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A study examining the impact a disclosure of depression has on workplace relationships

Abstract

Background: The decision to self-disclose a concealable illness such as depression is one which requires much consideration. While there are many benefits to disclosure including relieving stress, receiving supports, and an opportunity to dispel stereotypes, there is also the fear that disclosure may lead to discrimination especially within the workplace.

Objectives: This small study aims to examine the experiences of people who disclose their diagnosis of depression within the workplace, and more specifically the impact self-disclosure has on their relationships with co-workers and managers.

Methods: As part of this qualitative study, semi-structured interviews were carried out with four individuals between 25-45 years with a diagnosis of depression. Thematic analysis guided by critical disability theory was used in the data analysis.

Findings: Overall the findings correspond with the majority of the literature relating to mental illness and the workplace. Participants acknowledged the complex nature of the disclosure process citing many factors they consider prior to disclosing. Main findings included negative experiences reported by the majority of participants who disclosed in the workplace and an adverse effect on their relationships with co-workers and managers. This study also found a correlation between working in a mental health setting and more open attitudes around disclosure.

Conclusion: Understanding the disclosure process is important for health professionals in order to advise and support people particularly in the area of vocational rehabilitation. The factors that facilitate more open disclosure in mental health settings should be explored in further research.

Keywords: *Mental illness, Disclosure, Workplace, Depression, Stigmatisation*

Introduction

The negative impact of depression on everyday life is widely acknowledged (Harvey 2011), effecting psychosocial, occupational and interpersonal domains (Mezzasalma 2010; Link & Phelan 2001; Quinn 2005). Some of the adverse effects associated with depression can be directly linked to the stigmatisation which exists around the disease (Dinos et al 2004).

Corrigan (2004) highlights that society uses stereotypes as an efficient manner to form an opinion on a group of people. Literature suggests that stereotypes relating to people with mental illness focus on the notion that they are dangerous and should be feared (Link & Phelan 2001; Corrigan 2004). This was highlighted in the National Survey of Public Attitudes to Disability in Ireland (NDA 2011) report where respondents stated that they were more uneasy working with, or living near people with mental health difficulties than those with other disabilities.

Feelings of indifference and lowered self-esteem can severely inhibit a person from being active members of society including functioning in an employment context and within their communities (Quinn et al 2005). This can be specifically applied to depression as it is one of the most stigmatised illnesses within the mental health context (Dinos et al 2004). As mental illnesses may be concealed, people are faced with the predicament of disclosure. This is especially true in the workplace as people can experience discriminatory behaviour following a disclosure of mental illness (Markowitz 1998). The aim of this study is to examine the impact a disclosure of depression has on workplace relationships.

Literature Review

A literature search was conducted using Ebsco, Cinahl, PubMed, Medline, Academic Search Complete, AMED and Social Sciences Full Text databases. Key search terms used included disclosure, stigma*, depression, workplace, colleague, attitude, relation*. Articles relating to depression and mental illness disclosure were included in this literature review.

Stigma and mental illness

Stigmatisation and the resulting social isolation impede people from achieving their aspirations (Corrigan 2004) including those around employment and career goals (Link 1982; Wahl 1999). Stigmatisation within the workplace leads to discriminatory behaviour such as a lack of promotions, micro-management, and isolation within the workplace (Corrigan 2001; Ellison 2003). Furthermore people with mental illness may be viewed in employment as dangerous, unpredictable and incapable (Wahl 1999; Krupa 2009; NDA 2011).

Defining disclosure

The issue of disclosure is one which has particular significance within a mental health context given that many symptoms can be concealed. Ellison (2003) states disclosure in an employment context means deliberately telling someone in the workplace about one's disability. There are various types of disclosure. Corrigan (2005) and Corrigan & Matthews (2003) state that full disclosure means revealing details of one's mental illness to everyone at work. There is no effort made to conceal with this type of disclosure, people view their illness as part of their identity (MacDonald-Wilson 2011). Selective or partial disclosure refers to the sharing of specific information or disclosing to certain people in the workplace (Corrigan & Matthews 2003). Strategically timed disclosure is a form of selective disclosure and refers to people waiting until they feel secure in their employment or comfortable with fellow workers before disclosing (Brohan et al 2012).

There are also situations where disclosure is not in the control of the individual, for example when symptoms become obvious to others at work (Brohan et al 2012; Goldberg et al 2005). This is referred to as inadvertent disclosure (Goldberg et al 2005). Considering these varying descriptions of disclosure, Brunner describes disclosure as a process instead of one event (2007). This is supported by Ragins (2008) and Ellison et al (2003), who refer to the act of disclosure as taking place over a period of time.

The disclosure process

The disclosure process model is described by Chaudoir et al (2010) as a framework examining why and when disclosure may be beneficial. This model describes the impact the

disclosers coping abilities and way of communicating the disclosure will have on the outcome. They also identify the goals of disclosure as an important factor as to whether the process will be deemed beneficial or negative by the discloser (Chaudoir et al 2010). Corrigan et al (2013) identified a hierarchy of disclosure approaches in their literature. Approaches described in the hierarchy start at social avoidance. This comprises of the person becoming isolated as a means of preventing anyone from discovering they have a mental health condition. Social avoidance is followed by secrecy, selective disclosure, indiscriminant disclosure, and broadcast experience (Corrigan et al 2013). Broadcast experience which is the highest level on the approaches hierarchy involves the person disclosing to everyone in their lives.

Factors relating to disclosure

Increased emotional support and the provision of workplace accommodations were reported as positive experiences following a disclosure of mental illness (Fabian & Waterworth 1993). While negative outcomes included having trouble integrating in the workplace (Goldberg et al 2005), and being discouraged from talking about their condition (Bergmans et al 2009). Ellison et al (2003) concluded that there was a high rate of disclosure among people employed as professionals or managers. Participants were also most likely to disclose to their supervisors (Granger et al 1997). Research found that participants expressed concern about the effect a disclosure of depression would have on their colleagues' views of them on a personal and professional level (Hauck & Chard 2009). Existing positive relationships with co-workers was found to have influenced decisions around workplace disclosure while trust was also seen as an important factor (Irvine 2008).

Studies reveal people working in what was perceived as a supportive environment were more likely to disclose their illness (Joyce et al 2009; Kirsh 2000). Furthermore, people working in a mental health setting were likelier to disclose than their counterparts in other work settings (Brohan et al 2012; Goldberg et al 2005). Perhaps this is due to their familiarity with disability legislation and policy, something which Ellison et al (2003) highlighted as significant in the decision making process.

Research conducted to date was primarily based on disclosure and mental illness, and the factors that lead to disclosure. No one has attended to the effect disclosure of depression has on the person's relationships with supervisors and colleagues in the workplace. The purpose of this study is to examine the impact a disclosure of depression has on workplace relationships.

The aims of this project are to: determine the processes used by people with depression to disclose in the workplace. Secondly to examine the affect disclosure has on relationships with co-workers and managers, thirdly to identify through the analysis of personal experiences how discrimination towards people with depression may be interrupted. Finally this study aims to discover the factors at microsystem and macrosystem level that people with depression encounter and that which obstruct social inclusion.

Methodology

A personal perspective: I chose to research depression as it has been a consistent feature in every workplace I have been employed. Consequently I have witnessed the affect the symptoms of depression have on the person as an employee, their personal life, as well as the relationships they have formed. In the past co-workers have disclosed their diagnosis of depression to me thus I have experienced that side of the disclosure process. These experiences motivated me to better understand the process of disclosure

Research design: This research is part of a larger project, the aim of which is to explore how people with disabilities navigate stigma and create real relationships. This will be achieved through the formation of a database highlighting experiences of social exclusion and stigma among people with disabilities. Data analysis will provide information relating to differences attributed to gender, social class, or disability category, and varying experiences across the life stages.

This project is guided by critical disability theory which allows analysis of research based on the concept that disability is a social construct. It also recognises the way real bodies with disabilities interconnect with these constructs. It examines the relationship between the environment, society, attitudes, the impairment, and an individual's response through the collection of subjective social experiences and understanding (Guba & Lincoln 1994). Furthermore critical disability theory provides the foundation for practical action to be taken in the interests of people with disabilities (Hosking 2008).

Qualitative interviews were chosen as they allow the researcher to explore the meaning of answers through the use of open ended questions. This helps the researcher to gain an understanding of the thought process around a particular topic (Bogdan & Biklen 1992). Pope (2000) describes how qualitative research provides an account of the persons' feelings, and thoughts. As the research carried out was based on experiences felt and changes in relationships, qualitative research was suitable.

Participant selection & recruitment: A total of 4 in-depth interviews were conducted.

Recruitment of participants was carried out through contacting gatekeepers of organisations initially via email, followed by the sending out of an information letter and recruitment poster. Participants were males and females, ranging from 25-45. They all had a diagnosis of depression, where two of the participants were employed and two were employed in the past. Each participant was fluent in English and agreed to speak about experiences of being treated differently based on their diagnosis. Informed written consent was obtained from each participant prior to the interview.

The following table provides details of the participants included in this study:

Table 1

Participant Pseudonyms	Age	Gender	Current Employment Status
George	45	Male	Unemployed
Cora	45	Female	Employed
Lucy	28	Female	Employed
Ben	38	Male	Unemployed

Data collection: The semi-structured interview guide used included sections on home, school, work, and communities. It was initially developed by the principal investigator, Dr Nancy Salmon. This guide was refined to include questions around specific research areas. This has been achieved through meetings with Dr Nancy Salmon, research students, and Niamh Wallace, a mental health occupational therapist based in Limerick. The interviews were conducted in varying locations.

Data analysis: The initial step was the writing up of field notes; these were typically a description of what happened, personal reflections, and possible ideas about emerging themes (Bogdan & Biklen 2003). Following that the interviews were transcribed, cleaned of any data that may reveal the identity of the participant, and pseudonyms were added. Initially the transcriptions were uploaded into NVivo9 software and codes were developed, however the majority of the analysis took place manually.

Thematic analysis was used to analyse and identify themes, and provide a comprehensive and organised account of the data (Braun & Clarke 2006). The purpose of it is to allow peers to review the findings with the knowledge that some form of detailed, and consistent analysis was used. The process of thematic analysis involved getting to know the data collected, this was aided by the transcribing process. Codes were then created and organized into possible categories that emerged from the data. Details of the definition of each category were decided upon, further coding was conducted, and categories and subcategories were constructed.

Ethical Considerations

Consent: As this is part of a larger project careful consideration was given to the structure of the consent form. The participant had the option to consent to aspects of the study such as recording the interview and not to others for example the inclusion of their interview in the overall project. Each participant also had to sign to state that they understood the purpose of the study and that their anonymity will be upheld in any publications or presentations.

Psychological distress: Depression is widely acknowledged as a topic of a sensitive nature (Davis et al 2004). It is for this reason that great consideration was taken when interviewing participants. In order to ensure this consideration was upheld participants were offered the contact details of mental health support services after the interview.

Representing the data: One of the main ethical considerations for this research is to represent the data provided from the interviews in the manner in which it was intended (Lincoln 1990). Representing the data correctly also involved adopting reflexivity. This includes acknowledging the role of the researcher within the research and data analysis thus allowing for more transparency and higher quality research (Finlay & Gough 2003).

Findings

All of the participants had experiences of self-disclosing their diagnosis of depression to people in their lives. These people ranged from family, friends, work colleagues and employers as well as health care professionals. Three main categories emerged from the data analysis: the decision to disclose, past experiences of disclosure in the work setting, and physical and mental disabilities. These categories will be described in detail below.

The decision to disclose

In general participants spoke about self-disclosure as a complicated process. The factors that participants identified as important in deciding to disclose their depression are outlined in the table below:

Table 2

Category	Subcategory	Number of participants
The decision to disclose	Trust in the person disclosing to	2
	Not wanting to keep secrets	1
	Disclosed to get help	3
	Past experiences of disclosure	3
	Parents/ family views/ reactions to illness	4

Past experiences of disclosure in the work setting

Nature of the working environment

The type of work that participants were involved in featured as a key determinant in outcome of the disclosure. Of particular note in the analysis was the conflicting experience of two participants who were working in mental health services with a participant who previously worked in a factory setting. Both Cora and Lucy who are currently employed in mental health services noted how different they felt the disclosure may have been received if they were working in another sector. Cora stated that she would have no issue disclosing to any of her co-workers for this reason:

“No because it’s different here because of the nature of the business we deal with maybe that could happen if I worked in the chemist down the road or Brown Thomas”

Lucy's decision to change career from the mental health setting to another sector resulted in different feelings regarding the disclosure of her depression; this identifies the work environment as a major factor in the disclosure process.

"I wouldn't say anxious but I am very reserved that I'm going into this new field and I feel at this point that I won't be telling anyone"

Working in mental health services had also given both Cora and Lucy an opportunity to see how others had dealt with the disclosure process. Cora spoke about people not getting application forms for jobs due to the visible nature of their mental health difficulty. She made reference to people wanting to disclose to a prospective employer, however following a disclosure they were no longer considered for the job:

"I do think it impacts on a person's ability to get a job personally...I would have seen how it did impact on a few people over the years affect the ability to get the job they wanted because of maybe it became known that they were depressed or whatever"

This illustrates the negative consequences disclosure may have in terms of employment. It also identifies working in a mental health setting as an area where people may feel more comfortable disclosing their diagnosis.

Non-deliberate disclosure in the workplace

The issue of non-deliberate disclosure or inadvertent disclosure also featured in this research. Ben spoke about his former job where he had never self-disclosed his depression yet he felt that his co-workers had come to the conclusion through 'guesswork' due to the nature in which he was treated:

"They knew that I had a problem coz I was on my own, I was by myself most of the time and then they were spreading those stories saying that I was dangerous"

This is one example of where the person was no longer in control of disclosing their depression. Another such example was noted by Lucy who got a job doing locum work as a care assistant in a hospital:

"I had one terrible experience...I had gone to the GP a couple of weeks previous because I was not very well at all and just not really coping...and although I had started the job and done a few weeks the doctor wrote to the hospital saying that I wasn't suitable for this position because I was suffering from clinical depression and he felt that I wasn't suitable for this job...So that was very negative especially from a GP, it was very unpleasant...first of all

you have met me twice and how could you write a letter saying I'm not fit for a job that I had been doing for a couple of months to a very good standard."

While Lucy did not disclose to a prospective employer, her employment status was affected by a healthcare professional's decision to disclose her depression. Her feelings about this incident highlight the importance of the decision to disclose being in the person's control, and the negative impacts it can have for that person when it is taken out of their control.

The impact of disclosure on relationships in the workplace

Two of the participants had experiences of deliberate disclosure in the workplace. For Cora the disclosure of her depression had not impacted on her relationships with co-workers or managers. She stated she would disclose again in her workplace. Lucy spoke about an experience she had while working in a previous job that was not in the mental health setting. She felt that her disclosure had resulted in her being treated differently than her co-workers by her managers. While she did not attribute this entirely to her disclosure, she felt there was an association between the two:

"Yeah, I'm not sure if it was due to my disclosure but I think that was a factor"

Ben who did not deliberately disclose in his workplace also felt that his relationships in the workplace had changed and that he was treated in a different manner to his co-workers:

Ben: "I used come in in the morning, I would be told what to do, I would do my job and I wasn't allowed talk to no one...and if the manager saw me talking to anyone he'd take me away and give me another job like..."

Interviewer: "And did everyone have to be like that?"

Ben: "No no just one or two of us"

Both deliberate and inadvertent disclosure experiences appeared to have similar negative outcomes for Lucy and Ben in terms of their relationships with co-workers and managers. This would appear to refute the hypothesis that a person will have a positive outcome when it is the person's decision to disclose. Similarly inadvertent or non-deliberate disclosure experiences may not always result in negative outcomes.

Physical and Mental disabilities

Three of the participants also had varying levels of physical disabilities. Lucy spoke about the differing reaction she received at work following a disclosure of both her mental and physical health problems:

“...I disclosed and they were very understanding about my physical problems...and all the while people kept linking in with me about my physical health...saying ‘it must be tough for you’, and I just remember thinking that nobody ever said once or thought that it might also be hard for me with mental health difficulties.”

George had experiences disclosing both mental and physical disabilities. He made reference to the visible nature of physical disabilities and invisible nature of the majority of mental disabilities and how this may impact on people’s understanding of them:

“I think the physical disability, because people can see it and it comes back to that again if we can see it we can believe it.”

All of the participants who had experienced both physical and mental disabilities spoke about the differing reactions they received. Ben related this back to the level of knowledge around physical disabilities and a lack thereof with mental health conditions in the workplace.

Discussion

All of the participants in this study viewed the decision to disclose as a complex process rather than a single event. This view of disclosure as a process is well supported in the literature including papers by Brunner (2007) Ragins (2008) and Ellison et al (2003). Corrigan et al (2013) noted the multifaceted nature of the process involving measuring the cost and the benefit of each method of what they term the hierarchy of disclosure approaches. All of the approaches defined by Corrigan et al (2013) were evident in this research. Cora’s interview detailed her progression from social avoidance during the early stages of her diagnosis to her current stage broadcast experience. Selective disclosure was the most common approach level demonstrated in this study. Three of the participants noted the workplace as an environment where they would not openly disclose, also recognising the many factors they consider prior to disclosure.

Past experiences were identified as a major influence in future disclosures. Specific reference was made to discrimination they would have experienced or been witness to such as being unfairly treated in the workplace or when applying for jobs. There is a body of literature detailing the discrimination faced by people with mental illness in the workplace; this includes research relating to being unsuccessful in the application stage (Dinos et al 2004; Goldberg et al 2005). Furthermore discrimination was also seen to prevent existing employees from attaining promotions and having contracts renewed (Corrigan et al 2001; Mental Health Foundation 2002). This level of documented discrimination in the workplace

attributes additional importance to each individual disclosure and the impact it may have on employment prospects.

This research identified employment in a mental health setting to be a possible protective factor against discriminatory practices in the disclosure process. Both Cora and Lucy identified their workplace as a safer setting to disclose compared to other working environments. This was also evident throughout the literature where people employed in a mental health setting were significantly more likely to disclose in the workplace (Goldberg et al 2005; Ellison et al 2003). This study outlined two possible explanations for this; firstly the fact that they were more aware of the law around discrimination working in a mental health setting, and secondly that people with experience with mental health conditions were identified as preferable in the job description. This made the applicants more comfortable disclosing in early stages to prospective employers. Diffley (2003) suggests that managers may lack confidence dealing with mental health difficulties in general workplace settings. This highlights the importance of the person being disclosed to namely the confidant in the disclosure process and their knowledge regarding mental health conditions.

There is a growing amount of literature supporting the theory that the reaction or actions of the confidant after disclosure will determine the outcome of the process namely whether it is viewed as a positive or negative experience (Chaudoir et al 2010). The disclosure process model described by Chaudoir et al (2010) examines why and when disclosure is beneficial. It identifies the goals of disclosure as crucial to the perceived outcome (Chaudoir et al 2010). This model could be applied to this research particularly Cora's experience. She noted that the aim of her disclosure was freedom from having to hide the secret of her depression. She reflected positively on her disclosure experiences in recent years. Other participants noted negative experiences as those that did not fulfil the aim of their disclosure. An example of this was Lucy disclosing to attain more support in her workplace, however this disclosure made her feel as though she were being treated differently by her managers.

This study found that disclosure had varying impacts on relationships with co-workers and managers, with the majority being negative. Krupa et al (2009) and Bergmans et al (2009) found evidence of unsupportive relationships with co-workers following the disclosure of a mental health problem. Hauck & Chard (2009) attributed this to a lack of understanding about depression. This is reinforced by Ben's story who described a deficiency in knowledge around mental health conditions as a reason for the discrimination he felt while working in a factory. However Derlega et al (1993) noted that self-disclosure is an integral part of social interaction, particularly in building and sustaining long lasting relationships. As a result the formation of relationships within the workplace can be reliant on the person progressing to

the selective disclosure level or beyond in the hierarchy approaches. This level would facilitate disclosing to certain people, or disclosing a certain amount of information. There is also much evidence to support the positive impact disclosure may have on relationships in the workplace including studies conducted by Granger (2000) and Kirsh (2000). This conflicting evidence in wider research as well as this study is not surprising considering the factors that may influence disclosure which were identified in the findings section of this paper.

An unexpected category that developed in this research was the comparison of visible and invisible disabilities. As three of the participants also had physical disabilities they were in a position to comment on both. Lucy spoke about how comfortable people in a previous workplace were asking her about her physical condition yet neglecting to ever address the difficulties her mental health problem may pose. Another participant surmised the differing treatment of physical and mental disabilities by stating that physical can be seen thusly they can be believed. This corresponds to findings in a study by Baldwin and Marcus (2006) where almost half of participants with physical health problems were more worried about informing their employer about their mental illness. This relates to earlier discussion around the level of knowledge people have regarding mental health conditions. Thornicroft et al (2007) identified this lack of knowledge as one of three elements that form stigmatisation around mental illnesses.

Implications for Occupational Therapy

Knowledge about mental illness disclosure is valuable for health professionals to support clients who are making the decision to disclose (Bos et al 2009). The area of vocational rehabilitation is an upcoming role where the skills of occupational therapists have proved very effective (Dielacher et al 2011; Baxter et al 2012). In order to be able to discuss disclosure with clients and understand the implications of any advice offered, occupational therapists need to fully comprehend the complex nature of the disclosure process and the level of stigmatisation that exists (Allen and Carlson 2003). An occupational therapist may be involved in consulting with employers on adjustments in the workplace and as such will need to be able to adopt an educative approach while remaining mindful of the persons wishes regarding the information they disclose to their employers.

In highlighting the complex nature of the disclosure process in the workplace, this study also revealed how increased levels of education, better communication and self-advocacy skills promote more positive disclosure experiences. The Wellness Action Recovery Plan has proven effective in increasing self-esteem, physical health, and self-efficacy skills (Cook et al

2009). Occupational therapy has a role in facilitating these groups as well as individual sessions with clients that promote similar skills.

Limitations

The main limitation of this study was the small size as only 4 participants were included in the data analysis. Qualitative research typically does not demand large numbers of participants (Smith & Osborn 2008), but instead requires in-depth experiential accounts something evident in the interviews completed. Another limitation of the study is the time available to complete the analysis. Rather than moving through all the layers of thematic analysis described by Braun and Clarke (2006), this paper stays at a more descriptive level of categories.

Recommendations for further research

Research that will continue as part of this larger project may need to further explore categories that emerged in this study. This includes using the database of interviews to determine if findings are also applicable to the larger project, paying particular attention to the workplace environment.

As working in a mental health setting was shown to support positive disclosure outcomes, future research into the characteristics of mental health workplaces would be beneficial. The aim of this would be to identify any adjustments or strategies that could be introduced into other settings.

Conclusion

The findings of this research support the view of disclosure as a complex process acknowledging the negative consequences a disclosure may have in the workplace (Markowitz 1998). However the common nature of depression in the workplace makes the need for open communication regarding mental illness great. A reluctance to talk about mental health difficulties may result in mental health problems such as depression developing into more serious illnesses. Furthermore, workplace environments cannot be adjusted to facilitate people with mental health difficulties unless the employer is first made aware of those difficulties (Stanley et al 2007a). Participants in this research identified past experiences of discrimination as a reason for hesitancy regarding future disclosures in the workplace. Those working in mental health settings were more inclined to disclose as they did not fear similar discriminatory practices. Peterson (2007) outlines the importance of disclosure in challenging discrimination and in developing an unprejudiced working environment.

The participants of this research identified each disclosure as an individual process that depends on numerous factors. The literature suggests that the confidant's reaction is crucial to the outcome of the disclosure process (Chaudoir et al 2010). For this reason it is important that people and employers have the knowledge and skills to respond appropriately in the event of someone disclosing a mental health difficulty. As the results of this study demonstrate there were varying effects of disclosure on relationships in the workplace, with the majority being negative experiences. This could be in part due to varying levels of understanding around mental health difficulties among those disclosed to. Hauck and Chard (2009) identified that this lack of understanding may result in a lack of support. Similarly training people with mental health issues would increase their understanding of their mental health and promote them taking responsibility for identifying the tools they require to maintain health and wellbeing. This could also promote peer exchange, increase social interaction and improve communication skills around their mental health.

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