Study on perceptions of stigmatization and discrimination of persons with mental illness in the workplace

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.