

Abstract

Introduction: Research exploring the perceptions of people without a mental illness (PWOMI) on people with a mental illness (PWMI) is limited; opinions may discourage PWOMI from accommodating PWMI in the workplace. This study aimed to explore how employees with and without a mental illness from different work sectors in South Africa, rated the likelihood of people with a mental illness displaying specified characteristics.

Method: A quantitative, descriptive cross-sectional design was used. An online questionnaire was completed by participants with and without a mental illness, across South Africa, in the public, business, retail, manufacturing and construction sectors. T-tests were performed to find the difference between the two group's ratings; the impact of work sector, gender and age were examined.

Results: There was a significant difference ($p < 0.05$) for all 38 work characteristics. Work sector, age and gender contributed to the significant difference: the construction sector having 19 questions with $p > 0.05$, 35-46 year olds having 16 questions with $p > 0.05$ and males having 5 questions with $p > 0.05$.

Conclusion: People who do not have a mental illness rate people who do have a mental illness differently in specified work characteristics. However, the age, gender and work sector may have an impact on the rating accuracy.

Keywords: Mental illness, workplace, work characteristics, challenges

6

Introduction

According to the World Federation of Occupational Therapy (WFOT)¹, occupational therapy is a client-centered profession that aims to promote health and well-being through occupation.⁵ These occupations are described as everyday activities that individuals participate in to occupy their time and bring purpose and meaning to their life. For many adults, engaging in work is a main contributor to their life, thus, occupational therapists often focus on people's well-being in their working life².

9

A mental illness can be classified according to the Mental Health Care Act of South Africa³, as "a positive diagnosis of a mental health related illness in terms of an accepted diagnostic criteria made by a mental health care practitioner authorised to make such diagnosis" (p. 10).

In the latest statistics completed⁴, around one-third of the South African population is living with a psychiatric illness⁵.¹⁹ According to the World Health Organisation (WHO)⁶, people who suffer from mental health problems often face difficulties at work, which may include; conflicting demands in home and work life, workload, decreased input and control in the workplace, lack of acknowledgement at work, repetitive tasks, poor interpersonal relationships, uncertainty of their role, poor direction and communication from supervisors and/or conflict with other colleagues.⁴¹ As a result, people who suffer from a mental illness often struggle to engage in work⁷.

Literature Review

Mental Health in the Workplace

Mental illness can affect one's cognitive functioning, including, memory, attention, thinking, concentration, problem solving and reasoning^{8, 9}. People with a mental illness often take medication, which further impacts their cognitive functioning due to the side effects they could experience. This may include fatigue, restlessness, lethargy, drowsiness and memory lapse⁹.²¹ These side effects, as well as the symptoms of their diagnosis, make it difficult for people with a mental illness to cope with the demands of work. Coping skills, modifications and compensatory techniques are often used to help accommodate people with a mental illness in their work tasks and demands^{11, 12}.

28

The appropriate handling and accommodation of people with a mental illness in the workplace, is often a struggle for companies in South Africa, which impacts on the return to work and reintroduction to work process. Maia et al.¹³ questioned employers in South Africa about their experiences in accommodating disabled people in the workplace and the barriers that they face. Their findings showed that the employers lacked adequate knowledge, understanding

and awareness of disability, which contributed to the ineffective integration of people with disabilities into the working force. They also found that although the South African legislation encourages and enforces a quota of employment of disabled people, the employers had difficulty in meeting these requirements due to the struggle of locating skilled and qualified people with disabilities.

Sharac et al.¹⁴ conducted a systematic review regarding the stigma and discrimination that people with a mental illness face in their work setting and the economic impact that it has on the companies they are working in. They concluded that stigma and discrimination towards employees with a mental illness had a negative impact on the employees, their income, the views regarding resource allocation and the healthcare costs. They found a large negative economic effect for the employees with a mental illness, as well as the companies that they worked in. They also found that intervention, to reduce and prevent stigma, in the workplace, to be economically beneficial. In a study conducted by Schulze and Angermeyer¹⁵, they questioned participants, who have schizophrenia, regarding their experiences of stigma. When discussing the working environment, the participants reported that they tended to avoid their colleagues and isolate themselves as they were being treated differently and noticed the stigma attached to their illness. They also highlighted that they did not discuss their mental health with their colleagues and found that no one in their environment talked about mental health. These experiences that the participants faced are common problems that people with mental illnesses encounter in their daily working life, which is what Sharac et al.¹⁴ also found in their systematic review.

Even though the process of obtaining and maintaining a job is hard for people with a mental illness, different studies^{16, 17} have shown that employees with a mental illness are more determined than those without a mental illness to engage in work. Employees with mental illnesses are able to identify their struggles and concerns but are determined to try and make accommodations and changes to help them succeed^{16, 17}. This emphasises the point that being engaged in work and participating in a job is both beneficial and important to people with mental illnesses and should not be overlooked in their rehabilitation.

Employers' Views of People with a Mental Illness in the Workplace

In order to correctly place a person with a mental illness in a job post, occupational therapists provide vocational rehabilitation¹⁸. Often, work site visits are conducted to ensure that it is a supporting and facilitating environment to work in¹⁸. Reasonable accommodations are often created during the work site visit to see what changes need to be made to employee's work setting to allow for optimal results in their work performance¹⁸. This is consistent with the work

of Waddell and Burton¹², which explained that in order for well-being and optimal performance to be executed in a workplace, an employee needs to be in the correct and ideal setting and type of work. These changes need to be supported by the employers and colleagues, to strive for follow through being reached and adherence to the program. According to the Employment Equity Act 1998 No. 55 of South Africa (p. 5), “employers should reasonably accommodate the needs of people with disabilities. The aim of the accommodation is to reduce the impact of the impairment of the person's capacity and to fulfil the essential functions of a job”. Even though it is in the legislation of South Africa to accommodate employees, employers often struggle to do so¹⁸. The views and expertise of the employers are often not consulted with, which causes a power struggle between the employers, the employees with the mental illness and the occupational therapists¹⁹.

Gap of Knowledge and Justification of Research

There is limited literature available regarding the view, thoughts or struggles of dealing with and accommodating employees who suffer from a mental illness. As stated above, occupational therapists often provide reasonable accommodations in the workplace of people with a mental illness to ensure productivity and success at work. There is, however, a lack of follow through with these plans and suggestions, as limited buy-in is given by the employee's colleagues and employers. This may be due to insufficient knowledge and understanding of the challenges that the employees with mental illness face, however, there is limited research in this area. There is also currently no available literature in the South African context regarding employees with a mental illness in the workplace. Thus, research on this topic could be beneficial to many healthcare practitioners working with mental health patients who use vocational rehabilitation interventions.

Research Question

How do employees with and without a mental illness and from different work sectors in South Africa, rate the likelihood of people with a mental illness displaying specified characteristics at work?

Research Aims

1. To compare the ratings of the work characteristics between the participants with a mental illness and those without a mental illness
2. To determine whether the work sector, gender and age of the participants impacts the difference in ratings between the two groups.

Research Methodology

Research Design

A quantitative research design was conducted; data was collected using a Likert-scale questionnaire. This study called for a large sample size, for a better and more applicable conclusion to be drawn. The research was needed within the South African context with regards to mental health in the workplace, as research¹⁹ has shown that evidence from quantitative studies is more likely to be implemented. A descriptive cross-sectional design was used as the study aimed to describe the differences between two groups at one point in time and the participants only completed the questionnaire once²¹.

Sample

According to the most recent statistics completed in South Africa⁴, the top five working sectors are public (which includes health, social services, education, government and recreation), business, retail, manufacturing and construction. The participants without a mental illness (PWOMI) and the participants with a mental illness (PWMI) were sourced from these working sectors. 227 from the public sector (80 PWMI and 147 PWOMI), 222 from the business sector (77 PWMI and 145 PWOMI), 99 from the retail sector (42 PWMI and 57 PWOMI), 99 from the manufacturing sector (42 PWMI and 57 PWOMI) and 79 from the construction sector (30 PWMI and 49 PWOMI), totalling to 726 participants (271 PWMI and 455 PWOMI).

Participants were recruited via the human resources department at companies who were willing to distribute the questionnaire and completed a consent letter in which they agreed to distribute the research to their employees. Participants were also recruited via social media platforms, *Facebook*, *WhatsApp* and *LinkedIn*, by the researcher and by friends and family of the researcher

Inclusion Criteria

PWMI:

Participants working in the public, business, retail, manufacturing or construction sectors in South Africa who had a mental illness which had been diagnosed by a health care practitioner authorised to do so.

PWOMI:

Participants working in the public, business, retail, manufacturing or construction sectors in South Africa, who had worked with a person who has a mental illness in their workplace in the past year and did not have a mental illness.

Measurement

A cross-sectional online questionnaire based on a previously piloted questionnaire^{22, 23} was used to obtain the data for this study. Content validity and comprehensiveness was determined for the questionnaire and proved to be a valid questionnaire for the retrieval of information for characteristics that are present in the workplace²³. An information sheet was attached to the questionnaire for the participants to read and understand what is expected from them. The questionnaire was made up of two parts:

Part one: Demographics

This section had four questions that were added to the original questionnaire. Three of the four questions were the same on the questionnaire for PWMI and PWOMI, which were the age, gender and working sector of the participants. These questions were formatted as multiple-choice questions. Age was broken down into the intervals; 18-25, 26-35, 36-45, 46-55 and 56-65 years old. Gender had male, female and unspecified options. The five working sectors of public, business, retail, manufacturing and construction were listed. Question four differed for the two questionnaires. For the PWMI, question four was their diagnosis, and for the PWOMI, the time since they worked with **a person who has a mental illness** in their work sector, was question four. These four questions were included to explain the type of participants that were included in the study, and for analysis take place. This allowed the researcher to determine the impact that the participants' age, gender and working sector had on the mean rating difference.

Part two: Work characteristics

Each question stated a characteristic in the workplace (table 1), with a 5-point Likert scale with a midpoint of 3, "some challenge" and end points of 1, "no challenge", and 5, "big challenge". Both the PWMI and the PWOMI had the same characteristics on their questionnaire, with the beginning question differing (PWMI questionnaire: *rate these characteristics to how much of a challenge they are to you in your workplace*. PWOMI questionnaire: *rate these characteristics to how much of a challenge **a person with a mental health illness** will have in your workplace*).

The questionnaire was pilot-tested on four participants in each sector (two PWMI and two PWOMI), giving a total of twenty pilot participants. The questions were easily understood, with no ambiguity and the research aims were able to be answered with the results. Thus, no revisions to the questionnaire were needed.

Data Collection

7

Data was collected via an online questionnaire, using the online *Survey Monkey* program, which was sent out to participants across South Africa.

Data Analysis

Descriptive statistics, including frequencies, was applied to the demographics collected, so to present the data as related to the participant's age group, gender, working sector, diagnosis and time since the PWOMI worked with a PWMI in their workplace.

The null hypothesis established was that the mean scores, of each question/characteristic, of the PWOMI and the PWMI were equal, making the alternative hypothesis that they were unequal. Three other null hypotheses relating to the impact that gender, age and work sector had on the mean ratings were also tested, with mean ratings established as unequal for the rejection of the null hypothesis.

Parametric, independent sample t-tests were used to compare differences between the two questionnaires, owing to the large sample size and the normal distribution of the data²⁴. The data was classified as normally distributed as the mean, median and mode were of similar value²⁴. If the probability value (p-value) was <0.05 , it was concluded that the means of the PWMI and PWOMI had a significant difference from each other, thus rejecting the null hypothesis. Levene's Test for Equality of Variance was performed on the data. If $p>0.05$, variance was assumed to be equal, but if $p<0.05$, variance was assumed as unequal, thus resulting in a corresponding t-value. The data was first treated as a whole to compare the results of the PWMI to the results of the PWOMI. The data was then split into working sector, gender and age, to see if these factors impacted the difference in the ratings.

No data was excluded from the data set and it was analysed using the SPSS Software Program, version 24.0.

Ethics

Ethical clearance was applied for and received from the Human Science Research Council (HSRC) of South Africa, ethical clearance number REC 6/22/08/18. Autonomy was implemented by making the participation in the study voluntary and not forcing anyone to participate. Confidentiality was followed by not requesting any identifying information from the participants on the questionnaires. There was also no way to connect the participants to their answered questionnaire as an online format and program was used.

Results

The Sample

Table 2 represents the demographics of the participants. The frequency of the gender, age group, work sector, time since PWOMI worked with PWMI and diagnosis, is represented. There were more female participants, in both groups, PWMI (76.8%) and PWOMI (67.7%). In the age groups, both the PWMI and the PWOMI had the mode age group of 26-35 years old (28.8% and 25.9% respectively). In the working sectors, the frequencies of participants in each sector, for both PWMI and PWOMI, followed the hierarchy of frequencies as the population of South Africa does, with the public sector being first (PWMI 29.5%, PWOMI 32.3%), followed by the business sector (PWMI 28.4%, PWOMI 31.9%), the retail sector (PWMI 15.5%, PWOMI 12.5%), the manufacturing sector (PWMI 15.5%, PWOMI 12.5%) and lastly, the construction sector (PWMI 11.1%, PWOMI 10.8%). Majority of the PWOMI (38.2%) had worked with a person who has a mental illness in their workplace in the past 9-12 months. Following close behind, 37.4% of the participants reported to having worked with a person with a mental illness in their workplace this month. The mode diagnosis reported by the PWMI was major depressive disorder (43.3%) with General Anxiety Disorder being second (32.9%) and Bipolar Mood Disorder being third (12.1%). The remainder diagnoses made up only 11.7% of the sample.

Comparison of PWMI to PWOMI

The significant value (p-value) was found to be <0.05 for all 38 questions when the mean ratings of the PWMI was compared to the mean ratings of the PWOMI. This means the null hypothesis, that the means of the two groups are equal, is rejected, thus showing that there is a significant difference between the results of the two groups. Question 25, requiring supervision, had the greatest difference in mean, with having problem-solving skills (question 5) the second, and showing adequate judgement (question 26) the third greatest mean difference. Question 20, withdrawing others, had the lowest mean difference between the two groups.

Comparison of PWMI to PWOMI in Each Working Sector

Table 3 represents the results of the t-test when the PWMI and PWOMI mean ratings were compared, within each working sector. Over the five working sectors, the business sector had no questions rated similarly, between the PWMI and the PWOMI as $p < 0.05$ for all 38 questions. The public sector had only two similar questions, with the manufacturing sector having five. The retail and construction sectors had the most similar ratings with 16 and 19 ratings having $p > 0.05$ respectively. This means that the PWOMI who worked in the construction sectors, were able to rate the PWMI better than the other four sectors, having 19 of the questions with a similar mean and $p > 0.05$. The mean difference between the questions

are different between each working sector, with the construction sector having the lowest difference.

Comparison of PWMI to PWOMI in Each Gender

Results show that the female PWOMI are unable to rate the PWMI in any of the work characteristics, as the $p < 0.05$ for all 38 questions, showing a significant difference in their means. However, table 4 shows the results of the male PWOMI who were able to rate the PWMI correctly in five of the work characteristics. This shows that gender has a slight impact on the ratings, as only five out of the 38 questions had a $p > 0.05$ in the males. For majority of the questions (32 out of 38), the mean difference was greater in the females, than in the males.

Comparison of PWMI to PWOMI in Each Age Group

Table 5 represents the results of the t-test where the PWMI and PWOMI mean ratings were compared, within each age group. Over the five age groups, age 26-35 and 56-65 years old had no questions rated similarly, between the PWMI and the PWOMI as $p < 0.05$ for all 38 characteristics. The 18-25 age group had five questions with similar means while the 46-55 years age group had six. The 36-45 years age group had the most similar ratings with 19 ratings $p > 0.05$. This means that the PWOMI who are aged 36-45 years, were able to rate the PWMI better than the other four age groups, having 19 of the questions with a similar mean and high p-value. The mean difference between the questions are different between each age group, with the 36-45 year old's having the lowest difference.

Discussion

This study provides insight into the perception and understanding that employees who do not have a mental illness have on employees who do have a mental illness, in the workplace. The main findings of this study are that PWOMI and PWMI rated the work characteristics differently and the work sector, gender and age group of the participants impact the difference in ratings.

When rating the work characteristics, PWOMI rated handling criticism without emotional upset, controlling emotions and resolving conflicts as the greatest challenge that PWMI have in the workplace. Furthermore, PWMI rated handling criticism without emotional upset, controlling emotions and withdrawing from others as their greatest challenge. Although, handling criticism without emotional upset and controlling emotions were the top two characteristics for both groups, the ratings differed between them, showing a difference in perception and intensity towards how much of a challenge these characteristics are for PWMI. PWOMI often have limited knowledge and education regarding mental illness, thus relying on stereotypes for information²². These higher ratings may suggest that the PWOMI are interpreting or

understanding their colleagues, who have a mental illness, incorrectly and worse than they are. This may be due to the understanding of the intensity of emotional upset during criticism from the perspective of the colleague without a mental illness, to the employee with a mental illness, which may explain the difference in ratings. Studies have shown that there is a link between emotional regulation and mental health and well-being²⁵. In the sample group of this study, majority of the participants had a mood related diagnosis, thus the rating of controlling emotions is anticipated to be a higher challenge. Again, the understanding of the intensity of controlling emotions differs from the PWOMI to the PWMI.

Stigma towards people with a mental illness is a universal struggle faced by many in the workplace²⁶. This may limit the transparency that people with a mental illness are with their diagnosis and the struggles that they are facing in the workplace. This could explain the incorrect perception that PWOMI have about PWMI, as they are receiving a limited amount of information and a lesser understanding of their colleagues or employees with a mental illness. Many South Africans still have the belief that a mental illness is a result of a demonic possession²⁷. As a result, many people are unable to admit to having a mental illness and discussing it with their support system. This may also affect the perception that PWOMI have on those with a mental illness as their lack of understanding towards mental illness impacts the way in which they view a mental illness and the real struggles that people who have a mental illness face in their everyday life. Cockburn et al.²⁸ support this finding, as their research was based on understanding the stigma around mental illness and employment. They found that there were five assumptions made in the workplace regarding workers with a mental illness. These were (1) the assumption of incompetence, (2) the assumption of dangerous and unpredictability, (3) the belief that mental illness is not a legitimate illness, (4) the belief that working is unhealthy for persons with mental disorders, and (5) the assumption that employing these individuals represents an act of charity inconsistent with workplace needs.

In this study, five different working sectors were explored. There was a significant difference for all 38 questions for the participants who work in the public sector. It is expected that these participants would have a higher knowledge of mental illness as the topic of mental illness is covered in their studies and training. However, the PWOMI in this sector were unable to correctly rate the characteristics that PWMI face at work. The sector that had the least significant difference between the means was the construction sector. The participants in this sector often don't have any tertiary education, but rather practical training. Their formal education regarding people with a mental illness is less than those people who work in the public or business sector. However, people who have a mental illness, with no formal education or training, would work in jobs that fall in the construction sector, so the exposure

49 to people with a mental illness may be greater than those who work in the other sectors. This may explain the construction sector having the least characteristics with a significant difference in the mean ratings.

25 According to the WHO⁶, the prevalence of depression is more common in women than in men. 48 They have also stated that the intensity and persistence is higher in women than in men 7 (although more research is needed to confirm this). This study yielded results that showed that there was a significant difference in the means of all 38 work characteristics between the female PWOMI and the female PWMI. Conversely, in five of the work characteristics, the male PWOMI did not have a significant difference between the mean ratings to those male PWMI. Although research and statistics have shown that mental illness is more common in women than in men^{6, 29, 30}, this study showed that the male PWOMI were able to correctly rate the male PWMI in five of the work characteristics, suggesting that male PWOMI are more understanding and aware of PWMI in the workplace, than woman PWOMI are.

When looking at the effect that the age group has on the difference in the mean ratings between the two groups, the participants who were 30 in the age group of 36-45 years had the most questions with similar mean ratings. They had 19 out of the 38 characteristics with no significant difference. These participants may have more work experience and thus more exposure to people who have a mental illness. Typically, at a company, employees who are in the 36-45 years age group are in managerial positions and are accustomed to assisting and guiding their subordinates. This may explain the better understanding and perception that they have on people 10 with a mental illness. The youngest age group, 18-25 years old, had five characteristics with no significant difference in the mean ratings. Currently, there are many campaigns²⁶ and increased awareness towards people with a mental illness on social media. This age group is most active on social media and their awareness and exposure to mental illness is better, thus explaining the better rating than some of the other age groups. The participants in the 26-35 years old age group have most likely 47 just started working or have a few years work experience, thus their association with people with a mental illness is much less, thus explaining all 38 questions with a significant difference in the mean ratings. The participants aged in the oldest age group, 56-65 years, also had all 38 questions with a significant difference in the mean ratings. Although they are expected to have the most work experience in the sample, thus more exposure to 11 employees with a mental illness, the discussion of mental illness is a recent subject in society. In the past, mental illness was a taboo topic³¹ with a negative connotation attached to it, thus minimal awareness and understanding may explain the significant difference between the means of the work

characteristics in the older age group. These participants have only recently started becoming aware and more accommodating of people with a mental illness.

These results have a positive implication in occupational therapy practice, as reasonable accommodations for people with a mental illness often need to be made at their work¹⁸. Although there was a significant difference in all 38 characteristics, PWOMI, can identify some of the struggles that PWMI are having in the workplace, although the intensity of them differs. Possible resolutions to this would be more education and awareness of mental illness in the workplace for a better understanding of the struggles and challenges that people with a mental illness face. Focus can be applied to PWOMI that are females, working in the public and business work sectors and are 26-35 and 56-65 years old. Possible research could be a qualitative approach to interview PWOMI and see what education or information they need to better accommodate and understand PWMI in the workplace. Other research could focus on PWMI or PWOMI separately and see their ideas and suggestions for change and accommodations in their workplace for a better cohesion and understanding between PWOMI and PWMI.

Limitations

Not all diagnoses are present in the sample and the frequency of some of the diagnoses were limited, thus impacting the generalisability of the study. The questionnaire needed to be completed online, therefore needing internet access. Not all of South African citizens have access to internet, which therefore limited participants in some of the working sectors, mainly construction and manufacturing. The intensity of a person's diagnosis may impact the amount of challenge or struggle that they face in their workplace. The visibility of their symptoms may also influence the way PWOMI view them and their understanding of their functioning. The intensity of the diagnosis was not taken into account, which may have further explained the ratings.

Participants in South Africa, who work in construction and manufacturing, are workers on building sites. Often, they do not have access to phones or computers to complete questionnaire, therefore minimal responses were found in this sector. Printed questionnaires may have allowed for inclusion of more data from these sectors. The underlying perceptions and ideas were not explored as a quantitative approach was used and not a qualitative approach, thus limiting the amount of reasoning given to the selection of the ratings for the participants.

The effect size of the data was not calculated to show the magnitude of the phenomenon of the mean differences between PWOMI and PWMI. However, it is not expected that this would affect or influence the results of the study as a large sample was used with high significant values found to reject the null hypothesis.

Conclusion

It can be concluded that PWOMI are unable to identify and rate the challenges that PWMI face in the workplace. Although, the age, gender and work sector may impact on the significant difference as PWOMI who were male, working in construction and in the 36-45 age group, were able to rate PWMI more accurately. These results have a positive implication in occupational therapy practice, as reasonable accommodations for people with a mental illness often need to be made at their work and this research gives insight on people who have a mental illness in the workplace.

Reference List

1. WFOT WFOOT. Occupational Therapy. [Online].; 2018 [cited 2019 June 4. Available from: <http://www.wfot.org/AboutUs/AboutOccupationalTherapy/DefinitionofOccupationalTherapy.aspx>
2. Désiron HA, de Rijk A, Van Hoof E, Donceel P. Occupational therapy and return to work: a systematic literature review. BMC Public Health. 2011 December; 11(1): 615. <https://doi.org/10.1186/1471-2458-11-615>
3. The Republic of South Africa. The Mental Health Care Act. Act No. 17. Government Gazette. 2002 November; 449(24024): 10.
4. STATS SA. Quarterly employment statistics. Statistical Release. Pretoria: Republic of South Africa, Statistics South Africa; June 2018. Report No.: P0277.
5. Tromp B, Dolley C, Laganparsad M, Govender S. SA's Sick State of Mental Health. The Sunday Times. 2014 July 6: p. 1-4.
6. WHO. WHO. [Online].; 2019 [cited 2019 June 4. Available from: https://www.who.int/mental_health/prevention/genderwomen/en/.
7. Blank L, Peters J, Pickvance S, Wilford J, MacDonald E. A Systematic Review of the Factors which Predict Return to Work for People Suffering Episodes of Poor Mental Health. Journal of Occupational Rehabilitation. 2008 March; 18(1): 27-34. <https://doi.org/10.1007/s10926-008-9121-8>
8. Wykes T, Huddy V, Cellard C, McGurk S, Czobor P. A Meta-Analysis of Cognitive Remediation for Schizophrenia: Methodology and Effect Sizes. The American Journal of Psychiatry. 2011 May; 168(5): 472-485. <https://doi.org/10.1176/appi.ajp.2010.10060855>
9. Spaulding W, Sullivan M. From laboratory to clinic: psychological methods and principles in psychiatric rehabilitation. In RP L, editor. Handbook of Psychiatric Rehabilitation. Boston: Allyn & Bacon; 1992. P. 30-55.
10. Kvaale E, Haslam N, Gottdiener WH. The 'side effects' of medicalization: A meta-analytic review of how biogenetic explanations affect stigma. Clinical Psychology Review. 2013 August; 33(6): 782-794. <https://doi.org/10.1016/j.cpr.2013.06.002>
11. McDowell C, Fossey E. Workplace Accommodations for People with Mental Illness: A Scoping Review. Journal of Occupational Rehabilitation. 2015 March; 25(1): 197-206. <https://doi.org/10.1007/s10926-014-9512-y>
12. Waddell G, Burton K. Is work good for your health and well-being? Norwich: The Stationery Office; 2006.
13. Maja P, Mann W, Sing D, Steyn A, Naidoo P. Employing people with disabilities in South Africa. South African Journal of Occupational Therapy. 2011; 41(4): 24-32.
14. Sharac J, Mccrone P, Clement S, Thornicroft G. The economic impact of mental health stigma and discrimination: A systematic review. Epidemiology and Psychiatric Sciences. 2010 September; 19(3): 223-232. <https://doi.org/10.1017/S1121189X00001159>
15. Schulze B, Angermeyer M. Subjective experiences of stigma. A focus group study of schizophrenic patients, their relatives and mental health professionals. Social Science & Medicine. 2003 January; 52(2): 299-312. [https://doi.org/10.1016/S0277-9536\(02\)00028-X](https://doi.org/10.1016/S0277-9536(02)00028-X)

16. Leufstadius C, Eklund M, Erlandsson L. Meaningfulness in daily occupations among individuals with persistent mental illness. *Journal of Occupational Science*. 2009 April; 15(1): 27-35. <https://doi.org/10.1080/14427591.2008.9686604>
17. Eklund M, Hansson L, Bejerholm U. Relationships between satisfaction with occupational factors and health-related variables in schizophrenia outpatients. *Social Psychiatry and Psychiatric Epidemiology*. 2001 April; 36(2): 79-83. <https://doi.org/10.1007/s001270050293>
18. Roley S, DeLany J, Barrows C, Honaker D, Sava D, Talley V. Occupational Therapy Practise Framework: Domain & Process 2nd Edition. *The American Journal of Occupational Therapy*. 2014 November; 62(6): 625. <https://doi.org/10.5014/ajot.62.6.625>
19. Khalema N, Shankar J. Perspectives on Employment Integration, Mental Illness and Disability, and Workplace Health. *Advances in Public Health*. 2014; 2014: 1-7. <https://doi.org/10.1155/2014/258614>
20. Yilmaz K. Comparison of Quantitative and Qualitative Research Traditions: epistemological, theoretical, and methodological differences. *European Journal of Education*. 2013 June; 48(2): 311-325. <https://doi.org/10.1111/ejed.12014>
21. Kielhofner G. Descriptive Quantitative Designs. In Kielhofner G. *Research in Occupational Therapy - Methods of Inquiry for Enhancing Practice*. Philadelphia: F. A. Davis Company; 2006. P. 58-64.
22. Hand C, Tryssenaar J. Small business employers' views on hiring individuals with mental illness. *Psychiatric Rehabilitation Journal*. 2006; 29(3): 166-173. <https://doi.org/10.2975/29.2006.166.173>
23. Diksa E, Rogers E. Employer concerns about hiring persons with psychiatric disability: results of the employer attitude questionnaire. *Rehabilitation Counseling Bulletin*. 1996 September; 40(1): 31-44.
24. Tomita M. Methods of Analysis: From Univariate to Multivariate Statistics. In Kielhofner G. *Research in Occupational Therapy: Methods of Inquiry for Enhancing Practice*. Philadelphia: F. A. Davis Company; 2006. P. 243.
25. Arndt J, Fujiwara E. Interactions Between Emotion Regulation and Mental Health. *Austin Journal of Psychiatry and Behavioral Sciences*. 2014 May; 1(5): 1-8.
26. Mental Health Foundation. Mental Health Foundation. [Online].; 2019 [cited 2019 June 5. Available from: <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>.
27. Mamacos E. careers24. [Online].; 2016 [cited 2019 June 5. Available from: <https://careeradvice.careers24.com/career-advice/work-life/mental-illness-disability-south-africa-workplace-20160601>
28. Krupa T, Kirsh B, Cockburn L, Gewurtz R. Understanding the stigma of mental illness in employment. *Work*. 2009 January; 33(4): 413-425. <https://doi.org/10.3233/WOR-2009-0890>
29. Meintjes I, Field S, van Heyningen T, Honikman S. Creating capabilities through maternal mental health interventions: A case study at Hanover Park, Cape Town. *Journal of International Development*. 2015 March; 27(2): 234-250. <https://doi.org/10.1002/jid.3063>
30. Herman A, Stein D, Seedat S, Heeringa S, Moomal H, Williams D. The South African Stress and Health (SASH) study: 12-month and lifetime prevalence of common mental disorders. *South African Medical Journal*. 2009; 99(5): 339-344.

31. Stuart H. Fighting the stigma caused by mental disorders: past perspectives, present activities, and future directions. *World Psychiatry*. 2008 October; 7(3): 185-188.
<https://doi.org/10.1002/j.2051-5545.2008.tb00194.x>

ORIGINALITY REPORT

14%

SIMILARITY INDEX

7%

INTERNET SOURCES

6%

PUBLICATIONS

12%

STUDENT PAPERS

PRIMARY SOURCES

1	eprints.utas.edu.au Internet Source	2%
2	Submitted to Victoria University of Wellington Student Paper	1%
3	"Vocational Rehabilitation and Mental Health", Wiley, 2010 Publication	1%
4	Submitted to University of East London Student Paper	<1%
5	Submitted to University of Witwatersrand Student Paper	<1%
6	Submitted to Tung Wah College Student Paper	<1%
7	Submitted to Loughborough University Student Paper	<1%
8	hdl.handle.net Internet Source	<1%
9	repository.up.ac.za	

Internet Source

<1%

10

Submitted to University of Western Sydney

Student Paper

<1%

11

ccsenet.org

Internet Source

<1%

12

Julie T. Irish, Judith A. Hall. "Interruptive patterns in medical visits: The effects of role, status and gender", Social Science & Medicine, 1995

Publication

<1%

13

Submitted to University of the Western Cape

Student Paper

<1%

14

link.springer.com

Internet Source

<1%

15

Submitted to Middle Tennessee State University

Student Paper

<1%

16

Submitted to University of Cambridge

Student Paper

<1%

17

Doxa Papakonstantinou. "Why should employers be interested in hiring people with mental illness? A review for occupational therapists", Journal of Vocational Rehabilitation, 2018

Publication

<1%

18

Submitted to Mancosa

Student Paper

<1%

19

Submitted to University of South Africa

Student Paper

<1%

20

Submitted to University of Pretoria

Student Paper

<1%

21

Submitted to Arkansas Tech University

Student Paper

<1%

22

Submitted to University of Wales, Lampeter

Student Paper

<1%

23

Submitted to Harper Adams University College

Student Paper

<1%

24

Submitted to University of Auckland

Student Paper

<1%

25

Submitted to University of Johannesburg

Student Paper

<1%

26

www3.halton.gov.uk

Internet Source

<1%

27

www.upol.cz

Internet Source

<1%

28

Submitted to Argosy University

Student Paper

<1%

29

Submitted to King's College

Student Paper

<1%

30 www.iisc.ernet.in <1%
Internet Source

31 Submitted to The Chicago School of Professional Psychology <1%
Student Paper

32 mchandaids.org <1%
Internet Source

33 livrepository.liverpool.ac.uk <1%
Internet Source

34 scholar.ufs.ac.za:8080 <1%
Internet Source

35 Shenghua Jin, Hector W.H. Tsang, Yuna Jiang, Mandy W.M. Fong, Patrick W. Corrigan. "Comparing and Contrasting Employers' Concerns on People with Substance Abuse in Beijing, Hong Kong and Chicago", The Australian Journal of Rehabilitation Counselling, 2015 <1%
Publication

36 Submitted to University of Central England in Birmingham <1%
Student Paper

37 [Handbooks in Health Work and Disability, 2015.](#) <1%
Publication

Submitted to National Law School of India

38

University, Bangalore

Student Paper

<1%

39

Patrizia Villotti, Marc Corbière, Ellie Fossey, Franco Fraccaroli, Tania Lecomte, Carol Harvey. "Work Accommodations and Natural Supports for Employees with Severe Mental Illness in Social Businesses: An International Comparison", Community Mental Health Journal, 2016

Publication

<1%

40

www.hindawi.com

Internet Source

<1%

41

Submitted to The Moraitis School

Student Paper

<1%

42

Submitted to Doncaster College, South Yorkshire

Student Paper

<1%

43

S Romanella, Mirella. "Employee Mental Illness: Moving Towards a Dominant Discourse in Management & HRM", International Journal of Business and Management, 2014.

Publication

<1%

44

Submitted to University of Hong Kong

Student Paper

<1%

45

"Work Accommodation and Retention in Mental Health", Springer Science and Business Media

<1%

LLC, 2011

Publication

46

Janki Shankar, Constance A. Barlow, Ernest Khalema. "Work, Employment, and Mental Illness: Expanding the Domain of Canadian Social Work", Journal of Social Work in Disability & Rehabilitation, 2011

Publication

<1%

47

Submitted to Massey University

Student Paper

<1%

48

Submitted to University of Edinburgh

Student Paper

<1%

49

"Mental Health Economics", Springer Science and Business Media LLC, 2017

Publication

<1%

50

Janki Shankar, Lili Liu, David Nicholas, Sharon Warren et al. "Employers' Perspectives on Hiring and Accommodating Workers With Mental Illness", SAGE Open, 2014

Publication

<1%

51

Nene Ernest Khalema, Janki Shankar. "Perspectives on Employment Integration, Mental Illness and Disability, and Workplace Health", Advances in Public Health, 2014

Publication

<1%