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# An inter-disciplinary review of the literature on mental illness disclosure in the workplace: implications for human resource management

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## ABSTRACT

The purpose of this review is to consolidate the stock of empirical research relating to the disclosure or concealment of mental illness in the workplace. We present a comprehensive framework for understanding the challenges that employees and job applicants face surrounding mental illness and identity management. This review aims to synthesize the findings of studies pertaining to the decision to disclose (or not) mental illnesses in the workplace and to channel the findings into a comprehensive model that can serve as a stepping-stone for future research in the field of human resource management (HRM). From the review, we found that organizational support, social support, and individual differences were key antecedents of the decision to disclose. Disclosure also affects outcomes such as access to accommodations and support programs, helping behaviors, psychological wellbeing, and employment success. Practically speaking, this research contributes to the development of a safe and diverse organizational climate in which all employees, regardless of mental illness, feel included in their work environment.

## KEYWORDS

Disclosure; HRM; identity management; mental illness; stigma

## 1. Introduction

Research has found that employment is beneficial for people with a mental illness due to its positive impact on self-esteem, mitigation of psychiatric symptoms, and reduction of dependency (Cook & Razzano, 2000). However, when an individual with a mental illness engages in competitive employment, whether applying for a job or returning to work after a diagnosis, the stigma associated with the condition poses challenges (Dinos et al., 2004; Hielscher & Waghorn, 2017), especially if it amounts to a disability (Santuzzi & Waltz, 2016). As a result, the discredibility

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of one's social identity (Goffman, 1963) in the workplace causes a conundrum of sorts, where individuals with mental illnesses are forced to calculate the need to behave as society wants with the need to be authentic and genuine (Follmer & Jones, 2018). In accordance, the decision to disclose (or not) becomes pivotal because whether the individual discloses a mental illness to the organization influences the benefits or disadvantages that he or she faces as a result (Honey, 2004). Unfortunately, the stock of empirical research related specifically to the disclosure of mental illness has not been properly systematized in the context of HRM, hence the need for the present study.

For organizations, mental illness disclosure presents challenges due to the financial and legal liabilities associated with the revelation. For this reason, individuals who are diagnosed with a mental illness remain vulnerable not only to the symptoms, but also to coworkers' and employers' negative reactions, many of which are based on unfounded stereotypes about their capabilities (American Psychiatric Association, 2013). Employing individuals with mental illnesses can be beneficial for the organization to improve its reputation, inclusion ambience, and diversity climate, and to increase employees' loyalty and commitment (Peterson et al., 2017). Nonetheless, hiring employees with a mental illness can also create a financial burden for organizations, including direct costs (e.g. healthcare, accommodations, and adjustments) and indirect costs (a decrease in productivity and an increase in absenteeism, see De Graaf et al. [2008]; Hilton et al. [2010]; Williams et al. [2011]). Therefore, the challenge for HRM researchers is not only to support employers in developing cultures and systems to encourage the success of employees with mental illnesses, but also to diminish the costs of hiring them (Follmer & Jones, 2018).

Previous reviews have articulated disclosure process models of concealable identity in the fields of applied psychology and organization studies over the last 20 years. Three articles in organization studies, for example, provide a theoretical framework of the disclosure process, focusing on revealing and 'passing' strategies (Goffman, 1963) and integrating research across life domains within a workplace setting (Clair et al., 2005; Jones & King, 2014; Ragins, 2008). Moreover, Follmer et al. (2020) published a comprehensive summary of existing studies on workplace disclosure across multiple concealable identities (e.g. sexual orientation, mental illness, and invisible physical disabilities). However, only a small proportion of their study (21%, or 10 articles) focuses on empirical research surrounding mental illness disclosure. According to Ragins (2008), more analysis on how individuals with a mental illness decide to disclose or conceal their diagnoses at work is needed inasmuch as processes and consequences differ among these types of stigma.

Studies outside the management field, e.g. psychiatry, occupational rehabilitation, and psychology, have been one step ahead of HRM in exploring workplace disclosure of mental health problems. At least two literature reviews have been published in the field of psychiatry (Brohan et al., 2012; Jones, 2011). However, these studies do not present a general model to help us understand the disclosure process in the workplace, since both reviews focused only on a specific disclosure outcome: organizational relationships (Jones, 2011) and hiring decision-making (Brohan et al., 2012). Hence, a comprehensive review of mental illness disclosure in the workplace from the unique perspective of HRM is timely, given the dearth of research in this specific area (Follmer & Jones, 2018).

The purpose of this review is to consolidate the stock of empirical research that relates to the disclosure of mental health problems in the workplace, with the aim of furthering our understanding of mental health identity management at work. Our review aims to synthesize the findings of studies pertaining to the disclosure of mental illness in the workplace and to channel them into a comprehensive model that can give an overview of the current state of the literature and directions for future research for HRM scholars. First, we carry out a substantive review of empirical studies about mental illness disclosure in the workplace by defining the parameters of the search and keywords and extrapolating from the results of previous research findings. Next, we develop a disclosure model of mental illness in the workplace by integrating research findings from multiple disciplines and then discuss how this stock of empirical studies supports and contradicts our current understanding of disclosure. Lastly, we summarize the key results of the review and offer directions for a future research agenda for HRM scholars.

## **2. Operationalization and study characteristics**

### **2.1. Literature search method**

Following Tranfield et al. (2003), we developed a review protocol to enable others to reproduce our literature search strategy. Table 1 reports the protocol. In it, we define the focus of the study, the search strategy, and the criteria for inclusion/exclusion of studies in the review. Following Fan et al. (2020), we identified keywords to guide the literature search. The articles were selected based on the presence of the identified terms in the title, abstract, and keywords. The terms employed in this search method were adopted from Brohan et al. (2012). We followed Follmer and Jones (2018) in conducting the literature search *via* three databases: the Social Science Citations Index (SSCI) through the Web of Science (WoS), Medline, and PsycINFO during the timeframe of 1980 to

**Table 1.** Literature search protocol.

Step	Operation	Keywords
1.	Define the objective of the review: to consolidate the stock of interdisciplinary studies on the disclosure of mental illness at work and to provide insights for a future research agenda for HRM.	Mental illness Mental disorder Psychiatric disability Depression
2.	Define the keyword search terms using Brohan et al. (2012) as a guide.	Bipolar Anxiety
3.	Define criteria for inclusion/exclusion:	Schizophrenia
a.	Exclude duplicates	Disclos*
b.	Exclude based on lack of focus (include papers focusing on disclosure in the context of work, e.g. return to work, seeking help at work, and hiring process).	Non-disclos* Conceal Accommodation
c.	Exclude based on non-work-related populations (include papers focusing on employees in general, employees with a mental illness, and managers).	Stigma Hire Employ*
d.	Exclude based on non-work context (include papers focusing on a workplace and/or an employment setting).	Work Personnel Occupation*
e.	Exclude based on non-empirical research methodology (include papers that are empirical, including qualitative, quantitative, or mix methods).	
f.	Exclude papers not written in English and not published in peer reviewed journals.	
4.	Review the articles.	
5.	'Map' the findings into an integrated model based on the review.	
6.	On the basis of said 'map', provide insights into a future research agenda for HRM.	

\*Indicates that partial words were used in the literature search.

2019. Further criteria include the following: that the articles included must be written in English and published in a peer-reviewed journal. In total, 3,603 articles were identified from a search of the three databases. After deducting the total duplicated references, we ended up with a list of 2,548 articles.

To ensure that the included papers are relevant to the review, we first read the abstracts and dropped articles that did not meet the criteria. After this process, we finalized a total of 61 empirical articles specifically on mental illness disclosure in the workplace for inclusion in this review. All of the 61 selected articles are cited in the present study's reference page and are identified with an asterisk (\*). Three dissertations are included in the review.

More than 50% of these articles were from the disciplines of psychiatry, health, and occupational health ( $N=34$ ); 25% were from rehabilitation ( $N=16$ ); and the rest of the articles was from psychology ( $N=6$ ), education ( $N=2$ ), and HRM ( $N=3$ ).

This review provides a synthesis of how mental illness disclosure in the workplace has been investigated previously. In the following section, we review the sample characteristics, including the types of occupations and nature of the mental illnesses identified, geographical locations, and methods of data collection. Among the 61 articles, five were found to overlap with the studies included in Follmer et al.'s (2020) systematic review.

## **2.2. Samples and participants**

The studies included in our review utilized research samples and participants varying from employees and job applicants with mental illnesses to coworkers, employers, managers, and mental health practitioners across many different organizations and countries and across different professional backgrounds. Twenty-eight studies included samples of individuals with mental illnesses in employment. Regarding mental illness diagnoses, the samples included individuals with specific mental illnesses, as well as those focused on multiple mental illness diagnoses. The types of mental illnesses identified in this review included: depression, anxiety, post-traumatic stress disorder, bipolar disorder, schizophrenia, schizoaffective disorder, and alcohol dependence, among others. We identified eight studies that focus on specific mental illnesses: depression (Corbiere et al., 2018; Ridge et al., 2019), schizophrenia (Rollins et al., 2002; Sheets, 2009), borderline personality disorder (Juurlink et al., 2019), bipolar disorder (Hatchard, 2008), and suicide attempts (Bergmans et al., 2009).

Eighteen studies drew from samples of individuals not diagnosed with a mental illness (e.g. coworkers of those with mental illnesses). The studies were from different sectors, such as railway, transport, mining, and other non-managerial positions. Some studies used samples from professions such as psychology and health, doctors, military personnel, police officers, and academic librarians. Thirteen studies drew samples and participants from management. Four out of these thirteen studies used more than one type of participant, such as employees and human resources managers (Evans-Lacko & Knapp, 2014); mental illness clinicians and vocational specialists (Juurlink et al., 2019; King et al., 2011); and employers, coworkers, and therapists (Hatchard, 2008). In short, our 61 studies were highly heterogeneous, which we identify as a strength of our review. Having said that, given the diversity of contexts mentioned in this section, it should be noted that generalization of the findings is complicated by these same contextual features.

## **2.3. Study locations**

This review contains studies using samples from across the globe. The majority of the research was conducted in the U.S. ( $N=21$ ), followed by the U.K. ( $N=10$ ), Canada ( $N=10$ ), and Australia ( $N=8$ ). Other European countries involved in this review are Germany ( $N=4$ ), the Netherlands, and Sweden (each  $N=1$ ). Although the majority of the studies was from Western countries, there were also two studies on mental illness disclosure in India and Barbados. The remaining studies utilized data from multiple countries across the globe. Again, we would

argue that the multinational nature of the sample is a strength of our study design, but it is also a limitation inasmuch as disclosure is in part an artifact of the culture and legal framework within which it takes place.

#### **2.4. Study methods**

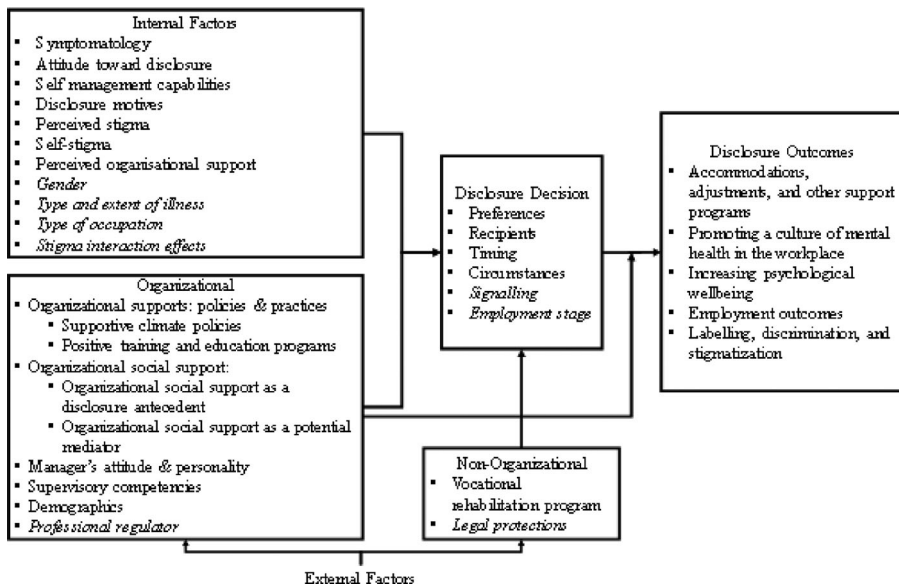
The research methods employed across the 61 studies were varied. Of the included studies, the most common method was qualitative ( $N=31$ ), including interviews, focus groups, and phenomenology. Another 28 quantitative studies used cross-sectional analyses ( $N=24$ ), longitudinal survey methods ( $N=2$ ), and an experimental research design ( $N=1$ ). Only three studies employed mixed methods.

### **3. Theoretical framing**

Though theoretical treatments of mental illness disclosure are excluded from our inter-disciplinary review, we thought it useful to set out, albeit briefly, some of the key theoretical frameworks that are used to conceptualize the disclosure decision. Arguably the most widely used theoretical framing of disclosure is provided by Goffman (1963). This sociological approach divides the social world into two groups: the stigmatized and the normals, where the former are viewed as discredited or discreditable by the latter. As a result of the stigma they carry, the stigmatized often manage impressions by attempting to conceal their stigma (see also Link & Phelan, 2001), thus ‘passing’ as a normal. From the point of view of disclosure, such an event would necessarily imply that an individual chooses to transition from discreditable to discredited, hence explaining why so many employees or job applicants with a mental illness might choose not to disclose to their employer.

Although Goffman (1963) provides a useful framework, we find equal, if not more, merit in the extant processual, or process-based, theories of disclosure. From this viewpoint, disclosure is seen as a dynamic process that consists of the antecedents of decision-making and the outcomes (Chaudoir & Fisher, 2010). Decision-making stems from the pre-disclosure conditions that include past event experiences as determinants of the disclosure decision. In contrast, the outcome refers to the consequences of an individual’s decision to disclose.

Pre-disclosure, a mixture of internal and external variables interact to shape the future disclosure decision. Internal variables include all individual differences embedded as part of the self as well as internal changes in reaction to external stimuli that can influence the decision to disclose.



**Figure 1.** Mental illness disclosure model.

N.B. Words in *italics* are directions for future research.

Those internal aspects are used to calculate the anticipated consequences (costs and benefits) of disclosure before the decision is made (Chaudoir & Fisher, 2010; Clair et al., 2005; Jones & King, 2014; Ragins, 2008). Anticipated consequences are influenced by external factors, including interpersonal and environmental factors (Clair et al., 2005; Ragins, 2008), which are projections on the part of the individual of the perceived consequences, perceived organizational support, and perceived social support (Jones & King, 2014). Disclosure is not simply a matter of revealing one's identity to others, but also an intention to create net positive outcomes. Hence, theoretically, the post-disclosure effects are a function of the pre-disclosure conditions. The mediating and moderating function of external factors such as organizational and social support and other environmental support shapes the long- and short-term outcomes of the disclosure decision (Chaudoir & Fisher, 2010; Jones & King, 2014).

Our model, depicted in Figure 1, is heavily influenced by these process-based theories of disclosure. Overall, we view disclosure not as a static choice made in a vacuum, but as more of an ongoing process that includes past events that influence the decision, as well as future events that serve as the impact of the disclosure decision. Both past and post-disclosure processes are linked together by several essential variables involved in the decision. In what follows, we map out the antecedents, the decision, and the outcomes, drawing from our review of 61 studies on mental illness disclosure in the workplace.



## 4. Antecedents of disclosure: internal and external factors

### 4.1. Internal factors

#### 4.1.1. Symptomatology

Our review indicates that, *certeris paribus*, the severity of symptoms predicts disclosure. In short, the more severe the symptoms, the more difficulties in overcoming them, the more disruption to daily activities, the more likely an individual is to disclose. Therefore, more severe symptoms are associated with an increased likelihood of help-seeking in the form of disclosure, as illustrated in Goldberg et al. (2005). Ellison et al. (2003) further argue that experiencing symptoms at work and hospitalization were significantly positively associated with the disclosure decision.

Variations in the diagnosis of mental illness also shape the decision to disclose. Some studies reveal that the less outwardly visible the symptoms of the mental illness, the less likely the individual is to disclose. A survey found that participants with depression were more likely to conceal their mental illness than those with schizophrenia, schizoaffective disorder, or bipolar disorder (Yoshimura et al., 2018), presumably because depression has fewer outward manifestations. On the other hand, Brown and Bruce (2016) also found that PTSD, depression, and substance abuse positively predicted a willingness to help-seek, though Blais and Renshaw (2014) found otherwise.

Another study using multivariate analysis revealed that involuntary hospitalization, where the most severe symptoms are evident, was strongly related to disclosure (Yoshimura et al., 2018). In conclusion, the type of diagnoses and the severity of the illness are essential in determining the willingness to disclose. Looking at the big picture, it might be concluded that an interaction of different diagnoses might result in the most severe symptoms and therefore the greatest likelihood of disclosure, though further research on the compounding effect of multiple diagnoses is needed.

#### 4.1.2. Attitudes toward disclosure

It is perhaps not surprising that a positive attitude toward disclosure positively predicted disclosure (Brohan et al., 2014; Thomas et al., 2019). Studies also found that positive attitudes influence the likelihood of help- and treatment-seeking for mental illnesses (Adler et al., 2015; Brown & Bruce, 2016). Rüscher et al. (2018) proposed that, after the adjustment of other variables such as symptoms and job search efforts, a more cautious attitude toward disclosing a mental illness could facilitate re-employment. In addition, they found that one's attitude toward disclosure can

be altered by interventions that enable individuals with mental illnesses to select the degree and timing of a potential disclosure.

On the other hand, studies also point out that worrying about negative consequences and disruptions to one's career progression were significant negative predictors of disclosure (Adams et al., 2010; Cohen et al., 2016; Granger, 2000; Tay et al., 2018; Thomas et al., 2019). Moreover, awareness of potential financial losses and job risks associated with disclosure were also important negative factors (Stratton et al., 2018). However, one study revealed that a negative attitude toward mental illness help-seeking was, curiously, not related to actual help-seeking behaviors (Price, 2011). Overall, though, most studies predicted that positive attitudes support disclosure while negative attitudes hinder disclosure.

#### ***4.1.3. Self-management capabilities***

Several studies argue that self-management capabilities (e.g. the ability to overcome symptoms on one's own) are a common preference for individuals instead of disclosing. For some people with mental illnesses, by matching their skills and personality with their work situation, they are able to reduce the need for disclosure (Granger, 2000). Insofar as they can still perform the inherent requirements of the job whilst mentally unwell, the need to disclose diminishes (Ridge et al., 2019). Similarly, concealment is also associated with higher levels of work experience (Banks et al., 2007), a decreased likelihood of needing treatment (Adler et al., 2015), and higher self-esteem (DeTore et al., 2019). One study on doctors revealed that some physicians self-treated out of reluctance to involve others (Adams et al., 2010). In sum, individuals with the internal capacity for self-management of symptoms tend to self-treat and align their mental illness with their work situation, thus reducing the need to disclose to the employer.

#### ***4.1.4. Disclosure motives***

Personal motives in the disclosure process are important antecedents of the decision. Clair et al. (2005) addressed four motives for an individual to disclose a concealable illness: to maintain self-esteem and to cope, to preserve a relationship, to arrange for accommodations, and to create social change. A repeated theme in the literature surrounding disclosure was that it enabled individuals to get access to accommodations and reasonable adjustments from the company or organization (Brohan et al., 2014; Hatchard, 2008; King et al., 2011). Another study reported that doctors with mental illnesses were motivated to disclose in order to better obtain treatment than they could provide to themselves (Cohen et al.,

2016). Alleviating symptoms were also frequently cited as a key motivator (Hatchard, 2008). Other motives included financial ones, e.g. to maintain employment and take advantage of tax credits (Banks et al., 2007).

Beyond health and financial motives, emotional motives were also identified as core antecedents. To secure support from workplace personnel was a key driver of disclosure (Stahl & Stiwne, 2014). Several studies also cited the ethical and moral motivations underlying disclosure. Simply being honest to the people in their working environment was a motivation for some individuals to disclose (Brohan et al., 2014; Ridge et al., 2019). Encouraging or modeling mental illness disclosures to others was also a noble factor that motivated individuals to disclose. Owen (2004) noted that disclosure was important in order to serve as an example for others with mental illnesses. Lastly, establishing a high level of trust among colleagues and employers was also an important motivator for one to come out of the mental illness closet (Brohan et al., 2014).

Overall, the primary motives to seek treatment, accommodations, and financial security were the most salient inasmuch as most employees need to take pro-active action to safeguard their working lives. Preserving relationships by being honest with colleagues was also essential for the individual to sustain a healthy working life. Lastly, the decision to disclose was driven by morality and ethics. As such, it was viewed as a means by which to build trust with managers and coworkers.

#### **4.1.5. Perceived stigma**

Because of its disruptive effect on interpersonal relations (Jones et al., 1984), stigma is an important antecedent of the disclosure decision. Disclosing a mental illness to others carries the risk of imputed stigma (Chaudoir & Fisher, 2010; Clair et al., 2005; Jones & King, 2014). According to Haslam et al. (2005), people with mental illnesses were reluctant to tell managers and colleagues at work about their disability because of the negative connotations it carries. As such, individuals conceal their illness out of fear of being treated differently (Brohan et al., 2014; Gladman & Waghorn, 2016; Granger, 2000; Peterson et al., 2011; Sayers et al., 2019; Sheets, 2009) or judged negatively (Burns & Green, 2019; Cohen et al., 2016; Dalgin & Gilbride, 2003; Gladman & Waghorn, 2016; Mahalik & Dagirmanjian, 2019; Ridge et al., 2019). Similarly, doctors who hold high levels of perceived stigma were significantly less likely to report a desire to seek help from their colleagues (Adams et al., 2010). Female doctors with a history of depression were particularly more likely to see their disability through the lenses of stigma than male doctors

(Adams et al., 2010) and women demonstrated higher public stigma scores than men (Brown & Bruce, 2016). In short, stigma is a significant barrier for individuals with mental illnesses in that it impedes disclosure.

#### **4.1.6. Self-stigma**

Self-stigma refers to the prejudices that people with mental illnesses often hold against themselves (Corrigan & Watson, 2002). The review found that members of some professions appear to evince higher levels of self-stigma than others. For example, soldiers (Brown & Bruce, 2016) and doctors (Henderson et al., 2012) show a higher level of self-stigma than the general population, although these results are likely to vary across cultures and legal systems. Similarly, self-stigmatization of doctors with mental illnesses appears to outweigh the self-stigma associated with physical illnesses (Henderson et al., 2012). Therefore, self-stigma may be comparatively greater for those with mental illnesses than physical illnesses (Adams et al., 2010; Teachman et al., 2006), although, again, context is key.

Based on the review, it is not entirely clear how self-stigma relates to the possibility of disclosure. On the one hand, the prejudice that one feels toward oneself may encourage disclosure as a form of help-seeking. The higher the self-stigma, the more likely the individual is willing to disclose to remedy self-stigma (Owen, 2004). On the other hand, self-stigma was also associated with adverse self-labeling and feelings of shame, which are key determinants of not seeking help due to the associated stereotypes of weakness, incompetence, label avoidance, and malin-gering (Blais & Renshaw, 2014; Rüsçh et al., 2017; Stratton et al., 2018; Toth & Dewa, 2014). This potential inconsistency in the review creates new opportunities for further investigation.

#### **4.1.7. Perceived organizational support**

Jones and King (2014) argue that perceived supervisory support is a key antecedent of disclosure. Such support is delivered to mentally ill individuals through social interaction in the workplace which positively influences their perception of the organization and the degree of social support it offers. Several studies mention that positive support and encouragement from colleagues and coworkers facilitate the return to work process (Corbiere et al., 2018; Hatchard, 2008) and create an opportunity for employees to talk about their problems (Haslam et al., 2005). A higher probability of disclosure was associated with an intensified perception of emotional support on the part of superiors (Rollins et al., 2002).

However, several studies furthermore revealed that employees with mental illnesses at times experienced negative interpersonal support that hindered their intention to disclose or return to work. For example, aversion to disclosure for employees with PTSD is related to lower levels of perceived social support, which in turn causes reluctance to disclose traumatic events and lowers emotional involvement in the disclosure process (Kohler et al., 2018). Where doctors with mental illnesses perceived low levels of support from colleagues, they also perceived negative social support when they returned to work. Henderson et al. (2012) revealed that doctors used terms such as ‘failure’, ‘uncomfortable’, ‘shame’, and ‘guilt’ to describe their condition when receiving a negative response from their organization.

Other studies showed that several further factors might also relate to the low level of perceived social support from both employers and coworkers. For example, Brohan et al. (2014) found that individuals with mental illnesses perceived that employers are likely to have low levels of literacy about mental illness because they are highly influenced by stereotypical media attitudes toward the mentally ill, and therefore express negative behaviors, including rejection, violation, and patronizing.

## **4.2. External factors**

### **4.2.1. Organizational support: policies and practices**

*Supportive climate policies.* According to Ragins (2008), the degree to which the organizational environment provides support for the disclosure is another key determinant of its success. Therefore, the existence of policies and practices that can create a positive diversity climate is essential, especially regarding mental illness. From the review, we found evidence that workplace policies and practices can facilitate and precipitate disclosure, and that positive, supportive, and inclusive climates encourage open discussions surrounding mental illness at work. According to a survey of British employers, their mental illness policies are believed to be well understood by both managers and employees, capable of helping to improve employee performance, able to retain disabled employees, and are appropriately designed to help avoid litigation (Henderson et al., 2013).

*Positive training and education programs.* Beyond policies, workplace practices, including educational and training programs, are also useful in promoting and developing a supportive workplace disclosure climate. An interview with managers in the public and private sectors in Barbados suggested that the promotion of positive views of mental illness at work can elevate a supportive and stigma-free culture and work climate (Devonish, 2017). Along with a general improvement in scores in a post-

Trauma Risk Management (TRiM) course, significant improvements in cohesion and mental illness peer literacy are indicative evidence of the inherent benefits of TRiM training (Sage et al., 2016). TRiM training further increases managers' confidence when talking with employees involved in a traumatic event, encourages employees to access mental illness support, and helps managers identify someone as having a psychological problem.

Training and educational programs can also be beneficial for individuals with mental illnesses seeking to find help and treatment. A cross-sectional survey revealed that employees of coal mining companies in Australia could improve their positive attitudes toward mental illnesses and intention to seek help after participating in a mental illness intervention program (Sayers et al., 2019). In line with this finding, managers in the public and private sectors, in order to give better support for persons with mental illnesses, need to encourage employees to utilize employee assistance program (EAP) services (Devonish, 2017). However, although some studies found that training and education create positive attitudes toward disclosure, others reported that participants feel dissatisfied and distrust such programs (Stratton et al., 2018). Thus, there are differing perspectives regarding the efficacy of training interventions.

#### **4.2.2. Organizational social support**

We found several articles that spoke to the role of employers' and coworkers' support in the disclosure decision. The review discovered that social support emerged in two functions: social support factors as an antecedent of disclosure and social support as a potential mediator.

*Organizational social support as a disclosure antecedent.* Clair et al. (2005) considered interpersonal context as a key factor that increases the likelihood of disclosure. When individuals perceive that other people are offering support, their intention to disclose will increase. Several studies highlight that social support, including from employers and coworkers, plays an important role in the disclosure of mental illness in the workplace. The support can be delivered in the form of positive beliefs, empathetic attitudes, and pro-social behaviors toward mentally ill employees. According to Brohan et al. (2014), wider public attitudes toward mental illness underscore the importance of considering disclosure beliefs and behaviors within the societal context in which mental illnesses are stigmatized, which represents the discloser's socialized beliefs regarding the employers' equally socialized understanding of, and response to, the disclosure. The culturally-grounded attitudes of organizational actors are an essential factor for mentally ill employees deciding to return to work (Corbiere et al., 2018). Moreover, colleagues who can

empathize with mentally ill individuals are particularly valued (Peters & Brown, 2009; Ridge et al., 2019) and the presence of a supportive manager could make all the difference for a potential discloser (Ridge et al., 2019).

Based on our review, employees disclosed more often to supervisors than to coworkers and at times experienced significant instrumental support and appreciation (Ellison et al., 2003; Granger, 2000; Rollins et al., 2002). Being appreciated by the employer and feeling respected by colleagues were essential ingredients for individuals to disclose (Ellison et al., 2003). To this end, the role of a supportive supervisor is key to enhancing the disclosure intention of an individual with a mental illness. The empirical evidence confirms the finding that the employer has a greater role in disclosure than coworkers, although the importance of supportive coworkers cannot be neglected.

*Organizational social support as a potential mediator.* The conceptual model provided by Chaudoir and Fisher (2010)—sensibly, in our view—addressed social support as a mediator between the disclosure event and long-term outcomes. The role of the supervisor is not merely to encourage the disclosure, but also to actively communicate with individuals after disclosure. Negrini et al. (2018) point to the importance of how supervisors must have a good relationship and maintain positive attitudes toward employees seeking to return to work. They found that employees with depression who were frequently in contact with supervisors throughout their absence were more likely to return to work in the long-term. Moreover, the positive attitudes of supervisors in providing support, openness toward accommodations, and pro-active planning of meetings during return-to-work generally have a positive effect on the process (Corbiere et al., 2018). These findings imply that the role of organizational social support contributes hugely to the success of the disclosure process.

#### **4.2.3. Manager's attitude and personality**

Our review of the extant literature also found that the personality and character of the manager strongly predict the manager's support for disclosure. Two studies identified the factors that may increase employer support in the disclosure process. According to Bryan et al. (2018), the strongest predictor of a manager's behavior was high self-confidence. The statistics suggest that, compared with managers with low confidence, the more confident managers were almost 20 times more likely to contact an employee on sick leave. However, they also revealed that, curiously, mental health literacy was not significantly associated with the likelihood of managers contacting a staff member on sickness absence



for mental illness reasons. Putatively, social interaction is more useful to increase sympathetic attitudes rather than just knowledge of mental health problems. A study found that employers who have hiring experience, a high frequency of contact outside work, and close relationships with other individuals with mental illnesses are more likely to hire applicants with a mental illness (Hand & Tryssenaar, 2006). Contact outside the context of work could, therefore, play a significant role in building up a robust and transferable set of sympathetic and empathetic attitudes toward individuals with mental health problems.

#### ***4.2.4. Supervisory competencies***

According to Kirsh et al. (2018), supervisory competencies in managing mental illness in the workplace are essential ingredients for success in disclosure. Their qualitative study illustrated that at least four themes emerged as important, including the ability to support a person on the job, manage an inclusive social climate, support a return to work, and encourage personal care and development. Without such competencies in place, it is unlikely that an individual with a mental illness would be willing to disclose.

#### ***4.2.5. Demographics***

Beyond supervisory competencies, other demographic factors, e.g. gender, also shape how managers can effectively manage the disclosure process. Devonish (2017) revealed that female managers were more likely to offer sympathy by expressing deep concern, support, and tolerance for persons with mental conditions in comparison with male managers. Similarly, Arthur et al. (2010) and Smith and Cashwell (2011) revealed that women were more supportive and desired less social distance when dealing with people with mental illnesses. Another study on how managers interact with mentally ill employees (Devonish, 2017) found that managers in the public sector were more willing to hire and manage such employees than those in the private sector. No literature was identified that looked at the effect of ethnic differences on disclosure.

#### ***4.2.6. Vocational rehabilitation programs***

Thirteen studies focused on individuals involved in mental illness rehabilitation programs and/or vocational programs, employment support programs, as well as placement programs. Participants involved in mental illness rehabilitation programs showed an increased potential in favor of disclosure. Overall, the use of those types of programs is associated with a positive contribution to the disclosure of mental illness in



the workplace. As an example, a quantitative survey by Banks et al. (2007) suggests that 82% of participants who engaged in support programs decided to disclose their diagnoses. Moreover, Allott et al. (2013) found that Individual Placement and Support (IPS) programs can be delivered in an educative, flexible, creative, and collaborative way to encourage disclosure to employers. Psychiatric rehabilitation programs as well as vocational programs play an essential role in providing important learning opportunities and facilitating clients' capacity to make critical decisions about disclosure and job accommodations (Granger, 2000) as well as strengthening collaborations and partnering to gain a mutual understanding of the worker and workplace needs (Hatchard, 2008).

## **5. The disclosure decision**

Having now reviewed the literature on the antecedents of disclosure, we now move on to review studies describing the disclosure decision experiences of employees suffering from mental health problems in the workplace. Overall, the disclosure decision entails preferences surrounding the choice of whether to disclose or not, the timing of the disclosure, recipients of the disclosure, and the circumstances.

### **5.1. Disclosure preferences**

Most of the studies that we reviewed asked respondents whether they chose to reveal or conceal their mental illness. Several researchers reported that the percentage of people who are willing to disclose was less than the percentage of people who prefer to conceal their identities (Adams et al., 2010; Allott et al., 2013; Burns & Green, 2019; Owen, 2004; Stuart, 2017). Contrariwise, other studies provided evidence that disclosure is preferable to non-disclosure. For example, Ellison et al. (2003) reported that over 80% of professionals and managers revealed their concealable mental disabilities at work. Studies about mental illness among doctors recorded that around 50% prefer to disclose to their colleagues at work (Banks et al., 2007; Cohen et al., 2016). The inconsistent results of disclosure preferences suggest that the disclosure decision is a complex, context-dependent, and unique process for each individual with a mental illness. Context (e.g. occupational, national, and legal) matters immensely. For example, for some occupations with strong professional regulations (i.e. doctors, pilots, and military), disclosure may be perceived as burdensome to their professional values, even though negative views toward disclosure may be more internal than imposed by others (Henderson et al., 2012).

### **5.2. Disclosure recipients**

From the review, we found that disclosure in the workplace is less frequent compared to disclosure in other life domains. Several studies reported that participants were less likely to disclose their mental illness inside the workplace (Adams et al., 2010; Burns & Green, 2019; Cohen et al., 2016; Granger, 2000; Morgan et al., 2016; Stuart, 2017). Among those who opted to disclose at their places of work, employers were the most frequent targets, followed by coworkers (Burns & Green, 2019; Granger, 2000; Hatchard, 2008; Ridge et al., 2019; Rollins et al., 2002; Stuart, 2017). Granger (2000) noted that almost all of the participants in her research disclosed to their employers when they had job coaches to facilitate the disclosure. The provision of job coaches thus has a significant impact on the willingness to disclose to one's colleagues and supervisors.

### **5.3. Disclosure timing**

Several studies reported on the timing of the disclosure. Around 65% of participants choosing to disclose revealed their diagnoses in their first job (Cohen et al., 2016). This finding differs from Banks et al. (2007), who showed that disclosure occurred during the later stages of employment (71.7%), with the remaining individuals preferring to disclose during the first job at the point of hiring, orientation, and/or training. Lastly, the time of diagnosis may also trigger the disclosure decision. For example, Cohen et al. (2016) found that doctors who first developed symptoms in a trainee position were likely to conceal while older consultants tended to disclose. To this end, the moment of disclosure for every individual is different across the employment lifecycle.

### **5.4. Disclosure circumstances**

Ellison et al. (2003) reported that disclosure could happen in two different conditions: favorable or unfavorable circumstances. Their research found that approximately one-third of disclosure happens in favorable circumstances, where the discloser is comfortable and free to share voluntarily, while about half of disclosures occur in unfavorable circumstances, including when experiencing symptoms and hospitalized while employed. Such disclosures are often involuntary. The research also reported that hospitalization leading to disclosure varied by type of occupation, with such disclosures in business, technical, and educational settings most frequent. Ellison et al. (2003) highlight that the majority of disclosures happen in unfavorable circumstances. When disclosure is

'forced' by circumstances, the result is a reduction in psychological well-being. Lack of control over the disclosure is also associated with increased psychological stress and more severe symptoms, as discussed in the following section.

## **6. Disclosure outcomes**

Several studies examined the effects, or outcomes, of disclosure in the workplace. The key outcomes of disclosure identified from the review include: access to accommodations and support programs, promoting further disclosures of mental illness on the part of colleagues, employability and career consequences, and discrimination.

### **6.1. Accommodations, adjustments, and other support programs**

The review indicates that disclosure is a precondition for employees with mental illness to secure accommodations and support. Four studies provided statistical evidence on the effects of support from the organization and how employment outcomes differ between disclosure and non-disclosure. Employees with a mental illness must first disclose their condition to receive reasonable accommodations (Banks et al., 2007) and work adjustments (Brohan et al., 2014). According to Banks et al. (2007), individuals who disclose were obviously more likely to access workplace accommodation arrangements and training programs than those who chose not to disclose. The study reported that accommodations were provided to 52% of disclosers; moreover, 63% of disclosers received training. In contrast, only 31% of non-disclosers could access the same training. Chow and Cichocki (2016) reported that individuals who disclosed directly or indirectly increased the probability of receiving accommodations.

Disclosure was also related to other forms of support, like coaching and employer and co-worker encouragement (Corbière et al., 2014). Similarly, Rüsçh et al. (2018), in a study of disclosure in a military setting, reported that disclosure facilitated help-seeking and recovery, including from mental illness services and informal social support. Several qualitative studies also described accommodations and access to support as a positive outcome of the disclosure. Ninety-six librarians revealed that the most common workplace assistance they received were employee assistance programs, counseling and therapy, health insurance, accommodations, mindfulness classes, flexibility with work schedules, and compassionate supervisors and coworkers (Burns & Green, 2019). According to their study, the extent of support varies among organizations. Some provided work adjustment programs such as work

modifications, reduced hours, and redeployment to keep mentally ill employees working (Haslam et al., 2005).

Nonetheless, we found that the accommodations provided to employees with mental illnesses are varied. Overall, the accommodation programs offered useful psychological and social support and adjustments. However, Stratton et al. (2018) reported that the focus group participants in their research felt that managers did not provide adequate accommodations or support for mental illnesses. These sub-optimal outcomes of disclosure likely prevented future disclosures.

### ***6.2. Promoting a culture of mental health in the workplace***

Another positive outcome of disclosure is that it serves to create a culture of disclosure by supporting and encouraging other individuals to disclose and it educates other members of the organization about mental illnesses in the work environment. According to Elraz (2018), public disclosure is admirable in that it encourages others to talk openly about their experiences with mental illness. In addition, by doing this, the discloser acts as an agent who promotes an open and transparent climate toward mental illness in the workplace, as well as someone who campaigns for increased understanding of mental illness at work.

### ***6.3. Increasing psychological wellbeing***

Two studies addressed the benefits of mental illness disclosure for individual wellbeing. A phenomenological study illustrated that although some participants felt ashamed after the initial disclosure, they later felt more accepted, followed by a feeling of relief over time (Keith, 2013). The recovery process, in particular, can give internal strength and agency, reconnection, a sense of self-development, a feeling of resistance against stigma, and it reduces organizational barriers (Bergmans et al., 2009).

Stahl and Stiwne (2014) noted that the feeling of being emotionally supported was also connected to disclosure. One interviewee in their study stated that her decision to conceal her illness caused her to feel alienated from co-workers and managers and obstructed her return to work. Another study demonstrated that mental illness disclosure was associated with a progressive, supportive, and collaborative work environment (Hatchard, 2008), which can benefit individual wellbeing. The feeling of peace experienced after disclosure might go well beyond the expectations of the discloser insofar as he or she learns that the positive effects of the disclosure can extend beyond financial and organizational support.

#### **6.4. Employment outcomes**

Researchers also examined employment outcomes of disclosing a mental illness in the workplace. Several studies found that disclosure has positive effects on employment outcomes. Sometimes the choice to disclose enables an individual with a mental illness to continue in employment. Several studies revealed that people with a mental illness who disclose their disability were more likely to keep their job longer (Corbière et al., 2014; McGahey et al., 2016) and had better work outcomes (DeTore et al., 2019). Another study illustrated how disclosure, in conjunction with individual placement support (IPS), could lead to successful occupational outcomes (Allott et al., 2013).

However, other studies revealed that disclosure could also be negatively related to employment outcomes. Those individuals who did not disclose their stigmatized identity had more success in acquiring a job in the first instance (Banks et al., 2007; Dolce & Bates, 2019). Some researchers also revealed that disclosing a mental illness can cause adverse career consequences (Mendel et al., 2015; Rüscher et al., 2017) and the risk of job loss or financial loss of income (Stratton et al., 2018).

Two further studies examined how managers and employers reacted to the disclosures of job applicants with a mental illness in the job interview process. The first study indicated that there was no significant effect of disclosure on hiring decisions or employability, as well as no significant difference between employer responses to a brief versus a detailed disclosure (Dalgin & Bellini, 2008). However, the same study also reported that, when compared with a physical disability, candidates with a psychiatric disability were less likely to get hired. Krupa et al. (2016) conducted a similar study suggesting that individuals with mental illnesses positively influenced perceptions of employers by highlighting 'social' values. The study suggests that employers and managers ranked the candidates equal or higher than other candidates in terms of potential to do the job, fit with the work culture, and likelihood of being hired. In sum, the review demonstrates that the impact of disclosure on employment varies. Some studies found a positive effect of disclosure on employment outcomes, and other studies showed the opposite.

#### **6.5. Labeling, discrimination, and stigmatization**

Research also found that disclosure might result in negative responses from colleagues and employers in the workplace. According to Rüscher et al. (2017), disclosure drove negative labeling and disability discrimination. A quantitative study reported that disclosure resulted in discriminative responses, including work dismissal and termination, being

treated differently, changes in attitude on the part of interviewers in the recruitment process, exclusion from task accomplishment, and avoidance from coworkers (Gladman & Waghorn, 2016). Keith (2013) reported that research participants experienced shame during and after disclosure. Disclosers noted having been gossiped about and suspected by their coworkers of mental illness when they presented any obvious signs of symptomatology, which in turn resulted in feelings of embarrassment and shame. Similarly, during the return-to-work process, employees with a disclosed mental illness mentioned that they were subject to adverse reactions such as having been labeled as weak or needing protection, considered less competent, and they experienced prejudice from people in the workplace environment (Corbiere et al., 2018).

Several studies also found that stigmatizing attitudes followed on from the disclosure. Sixty-two per cent of police officers who participated in a survey agreed that most officers would expect discrimination at work and would not want to have a supervisor with a mental illness (Stuart, 2017). Stigmatizing attitudes from employers significantly mediated the relationship between previous and future hiring behaviors (Kosyluk et al., 2014) and predicted reduced contact with a staff member off work due to mental illness (Bryan et al., 2018). The greater the stigmatizing attitude of the employer, the fewer the opportunities for the employer to hire and to contact off work individuals with mental illnesses.

Of the qualitative studies, several also found that social stigma varies across sectors, professions, and personal backgrounds, again pointing to the importance of the context of the disclosure. As noted above, managers who worked in the public and community sectors were more likely to hold a lower level of stigma than managers who worked in the private sector (Martin, 2010). Some professions, like military officers (Brown & Bruce, 2016) and doctors (Adams et al., 2010), were more accepting of stigma than the general population. Moreover, mental illness in the workplace was more likely to be associated with stigma and labeling than physical illness (Thomas et al., 2019; Toth & Dewa, 2014). Female managers also reported lower levels of stigmatizing attitudes than male managers (Martin, 2010).

## **7. Mental illness disclosure: an agenda for future research**

Having reviewed and organized thematically sixty-one studies on the topic of mental illness disclosure in the workplace, the next crucial step is to identify gaps in the literature and think about how these gaps might present future opportunities, particularly for inquisitive HRM researchers. The aim of this section is to articulate a future research agenda.

## **7.1. Methodological gaps**

### **7.1.1. Samples and participants**

Several alternative samples can and should be studied to expand our knowledge of the disclosure process. For example, given that a majority of our reviewed studies were conducted in Western countries with highly individualist cultures, it would be particularly useful to study mental illness disclosure in more collectivist—e.g. Asian—cultures. Considering that national cultural context is essential to fully understand the stigma of mental illness (Papadopoulos et al., 2013), to cultivate further studies in these collectivist cultures is strongly recommended.

As an alternative, researchers should also develop creative empirical methods to gather data from other harder-to-reach samples, for example, those who are at the same time mentally disabled and suffer from additional and compounding forms of stigma. The utilization of social media platforms as a potential means to connect with these hyper-marginalized employees and job applicants is encouraged. Some other methods that HRM researchers in particular could also employ to reach under-represented participants include mass media advertising and word-of-mouth. However, given that defining and recruiting individuals with concealed identities is not an easy task, researchers may want to source their samples *via* crowdsourcing, such that a payment is made to incentivize participation. In this way, disadvantaged respondents can both receive compensation for their time, and participate in the research, thus revealing potentially new, previously hidden points of view.

Research and policy also could benefit greatly from a sharper focus on socioeconomic factors to address inequalities in mental health (Macintyre et al., 2018). Therefore, beyond taking account of national cultural contexts, future studies in mental illness identity management desperately need to seek out socioeconomically diverse samples. More analyses of factors contributing to disclosure on the part of employees with mental illnesses living and working in low income (e.g. non-OECD) countries are needed, due to the dearth of studies in such populations.

### **7.1.2. Study methods**

A majority of the studies on disclosure used a qualitative methodology which employed interviews and focuses groups as the data collection method. This stands to reason because the disclosure decision is a continuous process that needs time and requires interaction with other people. Therefore, comprehensive qualitative studies like an ethnography or an in-depth case study, where the researcher can observe and ‘feel’ the atmosphere of the disclosure process, might make the most significant



future contribution to the development of our understanding of mental illness disclosure. Most quantitative studies in this review evaluated the disclosure process using paired sample t-tests, ANOVAs, confirmatory factor analyses, and regression analyses. A much more comprehensive statistical toolbox, such as multivariate analysis using structural equation modeling to examine the conceptual model developed here, would be a useful contribution. Additionally, machine learning could be used to predict disclosure or the effects of disclosure. Lastly, more research employing a longitudinal method that examines the disclosure process across time and contexts is required to attain a deeper understanding of the lifecycle of the disclosure decision (Follmer et al., 2020).

## **7.2. Theoretical and conceptual gaps**

In our review, we found that most studies lacked a strong theoretical background in examining the disclosure concept and process. This finding is in line with Follmer et al. (2020) who similarly stated that a key challenge in the study of concealable identity disclosure is the development of predictive conceptual models and a deficit of a general theoretical framework. Therefore, we submit that future research on mental illness disclosure at work requires a much stronger theoretical foundation than is available at present. Our own disclosure model, as seen in [Figure 1](#), is a good starting point for developing a process-based theory. Future studies need to further develop and test this disclosure model from multiple points of view. These future studies may investigate how organizational support structures can facilitate the disclosure event by understanding its antecedents, including the attitudes of coworkers and employers toward disclosure and how HRM practices can create a supportive 'disclosure climate'. Future studies should additionally focus on how the social environment shapes and is shaped by a disclosure from an individual with a mental illness. Because of the stark lack of theoretical work on mental illness disclosure, the sky is the proverbial limit for HRM researchers.

## **7.3. Future research on the antecedents of disclosure**

### **7.3.1. Internal factors**

*Gender.* Although a few of the studies we reviewed touched upon the effect of gender on the disclosure decision, none of them explains clearly how gender obstructs or facilitates disclosure. This is a huge and complex gap in our knowledge, especially given that gender is likely to be a relevant variable for both the discloser and the disclosee. Our review



preliminarily suggests that female managers may perhaps be more sensitive and emotionally understanding of disclosure. This is based on a purported higher empathy when interacting with mentally ill individuals. On the other hand, it is also possible that female employees, when they disclose a mental health problem, may be more severely stigmatized than men. Hence, future research needs to investigate how gender identity intersects with mental illness disclosure. Subsequent studies need to investigate why women may be simultaneously more sensitive to mental health problems and subjected to more prejudice when they disclose.

*Type and extent of illness.* The review demonstrates that a few of the studies focus on a particular type of mental illness, such as depression or anxiety, but most of the studies do not concentrate on a specific diagnosis. This lack of specificity potentially muddles the results in that it may mask unique disclosure idiosyncrasies surrounding types of mental illness. It is very possible, for example, that some types of mental illnesses are more likely to be disclosed than other types. Future research can overcome this knowledge limitation by taking a comparative approach to disclosure preferences and investigating why some illnesses may be more likely to be disclosed than others.

Yet another previously unexplored factor that may be masking a disclosure effect is the severity of the illnesses. People with more severe mental illnesses should, in theory, face more stigma and therefore disclosure complications in the workplace. But the limited information available to date does not necessarily support that view. Therefore, more studies concerning the level of severity of symptoms would be beneficial to fill this gap.

*Type of occupation.* The review found that several studies focus on different types of occupations. This condition sometimes lends itself to different disclosure outcomes. We also do not understand why, in some professions, disclosure appears to be more favorable than in other professions. Accordingly, future research needs to map out the type of occupation based on several criteria, and then compare the results with the disclosure decision.

*Stigma interaction effects.* Although self-stigma and perceived stigma are well studied phenomena, the interaction effects of self-stigma and perceived stigma with other individual differences (e.g. race, ethnicity, and class) need further exploration. As alluded to above, our review suggests that gender may be an important factor for further research, but other protected categories are also important. This is particularly the case in relation to intersectionality (McBride et al., 2015), whereby one source of disadvantage (e.g. a mental illness) is compounded by other sources of disadvantage (e.g. an ethnic minority or member of a lower socioeconomic class).

*Perceived organizational and social support.* Jones and King (2014) measure actual organizational and social support as a function of perceived support, which is based on the perspective of the individual discloser. According to Prati and Pietrantonio (2010), perceived social support does not inevitably reflect the real presence or absence of actual social support. Further research is likely needed to attain a better understanding of the various dimensions of disclosure on perceived and actual received social support (Kohler et al., 2018). In addition, most of the studies focus on perceived social support and miss the perceived corporate policies and practices as predictors of disclosure. An individual judgment about the implementation of mental health policies and practices in organizations needs to be further assessed and requires additional research.

A better understanding of perceived organizational support is also essential since this variable is an important parameter indicating how supportive the climate policies and practices have been for individuals. Application of a theory of perceived organizational support (Aselage & Eisenberger, 2003; Eisenberger et al., 1986) could help to explain how the perceived support is developed and how it influences the disclosure decision. Future research also may construct a disclosure model at the organizational level, which also focuses on how corporate level support is developed and delivered to facilitate the disclosure decision.

### **7.3.2. External factors**

The opportunity for employees to disclose their invisible disability is higher when they work in organizations with supportive climates or social support from managers and coworkers (Clair et al., 2005; Jones & King, 2014; Ragins, 2008). More research to better understand how organizations can deliver and create a supportive climate for individuals to disclose their mental illness is indicated. For example, Ragins and Cornwell (2001) and Compton (2016) suggested that protections for individuals with stigmatized identities, including a supportive climate and formal policies, may encourage further opportunities for disclosure on the part of others. However, precisely how these support structures, such as education and training, legal policies, and professional regulators can successfully encourage disclosure requires further research.

*Education and training.* The review found that training and education can substantively help to create supportive industrial climates. Training programs can improve the awareness and attitudes of the managers and employees toward mental illness. However, although training programs are beneficial for improving social support, the evidence suggests that individuals with mental illnesses are largely dissatisfied and distrust such

programs. Hence, future research that compares the perspectives of employers, coworkers, and individuals with mental illnesses regarding the implementation of education and training and its relation to disclosure is needed. Subsequent studies also should focus on identifying mediating or moderating variables that can leverage the effect of training on key disclosure outcomes.

*Legal protections.* Legal questions that may be of interest to HRM researchers abound. Individuals who wish to disclose will be more confident when their decision is supported by legal protections, however, our review provided no clear answers to these legal questions. In many countries, disability legislation may apply, which affords reasonable adjustments for those with a mental impairment. But there are many gray areas in the legal realm. For example, what is a legally effective disclosure? Does it have to be directed at HR? What if it is directed toward a co-worker? Must it be written? Is an employer obligated to take reasonable steps to understand a mental disability and, if so, who defines reasonable? Such questions are ripe for future analysis.

*Professional regulators.* Largely absent from our literature review was an analysis of the role of professional regulators and associations in facilitating disclosure. It is widely acknowledged that professional and industry norms can moderate the individual's motive to disclose (Clair et al., 2005) as well as the external environment of the organization. Future researchers could cultivate fertile ground by examining the role that professional associations like, for example, the UK's Chartered Institute of Personnel and Development (CIPD) and the US's Society for Human Resource Management (SHRM) play in the disclosure process.

#### **7.4. Future research on the disclosure decision event**

Based on our review, we conclude that the disclosure decision event is much more complicated than a simple choice between disclosing or not disclosing. In explaining the disclosure decision, most surveys asked a binary question of whether or not employees or job applicants revealed or concealed their disability. A few of the studies provided an additional item pertaining to the extent of disclosure, such as full or partial. In relation to the disclosure recipient, most studies provided the option of several possible recipients, such as coworkers, employers, or other people outside the workplace (e.g. health care providers). Still, the extant studies leave a number of unanswered questions.

*Signalling.* Disclosure is not merely a single decision on whether to disclose or not to disclose, but rather a continuous process which includes signalling and information exchange. In a multi-level model of

concealable stigma management developed by Jones and King (2014), signalling is an essential step in the disclosure event. None of the studies about mental illness disclosure tested the signalling process involved in a disclosure event. Therefore, future studies in mental illness disclosure need to examine the signalling process as a precursor of disclosing mental illness in the workplace. Self-verification theory (Swann, 1983) could also be used to explore the signalling process leading to the disclosure decision. This approach emphasizes the methods pertaining to how people seek and confirm their self-views and how to define which parties are most likely to accept their stigmatized identities (Swann et al., 2004). How individuals with mental illnesses communicate with others and what other variables may moderate or mediate the disclosure process remain unanswered questions. Yet another open question is how different organizations might intervene in the verification process to encourage or indeed prevent individuals from disclosing.

*Employment stage and circumstances.* A disclosure may take place at different stages of one's employment and in two different circumstances: voluntary or involuntary. Only a few studies to date examined these issues (Banks et al., 2007; Cohen et al., 2016; Ellison et al., 2003). However, previous research only provided cursory percentages of employment stages and circumstances. Future studies can be much more specific and in-depth in comparing the different circumstances: voluntary vs. involuntary, and how each relates to a different outcome of the disclosure. Other foci that can be explored more, such as determining what antecedents can trigger a voluntary or involuntary disclosure, are equally worthy of scholarly attention. Another issue related to the disclosure decision is a comparison of the stages of employment vis-à-vis the success of the disclosure. We need to know at which stage people are most comfortable to disclose, which stage results in the highest risk, and which stage offers the best advantage.

### **7.5. Future research on the outcomes of disclosure**

Disclosure has a number of consequences for individuals, some positive and others negative. It entails benefits for individuals in relation to access to accommodations and adjustment programs, psychological well-being, and the development of helping behaviors in others. But disclosure can also negatively affect the discloser's employment prospects through negative labeling and even discrimination from other people at work. The empirical findings suggest that the impact of disclosure varied dramatically among the studies. Also, disclosure may simultaneously have an adverse effect and a positive outcome, muddying the waters in

this complex area of study. This contradiction provides an exciting space for future studies to explore factors that may mitigate the risks and barriers to disclosure.

Disclosure also can affect the psychological wellbeing, positively or negatively, of individuals with mental illnesses. However, improvements in psychological wellbeing may not be felt immediately after the disclosure. The fact is that individuals might feel ashamed after disclosure and at the moment of disclosure, but they may later feel accepted and relieved. In sum, although some individuals who disclose may experience positive workplace outcomes, disclosure can also create adverse effects such as discrimination, differential treatment, and negative labeling from other people in and outwith the workplace. Therefore, future research might focus on unpacking the various mediators or moderators of the relationship between the disclosure decision event and various outcomes in order to mitigate against the adverse impact of disclosure.

Lastly, we found that one of the most positive outcomes of disclosure is its ability to promote wider pro-social behaviors that lend themselves to a positive mental health 'climate' in the workplace. These behaviors can encourage other employees with mental health problems to disclose as well as increase the general acceptance of mental illness at work. However, this potential 'spillover effect' was only discussed at length in one study in our review (Elraz, 2018). Hence, more research is needed to explore whether there really is a domino effect of disclosure, whereby one brave individual inspires others to disclose. Future studies might seek to understand how such behaviors can become contagious, what factors (internal and external) can increase contagion, and what the long-term contributions are of such behaviors on the inclusive culture in the workplace.

## **8. Conclusions**

The present study has taken stock of the extant literature on mental illness disclosure in the workplace, with an eye toward furthering such research specifically in the field of HRM. Given that only 3 of the 61 studies reviewed (or just under 5%) are located in the HR space, this review was a long time coming and it makes an important contribution to the discipline. Having said that, some limitations of the review are also worth noting in conclusion. First, due to the large number of studies outside the area of HRM and organizational studies, the review is biased toward disclosure from a health sciences perspective. We have remedied this bias by focusing on the implications for HRM. Second, given the low number of studies drawn from non-Western populations, our review

very likely misses important contextual features from the developing world. This limitation is unremediable, given that we cannot review research that does not exist. In light of these limitations, the results of this review should not be generalized without first considering such contextual divergences.

Despite these limitations, our review has summarized and thematically organized the extant studies surrounding the disclosure process. Here we summarize the key findings from the review. The disclosure process is divided into two stages: pre-disclosure antecedents and post-disclosure outcomes. In the pre-disclosure stage, individuals must decide whether or not to disclose based on their calculations of internal (individual) and external (environmental) factors. In the post-disclosure stage, individuals face risks (e.g. discrimination, prejudice, and stereotyping) and some potential benefits (e.g. support programs, continued employment, well-being, and helping behaviors). The disclosure decision itself is part of a complicated and unclear process, which is not simply a matter of disclosing, or not. The choice of the recipient, timing, and circumstances varies among the studies.

Table 2 highlights four main conclusions stemming from this review. First, disclosure varies heavily among individuals with mental illnesses, a fact that illustrates that disclosure is a complex and continuous process. It is complex because no single formula can easily capture the process. Therefore, to gain a better understanding of the disclosure, researchers must dive deep into the contextual aspects surrounding the disclosure process. Disclosure is continuous because the process from start to finish is a chain of cause-and-effect events where particular antecedents determine outcomes of disclosure. For example, for any two individuals choosing to disclose, the outcomes gained by both will be different, depending on the different conditions and experiences they face along the way. Second, disclosure is the result of an interaction between internal and external factors. The individual's decision does not merely stem from the individual self, but it also stems indirectly from the environmental influence acquired through social interactions. Third, social support plays an essential role in the disclosure process, as evidenced by

**Table 2.** Summary of review findings.

	Key findings
1.	Disclosure is continuous process that has variable effects on individuals and a highly complex and misunderstood cause-and-effect chain.
2.	The decision to disclose (or not) is shaped by internal (individual) and external (environmental) factors that interact with each other.
3.	Social support is an essential ingredient to the success or failure of mental illness disclosure.
4.	Discrimination, prejudice, and stereotyping, grounded in mental illness stigma, pose the greatest threats to overcome.

the fact that it serves concomitantly as an antecedent and as an outcome. Fourth, concerning stigma, the existence of discrimination, prejudice, and stereotyping is a harsh reality which may impede the success of disclosure. Stigma can affect the process in two stages: pre-decision and post-decision. We find most of the studies frame stigma not only as a burden pre-disclosure, but also as a consequence post-disclosure. To this end, we argue that the stigma associated with mental illness is a central issue in the workplace that requires not only more scholarly attention, but also practical interventions aimed at reducing its nefarious effects.

In sum, the findings surrounding mental illness disclosure remain contradictory and poorly understood, especially from an HRM perspective. Given the contradictions surrounding disclosure, there should be more research on this concept using an HRM lens, since diversity and workplace health and safety are squarely the responsibility of the HR function. This review has provided a useful starting point by mapping how far research on mental illness disclosure has come and shining a light on its effects on employees and organizations. From this point of view, HR scholars should advance research on workplace mental illness disclosure in new and exciting directions. Our review can be used to further explore what we still do not understand about mental illness at work. The research can also help organizations to create a safe and inclusive climate in which all employees feel accepted and valued in their work environment.

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### **Data availability statement**

Data sharing is not applicable to this article as no new data were created or analyzed in this study.



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