# **Preventing and Reducing Stigma:**

## **Business**



#### Why Does it Matter?

People with mental health and SUD experience high rates of discrimination in employment. Discrimination in employment can be subtle, and few protections exist for individuals with substance or mental health disorders. Whether employment has positive or negative effects likely depends on the workplace environment.

Because employers may perceive them as less reliable, less effective, or having less potential, people with mental health and SUDs have fewer job opportunities. Once employed, they face discrimination that can deny them opportunities for growth or result in involuntary job loss.

Inequities in employment can lead to low selfesteem, exacerbate mental health problems, and contribute to economic disparities that are difficult to overcome.

Despite being in recovery from an AOD problem, individuals experience difficulty obtaining employment, particularly those with prior criminal histories that developed before their recovery.

Employers often lack awareness of the number of their employees affected by mental health or substance use problems or do not adequately acknowledge the importance of psychological health in the work environment.

Specific settings may be more challenging—for example law enforcement, the medical field, or the military, where disclosure of MI/SUD could risk your career. Hence, mechanisms need to be in place for confidential services such as through EAPs.

#### What is the Impact?

- Stigma in the workplace affects employees' performance and working relationships.
- Fear of stigma keeps people with mental illness from requesting special accommodations.
- Stigma contributes to underutilization of mental health services that could help employees be more effective in the workplace.
- Stigmatized populations often internalize negative views about mental illness or substance use, resulting in self-stigma.
- In addition, drug-testing during the hiring process may prevent people with SUDs from getting a job, even if they could perform as well or better than someone without a SUD.

#### What Can We Do?

- Develop anti-stigma programs employment settings.
- Institute policies related to mental health that include providing workplace accommodations.
- Embed anti-stigma programs into ongoing employee training at all levels.
- Incorporate "contact-based" education that encourages people who have experienced a mental illness share their stories of hope and recovery.
- Implement interventions that reduce stigmatizing attitudes. These interventions have proven effective in improving mental health awareness in the workplace and increasing help-seeking behavior.



# **Preventing and Reducing Stigma:**

### **Business**



#### Resources

Preventing and Reducing Stigma: Business





Online Learning: <u>Addressing Stigma and</u> <u>Substance Use Disorders: A</u> <u>HealtheKnowledge Course</u>



Web page: Great Lakes PTTC, Preventing and Reducing Stigma



#### References

Aoun, E. G., & Appelbaum, P. S. (2019). Ten years after the ADA Amendment Act (2008): The relationship between ADA employment discrimination and substance use disorders. *Psychiatric Services*, 70(7), 596-603.

Corrigan, P., Thompson, V., Lambert, D., Sangster, Y., Noel, J.G., & Campbell, J. (2003). Perceptions of discrimination among persons with serious mental illness. *Psychiatric Services*, *54*(8): 1105-1110.

Eddie, D., Vilsaint, C. L., Hoffman, L. A., Bergman, B. G., Kelly, J. F., & Hoeppner, B. B. (2020). From working on recovery to working in recovery: Employment status among a nationally representative US sample of individuals who have resolved a significant alcohol or other drug problem. *Journal of Substance Abuse Treatment*, 108000.

Hanisch, S.E., Twomey, C.D., Szeto, A.C.H., Birner, U.W., Nowak, D., & Sabariego, C. (2016). The effectiveness of interventions targeting the stigma of mental illness at the workplace: a systematic review. *BMC Psychiatry*, *16*(1).s70-s76.

Henderson, C., Williams, P, Little, K., & Thornicroft, G. (2013). Mental health problems in the workplace: changes in employers' knowledge, attitudes, and practices in England 2006-2010. *The British Journal of Psychiatry*, 202.

Krupa, T., Kirsh, B., Cockburn, L., & Gewurtz, R. (2009). Understanding the stigma of mental illness in employment. Work, 33: 413-425.

Malachowski, C. & Kirsh, B. (2013). Workplace anti-stigma initiatives: a scoping study. *Psychiatric Services*, 64(7): 694-702.

Nieweglowski, K., Corrigan, P.W., Tyas, T., Tooley, a., Dubke, R., Lara, J., Washington, L., Sayer, J., & Sheehan, L. (2018). Exploring the public stigma of SUD through community-based participatory research. *Addiction Research & Theory*, 26(4): 323-329.

Rüsch, N., Nordt, C., Kawohl, W., Brantschen, E., Bärtsch, B., Müller, M., ... & Rössler, W. (2014). Work-related discrimination and change in self-stigma among people with mental illness during supported employment. *Psychiatric Services*, 65(12), 1496-1498.

Scheid, T. (1999). Employment of individuals with mental disabilities: business response to the ADA's challenge. *Behavioral Sciences and the Law, 17*: 73-91.

Stuart, H., Chen, S., Christie, R., Dobson, K., Kirsh, B., Knaak, S., Koller, M., Krupa, T., Lauria-Horner, B., Luong, D., Modgill, G., Patten, S.B., Pietrus, M., Szeto, A., & Whitley, R. (2014). Opening minds in Canada: targeting change. *Canadian Journal of Psychiatry, 59* (Suppl 1): S13-S18.

