TALLINN UNIVERSITY OF TECHNOLGY
Department of Social Sciences
Institute of Industrial Psychology

Kateryna Shkuropat
EMPLOYMENT SITUATION
OF PEOPLE WITH MENTAL HEALTH DISORDERS
Master Thesis

Supervisor: Liina Randmann PhD

Tallinn 2015

I hereby declare, that this thesis is
entirely the result of my own work and
submitted for the Degree of Master of Science
in Tallinn University of Technology
For the present thesis no degree has been conferred
on me before either in this or in any other university

Author:
Kateryna Shkuropat

" ….. " …………… 2015

The work meets the stated requirements for master thesis

Supervisor:
Liina Randmann PhD

" ..... " 2015

Approved " ..… " 2015

Master's theses defence committee chairman in the Institute of Industrial Psychology:
Professor Mare Teichmann PhD

Abstract
Employment situation of people with mental health disorders

Kateryna Shkuropat

Master thesis presents a fundamental overview of the key challenges in the process of employment faced by individuals experiencing mental health disorders, and elaborates different practices on individual, legislative, and organizational levels in order to address these challenges. Individual level scrutinizes the positive (benefits of social inclusion and economic independence) and negative (stigmatizing and prejudiced attitudes of colleagues, supervisors, and society in general) effects of employment on person's process of rehabilitation and re-socialization after prolonged detachment from work and social environment due to the disease. Legislative level presents different policies and regulations (anti-discrimination law, quota system) regarding human rights and equal opportunities in the discourse of mental disability employment on the state and international level. Organizational level portrays the factors, conditions, and attitudes that influence employee with mental health disorders in the work environment. These factors include organizational atmosphere, level of acceptance by colleagues and employer, source of funding and access to workplace accommodation, etc. The paper emphasizes the interrelatedness of described levels and proposes proactive strategies for a wide variety of stakeholders working with an issue to address the described barriers of employment of people with mental health issues.

Key words: mental health disorders, disability, employment barriers, stigma, anti-discrimination policy, work accommodation, corporate social responsibility.

Lühikokkuvõte

Employment situation of people with mental health disorders

Kateryna Shkuropat

Käesolev magistritöö annab ülevaate põhilistest väljakutsetest, mis kaasnevad vaimsete tervise häirega inimeste töölevõtmisel ning käsitleb erinevaid võimalusi nende lahendamiseks individuaalsel, seadusandlikul ning organisatsiooni tasandil. Individuaalne tasand uurib positiivset (sotsiaalse kaasatuse hüved, majanduslik iseseisvus) ja negatiivset (kolleegide, juhtide ja laiema ühiskonna häbivääristav ja eelarvamuslik suhtumine) tööhõive mõju inimese rehabilitatsiooni ning resotsialiseerimise protsessile pärast haigusest tingitud pikaajalist eemalolekut töölt ja sotsiaalsest keskkonnast. Seadusandlik tasand tutvustab inimõigusi ning võrdseid võimalusi puudutavaid erinevaid eeskirjasid ja regulatsioone (diskrimineerimisvastane seadus, kvoodisüsteem), mis puudutavad vaimse tervise häirega inimeste tööhõive arutlust riiklikul ning rahvusvahelisel tasandil. Organisatoorne tasand portreterib erinevaid faktoreid, tingimusi ja hoiakuid, mis mõjutavad vaimse tervise häirega inimest töökeskkonnas. Need faktorid hõlmavad ettevõtte töökeskkonda, kolleegide ja ülemuste mõistvust, finantsallikaid, ligipääsu töökoha kohandamise võimalustele jne. Töö rõhutab eelkirjeldatud tasandite põimitust ning pakub välja ennetavaid strateegiaid osapooltele, kes puutuvad kokku vaimse tervise häirega inimeste tööhõivet puudutavate raskustega.

Märksõnad: vaimse tervise häired, puue, tööhõive takistused, stigma, diskrimineerimisvastane poliitika, töökeskkond, ettevõtte sotsiaalne vastutus.

Acknowledgments

Table of Contents

Introduction

Employees' state of mental health defines to a large extent the profitability of organization, affecting such performance variables as absenteeism, turnover rates, costs of sick leaves and insurance, accidents, etc. Likewise, there is a strong reverse effect of physical and psychosocial factors, such as working conditions, workload, organizational climate, etc., on the mental wellbeing of the workers. Henceforth, workplace is an environment of a significant influence on our mental health status and requires careful consideration in moderating its constituents and components (Harnois & Gabriel, 2000). High rates of unemployment among people with mental illnesses of varying severity are becoming a growing global concern (Dunn, Wewiorski, & Rogers, 2008). This group of people is noted to be more restricted in gaining access to work opportunities and retaining employment, than any other type of disability (Drew, et al., 2011). Yet, work is recognized to play the main role in the process of rehabilitation after experiencing a disorder of psychiatric spectrum, and to contribute significantly to the individual wellbeing, social inclusion, and generally better quality of life. A lot of effort is put into problem of unemployment of vulnerable groups, including people with mental health disabilities on the state and international level.

The study is aimed at fulfilling the gap in the HR knowledge about the background of mental disability employment issues, and providing practical recommendations on the implementation of suitable practices addressing this issue, particularly within policy of corporate social responsibility.

Mental disability presents a substantial source for financial expenditures governmental social sector, trade unions, and single organizations. In the European Union 25% of applications for disability welfare comes on the basis of mental health illness (Cottini & Lucifora, 2013). International Labour Organization (ILO) emphasizes an urgent need for the development of human resource practices supporting the needs of employees with disabilities in general, and with mental health issues in particular (Harnois & Gabriel, 2000). Current paper will address the most common obstacles that people with the history of mental health disorders, or with current psychiatric diagnoses, or in the process of

rehabilitation after acute outbreak of the disease face, trying to obtain or maintain the employee status, and present them in an integrative way in 3 domains - individual, organizational, and legislative (on state and international levels), - aiming to elaborate guidelines for every domain to cope with this problem.

Social exclusion and low quality of life of people with mental health issues have ceased to be a problem of a narrow circle of individual's family and doctors. The rate of mental disorders affecting the population is growing alarmingly. In Europe, stress, depression, and anxiety are noted to be among the most frequent causes for claiming sick leaves at work and disability pensioning from the government (Nielsen, et al., 2012). Major depression, schizophrenia, bipolar disorders, alcohol use and obsessive-compulsive disorders represent half of the top 10 leading causes of disability in the world. The need for worldwide concern and action was emphasized by Kirsh, et al. (2009) in stating that "exclusion of persons with disabilities from employment is a problem of social justice that carries with it risks of disempowerment and severe socio-political vulnerability" (p.392).

Many researches in the field of disability employment state that a high percent of people with severe mental illness expresses the desire to have opportunities to seek for competitive employment. Yet less than 25% of them receive any vocational education and skills development in supported employment (SE) centres (sheltered workshops, programmes of assertive community treatment (PACT), clubhouses, etc.) (Bond, et al., 2001). Such programmes offer priceless opportunities for gaining necessary skills and abilities, trainings on how to maintain and self-reflect upon own mental health on the workplace, assistance and guidance in the process of search for job in an open labour market, and gain multiple positive feedbacks from their clients. Yet, the majority of people with mental health problems prefer competitive employment due to financial issues (most of the SE programmes have limited means for paying their clients) and the urge for re-integration with society and community as an equal member of the society that contribute to its prosperity (Harnois & Gabriel, 2000).

Finding employment for people affected by mental illness comprises a major challenge due to various obstacles, such as legislative imperfections, overlooking the needs of people with mental disability generalizing them together with other types of disabilities; prejudiced attitude and discrimination at the working place due to stereotypes about mental disability; reluctance of employers to provide jobs for people with mental disability due to unawareness of their actual capabilities, fear of accommodation and litigations, etc. And even when people succeed in finding employment, they still fail to sustain a satisfactory level of life (Parker Harris, Owen, Fisher, & Gould, 2014) due to lower salaries offered for the type of employment they are capable to provide, cutting off social welfare benefits on the basis of newly acquired employee status, etc.

One of the most frequent barriers in obtaining employment is stigmatizing and discriminative attitudes that people with mental disabilities face on every step of the employment process (Drew, et al., 2011). The current paper will present the constitutes and mechanisms of stigma in order to provide an understanding of this phenomenon and elaborate techniques that address human rights violations at the workplace. The concept of human rights in current discourse will be presented within a framework of UN Convention on the Rights of Persons with Disabilities (CRPD, 2006) on the example of anti-discrimination policies of different countries.

There is a substantial need for employers to broaden the scope of concerns about the mental health of employee beyond the effects of stress and depression on the organizational productivity. Current paper can serve as a starting point for an extensive research in the field of mental disability employment, and can be useful for a wide range of stakeholders – direct supervisors and employers, caregivers and health service providers, governmental and organizational policy-makers, and, of course, people with mental health issues on different stage of rehabilitation and social re-integration. In the domain of work and organizational psychology, current research can be of interest due to its emphasis on the factors influencing successful outcomes of work integration of people facing mental health challenges.

1. Individual issues

1.1 Stigma

The most salient and apparent obstacle of employment for people with mental disabilities is stigmatizing attitude that exist in the society about this cohort. Stigmatization is formed in the society by attributing negative stereotypes to the certain group of people. It goes beyond simply labelling the person as a carrier of certain traits and expected behaviours (cognitive component), but also includes behavioural constitute of "acting against" this group. The first definition of stigma by Erving Goffman emphasized neglecting attitude towards the stigmatized group (Corrigan, Kerr, & Knudsen, 2005; Corrigan & Shapiro, 2010). Stigmatizing attitudes are acquired by the person via various groups of socialization (family, school, working place). They may reflect religious beliefs or traits of mentality of particular nation. Within the context of this paper, stigma is placed on the individual level because changing this set of attitudes can be achieved only via individual efforts due to either personal experiences or insights. The strategies for encouraging this efforts and insights are presented later.

The effects of stigma on the well-being and quality of life of people with disabilities are omnipresent and significant. It influences sphere of employment, accommodation, rehabilitation and social reintegration (Corrigan, et al., 2005; Corrigan & Shapiro, 2010; Drew, et al., 2011). Stigma is a big contributing factor to the reason why people with disabilities frequently do not address supportive institutions. Fear of being associated with stigmatized group stops them from using helping services as well (Corrigan & Shapiro, 2010).

Sphere of work and employment is excessively represented by the influences of stigma for people with mental disabilities. Having mental disability per se as a barrier for employment, they have to deal with employers' prejudiced attitudes, which are based on stereotypes instead of experience or at least research on the issue (Scheid, 2005). Discrimination is frequently reported as an impediment not only for obtaining the job, but as well to keeping it. Revealing mental health problems to the interviewers significantly

reduced support and responsiveness from their side. Stigmatizing attitudes towards people with mental disabilities expand on their close social circles as well, influencing family, friends, caretakers, etc. (Corrigan, et al., 2005; Scheid, 2005).

Generally mental disability is associated with such stigmatizing characteristics as unpredictability, danger, elevated tendency to violence, infantilism, etc. (Drew, et. al, 2011; Vornholt, et. al, 2013). Public media supports this image with picturing characters with mental disabilities either as crazy killers, or immature and arrogant geniuses, or benevolent big children. These perceptions result in such behaviour as fear, avoidance, self-granted right of choice for person with mental health issues, or even excessive and inadequate friendliness.

Particularly mental disability is frequently observed as an on object of disapproval and even blame. Researches indicate that people with psychiatric diagnoses are more frequently perceived as responsible for their condition, than people with physical disability. The rates are a bit lower for schizophrenia though, but it does not substantially reduce labelling of mental illness in the society, which can be observed in thinking patterns expressed in language. People with psychiatric disorders are usually addressed in the speech as "they". Physical disability or illness, for example, cancer, or a broken leg, affects one of "us". In this example language is portrayed as rather strong subconscious source of stigmatization deeply engraved in our patterns of perception, categorizing and sense-making (Rüsch, Angermeyer, & Corrigan, 2005).

2.2 Models, constitutes and factors of stigma

Interpreting stigma as psychological construct involves eliciting its three components: cognitive (stereotypes, prejudices), behavioural (motivation, discrimination), and emotional (attitudes). Cognitive patterns of perception of mental disability consist of stereotypes inherent in social environment of persons with disabilities. Stereotypes represent socially categorized notions about something and are involved in the process of creating impressions, judgements and expectations. These stereotypes vary depending on the cultural environment and demonstrated attitudes in society. They may be known to the person, but not followed or involved in the attitude formation.

Stereotypes do not necessarily affect human's behaviour and result in prejudice and discrimination against the particular group of people (the latter represent behavioural component of stigma). On the other hand, accepting negative stereotypes while forming judgment about mental disability is often accompanied by emotional response, such as fear and anger. On the behavioural level anger may result in discriminatory actions, such as denial of help and expressing hostility. In its turn, fear may foster avoidance and even disgust during interaction with this stigmatized group of people. In the context of employment this is illustrated in employers' reluctance to hire people dealing with mental issues, and colleagues' discomfort while having one of persons with mental disability working alongside. The power aspect is crucial for stigmatizing attitudes. Stereotypes and prejudiced attitudes may not necessarily involve discrimination behavioural aspect. Subjects of stigmatization usually represent less powerful groups of people in social, economic and political context (Corrigan, et al., 2005; Rüsch, et al., 2005).

Table 1
Components of public stigma

Public stigma
Stereotype:
Negative belief about a group such as
Incompetence
Character weakness
Dangerousness
Prejudice:
Agreement with belief and/or
Negative emotional reaction such as
Anger or
Fear
Discrimination
Behavior response to prejudice such as:
Avoidance of work and housing opportunities
Withholding help

Source: Rüsch, et al., 2005, p.531

Presented structure reflects *individual cognitive explanatory model of stigmatization*. Besides this there are also *motivational models* and *institutional and structural models*. *Motivational models* explain possible reasons why people acquire stigmatizing attitudes towards particular groups of people. The origin of the reasons lies in the perceived threat to the personal integrity. This integrity is protected on either of 3 levels via justification: ego-justification, group-justification and system-justification. Ego-justification leads to discrimination, when intrapersonal conflicts cannot be resolved without negatively influencing self-esteem. Projecting these conflicts and complementary emotions on groups of less social, economic, or political power serves as a defensive mechanism for integrity of self. Group-level justification model suggests that stigmatizing other groups of people fosters cohesion, protects against inter-group exchange that might be harmful to the interests of own group. The flaw with group-justification theories is in the unclear definitions of contradicting in-group and out-group. As mental illness supposedly characterizes threatening out-group, it means that the in-group is defined by the absence of a certain trait. System justification theory places stigma motivation to the context broader than personality and even group. It states, that prejudiced relationships against people with mental disabilities exist in order to protect the system, which established to maintain them in special institutions. System justification is also connected with defending the legitimacy of functioning cognitive sense-making processes (Corrigan, et al., 2005). Discriminative attitudes reflect disproval for constitutes of system going out of order (for example, people with disabilities working alongside workers without apparent health issues).

Regardless of the origin of motivational component, some people are more prone to develop stigmatizing attitude, than the others. Researches revealed several *characteristics that are correlated with stigmatizing attitudes*. Discriminatory behaviour is more frequent among males, rather than females; people of older age, other than younger; people with lower levels of education, rather than university graduates; people who expect less from disabled employee's performance people and therefore tend to blame them for higher workload supposedly connected with workplace and schedule

accommodation as well. More positive attitudes towards people with disabilities, as well as towards vocational inclusions of people with mental disabilities were reported in persons with higher awareness about mental disability in general, and those who had prior experience of contacting people with mental disabilities. Among personality traits, agreeableness and openness to new experience were the most highly correlated ones with tolerance at the working place towards people with mental disabilities and perceived fairness of workplace accommodations needed for disabled worker (Vornholt, et. al, 2013).

Contradictive attitudes towards people with mental disabilities in different sources were assigned to students of social science faculties and specialists in social sphere (psychologists, social workers, etc.). Vornholt, et.al (2013) states that this group demonstrates significantly lower level of stigma due to understanding the concept of mental illness and experience of contacting and working with people with mental health issues. Corrigan & Shapiro (2010) on the contrary report mental health service provider among the most stigmatizing groups and being more prone to accept stereotypes and prejudices about people with psychiatric diagnoses being dangerous and unpredicted. This contradiction in attitudes may be explained by Weiner model of causal attribution (Fig. 1) which suggests a coherent relationship between stereotypes, emotions, and discrimination behaviour. Adopting stereotypes about people with mental disabilities being responsible for their condition may result into either reaction of anger or pity. Angry emotional response may lead to discriminative behaviour such as denying help and support, while pity results in desire to comfort and assist.
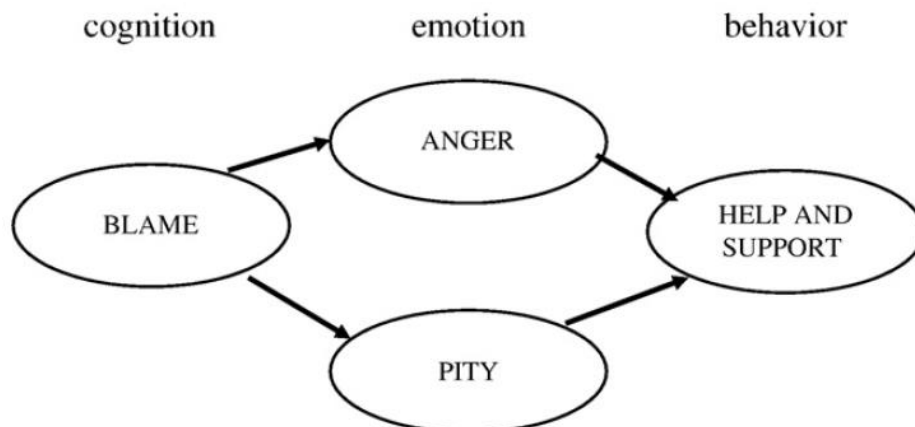
Fig. 1. *Weiner model of causal attribution representing paths of cognition, emotions, and behaviour in formation of stigma*
Source: Corrigan & Shapiro, 2010, p.916

Apart from individual characteristics of people more prone to stigmatizing attitudes described above, there also are special *characteristics of people with mental disabilities that result in being disposed to stigma* more frequently. First of all having mental disability itself is a more frequent cause of stigmatization, than any other types of disability. 29% of people with schizophrenia experienced discrimination in the process of finding and maintaining employment. 42% of them did not reveal their mental health condition when applying for employment or education programs (Bruyere, Mitra, VanLooy, Shakespeare, & Zeitzer, 2011). Type of mental disability also influences the level of acceptance of employee in the organization. Integration to the working place depends significantly on the severity and controllability of a disability. Perception of people with psychiatric diagnoses more often results in discriminative attitudes, than perception of, for example, intellectual disability. Researchers have found that people with emotional disorders face less stigma at work and integrate faster in a work environment than people diagnosed with schizophrenia. A survey (Scheid, 2005) among employers in the US revealed that 66,7% of them were reluctant towards hiring person who takes antipsychotic medication, 52,8% would feel uncomfortable with employee's history of hospitalization in mental institution, and 43, 1% - with diagnosis of depression. Learning disability, physical handicaps, high school drop outs and no previous

experience received significantly lower rates of employer reluctance - 23,3%, 15,1%, 20,5%, and 30,4% respectively.

Other factors influencing stigma are related to the type of disability, and include communicational and social skills of a person, hygiene issues, self-representation, etc. Engagement into socializing activities and behaviour has a positive attitudinal effect among employers. Although, usually communication problems accompany individual throughout the whole re-socialization process and even after communication barriers require significant efforts from the person in order to overcome them.

Finally, the discussion of characteristics influencing stigma in the work settings cannot be complete without employee performance indicators. Studies show, that the higher the rates of performance of person with disability the faster is the process of acceptance. And, henceforth, the less stigmatizing attitudes are observed (Vornholt, et al., 2013).

A lot of researches present data contradicting generally hold expectations of performance and efficiency of people with psychiatric diagnoses and mental disabilities. In her overview of American legislation controlling the process of employment of people with disabilities, Scheid (2005) presents multiple examples when people with severe mental diagnoses (e.g. schizophrenia) managed to attend work and perform their tasks even while aggravation of the symptoms, side effects of antipsychotic medication, emotional distress, and even homelessness. A lot of people with serious mental condition managed to combine employment with other obligations, such as family and education. The perceived value of work (discussed below in more detail) makes them to elaborate complex individual schemas of coping with work tasks and demands. These strategies depend on different variables of work environment and personality, such as nature, duration, personal value of employment, financial incentives, work atmosphere, etc. (Banks & Lawrence, 2006; Dunn, et al., 2008).

In general, it is possible to conclude regarding the performance of people with disabilities, that regardless of common misconceptions, they may possess sufficient level of skills, demonstrate outstanding devotion and have low absenteeism rates (Bruyer, et

al., 2011). Unfortunately, sometimes these common misconceptions and stereotypes are shared among people with disabilities themselves, which result into self-stigma. Theoretical underpinnings of *self-stigmatization* lie in the Theory of Reasoned Action, which states that people tend to behave and evaluate own behaviour according to the social expectations within social group, where this behaviour is performed. Self-stigmatization occurs when people with disabilities internalize stigmatizing beliefs and attitudes, and start perceive one selves as helpless, childlike, dangerous and unpredictable (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012; Lockwood, Henderson, & Thornicroft, 2014). These existing stereotypes negatively affect employee's adaptation on the working place and result into low self-esteem and self-stigmatizing images. Self-stigmatization does not necessarily derive from actual experienced stigmatization. In the context of employment, research has found that people with mental health issues expect stigmatizing attitudes from others more frequently, then they are exposed to such (Vornholt, et. al, 2013). Self-esteem affected by stigma suffers substantially less decline, when target group of stigmatizing attitudes is informed about existing negative stereotypes held in public. Awareness about the problem of stigma among mentally disabled people results into less harmful effect of it on self-image and perception of own capacities (Corrigan, et al., 2005).

Table 2

Components of self-stigma

Self-stigma
Stereotype:
Negative belief about a group such as
Incompetence
Character weakness
Dangerousness
Prejudice:
Agreement with belief and/or
Negative emotional reaction such as
Low self-esteem or
Low self-efficacy
Discrimination

Behavior response to prejudice such as:
Fails to pursue work and housing opportunities
Does not seek help

Source: Rüsch, et al., 2005, p.531

Stigma, as a phenomenon, cannot be solely explained and defined by individual characteristics, stereotypes or type of motivation. The origins of stigma are engraved in broader levels historical development, political and economic state, etc. Institutional and structural models of stigma suggest explanation of stigma from the perspective of social; functioning and policy-making. This explanation serves as a link between 2 levels of the problem of vocational inclusion of people with mental disabilities, presented in current paper – *micro-level*, where individual stereotypes and prejudices are discussed, and *macro-level*, where policies, laws and regulations on the employment of people with mental health issues are reviewed.

Institutional models suggest that stigmatization is pursued on the group- and society level via rules, regulations, and policies, that restrict functioning of certain group of people, based on discriminative attitudes of few powerful people on the top, responsible for legislation. Corrigan, et al. (2005) specifically highlight the intentionality of these restrictive laws and policies. Analysis of the US legislation revealed various kinds of restrictions for people diagnosed with mental disease to vote and participate in juries, remain married, obtain child custody rights, etc.

Structural stigma portrays unintentional or unpredicted outcomes of policies and regulations that result in discriminating certain group's rights and opportunities. For, example, even compliance of legislative institutions and policy establishing organs with generally held ideologies of meritocracy and value of cost-effectiveness, may result into unintentional stigmatization and discrimination of minority group, such as people with mental disability (Corrigan, et al., 2005).

The effects of stigma on employment of people with mental disabilities are deleterious, and often result in concealing mental condition from colleagues and employers due to embarrassment and fear of being marked as different. This consequently leads to reduced

rate of additional support requests during, for example, exacerbation of symptoms and reduced capacity to work (Scheid, 2005). Review of mental health discrimination litigations in the UK revealed that decision not to inform employer about (or late disclosure of) own mental condition resulted in court's resolution of "a lack of cooperation [from disabled employee side] with an employer's attempts to ascertain the person's true medical situation" (Lockwood et. al, 2014).

´2. Legislative issues

The inclusion of marginalized groups into social and economic relationships has been a major concern for international community due to global recession and subsequent reduction of the opportunities for participation. People with disabilities in general represent a significant group of risk for labour market participation rates, because of containing a lot of casual and part-time workers, unemployed and supposedly unemployable. Reluctance of employees to hire people with disabilities results in the flow of a big number of qualified workers to the sheltered and non-integrated work. This results into reported losses for state economy, and reduces chances for social integration, economic independence and self-sufficiency for people with disabilities (Parker Harris, Owen, & Gould, 2012). Governmental attempts to adjust the employment legislation for people disabilities so far resulted in bypassing the needs of people with mental disabilities, a group that represents a majority among "persons with disabilities". The quantity of the employment support programs for customers with mental disabilities (especially with serious psychiatric diagnoses) is drastically low. General programs for people with physical, or sensorial disability cannot satisfy the needs of employment seekers with mental health issues, because they usually require longer duration, adjusted performance and working conditions requirements (at least at the beginning of the program), etc. (Harnois & Gabriel, 2001).

The need for elaboration of effective vocational inclusion program is driven mainly by two factors: global economic decline and the need for reduction of social welfare costs. High levels of recession, unemployment, population ageing, and growing rates of social support payments push legislation to seek the solution for this social-economic crisis (Harnois & Gabriel, 2001; Parker Harris, et al., 2012). Unfortunately, laws and regulations establishments rather reflect political trends and tendencies, than represents solutions for real obstacles of employment for people with disabilities, and often even hinders the employment initiatives (Scheid, 2005). One of the brightest examples of ignoring urgent needs of this group of people is the loss of social welfare with the official employment status. For people with mental disabilities this is a huge disincentive to

search employment, because requirements towards employment for this group usually include part-time, flexible, or even reduced time of work, which in most cases does not provide the minimum wage for living, but is essential for social rehabilitation, integration, quality of life and possibly subsequent extension of the working hours. On top of that, employment as well cancels numerous social benefits, such as transportation subsidies, insurance coverage of medication, etc. Such called "benefit trap", when welfare allowances together with social benefits do not outperform "reservation wage" of disabled employee (the minimal salary a person is willing to work for). Given that disability itself is a permanent item of periodical expenditures (e.g. medication, adjacent costs of periodical hospitalization, etc.), disabled employee's average reservation wage is higher than the one of non-disabled employee. Considering the point, that having mental disability usually results in lower performance, adds up on to the difficulties of both stakeholders, organizations and people with mental health disabilities, to get involved into employment relationships. Trying to bridge the two needs for reduction of social welfare costs and unemployment rates in general, and disability unemployment rate in particular, the governments of many countries have embraced neoliberal approach in changing disability employment conditions legislation (Bruyere, et al., 2011; Parker Harris, et al., 2012).

2.1 Neoliberalism and anti-discrimination legislation

European Union, United states, and Australia have been actively transforming society regulation according to the market standards: viewing citizens as market-workers, and arranging resource allocation according to the market participation and input. Main points of neoliberalism may be summarized in 5 characteristics: the rule of market, cutting public expenditures for social services, deregulation, and privatization, eliminating the concept of the "public good or community". It means that market objectives and economic success generally are placed over employee needs, and humanitarian values, justified by subsequent benefits for all parties. Following neoliberalism in social welfare policies also reduces safety guarantees for underprivileged strata of society, as well as for working middle class, decreasing the possibilities to gain educational or professional

training, lessening the safety of the employment and job environment, and generally lowering the level of life. Privatization may result in higher efficiency of public services, but that usually is followed by raised costs as well. Failure to succeed in such system is explained by the lack of individual responsibility for own deeds.

Summarizing neoliberal approach, it can be concluded that "there is no place in our respective societies for unsuccessful people, and that welfare dependency needs to be met with zero tolerance" and divides society into "deserving and underserving according to their earning power" (Ramon, 2008, p.117). Such attitude closes a lot of opportunities for equal treatment for people with disability, who often requires assistance on the different stages of employment process. It contradicts the main ethical concern of modern consequentialism - not to treat all humans equally, but with equal considerations (Lefkowitz, 2003). Professional inclusion into the open labour market can't be achieved to the full extent solely by the people with mental health issues. Being an underprivileged group and having obstacles in claiming own rights and privileges, people with mental health disability require government to foster the implementation of guidelines and policies protecting their interests and rights.

Employment of people with disabilities is eventually beneficial for both – government and disability rights advocates. For governments it is economically more profitable if more people are involved in work and money turnover, as well as it allows to cut social welfare expenditures. From the perspective of disability rights protection, employment represents possibilities for social input, and, therefore, equal treatment. The stumbling rock for governments and disability rights' proponents is the cost that state is willing to spend on the employment of people with disabilities (Owen, & Parker Harris, 2012).

The main international doctrine of human rights of people with disabilities is the United Nations Convention on the Rights of Persons with Disabilities (CRPD). CRPD, in general, promotes the equality of employment opportunities (including access to employment, on-the-job services, and protection of human rights employment status) and antidiscrimination attitudes towards persons with disabilities in general. In particularly it sets up the guidelines for the process of employment of this group of citizens, portrays

the requirements towards workplace accommodation (Bruyere, et al., 2011). Neoliberal approach is beneficial for state, but it clashes with CRPD because it's trying to reduce the responsibility to "promote employment opportunities and career advancement for persons with disabilities in the labour market, as well as assistance in finding, obtaining, maintaining and returning to employment " from state parties and place it on the individual (Article 27, CRPD, p.20). Proposed individualized role for employment seekers hinders the efforts of those who already experienced discrimination in the obtaining job, and hence are dependent on welfare payments. On the legislative level, the model of workfare had some attempts to get adjusted for people with disabilities. In order to encourage disability employment it included anti-discrimination policies, promotion of employment readiness, economical benefits for organizations, such as tax incentives, etc. CRPD demands government authorities to play the proactive role in defending rights of people with disability, not just restrict discrimination post factum, requires them to adjust existing regulation on implementing and promoting disability inclusion to the contexts of particular states, job areas, disability types, community features, etc. in order to ensure a "comprehensive statement of human rights that includes a disability perspective" (Parker Harris, et al., 2013, p.65). Core principles of CRPD are equal participation and equal opportunity. Two points must be mentioned with regards to it. Firstly, CRPD alone is not enough to embody the proclaimed principles. Serving more as integrative international guidelines, CRPD must be considered and its principles enforced on every level of policy implementation regulations. The second point is that the goals asserted by CRPD cannot be achieved simply by enforcing anti-discrimination legislation. It requires broad range of implemented conditions for disability employment, changes in public perception of disability, changes in self-perception of disabled people as well, and many more aspects on different levels of society. OCRPD is an integrative set of guidelines that need to be considered not just in employment, but in all the areas of the functioning of community and civilized society. (Banks & Lawrence, 2006; Parker Harris, et al., 2012; Parker Harris, Jones, & Caldwell, 2013).

2.2 Disability litigations and employer costs

The balance within legislative underpinnings of disability employment encouragement and promotion is very fragile. Even the most carefully crafted laws and regulations may have hidden disincentives for either group of stakeholders that will result in even lower rates of employment among people with disabilities than before the changes. Such examples are presented in the analysis of the effects of antidiscrimination policies in the US (Americans with Disabilities Act, or ADA) and UK (Disability Discrimination Act, or DDA) (Banks & Lawrence, 2006; Bell & Heitmueller, 2005; Jones, 2005; DeLeire, 2000). For example, one of such negative outcomes of changes in legislation in the UK appeared to be risen quantity of court cases, filed on the basis of discrimination of mental health issues at the working place. Equality Act in the UK (the result of improvements implemented to Disability Discrimination Act in 2010) elicits 6 types of discrimination on the working place: 1) direct , 2) indirect, 3)disability discrimination arising from disability, 4) harassment (including humiliation, or offense), 5) victimization, 6) fail (without justification) to make a reasonable adjustment. As each type of discrimination is described quite vague, compounded by various extensions and explanations, it creates lots of possibilities for litigations from dissatisfied employee side. On the other side, each and every type of discrimination may become a serious issue and significant obstacle to the employee's well-being at work, and may result in lower self-esteem, performance, quality of life, etc. Failure to address a particular case of discrimination due to imperfections in the legislation places human rights of minority groups in an unsafe position.

Among most commonly experienced human rights violations, reported by people with mental and psychosocial disabilities are: segregation from the society, marginalization, limited (or absent) possibilities to get a job, physical abuse, failure to get an access to mental health services of good quality, inability to find means for sustaining independent existing in the community (Drew, et al., 2011).

Over the period of 5 years the number of lawsuits about mental health discrimination on the working place has grown for almost 400%. From the period from 2005 to 2012 53%

claims were addressing employer's failure to provide a reasonable work accommodation; 41% and 25% of plaintiffs claimed to experience direct discrimination and disability-related discrimination, respectfully; 7% sued employer for harassment, and 4% - for victimization. Claimants (38% out of whom were already former employers) won 52% of the trials. Nevertheless, despite the outcomes, court proceeding were very resource-consuming, troublesome and exhausting for all the parties involved. (Banks & Lawrence, 2006; Lockwood, et al., 2014).

The uncertainty of anti-discrimination laws about litigation eligibility stretches as well on the adjustment expenditures, which significantly discourages employers from hiring people with disabilities. Inadequately high anticipated costs for hiring, firing and accommodating such employee and the absence of economic incentives negate all the effort encouraging employment relationships between disabled people and organizations. In case of DDA, the lack of precise requirements for accommodation conditions and costs, insufficient and unbalanced enforcement of the legislation results in the shift of the majority of expenses and responsibilities from employee and the government to employer. Taking into account the global economic recession, employer preferences of the workers whose hiring and retaining benefits will outweigh the costs is understandable. "In the absence of efficient enforcement mechanisms, employers will seek to avoid such extra costs. Such enforcement can either be formal (through tribunals and courts) or informal (name and shame)" (Bell & Heitmueller, 2009, p.466). Although, even when companies are ready to hire people with disabilities voluntarily, regardless of all uncertainties, the next problem they are going to meet is unrepresentativeness on the labour market employees with disabilities.

The efficiency of anti-discrimination legislation has been questioned by many researchers. ADA and DDA have not been proven to actually raise the employment rates of people with disabilities in Britain or United States. It may have risen the public awareness about the issue, and was causing a noted increase in education involvement, but served more often as a disincentive for employers due to triggering more litigation cases. While on the one side, legislation tries to empower people with disabilities to

work, placing uncertain demands upon employers, and hence restricting them from disability employment, on the other side, in some countries still the labour laws under the auspices of protection constrain the conditions for people with disabilities to obligations of shorter shifts, longer leaves and vacations, higher redundancy payments, etc. These special conditions based on no analysis of disabled employee needs, nullifies the chances of all persons with disabilities to find suitable job.

2.3 Labour market situation

International Labour Organization statistics on the unemployment rate among people with mental disabilities in the United Kingdom shows that only 12% of people diagnosed with mental health problems (including such common stress triggered disorders as anxiety and depression) participate in the open labour market, and people with severe mental disorder in 73% of the cases are unemployed (Lockwood, et al., 2014). Increase of labour market participation options for disabled persons was set as one of the main goals of the changes in disability legislation in the US (DeLeire, 2000).

Labour market participation by people with mental disabilities is mostly restricted by frequent loss in the productivity (if to compare them to employees without disabilities), and the discussed above discrimination and prejudice, and disincentives created by the imperfections in the benefit systems and welfare payments. It is a matter for national concern for people with disabilities to participate in labour market for several reasons. First of all, it contributes to the best use of human resources. Inclusion of minority groups in the labour market supports respectful self-attitudes and self-sufficiency, fosters sense of cohesion with community. Important sociological concerns about rising number of chronic diseases and aging of population add on to the significance of development of policies regulating the employment of people with disabilities.

From the supply perspective of labour market participation, disabled workers spend more efforts on commuting to work, performing the tasks and keeping up with the pace of work. From the demand perspective, due to health conditions and subsequent lower performance, people with mental disabilities are expected to be offered lower salaries. As a result of supply-demand analysis, it is more profitable for organization to higher non-

disabled worker, than a worker with mental disabilities. One of the governmental measures of encouraging employers to hire people with disabilities apart from anti-discrimination policies are adopted in some countries quota regulations (Bruyere, et al., 2011)

2.4 Quota

Quota regulations upon the obligatory employment of people with disabilities depending on the size of the enterprise (in both, public and private sectors) are governmental policy measures taken to provide work opportunities for a wider range of unemployed welfare consumers. The percent of required employment with disabilities varies in different countries. For example,1,5% for China, 5% for Germany, 2% in South Africa and Spain, 3% in Turkey for organizations with more than 50 employees, etc. (Bruyere, et al., 2011; Lalive, Wulellrich, & Zweimuller, 2013). One of the highest rates is in Italy with quota of 7%. In case of meeting the quota requirements government allocates funds for covering different costs connected with employing and retaining workers with disabilities. For example, Turkish government refunds all the expenditures for disabled employees up to the limit of the quota, and half – if the quota is exceeded. Austria offers different allowances for organizations providing employment for people with disabilities, even for the organizations that are not obliged to follow quota regulations, but still employ people with disabilities. Such allowances include, for example, covering workplace accommodation costs, salary allowances (generally €700 every month per disabled employee for the period of 2 years, €650 for long-term workers with disability that substantially reduces work capacity, €400 for trainees with disabilities, and €1000, if the organization proves that without allowance the employee must be dismissed), work assistance (consulting services for the organization on the efficiency of employment of people with disabilities). The allowances are also allocated for employees with disabilities on different purposes as well. For example, professional development costs, such as training, are covered, as well as counselling, and other work assistance needed, in order to integrate in the work environment.

Non-compliance with quota regulations results for organizations in paying a monthly tax in the amount of 0.25-4% of company's pay-roll. The compliance rate in the countries of Organization for Economic Cooperation and Development that have quota regulations on the employment of people with disabilities varies from 25% in Spain to 67% in France, with an average indicator of 50%. The fines obtained from companies who failed to meet the quota are used by the government for above-mentioned allowances for job placement of people with disabilities in the companies that comply with quota, or are used to fund professional training programmes and vocational rehabilitation activities. In China "non-compliers" are transferring fee payments to the Disabled Persons Employment Security Fund (Bruyere, et al., 2011; Lalive, et al., 2013; Wuellrich, 2010).

Table 3
Quota regulations in different countries

Country	Quota	Targeted firms	Sanctions
Austria	4%	private and public employers with over 25 employees	€200 per month for each place not filled (0.4% of payroll)
Belgium	2%-2,5%	only public employers	-
France	6%	public and private employers with over 19 employees	€150-250 per month (0,45%-0,75% of payroll)
Germany	5%	public and private employers with over 19 employees	€100-250 per month for each place not filled, depending on fulfillment (0,25%-0,65% of payroll)
Italy	7%	public and private employers with over 50 workers, one/two places for 15-35/36-50 employees	€1 075 per month for each place not filled (4% of payroll)
Korea	2%	public sector and private employers with over 300 employees	€324 per month for each place not filled (0,5% of payroll)
Poland	6%	public sector and private employers with over 50 employees	40.65% of average wage per month for each place not filled (2,4% of payroll)
Spain	2%	public sector and private employers with over 50 employees	-

Source: Lalive, et al., 2013, p. 26

The effectiveness of quotas is quite debatable with a lack of concrete empirical data about its success or failures. There are plenty of evidence when employers are more ready to pay the fines of non-compliance, than to hire a disabled worker. And usually it is not just a blunt reluctance to work alongside a person with mental disability. Interviewed social workers in Tallinn centres of employment assistance for people with mental health problems often mentioned that registering one of their residents for the official employment requires a huge amount of bureaucratic paperwork form both – employee, and employer. Disability rights advocates sometimes express caution about quota systems as they encourage attitudes that discount the value of workers with disabilities. There are no universal existing settings about the amount of non-compliance fee, selection criteria for the firms falling under the regulations, amount of monthly state allowances per disabled employee, etc. The results of changes in quota regulations vary from country to country and give no definite pattern of quota legislation functioning patterns. In Germany, the easement of quota regulations had no significant impact on the level of hiring people with disabilities. The reduction of quota per cent of disabled workers per organization (from 6% to 5%) and raising the minimum number of employees (from 16 to 20) for organization's eligibility for quota obligation did not result in anticipated increase of the disability employment cases (Nazarov, Kang, &Von Schrader, 2015). Meanwhile, quota reforms in Austria and South Korea managed to reach higher employment rates among people with disabilities. (Lalive, et al., 2013; Nazarov, et al., 2015; Wuellrich, 2010). After 2001, when Austrian government increased the non-compliance quota by 30%, there has been observed a marked boost in employer's demand for workers with disabilities. Another strategy, but with the same successful result was acquired by South Korea. The increase in the state payments for maintenance of one disabled employee resulted in the bridging the gap between disabled and non-disabled workers by 4.7%.

From the existing reporting literature review the most successful strategies of encouraging disability employment are increasing tax payments for non-compliance with quota regulation (Lalive, et al., 2013; Nazarov, et al., 2015; Wuellrich, 2010), increase in

state allowances for maintenance of disabled employee, and decreasing the minimum employee number in order to enlarge the amount of organizations eligible for quota. Each country should adjust the system taking into account all aspects of labour market, economic, political, social environment, etc. The efficiency of incentives for organizations to hire employee with disabilities varies significantly and depends as well on a variety of context factors.

2.5 Outcomes of legislative measures supporting disability employment

There are several possible factors which may contribute to the observed pattern of response to the anti-discrimination and quota legislation. The growing tightness of the European and global labour market on one hand push employers to widen their recruitment pools. On the other hand it results in growing demand for more various employee skill sets and abilities, while people with disabilities have certain restrictions in this case. Another perspective lies in the perceived costs of compliance and non-compliance with laws regulating disability employment. Researches on the effects of DDA in the UK show that employers generally have low awareness about the state procedures of hiring person with disability and adjacent costs and allowances (Bell & Heitmueller, 2006). Instead, those who already had such experience become more open towards employing new workers with disability, because actual costs and losses appeared to be lower than expected. This portrays a positive perspective and raises hope for future.

3. Organizational environment as a context

Organizational level represents the intersection for all the obstacles for working people with mental disabilities. The two reasons of employers' reluctance to provide employment for this minority group connected with stigmatizing attitudes and legal obligations are explained in previous chapters. This part will be focused mainly on the impediments of these and other factors connected with organizational environment, workplace accommodation issues, climate, etc.

3.1 Employer characteristics

Such discussed above individual level factors like stigmatizing attitudes have substantial impactions on the level of organization if are shared by employer, HR manager, or even one of colleagues, because they constitute atmosphere on the working place and influence the process of socialization. Especially harmful stigma is when inherent to direct supervisors of employee with disability. Supervisor attitudes play trendsetting role for the development of organizational culture. 2011 statistics by Chartered Institute of Personnel and Development in the UK provided data that only 25% of employees felt encouragement from organization to talk safely and openly about mental health, and just 37% approved that management supports workers with mental health problems (Lockwood, et al., 2014).

The significance of employer's attitude towards people with disabilities manifests itself in possible outcomes of hiring and firing resolutions, decisions about the appropriateness of accommodation requirements, accepting responsibility for providing it, dealing with requests, fostering or hindering the organization fit. A research of hospitality business in Canada among other obstacles of disability employment (that could be eliminated by employer's proactivity in the issue) revealed lack of employer's knowledge on the possible effectiveness of people with disabilities; lack of communication between hotels and employment organization, and excessively discussed above stigmatizing attitudes (Houtenville & Kalargyrou, 2012). Basically managerial opinion on this issue defines the level of organizational involvement in solving the problems in this sphere.

Employer treatment style towards worker, or even job applicant, with mental disabilities raises a lot of ethical concerns. Should the employer scold underperformance of a person with mental disability on the monthly staff meeting, if that the task load has been adjusted by the occupational therapist specifically for this person and the type of his/her disability? Should the management praise and publicly encourage that worker for meeting the deadline, because for him it took more effect to accomplish, than for employee without mental disability? Some studies (Lockwood, et. al, 2014) claim that special favourable treatment of employee with disability by a manager or supervisor is not only recommended, but obligatory. Some might perceive this statement as inconsistent or contradictive to the disabled minorities' aspirations for equal rights. And equal rights, as known, come together with equal responsibilities. Nevertheless, this point of view on obligatory favourable attitude towards people with disabilities corresponds with ethical approach of modern consequentialism, which is not about treating all humans equally, but treating all with equal consideration (Lefkowitz, 2003).

Gilbride, Stensrud, Vandergoot, & Golden (2003) in their research have elicited 3 groups of characteristics peculiar to the employers who support employment of people with disabilities: organizational work culture issues (norms, values, beliefs and policies), employer concern for employee-job match, and employer experience and support. The first group includes such employer features as inclusion of persons with disabilities together with other workers and equal treatment, openness towards diversity, flexible and individualized management style, attention to the performance issues instead of disability. The second group emphasizes employee's capabilities and job-match approach, focus on strong and essential factors and not on temporary and marginal, inclusion of workers with mental disabilities into work accommodation process, consulting with them regarding the best solutions, etc. The experience factors group around employer skills to managed diverse workforce in general, and openness to cooperation with rehabilitation programs

3.2 Acceptance by colleagues

Among the factors that influence employee integration on the workplace Vornholt, et al. (2013) extensively describes acceptance by the colleagues. Representing the micro-version of social environment, workplace social integration adds on to the patterns and strategies of the broader integration on the level of community and society in general. Successful social integration on the working place depends on the quantity and character of interactions with co-workers, and the quality of their outcomes.

 Several characteristics of the organizations are found to impact the successful acceptance of mentally disabled employee at work. As in the case of diminished level of stigmatization and stereotypical beliefs, companies that already have an experience of hiring people with disabilities demonstrate faster and stronger acceptance rate for new employees with disabilities. The size of the working group have been proven to influence level of acceptance, but in a contradictive manner, due to the complexity of the construct of acceptance itself. According to the indicators of communication, smaller teams are more beneficial as working groups for people with mental disabilities. If to look at the group size from the perspective of the extent of informational exchange and support, opportunities for providing feedback, the preference should be given to the larger groups. From the perspective of job content, the acceptance towards employee with mental disability is higher, if the tasks assigned to him/her are interrelated to a significant degree with the tasks of non-disabled employee, and to the workers employed on a full-time basis. This complicates the case of people with mental disabilities, for whom schedule flexibility, reduced working shifts, and distant employment are usually the most suitable options for job positions.

Another task-related characteristic fostering better acceptance is equal amount of responsibility placed upon disabled worker per work unit comparing to other employees. In real life it might be complicated for manager to reach the perceived same amount of responsibility combined with mentioned above special attitude towards employee with disability. Nevertheless, each case of disability employment is unique and special. There

can be no universal set of advised strategies, but individualized approach and constant consideration of context environmental influences is essential.

Work environment with promoted culture of support and tolerance encourages worker to reveal their mental health problems, which is the first step on the way of transforming workplace in order to meet the need of the worker and ensure his/her maximum efficiency on this place. Failing to accommodate work conditions to the mental health status of employee may result in the exacerbation of the symptoms and repetitive manifestations of psychiatric disorder (Dunn, et al., 2008; Scheid, 2005). Situation of work is generally stressful for a person in a phase of rehabilitation and social integration. The conflicting atmosphere at work, slighting attitudes and bullying from the colleagues, and other sources of stress at work may lead to the exacerbation of the symptoms of the disease.

3.3 Fear of costs and litigations

Nevertheless, despite all the hardships and negative outcomes, employees choose to conceal own psychological condition from the supervisors, because of fear of stigmatizing attitudes, discrimination, and as a result – not getting the job, or even losing the existing one. This decision results not only in failure to obtain necessary for work conditions and accommodations, but also may present the person with disability in a negative light in case of litigation, as if he/she deliberately hid own disability to be able to sue the employer for discrimination or non-compliance with existent legal requirements accommodating employee with disability. Another possible explanation for resistance to ask for work adjustments due to disability is fear of being perceived "as different and in need of special treatment" (Banks & Lawrence, 2006; Scheid, 2005, p.674).

Meanwhile, fear of costs of accommodation for persons with mental health issues, and fear of possible legal liabilities connected with failure to provide these accommodations are most frequently listed as discouraging factors for employers to hire person with mental disability (DeLeire, 2005; Scheid, 2005; Vornholt, et al, 2013).

While different legislative initiatives aimed at encouraging employment of people with mental disabilities are being implemented in various countries, still, eventually, the decision to comply or not to comply with legal requirements is made by the organizations. "If employers do not view those with mental disabilities as employable, or if employers believe that accommodations will be costly or inefficient, they are unlikely to make any meaningful attempt to hire individuals from this traditionally stigmatized group" (Scheid, 2005, p.671), even though legislation prohibits discrimination. Such employers may be motivated to hire persons with disability only under coercive stimuli, such as drastic increase of non-compliance tax, or elevated risk of litigations based on refusal to provide necessary accommodations. The last condition must be compounded with significant remuneration costs, otherwise the outcomes may repeat the experiences of ADA and DDA, when the number of litigations grew substantially, but the rate of employment stayed the same (Vornholt, et al., 2013; Wuellrich, 2010).

Based on the researches of employers prone to hire workers with disabilities and reluctant towards it, it is possible to elicit set of organizational characteristics peculiar to the groups of compliers and non-compliers. This approximate portrait will help to deliberately target the employers who hesitate to hire people with mental disabilities with anti-discrimination encouragements and messages. The results are presented in the Table 2. Main factors influencing compliance rate were type of business, size of the company, and level of awareness about state's anti-discrimination policy. Companies who tend to comply with antidiscrimination legislation and hire people with disabilities generally are bigger, and more often are in work in governmental or educational fields. This feature may be explained by the tendency of people that are more aware of mental disability and the working capacities of people experiencing mental health problems, to hold less stigmatizing attitudes and stereotypes against this group of people. Compliers usually have a special employee (or even department) responsible for hiring and retaining the person with disabilities, and dealing with all the adjacent organizational and employee needs. Such enterprises have been found to have higher rates of various proactive policies towards minority employment, and more frequently provide orientation training for

employees before introducing to them a new colleague with disability. Non-compliers are more often involved in trade, have usually less employees, than compliers, and are seldom involved in proactive employment strategies for minorities, regardless of the fact that very often they are governed by the representatives of certain minority. Non-compliers almost never have a department responsible for the needs of disabled employees (Scheid, 2005).

Table 4

Organizational factors affecting compliance with anti-discrimination state legislation

Organizational characteristics	Compliers		Non-compliers	
	№	%	№	%
Received information on the ADA				
Yes	40	69,0	52	88,1
No	18	31,0	7	11,9
Type of business				
Wholesale trade	10	17,2	1	1,7
Retail trade	16	27,6	16	27,1
Manufacturing (transp/constr)	12	20,7	15	25,4
Health services	5	8,6	5	8,5
Business/utilities/communications	11	19,0	12	20,3
Education/government	4	6,9	10	16,9
%Blue collar/manual employees (s.d.)	54	(35)	60	(29)
Employees with college degree	24	(22)	31	(27)
Size of business				
>100	16	27,6	4	6,8
100-249	22	37,9	18	30,5
250-499	11	19,0	12	20,3
500-1000	3	5,2	10	16,9
<1000	6	10,3	15	25,3
Minority owned business				
No	45	77,6	56	94,9
Yes	13	22,4	3	5,1
Member of business advisory council				
No	54	93,1	57	96,6
Yes	4	6,9	2	3,4

Insurance coverage for mental illness				87,2
Yes	19	54,3	34	12,8
No	16	45,7	5	
Employee assistance program				79,5
Yes	18	51,4	31	20,5
No	17	48,6	8	
Orientation to help employees learn to work with mentally disabled				39,0
Yes	9	15,5	23	61,0
No	49	84,5	36	
Department to oversee hiring of disabled				23,8
Yes	1	2,9	10	76,2
No	34	97,1	32	

Source: Scheid, 2005, p.683

3.4 Workplace accommodation

Workplace accommodation is a necessary measure for providing people with disabilities equal opportunities at the working place, and eliminating or reducing the effect of disability on employee's performance. Anti-discrimination and human rights legislation elicit the significance of adjusting working place to the needs of disabled workers and imposes fines on those who fail to comply with these requirements. Yet, many barriers exist on the level of organizations that hinders legislative efforts defending rights on the working place. Among most frequent impediments to workplace accommodation is lack of information on necessary and available adjustments bot, by employers and by employees, who are the consumers of these services. Another problem is time appropriateness – receiving and implementing the accommodation before employee actually starts performing his/her work obligations. One more significant obstacle is a lack of cooperation between different parties of the process – management, employee with disability, occupational professional, etc. This obstructs the process of employee needs assessment, appropriate programs implementation, and training for disabled workers on how to function in such modified conditions, and for colleagues and supervisors – on how to respond to the emerging changes at work.

The most frequently listed obstacle towards hiring employees with mental disabilities connected with fear of excessive expenditures on workplace accommodation. As previously we reviewed possible governmental sources of funding within legislative quota system, this section will be focused on the content of such adjustments at work particularly for people with mental disabilities.

Generally there are indicated 4 main barriers to providing workplace accommodation from employer's perspective. Those barriers include mentioned above biased attitudes, disregard towards disabled employee participation in design and preparation of accommodation, failure to incorporate both, confidentiality and lawfulness , during accommodation investigation, and uneasy relationships between management and labour unions representatives. Most frequent changes that are required for people with mental health issues on the working place are connected with time arrangements of the job tasks, modifications of the task complexity to some extent, and some additional requirements to the supervision (McDowel & Fossey, 2014; Scheid, 2005; Vornholt, et al., 2014). Physical modification of the working place are among least frequently required, and usually are insignificant (e.g. setting cardboard partitions on the working table of an employee with social anxiety, who experiences stress when exposed to the office full of people).

Among adjustments related to time management of the work are flexible and/or reduced working hours, possibility to provide unpaid leave days during illness outbreaks or meetings with healthcare specialists. These accommodations are especially essential for employees on antipsychotic medications. Due to their side effects people may have troubles waking up early in the morning. Possible accommodation for such cases could be arranging for employee with such problem coming to the work for the second shift that starts in the afternoon. Another side effect of the medication interfering with a flow of work is abnormal thirst. A supervisor noticed a worker (with a history of schizophrenia, which was revealed by the patient during a job interview) making recurrent breaks during work shift which affected his performance at the end of the day. A reason for the breaks was that an employee had a dry mouth due to taking

antipsychotics, and the problem was solved when supervisor arranged a water supply near the workplace.

Some symptoms of psychiatric diagnoses occurring in the remission stage of the disease, such as muttering, repeated movements, or social withdrawal require additional tolerance from co-workers and management (Scheid, 2005).

Changes to the content and structure of work task are more characteristic to workers with mental than with any other disability. Psychiatric diagnoses often interfere with normal functioning of cognitive sphere of a person. This may in prolonged learning period, because people with mental health problems might require additional time understanding what they are required to do and exactly how. This must be taken into consideration when designing vocational and on-the-job training programs.

Vocational and on-the-job training process should be highlighted with additional emphasis, as besides restructuring of tasks and longer duration of the programs it requires modification of coaching and supervision processes and adjusted instructions. Such services may be provided by special supported employment agencies, or occupational therapist of an organization. Supported employment practices have been proven to be more effective during work inclusion, than prevocational training. This may have been observed, because

Assistance may as well be required during hiring process in terms of mediating or facilitating communication with an employer, being interviewed for the job position, etc. Provision of instructions may be required to duplicate them in written format for better understanding. The variety of training accommodation is extremely wide and depends to a large extent on the type and severity of mental disability.

Employee duties should be divided into smaller and simpler units with increasing complexity. Sometimes such division will eventually be reduced to initial format of the job task, and sometimes such modifications of the job duties should be kept on the permanent basis as part-time or shared jobs. Such re-delegation of work assignments should be based on the job-match basis discussed above. For this purpose not only limitations due to the disease may be taken into account, but the strengths and advantages

as well. For example, one of the distinctive features persons with epileptic disorder might acquire is extreme thoroughness and precise attention to details (Kalinin, 2004). This feature was used during rehabilitation work therapy in Kyiv Municipal Psychoneurological Policlinic. Patients with epilepsy were proposed to repair clock mechanisms.

Some task modifications can require distance work due to inability of a person work shifts or unpredicted frequency of unstable outbreaks of disorder symptoms. In this case as example may be presented a woman who got trained as a manicure service worker. According to own well-being she could manage her appointments and regulate work load.

Additional accommodations to the working environment vary depending on the individual features of employee symptoms, work style, coping strategies. These accommodations may include periodical meetings with supervisors or other employees with disabilities, in case there are others working at the same enterprise, request for noise/light reduction, etc.

As for the costs associated with employing a person with mental disability, there are usually quite low. There are normally no need for managing a special conditions for commuting to and from work, or purchasing assistive technology for the workplace, as it is a common case for accommodation of people with physical or sensory disability (Nevala, Pehkonen, Koskela, Ruusuvuori, & Anttila, 2014). Although, accommodating workplace suitable for an employee with mental health issues requires a lot of indirect expenditures, such as prolonged training and supervision, breaking into smaller units or restructuring job tasks, etc. Existing welfare system in most of the countries usually are not inclined to cover such indirect costs (McDowell & Fossey, 2014), which adds up to employers' considerations before hiring a mentally disabled worker. Even though legislative human rights authorities of some countries (e.g. United States Equal Employment Opportunity Commission) have approved accommodation requiring modification in coaching, supervising and work group compositions as reasonable, and

thus covered by governmental allowances, employers may still refuse to get engaged in such obligations (Scheid, 2005).

The result of workplace accommodation for both, organization and employee, depends on organizational culture and level of collaboration of all parties involved in the process, especially employee concern and engagement, coherence between the nature of changes on the working place and employee needs, constant access of employee to the rehabilitation specialists, good communication with management (Nevala et al., 2014).

3.5 Organizational benefits of employing people with disabilities

Scholars in the field of employment of people with mental health problem have been focusing for quite a lasting period of time on the factors that discourage employers from hiring and retaining workers with disability with an intention to eliminate those unfavourable factors. However, recent approach to centre the research on positive organizational motivations to employ workforce from persons with disabilities has resulted in a new perspective of perceiving workforce with disability. This approach emphasizes the need for understanding employer's view on the problem and factors that would predispose them to question common prejudices and encourage employing people with disabilities. U.S. Department of Labor's Office of Disability Employment Policy investigated a sample of companies representing 2 469 000 organizations on the topic of possible incentives for hiring disabled workforce (Hartnett, Stuart, Thurman, & Batiste, 2011). The research revealed that organizations of small and medium sizes would be convinced to hire persons with disability if were presented information about positive performance-related outcomes of such decision. Big organizations listed data supported by statistics or scientific proof as most convincing incentive.

Generally workplace accommodation of disabled employees has been proven result in two types of benefits. Direct benefits include retention of qualified workforce, turnover decline, and consequent saving money on recruiting and training of new employees, increased profit of the organization (Hartnett, et al., 2011; Vornholt, et al., 2013; Wuellrich, 2010), workforce diversity (Saxena, 2014; Vornholt, et al., 2013), and improved performance of disabled employee (Hartnett, et al., 2011). Indirect benefits are

reported to contribute to the development of climate, organizational culture, and moral in the company, improves communication among colleagues and with customers (Hartnett, et al., 2011; Vornholt, et al., 2013), adds to the positive public and internal image of the organization. 92% of respondents in the US national survey expressed more favourable attitudes towards companies hiring people with disabilities, and 87% would prefer companies as business partners (Houtenville & Kalargyrou, 2012).

More concrete examples listed by employers of disabled workers in favor of workplace accommodation contain increasing the perception of safety at work, creating the value of employee health and wellbeing improvements in the customer service and relations with labour unions, management education on anti-discrimination legislation, and finally overwhelming sense of pride and self-efficiency after long and tiring process of workplace accommodation is completed and multiple positive results of it are observed. Another undeniable benefit that is impossible to measure quantitatively is the value of trusting relationships between disabled employee and manager, resulted from the openness and lack of perseverance and fear about disclosure of own condition (Hartnett, et al., 2011).

A separate attention worth noting to the benefitting organizational effect of accommodation requirements perceived as obstacles from the first sight. A necessity to restructure the work of a particular unit is usually seen by the managers as a time and effort-consuming obligation, and can be viewed as a factor diminishing employer eagerness to hire workers that require such accommodations. Nevertheless, according to the microfoundations approach to the company performance, such intervention as department restructuring plays a role of flexibility injection to the settled structure of organizational functioning. And flexibility of organization structure, according to this approach, is the most adaptive strategy in modern dynamic environment, and contributes to the competitive advantage of the enterprise (Eisenhardt, Furr, & Bingham, 2010). Another outcome of providing employment to people with disabilities that leads to the competitive advantage is workforce diversity. Work diversity in terms of skills and abilities ensures such important contribute to organizational productivity as knowledge

sharing (Lauring, 2009), encourages creativity and innovation, and boosts problem-solving skills (Roberge, & van Dick, 2010). Diversifying workforce organization opens for itself a wider recruitment and customer pools (Siperstein, Romano, Mohler, & Parker, 2005).

Mostly the companies that provide workplace accommodations for people with mental health issues report high satisfaction and various benefits for organizational functioning. A lot of employers note that real costs of such services were significantly lower than had been expected. Having image of company promoting ethical values and equal opportunities positively correlates with attracting and retaining loyal and capable staff, fosters supportive work environment (Harnett, et al., 2011; Houtenville & Kalargyrou, 2012).

4. Recommendations and guidelines for practices aimed at improvement of mental disability employment situation

A survey, conveyed by Drew, et al. (2011) on the violations of human rights of people with mental and psychosocial disabilities has identifies the most important general fields of intervention regarding antidiscrimination protection from the view point of respondents affected by mental illness. Implementation of global anti-stigma and educational human rights awareness programmes was acknowledged as a top priority strategy for improving the situation. Better funding of mental health professionals and provision of mental health services were ranked as following points for considerations, together with "promoting the empowerment, rehabilitation, and participation of people with mental and psychosocial disabilities in their communities" (p. 1668). Also was noted a necessity to incorporate changes in the policies and regulations in order to protect the rights of people with mental disabilities, and promoting the support to the organizations of people with mental disabilities, as well as elaborating the monitoring programs on the fulfilment of the policy regulations. The research proposes to incorporate mental health legislation together with health and development policies.

4.1 Changing stigma

Stigmatizing attitudes constitute a significant barrier for the workplace adaptation and acceptance by colleagues and supervisors. It significantly hinders the positive effects that employment has on successful rehabilitation and better quality of life for people with mental health issues. Henceforth, there is a need for strategies and programs that can change prejudice and stereotypes about working capacity of people with mental health issues. The target audience of these programs is quite wide, including employers, landlords, legislators, educators, and health care provider. Programs can be aimed at a specific category (e.g. encouraging caregivers to promote the necessity of employment to those with mental health issues, and encourage their initiatives in seeking employment), or target the entire population (social advertisements of tolerance for people with mental disabilities on the working place). According to the target group of influence content of the programme messages should be constructed.

As for organizational settings, the premier concern about anti-stigma attitude promotion should be given to the group of managers and directors, because they are in charge of the initial steps of including people with mental disability into recruitment pool of job applicants. The main message carried to the managers should be that people with mental health issues can have a regular job and are capable of performing organizational tasks, especially if provided some support, which not necessarily requires substantial costs, but sometimes is only limited to supportive attitude and acceptance (Corrigan & Shapiro, 2010). Simple endorsement of policies favouring employment of people with mental disabilities is not enough. The research of the effects of Americans with Disabilities Act showed the crucial role of manager's motivation in firstly compliance/noncompliance with the regulations, and secondly, the acceptance and positive effect on the disabled employee and the organization in case of compliance.

It is important, to distinguish *coercive* and *normative* motivation of organization towards engaging mental disability in vocational inclusion.

Coercive motivation is associated with forced and involuntary compliance with acts and regulations due to the fear of threats, fines, and lawsuits. Coercive attitudes from the

companies usually result into claiming ignorance, manipulating the legislative frameworks, and general noncompliance with the obligations. Examples of coercive rationales towards the necessity individuals with mental disability may sound like "to avoid the lawsuits or court costs". Statistics on American enterprises showed that companies expressing coercive logics had lower per cent of employees with college degree, higher rates of stigmatizing attitudes and agreement with negative stereotypes about mental health problems, and generally disagreed upon the statement that employers should be concerned with or responsible for mental health of their workers.

Normative motivation leads to the compliance based on "internal" justification of required measures, and considerations about the obligation to employ people with mental health issues, "because it is the right thing to do", or in order to "ensure that everyone will have equal rights to employment".

Targeting the normative motivation among management and organizational policy designers is essential during anti-stigma programs. Research has revealed that companies with this type of rationales more often and eagerly provide preparatory trainings for the employees of the company (another important target group of stigma-changing programs on the organizational level) before introducing disabled co-worker to the team, enlarging human resources staff or task scopes to meet the needs of workers with mental disabilities in questions of insurance, work adjustment and accommodation, etc. (Sheid, 2005).

Among most frequently mentioned types of stigma-change interventions, there are two that are more suitable for organizational settings and promoting vocational inclusion: *education* and *contact* (Corrigan & Shapiro, 2010).

Educational interventions target false perception of mental disability in general public. They provide factual information on the causes, symptoms, challenges in rehabilitation, and areas affected by disease. For the organizational settings the most appropriate methods of educational interventions are trainings, informative meetings, flyers, mailing links or posting the relevant articles on corporate websites, etc. Among the benefits of this methods is low budget of the educational activities (e.g. a topic "Mental disability at work" may be included to the agenda of regular staff meetings) and the possibility of its

wide spread (e.g. weekly mailing lists from office manager, HR, or supervisor). The content of such education sets and posts should be carefully constructed. For example, emphasizing the biological origin of mental disability may lower associated with it blameworthiness and culpability, but exacerbate stigmatizing beliefs in incurability of mental disease and its symptoms.

Another strategy for reducing stigmatizing attitudes is to arrange *an opportunity of interpersonal contact* with persons with mental health issues. It is crucial to ensure the positive outcome of this contact, because negative experience may only intensify prejudices and negative stereotypes. The contact situation should include following features in order to be effective for stigma-change: making sure the status between all participants is equal, encourage and create conditions for individual interaction, conversations and exchange, introduce participants to the common goal and provide a gratifying outcome, arrange a contact with individuals that substantially challenge existing stereotypes. An example of such interventions may be an organization of "Bring your relative/friend to work", if is known that one of the employees has a mentally disabled, but successfully functioning relative/friend, or a field trip to the centres of initial vocational training and inclusion for people in rehabilitation after psychiatric disorders. Generally contact-based interventions within anti-stigma programs have proven to be more effective than education-based. Nevertheless, the effect of education should not be underestimated, and can be an effective introduction method before contact-based programs.

The change of attitudes is a complex process, and behavioural outcomes of an attitude change may take some time after an intervention. In order to measure properly the effect of anti-stigma program Corrigan & Shapiro (2010) offer following points for consideration:

1. Select measures that represent stakeholder priorities about the goal of stigma change

2. Evaluate stigma change and diversity. Important demographics may include ethnicity, SES, gender, education, and sexual orientation. Diversity may be important mediators through which individuals understand mental illness; e.g., Do African Americans endorse

mental illness and violence more than European Americans? Diversity may also be descriptors of the person with mental illness. E.g., Are Latinos with mental illness viewed as more violent than Native Americans with these disorders?

3. Consider measures of behaviour change, frequently prioritized as most important by stakeholder groups. Contrast decreasing discriminatory behaviour from increasing affirming actions. One form of affirming behaviour is the degree to which research subjects participate in evidence-based rehabilitation programs (e.g., the frequency in which an employer participates in a supported employment program).

4. Select measures that reflect the specific interest of targeted and local groups.

5. Choose measures that are less influenced by social desirability.

6. Consider other domains of measurement – attitudes and emotions, knowledge, information and physiological processes – which, given the status of current research, are important only as they further understanding an anti-stigma approach n behaviour.

7. Outline how a physiological or information process may help to better explain stigma change.

8. Develop theory-based models of stigma. These may be especially important for measures of attitudes and emotions.

9. Measure penetration for population-based anti-stigma programs. Include both recognition and recall of previous PSAs.

10. Determine whether awareness has been improved after an anti-stigma program. Community-based participatory research approach may serve as a prototype of program evaluation in the organization. Its main goal is to ensure various stakeholders to be included on the every stage of evaluation process from planning of the program till the implementation of recommendations. Partnership among and diversity of stakeholders are important predispositions to the successful outcome of evaluation. All decisions must be shared and reflect interests of all parties – researchers, consumers and managers. Inclusiveness of all groups' perspectives provide holistic understanding of the issue in this particular settings, and according to the specific characteristics of people, settings and environment. Involvement of managers would serve the political purpose of such

common evaluation, such as lobbying the results and recommendations after evaluation and integrating them into policy.

4.2 Addressing state policies

On the macro-level of policies and legislations, there are various factors that impact the employment situation of people with disabilities in general and people with mental health issues in particular. Based on the issues highlighted in the current paper, and the recommendations of Business and Industry Advisory Committee of the Organization for Economic Cooperation and Development (Parker Harris, et al., 2012) it is possible to elicit among the most significant conditions that influence positively the process of people with mental disabilities finding, obtaining and keeping the job greatly flexible labour market, sustainable system of incentives, fines and allowances for all the parties involved in the process, clear and precise information provided on the existing legal requirements and regulations, keeping the focus on the retention and social inclusion of person with disability on the working place. A separate focus should be addressed regarding the specificities of mental disability among the other types of disability. Existing current laws in many countries may demonstrate the effectiveness in raising the level of employment among disabled people, but fails to meet the needs of people with mental disabilities, such as more prolonged training programs, inclusion of the costs on maintenance of occupational psychologist on the working place, and other workplace accommodations specific to the mental health rehabilitation. In order to meet the need of the maximum amount of disabled individuals, policy-makers should either differentiate the regulations for different types of disability, or vice versa – extend the boundaries of, for example, welfare policies, simultaneously placing an obligation for a professional assessment of a welfare needs for each particular person with disabilities. Bond et al., (2001) express caution about designing legislative system of incentives for companies, individuals and vocational training centres due to the possibility of clients with of fewer needs applying for funding, and abusing the welfare system. Although, regulation of welfare policies is hardly enough for the comprehensive problem solution. The interrelatedness of multiple levels of anti-discrimination, quota and labour market

regulations is essential. State policies should ensure the diminishing of all possible obstacles for compliance with existing regulation. For example, foreseeing the labour market lack of representativeness of workforce with disabilities, governmental policy centres should unite their efforts with research and education centres, and base the legislative outcomes considering the expertise of its professionals, encourage evidence-based approach among organizational psychologists in general, and in organizations with staff with disabilities, in particular.

Regarding the role of anti-discrimination legislation, it serves to a large extent as a descriptive and operational background for disability-empowering enactments. It is suggested to focus on the rights-based approach to the disability. The main fields that government is expected to cover with such policies are providing equal opportunities and ensuring access to the information about employment (Parker Harris, et al., 2014).

From the perspective of persons with disabilities, anti-discrimination messages in the legislation should emphasize not the limitations of the disability, but what people, having these limitations *are capable of doing*.

State mental health authorities in charge of rehabilitation and social reintegration process must ensure that system of incentives is implemented properly on all the levels and adjusted accordingly to every situational and individual factor, because the every group of stakeholders is not homogenous. The status of consumer of mental health services, for example, includes multiple characteristics not only expressed in demographical data (age, sex, social status, etc.), but also in the type and severity of mental diagnoses, individual coping strategies, family support, etc. A systematic assessment of the policy effectiveness with detailed feedback from practitioners, employers and persons with disabilities is an unquestionable requirement. For example, in the US the National Association of State Mental Health Program directors empowered mental health agencies in Rhode Island to conclude partnership with state's Medical and vocational rehabilitation agencies in order to fund supported employment for people with disabilities (Bond, et al., 2001). Funding the initiatives enforced by the legislation represents another important point of consideration for policy-makers. As it was put by an individual with a disability seeking

employment, - "If no money is allocated for those [anti-discrimination] laws, there are no rights" (Parker Harris, et al., 2013).

One of the possibly productive state policy strategies for disability employment encouragement is establishing quota regulations. Even though there is a substantial gap in the data presented to analyse the effectiveness of quota legislation for meeting the raise in the level of employment of people with disabilities, and its constitutes, researches of such observed success in Austria allowed us to form some recommendations in this field. Reports of Wuellrich (2010) and Lalive, et al. (2013) have proven the efficiency of raising sanctions on non-compliance with quota regulations. This finding corresponds with multiple reports of organizations in different countries being more prone to paying insignificant tax, than getting involved in employment relationships with person with mental disability, which usually results in highly bureaucratic processes of hiring, attaining allowances, confirming different organizational statuses necessary for this allowances, etc. Among the most important conditions for successful and productive functioning of quota regulations are listed transparency and central enforcement (Bell & Heitmuller, 2009).

General guidelines upon legislation regulating disability employment lie in the socio-political approach to it (Shier, Graham, & Jones, 2009).This would allow to bring up problems out of direct influence on the rate of hiring and retaining of workers with mental disabilities, but adjacently affecting it. For example, promotion of trainings and educational programs among the clients of mental rehabilitation centres and hospitals, raising awareness on labelling and discrimination in the labour market among employers, and shape their perception of capacities and abilities of disabled workers rather than emphasizing their limitations and restrictions.

4.3 Guidelines for organizations

The organizational benefits concerning providing employment for people with mental health issues were presented above in details. Regarding the steps, an organization should take in order diversify its workforce with people with disabilities, they fall under the actions within corporate social responsibility (CSR) policy (Siperstein, et al., 2005).

CSR's aspirations for economic and financial prosperity of organization by aligning it with social needs and welfare widely correspond with all three levels of the problem of employment of people with mental health issues.

The nature of the CSR and interpretation of its obligation has varied over the years. Before 70-s the initial focus of it was vague and ambiguous "social betterment", which soon was replaces by more concrete "social responsiveness". Modern definitions of CSR (by the World Business council for sustainable development, companies like Johnson & Johnson, Volkswagen, Shell, etc.) more often contain ethical component in defining its purpose and essence. It includes obligations of companies in front of with "employees and their families, local community and society as a whole, in order to improve their standard of living", and "covers areas like: health (AIDS, cancer), safety (crime prevention), education (education for those in need), job creation (training practice) environment (recycling) economic and social development (low interest loans for purchase of apartments), and it meets other basic human needs and desires (combating hunger, poverty, discrimination)" (Crisan & Borza, 2012).

There are two main approaches to interpret CSR set of obligation. Neoclassical approach in organizational management concerning this question mainly depends on the economic perspectives for the firm. It places the shareholders in the centre of their value system and states, that the only social responsibilities that company should comply with are providing working places and paying taxes. Concentrating on any other purposes would only reduce these profits for the stakeholders (employees and government respectfully). Another view supports CSR obligations to go over sphere of economics and contribute the social problems solution regardless of direct involvement it their causes. Proponents of this approach state that the power and influence of big corporations place upon them moral and ethical obligation to support and contribute to the community, an organization is a part of (Lefkowitz, 2003). It seems like neoclassical approach is bad and less "socially friendly", but concerning the issues of current research paper it may applicable in problems of employment for people with psychiatric disabilities. Sticking to such social responsibilities as providing employment opportunities may not seem enough for

solving the problem, but combining this approach with organizational values of diversified workforce and providing workplace accommodation for those employees who need it, can indirectly result in not just economical profit of the firm.

Researching the aspects of employer perspectives on the problem of disability employment particularly within the framework of CSR, Houtenville & Kalargyrou (2012) reported triple benefits for the companies following this approach: financial success (coming from adjacent rise in competitive advantage), environmental profit and social consideration (benevolent act).

As a result of analysis of the employment situation for people with health issues, a set of recommendations was elaborated within this research paper for organizations who would like to start this practice within CSR policy. In order to arrange organizational actions within CSR policy to suit needs for disability employment is necessary to incorporate special assistance services, which should include: 1) identifying recruitment pool segment of persons with disabilities, 2) designing special training programs for disabled employees, considering their learning capabilities 3) ensuring the provision and updating of technical and practical management methods for working with disabled staff, 4) identifying funding resources and allowances covering work accommodation expenditures, 5) collaboration with local mental disability employment and vocational centers (Kudo, Sato, Matsui, Osone, & Matsui, 2005). As the main concern for the working capacity of persons with mental health disorders is difficulty to keep up with full-time employment, companies are proposed to restructure some of their tasks in a way they could be performed during flexible working hours (Lichtenstein, Drumwright, & Braig, 2004). Additional efforts could be profitable in supporting in off-work lives, such as assistance in housing search.

Major attention should be paid to raising awareness about mental disability in the staff. Such trainings have multiple positive effects for disability employment situation, such as reducing stigmatizing attitudes (Corrigan, et al., 2005; Scheid, 2005), providing awareness about aspects of work that affect mental health (Harnois & Gabriel, 2000), change employer's perception on the abilities and working capacities of person with

mental disability (Houtenville & Kalargyrou, 2012), etc. Educational initiatives in the organizations aimed at fostering the understanding of human rights and equal opportunities align with objectives of CRPD in promoting public comprehension of the "skills, merits and abilities" of disabled people (Article 8, CRPD, 2006). Various researches have indicated more favorable attitudes towards people with mental disabilities at work among persons with knowledge about, experience of regular contact with this group of people (Vornholt, et al., 2013). Educating different stakeholders on the legislative aspects of the Convention is as well crucial (Drew, et al., 2011). Banks & Lawrence (2005) specifically emphasized the "need for the targeted provision of information and advice" on this topic. In order to be able to meet the needs of disabled employees, management, rehabilitation and occupational specialists need to have a constantly updated information on the changes in legislations regulating the process of employment of this group of people, as well as current situation of the disability on the labour market (McDowell & Fossey, 2014). Special attention is drawn to the level of awareness on disability employment issues among human resource professionals (Lockwood, et al., 2014), particularly to their skill to match the special characteristics of disabled employee working style to tasks of a certain job (Houtenville & Kalargyrou, 2012).

Educational methods generally are inexpensive, and cover quite broad audiences within organizations even with minimal efforts (mailing lists, booklets about mental disabilities, etc.) (Corrigan & Shapiro, 2010).

An important recommendation comes in involving occupational health specialist into the work of human resource department when organization decides to provide employment for people with mental health problem. A benefit that such expertise can bring to the process of needs assessment, inclusion and managing requests from disabled employees is hardly overestimated (Lockwood, et al., 2014).

Another requirement for the successful outcomes of disability employment is the dedication and commitment of top management towards its idea. Managers set the supportive atmosphere for such practices, which is vitally important for people coping

with mental illness on the working place. It is necessary that managers understand the ration between work conditions, their effects on employees' mental health, and resulting rates of performance and staff turnover (Cottini & Lucifora, 2013).

From the disabled employees' perspective there are also may be elicited several guidelines that would be useful to follow obtaining employment (Hatchard, Henderson, & Stanton, 2012). Due to mental disability and the effects of it on the personality the biggest challenge for these people is to establish self-management of own mental health. The first step is to acknowledge own mental conditions and possible limitations in may cause in every day functioning and particularly on the working place. Maintaining such awareness requires special cognitive procession of the information, self-reflection and knowing the kind and order of different actions in situation of an outbreak and generally sustaining good health and wellbeing. Acceptance of own psychological state and work restriction connected with it was noted as one of the toughest challenges by people with mental disabilities. The desire to go back to working and subsequent return to normal life may stand on the way realistic perceptions of own capabilities. A reverse situation may occur, when self-doubts and a fear to fail serve as barriers for entering the employment for a person, who can manage own disability and ready for work.

A positive contribution to the smooth transition to employment was noted to have a strict regime of medical and rehabilitation measures. Supporting healthy lifestyle positively correlates with supporting a necessary wellness for carrying out job responsibilities. One of the strategies to maintain mental health during stressful period of adjustment to employee status is seeking support from family and friends, rehabilitation and occupational specialists, therapists and psychiatrists, etc. A strong influence on workplace wellbeing is also played by the perceived support of management and colleagues. High quality communication and engagement of management fosters self-direction of a disabled employee and helps with task performance.

Managing staff that includes employees with mental health issues is a big challenge and requires a lot of efforts from the employer. Kirsh et al. (2009) highlighted a set of key principles that organization could use to face such challenge.
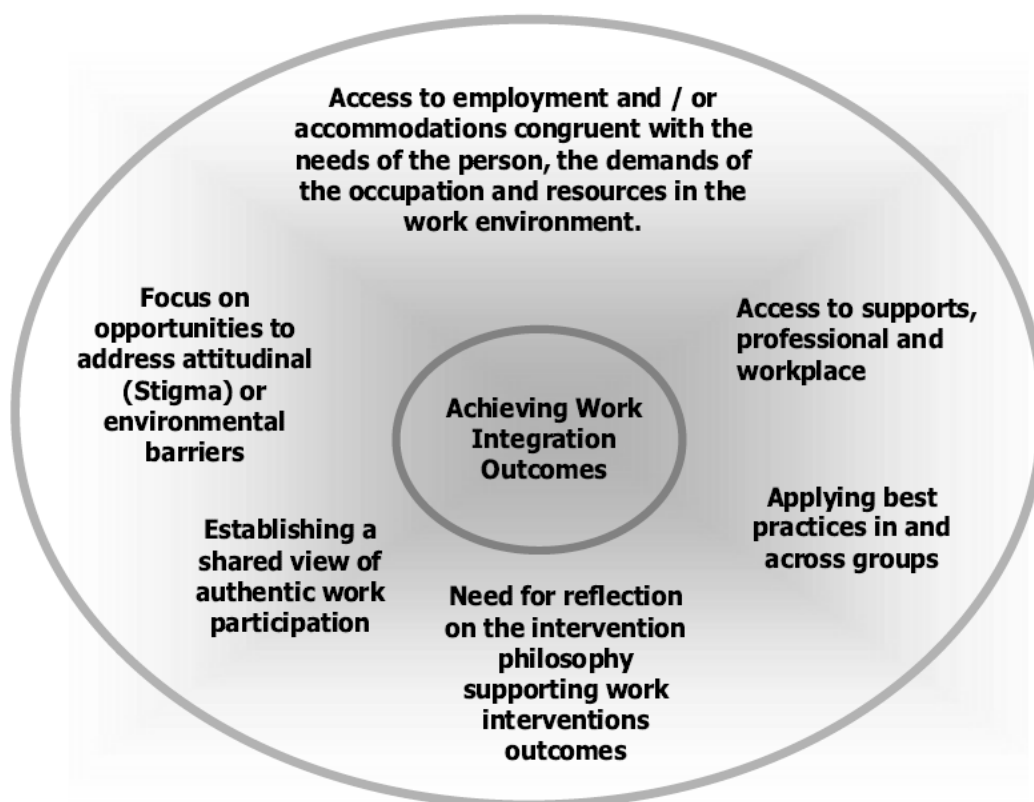
Fig. 2
Key principles for advancing research and social change to improve work integration.
Source: Kirsh, et al., 2009, p. 400

 A principle of establishing a shared view of authentic work participation requires the full

recognition of disabled employee input into common goal of an organization. It is

important for employer, colleagues, service providers and policy makers to view a

disabled individual not through his/her disability and limitation but as a contributor and

participant in work process.

Need for reflection on the intervention philosophy supporting work interventions

outcomes promotes the approach of growth and development of human potential and

opportunity for self-actualization via work. All interventions in the field of supporting

mental disability employment should be carried out with a consideration of theoretical

and philosophical underpinning, their alignment to the common objective of improved and productive performance.

A principle of access to professional and workplace supports encourages requesting professional expertise and advice within and out of the organization. This principle also emphasizes the necessity of educating management and co-workers on the topic of mental disability at work.

Design and implementation of the suitable accommodation of workplace states the fourth principle. It includes matching employee capabilities with tasks and work environment. Focus on opportunities to address attitudinal or environment barriers to work participation mainly requires addressing the problem of stigma emerging after the disclosure of disability. Embodiment of this principle urges severe measure to eliminate stigmatizing attitudes primarily at the workplace and consequently via raising awareness in the community and on the level society in general.

Finally applying best practices in and across groups summarises general call for conscious and elaborate approach to strive for providing best conditions for work for people with mental health issues. This principle calls for individual consideration for every particular case of disability employment in choosing the most suitable practices for collaboration. A need for continuous research for improvements in organizational policies and opportunities to assist special needs of people with mental health issues is additionally highlight.

5. Conclusion and Discussion

Work is a principal and definable activity for human in the society. It reflects the reciprocal relationship between persons and environment, where they exist, by providing socially useful products and services. By working we sustain our living, get engaged in social interactions, fulfil personal and collective purposes, state ourselves as functioning members of community. Work constitutes our distinctive species behaviour and is a source of self-identification and development, basis for sustaining mental health and well-being (Vornholt, et al., 2013).

Considering the amount of time people spend engaging in work activities, recent trends in work and organizational psychology reflect general concerns with health issues at the working place. While numerous researches have been focused on the harmful influences of work-stress, burnout and monotony on mental well-being, even more drastic effect on different aspects of quality of life is observed among unemployed persons. Exclusion from the labour environment and inability to satisfy basic needs provided by work activity are associated with economic insecurity, poor physical and mental health and social marginalization (Banks, Lawrence, 2006). Unemployment and associated with it low socio-economic status are strongly correlated with higher rates of mental disability cases (Funk, Drew, & Knapp, 2012). Vicious circle closes with the realization that one of the most effective ways to improve mental health and overcome social isolation is finding employment (Harnois & Gabriel, 2000; Lockwood, et. al, 2014).

Recent researches noted increased frequency in reporting of mental health problems among workers and growing consumption of antidepressants – in European Union the rise exceeded 60% from 2000 till 2006. 25% of claims for disability in the member states is charged due to experiencing mental health problems. This contributes to the statistics in OECD countries where about 9% of health care costs are spent on mental health problems, which are reported to be 5 out of 10 most frequent reasons of disability (Cottini & Lucifora, 2013). This draws our attention to the problems of employment among people facing mental disability.

The significance of the issue and the starting point for in depth scientific scrutiny was reflected in a joint collaboration of International Labour Organization and World Health Organization – reporting document "Mental Health and Work: Impact, Issues and Good Practices". The main issues discussed in the paper focused on the problems of ensuring high quality work conditions for people facing mental disability of different levels of severity. This encountered programs aimed at promotion of good mental health practices at the working place – how to monitor own well-being, how to recognize symptoms of mental disorder in oneself and colleagues, etc. Great part of the report was dedicated to the issues connected with vocational inclusion strategies for people with severe psychiatric disorders, as a meaningful contribution to the rehabilitation and re-socialization process, under the auspices of approach stating that "the disability associated with severe mental health problems can no longer serve as an excuse to deny those who so wish reasonable access to competitive employment. It is a precondition to full citizenship" (Harnois & Gabriel, 2000, p.60).

The problems connected with improving and accommodating working environment for mental disability concerns wider samples of population than just those who are diagnosed with some psychiatric disorder. The ubiquity of stressors in modern working places causes a wide range of mental disorders resulting in long-term sick absences or even loss of work. Regaining employment after such incidents of common mental health problems, like anxiety, stress and depression usually is associated with more difficulties than after other causes of absence (Nielsen, et al., 2012). Necessity for proper and well-defined frameworks of providing good employment conditions for people facing mental health problems is proportional to the tremendous development of medications and health care. The latter results into extended life (and work age) longevity among population and, henceforth, into increased rates of chronic neurodegenerative diseases and more workers experiencing mental health problems (Banks & Lawrence, 2006).

Even though lately, a lot of improvement has been made in the area of employing people with disabilities, there is still need for integrative approach towards these issues in theory and practice. Research on people with mental disabilities is challenged by the scarcity of

realistic statistical data. It is a common practice, when people hide their disability from employers and colleagues (Eurostat, 2014). There are various reasons for that, including fear of stigmatizing attitudes among the most salient of them (Corrigan, et al., 2005). Existing stereotypes of people with mental disabilities being unpredictable, dangerous and unreliable negatively affect employee's adaptation on the working place and result into low self-esteem and self-stigmatizing images. Stereotypes about mental disability expand also on employees who returned on the working place after sickness leave due to depression, anxiety, and other common mental health problems (Lockwood, et al., 2014). Current research presents information about the origins, constitutes and methods of changing and preventing stigmatizing attitudes in the society in general, and at the working place in particular, as well as strategies and approaches towards evaluating anti-stigma programs.

Stigma is not the only factor that detrimentally affects successful inclusion of people with mental health problems in work environment. Mental disability requires special conditions and treatments on the working place. Sometimes these work accommodations have to be permanent, sometimes gradually reduced to the normal conditions. Employers are often reluctant to hire people with disabilities because of anticipated costs and difficulties in adjustment of work conditions to the special demands (Crisan & Borza, 2012). Although these expectations about the costs and difficulties are usually distorted and based on insufficient (or simply lack of) investigation. Most frequently listed work accommodations for people with mental disabilities include flexible working hours, distance work, reduced working hours (shorter shifts) (Vornholt, et.al, 2013). Such requirements may sound unreasonable and not cost-effective for the organization, but if we look at it from the broader view perspective, we can admit that global trends in work environment like technologization, international and economic interdependence, etc. have already substantially changed the world of work as we knew it. These changes were predicted to create more flexibility at work, delegation of duties, and, henceforth more job opportunities for wider diversity of employees (Cottini & Lucifora, 2013; Saxena, 2014). In reality, we observe increased job demands and reduced work safety legislation.

People facing mental health issues are rarely employed even on the jobs, where part-time schedule is not an indicator of work accommodation, but of low quality, legislative insecurity and lower income, which contributes to the economic dependence and poor social reintegration (Lockwood, et al., 2014; Parker Harris, et al., 2014).

Taking everything into account we may conclude, that workplace accommodations for people with mental disabilities generally comply with global trends for changes of work, and it is a matter of managerial skills and organizational policies how to implement those changes benefitting all the parties. In an extensive research on the effects of employing workers with disabilities, Wuellrich (2010) proved, that "firms can recover the costs associated with the employment of a disabled worker (…) and thus the productivity gap between disabled and non-disabled workers should not differ much", (p. 176).

Besides anticipated employment costs, another obstacle from organizational level is fear of possible litigations that arise after hiring people with disabilities to the company (DeLeire, 2000). This issue brings us to the legislative level of the problem, as in how governments and international regulations form policies in sphere of employment and disability. The legislation is concerned with a wide variety of issues, besides incentive encouragement for organizations to hire disabled people. In particular, legislative regulation of social sector requires substantial funds that rarely are paid back. Nevertheless, regulation of vocational reintegration of disabled people with careful consideration may result in reduction of welfare-costs and better socio-economic state and general well-being of its users.

It is important to consider the whole complexity of the issue together with context for each particular country, and base legislative decision on thorough analysis of current situation in the area, considering the experiences of other countries, and determinate all possible area of influence. For example, due to successful changes in disability laws and regulation, one of the variables in such analysis, the number of registered disabled people, may significantly rise due to the expanded willingness to reveal mental health problems on the working place. The same indicator of change effects can be a reduction

of this number due to less people with disability will declare it after they are already employed (Bell & Heitmueller, 2009).

General regulations in the sphere of disability and employment were issued in the United Nations Convention on the Rights of Persons with Disabilities. In Article 27 there are presented guidelines for issues connected with employment. It states "the right of persons with disabilities to work, on an equal basis with others; this includes the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities", (p.19). It also addresses the question of antidiscriminative, training and workplace accommodation policies (CRPD, 2006).

Another global impact on employer's readiness to comply with legislative requirements is current situation of the labour market in the area and the world. People with disabilities often are excluded from the active labour force due to various reasons. (Bruyere, et al., 2011). Imperfections in welfare benefit system often discourage persons with mental disabilities from seeking employment. Obtaining employment is often a cause for benefit welfare cessation or substantial decrease in benefit payments that is inconsistent with low incomes usually provided in the places ready to hire on flexible schedule or cut shifts. Regulations for that cases should be arranged with more flexibility, based not on the factual information on employment, but in regards with ability to provide proper quality of life. Additionally some neoliberal approaches insist on the reduction of welfare payments and shifting the focus of responsibility for obtaining and keeping employment from government to individuals. This wave of neoliberalism has raised a big discussion among disability scholars and advocates. Their main arguments are that neoliberalism in social sector contradicts UN notions of individual rights and equal opportunities and denies necessity of cooperation on organizational and institutional levels, takes away the broader perspective of influence opportunities. Legislative base sets the tone for social perception of the problem, the way how people with mental disabilities are treated by stakeholders of their employment process (employers, practitioners, colleagues, health professionals, etc.) (Parker Harris, et. al, 2014).

In order to ensure safe, productive and effective employment for people facing mental disabilities, this area should be carefully scrutinized from different levels and placing the emphasis on the interdependence of these levels. The background of the study requires multidisciplinary approach and knowledge from domains of psychiatry and clinical psychology, labour economics and law, human rights and antidiscrimination studies, etc. The purpose of this work is to present the problem in its habitat, describe the background and provide the outlines for implementing effective practices aimed at problem solutions, and generally promoting the perception of "mental disability" as the result of socially constructed barriers, which disable people facing mental disorders, "and what becomes defined as a disability is shaped by the social meanings attached to physical and mental impairments" (Foster, 2007, p. 68).

Summary

The main purpose of current paper is to provide practical guidelines for mental disability employment stakeholders to overcome the key obstacles on the different levels of this problem. Special emphasis was placed on providing the holistic understanding of various background and intersecting aspects within the situation of unemployment of people with mental health issues. The research topic was chosen to address the problem of exclusion of people with mental health disorders from the labour market and resulting from it economic insecurity, social detachment, and generally poor quality of life.

The thesis is composed of five chapters. Introduction defines the problem scope in general, as well as world mental disability and employment statistics, in order to establish the significance of the topic. Three following chapters present different barriers on the way of people with mental health issues to employment comprehensively on 3 levels – individual, legislative, and organizational. Chapter 1 focuses mostly on the stigma, as the main obstacle on the individual level, its origins, types, and constitutes. It describes cognitive, motivations and structural/institutional models of stigma, and elicits characteristics specific to groups prone to stigmatization and being subjected to stigmatizing attitudes. Chapter 2 analyses the problem from the macro level, and presents an overview on the anti-discrimination and human rights legislation in different countries, within a common framework of United Nations Convention on the Rights of Persons with Disabilities. It also critically assesses neoliberal trends to the welfare regulations, and perspectives and opportunities of people with mental health issues on the competitive labour market. Chapter 3 discusses organizational context of the issue, including the importance of work atmosphere and climate, specific for mental disability workplace accommodation, role of employer and colleagues attitudes towards worker with mental health problems, etc. Special emphasis is placed to the financial aspects, including comparison of expected and actual costs of accommodations, and benefits an organization acquires by diversifying staff with employees with mental disability. Chapter 4 proposes recommendations and guidelines to deal with the problems elicited in the previous chapters. It suggests to focus on the educational anti-stigma interventions

about mental health and disability on the organizational, community, and social level, the type of employer motivation to produce employment for people with mental disabilities, and encourage personal contact and positive experience of communication with people with mental disabilities, and disorders. Paper as well proposes detailed steps for design and assessment of existing and emerging anti-stigma programmes. On the legislative level the paper proposes to foster human rights and equal opportunities approach in composition of employment legislation; to establish quota regulations for hiring people with disabilities, and to increase fees for non-compliance it in the countries where it has already been established; to ensure coherence and concordance among state regulations regarding mental disability employment and excluding the barriers that hinder completion of these regulations. Organizational level of guidelines portrays the steps within corporate social responsibility policy on how to address the needs of employees with mental health disorders. This final part of the Chapter 4 also highlights employees' perspective on the issue and presents recommendations for people with mental health issues for successful integration on the workplace. Conclusion and discussion are presented in Chapter 5, which emphasizes the necessity of integrative approach towards viewing the problem of unemployment of people with mental health issues, and why it is important to address this problem on all the levels described in the paper.

References

Banks, P., & Lawrence, M. (2006). The Disability Discrimination Act, a necessary but not sufficient safeguard for people with progressive conditions in the workplace? The experiences of younger people with Parkinson's disease. *Disability and Rehabilitation,* 28(1), 13-24.

Bell, D., & Heitmueller, A. (2009). The Disability discrimination act in the UK: Helping or hindering employments among the disabled? *Journal of Health Economics,* 28, 465-480. doi:10.1016/j.jhealeco.2008.10.006

Bond, G. R., Becker, D. R. Drake, R. E., Rapp, C. A., Meisler, N., Lehman, A. F., Bell, M. D., & Blyler, C. R. (2001) Implementing Supported Employment as an Evidence Based Practice. *Psychiatric Services*, 52 (3), 313-322.

Bruyere, S., Mitra S., VanLooy, S., Shakespeare, T., & Zeitzer, I. (2011). Work and Employment. in Officer, A., & Posarac, A. (Eds) *World Report on Disability,* 235-257. Retrieved from: http://digitalcommons.ilr.cornell.edu/gladnetcollect/. Accessed: 26.02.2015

Convention on the Rights of Persons with Disabilities. Work and Employment. New York, United Nations, 2006. Retrieved from: http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf. Accessed: 04.03.2015

Corrigan, P.W., & Shapiro, J. R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30 (8), 907-922.

Corrigan, P. W., Kerr, A., & Knudsen L. (2005). The stigma of mental illness: explanatory models and methods for change. *Applied and Preventive Psychology,* 11, 179 – 190.

Cottini, E. & Lucifora C. (2013). Mental health and working conditions in Europe. *ILR Review*, 66 (4), 958-988.

Crisan, C. M., Borza, A. (2012). Social entrepreneurship and corporate social responsibilities. *International Business Research,* 5(2), 106-113.

doi:10.5539/ibr.v5n2p106

Disability statistics – labour market access. *EUROSTAT. Statistics Explained.* Retrieved from: http://ec.europa.eu/eurostat/statistics-explained/. Accessed: 04.03.2015

Drew, N., Funk, M., Tang, S., Lamichhane, J., Chavez, E., Katontoka, S., Pathare, S., Lewis, O., Gostin, L., & Saraceno, B. (2011). Human rights violations of people with mental and psychosocial disabilities: an unresolved global crisis. *Lancet,* 378, 16641675. doi:10.1016/S01406736(11)61458

Dunn, E. C., Wewiorski, N. J., & Rogers, E.S. (2008). The meaning and importance of employment to people in recovery from serious mental illness: results of a qualitative study. *Psychiatric Rehabilitation Journal,* 32(1), 59-62.

Eisenhardt, K. M., Furr, N. R., & Bingham, C. B. (2010). CROSSROADS – Microfoundations of Performance: Balancing Efficiency and Flexibility in Dynamic Environments. *Organization Science*, *21*(6), 1263-1273.

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Assosiation between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine,* 42, 1741-1752. doi:10.1017/S0033291711002558

Foster, D. (2007). Legal obligation or personal lottery? Employee experiences of disability and the negotiation of adjustments in the public sector workplace. *Work, Employment & Society*, 21(1), 67-84.

Funk, M., Drew, N., Knapp, M. (2012). Mental health, poverty and development. *Journal of public mental health*, 11 (4). pp. 166-185. DOI: 10.1108/17465721211289356

Gilbride, D., Stensrud, R., Vandergoot, D., & Golden, K. (2003). Identification of the characteristics of work environments and employers open to hiring and accommodating people with disabilities. *Rehabilitation Counseling Bulletin*, 46(3), 130-137.

Hartnett, H. P., Stuart, H., Thurman, H., Loy, B., & Batiste, L. C. (2011). Employers'

perceptions of the benefits of workplace accommodations: Reasons to hire, retain and promote people with disabilities. *Journal of Vocational Rehabilitation*, 34(1), 17-23.

Harnois G., & Gabriel P., (2000). Mental health and work: impact, issues, and good practices. WHO/ILO, Geneva, Switzerland. Retrieved from: http://www.ilo.org/skills/what/pubs/lang--en/docName--WCMS_108152/index.htm. Accessed: 03.04.2015

Hatchard, K., Henderson, J., & Stanton, S. (2012). Workers' perspectives on self directing mainstream return to work following acute mental illness: Reflections on partnerships. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 43(1), 43-52.

Houtenville, A., & Kalargyrou, V. (2012). People with disabilities employers' perspectives on recruitment practices, strategies, and challenges in leisure and hospitality. *Cornell Hospitality Quarterly*, *53*(1), 40-52.

Jones, M. K. (2005). Is there employment discrimination against the disabled? *Economics Letters,* 92, 32-37.

Kirsh, B., Stergiou-Kita, M., Gewurtz, R., Dawson, D., Krupa, T., Lysaght, R., & Shaw, L. (2009). From margins to mainstream: what do we know about work integration for persons with brain injury, mental illness and intellectual disability? *Work: A Journal of Prevention, Assessment and Rehabilitation*, 32(4), 391-405. doi:10.3233/WOR-2009-0851

Kudo, T., Sato, H., Matsui, N., Osone, H., & Matsui, R. (2005). CSR management and employment: Employment of persons with disabilities as example. *JILPT Research Report*, 32. Retrieved from: http://www.jil.go.jp/english/reports/documents/jilpt-research/no32.pdf. Accessed: 04.05.2015

Lalive, R., Wulellrich, J-P., & Zweimuller, J. (2013). Do financial incentives affect firms' demand for disabled workers? *Journal of the European Association,* 11(1), 25-58. doi:10.1111/j.1542-4774.2012.01109.x

Lauring, J. (2009). Managing cultural diversity and the process of knowledge sharing: A case from Denmark. *Scandinavian Journal of Management*, *25*(4), 385-394.

Lefkowitz, J. (2003). *Ethics and Values in Industrial-Organizational Psychology*. Psychology Press, 512.

DeLeire, T. (2000). The wage and employment effects of the Americans with disabilities act. *The Journal of Human Resources*, 35(4), 693-715.

Lichtenstein, D. R., Drumwright, M. E., & Braig, B. M. (2004). The effect of corporate social responsibility on customer donations to corporate-supported nonprofits. *Journal of Marketing*, 68(4), 16–32.

Lockwood, G., Henderson, C., & Thornicroft, G. (2014).Mental health discrimination: Law, policy and practice. *International Journal of Discrimination and the Law,* 1-15, doi:10.1177/1358229114534541

McDowell, C., & Fossey, E. (2014). Workplace accommodations for people with mental illness: a scoping review. *Journal of Occupational Rehabilitation*. 1-10. doi:10.1007/s10926-014-9512-y

Moir, L. (2001). What do we mean by corporate social responsibility? *Corporate Governance: The international journal of business in society,*1(2), 16 – 22. doi:10.1108/EUM0000000005486

Nazarov, Z., Kang, D., & Von Schrader, S. (2015). Employment quota system and labour market outcomes of Individuals with disabilities: Empirical evidence from South Korea. Fiscal Studies. *The Journal of Applied Public Economics*, 36(1), 99-126

Nevala, N., Pehkonen, I., Koskela I., Ruusuvuori, J., & Anttila, H. (2014). Workplace accommodation among persons with disabilities: A systematic review of its effectiveness and barriers or facilitators. *Journal of Occupational Rehabilitation*. 1-17. doi:10.1007/s10926-014-9548-z

Nielsen, M. B. D., Bultmann, U., Madsen, I. E. H., Martin, M., Christensen, U., Diderichsen, F., & Rugulies, R. (2012). Health, work, and personal-related predictors of time to return to work among employees with mental health

problems. *Disability & Rehabilitation*, 34 (15), 1311-1316.
doi:10.3109/09638288.2011.641664

Owen, R., & Parker Harris, S. (2012). "No Rights without Responsibilities": Disability
Rights and Neoliberalism Reform under New Labour. *Disability Studies
Quarterly*, 32(3). Retrieved from: http://dsq-sds.org/article/view/3283/3110.
Accessed: 05.03.2015

Parker Harris, S., Owen, R., Fisher, K. R., & Gould, R. (2014). Human Rights and
Neoliberalism in Australian Welfare to Work Policy: Experiences and Perceptions
of People with Disabilities and Disability Stakeholders. *Disability Studies
Quarterly*, *34*(4).

Parker Harris, S., Owen, R., Gould, R. (2012). Parity of participation in liberal welfare
states: human rights, neoliberalism, disability and employment. *Disability &
Society*, 27,(6), 823–836. doi: 10.1080/09687599.2012.679022

Parker Harris, S., Owen, R., Jones, R., & Caldwell, K. (2013). Does workfare policy in
the United States Promote the rights of people with disabilities? *Journal of
Vocational Rehabilittation*, 39, 61-73. doi:10.3233/JVR-130642

Ramon, S. (2008). Neoliberalism and its implications for mental health in the
UK. *International Journal of Law and Psychiatry*, 31, 116-125.
doi:10.1016/j.ijlp.2008.02.006

Roberge, M. É., & van Dick, R. (2010). Recognizing the benefits of diversity: When and
how does diversity increase group performance?. *Human Resource Management
Review*, 20(4), 295-308.

Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma:
Concepts, consequences, and initiatives to reduce stigma. *European Psychiatry,*
20, 529-539. doi:10.1016/j.eurpsy.2005.04.004

Saxena, A. (2014). Workforce diversity: a key to improve productivity. *Procedia
Economics and Finance,* 11, 76 – 85.

Scheid T. L. (2005). Stigma as a barrier to employment: Metal disability and the

Americans with Disabilies Act. *International Journal of Law and Psychiatry*, 28, 670-690.

Siperstein, G. N., Romano, N., Mohler, A., & Parker, R. (2005). A national survey of consumer attitudes towards companies that hire people with disabilities. *Journal of Vocational Rehabilitation*, 22, 1-7.

Shier, M., Graham, J. R., & Jones, M. E. (2009). Barriers to employment as experienced by disabled people: a qualitative analysis in Calgary and Regina, Canada. *Disability& Society*, 24(1), 63-75. doi: 10.1080/09687590802535485

Vornholt, K., Utidewilligen, S., & Nijhuis, F. J. N. (2013). Factors affecting the Acceptance of people with disabilities at work: a literature review. *Occupational Rehabilitation,* 463-475.

Wuellrich, J-P. (2010). The effects of increasing financial incentives for firms to promote employment of disabled workers. *Economics Letters,* 107, 173-176.