Depression Diagnosis Disclosure in the Workplace: Executive Summary of Results

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Introduction

Employees diagnosed with clinical depression (including, but not limited to, major depressive disorder, dysthymia, and bipolar disorder) make choices as to what extent they disclose their diagnosis to others in their workplace. Although employees may be motivated to conceal a depression diagnosis to avoid being judged, excluded, and/or discriminated against based on negative stereotypes people may have of those diagnosed with mental disorders, hiding a part of one's identity can be associated with negative personal outcomes, such as increased stress, and negative work-related outcomes, such as lower job satisfaction, for certain people. Further, concealing a diagnosis at work could prevent some employees from receiving reasonable accommodations from their employer that are needed to maintain a productive, satisfactory, and safe work experience. This study was undertaken to examine depression diagnosis disclosure choices.

Data Collection Process

- From October 2011 to February 2012, mental health-related organizations were contacted and asked if they would distribute a survey to their members. Organizations were chosen that a) focused on mental health issues generally or depression specifically and b) had a website that indicated a means for distributing the survey link, such as a listserv or a message board. Due to confidentiality issues surrounding mental health, reaching this sample was particularly challenging. An attempt was made to include organizations that serve ethnic minority (eight organizations/ communities) and male (two organizations/ communities) populations, although the vast majority of organizations/ communities found were not connected to any particular demographic group. Of the 192 organizations/communities that were contacted, 20 (10.42 %) replied and agreed to send out the survey invitation to their members and/or post it on their website. Six (3.13 %) replied to the email to decline to participate in the survey. With a web-based survey, however, it is impossible to know if any of the other organizations also sent out the link without responding to me.

- Participants who visited the survey site were taken to an informed consent page, informing them of their rights as participants and the anonymity of the survey. Once they agreed to participate in this study, they were asked to identify (with initials) up to five coworkers with whom they work the most often. They then completed a series of measures related to their disclosure choices to each coworker they listed, as well as other characteristics about each coworker (e.g. supportiveness, trust, gender, race, etc.). The survey ended with a series of questions about the respondent themselves (e.g. their propensity to take risks), the mental-health related policies of their workplace, and their own demographic characteristics. Of the 244 individuals who visited the survey website, 33 individuals (13.53 %) were disqualified for not being employed, not currently being diagnosed with depression, or both. One-hundred and thirty-five (55.74 %) participants did not fully complete the survey, resulting in a sample size of 75 participants.

Description of the Sample

The following table displays the individuals who participated in this study, in terms of their depression diagnosis, gender, race/ethnicity, location, and workplace industry. Age of participants ranged from 22 to 64 years old and the average age was 37.68 years old.

| Participant Characteristics	# of participants (% of sample)	Participant Characteristics	# of participants (% of sample)
Depression Diagnosis:		**Workplace Industry:**	
Major Depression	42 (56.0)	Education	13 (17.3)
Dysthymia	12 (16.0)	Finance	4 (5.3)
Bipolar/ manic-depression	14 (18.7)	Health Care	22 (29.3)
Other	7 (9.3)	Manufacturing	3 (4.0)
		Other	17 (22.7)
Gender:		Other Services	20 (12.5)
Female	62 (82.7)	Restaurant	4 (5.3)
Male	11 (14.7)	Retail	4 (5.3)
Race / Ethnicity:			
Asian/ Asian American	1 (1.3)		
Black / African American	7 (9.3)		
Hispanic / Latino	2 (2.7)		
White	62 (82.7)		
Multi-Racial	3 (4.0)		
Location:			
Midwest U.S.	25 (33.3)		
Northeast U.S.	13 (17.3)		
South U.S.	12 (16.0)		
West U.S.	14 (18.7)		
Outside of U.S.	10 (12.3)		

Brief Summary of Results

Disclosure Choices

- *Disclosure Choices Overall:* I asked participants to what extent they disclosed their depression diagnosis to each of their coworkers. I gave them **four options** for describing their disclosure choice to each coworker: actively *hiding* their diagnosis (e.g. making up stories to cover up mental-health related absences), *avoiding* discussing their diagnosis and situations where it might come up, allowing the coworker to assume their diagnosis while only *indirectly acknowledging* it, and openly and *directly acknowledging* their depression diagnosis.
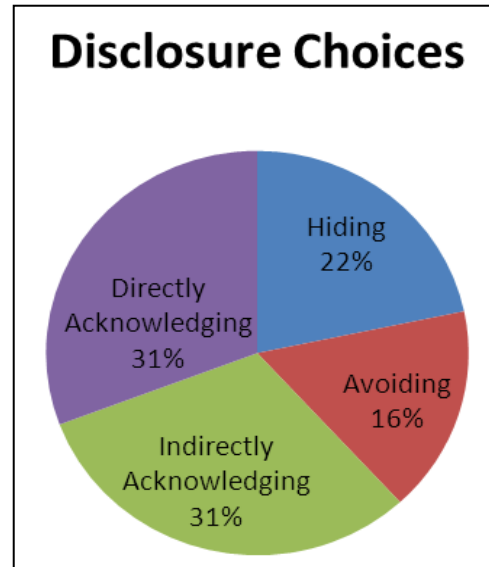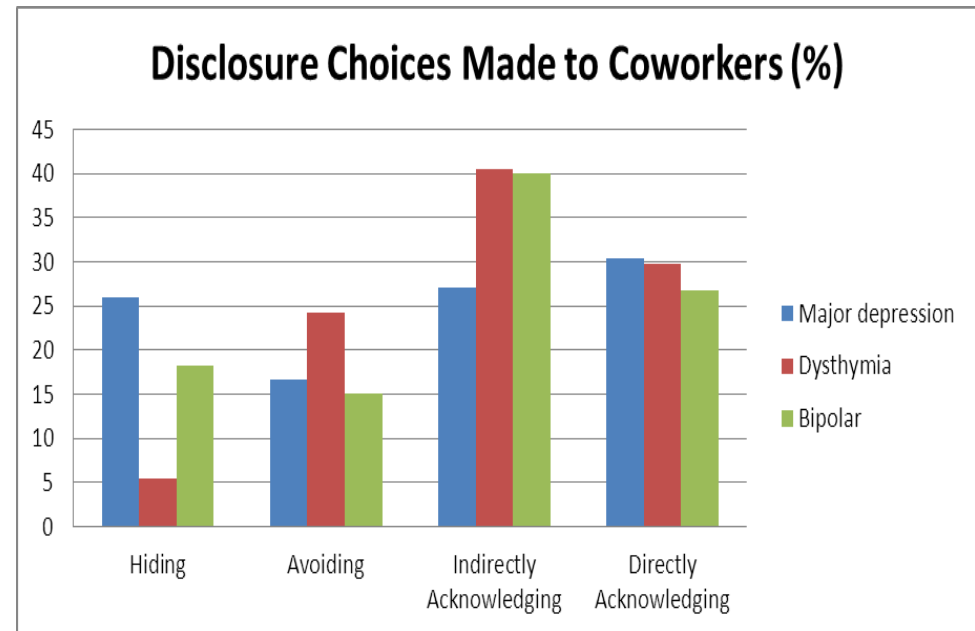

- *Do People Tend to Directly Disclose?* Participants showed much variation in their disclosure choices. The most common disclosure choices to the 304 coworkers listed by this study's 75 participants was directly acknowledging and indirectly acknowledging; however, avoiding and hiding were also frequent choices (see pie chart at right). **Fifty-six percent of participants reported directly disclosing to at least one of their coworkers.**

- *Do People Make Uniform Disclosure Decisions?* For the participants in this sample who reported having 2 or more coworkers, the majority (71%) made different disclosure decisions to different coworkers. As one example, one of the participants (labeled Person #232 at right) chose to hide his/her identity to one coworker, avoid discussing his/her identity to two coworkers, indirectly acknowledged to one coworker, and directly acknowledged to one coworker.
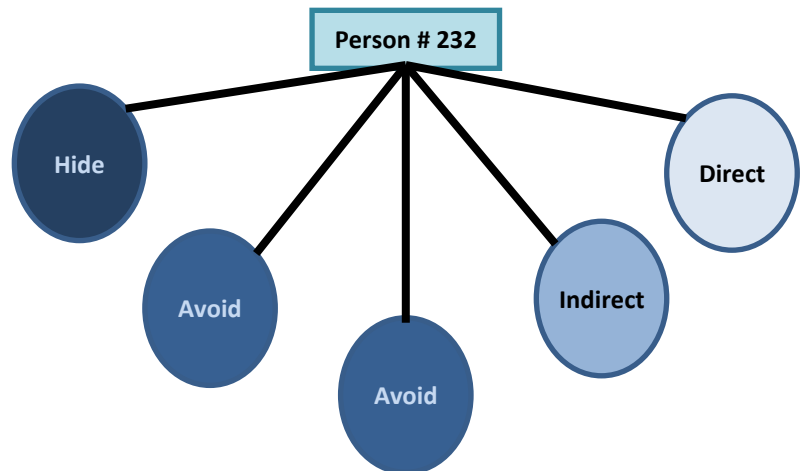
- *Do Employees Disclose at Different Rates Depending on the Diagnosis?* This study did reveal some differences in disclose patterns between three diagnoses (major depression, dysthymia, bipolar). In the sample, employees diagnosed with major depression were the most likely to hide their diagnosis at work (in ~26% of their coworker relationships) compared to employees diagnosed with dysthmymia (~5%) and bipolar disorder (~18%). Direct acknowledgment rates were fairly similar across the three diagnoses. Employees diagnosed with dysthymia and bipolar disorder indirectly acknowledged their diagnosis to about 40% of their coworkers, compared to about 26% of coworkers for employees diagnosed with major depression. Employees diagnosed with dysthymia avoided discussing their diagnosis to a greater percentage of coworkers (~24%) than did employees diagnosed with major depression (~16%) and bipolar disorder (~15%).

Disclosure Choices Made to Coworkers (%)

A bar chart comparing Major depression, Dysthymia, and Bipolar across Hiding, Avoiding, Indirectly Acknowledging, and Directly Acknowledging.

- *Are Disclosure Rates Influenced by Location?* Results revealed similarities and differences across locations. As seen in the graph to the right, employees surveyed from the Northeast U.S. chose to directly acknowledge their diagnosis *less* frequently and hide it *more* frequently than employees in the Northwest, South, West, and outside of the U.S.. Patterns also indicate that employees from the South were the *most* likely to indirectly acknowledge and the *least* likely to hide.

Disclosure Choices Made to Coworkers (%)

A bar chart comparing Midwest, Northeast, South, West, and Outside across Hiding, Avoiding, Indirectly Acknowledging, and Directly Acknowledging.

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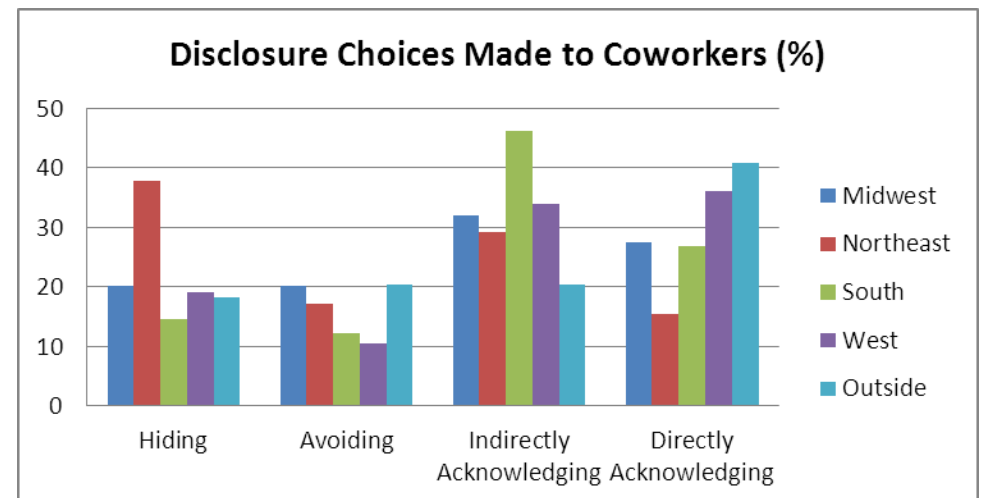
- *Are Disclosure Rates Influenced by Gender?* Overall, women in this sample directly disclosed to a lower percentage of coworkers (~28%), indirectly disclosed to a greater percentage of coworkers (~34%), and hid to lower percentage of coworkers (~20%), compared to men (~35%, ~20%, ~30%). Avoiding percentages were fairly similar across gender groups. Please note that the low overall number of male participants makes any conclusions based on this data only tentative.

Disclosure Choices Made to Coworkers (%)
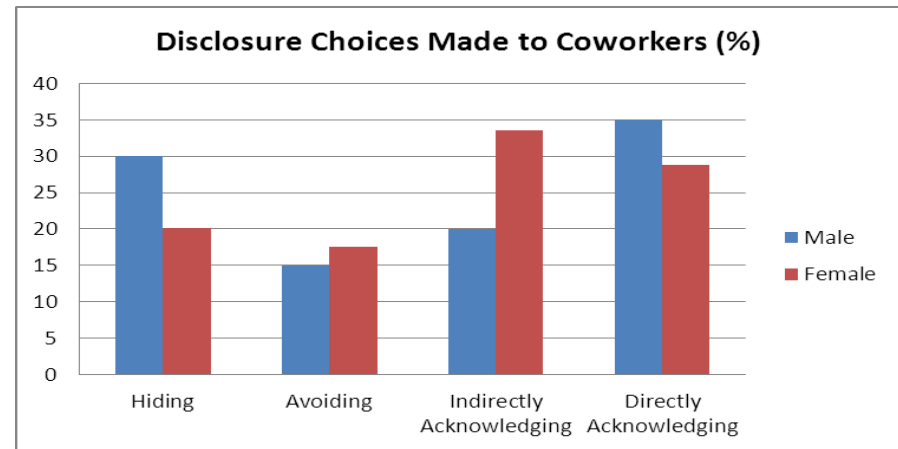
Mental-health Friendly Policies

- *How prevalent are policies and workplace climates that are friendly toward individuals with mental health diagnoses?* Many of the survey participants reported working in organizations that have a non-discrimination policy that includes mental health status (~41%) and provide accomodations for mental-health issues (~43%). However, approximately 50% of employees surveyed work in organizations that do not have diversity training that includes meantl health issues and 46% of employees work in organizations that have not shown support or participated in mental-health-related events. Importantly, 20-40 % of the sample reported not knowing whether their organization had one or more of these policies in place.

My Current Organization Provides...
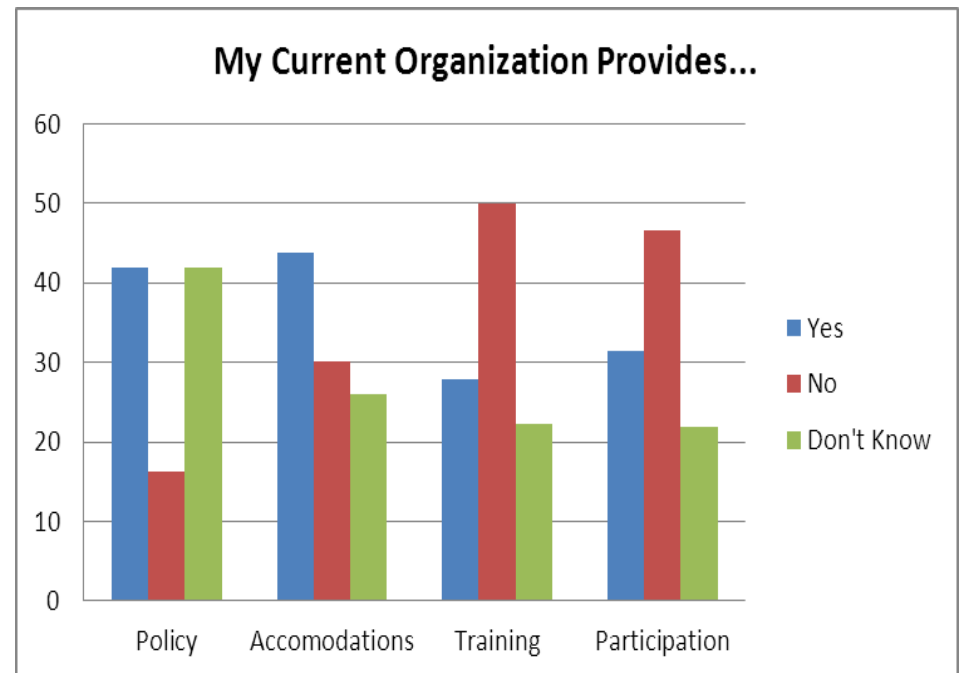
Conclusions

- **Disclosure is not just about hiding and disclosing:** Depression diagnosis disclosure is a complex process, in which decisions are not limited to complete disclosure or complete concealment. Many of the employees in this sample chose *avoidance* and *indirect acknowledgement* strategies with particular coworkers. In order to better understand the disclosure process for employees diagnosed with depression, one must also understand the full spectrum of strategies being used to convey (or not convey) one's mental health status.

- **Disclosure is not at matter of just *when*, but also a matter of *to whom*:** For many people, depression disclosure is a person-to-person decision process, rather than a choice of disclosing to everyone versus disclosing to noone. The majority of employees who completed this survey made *different disclosure decisions to different coworkers.* Depending on the relationship with that individual, they may have chosen to hide, avoid, indirectly acknowledge, or directly acknowledge their depression diagnosis. Counseling or advice to individuals diagnosed with depression regarding their disclosure at work could include issues of how to manage *disclosure discrepancy situations,* in which an individual has made different decisions to individuals in the same context (such as their workplace).

- **There is much room for *improvement* in and *awareness* of mental-health policies at work:** On the positive side, many employees reported that their organizations provided accomodations for individuals with mental health issues and also had a formal non-discrimination policy. For the U.S. employees in this sample, this suggests that these organizations are adhering to the Americans with Disabilities Act, although a small (but significant) percentage of these organizations may not be, as seen in the data. On the negative side, many employees reported working at organizations that did *not* have diversity training that included mental health issues and did not participate mental-health related events. Thus, a large percentage of these participants may not feel supported by their organizations, in terms of their mental health status. Also of concern, a large percentage of this sample also reported not knowing whether or not their particular organization had mental-health policies in place. Awareness of policies can provide employees with depression diagnoses with clues as to the values of their organizations and their adherence to mental health-related laws, make them knowledgeable of their own rights as an employee, and prepare them for potential reactions to their disclosure decisions. Advice on how to get information on organizational policies (especially for those who are deciding whether or not to disclose) could help decrease the number of unaware individuals.

Additional Resources

Baron, R. C. & Salzer, M. S. (2002). Accounting for unemployment among people with mental illness. *Behavioral Sciences and the Law, 20,* 585-599.

Corrigan & Mathews (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health, 12,* 235-248.

Diksa, E., & Rogers, S. E. (1996). Employer concerns about hiring persons with psychiatric disability: Results of the Employer Attitudes Questionnaire. *Rehabilitation Counseling Bulletin, 40*, 31-44.

Ellison, M. L., Russinova, Z., MacDonald-Wilson, K. L., & Lyass, A. (2003). Patterns and correlates of workplace disclosure among professionals and managers with psychiatric conditions. *Journal of Vocational Rehabilitation, 18*, 3-13.

Wang, J., Lai, D. (2008). The relationship between mental health literacy, personal contacts, and personal stigma against depression. *Journal of Affective Disorders, 110,* 191-196.