

## Employers' attitudes towards employing people with mental health conditions

### Dear Editor,

The advantages of employment for young people with mental health conditions (PMHC) are well known and documented,<sup>1</sup> but many remain unemployed. Besides offering monetary benefits, employment provides a better self and social identity, helps the person gain a sense of personal achievement, and enhances mental well-being. Being unemployed is a crucial risk factor for individuals' poor mental health. Several studies have explored employers' attitudes towards hiring PMHC,<sup>2,3</sup> with most studies reporting negative attitudes. Compared to Western employers, employers from Asian countries perceived PMHC as less loyal and having poorer work ethics.

Studies conducted in Singapore have found that stigma and discrimination were among the most mentioned employment concerns for young people with mental health conditions, and only 1 in 2 adults surveyed was willing to live nearby or work with a person with a mental health condition.<sup>4</sup> Singapore's unemployment rate was 3.8% in 2021, which is lower than other developed countries, such as the US' 5.4%.<sup>4</sup> Nevertheless, unemployment rates among PMHC remain higher than in those without mental health conditions.<sup>3</sup> PMHC felt discriminated by the requirement for declaration of their psychiatric history during job interviews and believed that they were procedurally removed from consideration. Employment support specialists in Singapore found that limited career options due to perceived stigma and high-performance expectations by employers often posed significant challenges for PMHC seeking employment as well as in sustaining their jobs.<sup>5</sup>

This was a cross-sectional study using convenience sampling to examine the attitudes among employers in Singapore towards hiring PMHC, and we explored sociodemographic and organisational correlates of these attitudes among employers. A 13-item questionnaire was adapted from the Shaw Trust Employment Survey<sup>6</sup> from the UK to examine the attitudes and a total of 151 respondents gave consent and completed the online structured questionnaire.

The majority of respondents were female (n=89, 58.9%), Chinese (n=122, 80.8%), married (n=119, 78.8%), and had tertiary education (n=116, 76.8%). The mean age of the sample was 42.1 ( $\pm 10.4$ ) with a range of 24 to 76 years.

Factor analysis revealed that a 2-factor solution was most optimal, for the scale. The 2 factors were named as negative attitudes and supportive workplace. Levels of agreement with each of the questionnaire statements are provided in Table 1. Results of the linear regression analyses revealed that compared to those who had close associates (work colleagues, clients) with mental health conditions compared to those who did not have close associates were associated with lower scores on the negative attitude factor ( $B = -2.5$ , 95% confidence interval [CI] -4.9 to -0.2,  $P=0.035$ ). While compared to females, males were associated with higher scores on the supportive workplace factor ( $B=1.5$ , 95% CI 0.004 -2.9,  $P=0.049$ ), and compared to those with tertiary education, those without tertiary education were associated with higher scores on the supportive workplace factor ( $B=1.7$ , 95% CI 0.1-3.4,  $P=0.039$ ).

Our study found that most employers in Singapore remained neutral (41.3%) when asked if organisations provided adequate support for managers dealing with staff who have mental health conditions. This suggests that despite multitudinous employment support programmes in Singapore, few catered for supporting employers to hire people with mental health conditions. About half of employers in the Singapore study sample disagreed (versus 10.6% agree) that managers/staff in their organisation have a good understanding of mental health conditions, whereas only 15% of UK employers disagreed (vs 63% agree)<sup>6</sup> with the statement. These findings reflect that there is ample room to increase efforts aimed at mental health education in workplaces in Singapore.

The study found a significant association between employers' negative attitudes towards PMHC and their experiences of working/interacting with colleagues/clients who had mental health conditions. Existing Singapore literature has found that educational programmes incorporating personal contact with PMHC effectively reduce personally held stigmatising beliefs and attitudes.<sup>7</sup> However, personal encounters with more severe mental health conditions may result in negative attitudes. Certain conditions need to be in place for practical contact-based learning experiences. Some of the requirements include the credibility of the speaker, relevance to the audience, and disclosure of personal struggles and successes in the area of employment.

Males, compared to females, were more supportive of individuals with mental health conditions in the workplace. They felt more comfortable talking about mental health at the workplace with employees as well as in interviews with applicants. There is mixed literature on sex differences in attitudes towards mental health conditions.<sup>8</sup> On the one hand, there is no association between sex and attitudes towards mental health conditions.<sup>8</sup> On the other, more negative attitudes are found among male managers than in female managers.<sup>9</sup> The study also found that employers without tertiary education were more supportive of individuals with mental health conditions at the workplace than employers with tertiary education. This contradicts a Singapore study,<sup>10</sup> which found that people with lower educational backgrounds tend to have more negative attitudes towards people with mental health problems. More research is needed to investigate the determinants of such a relationship.

The current study employed convenience sampling; thus, it is not representative, and the results cannot be generalised. In addition, there might be a social desirability bias, wherein the employers provided favourable answers.

The study findings provide evidence to policy and decision-makers when planning interventional programmes for stigma reduction. Incorporating contact with PHMC would be effective in reconstructing people's cognitive understanding and help de-stigmatisation. Tailoring the programmes to different sociodemographic groups should also be considered. Organisations should also be more proactive in engaging their employers with mental health wellness programmes (e.g. improving mental health literacy, and mental health first aid for staff) available in Singapore to make the working environment more conducive for PHMC.

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