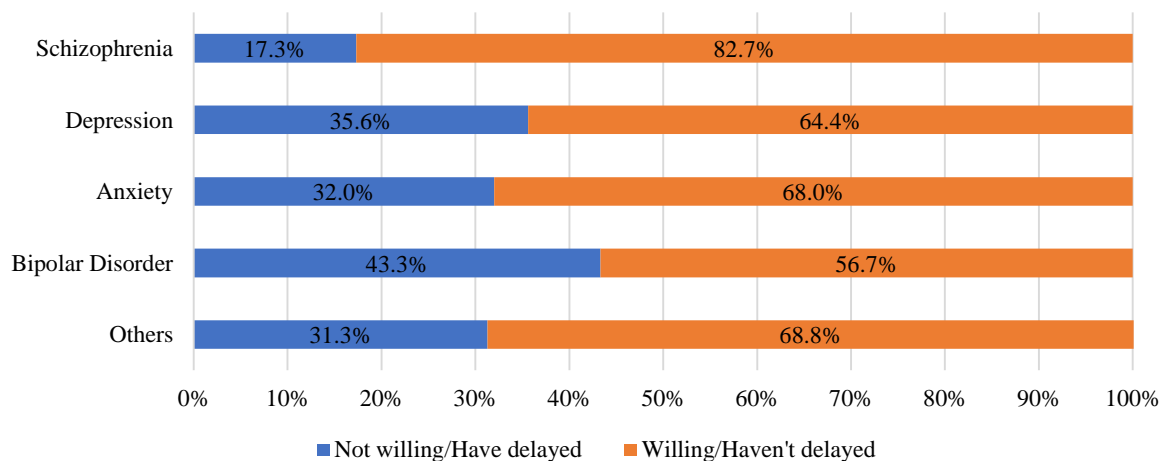
**Figure 21. Percentage of PMIs Delayed / Not Willing to Get Treatment or Follow-Up Consultation by Sex**



**Figure 22. Percentage of PMIs Delayed / Not Willing to Get Treatment or Follow-Up Consultation by Age**



**Figure 23. Percentage of PMIs Delayed / Not Willing to Get Treatment or Follow-Up Consultation by Diagnosed Major Mental Illness**



As shown in Table 44, among the 72 PMIs who had delayed or were not willing to get medical treatment or follow-up consultation for mental illness during their latest job, the top three reasons were:

1. “Worried about being known by other workers in the company that I have mental health related issues.” (n=43, 59.7%);
2. “Worried that the company will have negative thoughts about me because of my needs for medical treatment or leave for follow-up consultations due to mental illness.” (n=34, 47.2%); and
3. “Worried that other workers in the company know that I have the needs to get medical treatment, or follow-up consultation due to mental illness.” (n=33, 45.8%)

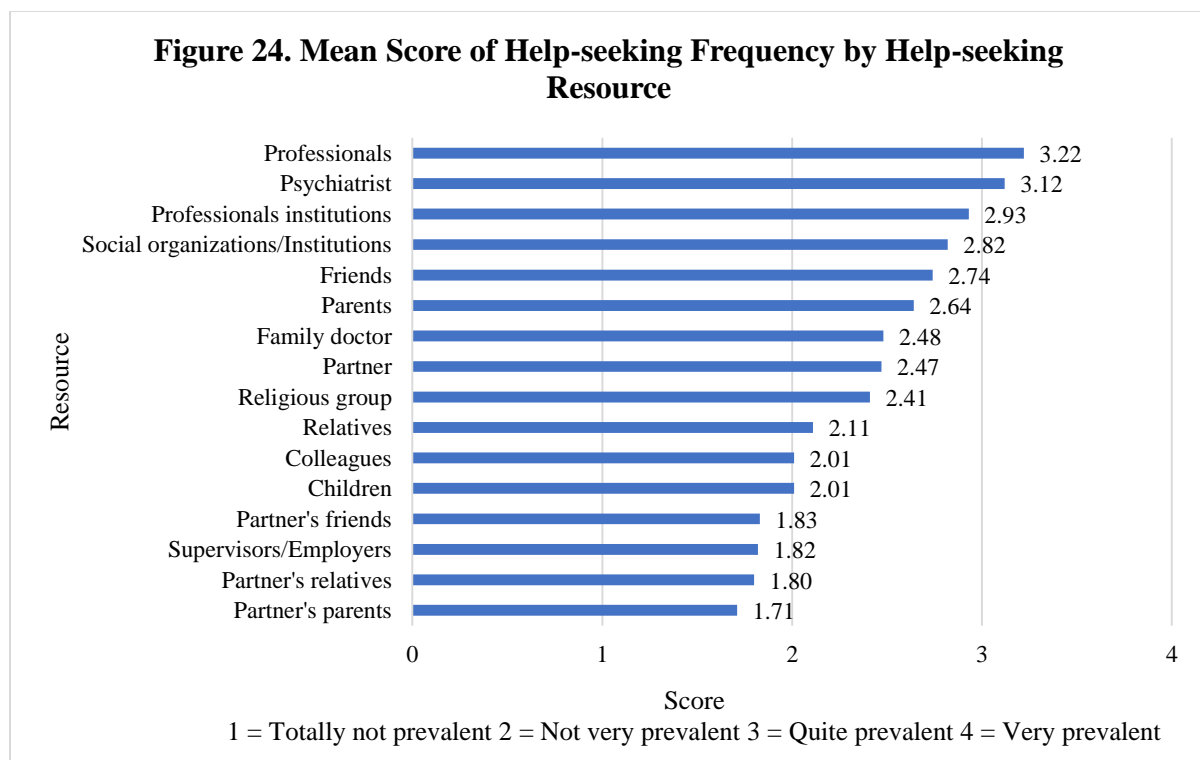
**Table 44. Reasons for Not Willing/ Delay to Get Treatment or Follow-Up Consultation**

	n	% out of 72
Worried about being known by other workers in the company that I have mental health related issues	43	59.7
Worried that the company will have negative thoughts about me because of my needs for medical treatment or leave for follow-up consultations due to mental illness	34	47.2
Worried that other workers in the company know that I have the needs to get medical treatment, or follow-up consultation due to mental illness	33	45.8
Believed that seeking medical treatment or follow-up consultation for mental illness will negatively affect my work	29	40.3
Worried about my company would be dissatisfied with my needs to seek medical treatment or apply for leave due to mental illness	22	30.6
Felt ashamed of the need to seek medical treatment or leave for follow-up consultations due to mental illness	22	30.6
Believed that seeking medical treatment or follow-up consultation for mental illness will not improve my condition	12	16.7
Others (Including work and non-work reasons)	6	8.3

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

## 5.8. Help-Seeking Behavior

The PMIs' frequency to seek help from different people or organizations was investigated. The help-seeking behavior scale is rated from 1 to 4, the higher the score, the higher frequency to seek help from that person or organization. The results showed that they sought help from psychiatrists (mean=3.15) and other professionals such as social workers, therapists and counselors (mean=3.22). PMIs were least likely to seek help from colleagues (mean=2.01) and supervisors and employers (mean=1.82). **Among different people whom the PMIs seek help from, only parents and supervisors/employers were significantly different by type of mental illness, where all  $p < 0.05$ .** Specifically, people who were diagnosed with depression (mean=2.10) were more likely to seek help from their parents than people with other mental illnesses. Additionally, people with schizophrenia were more likely to seek help from their supervisors or employers (mean=2.03) than people with depression (mean=1.57) and anxiety (mean=1.47). Detailed results are shown in Figure 24 and Table 45.



Note: The help-seeking scale ranged from 1 to 4.

**Table 45. Means Score of Help-Seeking Behavior by Diagnosed Mental Illness**

	Schizophrenia		Depression		Anxiety		Bipolar Disorder		Others	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
<b>Overall</b>	2.52	0.64	2.55	0.718	2.55	0.625	2.64	0.572	2.53	0.758
<b>Help-Seeking Resource</b>										
Partner	2.49	0.943	2.28	0.958	2.31	1.014	2.82	0.883	2.29	1.380
Parents	2.82 <sup>a</sup>	0.974	2.10 <sup>abc</sup>	1.081	2.48	1.250	2.73 <sup>b</sup>	0.919	2.86 <sup>c</sup>	1.292
Relatives	2.11	0.965	2.12	0.971	2.00	0.873	2.15	1.120	2.38	1.044
Partner's parents	1.86	0.840	1.62	0.862	1.63	0.806	1.57	0.646	1.33	0.516
Partner's relatives	1.91	0.876	1.62	0.862	1.82	1.015	1.79	0.975	1.33	0.516
Friends	2.70	0.944	2.73	1.157	2.70	1.063	2.89	0.892	2.81	0.981
Partner's friends	1.99	0.909	1.71	0.824	1.59	0.939	1.67	0.724	1.89	1.054
Children	2.02	0.918	2.24	1.119	2.00	0.894	1.64	0.924	1.57	0.787
Colleagues	2.14	1.018	1.82	0.886	2.00	1.138	1.95	1.046	1.62	0.650
Supervisors/Employers	2.03 <sup>de</sup>	1.014	1.57 <sup>d</sup>	0.818	1.47 <sup>e</sup>	0.915	1.70	0.765	1.64	0.745
Social organizations/Institutions	2.72	1.050	2.85	0.979	3.00	0.933	2.96	0.790	2.93	1.033
Religious group	2.35	1.056	2.50	1.130	2.50	1.147	2.41	1.054	2.36	1.120
Family doctor	2.38	1.112	2.61	1.039	2.79	1.032	2.35	1.071	2.42	1.160
Psychiatrist	3.08	0.891	3.07	0.900	3.23	0.922	3.33	0.711	3.00	1.095
Professionals	3.17	0.840	3.19	0.760	3.38	0.711	3.45	0.686	3.06	0.998
Professional institutions	2.08	1.023	2.95	0.961	3.23	0.869	3.32	0.863	2.75	1.183

Notes: Means with same superscript were significantly different from each other ( $p < 0.05$ ); The help-seeking behavior scale ranges from 1 (totally not prevalent) to 4 (very prevalent).



## 5.9. Availability of Mental Health Support in the Workplace as Reported by PMIs

The survey asked PMIs whether the company that they are currently working at or the last company they worked for has provided any mental health support such as information about mental health, tips for communicating with people in recovery of mental illness or counselling support to the employees. Overall, only 33 (12.5%) of the PMIs reported that the company they are currently working at or have recently worked at has provided mental health support to the employees, 172 (64.9%) of them reported they did not, and 60 (22.6%) of them did not know about it. This finding is consistent with those reported by the employed persons, in which a smaller proportion (22.0%) of them reported their employers had provided mental health support to the employees and a larger proportion (39.7%) of them did not.

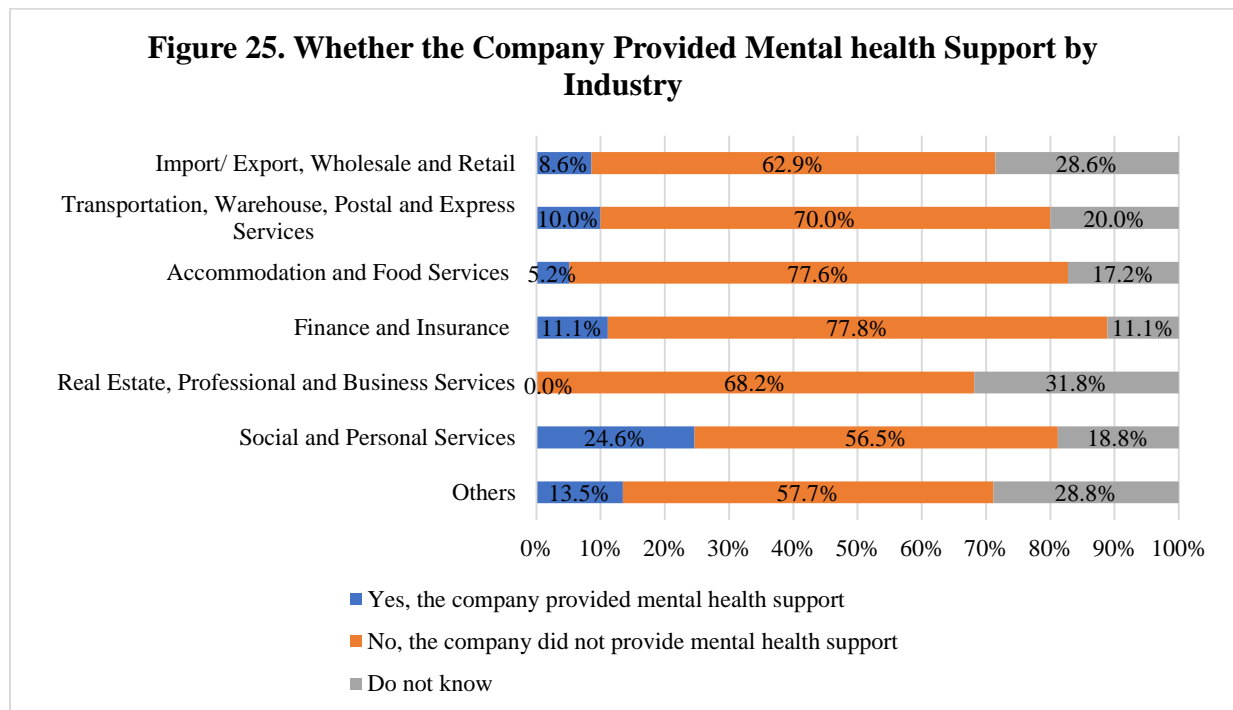
Table 46 shows the results of comparison between whether the company provided mental health support by industry and company size. In general, relatively more of the companies provided mental health support are from “Social and Personal Services” industry (n=17, 51.5%) and are small companies (n=12, 46.2%). For the relationship between mental health support and company size, result showed that there was no significant relationship between them, where all  $p > 0.05$ .

**Table 46. Whether the Company Provided Mental Health Support by Industry and Company Size**

Variable	Yes, the company provided mental health support (n1=33)	No, the company did not provide mental health support (n2=172)	Do not know (n3=60, % out of 60)
<b>*Industry</b>			
Import/ Export, Wholesale and Retail Transportation, Warehouse, Postal and Express Services	3(9.1%)	22(12.8%)	10(16.7%)
Accommodation and Food Services	2(6.1%)	14(8.1%)	4(6.7%)
Finance and Insurance	3(9.1%)	45(26.2%)	10(16.7%)
Real Estate, Professional and Business Services	1(3.0%)	7(4.1%)	1(1.7%)
Social and Personal Services	0(0.0%)	15(8.7%)	7(11.7%)
Others	17(51.5%)	39(22.7%)	13(21.7%)
<b>Company Size</b>			
Small (Less than 50 persons)	7(21.2%)	30(17.4%)	15(25.0%)
Medium (50-299 persons)	12(46.2%)	94(62.3%)	34(70.8%)
Large (300 persons or above)	9(34.6%)	35(23.2%)	6(12.5%)
	5(19.2%)	22(14.6%)	8(16.7%)

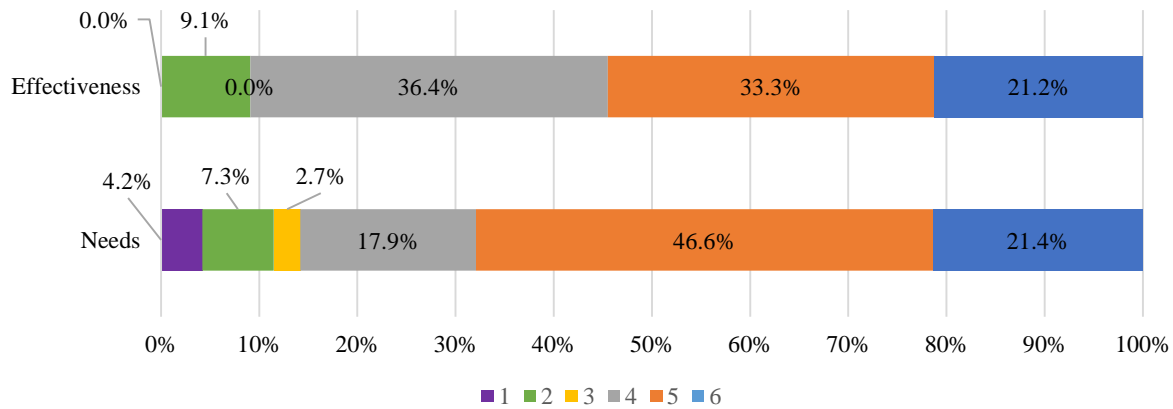
Notes: All percentages equal to valid percentage; \* $p < 0.05$

**There was a significant relationship in mental health support by industry, where  $p = 0.05$ .** As shown in Figure 25, a higher proportion of employees from “Social and Personal Services” industry (24.6%) reported that the company provided mental health support, while a higher proportion of employees from “Finance and Insurance” (77.8%) and “Accommodation and Food Services” industry (77.6%) reported that the company did not provide mental health support. The supportiveness of the “Social and Personal Services” industry is consistent with the finding reported by employed persons.



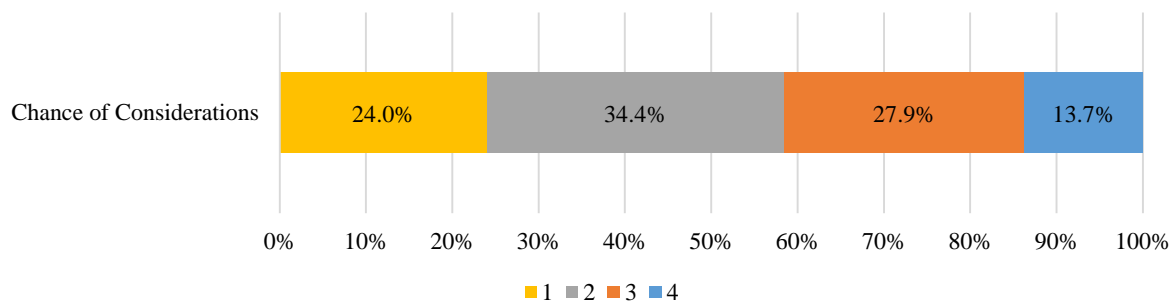
For those 33 PMIs who reported that the company they are currently working at or have recently worked at has provided mental health support to their employees, 90.9% of them reported that the support was a bit effective, effective, or very effective. Additionally, among all the valid responses (N=265), 85.9% of the PMIs thought that it is a bit necessary, necessary, or very necessary for the company to provide mental health support to employees. It showed that there was a need to provide effective mental health support by employers. Also, 58.4% of the PMIs thought that the company or employer for which they are working for would not or would rarely consider to provide support for PMIs in the workplace. The results are illustrated in Figures 26 and 27.

**Figure 26. Effectiveness and Need for Company to Provide Mental Health Support to Employees**



Notes: For effectiveness: 1= Very ineffective, 2= Ineffective, 3= A bit ineffective, 4= A bit effective, 5= Effective, 6= Very effective.; For needs, 1= Very unnecessary, 2= Unnecessary, 3= A bit unnecessary, 4= A bit necessary, 5= Necessary, 6= Very necessary.

**Figure 27. Company/Employer's Consideration to Provide Support for PMIs in the Workplace**



Note: 1= Will not consider, 2= Will rarely consider, 3= Will sometimes consider, 4= Will consider

The mean scores of the effectiveness, needs and consideration of mental health support by industry, occupation, company size, current diagnosed mental illness and current state of mental illness are shown in Table 47. **There was a significant difference in company/employer’s consideration to provide mental health support by current diagnosed mental illness, where  $p < 0.05$ .** Specifically, PMIs who were diagnosed with schizophrenia (mean=2.51) thought that the company or employer for which they are working for are more likely to consider providing mental health support in the workplace than PMIs who were diagnosed with depression (mean=2.05) and anxiety (mean=1.96). The differences between PMIs on effectiveness and needs by industry, occupation, company size, current diagnosed mental illness and current state of mental illness were not significant ( $p > 0.05$ ).

**Table 47. Mean Scores of Effectiveness, Needs and Consideration of Mental Health Support**

	Effectiveness		Needs		Consideration	
	Mean	SD	Mean	SD	Mean	SD
<b>Overall</b>	4.58	1.119	4.60	1.291	2.31	0.987
<b>Industry</b>						
Import/ Export, Wholesale and Retail	5.00	1.000	4.57	1.267	2.34	0.906
Transportation, Warehouse, Postal and Express Services	4.50	0.707	4.47	1.577	2.10	1.071
Accommodation and Food Services	4.67	1.155	4.78	1.185	2.03	0.955
Finance and Insurance	6.00	-	4.56	1.590	2.33	1.000
Real Estate, Professional and Business Services	4.47	1.125	4.24	1.300	2.43	0.926
Social and Personal Services	-	-	4.65	1.231	2.57	0.957
Others	4.43	1.397	4.54	1.364	2.31	1.058
<b>Occupation</b>						
Managers and Administrators	-	-	4.83	1.941	1.33	0.516
Professionals	5.00	-	4.57	1.272	2.71	0.756
Associate Professionals	4.80	1.643	4.46	1.664	2.62	1.044
Clerical Support Workers	3.75	1.258	4.53	1.125	2.06	0.873
Service and Sales Workers	5.00	0.816	4.67	1.198	2.25	0.990
Elementary Occupations	4.75	0.886	4.49	1.335	2.38	1.049
Others	4.44	1.236	4.60	1.310	2.32	0.947
<b>Company Size</b>						
Small (Less than 50 persons)	5.50	0.577	4.34	1.425	2.20	0.988
Medium (50-299 persons)	4.75	0.886	4.66	1.260	2.27	1.028
Large (300 persons or above)	4.25	0.500	4.76	1.123	2.62	0.862
<b>Current Diagnosed Mental Illness</b>						
Schizophrenia	4.85	1.040	4.48	1.367	2.51 <sup>ab</sup>	1.015
Depression	4.50	0.577	4.78	1.185	2.05 <sup>a</sup>	0.883
Anxiety	3.00	1.414	4.36	1.524	1.96 <sup>b</sup>	0.935
Bipolar Disorder	4.50	1.000	4.90	0.976	2.37	0.964
Others	5.00	-	4.38	1.310	2.13	1.025
<b>Current State of Mental Illness</b>						
Diagnosed but not Treated	-	-	4.00	1.732	1.33	0.577
Under Treatment	4.58	1.119	4.61	1.290	2.33	0.979
Recovered	-	-	4.45	1.293	2.27	1.191

Notes: Means with same superscripts were significantly different from each other. Only one PMI belonged to the group “Finance and Insurance”, “Professionals”, and “Others” in currently diagnosed mental illness responded to the effectiveness of the mental health support provided by the company, and no PMI belonged to the group “Social and Personal Services” and “Managers and Administrators” responded to the effectiveness of the mental health support provided by the company and hence the respective mean and/or SD cannot be calculated.

The PMIs were asked whether they had expressed the need for work support due to mental illness. Only 60 out of 263 of the PMIs (22.8%) expressed their needs to their company or supervisor.

The results of comparison on whether or not PMIs had expressed their needs for support at work due to mental illness by work-related variables are presented in Table 48. In general, PMIs who worked in the “Social and Personal Services” industry (n=21, 35.0%), in “Elementary Occupations” (n=24, 42.1%), and in a small size company (n=28, 60.9%) were more willing to express their needs to the company than other industries.

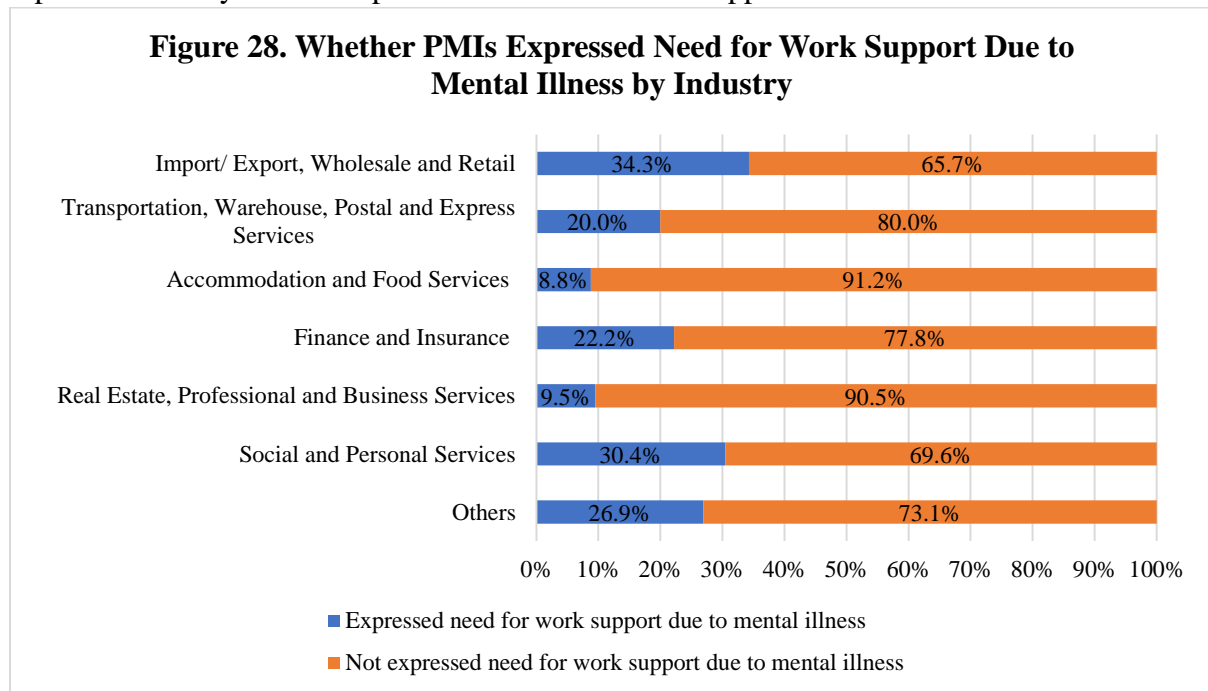
**Table 48. Job Profile of PMIs on Whether They Expressed Need for Work Support Due to Mental Illness**

	Expressed need for work support due to mental illness	Not expressed need for work support due to mental illness
Variable	n (%)	n (%)
<b>*Industry</b>		
Import/ Export, Wholesale and Retail	12(20.0%)	23(11.3%)
Transportation, Warehouse, Postal and Express Services	4(6.7%)	16(7.9%)
Accommodation and Food Services	5(8.3%)	52(25.6%)
Finance and Insurance	2(3.3%)	7(3.4%)
Real Estate, Professional and Business Services	2(3.3%)	19(9.4%)
Social and Personal Services	21(35.0%)	48(23.6%)
Others	14(23.3%)	38(18.7%)
<b>Occupation</b>		
Managers and Administrators	0(0.0%)	7(3.5%)
Professionals	6(10.5%)	6(3.0%)
Associate Professionals	5(8.8%)	12(5.9%)
Clerical Support Workers	5(8.8%)	18(8.9%)
Service and Sales Workers	15(26.3%)	80(39.6%)
Elementary Occupations	24(42.1%)	71(35.1%)
Others	2(3.5%)	8(4.0%)
<b>Company Size</b>		
Small (Less than 50 persons)	28(60.9%)	111(62.7%)
Medium (50-299 persons)	12(26.1%)	38(21.5%)
Large (300 persons or above)	6(13.0%)	28(15.8%)

Notes: All percentages equal to valid percentage; \* $p < 0.05$

**There were significant differences in whether PMIs expressed need for work support due to mental illness by industry, where  $p < 0.05$ .** As shown in Figure 28, a higher proportion of PMIs who worked in the “Import/Export, Wholesale and Retail” (34.3%) and “Social and Personal Services” industry (30.4%) reported that they expressed their need for work support due to mental illness. A higher proportion of PMIs who worked in the “Accommodation and

Food Services” (91.2%) and “Real Estate, Professional and Business Services” industry (90.5%) reported that they did not express their need for work support due to mental illness.



As shown in Table 49, among the 60 PMIs who expressed their need to their company or supervisor, more than half of them reported that it was because “The work culture in the company allows employees to express the support they need” (n=33, 55.0%) and two-fifth chose the reason “Having the support from colleagues to express the support needed to the company/supervisor” (n=24, 40.0%).

**Table 49. Reasons for Expressing Need for Work Support Due to Mental Illness**

	n	% out of 60
The work culture in the company allows employees to express the support they need	33	55.0%
Having the support from colleagues to express the support needed to the company/supervisor	24	40.0%
Having the support from family or friends to express the support needed to the company/supervisor	21	35.0%
Others	7	11.7%

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

Among the other 203 PMIs who did not express their need to their company or supervisor, 195 of them had reported the reasons. As demonstrated in Table 50, a higher proportion of them reported that it was because they were: “Afraid of being labeled and discriminated against by the company/supervisor” (n=95, 48.7%) and “Worried about how the company/supervisor thought of their mental illness and work performance” (n=90, 46.2%).

**Table 50. Reasons for Not Expressing Need for Work Support Due to Mental Illness**

	n	% out of 195
Afraid of being labeled and discriminated against by the company/supervisor	95	48.7%
Worried about how the company/supervisor thought of their mental illness and work performance	90	46.2%
Only seek support from family or friends	75	38.5%
Others	25	12.8%

Note: Multiple answers were allowed for this question. Adding all of the valid percentages reported in this item will exceed 100%.

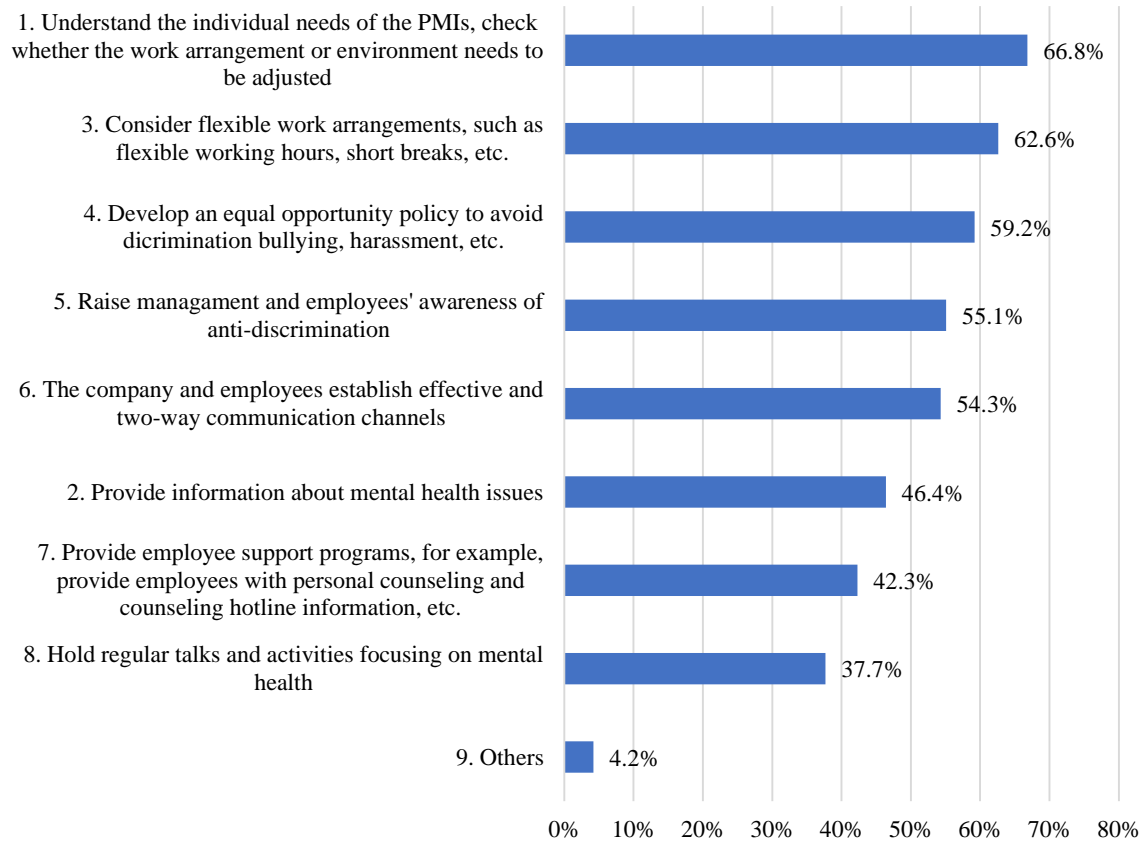
### **5.10. Desired Measures of Workplace Support and Directions for Improvement as Reported by PMIs**

The survey asked the PMIs about what support they think employers should provide at work for PMIs. Two supportive measures were agreed by both PMIs and employed persons to be most desirable, including “Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted” and “Develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.” The result is illustrated in Figure 29.

The top three supportive measures the PMIs considered that the employers should provide were:

1. “Understand the individual needs of the PMIs, check whether the work arrangement or environment needs to be adjusted.” (n=177, 66.8%);
2. “Consider flexible work arrangements, such as flexible working hours, short breaks, etc.” (n=166, 62.6%); and
3. “Develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.” (n=157, 59.2%)

**Figure 29. Percentage of PMIs thought the Supportive Measures the Employers Should Provide at Work for PMIs**



Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

The relationship between the support should be provided for PMIs and industry was examined. **The results showed that item 3 (i.e. Consider flexible work arrangements, such as flexible working hours, short breaks, etc.), item 7 (i.e. Provide employee support programs, for example, provide employees with personal counseling and counseling hotline information, etc.) and item 8 (i.e. Hold regular talks and activities focusing on mental health) were significantly different by industry, where all  $p < 0.05$ .** The results are reported in Table 51.



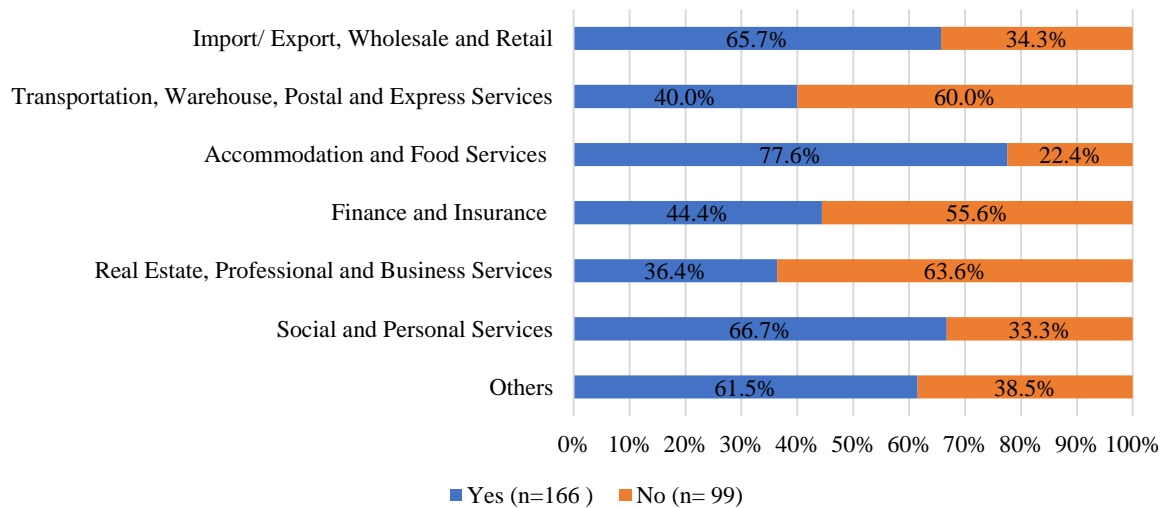
**Table 51. The Supportive Measures the PMIs thought the Employers Should Provide by Industry**

	Item																	
	1		2		3		4		5		6		7		8		9	
	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)	Y (n, %)	N (n, %)
<b>Overall</b>	177 (66.8%)	88 (33.2%)	123 (46.4%)	142 (53.6%)	166 (62.6%)	99 (37.4%)	157 (59.2%)	108 (40.8%)	146 (55.1%)	119 (44.9%)	144 (54.3%)	121 (45.7%)	112 (42.3%)	153 (57.7%)	100 (37.7%)	165 (62.3%)	11 (4.2%)	254 (95.8%)
<b>Industry</b>																		
Import/ Export, Wholesale and Retail	19 (10.7%)	16 (18.2%)	17 (13.8%)	18 (12.7%)	23 (13.9%)	12 (12.1%)	23 (14.6%)	12 (11.1%)	20 (13.7%)	15 (12.6%)	15 (10.4%)	20 (16.5%)	13 (11.6%)	22 (14.4%)	15 (15.0%)	20 (12.1%)	2 (18.2%)	33 (13.0%)
Transportation, Warehouse, Postal and Express Services	14 (7.9%)	6 (6.8%)	5 (4.1%)	15 (10.6%)	8 (4.8%)	12 (12.1%)	11 (7.0%)	9 (8.3%)	8 (5.5%)	12 (10.1%)	8 (5.6%)	12 (9.9%)	8 (7.1%)	12 (7.8%)	5 (5.0%)	15 (9.1%)	1 (9.1%)	19 (7.5%)
Accommodation and Food Services	42 (23.7%)	16 (18.2%)	29 (23.6%)	29 (20.4%)	45 (27.1%)	13 (13.1%)	36 (22.9%)	22 (20.4%)	35 (24.0%)	23 (19.3%)	38 (26.4%)	20 (16.5%)	25 (22.3%)	33 (21.6%)	23 (23.0%)	35 (21.2%)	1 (9.1%)	57 (22.4%)
Finance and Insurance	6 (3.4%)	3 (3.4%)	3 (2.4%)	6 (4.2%)	4 (2.4%)	5 (5.1%)	6 (3.8%)	3 (2.8%)	4 (2.7%)	5 (4.2%)	4 (2.8%)	5 (4.1%)	2 (1.8%)	7 (4.6%)	2 (2.0%)	7 (4.2%)	0 (0.0%)	9 (3.5%)
Real Estate, Professional and Business Services	12 (6.8%)	10 (11.4%)	6 (4.9%)	16 (11.3%)	8 (4.8%)	14 (14.1%)	8 (5.1%)	14 (13.0%)	7 (4.8%)	15 (12.6%)	8 (5.6%)	14 (11.6%)	1 (0.9%)	21 (13.7%)	2 (2.0%)	20 (12.1%)	1 (9.1%)	21 (8.3%)
Social and Personal Services	47 (26.6%)	22 (25.0%)	33 (26.8%)	36 (25.4%)	46 (27.7%)	23 (23.2%)	39 (24.8%)	30 (27.8%)	41 (28.1%)	28 (23.5%)	41 (28.5%)	28 (23.1%)	33 (29.5%)	36 (23.5%)	27 (27.0%)	42 (25.5%)	4 (36.4%)	65 (25.6%)
Others	37 (20.9%)	15 (17.0%)	30 (24.4%)	22 (15.5%)	32 (19.3%)	20 (20.2%)	34 (21.7%)	18 (16.7%)	31 (21.2%)	21 (17.6%)	30 (20.8%)	22 (18.2%)	30 (26.8%)	22 (14.4%)	26 (26.0%)	26 (15.8%)	2 (18.2%)	50 (19.7%)

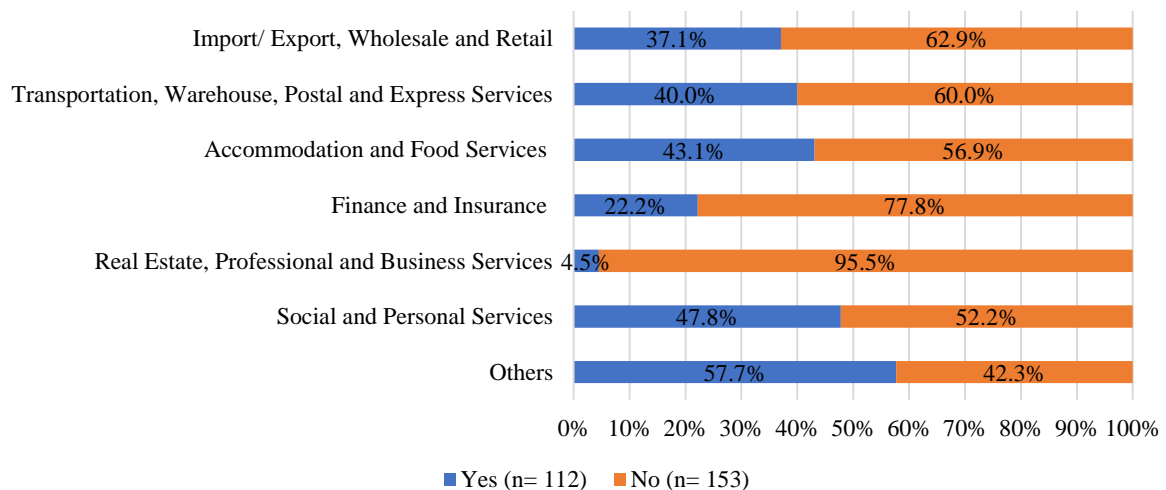
Note: Items 3, 7 and 8 were significantly related to industry ( $p < 0.05$ ). The items are shown in Figure 29. All the percentages equal to the valid percentage.

Specifically, relatively more PMIs who worked in the “Accommodation and Food Services” (n=45, 77.6%) and “Social and Personal Services” (n=46, 66.7%) industries agreed that employers should “consider flexible work arrangements, such as flexible working hours, short breaks, etc.” than other industries. More PMIs who worked in the “Social and Personal Services” industry (n=33, 47.8%) agreed that employers should “provide employee support programs, for example, provide employees with personal counseling and counseling hotline information, etc.” More PMIs who worked in the “Import/ Export, Wholesale and Retail” industry (n=15, 42.9%) agreed that employers should “hold regular talks and activities focusing on mental health”. The results are illustrated in Figures 30 to 32.

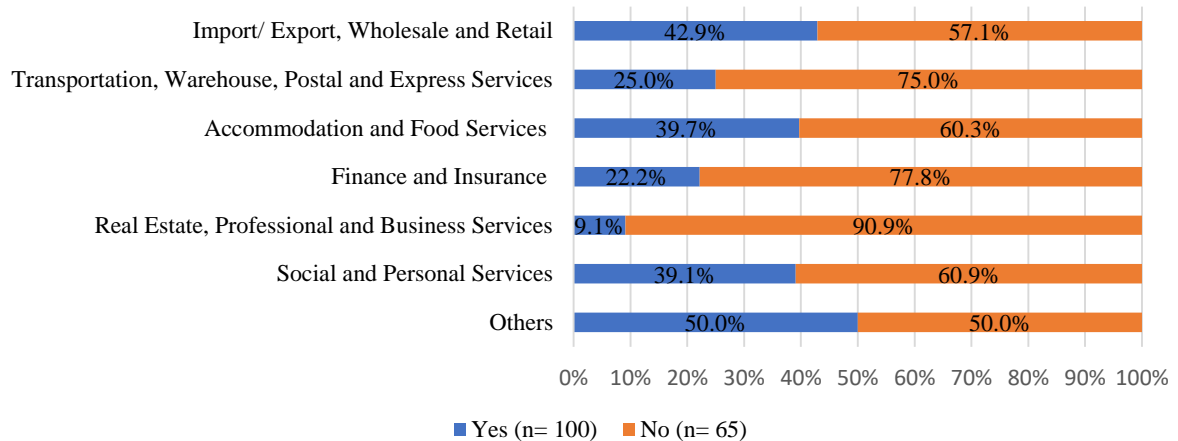
**Figure 30. Percentage of PMIs Agreed that the Employer Should Consider Flexible Work Arrangements by Industry**



**Figure 31. Percentage of PMIs Agreed that the Employer Should Provide Employee Support Programs, for Example, Provide Employees with Personal Counseling and Counseling Hotline Information, etc. by Industry**



**Figure 32. Percentage of PMIs Agreed that the Employer Should Hold Regular Talks and Activities Focusing on Mental Health by Industry**

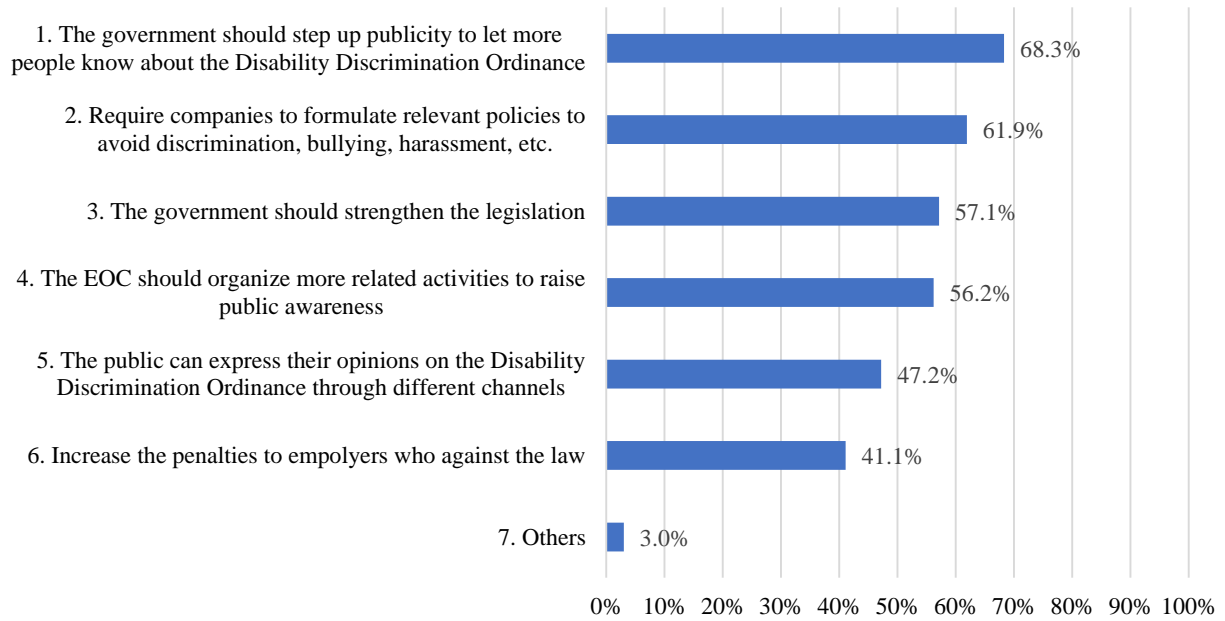


For improvement directions for reducing workplace stigmatization and discrimination towards PMIs, the top three actions supported by PMIs were:

1. “The Government should step up publicity to let more people know about the Disability Discrimination.” (n=181, 68.3%);
2. “Require companies to formulate relevant policies to avoid discrimination, bullying, harassment, etc.” (n=164, 61.9%); and
3. “The Government should strengthen the legislation.” (n=137, 57.1%);

The top two actions were agreed by both PMIs and employed persons to be important improvement directions for reducing workplace stigmatization and discrimination towards PMIs. Figure 33 shows the percentage of agreement to the improvement directions.

**Figure 33. Percentage of PMIs Agreed with the Improvement Directions for Reducing Workplace Stigmatization and Discrimination towards PMIs**



Note: The number of each statement refers to the item number of the scale shown in the questionnaire.

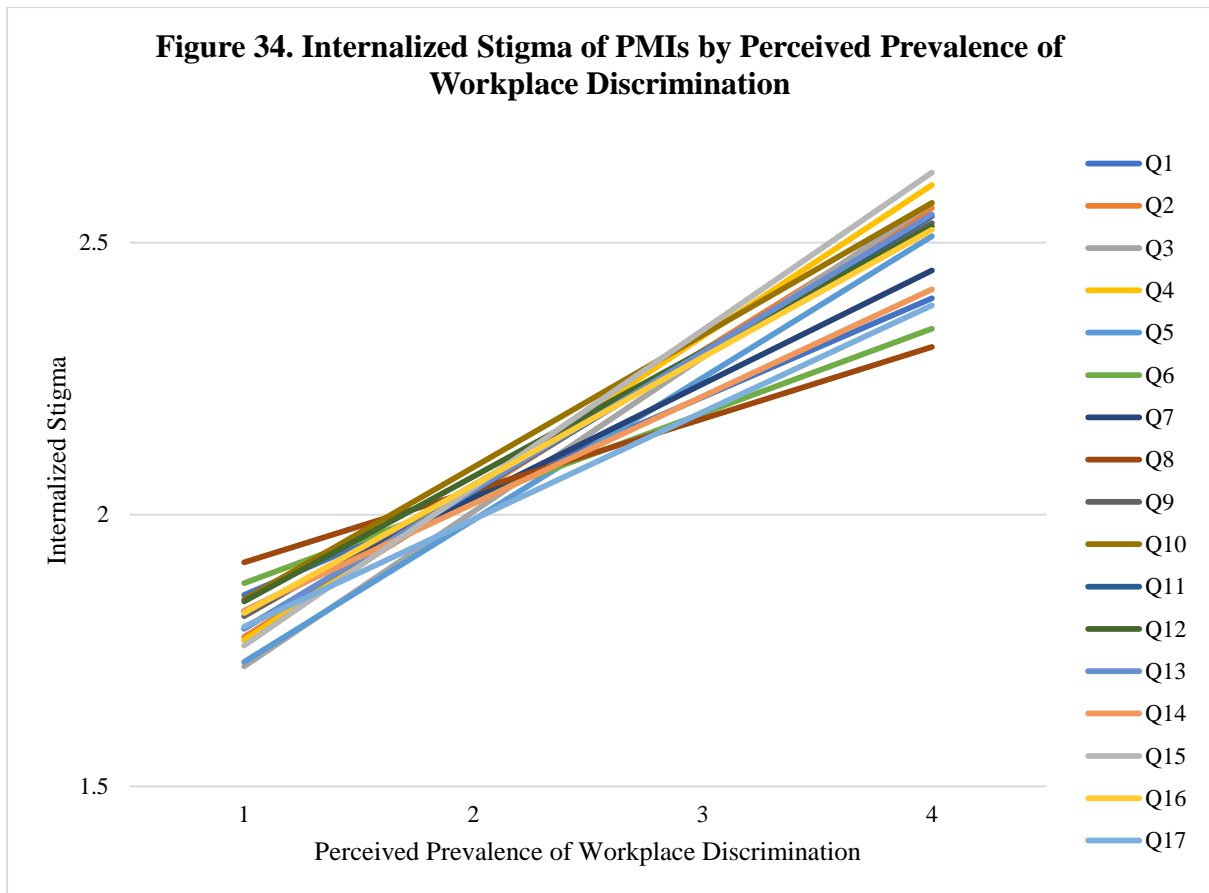
The results showed that there were no significant relationships between improvement directions and industry, company size, diagnosed mental illness and state of mental illness, where all  $p > 0.05$ . It suggests that PMIs with different working background and mental illness history did not have different opinions about the improvement directions for providing a better working environment for PMIs.

### 5.11. Perceived Prevalence of Workplace Discrimination and Correlates

A total of 17 PMIs workplace discrimination situations were measured in the questionnaire for PMIs. The working PMIs (N=141) had responded based on their personal experiences/observation in their workplace. The highest score of the prevalence of workplace discrimination for each item is 4, where a higher score indicates higher prevalence. We examined relationships between 17 discrimination situations and PMIs' psychological well-being, recovery-related variables, and stigmatization-related variables. The results showed that some of the discrimination experiences/observations were significantly related to the recovery and stigmatization-related variables. However, there were no significant relationships between perceived prevalence of workplace discrimination and psychological well-being, where  $p > 0.05$ . The psychological well-being of PMIs was measured by the 15-item PERMA Profiler, which encompasses positive emotion, engagement, relationships, meaning, and accomplishments. It ranges from 0 (Never) to 10 (Always) and the Cronbach's alpha was 0.94 which indicates that the PERMA scale is highly reliable in this study. Sample items include "In general, how often do you feel joyful" and "To what extent do you feel loved". This finding

suggests that workplace discrimination was not associated with PMIs' psychological well-being.

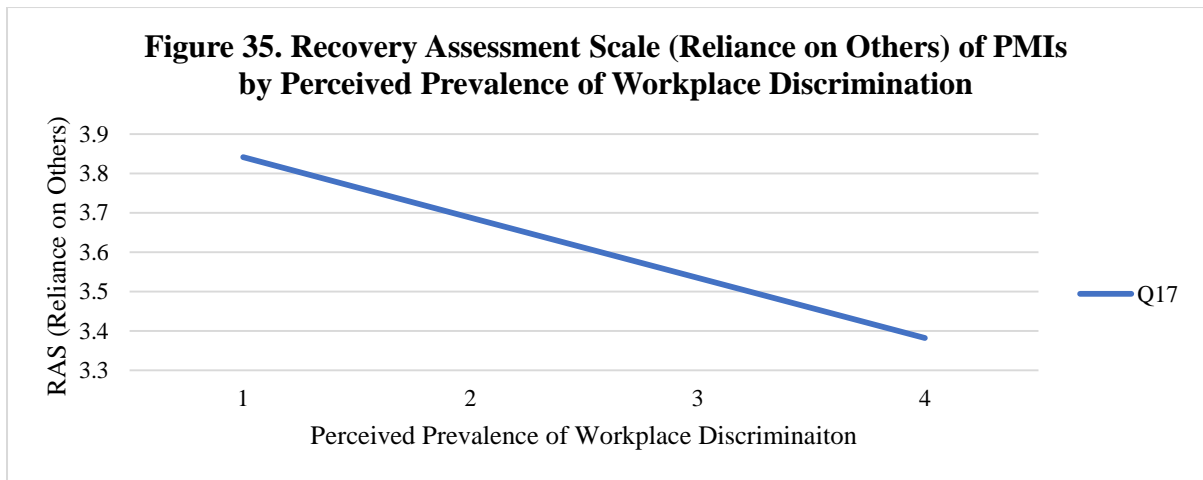
For the stigmatization variables, PMIs' internalized stigma was measured in the study. The level of self-stigma of the participants were measured by a 10-item Internalized Stigma of Mental Illness (ISMI) which scores from 1 (strongly disagree) to 4 (strongly agree). The Cronbach's alpha of this scale was 0.77. It indicates that the level of reliability of ISMI scale is acceptable in this study. Sample items include "I can have a good, fulfilling life, despite my mental illness." and "People ignore me or take me less seriously just because I have a mental illness." The results showed that internalized stigma was significantly associated with perceived prevalence of workplace discrimination. **As shown in Figure 34, the higher the perceived prevalence of all 17 discrimination situations, including 1) difficulties in applying for leave due to mental illness (Q1), 2) being fired because of mental illness (Q2), 3) forced to resign because of mental illness (Q3), 4) forced to retire because of mental illness (Q4), 5) being disturbed, tortured, looking for trouble, ridiculed, mocked, or intimidated because of mental illness (Q5), 6) lower salary than others because of mental illness (Q6), 7) fewer welfare benefits than others because of mental illness (Q7), 8) fewer chance for promotion than others because of mental illness (Q8), 9) fewer training opportunities than others because of mental illness (Q9), 10) disciplined by the employer because of mental illness (Q10), 11) being asked to leave job temporarily because of mental illness (Q11), 12) suspended from work because of mental illness (Q12), 13) refused to reinstate because of mental illness (Q13), 14) assigned a job assignment, work location or shifts arrangement that is worse than others because of mental illness (Q14), 15) failure to get labour organizations (such as trade unions) to do their best to handle complaints or disputes because of mental illness (Q15), 16) unable to get the due rights, including salary, work insurance or retirement protection because of mental illness (Q16), and 17) not hired because of mental illness (Q17), the higher the internalized stigma, where all  $p < 0.01$ .** Specifically, perceived workplace discrimination was positively associated with internalized stigma. PMIs who worked in an environment where discrimination runs rampant were more likely to have stigmatized views about their own mental illness.



Notes: Prevalence of workplace discrimination scale ranges from 1 (totally not prevalent) to 4 (very prevalent); Internalized Stigma of Mental Illness scale ranges from 1 (strongly disagree) to 4 (strongly agree).

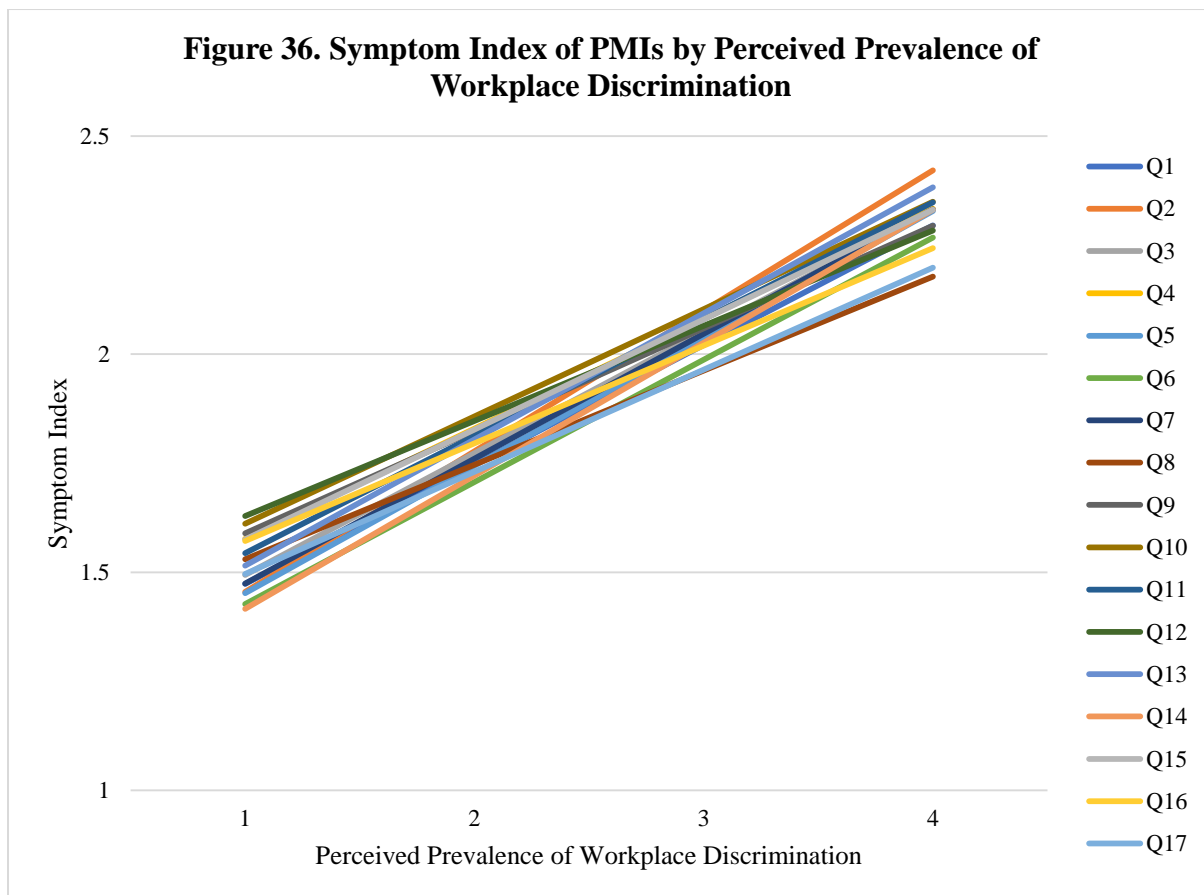
The Recovery Assessment Scale, the Modified Colorado Symptoms Index, and the Specific Level of Functioning scale were adopted to measure the recovery-related variables.

The 12-item Recovery Assessment Scale (RAS) aims to measure the PMIs’ positive perception of recovery which includes the subcategories of a) personal confidence and hope, b) no domination by symptoms, c) willingness to ask for help and d) reliance on others. The scale scores from 1 (strongly disagree) to 5 (strongly agree). Sample items of each category include “a) I am hopeful about my future.”, “b) Coping with mental illness is no longer the main focus of my life”, “c) I am willing to ask for help” and “d) I have people I can count on”. The Cronbach’s alpha of this scale was 0.90 which indicates that the RAS is highly reliable in this study. Only subcategory d) reliance on others was significantly associated with the workplace discrimination of not hired because of mental illness, where  $p < 0.05$ . **As shown in Figure 35, the higher the perceived prevalence of workplace discrimination of not hired because of mental illness, the lower the RAS of the subcategory d) reliance on others.** Specifically, perceived discrimination in the hiring process was negatively associated with reliance on others. PMIs who perceived that discrimination is common for them in job applications were less likely to believe that they can seek assistance from others.



Notes: Prevalence of workplace discrimination scale ranges from 1 (totally not prevalent) to 4 (very prevalent); Recovery Assessment Scale (reliance on others) ranges from 1 (strongly disagree) to 5 (strongly agree); Q17= Not hired because of mental illness.

The 14-item Modified Colorado Symptom Index (MCSI) was used to measure the levels of symptom remission of the PMIs which scored from 1 (Never) to 5 (Everyday). The higher the score indicates the greater the emotional distress. Sample items include “How often have you felt depressed?” and “How often did you feel out of place or like you did not fit in?”. The Cronbach’s alpha of the scale was 0.91 which indicates that the symptom index scale is highly reliable in this study. **As shown in Figure 36, all 17 perceived workplace discrimination situations were significantly associated with the symptom index of PMIs, where all  $p < 0.01$ . The higher the perceived prevalence of discrimination situations, including 1) difficulties in applying for leave due to mental illness (Q1), 2) being fired because of mental illness (Q2), 3) forced to resign because of mental illness (Q3), 4) forced to retire because of mental illness (Q4), 5) being disturbed, tortured, looking for trouble, ridiculed, mocked, or intimidated because of mental illness (Q5), 6) lower salary than others because of mental illness (Q6), 7) fewer welfare benefits than others because of mental illness (Q7), 8) fewer chance for promotion than others because of mental illness (Q8), 9) fewer training opportunities than others because of mental illness (Q9), 10) disciplined by the employer than others because of mental illness (Q10), 11) being asked to leave job temporarily because of mental illness (Q11), 12) suspended from work because of mental illness (Q12), 13) refused to reinstate because of mental illness (Q13), 14) assigned a job assignment, work location or shifts arrangement that is worse than others because of mental illness (Q14), 15) failure to get labour organizations (such as trade unions) to do their best to handle complaints or disputes because of mental illness (Q15), 16) unable to get the due rights including salary, work insurance or retirement protection because of mental illness (Q16), and 17) not hired because of mental illness (Q17), the higher the level of emotional distress.** Specifically, perceived workplace discrimination was positively associated with emotional distress. PMIs who worked in an environment where discrimination runs rampant were more likely to experience symptoms of emotional distress.

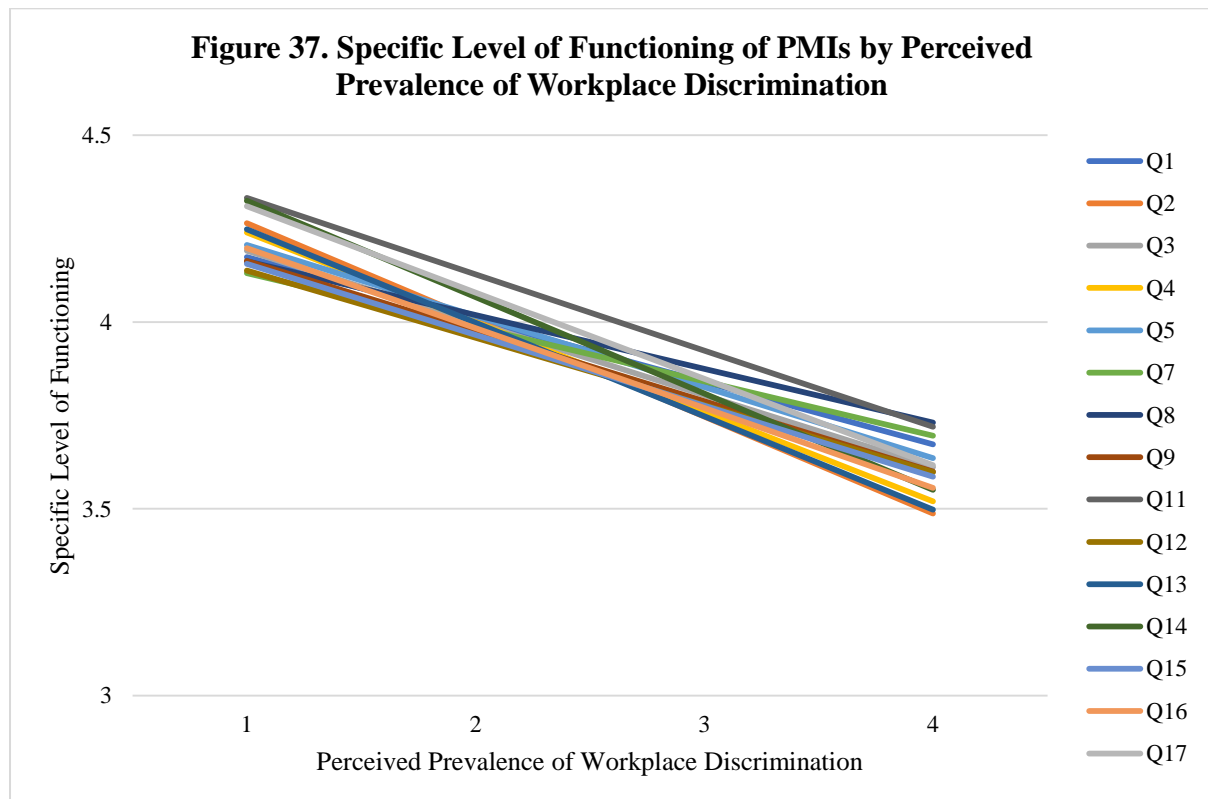


Notes: Prevalence of workplace discrimination scale ranges from 1 (totally not prevalent) to 4 (very prevalent); Modified Colorado Symptom Index ranges from 1 (never) to 5 (everyday).

The 13-item Specific Level of Functioning scale (SLOF), including the components of social and occupational functioning, was adopted to measure the levels of functional restoration of the PMIs. The scale ranges from 1 (not match at all) to 5 (fully matched). A higher score indicates a higher level of functioning. Sample items include “Possess employable skills” and “Forms and maintains friendships”. The Cronbach’s alpha of the scale was 0.93 which indicates that the functioning scale is highly reliable in this study. **As shown in Figure 37, 15 of the 17 measured discrimination situations were significantly associated with the functioning level of the PMIs, where  $p < 0.05$ . The higher the perceived prevalence of the 15 discrimination situations, including 1) difficulties in applying for leave due to mental illness (Q1), 2) being fired due to mental illness (Q2), 3) forced to resign due to mental illness (Q3), 4) forced to retire due to mental illness (Q4), 5) being disturbed, tortured, looking for trouble, ridiculed, mocked, or intimidated due to mental illness (Q5), 6) fewer welfare benefits than others due to mental illness (Q7), 7) fewer chance for promotion than others due to mental illness (Q8), 8) fewer training opportunities than others due to mental illness (Q9), 9) being asked to leave job temporarily due to mental illness (Q11), 10) suspended from work due to mental illness (Q12), 11) refused to reinstate due to mental illness (Q13), 12) assigned a job assignment, work location or shifts arrangement that is worse than others due to mental illness (Q14), 13) failure to get labour organizations (such as trade unions) to do their best to handle complaints or disputes**



because of mental illness (Q15), 14) unable to get the due rights including salary, work insurance or retirement protection because of mental illness (Q16), and 15) not hired because of mental illness (Q17), the lower the level of social and occupational functioning. Specifically, perceived workplace discrimination was negatively associated with PMIs’ social and occupational functioning. PMIs who worked in an environment where discrimination runs rampant were more likely to function poorly at work and in their social life.



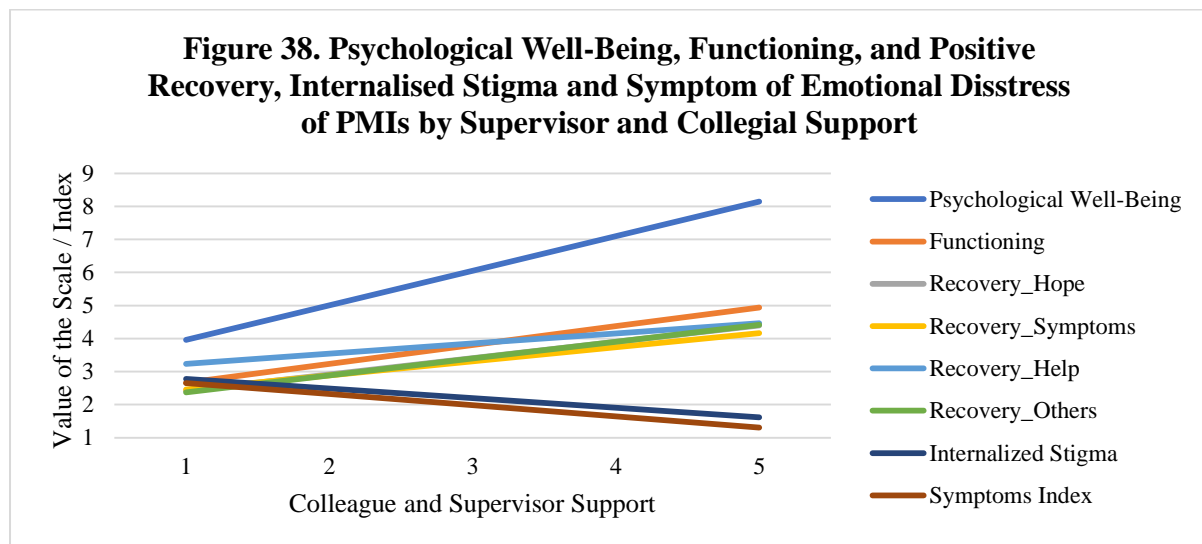
Notes: Prevalence of workplace discrimination scale ranges from 1 (totally not prevalent) to 4 (very prevalent); Specific Level of Functioning scale ranges from 1 (Not match at all) to 5 (Fully matched).

### 5.12. Supervisor and Collegial Support and Correlates

The 4-item QPS Nordic questionnaire was used to measure the psychological and social support that the working PMIs (N=141) received from their supervisor and colleagues at work. The scale ranges from 1 (never) to 5 (always) and the Cronbach’s alpha was 0.68 which indicates that the level of reliability of the QPS Nordic questionnaire is acceptable. A higher score indicates a higher level of support. Sample questions include “If needed, can you get support and help with your work from your co-workers/supervisor?” and “Are your work achievements appreciated by your co-workers/supervisor?”. We examined the relationships between perceived support and PMIs’ psychological well-being, recovery-related variables, and stigmatization-related variables. For the details of these scales, please refer to section 5.11.

As shown in Figure 38, the more support that PMIs received from their supervisor and colleagues, the higher the level of psychological well-being, social and occupational functioning, and positive recovery, where all  $p < 0.01$ . Additionally, the more support that PMIs received from their supervisor and colleagues, the lower the level of emotional

**distress symptoms and internalized stigma, where all  $p < 0.01$ .** Specifically, supervisor and collegial support was positively associated with PMIs' psychological well-being, social and occupational functioning, and positive recovery, and negatively associated with PMIs' emotional distress and internalized stigma. PMIs who received more support from their supervisor and colleagues were more likely to experience better psychological well-being, function well at work and in social life, and recover from their mental illness, as well as less likely to experience symptoms of emotional distress and have stigmatized views about their own mental illness.



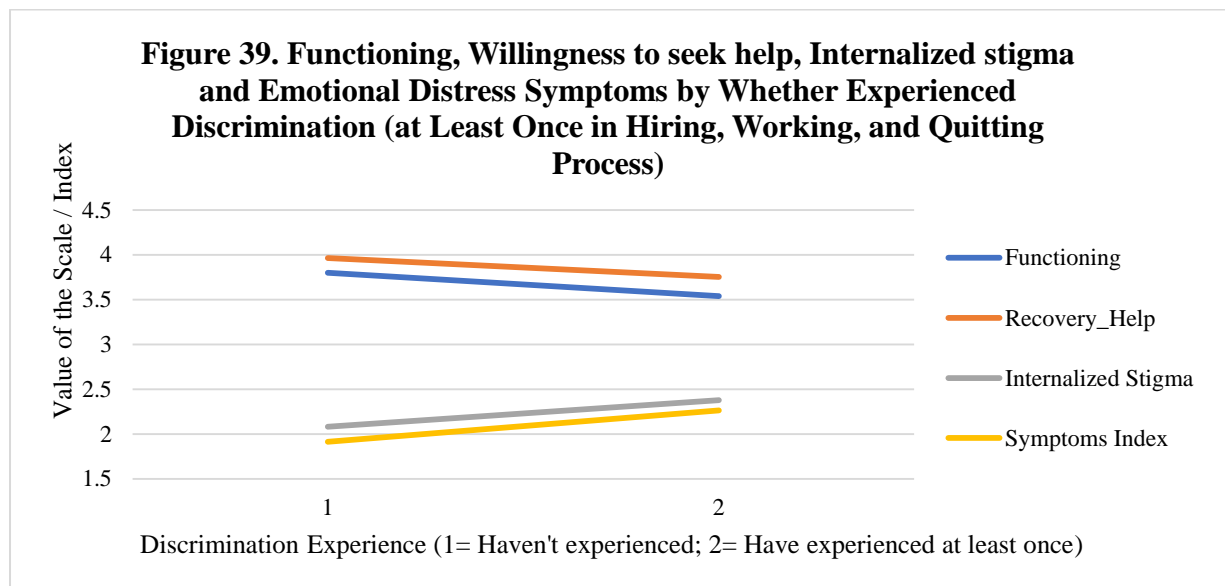
Notes: QPS Nordic questionnaire ranges from 1 (never) to 5 (always); PERMA Profiler ranges from 0 (never) to 10 (always); Specific Level of Functioning scale ranges from 1 (not match at all) to 5 (fully matched); Recovery Assessment Scale ranges from 1 (strongly disagree) to 5 (strongly agree); Internalized Stigma of Mental Illness scale ranges from 1 (strongly disagree) to 4 (strongly agree); Modified Colorado Symptom Index ranges from 1 (never) to 5 (everyday).

### 5.13. PMIs' Discrimination Experience and Correlates

We examined the relationships between PMIs' work-related discrimination experience during the hiring, quitting, and working processes and their psychological well-being, recovery-related variables, and stigmatization-related variables. The results showed that discrimination experiences were significantly related to some of the stigmatization and recovery-related variables. However, there were no significant relationships between discrimination experiences and psychological well-being, where  $p > 0.05$ . This finding suggests that PMIs' discrimination experiences were not associated with their psychological well-being. For the details of these scales, please refer to section 5.11.

**As shown in Figure 39, PMIs who had experienced workplace discrimination at least once in the hiring, working, and quitting process had reported a lower level of social and occupational functioning and lower level of willingness to seek help, and reported more internalized stigma and emotional distress symptoms, where all  $p < 0.05$ .** Specifically, experiences of workplace discrimination were negatively associated with PMIs' social and occupational functioning and reliance on others, and positively associated with PMIs' internalized stigma and emotional distress. PMIs who experienced workplace discrimination

in the past five years were more likely to function poorly at work and in their social life, and less likely to seek help when needed. Moreover, they were more likely to experience symptoms of emotional distress and have stigmatized views about their own mental illness.



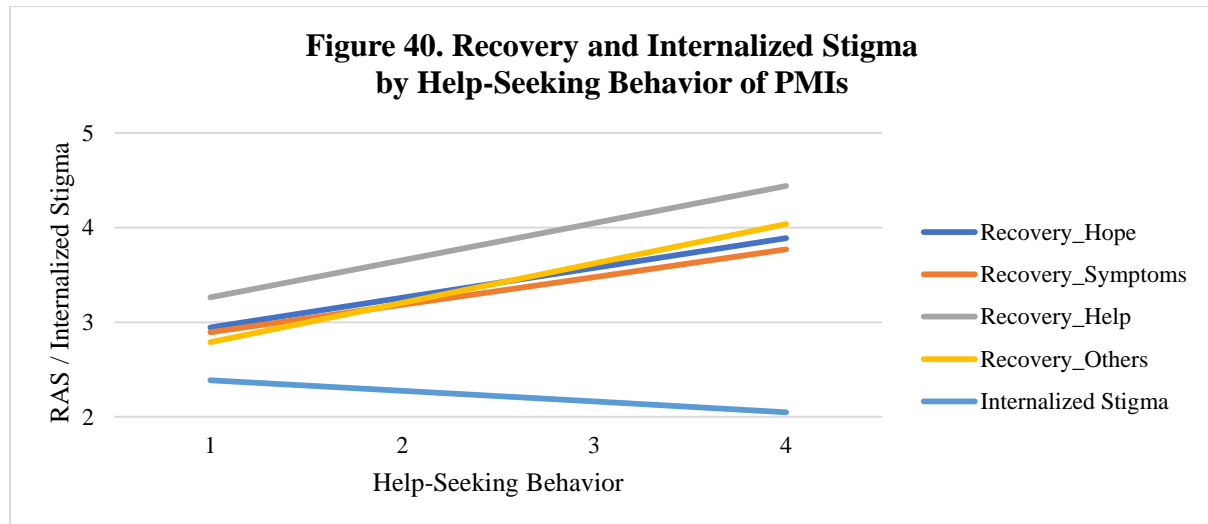
Notes: Specific Level of Functioning scale ranges from 1 (not match at all) to 5 (fully matched); Recovery Assessment Scale (help) ranges from 1 (strongly disagree) to 5 (strongly agree); Internalized Stigma of Mental Illness scale ranges from 1 (strongly disagree) to 4 (strongly agree); Modified Colorado Symptom Index ranges from 1 (never) to 5 (everyday).

#### 5.14. Help-Seeking Behavior and Correlates

By measuring the help-seeking behavior of PMIs, their willingness to seek help was investigated. The 16-item help-seeking behavior scale ranges from 1 (Not prevalent at all) to 4 (Very prevalent) and the Cronbach alpha was 0.88 which indicates that the help-seeking behavior scale is highly reliable in this study. PMIs were being asked how often they would seek help from parents, professionals or organizations such as psychiatrists, social workers, social organizations or institutions, etc. We examined the relationships between PMIs’ help-seeking behavior and their psychological well-being, recovery-related variables, and stigmatization-related variables. The results showed that help-seeking behavior was significantly related to some of the stigmatization and recovery-related variables. However, there were no significant relationships between help-seeking behavior, psychological well-being, social and occupational functioning, and emotional distress symptoms, where  $p > 0.05$ . This finding suggests that PMIs’ help-seeking behavior was not associated with their psychological well-being, social and occupational functioning, and emotional distress. For the details of these scales, please refer to section 5.11.

**As shown in Figure 40, the more often PMIs engaged in help-seeking behaviors, the better the recovery and the lower the level of internalized stigma, where all  $p < 0.01$ .** Specifically, help-seeking behavior was positively associated with PMIs’ positive recovery and negatively associated with their internalized stigma. PMIs who engaged in more help-seeking behaviors

were more likely to recover from their mental illness, and less likely to have stigmatized views about their own mental illness.



Notes: Help-seeking behavior scale ranged from 1 (not prevalent at all) to 4 (very prevalent); Recovery Assessment Scale ranged from 1 (strongly disagree) to 5 (strongly agree); Internalized Stigma of Mental Illness scale ranged from 1 (strongly disagree) to 4 (strongly agree).

### 5.15. Conclusions from the Survey Results of PMIs

In summary, section 5 captured PMIs’ knowledge of discrimination, perceived prevalence of the discrimination situation, experiences of mental illness discrimination, difficulties in leave application, help-seeking behavior, mental health support in the workplace, and suggestions for redressing the discrimination of PMIs in the workplace. The associations between workplace discrimination and PMIs’ psychological well-being, recovery-related variables, and stigmatization-related variables were also examined. Major findings in section 5 are discussed and elaborated in this section.

The majority of the PMIs were aware of disability discrimination and Disability Discrimination Ordinance (DDO) in Hong Kong. The prevalence of disability discrimination was considered to be high. The most experienced/observed workplace discrimination against PMIs included having fewer opportunities to promote, not getting hired because of mental illness, and getting a lower salary than others because of mental illness. These findings were largely consistent with those reported by the employed persons, suggesting that the general public, regardless of their mental health status, generally agreed that workplace discrimination against PMIs is an issue of concern in Hong Kong.

The PMIs’ experiences during hiring, quitting, and while at work were further examined. Close to half of the PMIs reported that they experienced discrimination at least once during the three processes, with more of them experienced discrimination during hiring than the other two processes. In particular, there were significant differences in PMIs’ experience during the hiring process depending on whether or not they had a relapse of mental illness. Those who had a relapse of mental illness were more likely to experience mental illness discrimination

when applying for jobs. Their discrimination experience included being given poor employment conditions because of mental illness record, not hired due to disclosure of mental illness record during the interview, and not get an interview opportunity/not notified of an interview because of mental illness record. This suggests that discrimination of PMIs is still rampant in the workplace, whereby employers may make hiring and employment decisions based on the applicants' severity of mental illness symptoms. Mental rehabilitation services should therefore be strengthened to assist PMIs in returning to an optimal level of functioning to maximize their employability. Moreover, more work needs to be done by policymakers, employers, and industry stakeholders to ensure a discrimination-free work environment in Hong Kong. This is especially important for PMIs as their recovery process is implicated by discrimination experiences that make their restoration to normal life even more difficult (Mann & Himelein, 2004; Tam et al., 2003).

Almost one third of the PMIs had experienced discrimination in the quitting process. This means that PMIs quit their job because they were given inferior treatment or had involuntarily changed their employment conditions, assigned to a lower occupation or reduced their work responsibilities, or were fired directly because of their mental illness condition. Majority of them chose not to take action because they felt that it is unnecessary or because they worried that it would further affect their employability. This suggests that many changes are still needed to improve the discrimination situation against PMIs in Hong Kong. This includes, for example, educating PMIs that it is not acceptable for them to be discriminated at work, and that they should protect themselves from discrimination by filing complaints to EOC. Moreover, DDO should be further enforced and be made known to employers about PMIs' rights under the ordinance. All stakeholders need to be involved in order to create a safe working environment for PMIs in Hong Kong.

Almost one third of the PMIs had experienced discrimination while at work. Similar to the hiring process, there were significant differences in PMIs' experience at work depending on whether or not they had a relapse of mental illness. Those who had a relapse of mental illness were more likely to experience mental illness discrimination while working. Their discrimination experience included getting less salary in the same occupation compared with others, having reduced work responsibilities, and losing the opportunity to get promoted. This suggests that discrimination of PMIs is still rampant in the workplace, whereby employers may alter the work arrangements and human resource decisions based on the employees' severity of mental illness symptoms. Similar to the quitting process, majority of them chose not to take action because they felt that it is unnecessary, worried that it would affect their employability, or afraid that the employer would retaliate. To further strengthen the implementation of DDO in Hong Kong, it is suggested that employers should be asked to sign a discrimination-free workplace declaration, employees should be protected against retaliation or negative consequences from discrimination complaints, and DDO should be strictly enforced to prevent unlawful acts of discrimination against PMIs.

A notable observation from the PMIs' discrimination experience in the quitting, hiring, and working processes is that mental illness discrimination is most common in the

“Accommodation and Food Services” industry. This finding is consistent with the employed persons from this industry who reported a higher level of stigma and preference for social distance than other industries. It indicates that workplace discrimination against PMIs is of major concern in “Accommodation and Food Services”. Policymakers, EOC, and employers of the “Accommodation and Food Services” industry should work together to enforce discrimination-free employment practices. Specific guidelines and recommendations should be formulated, and promotional materials should be distributed to the industry stakeholders.

Around one fifth of the PMIs encountered difficulties when applying for leave for seeking mental illness advice and treatment. For those who encountered difficulties, around half of them had disclosed their reason for taking leave to their supervisors or colleagues. The major difficulties encountered were leaves applied for on the same day or in a short notice not being approved by the supervisor or colleagues being dissatisfied about the leave application. Although not as prevalent as other forms of discrimination, this finding implies that PMIs are at risk of discrimination when they request for leave for medical consultation. This stigmatization of employees with mental health concerns causes negative implications for their recovery process. In particular, some PMIs had delayed or were not willing to get medical treatment or follow-up consultation. The major reason was that they worried about being known by other workers in the company and that the company will have stigmatized views about them. This is especially the case for unemployed PMIs who feared that medical treatment could impact their employability. Therefore, stigmatization in the workplace affects the diagnosis, early treatment, and recovery of mental illness. Mental health awareness promotion activities should be implemented at a city-wide level to increase people’s knowledge about mental illness, reduce stigmatization towards PMIs, and highlight the importance of early diagnosis and treatment.

Similar to the reports of employed persons, a larger proportion of those who worked in the “Social and Personal Services” had reported mental health support provided by their company compared to other industries, especially “Accommodation and Food Services”. This highlights the tremendous effort that the “Social and Personal Services” industry has made to create a supportive and discrimination-free work environment for PMIs. This was further indicated by the willingness of PMIs in this industry to express their needs to the company because they perceived a positive work culture. Therefore, it is suggested that mental rehabilitation service providers and other mental health organizations and charities should work closely with the “Social and Personal Services” industry to provide job opportunities to PMIs.

Nevertheless, it is generally rare for companies to provide mental health support to PMIs even though majority of the PMIs felt that it is necessary for their employer to provide such support. Employers across industries are therefore recommended to formulate employee-oriented strategies to promote well-being and allocate more resources to implement effective mental health support measures. Leaders and policymakers should pay close attention and offer sufficient support to PMIs as needed.

Consistent with the employed persons, PMIs generally agreed that employers should make efforts to understand the needs of PMIs and develop an equal opportunity policy to prevent stigmatization and discrimination in the workplace. Moreover, they wanted the employers to consider providing flexible work arrangements, such as flexible working hours and short breaks, which could help with their recovery and enable them to seek medical consultation and treatment as needed. The needs of specific industries should also be considered because PMIs may have different needs depending on the job nature. For improvement directions, PMIs agreed with the employed persons that the government should publicize more about DDO and make it mandatory for employers to formulate equal opportunities policies. Moreover, the PMIs expressed that the government should strengthen the legislation to protect them from unlawful discrimination acts in the workplace. The findings suggest that PMIs generally believed that employers, the government, and EOC are the key stakeholders for creating a discrimination-free work environment in Hong Kong.

The significant associations between workplace discrimination and PMIs' recovery-related and stigmatization-related variables suggest that the highly prevalent problem of workplace discrimination in Hong Kong should not be ignored. In particular, this study found that workplace discrimination, whether experienced or observed, was related to PMIs' stigmatized views about their own mental illness, their recovery process, recurrence and persistence of emotional distress symptoms, and their level of functioning in daily life. Support from supervisor and colleagues was related to better psychological well-being, occupational and social functioning, and recovery from mental illness, as well as reduced internalized stigma and emotional distress symptoms. Although these findings were correlational and do not imply causal relations, a positive and discrimination-free work culture should be established to encourage help-seeking behaviors among PMIs. This would facilitate their recovery and maximize their functioning in and outside of work.

For example, Cameron and colleagues (2011) suggest organizations to create a virtuous work environment by fostering dignity and respect, support, caring, meaning, inspiration, and forgiveness among employees to enhance productivity and organizational competitiveness, and establish a positive organizational image. The intergroup contact hypothesis (Allport, 1954) suggests that interaction between members of different groups (e.g., people with and without mental illness) would facilitate stigmatization and discrimination reduction given that: 1) the members of contact have equal status (e.g., equal employment opportunities); 2) the members work in a cooperative environment (e.g., different tasks assigned to different employees based on their skills and abilities); and 3) the members receive norms of acceptance and guidelines on how group members should treat each other (e.g., anti-discrimination policy implemented in the workplace). These conditions facilitate positive social interactions between the public and stigmatized groups and create dissonance for individuals who hold negative attitudes (e.g., that PMIs are difficult to work with). Research showed that general exposure to stigmatized groups can improve public attitudes toward them more favorably.

## 6. IN-DEPTH INTERVIEWS WITH EMPLOYERS AND SUPERVISORS

### 6.1. Socio-demographic Characteristics of the Interviewees

A total of 50 employers and supervisors participated in the in-depth interviews. Socio-demographic characteristics of the interviewees are presented in Table 52. In this study, 28 of the interviewees were female (56%) and 22 of them were male (44%). Most of the interviewees were aged between 35-44 (34%), with an education level of tertiary (degree) or above (92%), working in the social and personal services industry (22%), in the position of manager or department head (78%) and with personal income ranged from HK\$30,000 to HK\$49,999 (44.9%). Many of them were working in a large company with 300 persons or above (42%) and were managing less than 10 persons (56%). A total of 14 respondents (28%) had experience of hiring or working with PMIs or recovered persons. The specific socio-demographic characteristics of each interviewee is listed in Appendix 3 (their identity is kept anonymous).

**Table 52. Socio-demographic Characteristics of the Interviewees (N=50)**

	n	%
<b><i>Sex</i></b>		
Male	22	44.0
Female	28	56.0
<b><i>Age</i></b>		
25-34	13	26.0
35-44	17	34.0
45-54	10	20.0
55-64	10	20.0
<b><i>Education Level</i></b>		
Tertiary (Non-Degree)	4	8.0
Tertiary (Degree or above)	46	92.0
<b><i>Industry</i></b>		
Government Department	2	4.0
Construction	3	6.0
Import/ Export, Wholesale and Retail	9	18.0
Transportation, Warehouse, Postal and Express Services	4	8.0
Accommodation and Food Services	3	6.0
Information and Communications	3	6.0
Finance and Insurance	3	6.0
Real Estate, Professional and Business Services	6	12.0
Social and Personal Services	11	22.0
Education	3	6.0
Others	3	6.0
<b><i>Management Position</i></b>		
Employer/ Director	5	10.0
Manager/ Department Head	39	78.0
Others	6	12.0



**Table 52. (cont'd)**

<b><i>Company Size</i></b>		
Small (Less than 50 persons)	17	34.0
Medium (50-299 persons)	12	24.0
Large (300 persons or above)	21	42.0
<b><i>Number of Subordinates</i></b>		
Less than 10 persons	28	56.0
10-49 persons	12	24.0
50-99 persons	4	8.0
100-299 persons	5	10.0
500 persons or above	1	2.0
<b><i>Years of Experience in Current Post</i></b>		
Less than 5 years	24	48.0
5-10 years	12	24.0
10-15 years	6	12.0
15 years or above	8	16.0
<b><i>Personal Monthly Income (HK\$)</i></b>		
10,000-29,999	8	16.3
30,000-49,999	22	44.9
50,000-69,999	8	16.3
70,000-89,999	7	14.3
90,000 or above	4	8.2
<b><i>Full-/ Part-time</i></b>		
Full-time	50	100.0
<b><i>Mode of Employment</i></b>		
Long-term employment	43	86.0
Contract	7	14.0
<b><i>Hired or Worked with PMIs/Recovered Persons</i></b>		
Yes	14	28.0
No	36	72.0

Note: All the percentages equal to the valid percentage.

## 6.2. Experience in Hiring or Working with PMIs/Recovered Persons

Among the 14 interviewees who had experience of hiring or working with PMIs or recovered persons, they were asked about the job position of the PMIs or recovered persons. The most common position was “clerical support workers” (50%). The results are shown in Table 53.

**Table 53. Occupation of the PMIs/Recovered Persons**

	n	%
Clerical Support Workers	<b>7</b>	<b>50.0</b>
Associate Professionals	4	28.6
Elementary Occupations	3	21.4
Service and Sales Workers	2	14.3
Managers and Management Staff	1	7.1
Professionals	1	7.1
Teacher	1	7.1

Notes: All the percentages equal to the valid percentage; Multiple answers were allowed for this question.

### **6.3. Findings from In-depth Interviews**

Each of the in-depth interviews included a total of five parts. In the first part, interviewees were asked about their general job duties and perceptions of PMIs. Sample questions include “Based on what you know, do you think stigmatization and discrimination of PMIs are common in the workplace?” and “Based on the actual situation, do you think it is feasible to hire PMIs or recovered persons in your current company?”. The second part is about interviewees’ personal experience in hiring PMIs or recovered persons. A sample question is “In terms of hiring PMIs or persons with other types of disabilities, does your current company provide clear guidelines or support to employees?”. The third part is about interviewees’ personal experience in working with PMIs or recovered persons. Sample questions include, “Has the company provided special work arrangements for employees who were diagnosed with or suspected of having a mental illness?” and “Did you encounter any obstacles in the implementation process?”. In the fourth part, interviewees were asked about the handling of discrimination-related complaints. A sample question is “How will your company handle discrimination-related complaints from an employee or a job seeker who is mentally ill?”. The fifth part is about obstacles, difficulties and recommendations. Sample questions include “How can your company create a discrimination-free working environment for PMIs or recovered persons?” and “In your opinion, are there any difficulties in the process of providing equal employment opportunities for PMIs and recovered persons?”. The interview guide can be found in Appendix 4.

To provide a comprehensive understanding of stigmatization and discrimination of PMIs in Hong Kong workplaces, findings from the in-depth interviews will be categorized under five main themes: (1) “awareness of mental health-related issues and knowledge of discrimination of PMIs”, (2) “attitudes on hiring and working with PMIs”, (3) “policies for hiring and managing PMIs in the workplace”, (4) “policies for handling discrimination-related complaints”, and (5) “suggestions for creating a discrimination-free working environment”.

#### **Awareness of Mental Health-Related Issues and Knowledge of Discrimination of PMIs**

Interviewees were asked whether they have observed persons with mental health-related issues in their workplace. Many of the employers and supervisors reported that PMIs are not common in their workplaces, including but not limited to those from import/export, wholesale and retail, accommodation and food services, transportation and warehouse, and finance and insurance. However, this may not reflect the level of prevalence of mental health issues in Hong Kong because most people are not knowledgeable about the types of mental illnesses and their symptoms. Consistent with the survey finding that PMIs are reluctant to disclose their mental illness to people at work, on the one hand, some employers and supervisors expressed that they are not aware of their employees’ mental health status.

In our current company, I am not sure about the background of individual colleagues, but I did not notice anyone with mental illness that needed additional support at work. (No. 18, female, 35-44, assistant manager, import/export, wholesale and retail, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

There are a lot of minor problems, but I did not notice anyone with obvious mental health problems based on my observation. (No. 36, male, 54-64, manager/department head, import/export, wholesale and retail, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

On the other hand, employers and supervisors from the social and personal services industry reported an increasing trend of employees experiencing mental health-related issues and symptoms at work. The divergence of views on the prevalence of mental health-related issues reflects differences among interviewees from different industries in awareness and understanding of mental health.

I think that there are more colleagues who are experiencing psychological distress than before. As a nurse, I still keep myself updated even though I have worked in administration and management for about 20 years. I noticed that there are a growing number of people who seek help from a psychologist or psychiatrist. (No. 27, female, 54-64, manager/ department head, social and personal services, medium (50-299 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Common cases include issues related to mental health, mental wellness, or stress, but not necessarily mental illness. Notably, there are more cases of mental health-related issues like anxiety since the pandemic. (No. 22, female, 25-34, manager/department head, social and personal services, medium (50 – 299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

A lack of knowledge is observed across different industries when interviewees were asked about the prevalence of stigmatization and discrimination of PMIs in their workplace. Although majority of the employed persons responded in the survey said that they knew about the DDO in Hong Kong, results from the in-depth interviews showed that many employers and supervisors may not know what is constituted as discrimination under the DDO. Employers and supervisors demonstrated insufficient knowledge of and misconceptions about disability discrimination. For example, a manager defended that most people do not discriminate against PMIs, but PMIs are simply not accepted in the workplace.

I think it is not discrimination; it is the fact that the general public do not accept working with people with mental illness. My current company have not recruited anyone with mental illness, but if I told my colleagues that “I am recruiting a person with mental illness”, I think it may not be acceptable to them. (No. 48, female, 35-44, manager/department head, transportation, warehouse, postal and express services, medium (50 – 299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Another interviewee rationalized stigmatization and discrimination of PMIs in the workplace with the feeling of fear to interact with them.

It is not discrimination; it is the feeling of fear. There are two types of fear, one is fear of not knowing how to interact with people with mental illness, because we are scared of irritating them or triggering their negative emotions. The other type is fear of discrimination, when you treat people with mental illness with extra respect, they may think that you are discriminating them. So people generally avoid interacting with them.

(No. 23, male, 54-64, manager/department head, vocational training, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Some employers and supervisors were confused about when and how an incident could be defined as disability discrimination. They challenged that providing PMIs with more support and care could also be considered as discrimination. This indicates that they do not have a clear understanding of the DDO and their legal responsibilities.

We treat colleagues with mental illness especially well rather than poorly. Is better treatment considered as discrimination? It depends on how you define discrimination. I am not sure whether or not discrimination only refers to negative action. (No. 19, female, 45-54, manager/department head, real estate, professional and business services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

We may treat people with mental illness differently. When we know that the colleague is facing psychological distress, we take care of them and offer additional support to them, but this could be viewed as discrimination. We sometimes fail to grasp whether we should treat them normally and assign work tasks to them as usual, or reduce the workload for them. (No. 33, 25-34, female, manager/department head, government department, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

The qualitative data showed that most employers and supervisors are not sensitive towards the mental health of their employees and lack awareness of disability discrimination. This is also supported by the quantitative findings on the lack of knowledge and capability to work with PMIs and the high level of prevalence of discrimination of PMIs in the workplace. The need to increase mental health awareness and knowledge about PMIs for eliminating discrimination is demonstrated in this study.

### **Attitudes on Hiring and Working with PMIs**

The survey results showed that PMIs were most likely to experience discrimination in the hiring process. From the perspective of the employers and supervisors, PMIs are less capable of controlling their behaviors and emotions. They doubted PMIs' ability to handle the job that especially required teamwork and interaction with others. They indicated that PMIs are more suitable for job positions which do not require working with others. A manager of a large company gave examples in his elaboration:

I think it depends on the types of industry. In the sales department, it is difficult to include people with mental illness because our work involves communicating with people. If the employee with mental illness cannot control their emotions or behaves abnormally, it is difficult for them to perform well at work. Other departments, companies, or industries that do not involve working with people may offer more opportunities for people with mental illness. (No. 21, male, 35-44, manager/department head, accommodation and food services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

For industries that involve working with many customers/clients, employers and supervisors tend to be hesitant in considering PMIs for the position. This was exemplified by the interviewees from the accommodation and food services and education industries:

First, we have to consider the job position. If the position involves clients, we are concerned that the employee's mental illness may affect the performance in dealing with clients, because we are in the service industry. (No. 7, female, 35-44, manager/department head, accommodation and food services, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

First, I need to consider what kind of people he/she (PMI) needs to work with. If he/she has to contact primary, secondary, or kindergarten students, we may hesitate in offering the position since we also have to ensure the students' safety. (No. 33, female, 25-34, manager/department head, government department, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

The interviewees' responses suggest that discrimination against PMIs is very prevalent in customer service or people-oriented industries, which was also found in the quantitative surveys. Employers and supervisors tend to stigmatize PMIs with the general perception that PMIs may cause harm to others. However, those who had experience working with PMIs and got to know them personally held a more positive attitude towards their work performance.

I notice that when people with mental illness are in a good state of mind, they can do very well in the company. I observed that they do not get distracted by their mobile phone, and remain concentrated on the job. They know that it is hard for them to find a job, so they cherish the job and put effort to do well at work. (No. 11, female, 45-54, manager/department head, real estate, professional and business services, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

I think the performance of people with mental illness is the same as any other staff. In the same position and same job nature, their performance is about the same (No. 2, male, 45-54, manager/department head, finance and insurance, small (less than 50 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Some interviewees determined whether a PMI is suitable for a job based on the severity of the mental illness symptoms. This is consistent with the survey results with employed persons that people are generally accepting of PMIs only if their symptoms are not severe. The stigmatization of PMIs in the workplace is still quite high when PMIs are still recovering or are experiencing a relapse. For example, some managers expected to collect details about the PMIs' mental health status, including severity of the symptoms, whether they are seeking medical consultation and whether they are taking medication, before considering to hire them.

It depends on the severity of the mental illness or the current status of the person with mental illness. Is the person seeing a counsellor or a psychiatrist? Is the person taking medication? Does the person have to continue taking medication? I think I need to know more because hiring is not just determining whether or not the candidate is suitable, but also whether or not the candidate will affect other colleagues. (No. 19, female, 45-54, manager/department head, real estate, professional and business services, large (300

persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

I think there is a need to have a more in-depth understanding of the person with mental illness, because we really do not know how severe his/her mental illness is. The severity of mental illness can vary greatly, such as whether or not his/her working hour should be the same as other employees, or whether or not he/she needs time to rest or take medication? We may need to know more to prevent the candidate from not meeting our expectations after hiring him/her. (No. 18, female, 35-44, assistant manager, import/export, wholesale and retail, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Findings from the qualitative interviews concur with the quantitative surveys that stigmatization and discrimination of PMIs in the hiring process is very prevalent in Hong Kong. This is largely due to the misconceptions about PMIs. Many employers and supervisors determined PMIs' competence to take up the job position on the basis of their mental status, which was perceived by many interviewees to be a justified selection decision. More exposure to working with PMIs can minimize their misconceptions and debunk myths about PMIs.

### **Policies for Hiring and Managing PMIs in the Workplace**

Since both employed persons and PMIs indicated in the quantitative surveys that “employers should develop an equal opportunity policy to avoid discrimination, bullying, and harassment”, employers and supervisors in the in-depth interviews were asked whether their company has provided any clear guidelines and support in hiring and managing PMIs in the workplace. Interviews revealed that there is a lack of clear and concrete policies and guidelines. Even for employers and supervisors who had prior experience with PMIs, they stated that there were no policies and procedures available in their company for managing PMIs in the workplace.

In fact, we do not have any clear guidelines. It is trial and error. (No. 50, female, 25-34, manager/department head, social and personal services, small (less than 50 persons) company size, had experience of hiring or working with PMIs or recovered persons)

We do not have clear guidelines on how to treat colleagues with mental illness. We do have a rule but it is very general, which is not to discriminate others. (No. 17, male, 35-44, employer/director, construction, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Another manager justified the lack of written guidelines for hiring and managing PMIs in their organization due to the small number of PMIs employed. This highlights the issue that PMIs are frequently discriminated in the workplace because they are the minority and organizations do not feel obliged to provide support for them. It is widely assumed that managing everyone the same way is sufficient to avoid discrimination.

We do not have any written guidelines because there are not many employees with mental illness. However, we do have a management culture, which is to treat everyone equally. (No. 5, male, 54-64, manager/department head, social and personal services, medium (50-299 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Several employers and supervisors from small sized companies agreed that their team is very small so they do not see a need to develop another set of policies and guidelines for PMIs. Everything is mutually understood between employers and employees.

No, not at all. The size of the company is very small. We probably will not consider it. (No. 3, female, 54-64, manager/department head, recreation management, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

It is not necessary because we only have four people in the company. We just talk to each other; everyone will understand. (No. 37, female, 35-44, secretary, import/export, wholesale and retail, small (less than 10 persons) company size, had experience of hiring or working with PMIs or recovered persons)

This is consistent with the shared view among many employers and supervisors we interviewed that larger companies should take up the social responsibility for providing equal employment opportunities to PMIs. Compared to small sized companies, larger companies have more resources and job openings that enable them to hire PMIs in job positions that suit their abilities.

I think it is difficult for small size companies. Large size companies that offer up to a thousand job positions should have jobs that are relatively easier to do. I think it is possible to hire people with mental illness and help them return to the society. I think it is a social responsibility. (No. 48, female, 35-44, manager/department head, transportation, warehouse, postal and express services, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Maybe it is possible if the size of the company is large, since large size companies may involve a wider range of jobs. I believe that there are job positions can be offered to people with mental illness. It is difficult if the company size is small. (No. 9, male, manager/department head, construction, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Indeed, when asked about whether the company should have equal opportunity guidelines and policies, large companies were generally more open and accepting towards PMIs and have more resources to support them. The employers and supervisors from large companies agreed that having the guidelines would enable them to know what to watch out in the hiring process and at work.

It is better if there is a guideline for us, so that we can look at the guidelines during the recruitment process, and then decide whether or not we should recruit this person. (No. 4, female, 45-54, employer/director, finance and insurance, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

It is definitely necessary. If the job applicant is a person with mental illness, we should have a guideline on how to handle these cases. For example, if the person has been diagnosed with mental illness, we need to know whether there is any support that we can offer to him/her, such as employee benefits, sick leave, or referral to NGO or clinic. (No. 31, male, 35-44, manager/department head, government department, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

PMIs commonly indicated in the quantitative surveys that employers should “understand the individual needs of PMIs, assess whether the work arrangement or environment needs to be adjusted” and “consider flexible work arrangements, such as flexible working hours, short breaks, etc.” However, this was not agreed upon by the employers and supervisors. They expressed the concern about fairness if special work arrangements are only provided to PMIs. This reiterates the misconceptions among employers and supervisors about the definitions of discrimination and reasonable accommodation.

I think there is no flexible arrangement because if company A grants someone three days off a month, then it would apply to all employees in the company. (No. 7, female, 35-44, manager/department head, accommodation and food services, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

I don't think there is any special arrangement. If we know there is an applicant with mental illness that needs special work arrangement, that person would likely not be hired. We should treat everyone equally in the company. (No. 10, female, 35-44, manager/department head, import/export, wholesale and retail, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Employers and managers often believed that treating all employees in the same way is the best management approach to avoid discrimination against PMIs. Most of them do not know that “applying a requirement or condition equally to all employees when the proportion of PMIs who can comply with it is considerably smaller than the proportion of persons without a disability who can comply with it, resulting in detrimental effect to PMIs and that the requirement cannot be justified” is regarded as indirect discrimination under DDO.

I think the most important thing is fairness. We should treat the person with mental illness as a normal employee. Even a normal employee may need special arrangement. For example, if I have physical health problems, I should receive similar treatment. (No. 46, male, 35-44, manager/department head, construction, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Nevertheless, the inflexibility is mainly restricted to the number of days for paid sick leave entitled. It is generally agreed that PMIs should not be entitled for more paid sick days than others because other employees would perceive it as unfair. It is not uncommon for PMIs to report difficulties in applying for leave for mental health consultation because the supervisor did not approve or because colleagues were dissatisfied about the leave application. Nevertheless, some employers and supervisors are more willing to assign work responsibilities based on the PMIs' skills and abilities.

The company already knew when they hired a person with mental illness, so they have already assigned simpler tasks to them. (No. 48, female, 35-44, manager/department head, transportation, warehouse, postal and express services, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

I think there are many different types of mental illness. I may arrange different work for them depending on their type of mental illness. (No. 4, female, 45-54,



employer/director, finance and insurance, large (300 persons or above), had experience of hiring or working with PMIs or recovered persons)

Although work assignment according to PMIs' abilities is often considered as a type of special work arrangement, the procedure may also be susceptible to stigmatization and discrimination. Several employers and supervisors mentioned that simpler tasks can be arranged for PMIs, thus assuming that all PMIs are low performers. Echoing the interviewees' concern about the harm that PMIs may cause to other people, a manager explained that matching PMIs' ability to the job means assigning them to tasks that do not require interaction with others.

Work arrangement should be based on employees' ability. It is better to not assign tasks that require working with others for staff with mental illness. (No. 32, male, employer/director, transportation, warehouse, postal and express services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

The employers' and supervisors' attitude towards work assignment described above highlights a prevalent discrimination issue observed or experienced by PMIs in the workplace: "Assigned to job duties, work location or work shifts that are worse than other employees." Additional support and care provided for PMIs in the workplace is very rare across different industries. Employers and supervisors from few large companies that have sufficient manpower and resources indicated that they are willing to take up the social responsibility for hiring PMIs and providing flexible work arrangements. Two managers from large companies offered flexible work arrangements to PMIs:

I normally do not assign heavy or urgent projects to people with mental illness. This could be helpful to them. They can go see a doctor if they need to do follow-up consultation. (No. 34, male, 35-44, manager/department head, transportation, warehouse, postal and express services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Indeed, there are so much flexibility for all employees in the company, so being flexible is not necessarily due to the presence of colleagues with mental illness. I think my company is a humanistic company. (No. 21, female, 35-44, manager/department head, accommodation and food services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

### **Policies for Handling Discrimination-Related Complaints**

As shown in the quantitative survey, 32.8% of the PMIs reported having experienced discrimination at work during the past five years and 26.4% of the PMIs who did not take follow-up action did not know the channels of making complaints. In the in-depth interviews, even the employers and supervisors reported that they do not know the procedure to handle complaints from PMIs about mental illness discrimination. They simply passed the responsibility onto the human resources (HR) department for handling complaints and assumed that HR would have the standard procedures to process them. Here are the views from two interviewees from large companies:

I think the complaints should be directed to the human resources department, but I am not working in the human resources department, so I do not know. (No. 4, female, 45-

54, employer/director, finance and insurance, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

I have not looked into the procedures for handling complaints from employees with mental illness, but I think there is a chance that we have it. I do not know the procedures. It is up to the human resources department. I personally have not seen it. (No. 41, female, 25-34, manager/department head, social and personal services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Other employers and supervisors who knew about the procedures explained that all complaints are handled in the same way and there are no separate guidelines, procedures or panels to handle cases specifically from PMIs. For example, a manager from a medium sized company said that the formal procedure to handle disputes among employees involves discussing with the immediate supervisor first and then pass onto HR if unable to resolve.

We are using the general complaint procedure. If the problem cannot be solved after you have talked to your direct supervisor, colleagues can make the complaint directly to the human resources department. The human resources department will follow the formal procedure to consult with both parties involved and see if the problem can be settled. (No. 22, female, 25-34, manager/department head, social and personal services, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Similarly, a manager from a large sized company who had experience hiring or working with PMIs claimed that there is already a formal procedure to deal with employee complaints and so did not see a need to specifically formulate specific procedures to handle cases of mental illness discrimination.

There is a procedure to handle employee complaints and determine whether the complaint is valid. The company will not establish a complaint mechanism or a support measure specifically for employees with mental illness. There is an existing procedure to deal with employee complaints. (No. 12, female, 54-64, manager/department head, real estate, professional and business services, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

However, these responses mostly represented medium to large sized companies. Small sized companies typically do not have formal procedures to handle complaint cases (for general and PMIs specific cases). For example, a manager of a small finance and insurance company said:

There is no standard for handling employee complaints, nor an internal guideline, let alone complaint mechanism for discrimination. Usually, if there is no clear guideline for us to follow, we would ask for help, and the easiest way is to hand it over to the human resources department. (No. 2, male, 45-54, manager/department head, finance and insurance, small (less than 50 persons) company size, had experience of hiring or working with PMIs or recovered persons)

The responses suggest that there are no systematic procedures for handling discrimination-related cases in the workplace among different companies, no matter large and small. While large companies may have a standard set of complaint procedures for all disputes, but as we

have learned from the interviewees' responses in previous sections, most employers and supervisors lack knowledge about the DDO, are not sensitive towards the needs of PMIs and perceive PMIs as the cause of interpersonal problems. Hence, it is unlikely that disputes are resolved in PMIs' favor even if they file a complaint to their employer. PMIs would likely get reallocated to tasks that do not require working with other employees, further stigmatizing PMIs in the workplace.

### **Suggestions for Creating a Discrimination-Free Working Environment**

More employers and supervisors from medium sized companies than those from small sized companies agree that PMIs should be treated as regular employees. Support and care should be provided to all employees for building a discrimination-free working environment.

We regard him as a normal person. I treat him as a normal person. This is my opinion so there is no right or wrong answer. I think considering a person with mental illness as a normal person is the best treatment for him. (No. 17, male, employer/director, construction, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

Large and medium sized companies were also more likely to suggest providing more flexibility to PMIs on an as-needed basis.

As an employer, I believe that the administrative procedure should be reasonably convenient for people with mental illness to attend follow-up consultation. (No. 5, 54-64, manager/department head, social and personal services, medium (50-299 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Positive interpersonal relationships in the workplace allow effective communication and facilitate the reduction of mental illness discrimination. As perceived by some interviewees, a discrimination-free environment should be initiated by the top management. They emphasize the importance of providing opportunities to PMIs by the employers, embracing diversity and providing equal opportunities to promote a work culture that helps to eliminate stigmatization and discrimination towards PMIs. An empathetic and compassionate leader is important for setting a good example for employees:

For interpersonal relationships, I think the leader should set an example to influence other employees. The leader needs to be mindful and considerate when talking to employees with mental illness. The leader needs to learn good interpersonal skills and help the team to work harmoniously together. (No. 36, male, 54-64, manager/department head, import/export, wholesale and retail, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

I think we should start from the management level because many cases of discrimination and prejudice originate from the employers. (No. 19, female, 45-54, manager/department head, real estate, professional and business services, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Moreover, preventing discrimination in the workplace is a responsibility of both employers and employees. Some of the employers and supervisors reflected that team building activities are needed to enhance the mutual understanding and bonding among colleagues:

There should be some social or team building activities in the company. I think that employees can get along better, whether ill or not, through the arranged activities. The company should host more activities like these. (No. 27, female, 54-64, manager/department head, social and personal services, medium (50-299 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Colleagues may build up a good communication process with each other through joining interest classes such as flower arrangement class together. It becomes easier for colleagues to bond with each other at work. (No. 6, female, 25-34, manager/department head, import/export, wholesale and retail, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Some interviewees recognized that mental health education in Hong Kong is currently insufficient, which led to public misunderstanding about PMIs and recovered persons. Some employers and supervisors believed that educating the public about mental health and mental illness is an essential step to eliminating stigma. These employers and supervisors provided different ways to educate the general public: using positive psychology in education to help people to build resilience to adapt to the stress and crisis in life; producing videos on how to communicate with and support PMIs in order to raise the public awareness about mental health; encouraging employers and employees to join a mental health first aid training course to gain knowledge about common mental health problems. If public attitudes towards mental illness get improved, discriminatory behaviors in workplaces, schools and communities will be eliminated in the society. For example, two managers from large sized companies suggested:

To be honest, I think it is not a problem within a company. I think it is due to insufficient mental health education offered by the government. Maybe the government should put more resources into promotional videos about mental health-related problems or share about mental illness using case study to help the general public understand how to communicate with people with mental illness. I think we can do better in public education. (No. 18, female, 35-44, assistant manager, import/export, wholesale and retail, large (300 persons or above) company size, had no experience of hiring or working with PMIs or recovered persons)

Our company have collaborated with the Institute of Psychological Health, there are certificates of mental health first aid. We have encouraged colleagues to attend the course to gain knowledge about mental health first aid. (No. 33, female, 25-34, manager/department head, government department, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

In terms of the lack of clear guidelines and policies for hiring and managing PMIs, it is suggested that the Government can provide more reference materials, not just legal documents, but concrete examples of what and how to implement equal opportunity policies in the workplace.

It is better if there is information for us to take reference of practices from other companies, or roughly what you should do in a situation. Besides legislation, the

government can give us some examples of what should be done to promote equal opportunities in the workplace. We can make reference from the examples, and adjust a version of practice for our company. If there are some references, we can compile the related documents very soon. (No. 50, female, 25-34, manager/department head, social and personal services, small (less than 50 persons) company size, had experience of hiring or working with PMIs or recovered persons)

Some interviewees claimed that the management team and staff may not have enough relevant experience to support and work with PMIs. Providing information and professional advice by the Labor Department, social welfare organizations and psychologists about the procedure for complaint handling as well as the ways to work and interact with PMIs are needed for organizations to create a discrimination-free working environment. Here are the suggestions:

For example, the Labor Department can strengthen the promotion, similar to sex discrimination that is also handled by them. Only the Labor Department have the authority to handle cases involving the ordinance just like there are different ways to handle each case of industrial injury. (No. 7, female, 35-44, manager/department head, accommodation and food services, small (less than 50 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

If we are handling a case of person with mental illness, I think the company need to have professional support, including suggestions from professional associations, psychologists, and NGOs. They can tell us how to handle different cases in general, or is there any standard way of handling that we can try. (No. 1, female, 45-54, manager/department head, transportation, warehouse, postal and express services, medium (50-299 persons) company size, had no experience of hiring or working with PMIs or recovered persons)

In addition, it is suggested that 24-hour hotline can be provided by relevant professional associations and NGOs as a supportive resource for PMIs or employees who need to quickly seek mental health support.

Companies may offer a professional hotline for colleagues. No matter the colleague is mentally ill or not, they can voice out their needs through the professional hotline. (No. 2, Male, 45-54, Manager/ Department Head, Finance and Insurance, small (Less than 50 persons) company size, had experience of hiring or working with PMIs or recovered persons)

I think it is necessary. For example, the Institute of Psychological Health, a non-profit organization, or the Equal Opportunities Commission should collaborate more with us. Instead of distributing leaflets, they can send us a link for the information. (No. 33, 25-34, female, manager/department head, government department, large (300 persons or above) company size, had experience of hiring or working with PMIs or recovered persons)

## **7. CONCLUSION AND RECOMMENDATIONS**

Based on the quantitative surveys of employed persons and PMIs, and in-depth interviews with employers and supervisors, several key findings can be synergized and triangulated to shed light on the current situation of stigmatization and discrimination against PMIs in Hong Kong, the difficulties faced by PMIs, the availability of mental health support measures, as well as the common management practices since the legislation of DDO. The findings are consolidated into three sections: lack of anti-discrimination policy, stigmatization plus discrepancy between attitude and actions towards PMIs, and concerns about disclosure of mental health status. We propose five recommendations based on our observations.

### **7.1. Lack of anti-discrimination policy**

Our survey results reveal that a majority of the employed persons (91.9%) and PMIs (77.7%) knew that Hong Kong has the Disability Discrimination Ordinance (DDO) in place to prevent discrimination against people with disabilities in the workplace. Nevertheless, many employers and supervisors we interviewed expressed that they do not have a written anti-discrimination policy in their organizations and have not established a formal system for reporting and handling discrimination-related complaints. Although it is not a legal requirement for companies to formulate an anti-discrimination policy or to establish a complaint handling mechanism, these form part of the defense of ‘reasonably practical steps taken’ for employers to prevent and remedy workplace discrimination if something happens in the workplace. In doing so, employers might be able to use these steps taken as their defense to vicarious liabilities in court.

The perceived prevalence of discrimination towards PMIs in Hong Kong is very high (employed persons: 81.7%; PMIs: 78.5%). As observed by employed persons and observed/experienced by PMIs, the most common types of workplace discrimination towards PMIs include “fewer opportunities for promotion than others because of mental illness” and “not getting hired because of mental illness”. A notable proportion of PMIs experienced workplace discrimination within the past five years – 36.2% in hiring, 32.8% in quitting, and 32.8% at work. Nearly half (45.3%) of the PMIs experienced discrimination in at least one of the three processes. Yet, the majority of the PMIs did not take action because they felt that it was unnecessary or worried that it would affect their employment opportunities. Employers are therefore encouraged to make reference to EOC’s Code of Practice for DDO in employment in which employers should adopt good management practices throughout the employment cycle within organizations of all sizes.

### **7.2. Stigmatization plus discrepancy between attitude and actions towards PMIs**

Although the majority of the employed persons (89.4%) showed acceptance towards PMIs (e.g., acknowledging that PMIs deserve others’ attention, and they can be integrated into society and that they should be given equal opportunities), one-fifth of employed persons (19.8%) still displayed a high level of stigmatization towards PMIs (e.g., worried that PMIs will harm others, tried to keep distance from them, and afraid of being alone with them). Results from the surveys and in-depth interviews show that some people accept working with PMIs only if their symptoms are not severe. Some of the employers and supervisors in both service and non-service industries expressed a similar concern when hiring PMIs with the worry that their mental health status might affect clients and other employees. Therefore, people may hold a stigmatized view of PMIs and conduct discriminatory acts against them without being aware

of doing so. This statement still holds true for employers who support equal treatment for PMIs and employed persons. Measures like flexible work arrangements for PMIs are often regarded as unfair treatment towards other employees. Therefore, some of the employers and supervisors articulated that there is no special arrangement for PMIs due to equal treatment for everyone in the company. Meanwhile, this could possibly lead to indirect discrimination due to overlooking the disability condition of PMIs. Employers need to understand the purpose of DDO, the circumstances when equal treatment for all could in some cases lead to indirect discrimination, or how employers should understand the meaning of reasonable accommodation under the DDO and differentiate a particular need/arrangement resulting from a disability condition.

Socio-demographic characteristics of employed persons including sex, age, education level, marital status, industry and occupation were related to stigmatization towards PMIs. Comparatively, persons aged 45 or above, those with lower educational attainment, those who are married, those in “accommodation and food services” industry reported a higher level of stigma and preference for social distance with PMIs. In addition, men and those who are “service and sales workers” reported a higher level of preference for social distance with PMIs. Moreover, employed persons were generally more knowledgeable about and had more confidence working with people with depression or anxiety than people with schizophrenia or bipolar disorder, suggesting that people typically do not know how to work with PMIs who show symptoms of psychosis or mania. The lack of knowledge about how to communicate effectively with PMIs and the fear of triggering their emotional reactions are contributing factors of workplace discrimination towards them. More attention needs to be directed to public education on introducing the different spectrum of mental health issues and how best to interact and work with PMIs, especially for those with schizophrenia, bipolar disorder, and other conditions where employers may have greater fear in hiring.

### **7.3. Concerns about disclosure of mental health status**

PMIs are facing the dilemma of whether or not to disclose their mental health status to their employer. On the one hand, many PMIs (48.7%) do not wish to express their needs to their employer because they were afraid of being labeled or discriminated in the workplace. These concerns would delay or reduce their willingness to seek treatment or follow-up consultation for mental illness. Yet, their concerns were not unjustified; a large portion of the PMIs who experienced discrimination in the hiring (48.1%), working (67.1%), and quitting (50%) process disclosed their mental illness to the employer. 49.0% of the PMIs who experienced difficulties in taking leave for seeking mental illness advice disclosed the reason to their supervisor or colleagues. This also explains why PMIs were least likely to seek help from colleagues, supervisors and employers for their mental health-related issues. On the other hand, PMIs who received more support from supervisors and colleagues (e.g., colleagues/supervisors provide support and assistance if needed, they listen to PMIs’ work-related problems if needed, and they show appreciation to PMIs’ work) reported higher psychological well-being (i.e., happiness and satisfaction with life), better social and occupational functioning (e.g., initiating conversation and completing tasks assigned) and symptom recovery, and lower emotional distress and internalized stigma. Therefore, disclosing mental health status in the workplace might enable PMIs to obtain support, take sick leave and get treatment, but it could also increase their risk of being discriminated.

#### **7.4. Limitation of this study**

The present study focuses on the stigmatization and discrimination of PMIs in the workplace. Discrimination and harassment against PMIs in other settings, such as education, access to premises, provision of goods, services and facilities, etc., should also be investigated in future. We have provided findings on the awareness and understanding of mental illness among employers, supervisors and employees, the prevalence, patterns and practices of discrimination against PMIs during the work processes and PMIs' treatment, recovery and help-seeking behavior. Nevertheless, this study is a descriptive cross-sectional research so it was unable to determine the causal relationships between vulnerability factors, workplace discrimination and PMIs outcomes (i.e., self-stigma, delayed treatment, psychological well-being, symptom recovery and daily functioning). Future investigations using longitudinal design to provide a trajectory of discrimination formation and impact should be considered

#### **7.5. Recommendation for creating a discrimination-free workplace**

The following recommendations are consolidated based on our observations from the quantitative and qualitative studies. Specifically, these five recommendations are about public education, anti-discrimination policy, reasonable work accommodations, staff training and resources for mental health support respectively.

**Recommendation 1:** Public education initiatives (e.g., community events, educational videos and online learning resources) should be launched to promote awareness and understanding of disability discrimination and DDO in Hong Kong. The Labour Department and Advisory Committee on Mental Health should work together with EOC to provide seminars and talks for both the management of businesses and their frontline staff. A better understanding of the requirements of DDO will provide the foundation for equal employment opportunities and a discrimination-free workplace.

**Recommendation 2:** Employed persons and PMIs agreed that employers should have a written anti-discrimination policy for the organization and its employees to abide to, but the employers and supervisors are concerned that they may not have the knowledge or expertise to formulate their own policy and complaint-handling procedures. The EOC has formulated the Code of Practice on Employment under the Disability Discrimination Ordinance to provide detailed explanation on the key legal concepts in the DDO. More resources should be devoted to promoting this Code of Practice among businesses of various industries. The Advisory Committee on Mental Health under the Health Bureau has also developed the Mental Health Workplace Charter and listed the Workplace Mental Health Guide and other related education resources on its "Shall We Talk" website. Having said that, the Government should also consider providing more resources and assistance to the EOC, the Labour Department and employers to proactively facilitate the development of discrimination-related policies and measures for supporting PMIs' recovery in the workplace, such as lining up training for human resources and management of businesses by the EOC, Labour Department, NGOs and doctors. Good organizational practices for a discrimination-free work environment can be exemplified and acknowledged by the Labour Department.

**Recommendation 3:** Employers are suggested to offer reasonable work accommodations (e.g., leave for mental health consultation or treatment and work practices or arrangements taking into account the particular needs of the individual's disability and the inherent requirements of the job) to employees as a mental health-friendly employment practice, but considerate



implementation procedures are important. They should ensure that employees with mental health conditions can attend medical appointments and apply for sick leave to seek medical advice, follow-up consultation or treatment. Leave policies should be carefully designed and monitored to prevent abuse while at the same time avoid invasion of privacy. While work practices or arrangements based on the PMIs' abilities are welcomed, employers and supervisors must exercise in caution to avoid discrimination because "being assigned to job duties, work location or work shifts which are worse than others because of mental illness" is prevalent. Transparency in decisions related to work practices or arrangements, substantive fairness in distribution of resources (tangible and intangible) and treating PMIs with sensitivity and respect are important.

**Recommendation 4:** Although the public generally accept working with PMIs, most people do not know how to work and interact with them. Many employed persons, employers, and supervisors we interviewed show a sense of fear towards PMIs. They feel fear because they lack understanding about mental illness, which gives the misconception that all PMIs are harmful to others and cause disruptions to the workplace. Apart from employers, co-workers are the key stakeholders in building a discrimination-free workplace and providing support to PMIs at work. Training workshops for employed persons should regularly be held by mental health associations and NGOs. These programs should be given by psychiatrists, psychologists, or counselors to debunk common myths, clarify misconceptions, promote mental health awareness, and teach soft skills (e.g., listening and responding) for sensitive and respectful communication with PMIs in the workplace. Since PMIs are most vulnerable to discrimination in customer service industries and in workplaces that consist of employees with lower education background, more attention should be directed to these workplaces to prevent stigmatization and discrimination.

**Recommendation 5:** Many employed persons (39.7%) and PMIs (64.9%) reported that their employers did not provide mental health support to the employees. Yet, 91.2% of the employed persons and 85.9% of PMIs expressed that it is necessary for employers to provide mental health support. Employers are encouraged to provide an employee assistance program (e.g., 24-hour hotline, psychological assessment, counseling service and referral to specialists) as a mental health first aid for employees who experience personal, mental or emotional problems. These programs are typically company-funded and provisioned by a third-party service provider or vendor since most organizations do not have in-house professionals with mental health training. In addition, some employers in large companies have encouraged employees to enroll in a mental first aid training course to increase peer support in the company. Companies with sufficient resources are therefore recommended to provide mental health-related course to the employees to increase their knowledge about mental health and reduce discrimination against PMIs. For small and medium enterprises, they may lack the human and financial resources to provide such support for their staff. The Government may consider either providing financial subsidies or centralized support services for subscription by small and medium enterprises.

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## Appendix 1. The Questionnaire for Employed Persons

### Study on Perceptions of Stigmatization and Discrimination of Persons with Mental Illness in the Workplace

**Part 1, Awareness and understanding of discrimination:**

1. In the past, have you ever heard of “disability discrimination”?  
Yes      No
  
2. As far as you know, does Hong Kong have “Disability Discrimination Ordinance”?  
Yes      No
  
3. Do you think “disability discrimination” is common in Hong Kong?  
Very Uncommon    Uncommon    Common    Very Common

Before answering the questions, please read the following description of mental illness carefully.

Mental illness generally refers to diseases with impaired brain function. Its symptoms include abnormalities in cognition, thought, emotion, sense, behavior, physiological functions (e.g., sleep and appetite), leading to significant difficulties in life, interpersonal relationships or personal development. Common mental illnesses include psychosis (including schizophrenia and delusional disorder); mood disorder (including depression and bipolar disorder); anxiety disorder (including generalized anxiety disorder, panic disorder, and obsessive-compulsive disorder).

4. Do you think that discrimination of people with mental illness is common in Hong Kong?  
Very Uncommon    Uncommon    Common    Very Common

The following are questions about common mental illnesses such as depression, anxiety, schizophrenia and bipolar disorder.

Please substitute the symptoms referred to on the right side of the question into the " \_\_\_\_\_ " part of each question (for example, the first box on the upper left is "I am aware that someone at work has suffered from, currently suffers from, or may suffer from depression.", The second box from the upper left is "I am aware that someone at work has suffered from, currently suffers from, or may suffer from anxiety disorder."). Choose the number that you think is most appropriate based on a scale of 1 to 4 and fill in the box provided (**1 = strongly disagree; 4 = strongly agree**).

Question	Depression	Anxiety Disorder	Schizophrenia	Bipolar Disorder
5. I am aware that someone at work has suffered from, currently suffers from, or may suffer from _____.				
6. I understand the causes, symptoms and needs of people with _____				
7. I am confident to work with people with _____.				

**Part 2(A) · Discrimination of people with mental illness in the workplace in Hong Kong:** Please indicate the prevalence of the following work situations based on your observation, whether it is personal experiences or the experiences of others.

	Very Uncommon	Uncommon	Common	Very Common
1. Encountering difficulties when asking for leave due to mental illness.	1	2	3	4
2. Dismissed from the company due to mental illness.	1	2	3	4
3. Forced to resign because of mental illness.	1	2	3	4
4. Forced to retire because of mental illness.	1	2	3	4
5. Being disturbed, tortured, looking for trouble, ridiculed, mocked or intimidated because of mental illness.	1	2	3	4

6. Get a lower salary than others because of mental illness.	1	2	3	4
7. Get welfare benefits that are inferior to others because of mental illness.	1	2	3	4
8. Fewer opportunities for promotion than others because of mental illness.	1	2	3	4
9. Fewer training opportunities than others because of mental illness.	1	2	3	4
10. Being disciplined or penalized because of mental illness.	1	2	3	4
11. Being asked to leave the job temporarily because of mental illness.	1	2	3	4
12. Suspended from work because of mental illness.	1	2	3	4
13. The employer refused to reinstate because of mental illness.	1	2	3	4
14. Being assigned to job duties, work location or work shifts that are worse than others because of mental illness.	1	2	3	4
15. Failure to get labor organizations (such as labor unions) to try their best to handle complaints or disputes because of mental illness.	1	2	3	4
16. Unable to get his due rights, including salary, work insurance or retirement protection because of mental illness.	1	2	3	4
17. Not hired because of mental illness.	1	2	3	4

**Part 2(B), Please answer the following questions based on the current situation of the employing company: (If you are **unemployed**, please answer the questions based on your **most recent job**.)**

1. Does your current company provide employees with measures to maintain mental health, such as information related to mental health, tips for getting along with people in recovery, counseling and emotional support for employees, etc.?	<input type="checkbox"/> Yes; If yes, please specify: _____ <input type="checkbox"/> No (Please skip to answer <b>question 3</b> ) <input type="checkbox"/> Do not know (Please skip to answer <b>question 3</b> )					
2. Do you think these measures can effectively maintain the mental health of employees?	Very Effective 1	Effective 2	Slightly Effective 3	Slightly Ineffective 4	Ineffective 5	Very Ineffective 6
2a If the measures are ineffective (i.e., the answer to the above question is 4, 5 or 6), please explain why:	Reason(s):					
3. Do you think the company needs to provide information and measures concerning the mental health of employees?	Very Necessary 1	Necessary 2	Slightly Necessary 3	Slightly Unnecessary 4	Unnecessary 5	Very Unnecessary 6

**Part 3, Discrimination experience and reaction:**

1. Are you currently suffering from mental illness or have you suffered from mental illness in the past five years?  
 Yes       No ( **Do not need to answer** the remaining questions of part 3 and questions of part 4 and 5, please skip to answer **part 6: Views on people with mental illness**)

<b>A. Hiring process</b>	
2. In the past five years, have you applied for a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( Please skip to answer <b>question 12</b> )
3. During hiring process, have you even been discriminated due to mental illness?  If yes, please answer what happened at that time. (More than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> The job advertisement states that only people with no mental illness record will be considered <input type="checkbox"/> Did not get an interview opportunity or was not notified of an interview because of mental illness record <input type="checkbox"/> Not hired due to disclosure of mental illness record during the interview <input type="checkbox"/> Was given poor employment conditions because of mental illness record <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Was not discriminated (Please skip to answer <b>question 12</b> )
4. When was the last time you encountered this discrimination?	<input type="checkbox"/> Past three months <input type="checkbox"/> Past 3 to at least 6 months <input type="checkbox"/> Past 6 months to less than 1 year <input type="checkbox"/> Past 1 year to less than 2 years <input type="checkbox"/> Past 2 years to 5 years
5. What was the industry of the company that you applied for?	<input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services <input type="checkbox"/> Social and personal service <input type="checkbox"/> Agriculture, mining, power and gas supply <input type="checkbox"/> Others, please specify: _____
6. How many employees were working at the company that you applied for?	<input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people <input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Do not know
7. What position did you apply for?	<input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers <input type="checkbox"/> Plant and machine operators and assemblers <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers <input type="checkbox"/> Others, please specify: _____
8. What action did you take? (More than 1 option can be chosen)	<input type="checkbox"/> Complained to the company <input type="checkbox"/> Confronted the perpetrator in person <input type="checkbox"/> Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/> Complained to labor union or political parties <input type="checkbox"/> Brought the case to court <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> No action was taken, reason(s): <input type="checkbox"/> It was unnecessary to take action and I can find other jobs <input type="checkbox"/> I did not know the channels for filing a complaint <input type="checkbox"/> Afraid of the retaliation from the employer <input type="checkbox"/> Worried about future employers' view on such action <input type="checkbox"/> Others, please specify: _____
9. Did you disclose to the people in this company that you are mentally ill?  If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department <input type="checkbox"/> Interviewer <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> No (Please skip to answer <b>question 12</b> )

<p>10. Did you disclose what kind of mental illness you have to the people in this company?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>Staff responsible for the recruitment process, such as the human resources department  <input type="checkbox"/>Interviewer  <input type="checkbox"/>Others, please specify: _____</p> <p><input type="checkbox"/>No (Please skip to answer <b>question 12</b>)</p>
<p>11. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Schizophrenia <input type="checkbox"/>Depression <input type="checkbox"/>Anxiety Disorder  <input type="checkbox"/>Bipolar Disorder <input type="checkbox"/>Others, please specify: _____</p>

**B. Quitting process**

<p>12. In the past five years, have you resigned (including voluntarily or forced)?</p>	<p><input type="checkbox"/>Yes  <input type="checkbox"/>No ( Please skip to answer <b>question 22</b>)</p>
<p>13. During the quitting process, have you even been discriminated due to mental illness?</p> <p>If yes, please answer what happened at that time. (more than 1 option can be chosen)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>Layoff due to structural reorganization  <input type="checkbox"/>Given inferior treatment or changing employment conditions  <input type="checkbox"/>Was assigned to a lower occupation or reduced work responsibilities  <input type="checkbox"/>Received termination announcement  <input type="checkbox"/>Others, please specify: _____</p> <p><input type="checkbox"/>Was not discriminated (Please skip to answer <b>question 22</b>)</p>
<p>14. When was the last time you encountered this discrimination?</p>	<p><input type="checkbox"/>Past three months <input type="checkbox"/>Past 3 to at least 6 months <input type="checkbox"/>Past 6 months to less than 1 year  <input type="checkbox"/>Past 1 year to less than 2 years <input type="checkbox"/>Past 2 years to 5 years</p>
<p>15. What was the industry of the company that you left?</p>	<p><input type="checkbox"/>Government departments <input type="checkbox"/>Manufacturing <input type="checkbox"/>Construction <input type="checkbox"/>Import/export, wholesale and retail  <input type="checkbox"/>Transportation, warehouse, postal and expressive services <input type="checkbox"/>Accommodation and food services  <input type="checkbox"/>Information and communications <input type="checkbox"/>Financing and insurance <input type="checkbox"/>Real estate, professional and business services  <input type="checkbox"/>Social and personal service  <input type="checkbox"/>Agriculture, mining, power and gas supply  <input type="checkbox"/>Others, please specify: _____</p>
<p>16. How many employees were working at the company that you left?</p>	<p><input type="checkbox"/>Less than 10 people <input type="checkbox"/>10 to 49 people <input type="checkbox"/>50 to 99 people <input type="checkbox"/>100 to 299 people  <input type="checkbox"/>300 to 499 people <input type="checkbox"/>500 people or more  <input type="checkbox"/>Others, please specify: _____  <input type="checkbox"/>Do not know</p>
<p>17. What was your position?</p>	<p><input type="checkbox"/>Managers and administrators <input type="checkbox"/>Professionals <input type="checkbox"/>Associate Professionals  <input type="checkbox"/>Clerical support workers <input type="checkbox"/>Service and sales workers <input type="checkbox"/>Crafts and related workers  <input type="checkbox"/>Plant and machine operators and assemblers  <input type="checkbox"/>Elementary occupations <input type="checkbox"/>Skilled agricultural and fishery workers  <input type="checkbox"/>Others, please specify: _____</p>
<p>18. What action did you take? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Complained to the company <input type="checkbox"/>Confronted the perpetrator in person  <input type="checkbox"/>Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/>Complained to labor union or political parties  <input type="checkbox"/>Brought the case to court  <input type="checkbox"/>Others, please specify: _____</p> <p><input type="checkbox"/>No action was taken, reason(s):  <input type="checkbox"/>It was unnecessary to take action and I can find other jobs  <input type="checkbox"/>I did not know the channels for filing a complaint  <input type="checkbox"/>Afraid of the retaliation from the employer  <input type="checkbox"/>Worried about future employers' view on such action  <input type="checkbox"/>Others, please specify: _____</p>



<p>19. Did you disclose to the people in this company that you are mentally ill?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department  <input type="checkbox"/> Interviewer  <input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> No (Please skip to answer <b>question 22</b>)</p>
<p>20. Did you disclose what kind of mental illness you have to the people in this company?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department  <input type="checkbox"/> Interviewer  <input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> No (Please skip to answer <b>question 22</b>)</p>
<p>21. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder  <input type="checkbox"/> Others, please specify: _____</p>

**C. At work**

<p>22. In the past five years, have you even been discriminated due to mental illness?</p> <p>If yes, please answer what happened at that time. (more than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Received less salary in the same position (compared with others)  <input type="checkbox"/> Was rejected to attend training  <input type="checkbox"/> Lost the opportunity to get promotion  <input type="checkbox"/> Reduced responsibility  <input type="checkbox"/> Loss/reduced work benefits  <input type="checkbox"/> Was not approved for taking leave  <input type="checkbox"/> Experienced unfair treatment when applying for leave  <input type="checkbox"/> Employees without mental illness received more favorable treatment from company, forgiveness, and not be held accountable  <input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Was not discriminated (Please skip to answer <b>Part 4, Questions related to sick leave</b>)</p>
<p>23. When was the last time you encountered this discrimination?</p>	<p><input type="checkbox"/> Past three months <input type="checkbox"/> Past 3 to at least 6 months <input type="checkbox"/> Past 6 months to less than 1 year  <input type="checkbox"/> Past 1 year to less than 2 years <input type="checkbox"/> Past 2 years to 5 years</p>
<p>24. What was the industry of the company that you were working at?</p>	<p><input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail  <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services  <input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services  <input type="checkbox"/> Social and personal service  <input type="checkbox"/> Agriculture, mining, power and gas supply  <input type="checkbox"/> Others, please specify: _____</p>
<p>25. How many employees were working at the company that you were working at?</p>	<p><input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people  <input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more  <input type="checkbox"/> Others, please specify: _____  <input type="checkbox"/> Do not know</p>
<p>26. What was your position?</p>	<p><input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals  <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers  <input type="checkbox"/> Plant and machine operators and assemblers  <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers  <input type="checkbox"/> Others, please specify: _____</p>
<p>27. What action did you take? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Complained to the company <input type="checkbox"/> Confronted the perpetrator in person  <input type="checkbox"/> Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/> Complained to labor union or political parties  <input type="checkbox"/> Brought the case to court  <input type="checkbox"/> Others, please specify: _____</p>

	<input type="checkbox"/> No action was taken, reason(s): <input type="checkbox"/> It was unnecessary to take action and I can find other jobs <input type="checkbox"/> I did not know the channels for filing a complaint <input type="checkbox"/> Afraid of the retaliation from the employer <input type="checkbox"/> Worried about future employers' view on such action <input type="checkbox"/> Others, please specify: _____	
28. Did you disclose to the people in this company that you are mentally ill?  If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No ( Please skip to answer <b>Part 4, Questions related to sick leave</b> )	If yes, when did you disclose it to your supervisor after joining the company? <input type="checkbox"/> Within 3 months <input type="checkbox"/> 3 months to at least 6 months <input type="checkbox"/> 6 months to at least 1 year <input type="checkbox"/> 1 year to at least 2 years <input type="checkbox"/> More than 2 years
29. Did you disclose what kind of mental illness you have to the people in this company?  If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No ( Please skip to answer <b>Part 4, Questions related to sick leave</b> )	If yes, when did you disclose it to your supervisor after joining the company? <input type="checkbox"/> Within 3 months <input type="checkbox"/> 3 months to at least 6 months <input type="checkbox"/> 6 months to at least 1 year <input type="checkbox"/> 1 year to at least 2 years <input type="checkbox"/> More than 2 years
30. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____	

**Part 4, Questions related to sick leave:** If you are **currently suffering from mental illness**, the following questions are related to your **current job**. Otherwise, please answer the questions based on your **job when you were mentally ill**.

1a. Have you ever encountered difficulties when asking for leave for <b>medical advice</b> due to mental health before being diagnosed in your current/recently employed company?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( Please skip to answer <b>question 2a</b> )
1b. What are the difficulties? (More than 1 option can be chosen)	<input type="checkbox"/> Leave applied in advance was not approved by supervisor <input type="checkbox"/> Leave applied for on the same day or in a short notice was not approved by the supervisor <input type="checkbox"/> Colleagues were dissatisfied about my leave application <input type="checkbox"/> Others: _____
1c. Have you taken any action because of difficulties in taking time off for medical advice for mental health?  If yes, please indicate the action that you have taken. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Rescheduled the appointment <input type="checkbox"/> Sought medical advice on paid leave <input type="checkbox"/> Gave up to seek medical advice <input type="checkbox"/> Others: _____  <input type="checkbox"/> No
1d. During this leave application process, have you disclosed to the people in your current/recently employed company that you are asking for leave to medical advice for mental health?  If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen).	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No
1e. During this leave application process, have you disclosed to the people in your current/recently employed organization that you suspect yourself to be mentally ill?	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>question 2a</b> )

<p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)</p>	
<p>1f. During this leave application process, have you disclosed to the people in your current/recently employed organization about what kind of mental illness you suspect yourself to be suffering from?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>question 2a</b> )
<p>1g. What kind of suspected mental illness did you disclose? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____
<p>2a. In your current/recently employed institution, have you ever encountered difficulties when taking leave of absence due to the need to receive <b>mental health-related treatment or follow-up consultation</b>?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions related to professional treatment</b> )
<p>2b. What are the difficulties? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Leave applied in advance was not approved by supervisor <input type="checkbox"/> Leave applied for on the same day or in a short notice was not approved by the supervisor <input type="checkbox"/> Colleagues were dissatisfied about my leave application <input type="checkbox"/> Others: _____
<p>2c. Have you taken any action because of difficulties in taking a leave of absence due to mental health-related treatment or follow-up consultation?</p> <p>If yes, please indicate the action that you have taken. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Rescheduled the appointment <input type="checkbox"/> Sought medical advice on paid leave <input type="checkbox"/> Gave up to seek medical advice <input type="checkbox"/> Others: _____ <input type="checkbox"/> No
<p>2d. During this leave application process, did you disclose to the people in your current/recently employed company that you were taking leave because of mental health-related treatment or follow-up consultation?</p> <p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No
<p>2e. During this leave application process, did you disclose to the people in your current/most recently employed organization that you are diagnosed with mental illness?</p> <p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions related to professional treatment</b> )
<p>2f. During this leave application process, did you disclose to the people in your current/most recently employed company about what kind of mental illness you have?</p> <p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions related to professional treatment</b> )
<p>2g. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____

**Part 5, Questions related to professional treatment:**

<p>1. During your current/recent work period, have you been unwilling or delayed in seeking medical advice, receiving treatment or follow-up consultation for your mental health due to the following reasons?</p>	<p><input type="checkbox"/> No (Please skip to answer <b>Part 6, Perception of people with mental illness</b>)</p> <p><input type="checkbox"/> Yes (please indicate the reason that applies to you, more than 1 option can be chosen)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Worried about being known by other workers in the company that I have mental health issues</li> <li><input type="checkbox"/> Worried about being known by other workers in the company that I need to get medical advice, treatment, or follow-up consultation due to mental illness</li> <li><input type="checkbox"/> Worried about other workers in the company being dissatisfied with my need to get medical advice, treatment, or follow-up consultation</li> <li><input type="checkbox"/> Worried that the company will have negative thoughts about myself because of my need to get medical advice, treatment, or follow-up consultation due to mental illness</li> <li><input type="checkbox"/> Felt ashamed of asking for leave to seek medical advice, treatment, or follow-up consultation for mental health</li> <li><input type="checkbox"/> Believed that seeking medical advice, treatment, or follow-up consultation for mental health will negatively affect my work</li> <li><input type="checkbox"/> Believed that seeking medical advice, treatment, or follow-up consultation for mental health will not improve my condition</li> <li><input type="checkbox"/> Others (including work-related and non-work-related reason): _____</li> </ul>
<p>2. Do you think that due to unwillingness or delay in seeking medical advice, treatment, or follow-up consultation had a negative impact on your mental health treatment or recovery?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Part 6, Perception of people with mental illness:** Please read the following statements, circle the number that best corresponds to your views on people with mental illness.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1. Mental illness severely affects the life of people with mental illness.	1	2	3	4	5	6
2. Mental illness will last forever.	1	2	3	4	5	6
3. People with mental illness can fully control their illness symptoms.	1	2	3	4	5	6
4. Receiving treatment is extremely helpful for people with mental illness.	1	2	3	4	5	6
5. Mental illness will cause many severe symptoms.	1	2	3	4	5	6
6. People with mental illness is extremely concerned about their illness.	1	2	3	4	5	6
7. People with mental illness understand very clearly about their illness.	1	2	3	4	5	6
8. Mental illness extremely affects people' emotions (e.g. makes them angry, scared, upset, or depressed)	1	2	3	4	5	6

9. Personal factors are the most important causes of mental illness.	1	2	3	4	5	6
10. Family factors are the most important causes of mental illness.	1	2	3	4	5	6
11. Social factors are the most important causes of mental illness.	1	2	3	4	5	6
12. Genetics are the most important causes of mental illness.	1	2	3	4	5	6
13. Environmental factors are the most important causes of mental illness.	1	2	3	4	5	6
14. Heredity, bacteria and viruses, brain structure or nervous system abnormalities and injuries are the most important causes of mental illness.	1	2	3	4	5	6
15. Personality, stress, family issues, work overload, or major life change are the most important causes of mental illness.	1	2	3	4	5	6
16. Feng shui, karma, spiritual possession, or destiny are the most important causes of mental illness.	1	2	3	4	5	6

**Part 7, Emotion regulation:** The following statements are personal descriptions of your own emotions. Please choose the answer which **best suits your experience**. There is no right or wrong answer, please answer the questions based on your real-life situation.

	<b>Strongly disagree</b>			<b>Neutral</b>			<b>Strongly agree</b>
1 I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7
2 When I want to feel less negative emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
3 When I want to feel more positive emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
4 When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.	1	2	3	4	5	6	7
5 When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	1	2	3	4	5	6	7
6 When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	1	2	3	4	5	6	7
7 I control my emotions by not expressing them.	1	2	3	4	5	6	7
8 When I am feeling negative emotions, I make sure not to express them.	1	2	3	4	5	6	7
9 I keep my emotions to myself.	1	2	3	4	5	6	7
10 When I am feeling positive emotions, I am careful not to express them.	1	2	3	4	5	6	7

**Part 8, The PERMA profiler:** Please read the following statements and choose the number that **best describes you**.

	<b>Never</b>											<b>Always</b>
1. In general, how often do you feel joyful?	0	1	2	3	4	5	6	7	8	9	10	
2. In general, how often do you feel positive?	0	1	2	3	4	5	6	7	8	9	10	
3. How often do you become absorbed in what you are doing?	0	1	2	3	4	5	6	7	8	9	10	
4. How often do you lose track of time while doing something you enjoy?	0	1	2	3	4	5	6	7	8	9	10	
5. How much of time do you feel you are making progress towards accomplishing your goals?	0	1	2	3	4	5	6	7	8	9	10	
6. How often do you achieve the important goals you have set for yourself?	0	1	2	3	4	5	6	7	8	9	10	
7. How often are you able to handle your responsibilities?	0	1	2	3	4	5	6	7	8	9	10	

	<b>Not at all</b>											<b>Completely</b>
8. In general, to what extent do you feel contented?	0	1	2	3	4	5	6	7	8	9	10	
9. In general, to what extent do you feel excited and interested in things?	0	1	2	3	4	5	6	7	8	9	10	
10. To what extent do you receive help and support from others when you need it?	0	1	2	3	4	5	6	7	8	9	10	
11. To what extent do you feel loved?	0	1	2	3	4	5	6	7	8	9	10	
12. How satisfied are you with your personal relationships?	0	1	2	3	4	5	6	7	8	9	10	
13. In general, to what extent do you lead a purposeful and meaningful life?	0	1	2	3	4	5	6	7	8	9	10	
14. In general, to what extent do you feel what you do in your life is valuable and worthwhile?	0	1	2	3	4	5	6	7	8	9	10	
15. To what extent do you generally feel you have a sense of direction in your life?	0	1	2	3	4	5	6	7	8	9	10	

**Part 9, Acceptance towards people with mental illness:** Please indicate your level of agreement with each of the following statements.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Slightly disagree</b>	<b>Slightly agree</b>	<b>Agree</b>	<b>Strongly agree</b>
1. I keep my distance with people with mental illness as much as possible.	1	2	3	4	5	6
2. I take the initiative to reach out to people with mental illness.	1	2	3	4	5	6
3. People with mental illness are a burden to society.	1	2	3	4	5	6
4. People with mental illness often cause troubles to others.	1	2	3	4	5	6
5. If I were an employer, I would provide job opportunities to people with mental illness.	1	2	3	4	5	6
6. I worry that people with mental illness might harm others.	1	2	3	4	5	6
7. When I know someone has a mental illness, I estrange him/her.	1	2	3	4	5	6
8. People with mental illness are repulsive.	1	2	3	4	5	6
9. I am willing to participate in volunteer services for people with mental illness.	1	2	3	4	5	6
10. People with mental illness deserve our care.	1	2	3	4	5	6
11. People with mental illness are dislikeable.	1	2	3	4	5	6
12. People with mental illness should be segregated.	1	2	3	4	5	6

13. When I meet a person with mental illness, it is best to avoid him/her.	1	2	3	4	5	6
14. I think people with mental illness should be treated fairly.	1	2	3	4	5	6
15. behaviors of people with mental illness make people angry.	1	2	3	4	5	6
16. I would not mind making friends with people with mental illness.	1	2	3	4	5	6
17. I accept people with mental illness.	1	2	3	4	5	6
18. People with mental illness can integrate into society if the public gives them a chance.	1	2	3	4	5	6
19. It is only normal that people with mental illness are discriminated against by other people.	1	2	3	4	5	6
20. I wholeheartedly fight for the rights of people with mental illness.	1	2	3	4	5	6
21. I am afraid of being alone with a person with mental illness.	1	2	3	4	5	6

**Part 10, Preference of social distance:** Please indicate your level of acceptance with each of the following statements.

	Totally unacceptable	Unacceptable	Slightly unacceptable	Slightly acceptable	Acceptable	Totally Acceptable
1. The people with mental health lives in the same building with you.	1	2	3	4	5	6
2. A mentally ill person lives in the same floor as you.	1	2	3	4	5	6
3. There are mentally ill neighbors with you.	1	2	3	4	5	6
4. Invite a friend with mental illness to be a guest at your home.	1	2	3	4	5	6
5. Work in the same institution but in different positions with the people with mental illness.	1	2	3	4	5	6
6. Work in the same institution as the person with mental illness and in the same position.	1	2	3	4	5	6
7. Recommend a person with mental illness to an employer for a certain position.	1	2	3	4	5	6
8. Make ordinary friends with mental people.	1	2	3	4	5	6
9. Become good friends with mental people.	1	2	3	4	5	6
10. Rent out the unit to a person with mental illness (assuming you are the owner).	1	2	3	4	5	6
11. Let the person with mental illness take care of your children (assuming you have children).	1	2	3	4	5	6
12. Introduce the person with mental illness to your friends.	1	2	3	4	5	6
13. A family member married a person with mental illness.	1	2	3	4	5	6
14. Marry a person with mental illness.	1	2	3	4	5	6
15. Set up a psychiatric service agency near your residence.	1	2	3	4	5	6

**Part 11, Social problem-solving:** Listed below are a number of statements concerning your social problem-solving strategy, please choose the number that best indicates your situation.

	Not at all true of me	Somewhat true of me	Quite true of me	Very true of me	Extremely true of me
1. Avoid thinking about problem.	0	1	2	3	4
2. Spend more time avoiding solving problem.	0	1	2	3	4
3. Put off trying to solve problems as long as possible.	0	1	2	3	4
4. Go out of my way to avoid dealing with problems.	0	1	2	3	4
5. Put off solving problems until it's too late.	0	1	2	3	4
6. Do not take time to evaluate all results carefully.	0	1	2	3	4
7. Frustrated if first attempt to solve problem fails.	0	1	2	3	4
8. Nervous and unsure when making important decisions.	0	1	2	3	4
9. A difficult problem makes me upset.	0	1	2	3	4
10. Feel afraid when I have a problem to solve.	0	1	2	3	4
11. Become depressed and immobilized.	0	1	2	3	4
12. Examine mood, see how better it is after change.	0	1	2	3	4
13. Keep in mind the goal.	0	1	2	3	4
14. Weigh and compare the consequences of each option.	0	1	2	3	4
15. Use a systematic method for comparing alternatives.	0	1	2	3	4
16. Evaluate if the situation has changed for the better.	0	1	2	3	4
17. Go with first good idea that comes to mind.	0	1	2	3	4
18. Act on the first idea that comes to mind.	0	1	2	3	4
19. Do not take time to consider pros and cons of options.	0	1	2	3	4
20. Go with my 'gut feeling' without thinking about effects.	0	1	2	3	4
21. Analyse the situation and identify obstacles.	0	1	2	3	4
22. Think of different solutions.	0	1	2	3	4
23. Believe a problem can be solved.	0	1	2	3	4
24. Deal with problems as soon as possible.	0	1	2	3	4
25. Do not give up trying to solve problems when first attempt fails.	0	1	2	3	4

**Part 12, Job satisfaction:** Taking everything into consideration, how do you feel about your job as a whole?

Extremely dissatisfied						Extremely satisfied
1	2	3	4	5	6	7

**Part 13, Work stress:**

	Never	Rarely	Sometimes	Quite often	Very often
1. How often do you experience interpersonal conflict at work (e.g. get into arguments with others, people yell at you, people rude to you, people do nasty things to you)?	1	2	3	4	5



	Less than once per month or never	Once or twice per month	Once or twice per week	Once or twice per day	Several times per day
2. How often do you find it difficult or impossible to do your job because of organizational constraints (e.g. poor equipment or supplies, organizational rules and procedures, other employees, lack of equipment or supplies, inadequate training, etc.)?	1	2	3	4	5
3. How often do you experience work overload (e.g. your job requires you to work very fast, work very hard, have little time to get things done, have a great deal to be done, have to do more work than you can do well, etc.)?	1	2	3	4	5

**Part 14, Co-worker/supervisor support:** Please read the following statements about your work carefully and indicate the frequency that you experience following situations.

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
1. If needed, can you get support and help with your work from your co-workers/supervisor?	1	2	3	4	5
2. If needed, are your co-workers/supervisor willing to listen to your work-related problems?	1	2	3	4	5
3. Are your work achievements appreciated by your co-worker/supervisor?	1	2	3	4	5
4. Have you noticed any disturbing conflicts between co-workers?	1	2	3	4	5

**Part 15, Psychological capital:** Please read the following statements carefully and use the following scale to indicate your level of agreement or disagreement with each statement.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
1. I feel confident in representing my work area in meetings with management.	1	2	3	4	5	6
2. I feel confident contributing to discussions about the organization's strategy.	1	2	3	4	5	6
3. I feel confident presenting information to a group of colleagues.	1	2	3	4	5	6
4. If I should find myself a jam at work, I could think of many ways to get out of it.	1	2	3	4	5	6
5. Right now I see myself as being pretty successful at work.	1	2	3	4	5	6
6. I can think of many ways to reach my current work goals.	1	2	3	4	5	6
7. At this time, I am meeting the work goals that I have set for myself.	1	2	3	4	5	6
8. I can be "on my own" so to speak, at work if I have to.	1	2	3	4	5	6

9. I usually take stressful things at work in stride.	1	2	3	4	5	6
10. I can get through difficult times at work because I've experienced difficulty before.	1	2	3	4	5	6
11. I always look on the bright side of things regarding my job.	1	2	3	4	5	6
12. I'm optimistic about what will happen to me in the future as it pertains to work.	1	2	3	4	5	6

**Part 16, Organizational justice:** The following items refer to the procedures your employer/manager/supervisor uses to make decisions about pay, rewards, evaluations, promotions, assignments, etc. To what extent:

	To a very small extent	To a small extent	To a moderate extent	To a large extent	To a very large extent
1. Have you been able to express your views and feelings during these procedures?	1	2	3	4	5
2. Have you had influence at by those procedures?	1	2	3	4	5
3. Have those procedures been applied consistently?	1	2	3	4	5
4. Have those procedures been free of bias?	1	2	3	4	5
5. Have those procedure been based on accurate information?	1	2	3	4	5
6. Have you been able to appeal the job outcome at by those procedures?	1	2	3	4	5
7. Have those procedures upheld ethical and moral standards?	1	2	3	4	5
8. Does your job outcome reflect the effort you have put into your work?	1	2	3	4	5
9. Is your job outcome appropriate for the work you have completed?	1	2	3	4	5
10. Does your job outcome reflect what you have contributed to the organization?	1	2	3	4	5
11. Is your outcome justified, given your performance?	1	2	3	4	5
12. Has he/she treated you in a polite manner?	1	2	3	4	5
13. Has he/she treated you with dignity?	1	2	3	4	5
14. Has he/she treated you with respect?	1	2	3	4	5
15. Has he/she refrained from improper remarks or comments?	1	2	3	4	5
16. Has he/she been candid in his/her communications with you?	1	2	3	4	5
17. Has he/she explained the procedures thoroughly?	1	2	3	4	5
18. Were his/her explanations regarding the procedures reasonable?	1	2	3	4	5
19. Has he/she communicated details in a timely manner?	1	2	3	4	5
20. Has he/she seemed to tailor his/her communications to individuals' specific needs?	1	2	3	4	5

**Part 17, Affective organizational commitment:** Please indicate your level of agreement or disagreement with each statement based on your feelings on your most recent job/the company that you are working in.

	Strongly disagree	Disagree	Not sure/ Neutral	Agree	Strongly agree
1. I would be very happy to spend the rest of my career with this organization.	1	2	3	4	5

2. I really feel as if this organization's problems are my own	1	2	3	4	5
3. I do not feel a strong sense of 'belonging' to my organization.	1	2	3	4	5
4. I do not feel 'emotionally attached' to this organization.	1	2	3	4	5
5. I do not feel like 'part of the family' at my organization.	1	2	3	4	5
6. This organization has a great deal of personal meaning to me.	1	2	3	4	5

**Part 18, Work performance:** In the past 3 months...

	Seldom/ Never	Sometimes	Regularly	Often	Always
1. I was able to plan my work so that I finished it on time.	0	1	2	3	4
2. I kept in mind the work result I needed to achieve.	0	1	2	3	4
3. I was able to distinguish main issues from side issues.	0	1	2	3	4
4. I was able to carry out my work well with minimal time and effort.	0	1	2	3	4
5. I planned my work optimally.	0	1	2	3	4
6. I complained about unimportant issues at work	0	1	2	3	4
7. I made problems at work bigger than they were.	0	1	2	3	4
8. I focused on the negative aspects of a situation at work instead of the positive aspects.	0	1	2	3	4
9. I talked to colleagues about the negative aspects of my work.	0	1	2	3	4
10. I talked to people outside of the organization about the negative aspects of my work.	0	1	2	3	4

**Part 19, Turnover intention:** How likely are you to leave your current job?

Very unlikely	Quite unlikely	Somewhat unlikely	Neutral	Somewhat likely	Quite likely	Very likely
1	2	3	4	5	6	7

**Part 20, Workplace support:** Which of the following measures do you think employers need to provide help to people with mental illness to work more efficiently? More than 1 option can be chosen.

<input type="checkbox"/> Understand the individual needs of the person with mental illness, assess whether the work arrangement or work environment needs to be adjusted	<input type="checkbox"/> Provide information related to mental health
<input type="checkbox"/> Consider flexible work arrangements, such as flexible working hours, short breaks, etc.	<input type="checkbox"/> Develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.
<input type="checkbox"/> Raise awareness of management and employees of anti-discrimination	<input type="checkbox"/> Establish effective and two-way communication channels between company and employees
<input type="checkbox"/> Provide an employee assistance program, for example, face-to-face counselling and consultation hotline, etc.	<input type="checkbox"/> Hold regular talks and activities focusing on mental health
<input type="checkbox"/> Others, please specify: _____	
<input type="checkbox"/> No action is needed	<input type="checkbox"/> Do not know/no comment

**Part 21, Direction of improvement:** Do you think the following measures need to be taken to improve the stigmatization and discrimination of people with mental illness in the workplace? More than 1 option can be chosen.

<input type="checkbox"/> Strengthen the legislation on discrimination	<input type="checkbox"/> Require companies to formulate relevant policies to prevent discrimination, bullying, harassment, etc.
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<input type="checkbox"/> The government should step up its efforts, including “enhancing its publicity efforts to let more people know about Disability Discrimination Ordinance”	<input type="checkbox"/> The Equal Opportunities Commission should organize more activities to raise public awareness
<input type="checkbox"/> The public can express their opinions on the Disability Discrimination Ordinance through different channels	<input type="checkbox"/> Increase the penalty for illegal employers
<input type="checkbox"/> Others, please specify: _____	
<input type="checkbox"/> No action is needed	<input type="checkbox"/> Do not know/no comment

**Part 22, Demographic characteristics:**

1. Age:	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 54-64 <input type="checkbox"/> 65 or above
2. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Highest level of education:	<input type="checkbox"/> Have never received education/kindergarten <input type="checkbox"/> Elementary school <input type="checkbox"/> Junior high school (Secondary 1 to 3) <input type="checkbox"/> High school (Secondary 4 to 5) <input type="checkbox"/> Foundation courses <input type="checkbox"/> Diploma or certificate courses <input type="checkbox"/> Associate degree courses <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Others, please specify: _____
4. Marital status:	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
5. Number of family members living together (including yourself):	_____
6. Number of children:	_____ Among them, _____ is/are full-time student(s)
7. Industry that you are working in:	<input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services <input type="checkbox"/> Social and personal service <input type="checkbox"/> Agriculture, mining, power and gas supply <input type="checkbox"/> Others, please specify: _____
8. Job position:	<input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers <input type="checkbox"/> Plant and machine operators and assemblers <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers <input type="checkbox"/> Others, please specify: _____
9. Size of company you work for:	<input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people <input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more <input type="checkbox"/> Others, Please specify: _____ <input type="checkbox"/> Do not know
10. Work experience in the current company:	_____year(s)_____month(s)
11. Monthly salary :	<input type="checkbox"/> Below 10,000 <input type="checkbox"/> 10,000~29,999 <input type="checkbox"/> 30,000~49,999 <input type="checkbox"/> 50,000~69,999 <input type="checkbox"/> 70,000~89,999 <input type="checkbox"/> 90,000 or above
12. Full-time/part-time :	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
13. Form of employment of your current job :	<input type="checkbox"/> Long-term employment <input type="checkbox"/> By contract

**Part 23, Mental illness record:**

If you have never suffered from mental illness, please skip to answer **Part 24, other opinions/suggestions on how to maintain good mental health in the workplace.**

1. The mental illness that you are suffering from: (more than 1 option can be chosen)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____
2. If you have more than one type of mental illness, according to the diagnosis, your primary mental illness is: (you can only choose one)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Suffer from only one mental illness
3. Year of the first diagnosis of mental illness:	_____(year)_____(month) (____year(s)____month(s) ago)
4. Have you ever taken psychiatric drugs? :	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Current condition of mental illness:	<input type="checkbox"/> Diagnosed but not receiving treatment <input type="checkbox"/> Under treatment <input type="checkbox"/> Recovered (no follow-up is needed)
6. Has your mental illness relapsed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the year of last relapse was _____(year)_____(month) (____year(s)____month(s) ago)

**Part 24, Other opinions/suggestions on how to maintain good mental health in the workplace**

**Part 25, In-Depth Interview**

If you are an employer, manager or other management staff, in order to further collect your opinions about stigmatization and discrimination of people with mental illness in the workplace, we sincerely invite you to participate in a one-hour meeting for an in-depth interview (time and location will be announced in due course). An incentive will be given as a token of appreciation.

Would you like to participate in an in-depth interview for this research?

Yes, the following are my contact details:

Name : \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Number : \_\_\_\_\_

No (Thank you, this is the end of the questionnaire!)

**This is the end of the questionnaire. Thank you for your participation!**

## Appendix 2. The Questionnaire for PMIs

### Study on Perceptions of Stigmatization and Discrimination of Persons with Mental Illness in the Workplace

**Part 1, Awareness and understanding of discrimination:**

1. In the past, have you ever heard of “disability discrimination”?  
Yes      No
2. As far as you know, does Hong Kong have “Disability Discrimination Ordinance”?  
Yes      No
3. Do you think “disability discrimination” is common in Hong Kong?  
Very Uncommon    Uncommon    Common    Very Common

Before answering the questions, please read the following description of mental illness carefully.

Mental illness generally refers to diseases with impaired brain function. Its symptoms include abnormalities in cognition, thought, emotion, sense, behavior, physiological functions (e.g., sleep and appetite), leading to significant difficulties in life, interpersonal relationships or personal development. Common mental illnesses include psychosis (including schizophrenia and delusional disorder); mood disorder (including depression and bipolar disorder); anxiety disorder (including generalized anxiety disorder, panic disorder, and obsessive-compulsive disorder).

4. Do you think that discrimination of people with mental illness is common in Hong Kong?  
Very Uncommon    Uncommon    Common    Very Common

**Part 2(A) , Discrimination of people with mental illness in the workplace in Hong Kong:** Please indicate the prevalence of the following work situations based on your observation, whether it is personal experiences or the experiences of others.

	Very uncommon	Uncommon	Common	Very common
1. Encountering difficulties when asking for leave due to mental illness.	1	2	3	4
2. Dismissed from the company due to mental illness.	1	2	3	4
3. Forced to resign because of mental illness.	1	2	3	4
4. Forced to retire because of mental illness.	1	2	3	4
5. Being disturbed, tortured, looking for trouble, ridiculed, mocked or intimidated because of mental illness.	1	2	3	4
6. Get a lower salary than others because of mental illness.	1	2	3	4
7. Get welfare benefits that are inferior to others because of mental illness.	1	2	3	4
8. Fewer opportunities for promotion than others because of mental illness.	1	2	3	4
9. Fewer training opportunities than others because of mental illness.	1	2	3	4
10. Being disciplined or penalized because of mental illness.	1	2	3	4
11. Being asked to leave the job temporarily because of mental illness.	1	2	3	4
12. Suspended from work because of mental illness.	1	2	3	4
13. The employer refused to reinstate because of mental illness.	1	2	3	4
14. Being assigned to job duties, work location or work shifts that are worse than others because of mental illness.	1	2	3	4

15. Failure to get labor organizations (such as labor unions) to try their best to handle complaints or disputes because of mental illness.	1	2	3	4
16. Unable to get his due rights, including salary, work insurance or retirement protection because of mental illness.	1	2	3	4
17. Not hired because of mental illness.	1	2	3	4

**Part 2(B), Please answer the following questions based on the current situation of the employing company: (If you are **unemployed**, please answer the questions based on your **most recent job**.)**

1. Does your current company provide employees with measures to maintain mental health, such as information related to mental health, tips for getting along with people in recovery, counseling and emotional support for employees, etc.?	<input type="checkbox"/> Yes; If yes, please specify: _____ <input type="checkbox"/> No (Please skip to answer <b>question 3</b> ) <input type="checkbox"/> Do not know (Please skip to answer <b>question 3</b> )					
2. Do you think these measures can effectively maintain the mental health of employees?	Very Effective	Effective	Slightly Effective	Slightly Ineffective	Ineffective	Very Ineffective
	1	2	3	4	5	6
2a If the measures are ineffective (i.e., the answer to the above question is 4, 5 or 6), please explain why:	Reason(s):					
3. Do you think the company needs to provide information and measures concerning the mental health of employees?	Very Necessary	Necessary	Slightly Necessary	Slightly Unnecessary	Unnecessary	Very Unnecessary
	1	2	3	4	5	6
4. Have you ever expressed your need for work-related assistance due to mental illness to your supervisor/company? (More than 1 option can be chosen)	<input type="checkbox"/> Yes; <input type="checkbox"/> The atmosphere of the company allows employees to express the need of assistance candidly. <input type="checkbox"/> Received support from colleagues to express the needed assistance to the supervisor/company <input type="checkbox"/> Received support from family or friends to express the needed assistance to the supervisor/company <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> No; Reason(s): <input type="checkbox"/> Only seek support from family or friends <input type="checkbox"/> Afraid of being labelled or discriminated by supervisor/company <input type="checkbox"/> Worry about how the supervisor/company thinks about my mental illness and job performance <input type="checkbox"/> Others, please specify: _____					
5. Will your supervisor/company consider providing work-related assistance for people with mental illness ?	Frequently Consider	Occasionally Consider	Rarely Consider	Will Not Consider		
	1	2	3	4		

**Part 3, Discrimination experience and reaction:**

<b>A. Hiring process</b>	
1. In the past five years, have you applied for a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( Please skip to answer <b>question 11</b> )

<p>2. During hiring process, have you even been discriminated due to mental illness?</p> <p>If yes, please answer what happened at that time. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> The job advertisement states that only people with no mental illness record will be considered</p> <p><input type="checkbox"/> Did not get an interview opportunity or was not notified of an interview because of mental illness record</p> <p><input type="checkbox"/> Not hired due to disclosure of mental illness record during the interview</p> <p><input type="checkbox"/> Was given poor employment conditions because of mental illness record</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Was not discriminated (Please skip to answer <b>question 11</b>)</p>
<p>3. When was the last time you encountered this discrimination?</p>	<p><input type="checkbox"/> Past three months <input type="checkbox"/> Past 3 to at least 6 months <input type="checkbox"/> Past 6 months to less than 1 year <input type="checkbox"/> Past 1 year to less than 2 years <input type="checkbox"/> Past 2 years to 5 years</p>
<p>4. What was the industry of the company that you applied for?</p>	<p><input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services</p> <p><input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services <input type="checkbox"/> Social and personal service</p> <p><input type="checkbox"/> Agriculture, mining, power and gas supply</p> <p><input type="checkbox"/> Others, please specify: _____</p>
<p>5. How many employees were working at the company that you applied for?</p>	<p><input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people</p> <p><input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Do not know</p>
<p>6. What position did you apply for?</p>	<p><input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals</p> <p><input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers <input type="checkbox"/> Plant and machine operators and assemblers</p> <p><input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers</p> <p><input type="checkbox"/> Others, please specify: _____</p>
<p>7. What action did you take? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Complained to the company <input type="checkbox"/> Confronted the perpetrator in person</p> <p><input type="checkbox"/> Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/> Complained to labor union or political parties <input type="checkbox"/> Brought the case to court</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> No action was taken, reason(s):</p> <p><input type="checkbox"/> It was unnecessary to take action and I can find other jobs</p> <p><input type="checkbox"/> I did not know the channels for filing a complaint</p> <p><input type="checkbox"/> Afraid of the retaliation from the employer</p> <p><input type="checkbox"/> Worried about future employers' view on such action</p> <p><input type="checkbox"/> Others, please specify: _____</p>
<p>8. Did you disclose to the people in this company that you are mentally ill?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department</p> <p><input type="checkbox"/> Interviewer</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> No (Please skip to answer <b>question 11</b>)</p>
<p>9. Did you disclose what kind of mental illness you have to the people in this company?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department</p> <p><input type="checkbox"/> Interviewer</p> <p><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> No (Please skip to answer <b>question 11</b>)</p>



10. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____
<b>B. Quitting process</b>	
11. In the past five years, have you resigned (including voluntarily or forced)?	<input type="checkbox"/> Yes <input type="checkbox"/> No ( Please skip to answer <b>question 21</b> )
12. During the quitting process, have you even been discriminated due to mental illness?  If yes, please answer what happened at that time. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Layoff due to structural reorganization <input type="checkbox"/> Given inferior treatment or changing employment conditions <input type="checkbox"/> Was assigned to a lower occupation or reduced work responsibilities <input type="checkbox"/> Received termination announcement <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Was not discriminated (Please skip to answer <b>question 21</b> )
13. When was the last time you encountered this discrimination?	<input type="checkbox"/> Past three months <input type="checkbox"/> Past 3 to at least 6 months <input type="checkbox"/> Past 6 months to less than 1 year <input type="checkbox"/> Past 1 year to less than 2 years <input type="checkbox"/> Past 2 years to 5 years
14. What was the industry of the company that you left?	<input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services <input type="checkbox"/> Social and personal service <input type="checkbox"/> Agriculture, mining, power and gas supply <input type="checkbox"/> Others, please specify: _____
15. How many employees were working at the company that you left?	<input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people <input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Do not know
16. What was your position?	<input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers <input type="checkbox"/> Plant and machine operators and assemblers <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers <input type="checkbox"/> Others, please specify: _____
17. What action did you take? (More than 1 option can be chosen)	<input type="checkbox"/> Complained to the company <input type="checkbox"/> Confronted the perpetrator in person <input type="checkbox"/> Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/> Complained to labor union or political parties <input type="checkbox"/> Brought the case to court <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> No action was taken, reason(s): <input type="checkbox"/> It was unnecessary to take action and I can find other jobs <input type="checkbox"/> I did not know the channels for filing a complaint <input type="checkbox"/> Afraid of the retaliation from the employer <input type="checkbox"/> Worried about future employers' view on such action <input type="checkbox"/> Others, please specify: _____
18. Did you disclose to the people in this company that you are mentally ill?  If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department <input type="checkbox"/> Interviewer <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> No (Please skip to answer <b>question 21</b> )
19. Did you disclose what kind of mental illness you have to the people in this company?	<input type="checkbox"/> Yes <input type="checkbox"/> Staff responsible for the recruitment process, such as the human resources department <input type="checkbox"/> Interviewer

<p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Others, please specify: _____  <input type="checkbox"/>No (Please skip to answer <b>question 21</b>)</p>
<p>20. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Schizophrenia <input type="checkbox"/>Depression <input type="checkbox"/>Anxiety Disorder <input type="checkbox"/>Bipolar Disorder  <input type="checkbox"/>Others, please specify: _____</p>

**C. At work**

<p>21. In the past five years, have you even been discriminated due to mental illness?   If yes , please answer what happened at that time. (more than 1 option can be chosen)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>Received less salary in the same position (compared with others)  <input type="checkbox"/>Was rejected to attend training  <input type="checkbox"/>Lost the opportunity to get promotion  <input type="checkbox"/>Reduced responsibility  <input type="checkbox"/>Loss/reduced work benefits  <input type="checkbox"/>Was not approved for taking leave  <input type="checkbox"/>Experienced unfair treatment when applying for leave  <input type="checkbox"/>Employees without mental illness received more favorable treatment from company, forgiveness, and not be held accountable  <input type="checkbox"/>Others, please specify: _____  <input type="checkbox"/>Was not discriminated (Please skip to answer <b>Part 4, Questions related to sick leave</b>)</p>	
<p>22. When was the last time you encountered this discrimination?</p>	<p><input type="checkbox"/>Past three months <input type="checkbox"/>Past 3 to at least 6 months <input type="checkbox"/>Past 6 months to less than 1 year  <input type="checkbox"/>Past 1 year to less than 2 years <input type="checkbox"/>Past 2 years to 5 years</p>	
<p>23. What was the industry of the company that you were working at?</p>	<p><input type="checkbox"/>Government departments <input type="checkbox"/>Manufacturing <input type="checkbox"/>Construction <input type="checkbox"/>Import/export, wholesale and retail  <input type="checkbox"/>Transportation, warehouse, postal and expressive services <input type="checkbox"/>Accommodation and food services  <input type="checkbox"/>Information and communications <input type="checkbox"/>Financing and insurance <input type="checkbox"/>Real estate, professional and business services  <input type="checkbox"/>Social and personal service  <input type="checkbox"/>Agriculture, mining, power and gas supply  <input type="checkbox"/>Others, please specify: _____</p>	
<p>24. How many employees were working at the company that you were working at?</p>	<p><input type="checkbox"/>Less than 10 people <input type="checkbox"/>10 to 49 people <input type="checkbox"/>50 to 99 people <input type="checkbox"/>100 to 299 people  <input type="checkbox"/>300 to 499 people <input type="checkbox"/>500 people or more  <input type="checkbox"/>Others, please specify: _____  <input type="checkbox"/>Do not know</p>	
<p>25. What was your position?</p>	<p><input type="checkbox"/>Managers and administrators <input type="checkbox"/>Professionals <input type="checkbox"/>Associate Professionals  <input type="checkbox"/>Clerical support workers <input type="checkbox"/>Service and sales workers <input type="checkbox"/>Crafts and related workers  <input type="checkbox"/>Plant and machine operators and assemblers  <input type="checkbox"/>Elementary occupations <input type="checkbox"/>Skilled agricultural and fishery workers  <input type="checkbox"/>Others, please specify: _____</p>	
<p>26. What action did you take? (More than 1 option can be chosen)</p>	<p><input type="checkbox"/>Complained to the company <input type="checkbox"/>Confronted the perpetrator in person  <input type="checkbox"/>Complained to the Equal Opportunities Commission (EOC) <input type="checkbox"/>Complained to labor union or political parties  <input type="checkbox"/>Brought the case to court  <input type="checkbox"/>Others, please specify: _____  <input type="checkbox"/>No action was taken, reason(s):  <input type="checkbox"/>It was unnecessary to take action and I can find other jobs  <input type="checkbox"/>I did not know the channels for filing a complaint  <input type="checkbox"/>Afraid of the retaliation from the employer  <input type="checkbox"/>Worried about future employers' view on such action  <input type="checkbox"/>Others, please specify: _____</p>	
<p>27. Did you disclose to the people in this company that you are mentally ill?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>Supervisors  <input type="checkbox"/>Colleagues  <input type="checkbox"/>No ( Please skip to answer <b>Part 4, Questions related to sick leave</b>)</p>	<p>If yes, when did you disclose it to your supervisor after joining the company?  <input type="checkbox"/>Within 3 months  <input type="checkbox"/>3 months to at least 6 months</p>

<p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>		<input type="checkbox"/> 6 months to at least 1 year <input type="checkbox"/> 1 year to at least 2 years <input type="checkbox"/> More than 2 years
<p>28. Did you disclose what kind of mental illness you have to the people in this company?</p> <p>If yes, please choose the target person that you disclosed to. (More than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No ( Please skip to answer <b>Part 4, Questions related to sick leave</b> )	<p>If yes, when did you disclose it to your supervisor after joining the company?</p> <input type="checkbox"/> Within 3 months <input type="checkbox"/> 3 months to at least 6 months <input type="checkbox"/> 6 months to at least 1 year <input type="checkbox"/> 1 year to at least 2 years <input type="checkbox"/> More than 2 years
<p>29. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____	

**Part 4, Questions related to sick leave:** The following questions are related to your **current job**. If you are **not employed**, please answer the questions based on your **most recent job**.

<p>1a. Have you ever encountered difficulties when asking for leave for <b>medical advice</b> due to mental health before being diagnosed in your current/recently employed company?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ( Please skip to answer <b>question 2a</b> )
<p>1b. What are the difficulties? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Leave applied in advance was not approved by supervisor <input type="checkbox"/> Leave applied for on the same day or in a short notice was not approved by the supervisor <input type="checkbox"/> Colleagues were dissatisfied about my leave application <input type="checkbox"/> Others: _____
<p>1c. Have you taken any action because of difficulties in taking time off for medical advice for mental health?</p> <p>If yes, please indicate the action that you have taken. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Rescheduled the appointment <input type="checkbox"/> Sought medical advice on paid leave <input type="checkbox"/> Gave up to seek medical advice <input type="checkbox"/> Others: _____ <input type="checkbox"/> No
<p>1d. During this leave application process, have you disclosed to the people in your current/recently employed company that you are asking for leave to medical advice for mental health?</p> <p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No
<p>1e. During this leave application process, have you disclosed to the people in your current/recently employed organization that you suspect yourself to be mentally ill?</p> <p>If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>question 2a</b> )
<p>1f. During this leave application process, have you disclosed to the people in your current/recently employed organization about what kind of mental illness you suspect yourself to be suffering from?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>question 2a</b> )
<p>1g. What kind of suspected mental illness did you disclose? (More than 1 option can be chosen)</p>	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder

	<input type="checkbox"/> Others, please specify: _____
2a. In your current/recently employed institution, have you ever encountered difficulties when taking leave of absence due to the need to receive <b>mental health-related treatment or follow-up consultation</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions Related to Professional Treatments</b> )
2b. What are the difficulties? (More than 1 option can be chosen)	<input type="checkbox"/> Leave applied in advance was not approved by supervisor <input type="checkbox"/> Leave applied for on the same day or in a short notice was not approved by the supervisor <input type="checkbox"/> Colleagues were dissatisfied about my leave application <input type="checkbox"/> Others: _____
2c. Have you taken any action because of difficulties in taking a leave of absence due to mental health-related treatment or follow-up consultation?  If yes, please indicate the action that you have taken. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Rescheduled the appointment <input type="checkbox"/> Sought medical advice on paid leave <input type="checkbox"/> Gave up to seek medical advice <input type="checkbox"/> Others: _____ <input type="checkbox"/> No
2d. During this leave application process, did you disclose to the people in your current/recently employed company that you were taking leave because of mental health-related treatment or follow-up consultation?  If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No
2e. During this leave application process, did you disclose to the people in your current/most recently employed organization that you are diagnosed with mental illness?  If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions related to professional treatment</b> )
2f. During this leave application process, did you disclose to the people in your current/most recently employed company about what kind of mental illness you have?  If yes, please choose the target person that you disclosed to. (more than 1 option can be chosen)	<input type="checkbox"/> Yes <input type="checkbox"/> Supervisors <input type="checkbox"/> Colleagues <input type="checkbox"/> No (Please skip to answer <b>Part 5, Questions related to professional treatment</b> )
2g. What kind of mental illness did you disclose at the time? (More than 1 option can be chosen)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____

**Part 5, Questions related to professional treatment:**

<p>1. During your current/recent work period, have you been unwilling or delayed in seeking medical advice, receiving treatment or follow-up consultation for your mental health due to the following reasons?</p>	<p><input type="checkbox"/> No (Please skip to answer <b>Part 6, Perception of state of illness</b>)</p> <p><input type="checkbox"/> Yes (please indicate the reason that applies to you, more than 1 option can be chosen)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Worried about being known by other workers in the company that I have mental health issues</li> <li><input type="checkbox"/> Worried about being known by other workers in the company that I need to get medical advice, treatment, or follow-up consultation due to mental illness</li> <li><input type="checkbox"/> Worried about other workers in the company being dissatisfied with my need to get medical advice, treatment, or follow-up consultation</li> <li><input type="checkbox"/> Worried that the company will have negative thoughts about myself because of my need to get medical advice, treatment, or follow-up consultation due to mental illness</li> <li><input type="checkbox"/> Felt ashamed of asking for leave to seek medical advice, treatment, or follow-up consultation for mental health</li> <li><input type="checkbox"/> Believed that seeking medical advice, treatment, or follow-up consultation for mental health will negatively affect my work</li> <li><input type="checkbox"/> Believed that seeking medical advice, treatment, or follow-up consultation for mental health will not improve my condition</li> <li><input type="checkbox"/> Others (including work-related and non-work-related reason): _____</li> </ul>
<p>2. Do you think that due to unwillingness or delay in seeking medical advice, treatment, or follow-up consultation had a negative impact on your mental health treatment or recovery?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Part 6, Perception of people with mental illness:** Please read the following statements, circle the number that best corresponds to your views on people with mental illness.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
1. My mental illness affects my life severely.	1	2	3	4	5	6
2. My mental illness will last forever.	1	2	3	4	5	6
3. I can fully control my mental illness.	1	2	3	4	5	6
4. Receiving treatment is extremely helpful for my mental illness.	1	2	3	4	5	6
5. I experience many severe symptoms from my illness.	1	2	3	4	5	6
6. I am extremely concerned about my mental illness.	1	2	3	4	5	6
7. I understand very clearly about my mental illness.	1	2	3	4	5	6
8. My mental illness affects my emotions (e.g. makes me angry, scared, upset, or depressed).	1	2	3	4	5	6

9. Personal factors are the most important causes of my mental illness.	1	2	3	4	5	6
10. Family factors are the most important causes of my mental illness.	1	2	3	4	5	6
11. Social factors are the most important causes of my mental illness.	1	2	3	4	5	6
12. Genetics are the most important causes my mental illness.	1	2	3	4	5	6
13. Environmental factors are the most important causes of my mental illness.	1	2	3	4	5	6
14. Heredity, bacteria and viruses, brain structure or nervous system abnormalities and injuries are the most important causes of my mental illness.	1	2	3	4	5	6
15. Personality, stress, family issue, work overload, or major life change are the most important causes of my mental illness.	1	2	3	4	5	6
16. Feng shui, karma, spiritual possession, or destiny are the most important causes of my mental illness.	1	2	3	4	5	6

**Part 7, Emotion regulation:** The following statements are personal descriptions of your own emotions. Please choose the answer which **best suits your experience**. There is no right or wrong answer, please answer the questions based on your real-life situation.

	<b>Strongly disagree</b>			<b>Neutral</b>			<b>Strongly agree</b>
1 I control my emotions by changing the way I think about the situation I'm in.	1	2	3	4	5	6	7
2 When I want to feel less negative emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
3 When I want to feel more positive emotion, I change the way I'm thinking about the situation.	1	2	3	4	5	6	7
4 When I want to feel more positive emotion (such as joy or amusement), I change what I 'm thinking about.	1	2	3	4	5	6	7
5 When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	1	2	3	4	5	6	7
6 When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	1	2	3	4	5	6	7
7 I control my emotions by not expressing them.	1	2	3	4	5	6	7
8 When I am feeling negative emotions, I make sure not to express them.	1	2	3	4	5	6	7
9 I keep my emotions to myself.	1	2	3	4	5	6	7
10 When I am feeling positive emotions, I am careful not to express them.	1	2	3	4	5	6	7

**Part 8, The PERMA profiler:** Please read the following statements and choose the number that **best describes you**.

	Never										Always
1. In general, how often do you feel joyful?	0	1	2	3	4	5	6	7	8	9	10
2. In general, how often do you feel positive?	0	1	2	3	4	5	6	7	8	9	10
3. How often do you become absorbed in what you are doing?	0	1	2	3	4	5	6	7	8	9	10
4. How often do you lose track of time while doing something you enjoy?	0	1	2	3	4	5	6	7	8	9	10
5. How much of time do you feel you are making progress towards accomplishing your goals?	0	1	2	3	4	5	6	7	8	9	10
6. How often do you achieve the important goals you have set for yourself?	0	1	2	3	4	5	6	7	8	9	10
7. How often are you able to handle your responsibilities?	0	1	2	3	4	5	6	7	8	9	10
	Not at all										Completely
8. In general, to what extent do you feel contented?	0	1	2	3	4	5	6	7	8	9	10
9. In general, to what extent do you feel excited and interested in things?	0	1	2	3	4	5	6	7	8	9	10
10. To what extent do you receive help and support from others when you need it?	0	1	2	3	4	5	6	7	8	9	10
11. To what extent do you feel loved?	0	1	2	3	4	5	6	7	8	9	10
12. How satisfied are you with your personal relationships?	0	1	2	3	4	5	6	7	8	9	10
13. In general, to what extent do you lead a purposeful and meaningful life?	0	1	2	3	4	5	6	7	8	9	10
14. In general, to what extent do you feel what you do in your life is valuable and worthwhile?	0	1	2	3	4	5	6	7	8	9	10
15. To what extent do you generally feel you have a sense of direction in your life?	0	1	2	3	4	5	6	7	8	9	10

**Part 9, Internalized stigma:** Please read the following statements carefully and indicate your level of agreement with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
1. People with mental illness tend to be violent.	1	2	3	4
2. People with mental illness make important contributions to the society.	1	2	3	4
3. I don't socialize as much as I used to because my mental illness might make me look or behave "weird."	1	2	3	4
4. Having a mental illness has spoiled my life.	1	2	3	4
5. I stay away from social situations in order to protect my family or friends from embarrassment.	1	2	3	4
6. People without mental illness could not possibly understand me.	1	2	3	4
7. People ignore me or take me less seriously just because I have a mental illness.	1	2	3	4
8. I can't contribute anything to the society because I have a mental illness.	1	2	3	4
9. I can have a good, fulfilling life, despite my mental illness.	1	2	3	4

10. Others think that I can't achieve much in life because I have a mental illness.	1	2	3	4
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**Part 10, Coping strategy:** Please answer the following questions based on how often you use the following ways of dealing with difficult or stressful events.

	Never	Seldom	Usually	Always
1. I've been turning to work or other activities to take my mind off things.	1	2	3	4
2. I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3. I've been saying to myself "this isn't real."	1	2	3	4
4. I've been using alcohol or other drugs to make myself feel better.	1	2	3	4
5. I've been getting emotional support from others.	1	2	3	4
6. I've been giving up trying to deal with it.	1	2	3	4
7. I've been taking action to try to make the situation better.	1	2	3	4
8. I've been refusing to believe that it has happened.	1	2	3	4
9. I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10. I've been getting help and advice from other people.	1	2	3	4
11. I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12. I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13. I've been criticizing myself.	1	2	3	4
14. I've been trying to come up with a strategy about what to do.	1	2	3	4
15. I've been getting comfort and understanding from someone.	1	2	3	4
16. I've been giving up the attempt to cope.	1	2	3	4
17. I've been looking for something good in what is happening.	1	2	3	4
18. I've been making jokes about it.	1	2	3	4
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20. I've been accepting the reality of the fact that it has happened.	1	2	3	4
21. I've been expressing my negative feelings.	1	2	3	4
22. I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23. I've been trying to get advice or help from other people about what to do.	1	2	3	4
24. I've been learning to live with it.	1	2	3	4
25. I've been thinking hard about what steps to take.	1	2	3	4
26. I've been blaming myself for things that happened.	1	2	3	4
27. I've been praying or meditating.	1	2	3	4
28. I've been making fun of the situation.	1	2	3	4



**Part 11, Help-seeking behavior:** How frequently have you sought help from the following persons or organizations for mental health-related problems?

	Rarely	Occasionally	Sometimes	Often	Not applicable
1. My partner	1	2	3	4	5
2. My parents	1	2	3	4	5
3. My other relatives	1	2	3	4	5
4. Partner's parents	1	2	3	4	5
5. Partner's other relatives	1	2	3	4	5
6. My friends	1	2	3	4	5
7. Partner's friends	1	2	3	4	5
8. My child	1	2	3	4	5
9. My colleagues	1	2	3	4	5
10. My supervisor	1	2	3	4	5
11. Social organizations or institutions	1	2	3	4	5
12. My religious community	1	2	3	4	5
13. Family doctor	1	2	3	4	5
14. Psychiatrist	1	2	3	4	5
15. Professionals (social worker, therapist, counselor, etc.)	1	2	3	4	5
16. Professional institutions (mental health, public health, social services, etc.)	1	2	3	4	5

**Part 12, Recovery status:** Please read the following statements carefully and indicate your level of agreement with each of the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I'm hopeful about my future.	1	2	3	4	5
2. Something good will eventually happen.	1	2	3	4	5
3. I can handle what happens in my life.	1	2	3	4	5
4. My symptoms seem to be a problem for shorter periods of time each time they occur.	1	2	3	4	5
5. My symptoms interfere less and less with my life.	1	2	3	4	5
6. Coping with my mental illness is no longer the main focus of my life.	1	2	3	4	5
7. I know when to ask for help.	1	2	3	4	5
8. I ask for help, when I need it.	1	2	3	4	5
9. I am willing to ask for help.	1	2	3	4	5
10. I have people I can count on.	1	2	3	4	5
11. Even when I don't care about myself, other people do.	1	2	3	4	5
12. Even when I don't believe in myself, other people do.	1	2	3	4	5

**Part 13, Symptom index:** Please choose the number that best describes how often you have had the psychological or emotional difficulties **in the past month**.

	Not at all	Once during the month	Several times during the month	Several times a week	At least every day
1. I felt nervous, tense, worried, frustrated, or afraid.	1	2	3	4	5
2. I felt depressed.	1	2	3	4	5
3. I felt lonely.	1	2	3	4	5
4. Others told me that I acted “paranoid” or “suspicious”.	1	2	3	4	5
5. I heard voices, or heard or saw things that other people didn’t think were there.	1	2	3	4	5
6. I had trouble making up my mind about something, like deciding where I wanted to go or what I wanted to do, or how to solve a problem.	1	2	3	4	5
7. I had trouble thinking straight, or concentrating on something I needed to do like worrying so much, or thinking about problems so much that I can’t remember or focus on other things.	1	2	3	4	5
8. I felt that my behavior or actions were strange or different from that of other people.	1	2	3	4	5
9. I felt out of place or like I did not fit in.	1	2	3	4	5
10. I forgot important things.	1	2	3	4	5
11. I had problems with thinking too fast (thoughts racing).	1	2	3	4	5
12. I felt suspicious or paranoid.	1	2	3	4	5
13. I felt like hurting or killing myself.	1	2	3	4	5
14. I felt like seriously hurting someone else.	1	2	3	4	5

**Part 14, Specific level of functioning:** Please read the following statements carefully and choose the number that best describes your status **in the past month**.

	Highly untypical of this person	Generally untypical of this person	Somewhat typical of this person	Generally typical of this person	Highly typical of this person
1. Has employable skills.	1	2	3	4	5
2. Works with minimal supervision.	1	2	3	4	5
3. Is able to sustain work efforts.	1	2	3	4	5
4. Appears at appointments on time.	1	2	3	4	5
5. Follows verbal instructions accurately.	1	2	3	4	5
6. Completes assigned tasks.	1	2	3	4	5
7. Accepts contact with others.	1	2	3	4	5
8. Initiates contact with others.	1	2	3	4	5
9. Communicates effectively.	1	2	3	4	5
10. Engages in activities without prompting.	1	2	3	4	5
11. Participates in groups.	1	2	3	4	5
12. Forms and maintains friendships.	1	2	3	4	5
13. Asks for help when needed.	1	2	3	4	5

The following questions (parts 15-22) are related to your **current job**; if you are **not employed**, please answer the questions based on your **most recent job**.

**Part 15, Job satisfaction:** Taking everything into consideration, how do you feel about your job as a whole?

<b>Extremely dissatisfied</b>						<b>Extremely satisfied</b>
1	2	3	4	5	6	7

**Part 16, Work stress:**

	Never	Rarely	Sometimes	Quite often	Very often
1. How often do you experience interpersonal conflict at work (e.g. get into arguments with others, people yell at you, people rude to you, people do nasty things to you)?	1	2	3	4	5
	<b>Less than once per month or never</b>	<b>Once or twice per month</b>	<b>Once or twice per week</b>	<b>Once or twice per day</b>	<b>Several times per day</b>
2. How often do you find it difficult or impossible to do your job because of organizational constraints (e.g. poor equipment or supplies, organizational rules and procedures, other employees, lack of equipment or supplies, inadequate training, etc.)?	1	2	3	4	5
3. How often do you experience work overload (e.g. your job requires you to work very fast, work very hard, have little time to get things done, have a great deal to be done, have do more work than you can do well, etc.)?	1	2	3	4	5

**Part 17, Co-worker/supervisor Support:** Please read the following statements about your work carefully and indicate the frequency that you experience following situations.

	Very seldom or never	Rather seldom	Sometimes	Rather often	Very often or always
1. If needed, can you get support and help with your work from your co-workers/supervisor?	1	2	3	4	5
2. If needed, are your co-workers/supervisor willing to listen to your work-related problems?	1	2	3	4	5
3. Are your work achievements appreciated by your co-worker/supervisor?	1	2	3	4	5
4. Have you noticed any disturbing conflicts between co-workers?	1	2	3	4	5

**Part 18, Psychological capital:** Please read the following statements carefully and use the following scale to indicate your level of agreement or disagreement with each statement.

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree
1. I feel confident in representing my work area in meetings with management.	1	2	3	4	5	6
2. I feel confident contributing to discussions about the organization's strategy.	1	2	3	4	5	6

3. I feel confident presenting information to a group of colleagues.	1	2	3	4	5	6
4. If I should find myself a jam at work, I could think of many ways to get out of it.	1	2	3	4	5	6
5. Right now I see myself as being pretty successful at work.	1	2	3	4	5	6
6. I can think of many ways to reach my current work goals.	1	2	3	4	5	6
7. At this time, I am meeting the work goals that I have set for myself.	1	2	3	4	5	6
8. I can be “on my own” so to speak, at work if I have to.	1	2	3	4	5	6
9. I usually take stressful things at work in stride.	1	2	3	4	5	6
10. I can get through difficult times at work because I’ve experienced difficulty before.	1	2	3	4	5	6
11. I always look on the bright side of things regarding my job.	1	2	3	4	5	6
12. I’m optimistic about what will happen to me in the future as it pertains to work.	1	2	3	4	5	6

**Part 19, Organizational justice:** The following items refer to the procedures your employer/manager/supervisor uses to make decisions about pay, rewards, evaluations, promotions, assignments, etc. To what extent:

	To a very small extent	To a small extent	To a moderate extent	To a large extent	To a very large extent
1. Have you been able to express your views and feelings during these procedures?	1	2	3	4	5
2. Have you had influence at by those procedures?	1	2	3	4	5
3. Have those procedures been applied consistently?	1	2	3	4	5
4. Have those procedures been free of bias?	1	2	3	4	5
5. Have those procedure been based on accurate information?	1	2	3	4	5
6. Have you been able to appeal the job outcome at by those procedures?	1	2	3	4	5
7. Have those procedures upheld ethical and moral standards?	1	2	3	4	5
8. Does your job outcome reflect the effort you have put into your work?	1	2	3	4	5
9. Is your job outcome appropriate for the work you have completed?	1	2	3	4	5
10. Does your job outcome reflect what you have contributed to the organization?	1	2	3	4	5
11. Is your outcome justified, given your performance?	1	2	3	4	5
12. Has he/she treated you in a polite manner?	1	2	3	4	5
13. Has he/she treated you with dignity?	1	2	3	4	5
14. Has he/she treated you with respect?	1	2	3	4	5
15. Has he/she refrained from improper remarks or comments?	1	2	3	4	5
16. Has he/she been candid in his/her communications with you?	1	2	3	4	5
17. Has he/she explained the procedures thoroughly?	1	2	3	4	5
18. Were his/her explanations regarding the procedures reasonable?	1	2	3	4	5
19. Has he/she communicated details in a timely manner?	1	2	3	4	5

20. Has he/she seemed to tailor his/her communications to individuals' specific needs?	1	2	3	4	5
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**Part 20, Affective organizational commitment:** Please indicate your level of agreement or disagreement with each statement based on your feelings on your most recent job/the company that you are working in.

	Strongly disagree	Disagree	Not sure/ Neutral	Agree	Strongly agree
1. I would be very happy to spend the rest of my career with this organization.	1	2	3	4	5
2. I really feel as if this organization's problems are my own	1	2	3	4	5
3. I do not feel a strong sense of 'belonging' to my organization.	1	2	3	4	5
4. I do not feel 'emotionally attached' to this organization.	1	2	3	4	5
5. I do not feel like 'part of the family' at my organization.	1	2	3	4	5
6. This organization has a great deal of personal meaning to me.	1	2	3	4	5

**Part 21, Work performance:** At work...

	Seldom/ Never	Sometimes	Regularly	Often	Always
1. I was able to plan my work so that I finished it on time.	0	1	2	3	4
2. I kept in mind the work result I needed to achieve.	0	1	2	3	4
3. I was able to distinguish main issues from side issues.	0	1	2	3	4
4. I was able to carry out my work well with minimal time and effort.	0	1	2	3	4
5. I planned my work optimally.	0	1	2	3	4
6. I complained about unimportant issues at work	0	1	2	3	4
7. I made problems at work bigger than they were.	0	1	2	3	4
8. I focused on the negative aspects of a situation at work instead of the positive aspects.	0	1	2	3	4
9. I talked to colleagues about the negative aspects of my work.	0	1	2	3	4
10. I talked to people outside of the organization about the negative aspects of my work.	0	1	2	3	4

**Part 22, Turnover Intention:** How likely are you to leave your current job?

(If you are unemployed, please skip to answer **Part 23, Workplace support.**)

Very unlikely	Quite unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Quite likely	Very likely
1	2	3	4	5	6	7

**Part 23, Workplace support:** Which of the following measures do you think employers need to provide help to people with mental illness to work more efficiently? More than 1 option can be chosen.

<input type="checkbox"/> Understand the individual needs of the person with mental illness, assess whether the work arrangement or work environment needs to be adjusted	<input type="checkbox"/> Provide information related to mental health
<input type="checkbox"/> Consider flexible work arrangements, such as flexible working hours, short breaks, etc.	<input type="checkbox"/> Develop an equal opportunity policy to avoid discrimination, bullying, harassment, etc.
<input type="checkbox"/> Raise awareness of management and employees of anti-discrimination	<input type="checkbox"/> Establish effective and two-way communication channels between company and employees
<input type="checkbox"/> Provide an employee assistance program, for example, face-to-face counselling and consultation hotline, etc.	<input type="checkbox"/> Hold regular talks and activities focusing on mental health
<input type="checkbox"/> Others, please specify: _____	
<input type="checkbox"/> No action is needed	<input type="checkbox"/> Do not know/no comment

**Part 24, Direction of improvement:** Do you think the following measures need to be taken to improve the stigmatization and discrimination of people with mental illness in the workplace? More than 1 option can be chosen.

<input type="checkbox"/> Strengthen the legislation on discrimination	<input type="checkbox"/> Require companies to formulate relevant policies to prevent discrimination, bullying, harassment, etc.
<input type="checkbox"/> The government should step up its efforts, including “enhancing its publicity efforts to let more people know about Disability Discrimination Ordinance”	<input type="checkbox"/> The Equal Opportunities Commission should organize more activities to raise public awareness
<input type="checkbox"/> The public can express their opinions on the Disability Discrimination Ordinance through different channels	<input type="checkbox"/> Increase the penalty for illegal employers
<input type="checkbox"/> Others, please specify: _____	
<input type="checkbox"/> No action is needed	<input type="checkbox"/> Do not know/no comment

**Part 25, Demographic characteristics:**

1. Age:	<input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 54-64 <input type="checkbox"/> 65 or above
2. Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Highest level of education:	<input type="checkbox"/> Have never received education/kindergarten <input type="checkbox"/> Elementary school <input type="checkbox"/> Junior high school (Secondary 1 to 3) <input type="checkbox"/> High school (Secondary 4 to 5) <input type="checkbox"/> Foundation courses <input type="checkbox"/> Diploma or certificate courses <input type="checkbox"/> Associate degree courses <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <input type="checkbox"/> Others, please specify: _____
4. Marital status:	<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
5. Number of family members living together (including yourself):	_____
6. Number of children:	_____ Among them, _____ is/are full-time students.
7. Economic activity status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not engaged in economic activity (including student, house worker or retiree)
8. If you are not employed, the time that you left your job (please fill in the year and month you last worked):	_____ (year) _____ (month) / <input type="checkbox"/> I am employed

The following questions are related to your **current job**; if you are **not employed**, please answer the questions based on your **most recent job**.

9. Current/most recent industry that you are working in/have recently worked in:	<input type="checkbox"/> Government departments <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Import/export, wholesale and retail <input type="checkbox"/> Transportation, warehouse, postal and expressive services <input type="checkbox"/> Accommodation and food services <input type="checkbox"/> Information and communications <input type="checkbox"/> Financing and insurance <input type="checkbox"/> Real estate, professional and business services <input type="checkbox"/> Social and personal service <input type="checkbox"/> Agriculture, mining, power and gas supply <input type="checkbox"/> Others, please specify: _____
10. Current/most recent job position:	<input type="checkbox"/> Managers and administrators <input type="checkbox"/> Professionals <input type="checkbox"/> Associate Professionals <input type="checkbox"/> Clerical support workers <input type="checkbox"/> Service and sales workers <input type="checkbox"/> Crafts and related workers <input type="checkbox"/> Plant and machine operators and assemblers <input type="checkbox"/> Elementary occupations <input type="checkbox"/> Skilled agricultural and fishery workers <input type="checkbox"/> Others, please specify: _____
11. Size of the company that you are working in/have recently worked in:	<input type="checkbox"/> Less than 10 people <input type="checkbox"/> 10 to 49 people <input type="checkbox"/> 50 to 99 people <input type="checkbox"/> 100 to 299 people <input type="checkbox"/> 300 to 499 people <input type="checkbox"/> 500 people or more <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Do not know
12. Current/most recent work experience of the company:	_____year(s)_____month(s)
13. Current/most recent monthly salary:	<input type="checkbox"/> Below 10,000 <input type="checkbox"/> 10,000~29,999 <input type="checkbox"/> 30,000~49,999 <input type="checkbox"/> 50,000~69,999 <input type="checkbox"/> 70,000~89,999 <input type="checkbox"/> 90,000 or above
14. Current/most recent full-time/part-time:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
15. Form of employment of your current/most recent job:	<input type="checkbox"/> Long-term employment <input type="checkbox"/> By contract

**Part 26, Mental illness record:**

1. The mental illness that you are suffering from: (more than 1 option can be chosen)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____
2. If you have more than one type of mental illness, according to the diagnosis, your primary mental illness is: (you can only choose one)	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety Disorder <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Others, please specify: _____ <input type="checkbox"/> Suffer from only one mental illness
3. Year of the first diagnosis of mental illness:	_____ (year) _____ (month) (_____ year(s) _____ month(s) ago)
4. Have you ever taken psychiatric drugs? :	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Current condition of mental illness:	<input type="checkbox"/> Diagnosed but not receiving treatment <input type="checkbox"/> Under treatment <input type="checkbox"/> Recovered (no follow-up is needed)
6. Has your mental illness relapsed?	<input type="checkbox"/> No <input type="checkbox"/> Yes, the year of last relapse was _____ (year) _____ (month) (_____ year(s) _____ month(s) ago)

**Part 27, Other opinions/suggestions on how to maintain good mental health in the workplace:**

**This is the end of the questionnaire. Thank you for your participation!**

### Appendix 3. Socio-Demographic Characteristics of Interviewees of In-depth Interviews

No.	Gender	Age	Industry	Position	Hired/Worked with PMIs/Recovered Persons	Number of Subordinates	Company Size
1	Female	45-54	Transportation, Warehouse, Postal and Express Services	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
2	Male	45-54	Finance and Insurance	Manager/ Department Head	Yes	10-49 persons	Small (Less than 50 persons)
3	Female	54-64	Recreation management	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
4	Female	45-54	Finance and Insurance	Employer/ Director	Yes	Less than 10 persons	Large (300 persons or above)
5	Male	54-64	Social and Personal Services	Manager/ Department Head	Yes	100-299 persons	Medium (50-299 persons)
6	Female	25-34	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
7	Female	35-44	Accommodation and Food Services	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
8	Male	54-64	Accommodation and Food Services	Manager/ Department Head	No	10-49 persons	Small (Less than 50 persons)



<b>9</b>	Male	45-54	Construction	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
<b>10</b>	Female	35-44	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>11</b>	Female	45-54	Real Estate, Professional and Business Services	Manager/ Department Head	Yes	10-49 persons	Large (300 persons or above)
<b>12</b>	Female	54-64	Real Estate, Professional and Business Services	Manager/ Department Head	Yes	50-99 persons	Large (300 persons or above)
<b>13</b>	Male	45-54	Real Estate, Professional and Business Services	Manager/ Department Head	No	100-299 persons	Large (300 persons or above)
<b>14</b>	Female	45-54	Real Estate, Professional and Business Services	Manager/ Department Head	Yes	500 persons or above	Large (300 persons or above)
<b>15</b>	Female	54-64	Real Estate, Professional and Business Services	Others	Yes	Less than 10 persons	Large (300 persons or above)
<b>16</b>	Male	25-34	Information and Communications	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>17</b>	Male	35-44	Construction	Employer/ Director	No	100-299 persons	Medium (50-299 persons)

<b>18</b>	Female	35-44	Import/ Export, Wholesale and Retail	Assistant Manager	No	Less than 10 persons	Large (300 persons or above)
<b>19</b>	Female	45-54	Real Estate, Professional and Business Services	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>20</b>	Female	35-44	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	10-49 persons	Large (300 persons or above)
<b>21</b>	Female	35-44	Accommodation and Food Services	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>22</b>	Female	25-34	Social and Personal Services	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
<b>23</b>	Male	54-64	Vocational training	Manager/ Department Head	No	50-99 persons	Large (300 persons or above)
<b>24</b>	Female	45-54	Social and Personal Services	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
<b>25</b>	Female	35-44	Social and Personal Services	Manager/ Department Head	Yes	100-299 persons	Large (300 persons or above)
<b>26</b>	Male	25-34	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	10-49 persons	Small (Less than 50 persons)
<b>27</b>	Female	54-64	Social and Personal Services	Manager/ Department Head	Yes	100-299 persons	Medium (50-299 persons)

<b>28</b>	Male	35-44	Social and Personal Services	Manager/ Department Head	No	10-49 persons	Small (Less than 50 persons)
<b>29</b>	Male	25-34	Education	Manager/ Department Head	No	Less than 10 persons	Medium (50-299 persons)
<b>30</b>	Male	35-44	Social and Personal Services	Employer/ Director	No	Less than 10 persons	Small (Less than 50 persons)
<b>31</b>	Male	35-44	Government Department	Manager/ Department Head	Yes	50-99 persons	Large (300 persons or above)
<b>32</b>	Male	25-34	Transportation, Warehouse, Postal and Express Services	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>33</b>	Female	25-34	Government Department	Manager/ Department Head	Yes	Less than 10 persons	Large (300 persons or above)
<b>34</b>	Male	35-44	Transportation, Warehouse, Postal and Express Services	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>35</b>	Male	54-64	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
<b>36</b>	Male	54-64	Import/ Export, Wholesale and Retail	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)

<b>37</b>	Female	35-44	Import/ Export, Wholesale and Retail	Secretary	Yes	Less than 10 persons	Small (Less than 50 persons)
<b>38</b>	Male	54-64	Others	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
<b>39</b>	Male	35-44	Information and Communications	Employer/ Director	No	Less than 10 persons	Small (Less than 50 persons)
<b>40</b>	Male	35-44	Information and Communications	Employer/ Director	No	Less than 10 persons	Small (Less than 50 persons)
<b>41</b>	Female	25-34	Social and Personal Services	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>42</b>	Female	35-44	Social and Personal Services	Others	No	Less than 10 persons	Medium (50-299 persons)
<b>43</b>	Female	25-34	Social and Personal Services	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
<b>44</b>	Female	45-54	Education	Others	Yes	50-99 persons	Medium (50-299 persons)
<b>45</b>	Female	25-34	Finance and Insurance	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
<b>46</b>	Male	35-44	Construction	Manager/ Department Head	No	Less than 10 persons	Large (300 persons or above)
<b>47</b>	Female	25-34	Import/ Export, Wholesale and Retail	Employer/ Director	No	Less than 10 persons	Small (Less than 50 persons)

<b>48</b>	Female	35-44	Transportation, Warehouse, Postal and Express Services	Manager/ Department Head	No	10-49 persons	Medium (50-299 persons)
<b>49</b>	Male	25-34	Education	Manager/ Department Head	No	Less than 10 persons	Small (Less than 50 persons)
<b>50</b>	Female	25-34	Social and Personal Services	Manager/ Department Head	Yes	Less than 10 persons	Small (Less than 50 persons)

## Appendix 4. The In-depth Interview Guide

### Study on Perceptions of Stigmatization and Discrimination of Persons with Mental Illness in the Workplace In-Depth Interview Guide (Approximately 60 minutes)

#### -----Research Background-----

First of all, thank you very much for your participation today. This research project is commissioned by the Equal Opportunities Commission and implemented by The Education University of Hong Kong. It aims to explore the awareness and understanding of employed persons on the stigmatization and discrimination of people with mental illness in the workplace. The results of the study will provide practical suggestions on raising public awareness of mental health, providing people with mental illness with equal employment opportunities, and protecting them from discrimination in the workplace and access to medical services, etc. The interview will be conducted face-to-face or online, and the entire interview will take approximately 60 minutes. As a token of appreciation, each eligible participant will receive a total of HK\$150 supermarket coupons after completing the interview.

Your participation is completely voluntary and will not pose any risk. You have the full right to decide to withdraw from this study at any time, and it will not cause any negative consequences. The interview process will be audio recorded for data collection. The data and information obtained are for research purposes only. Identifying information will be removed from the data file and stored separately, with the link between identifying information and data made through codes only. Personal data will be destroyed after the research project is completed. The results of this research may be published in academic journals and conferences. Do you have any questions about the above content? Please fill in the consent form to indicate that you agree to participate in this interview.

-----Sign the consent form and fill in demographic characteristics-----

**Part 1: Background information and views on people with mental illness/recovered people (approximately 10 minutes)**

Before starting, I would like to ask some information about your job and your current company.

1. Could you briefly describe your job and daily management duties? To what extent have you participated in the company's personnel management or related policy formulation (e.g., staff recruitment, staff promotion, staff training, employment policy or guideline formulation, etc.)?
2. Do you often contact employees of different positions and ranks?
3. As far as you know, in Hong Kong workplaces/in your industry, are mental health or mental illness problems common?
4. As far as you know, in the workplace in Hong Kong/in your industry, is it common to discriminate against the people with mental illness/recovered people, and is it common for the people with mental illness/recovered people to suffer from poor treatment?
5. Do you think different types of organizations have a social responsibility to hire people with mental illness/recovered people? Why?
6. Based on the actual situation, do you think it is feasible to hire people with mental illness/recovered people in your current company? Why?

**Part 2: Experience in recruiting people with mental illness/recovered people (approximately 5-10 minutes)**

**(Reminder:** If the scope of the respondents' job includes the recruitment process, ask question 1; **if not, skip to question 2)**

1. Have you ever met a job applicant who is currently/previously suffering from mental illness? (**If yes**, when did it happen? How did you learn that the employee was mentally ill during recruitment? (e.g., the job applicant self-disclosed, determined based on the applicant's verbal or behavioral cues; **if not encountered, skip to question 2)** Can you share this experience with us? (**Hints:** positive or negative? Did you encounter any difficulties in the process? Did this experience change your views about people with mental illness? Have you hired people with mental illness/recovered people?) **If not hired**, what factors prevented you from hiring the job applicant at that time?)
2. In terms of hiring people with mental illness or other disabilities, does your current company provide clear guidelines, assistance or assurance? (**If yes**, what guidelines, assistance or assurance? Is it effective? Do you think that the current guidelines, assistance or assurance are sufficient? Is there anything that needs to be improved?) (**If not**, do you think the company needs to provide guidelines? What guidelines should be provided?)
3. (**If you have not met a job seeker who has or previously had mental illness**) If a job applicant's resume and experience are very suitable for the job position, but you know or suspect that the job applicant has or previously had mental illness, would you hire this job applicant? What are your considerations for hiring?

### Part 3: Experience of working with people with mental illness/recovered people (approximately 10-15 minutes)

1. Have you ever worked with people with mental illness and recovered people in your current or previous company? (**If yes**, when did it happen?)
2. If yes, follow-up question: What do you think of them? (**Hints**: their work ability and performance, relationship with other colleagues, etc.)
3. If not, follow up question: In general, what do you think of people with mental illness and recovered people in the workplace? (**Hints**: the difficulties that they may encounter in the workplace, work ability, etc.)
4. In your current or previous company, how do employees who have or previously had mental illness get along with other employees? This includes work and social interactions (e.g., will they have lunch together or have gatherings or recreational activities in leisure time? Have there been any employees who refused to work with people with mental illness or recovered people, or have difficulties in communication or cooperation with them? When you notice that employees have conflicts or disputes with people with mental illness or recovered people, how would you deal with it?)
5. Does the company provide special work arrangements for employees who are diagnosed or suspected of having mental illness (e.g. flexible handling of sick leave applications for follow-up consultation or treatment/counseling due to mental health problems, assign different work tasks, responsibilities, work schedule, salary, promotion mechanism, or working with others, etc.)? (If there are special work arrangements: How do other employees respond to these arrangements for employees who have been diagnosed or is suspected of suffering from mental illness or have recovered from mental illness? Are there any obstacles encountered in the implementation process? Is it helpful for these employees? Please explain with example. Do you think the current special work arrangements are sufficient? Is there anything that needs to be improved?) (**If there is no special work arrangement**, if employees' mental illness affects their work, what will the company do?)
6. During the period of the COVID-19 pandemic, has the current company provided other work arrangements (e.g., flexible working hours, adjustment of work tasks, location, etc.) for employees who have been suffering/had suffered from mental illness? Are these arrangements provided to other employees? (**If not**, why?)
7. Has the company encountered any difficulties when providing special work arrangements for employees who are suspected of suffering from mental illness or who are currently/previously suffering from mental illness? What difficulties do you expect to encounter?

### Part 4: Dealing with discrimination complaints (approximately 5-10 minutes)

1. In the company where you work at or have worked at in the past, have you noticed that people with mental illness or recovered people are treated poorly during the hiring process/at work/quitting or layoff process? (e.g., not being hired/dismissed due to mental illness, being assigned a poorer job position, getting less promotion opportunities, getting less pay in the same position, getting less job benefits, etc.)
2. How will your company respond when you receive a discrimination complaint from an employee/job-seeker with mental illness? (**Hints**: What action will the company take? Is



there any standard procedure for handling these complaints? Have the company received any complaints in the past?)

**Part 5: Obstacles encountered/difficulties and practical suggestions (approximately 15-20 minutes)**

1. In your opinion, how can we establish a prejudice-free and discrimination-free work environment for employees with mental illness/recovered employees?
  - A. Task level (e.g. work arrangement/reconciliation)
  - B. Interpersonal level (e.g. getting along with colleagues)
  - C. Organizational level (e.g. policy, manpower, resources)
  - D. Other levels
2. For your company, on a scale of 0 to 10 (10 = fully achieved), how would you rate the level of achievement for establishing a prejudice-free and discrimination-free work environment against mental illness? Follow-up question: Which aspect is achievable and which aspect is challenging? Does your company need any assistance or support? (If needed, what does your company need? **Hints:** The government should provide the company with more information about mental health and channels for help, the company should set up relevant units to deal with related matters, and the company should distribute relevant guidelines to employees at the time of employment)
3. In your opinion, in the process of providing equal employment opportunities to the people with mental illness or recovered people, are there any aspects that are particularly challenging? Which of the following aspect is more challenging?
  - A. Policy aspect (**Hints:** provide support and obtain necessary resources for employees, and recovered employees or employees with mental illness)
  - B. Attitude aspect (**Hints:** eliminate misunderstandings and prejudices, reduce discrimination, and create an inclusive culture)
  - C. Work aspect (**Hints:** develop a suitable work model for people with mental illness/recovered people)
  - D. Mental health aspect (**Hints:** communicate with people with mental illness/recovered people and provide support services to promote mental health)
4. Regarding the difficulties raised in the previous question, what challenges do you think can be improved/resolved? (e.g., at the levels of employer, supervisors, management, colleagues, work groups, etc.) How do you think it can be improved or resolved? What will help you prepare for these situations in the future?
5. Do you think that the company can implement the following four measures to assist the people with mental illness/recovered people to work more effectively in the workplace?
  - A. Understand the individual needs of people with mental illness/recovered people, and check whether the work arrangement or environment needs to be adjusted (e.g., when first entering the job, assign a designated employee as a "peer mentor" to assist the people with mental illness/recovered people to adapt to the working environment) (**if not, Why?**) What challenges do you think will be encountered during implementation? What kinds of support can be provided to help resolve these challenges?

- B. Consider flexible work arrangements (e.g., flexible handling of sick leave applications for follow-up consultation or treatment/counseling due to mental health problems, flexible working hours, short breaks, etc.) (**if not**, why?) What challenges do you think will be encountered during implementation? What kinds of support can be provided to help resolve these challenges?
  - C. Develop an equal opportunities policy to prevent discrimination, bullying, harassment, etc. (**if not**, why?) What challenges do you think will be encountered during implementation? What kinds of support can be provided to help resolve these challenges?
  - D. Increase understanding of mental illness, people with mental illness, and recovered people to reduce misunderstandings and prejudice.
6. Do you have any comments or ideas that we have not mentioned or that you wish to add?

Thank you for your participation! We now present to you a HK\$150 supermarket coupon to express our gratitude. Thank you for participating and expressing your views to us. Thank you again for participating!