"Running a Race with Legs That Don't Work": Mental Illness and the Experience of Seeking Employment

by

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Dedication

This thesis is dedicated to the individuals who volunteered their time to share their stories with me. They shared their struggles and their successes with me in hopes of improving the job seeking experience for others.

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Abstract

Individuals with mental illness face higher than average rates of unemployment and unemployment is associated with adverse effects. Job seeking can be difficult for individuals with mental illness as they often face stigma and other barriers. The aim of this study was to understand the experience of job seeking for individuals with mental illness. This thesis used a phenomenological methodology to explore this experience. Eleven individuals with mental illness were recruited to participate in interviews about their experiences of seeking employment. Themes included barriers to seeking employment, negative experiences associated with job seeking, the issue of disclosure, the importance of work and supports. Many of the barriers identified in this study have been identified before which leads to the question of why they continue to persist. Despite facing many barriers, individuals with mental illness want to find work. Work may even hold special meaning for individuals with mental illness.

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Chapter 1: Introduction

Individuals living with mental illness experience higher rates of unemployment compared to individuals with no disability and even compared to individuals with other disabilities (Statistics Canada, 2012a). This is important as one in five Canadians are estimated to be living with a mental illness (Mental Health Commission of Canada, 2013). While not all individuals want or are able to work, for many it is a source of meaning and pride (Reed, Hocking, & Smythe, 2010). This is also the case for individuals with mental illness as there are many benefits that employment provides including improved self-esteem, social connections, and sense of autonomy (Brucker & Doty, 2018; Modini et al., 2016; Stuart, 2007; Torres Stone, Sabella, Lidz, McKay, & Smith, 2018). Conversely, unemployment has negative effects such as financial difficulties and perceived loss of control (Stuart, 2007). People with mental illness may face higher rates of unemployment due to a number of barriers during the job seeking process. Mental illness, according to the American Psychiatric Association (n.d.), refers to diagnosable mental disorders which are health conditions characterised by significant changes in thinking, emotion, and/or behaviour that affect social, work, or family functioning. Due to the variety of mental illness diagnoses, symptoms vary greatly.

While not all individuals want to work, employment has been identified as having implications for health for all people, regardless of mental health status. Mikkonen and Raphael (2010) identified fourteen social determinants of health and two of these relate to employment. The first is employment and working conditions, which focuses on work dimensions that shape health outcomes. These include employment security, physical

conditions at work, work pace and stress, working hours, and opportunities for self-expression and personal development. This determinant of health focuses on demands of workers and control the workers have on their own work. The second social determinant of health that is more relevant to this thesis is unemployment and job security. Unemployment, according to Mikkonen and Raphael (2010), is related to poor health through material deprivation and poverty, but also through stress related to lowered self-esteem, disruption or lack of daily routines, and increased anxiety. Additionally, unemployment may impact health by increasing the likelihood of turning to unhealthy coping behaviours. Precarious employment, as defined by Mikkonen and Raphael (2010), can include part-time work, self-employed work, or temporary work. Many people who are engaged in insecure work, work non-standard working hours and often work in intense working conditions. Insecure or precarious work also has negative health effects such as stress, sleep deprivation, high blood pressure, and heart disease.

In addition to health impacts, both positive and negative, employment can often be important or meaningful. While not the case for all people, many individuals feel that their job is their calling (Reed et al., 2010). This suggests that the work or job that we are drawn to shows us what is most important and is, therefore, "at the heart of who we are" (Reed, Hocking, & Smythe, 2010, p.146).

Employment has additional benefits and may have different meanings for people living with mental illness. Employment is a purposeful and meaningful activity that supports growth and development (Honey, 2004). Employment is an important step in recovery, or a state of maintenance, for many people with mental illness through the structure it provides, and it can increase self-esteem and help individuals to set and

achieve meaningful goals (Brucker & Doty, 2018; Stuart, 2006). Employment helps individuals with mental illness to foster pride, improve self-esteem, and provides opportunities to develop coping strategies for the symptoms of their illness (Dunn, Wewiorski, & Rogers, 2008; Torres Stone et al., 2018). Employment also provides opportunities for social engagement and can help people to feel they are contributing to society (Netto, Yeung, Cocks, & Mcnamara, 2016; Torres Stone et al., 2018). Employment has also been associated with a greater sense of autonomy, improved well-being, increased access to resources and enhanced social status (Modini et al., 2016). It has been found that when people with mental illness are working, they use less health care which suggests that there could be a financial incentive for supporting people with mental illness to find work (Dewa et al., 2019).

Conversely, unemployment is associated with negative outcomes for individuals with mental illness. As Stuart (2006) has reported, unemployment has adverse social effects for the people with mental illness who are unable to find work. Not only may they be unable to afford their everyday expenses, they also experience adverse psychological effects including loss of self-confidence and perceived loss of control. Unemployment also adversely affects recovery from mental illness as the person loses out on the benefits of employment which includes social inclusion.

Just as employment is important for all people regardless of mental health status, job seeking can be stressful for all people as well. Job seeking can be a rollercoaster, even for those without mental illness (de Bruyn & Cameron, 2017). However, job seeking is often even more stressful for applicants with mental illness. For this thesis, the process of job seeking includes exploring available jobs, creation of a resume or CV, collection of

references, completing the application requirements as outlined by the potential employer

(submitting a cover letter and resume for example), and lastly, interviewing and follow

up. People with mental illness often face stigma and discrimination from prospective

employers (Green, Hayes, Dickinson, Whittaker, & Gilheany, 2003; Hampson, Hicks, &

Watt, 2016; Hazer & Bedell, 2000; Hipes, Lucas, Phelan, & White, 2016; Netto et al.,

2016; Ozawa, Kikuchi, & Yaeda, 2016; Shankar et al., 2014; Stuart, 2006). Previous

negative experiences of job seeking can also lead to internalized or anticipated

discrimination which negatively affects a person's self-confidence and can hinder their

ability to find work (Green et al., 2003; Hampson et al., 2016; Reavley, Jorm, & Morgan,

2017; Roets, Kristiansen, Van Hove, & Vanderplasschen, 2007; Yoshimura, Bakolis, &

Henderson, 2018).

Many studies have shown that employers often have a negative opinion of

applicants with mental illness (Gladman & Waghorn, 2016; Hazer & Bedell, 2000; Hipes

et al., 2016; Krupchanka et al., 2018; Ozawa et al., 2016; Roeloffs et al., 2003; Shankar et

al., 2014; Stuart, 2007). Individuals with mental illness often feel as though society does

not want them to work and they worry that they are perceived as less competent (Brohan,

Evans-Lacko, et al., 2014; Brucker & Doty, 2018; Elraz, 2017; Green et al., 2003). Both

stigma from prospective employers and self-stigma from the applicants results in

individuals with mental illness facing difficulties finding work.

In addition to stigma, another reason people living with mental illness face higher

rates of unemployment is due to a lack of adequate supports, both in the workplace but

also during the job seeking process. Many employers feel they are unable to provide

accommodations for workers with mental illness because of lack of knowledge about

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appropriate supports or a perceived lack of resources (McDowell & Fossey, 2015; Shankar et al., 2014). Programs to support applicants with mental illness are often not available or they have poor connections between types of resources (Andersen, Nielsen, & Brinkmann, 2012; Netto et al., 2016). For example, the goals of health care providers may conflict with the goals of employment services which may lead the person to be confused on what is the best advice to take. Some health professionals hold stigmatizing views about their clients' ability to work and so they may discourage their clients from seeking work especially work that may be high stress even though the client may be capable. Whereas an employment specialist may encourage the same client to pursue these types of jobs.

This research focused on how the job seeking process is experienced and understood by individuals with mental illness. This study aimed to explore the experience of employment seeking for those living with mental illness in Nova Scotia. A goal of the research is to identify and understand the barriers and facilitators to finding meaningful employment. The Nova Scotia context is important as Nova Scotia has a high rate of unemployment compared to the national average and also has higher reported rates of mental illness (Statistics Canada, 2018; 2012b). As mentioned previously, people with mental illness face higher rates of unemployment compared to the general population (Statistics Canada, 2012a). These factors influence the job seeking experience of individuals with mental illness living in Nova Scotia.

Barriers to Finding Work

Individuals with mental illness who are seeking employment face many barriers to finding work including stigma and discrimination, risks regarding accommodation,

gaps in legislation lack of supports and training, limited formal supports, illness specific

barriers, concerns around losing social safety net, and labour market factors. These

barriers may help to explain why individuals living with mental illness face higher rates

of unemployment than the general population (Statistics Canada, 2012a).

Stigma and Discrimination. Many individuals living with mental illness

experience stigma and discrimination. For clarity, stigma refers to a negative stereotyping

and judgement from others while discrimination is unfair treatment due to a person's

identity (Canadian Mental Health Association, 2019). One of the most common barriers

that people with mental illness face when seeking employment is discrimination

(Hampson et al., 2016; Netto et al., 2016). Discrimination affects how an individual

perceives their ability to find work. A study by Staiger, Waldmann, Oexle, Wigand and

Rüsch (2018) looked at multiple discrimination among unemployed people with mental

health problems and how discrimination affected job seeking and help seeking. It was

found that higher levels of discrimination are associated with lower job search self-

efficacy (Staiger, Waldmann, Oexle, Wigand, & Rüsch, 2018). In addition to overt

discrimination, many people with mental illness feel that they faced high levels of stigma

when seeking work and in their lives more broadly (Green et al., 2003; Hampson et al.,

2016). They face stigmatizing views that they are unfit to work (King, Cleary, Harris,

Lloyd, & Waghorn, 2011). Applicants with mental illness face higher rates of stigma than

applicants with physical disabilities, particularly the stereotype that applicants with

mental illness are less employable (Hazer & Bedell, 2000; Hipes et al., 2016; Stuart,

2007). For individuals with mental illness, stigma can lead to unemployment,

underemployment, and precarious employment (Krupa, Kirsh, Cockburn, & Gewurtz, 2009).

Hipes et al. (2016) sought to explore the effect of stigma against mental illness in the labour market. They sent out fictitious job applications in response to job listings. Some applications indicated a history of mental illness and other indicated a history of physical injury. They found that the applicants with mental illness received significantly less call backs for interviews. While this study provided great evidence for the effect of stigma on applications, it does not address how this stigma is understood and experienced by the individuals with mental illness as they used fictitious applicants.

Negative assumptions around mental illness and work are found in many places. A grounded theory study of a broad range of Canadian documents, including news articles, government reports, and books, found many assumptions about people with mental illness and their ability to work (Krupa et al., 2009). These assumptions included: people with mental illness lack the competence required to meet the demands of work, individuals with mental illness are dangerous or unpredictable in the workplace, mental illness is not a legitimate illness, working is not healthy for individuals with mental illness, and providing employment for people with mental illness is an act of charity. These assumptions contribute to the stigma and discrimination that people with mental illness experience when they are seeking work. While this study identified many assumptions that the general population holds, it did not explore the personal experiences of individuals with mental illness and how these assumptions affect their job-seeking behaviours.

Despite anti-discrimination legislation designed to protect workers with disabilities such as the Employment Equity Act, including mental illness, many people have reported that they face high levels of employer stigma when seeking work (Lasalvia et al., 2014). Employers often think that applicants with mental illness are unstable and are generally unfit to work (Ozawa et al., 2016). Shankar et al. (2014) sought to explore the challenges that employers face when hiring and accommodating individuals with mental illness. They interviewed employers from a range of industries around Edmonton, Alberta. While a few employers noted positive experiences with employees who had mental illness, others had negative experiences. Some employers felt that applicants with mental illness cannot handle the processing, focus and communication skills necessary for the workplace and may be less motivated than coworkers without mental illness (Shankar et al., 2014). These beliefs may stem from previous negative experiences with employees with mental illness and result in reluctance to hire future employees with mental illness. Individuals seeking work with mental illness report that they were not hired because of their illness or in some cases were even fired (Gladman & Waghorn, 2016; Krupchanka et al., 2018; Reavley et al., 2017). Some people with mental illness report that once they disclosed their illness, the recruitment process did not continue (Reavley et al., 2017).

Negative opinions regarding the ability of individuals with mental illness to find and maintain work comes from various sources. Even mental health professionals hold stigmatizing views about people with mental illness and their ability to work. Kinn, Holgersen, Borg, and Davidson (2016) explored community health professionals' views of their clients work potential and found that some mental health professionals viewed

their clients as not ready for work. They felt that their clients were too vulnerable to work, and this has been found in another study as well (Kinn et al., 2016; Larson, Barr, Corrigan, et al., 2007). Mental health professionals may also have low expectations for their patients with mental illness seeking work (Lloyd & Waghorn, 2007). For individuals who have been hospitalized, even the nurses and doctors contributed to the idea that they are not fit to work (Killeen & O'Day, 2004). While health professionals may not directly influence a person's job search, facing negative stigma in various aspects of life may affect a person's confidence in their ability to find work (Roets et al., 2007). For individuals with mental illness, hearing negative attitudes toward job seeking may be very discouraging.

Many individuals with mental illness report anticipated discrimination when seeking employment (Yoshimura et al., 2018). Yoshimura et al. (2018) examined the association between psychiatric diagnosis and the likelihood of experienced and anticipated discrimination. They interviewed mental health service users in England using a discrimination and stigma scale and found that most people with mental illness either anticipated discrimination or reported experiencing discrimination in at least one work domain. This study included participants with schizophrenia, depression, anxiety, bipolar disorder and personality disorder. Yoshimura et al. (2018) found that anticipated discrimination was more prevalent than experience discrimination. Anticipated discrimination still has negative effects on individuals with mental illness. It may result in withdrawal from employment situations and both anticipated and experienced discrimination lead to concealment of a mental illness diagnosis. Anticipated discrimination often discourages people with mental illness from seeking work and even

stops others from seeking work all together (Lasalvia et al., 2014). Lasalvia et al. (2014) also looked at anticipated and experienced discrimination but they were interested in individuals with depression specifically. Much like the finding from Yoshimura et al. (2018), Lasalvia et al. (2014) found that both anticipated and experienced discrimination limits individuals' attempts to find work and achieve education or training. They also found that discrimination, experienced or anticipated, results in non-disclosure of illness. This anticipated discrimination may stem from past experiences of negative reactions from potential employers (Reavley et al., 2017). Negative experiences with seeking work may also lead to internalized stigma (Green et al., 2003; Yoshimura et al., 2018). Additionally, low expectations of people with mental illness may also lead to internalized stigma (Roets et al., 2007). If people feel as though others have low expectations of them, they may "live down", rather than live up, to those expectations (Roets et al., 2007, p.273). If they feel that society thinks that they should not work, they may be less motivated to continue seeking employment (Brucker & Doty, 2018). Yoshimura et al. (2018) explained this phenomenon as the "why try" effect (p.1106). People with mental illness may feel as though they should not even bother applying for jobs because they will not be chosen due to their illness. Internalized stigma can lead to reduced self-confidence which hinders an individual's ability to seek work (Hampson et al., 2016). People with mental illness may perceive or experience negative assumptions in the workplace around their resilience, abilities, or productivity (Elraz, 2017). These assumptions may influence anticipated discrimination. Experienced and anticipated discrimination are associated with reduced likelihood of disclosing an illness (Lasalvia et

al., 2014; Yoshimura et al., 2018). When someone chooses not to disclose their diagnosis, they lose out on the opportunity for accommodations.

Risks Associated with Accommodations. It has been found that effective job accommodations can improve the hiring and retention of workers with mental illness (McDowell & Fossey, 2015). However, many people with mental illness do not request accommodations, during the job interview or once they secure employment, because in doing so they would have to disclose their illness and open themselves up to potential discrimination from employers and coworkers. Requesting accommodations has been found to have a negative influence on an applicant's chances of being hired (Hazer & Bedell, 2000). Hazer and Bedell (2000) found that applicants who made mental illness related accommodation requests were rated as less employable than applicants who did not request accommodations, even when the accommodations were deemed reasonable. Additionally, candidates with psychiatric disabilities were rated significantly lower on employability than a candidate with no disability. This study, however, was based on hypothetical applicants and they were reviewed by study participants including psychology students and human resources professionals. Employers also often have negative views on accommodations for mental illness. They may not understand what constitutes appropriate accommodations for mental illness or may not know how to implement accommodations (McDowell & Fossey, 2015). Many also have concerns about the cost of these accommodations, especially employers from smaller organizations (Shankar et al., 2014; Stuart, 2007).

Gaps in Legislation. In Canada, the purpose of the Employment Equity Act is to achieve equality in the workplace (Employment Equity Act, 1995). The Employment

Equity Act aims to ensure that no person is denied work based on attributed that do not affect ability; this includes gender, Aboriginal status, minority status, and disabilities. This Act includes people with mental or psychiatric impairment so long as they consider themselves to be disadvantaged in employment or believe that a potential employer is likely to consider them to be disadvantaged. However, people with mental illness still face higher rates of unemployment compared to those without a mental illness (Statistics Canada, 2012). Studies in the US have found that even with the implementation of disability legislation designed to promote employment equity, people with mental illness still face workplace discrimination (Stuart, 2007). Legislation is only designed to protect workers from discrimination, and it does not appear to help reduce stigma (Cummings, Lucas, & Druss, 2013). Additionally, in order to be protected by disability legislation, individuals would have to disclose their illness which may result in other negative outcomes (Cook, 2006).

Lack of Training and Education. Many people with mental illness identify lack of training and/or education as major barriers to finding work. Many feel there are barriers to education and training which may lead to barriers in employment (Himle et al., 2014; Killeen & O'Day, 2004; Roets et al., 2007). Roets et al. (2007) explored the experiences of job seeking for individuals with mental health problems. One of the central findings in the study was the idea of "losing the game before it starts", meaning individuals with mental illness had inadequate opportunities in their early years which may be a result of negative stereotypes about their ability before they even begin working (p.271).

Lack of skills related to employment including interview skills, education, and work experience are all barriers to finding work that affect some people with mental illness (Himle et al., 2014). Himle et al. (2014) examined associations between perceived barriers to employment, employment skills, and job aspiration for individuals seeking work with and without social anxiety. They found that participants with social anxiety perceived more employment barriers involving experience, skills, and reported less education than those without social anxiety disorder. This study highlights the needs for designing treatment for social anxiety disorder and for employment services to assess and address social anxiety among their clients. This study adds to the understanding of the role of social anxiety in employment seeking, however, the data was taken from low-income, unemployed adults who sought vocational rehabilitations services in urban Michigan which is a very specific sample. Therefore, this study may not be relevant to all individuals with social anxiety who are seeking work.

Limited Formal Supports. In addition to lack of education and lack of skills, individuals with mental illness often report having limited formal supports such as access to mental health professionals or mental health literate employment services (Lloyd & Waghorn, 2007; Netto et al., 2016). This includes lack of mental illness specific supports and limited awareness of what supports were available (Audhoe, Nieuwenhuijsen, Hoving, Sluiter, & Frings-Dresen, 2018; Netto et al., 2016). Mental health specific supports include psychological services and employment services that are mental health competent. Lack of coordination between different types of supports is also a barrier (Andersen et al., 2012; Netto et al., 2016). Various supports including mental health professionals and employment services may have competing or conflicting interests and

goals for the clients. These conflicting goals and interests can result in patients or clients feeling unsure about the best course of action.

Illness Specific Barriers. While the symptoms of mental illness vary from illness to illness and from person to person, many mental illness symptoms can be barriers. Often, symptoms of mental illness can make it difficult to find or maintain work by affecting daily functioning (Audhoe et al., 2018; Honey, 2003; Lloyd & Waghorn, 2007; Matthews, Harris, Jaworski, Alam, & Bozdag, 2014; Milfort, Bond, McGurk, & Drake, 2015). Symptoms including lack of energy and difficulty focusing as well as problems interacting with others can have negative outcomes for people seeking work (Honey, 2003). Psychosocial problems such as poor social function in individuals with anxiety and mood disorders also impact employment outcomes (Matthews et al., 2013). If the new workplace is stressful, this can exacerbate mental illness symptoms (Netto et al., 2016). Another barrier is explaining long gaps in employment due to an illness without disclosure (Harris, Matthews, Penrose-Wall, Alam, & Jaworski, 2014). Since there is a variety of symptoms associated with mental illness, there is a variety of barriers that result from these symptoms.

Potential Loss of Social Safety Net. For unemployed individuals with mental illness, there is a concern that gaining employment will result in them losing their financial and medical benefits (Gewurtz et al., 2018). Gewurtz et al. (2018) interviewed people with mental illness living in British Columbia, Ontario, and Nova Scotia on their experience with the Canadian welfare system. They found that there was quite a lot of misinformation and fear around employment and receiving financial and medical benefits. There are also often changes in the welfare system and each province has

specific requirements. These factors lead to concerns about the impact that employment

has on their eligibility for benefits. Many individuals chose to remain unemployed

because they were worried that they would lose their benefits if they worked. This was

true even though many wanted to work. For those with mental illness, benefits such as

medical coverage for psychologists and medication are very important to maintaining

good mental and physical health. Therefore, the threat of losing benefits is a great risk for

many.

Labour Market. People with mental illness face higher rates of unemployment

than the general public (Statistics Canada, 2012a). This discrepancy is made more evident

when the labour market is not doing well and there are few open jobs. In these situations,

individuals with mental illness face an even harder time finding work compared to when

employment conditions are more favourable (Audhoe et al., 2018; Lloyd & Waghorn,

2007). This finding is especially important in Nova Scotia as the unemployment rate of

the province is higher than the national average (Statistics Canada, 2018). Nova Scotians

with mental illness may have a harder time finding work than people with mental illness

in other provinces due to the labour market conditions.

Individuals with mental illness face many barriers when job seeking including

stigma and discrimination, risks regarding accommodation, gaps in legislation, lack of

supports and training, limited formal supports, illness specific barriers, concerns around

losing social safety net, and labour market factors. However, since employment is very

important for people with mental illness, there has been some research on the facilitators

to job seeking as well.

Facilitators that Influence Job Seeking

Individuals with mental illness who are seeking employment can benefit from supports in their personal lives, from the healthcare field and from employment services (Audhoe et al., 2018; Killeen & O'Day, 2004; Joanne King & Waghorn, 2018; Netto et al., 2016). Other aspects of supports included integrated and individualized supports, positive messages and empowered approaches, education and training, support employment, and other unique solutions and strategies. These supports should be sustained over the whole job seeking process and continue to support the individuals as they settle into a new position (Gmitroski et al., 2018).

Medical/Psychological Supports. Reduced or controlled symptoms of mental illness results in better outcomes for individuals seeking work (Bejerholm & Areberg, 2014; Gladman & Waghorn, 2016; Michon, Van Weeghel, Kroon, Smit, & Schene, 2006). Therefore, mental health support is important in preparing and supporting people with mental illness for seeking employment (Audhoe et al., 2018; Killeen & O'Day, 2004; Joanne King & Waghorn, 2018; Netto et al., 2016). Psychological interventions, including cognitive behavioural therapy, have been used to help support individuals with mental illness who are seeking work (Bell, Choi, & Lysaker, 2007; King & Waghorn, 2018; McGurk, Mueser, DeRosa, & Wolfe, 2009).

Bell et al. (2007) found that participants with schizophrenia or schizoaffective disorder that underwent the Indianapolis Vocational Intervention Program, which is based on the principled of cognitive behaviour therapy, worked more weeks and had better average work performance than controls that did not undergo the program. King and Waghorn (2018) conducted a study to explore how higher performing employment

specialists, as classified by their job-seekers' employment outcomes, supported and engaged their clients, as compared to lower performing employment specialists. One way they engaged their clients was through the use of basic psychological treatment techniques such as cognitive behavioural therapy, motivational interviewing, social skills training, and others. These treatments were not used by lower performing employment specialists. McGurk et al. (2009) researched the role of cognitive remediation and vocational rehabilitation compared to vocational rehabilitation alone on work outcomes in a sample of participants with schizophrenia. Cognitive remediation is a method to improve cognitive functioning and teach strategies for reducing the effect of cognitive difficulties. Participants who participants in the cognitive remediation program demonstrated significant improvement in cognitive functioning. Those who received both cognitive remediation and vocational rehabilitation together worked more hours and earned more wages compared to participants who only received vocational rehabilitation. Additionally, a literature review on the effects of cognitive behavioural therapy interventions on employment-related outcomes found that cognitive behavioural therapy interventions were effective in improving work productivity, work hours, re-employment rate and overall employment outcomes (Minjoo, Mpofu, Brock, Millington, & Athanasou, 2014). These studies support the use of psychological treatments for improving work outcomes of people with mental illness. While there is evidence for the use of these psychological treatments or techniques, not all people with mental illness who are seeking work may have access to these services.

Employment Services. Employment services, such as employment counsellors that aid individuals in creating resumes, searching for jobs, and preparing for interviews,

can be helpful for individuals with mental illness who are seeking employment. There is a need, however, for mental illness specific employment services (Netto et al., 2016). Hall et al. (2015) investigated whether individual socio-demographic and health factors predicted seeking and securing employment among people with mental illness. They found individuals with mental illness had specific characteristics that predicted employment success such as treatment and living circumstances that are unique compared to the general population. They argue that this suggests that employment support services should be tailored for individuals with mental illness. Vocational support, including vocational rehabilitation and counselling, can improve the hiring rates of people with mental illness who are seeking work (Bejerholm & Areberg, 2014; Lloyd & Waghorn, 2007; McGurk et al., 2009; Reavley et al., 2017). Strong consumer-provider relationships are important for effective employment support (Henry & Lucca, 2004). King and Waghorn (2018) found job-seeker engagement and support to be a practice that differentiated high and low performing employment specialists working with people with mental illness. There found five subthemes that impacted job-seeker engagement and support: developing working alliances, addressing negative experiences, using psychological interventions, and supporting employers. Employment specialists can improve their support of people with mental illness by including these five subthemes in their practice.

Integrated and Individualized Services. While both employment and health services can be beneficial in supporting individuals with mental illness to find and maintain employment, integrating these services has been suggested as a stronger support (Gmitroski et al., 2018; Mellifont, 2017). One suggested way to better integrate mental

health and employment services is to offer them in the same physical site to mutually enhance one another (Porteous & Waghorn, 2009). Another way that these programs can work together is that people who are using mental health services may be identified as candidate for employment or for support employment programs (Mellifont, 2017). In addition to integrated services, the type of support that a person receives should be individualized to meet their unique needs (Henry & Lucca, 2004; Mellifont, 2017). Since mental illnesses produce a large variety of symptoms and each person experiences them differently, there is a strong need for individualized supports. There is a need for person-centred care (Netto et al., 2016). Person-centred care includes people with mental illness feeling being accepted by their employment specialists and having a supportive relationship. People with mental illness want to be understood as individuals rather than treated as "textbook concept[s]" (Netto et al., 2016, p.69).

Positive Messages and Empowered Approach. Many studies have reported that positive messages and high levels of empowerment from support networks and self-confidence are facilitators to finding employment (Bejerholm & Areberg, 2014; Gladman & Waghorn, 2016; Gmitroski et al., 2018; Killeen & O'Day, 2004; Joanne King & Waghorn, 2018). Positive messages about an individual's ability to work and their future potential has also been shown to help offset the effects of stigma to help people find work (Killeen & O'Day, 2004). In addition to positive messages from others, self-confidence, self-efficacy, and feelings of optimism for a better future are also related to positive outcomes in employment (Gladman & Waghorn, 2016; Regenold, Sherman, & Fenzel, 1999). Despite the challenges that come with mental illness, resilience in the face of distress can be a facilitator as well (Roets et al., 2007). Resilience, with regards to mental

illness, has been conceptualized in three processes and two characteristics (Ayed, Toner, & Priebe, 2019). The processes include immunity, bouncing back, and growth while the characteristics include personal resources and social resources. Resilience relates to how a person responds to adversity, whether they are immune to is, they bounce back from it, or grow from it. For people with mental illness, having resilience is related to better work outcomes (Roets et al., 2007). There are many barriers and sources of adversity that individuals with mental illness face when seeking work, so it is important to be resilient and overcome these obstacles.

      Education and Training. Individuals with mental illness who are seeking work have expressed the need for more training or coaching (Hampson et al., 2016; Killeen & O'Day, 2004; Lloyd & Waghorn, 2007). Training needs range from job specific skills to self-management and social skills training (Bell et al., 2007; Hampson et al., 2016; Lloyd & Waghorn, 2007). Employment specific skills include understanding procedures in the workplace such as how to obtain information about financial questions, skills related to identifying problems in the workplace such as difficult job tasks or co-worker disputes, and lastly, skills related to preventing and solving these problems (Bell et al., 2007). While social skills training relates to conversation, interview, and group task skills (Lloyd & Waghorn, 2007). Other important skills related to job seeking are coping skills and help navigating community resources such as income support, transportation, and health care. Job training may improve the employability of people with mental illness (Gao, Gill, Schmidt, & Pratt, 2010). Gao et al. (2010) argue that improving access to education and training will improve the hiring rates of people with mental illness. They found that

later onset of mental illness predicted higher employability because the participants were able to complete more education and gain more experience before their illness.

The need for education does not end with the applicants. Employers can benefit from education to help reduce their stigma towards applicants with mental illness (Lloyd & Waghorn, 2007; Reavley et al., 2017). Educating employers about mental illness and addressing their concerns or ignorance regarding employees with mental illness positively influences their hiring decisions of applicants with mental illness (Lloyd & Waghorn, 2007). Providing information about mental illness and improving mental health literacy increases an employer's likelihood of hiring an individual with mental illness (Shankar et al., 2014)

Individual Placement Support and Supported Employment. While this study was not directly related to supported employment, it is important to note some of the important findings related to supported employment programs. Some people with mental illness, can benefit from supported employment programs such as Individual Placement and Support. Individual Placement Support is an evidence-based supported employment intervention model of supported employment that helps people with serious mental illness to find and maintain meaningful employment (Drake, Bond, Goldman, Hogan, & Karakus, 2016). Individual Placement Support and supported employment are often regarded as the most effective and cost-effective approaches to supporting people with mental illness to find work (Cook et al., 2008; Latimer et al., 2006; Luciano et al., 2014). Supported employment programs have been shown, in many studies, to increase the number of individuals hired (Boycott, Akhtar, & Schneider, 2015; Cook et al., 2008; Larson, Barr, Kuwabara, Boyle, & Glenn, 2007; Lauber, 2009; Schneider et al., 2009).

Supported employment helps people with mental illness to gain skills, relevant work experience, and in doing so improves self-esteem (Schneider et al., 2009; Villotti, Zaniboni, Corbière, Guay, & Fraccaroli, 2018). Most individuals engaged in supported employment and Individual Placement Support feel positively about the support that they receive in the programs (Boycott et al., 2015; Lauber, 2009; Schneider et al., 2009). Individual Placement Support and supported employment have been fairly heavily researched (Allott, Turner, Chinnery, Killackey, & Nuechterlein, 2013; Alverson, Carpenter, & Drake, 2006; Boycott et al., 2015; Cook et al., 2008; Corbière & Lanctot, 2011; Larson, Barr, Kuwabara, et al., 2007; Latimer et al., 2006; Lauber, 2009; Liu, Hollis, Warren, & Williamson, 2007; Luciano et al., 2014; Michon et al., 2006; Schneider et al., 2009; Van Erp et al., 2007; Villotti et al., 2018). However, supported employment programs and Individual Placement Support are beyond the scope of this work.

Solutions. Some unique solutions have been suggested to help improve the hiring of individuals with mental illness. One proposed solution is to offer job interview training through the use of virtual reality (Smith et al., 2015; 2016). Two studies completed by Smith et al. (2015; 2016) evaluated the efficacy of virtual reality interview training on employment outcomes and job interview skills. The first study was done with applicants with schizrenia (Smith et al., 2015); the second study was done with applicants with substance use disorder (Smith et al., 2016). Both groups showed improvement in their job interview skills, as rated by human resource personnel and self-reports, and had greater odds of obtaining work in the six months following the study compared to controls (Smith et al., 2015; 2016). This work shows that virtual reality may be a useful tool in

preparing applicants with mental illness for job interviews. Despite this evidence, virtual reality equipment is expensive and so this tool is not accessible for all applicants.

Another suggestion is to highlight employment incentives rather than focus on reducing barriers to employment in order to tackle ambivalence about working from people with mental illness (Larson et al., 2011). These employment incentives include increased responsibility, reduced anxiety, increased problem solving, ability to handle work stress, and reduced depression. This research, however, is in conflict with previous research that suggests that individuals with mental illness want to work and that ambivalence is not often a major barrier (Netto et al., 2016; Zaprutko et al., 2015).

The Question of Disclosure

Deciding whether to share a mental illness diagnosis with a potential employer is a difficult decision for most individuals living with mental illness. There are benefits to disclosing a diagnosis including being able to request accommodations that will make work better as well to foster stronger workplace relationships (Jones, 2011; McDowell & Fossey, 2015). However, disclosing a diagnosis can also open the applicant up to discrimination and stigma (Elraz, 2017; Gladman & Waghorn, 2016; McDowell & Fossey, 2015; Netto et al., 2016). When a person identifies as having a mental illness, they become vulnerable to stigma and their abilities and skills come into question because of their illness (Elraz, 2017). Relationships with coworkers can become strained after disclosure (Jones, 2011). Being labelled as having a mental illness can result in any behaviour, such as an argument with a co-worker, being considered a result of illness rather than a simple difference of opinion with the co-worker (Brohan, Henderson, Slade, & Thornicroft, 2014). Due to the risk of these negative consequences, many workers with

mental illness choose not to disclose or will actively conceal their diagnosis from others (Lasalvia et al., 2014; Reavley et al., 2017)

Since disclosing can have negative and positive results, individuals with mental illness have to weigh the benefits and the risks of disclosing (Dalgin & Gilbride, 2003; Toth & Dewa, 2014). Many employees with mental illness begin their interviewing process or start their job in a default position of non-disclosure (Brohan, Henderson, et al., 2014; Toth & Dewa, 2014). Many of these employees assess what will be gained from disclosing and also assess the odds that they will indeed gain something such as an accommodation (Dalgin & Gilbride, 2003). Since the decision to disclose a mental illness can be a high stress one, some researchers have even begun designing decision aids to help applicants navigate the problem (Brohan, Henderson, et al., 2014; Henderson et al., 2012). It is hoped that by reducing decisional conflict individuals with mental illness can become more effective and improve their economic situation (Henderson et al., 2012).

Rationale

While some research has looked at the job seeking process using qualitative methods, many were specifically looking at the barriers and supports rather than the experience overall (Hampson, Hicks, & Watt, 2016; Henry & Lucca, 2004; Killeen & O'Day, 2004; Milfort, Bond, McGurk, & Drake, 2015). Additionally, some looked at specific mental illnesses or other qualifiers (Gladman & Waghorn, 2016; Hampson et al., 2016). Hampson et al. (2016) investigated employment barriers and support needs for individuals with psychosis. Gladman and Waghorn (2015) examined the experience of seeking, obtaining, and maintaining competitive employment for people with serious mental illness.

Few studies have looked at the experience of job seeking with mental illness through a phenomenological lens (Netto et al., 2016; Sutton, Hocking, & Smythe, 2012). This phenomenological lens is important as it focusses on participants' experiences and their interpretation of that experience (Smith, Flower, & Larkin, 2009). Sutton et al. (2012) explored occupational engagement in individuals with mental illness through a phenomenological lens but they focused primarily on recovery concepts. Netto et al. (2016) is a similar study to this study. Netto et al. (2016) also used Interpretive Phenomenological Analysis to explore mental illness and employment. They were interested in what employment meant to people with mental illness, what their vocational aspirations were, and what facilitators and barriers they encountered while engaged in employment activities. This study is similar to this thesis in methodology and topic. However, Netto et al. (2016) were interested in vocation which included employment as well as volunteer roles. Additionally, this study was done in an Australian context which may produce important differences than a Canadian study.

In addition to the importance of a phenomenological approach, it is important to note that no previous studies have examined mental illness and seeking employment in Nova Scotia. The Nova Scotian perspective is important as Nova Scotia has a higher rate of unemployment compared to the national average and it also has higher rates of mental illness (Statistics Canada 2018; 2012b). These factors, in addition to the fact that Canadians with mental illness face higher rates of unemployment than other job seekers (Statistics Canada, 2012a), result in many barriers for Nova Scotians with mental illness who are seeking work. This study aims to explore the experience of mental illness and job seeking in a Nova Scotian context.

Chapter 2. Research Design and Methods

Social Constructivism

For this study, I followed a social constructivist paradigm. Social constructivism acknowledges that individuals want to find meaning in their life (Creswell & Poth, 2018). These meanings are subjective and varied which results in complexity of experiences. These experiences and the subjective meaning assigned to them are influenced by the person's interaction with others and their social place in the world – context is important. Social constructivist methodologies are characterized by the use of open-ended questions and meaning is generated inductively from the responses. Social constructivism values interpretation from both the participant, as they interpret their own experience, but also from the researcher. In social constructivism, the researcher interprets the findings and therefore must acknowledge their own background and how that shapes their interpretation. Social constructivism is an appropriate framework for this research as it values the participant's social and historical context as well as valuing their own interpretation of their experience. It accepts that there are multiple and varied experiences and meanings that are associated with job seeking and with mental illness.

Researcher Reflexivity

Since the researcher is integral to phenomenology and IPA more specifically, it is important to explore my positionality as a researcher. I come to this thesis with a background in psychology before beginning my journey in Health promotion. Mental health has been an interest of mine beginning in high school and continuing into my university experience. During my undergraduate degree in Psychology, I studied mental illness in a clinical and a personally removed setting. We studied textbook and DSM-V

description of symptoms and diagnoses. Most of the research that I was exposed to was population level studies and much of it was quantitative. Even as a research assistant in Dalhousie's Personality Research lab, I was involved primarily in quantitative and physiological data. From my course work and research assistant experiences, studying mental illness felt flat and disengaging. I always wanted to know more about each individual experience rather than an overview of the similarities. I searched for other opportunities to be involved in mental health initiatives. I completed the Mental Health First Aid training offered by the Mental Health Commission of Canada and several mental health focused teaching workshops offered through Dalhousie's Centre for Learning and Teaching. I even considered a career in counselling to be involved with people with mental illness on a personal level. However, I was also interested in making system changes to benefit individuals with mental illness. This led me to my current master's degree in Health Promotion. Studying health promotion has broadened my understanding of the structural barriers that influence mental health. I believe this is an important lens when exploring an experience as multi-faceted as mental illness and employment. Finally, I grew up in Vancouver, BC and therefore I did not grow up in Nova Scotia. My personal employment experience in Nova Scotia has been restricted to jobs within the university. I know through friends that finding work in Nova Scotia can be difficult due to the number of available jobs, but I have not experienced this first-hand. My background in psychology and health promotion contribute to how I understand the experience of mental illness while my experience living in BC and Nova Scotia influence how I understand job seeking. I drew on these various experiences while I interpreted the data.

Phenomenology

Phenomenology is the study of a specific phenomenon and how it is experienced (Smith, Flowers, & Larkin, 2009). The phenomenon that was explored in this study is the experience of seeking employment for individuals with mental illness. While there is no way to generalize individual experience, this study uses phenomenology to describe common meanings across participants' experiences of the phenomenon (Creswell & Poth, 2018). Phenomenology is a useful methodology for describing what the experience of seeking employment is, as well as how the participants make sense of the experience. Phenomenology stems from the writing of Husserl, Heidegger and other writers such as Sartre and Merleau-Ponty (Creswell & Poth, 2018; Shinebourne, 2011). From the philosophical perspectives of phenomenology, the reality of the phenomenon is inextricably related to the participant's experience of it (Creswell & Poth, 2018). Husserl's work emphasizes the importance and relevance of focussing on the experience and the perception of that experience (Smith et al., 2009). Works by Heidegger, Merleau-Ponty, and Sartre contribute to the idea that a person is embedded in the world and their perception of the phenomenon in question is directly influenced by their place in the world (Creswell & Poth, 2018).

Phenomenology rejects the subjective-objective perspective as it values both the unique subjective experiences of the individual, but it also acknowledges that there are objective experiences that are in common with other people who have experienced the same phenomenon (Creswell & Poth, 2018). Phenomenology as a methodology is interested in the objective experience that the individual describes but is also interested in the subjective experience of how a person thought and felt about the phenomenon.

Phenomenology is an appropriate methodology for this research as I am interested in how individuals with mental illness experience job seeking and how they made meaning of those experiences. By using a phenomenological lens, I focussed on the unique experiences of each individual and how their place in the world shaped how they understood and explored their own experience with job seeking.

Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA), as explained by Smith et al. (2009), is an approach to qualitative inquiry that is based in phenomenology. IPA is meant to explore the lived experience of everyday phenomena. In IPA, in order to understand another person's relationship to the world, interpretation is necessary. The focus is on the individual's attempts to make meaning of the things that happen to them. The way a person makes sense of their experience is directly linked with their situation in the world and how they perceive their place in the world. IPA is an appropriate methodology and theory for this project as I am interested in exploring the experience of job seeking in the specific context of mental illness. IPA offers a more structured approach to research compared to other forms of phenomenology because it has well defined steps. IPA was also used successfully to analyse focus groups and interviews in a similar study by Netto, Yeung, Cocks, and McNamara (2016) that looked at barriers and facilitators to finding meaningful employment in an Australian sample of those with mental illness. IPA was also used in a study by Bruyn and Cameron (2017) that looked at the job seeking experience of a single participant without mental illness. This research project followed the theory and the data analysis steps put forth by Smith et al. (2009).

Hermeneutics. IPA follows a double hermeneutic approach in which the researcher attempts to make sense of what the participant is trying to make sense of (Eatough, & Smith, 2007; Smith et al., 2009). Therefore, the researcher is an integral part of the analysis and so bracketing is not necessary and would be incorrect. Husserl supported the concept of bracketing and believed that an investigator should set aside their own experience in order to take a fresh look at the phenomenon (Creswell & Poth, 2018). Bracketing is a key part of transcendental phenomenology, which is focused more on the description of the participants and less on the interpretation. IPA, however, is closer to hermeneutic phenomenology. There is no bracketing of personal influence or experience in IPA because it is acknowledged that most often it is impossible to fully remove the researcher from the research. Instead, IPA embraces the researcher's experiences and influence. Following the tradition of Heidegger, the researcher brings their "for-conception", or preconceptions, to the encounter and cannot be removed from the situation (Smith, Flower, & Larkin, 2009, p25).

Another concept that is important to IPA is the hermeneutic circle (Smith, Flowers, & Larkin, 2009). The hermeneutic circle is the idea that you must understand the whole to understand the parts, but you must also understand the parts to understand the whole. This concept is important during the analysis of qualitative data because the analysis is not linear and involves coming back to themes or codes in order to understand broader themes but also understanding the broader themes may require the researcher to rethink the original codes. For example, during analysis, when new code would arise, the researcher re-examined the existing themes in order to understand the new code in the context of the larger phenomenon. For example, when one participant spoke of their

difficulty in explaining a large gap in employment, this caused me to re-assess the theme of interview anxiety and broaden it to difficulties in the job seeking process to make room for the new code of gaps in employment.

Idiography. Idiography is focused on the particular rather than the general (Smith, Flowers, & Larkin, 2009). Phenomenology is often used in psychological research to explore how a group or population experienced or perceived a specific phenomenon. (Miller, Chan, & Farmer, 2018). The emphasis, in this use of phenomenology, is on the similarities of the group rather than the unique accounts of the experience. IPA, by contrast, is interested in the similarities and differences of each individual's unique interpretation of their experience. The idiographic approach of IPA values each case and each participant. The idiographic underpinning of IPA is what makes it distinct from other phenomenological and psychological research. IPA is used to understand a specific phenomenon (in this case, seeking employment) and how it is understood from the perspective of specific people (individuals with mental illness) in specific contexts (Nova Scotia). In this case, the phenomenon is the experience of seeking employment for individuals with mental illness in Nova Scotia.

Situating this Project

This thesis is a part of a larger research study on mental illness and the experience of meaningful employment. The larger project is interested in meaningful employment for individuals with mental illness. As highlighted in the interview guide (Appendix A), the larger project was designed to explore what the experiences of working with a mental illness look like, what barriers and supports are experienced by employees with mental illness, what makes a job meaningful, and how can the experience be improved.

Ethics approval (Appendix B) from the Dalhousie Research Ethics Board for the larger study was received (REB # 2018-4658). Participants were recruited and interviewed for the larger project. The interview guide (Appendix A) was used for the larger study. For this study, participants from the larger study who had sought work since their diagnoses were included. Their responses during the interviews that were related to job seeking were analysed for this study. In the interview guide, question 4 was designed to explore the experience of job seeking:

> "What was your experience in seeking work? (prompts: how did you handle disclosure of mental illness; did you experience challenges or supports while seeking work)."

In addition to the responses that were elicited by question 4, any responses that were relevant to job seeking were included in the analysis regardless of the question that prompted them. Responses were deemed relevant if there pertained to the job seeking experience beginning with deciding to seek work through each stage of the job seeking process (including resumes, interviews, and research). Responses were reviewed for their relevance during the deep reading stage of the analysis. During that stage, I read through the transcript and using the highlighter function on Microsoft Word, I highlighted irrelevant responses in grey so that I knew not to analyse them. Then the sections that were still not highlighted were included in the rest of the steps of the analysis.

Recruitment

This study used purposive sampling in order to recruit individuals with mental illness. A research assistant from the larger project shared the recruitment materials in the community and with organizations that provide mental health and employment services.

The study was advertised by poster (Appendix C) at community mental health services such as the Canadian Mental Health Association offices and employment offices such as Nova Scotia Works. Posters were also placed at other locations that people with mental illness may have come across such as public bulletin boards in pharmacies. The study was also advertised online in the employment section of the website Kijiji to reach people who are actively engaged in finding employment. Recruitment materials were also posted on social media accounts managed by employment services and then the materials were shared by other organizations. Finally, the study employed snowball sampling in which participants were encouraged to share the study with people they know who may have been interested. The interested participants would then contact the researcher for information on the study.

Participants

For the larger project, the participants were adults over the age of 18 who were living in Nova Scotia and had received a diagnosis of a mental illness. In order to be included in the larger study, the participants must have been either employed at the time of the interview or employed at some point since their diagnosis. For this project, participants also had to have sought work since receiving their diagnosis. All mental illness diagnoses were considered acceptable for the inclusion criteria. The study was intended to represent a range of ages and genders, however there was no specific sampling for those requirements. Since this is a qualitative study, generalizability was not a goal but by keeping the criteria broad we can understand more experiences of seeking employment in the context of mental illness.

For the larger study, 13 participants were interviewed but only 11 had sought work since their diagnosis and so two were excluded from this study. This is in keeping with the range of sample sizes found in IPA studies. Eatough and Smith (2007) noted that IPA studies have been published with as few as 1 and 3 participants but also as many as 9, 15, or more participants. Smaller sample sizes are common because the emphasis is on the depth of each experience rather than the breadth of many interviews.

In order to obtain demographic information, each participant was asked a series of demographic questions at the beginning of their interview. The demographic questions that were asked of each participant are included in Table 1.

Table 1.
Demographic Questions

1. How old are you as of today?
2. What is your highest education level?
3. Ethnicity?
4. What gender do you identify as?
5. Are you currently employed for pay or going to school or both?
   If answer to above is NO, ask:
6. In what year were you last employed?
7. How many years/months have you been employed since you were diagnosed with a mental illness?
   If the answer is YES, ask, are you currently employed?
8. What was the last job you either did or the job you are currently doing?
9. Do you live in a larger town (Halifax, Dartmouth), a smaller town (e.g. Lunenburg, Truro) or in a rural area?
10. What are the mental illness diagnoses you have received?

After excluding the individuals who had not sought work, there were nine women and two men, aged between 24 and 50 years old. The majority of the participants identified as white or Caucasian with one participant identifying as East Asian. All

participants had completed at least some college or university with three either in the

process of completing or had completed a master's degree. All participants were

employed at the time of the interviews. The diagnoses of mental illness that the

participants identified were varied and many participants had co-occurring disorders. The

disorders that the participants were living with included: depression, anxiety (both

general and social), obsessive-compulsive disorder (OCD), borderline personality (BPD),

bipolar disorder, panic disorder, exercise addiction, attention deficit hyperactive disorder

(ADHD), and some experienced psychotic features to their illness. Seven classified

where they lived as a city, three said they lived in a large town, and one person said they

lived in a rural area.

Procedure

This study employed semi-structured interviews about the participant's

experience of searching for employment (see appendix A for full interview guide). Semi-

structured interviews are the most commonly used data collection method for IPA

(Eatough, & Smith, 2007). This is because the semi-structured approach and real-time

interview allows the researcher to follow up and explore interesting and unexpected

topics that come up in the interview. The interviews allowed participants to explain their

experiences and their interpretation of the experiences in relation to their situation in the

world. The researcher completed all the interviews except for one due to illness for which

her supervisor competed the interview. All the interviews took place between March 14th,

2019 and May 3rd, 2019.

Before the interview, the participants were given an informed consent form

(Appendix D) to read and any questions were answered. Participants were made aware

that they were free to stop the interview at any time. They were also informed that they were free to withdraw their data up to two weeks after the interview. Two weeks after the interview, the data was de-identified and could no longer be linked back to any one participant. Each interview was between approximately 20 minutes and an hour and a half long to ensure rich data without putting undue burden on participants. There was a large range in the length of the interviews as each participant had different styles of sharing their experiences. Some participants gave a lot of detail and explained many different situations while others gave brief overviews of the experience. The interviews took place by telephone or in the researcher's supervisor's office with a "do not disturb" sign posted on the door. The participants decided if they preferred a face to face interview or if they felt more comfortable discussing their experiences over the phone. Of the participants that qualified for this study, five came to Dalhousie for a face-to-face interview while six chose to be interviewed over the phone.

Every interview was audio recorded and transcribed verbatim by a transcriptionist. The transcribed data was then checked for accuracy to ensure qualitative reliability (Creswell & Creswell, 2018). All the data was deidentified during the transcription process and aliases were used when referring to participants to protect identity. Each participant chose his or her own alias. Data was stored securely on a password protected USB flash drive. Any physical documents such as informed consent forms were securely kept in a locked filing cabinet at Dalhousie University.

Data Analysis

Smith, Flowers, and Larkin (2009) lay out specific steps for carrying out analysis applying IPA, which were followed in this study. Each transcript was analysed

separately. I went through the entire process of analysis for each transcript before moving onto the next transcript. I did my best to put aside the themes from the previous transcripts to try to treat each interview as separate. This is done to explore each transcript on its own in keeping with the idiographic approach of IPA (Smith et al., 2009). While there will be some influence from past transcripts to later ones, the goal is to limit the influence.

First, I carried out deep reading and rereading. This was done to immerse myself in the data. It was important to take this step slowly and step away from the habit of reading and summarizing material quickly. Reading slowly and repeatedly encouraged me "to begin the process of entering the participant's world [and] to enter a phase of active engagement with the data" (Smith, Flowers & Larkin, 2009, p. 82).

Following the initial deep reading, initial noting of the data occurred. This was the most detailed step of analysis. There were three types of initial notes that came up during this step. First, there were descriptive notes that, as the name suggests, simply describe what the participant has said. It is about "taking things at face value" (Smith, Flowers, & Larkin, 2009, p. 84). For example, when a participant explained that they experience anxiety with relation to interviews, this was taken at face value. The next type of noting included linguistic comments. These were about how the participant explained the experience and included word choice and use of metaphors. An example of this type of noting can be seen in the title of this thesis. A participant shared that seeking employment as a person with mental illness was like "running a race with legs that don't work". This metaphor cannot be taken at face value and had to be explored. The final type of initial noting referred to conceptual comments in which interpretation began. This type of

noting involved considering the broader concepts related to the quotes. For example, when a participant spoke of asking an employment counsellor about disclosure, this led to a note about disclosure as a concept.

The next step in data analysis was the development of emergent themes (Smith et al., 2009). Emergence is a contentious term in qualitative research as it suggests that the themes reveal themselves to the researcher and that the creation of the themes is a passive process rather than an active one (Varpio, Ajjawi, Monrouxe, O'Brien, & Rees, 2017). Perhaps a more appropriate terms for how these themes are developed in IPA would be recognizing, constructing, developing, or interpreting themes through immersion and "dwelling" on them (Varpio et al., 2017, p.43). While "emergence" is the term used by Smith et al. (2009), I will simply be using the term "theme" to avoid the contention of the term emergence.

Creating themes from the notes involved a manifestation of the hermeneutic circle (Smith et al., 2009). The development of themes came from small chunks of the transcript but then these themes were compared to the whole transcript. During this step of analysis, there was a balancing act between how I, as the researcher, interpreted the data and how the participant interpreted their experience. I had to be sure that the evidence supported by interpretation and that I could back up my interpretation with quotes from participants. As the researcher, I had the authority to explore the concepts beyond the direct quotes, but I had to be sure that my interpretation was always rooted in what the participant experienced and how they explained it to me.

Once the themes were identified, I established connections across the themes. This included creating super-ordinate themes that together described the emergent

themes. This was done by employing abstraction. Abstraction included putting similar themes together and developing a new name for the cluster of themes (Smith et al., 2009). For example, participants discussed various experiences with supports. Some experiences were positive, and others were not. However, all mentions of supports were put together. It was also helpful to look at opposing themes as a way to organize themes. When participants discussed their stress and anxiety related to job seeking, this was in contrast to feelings of pride and thankfulness. By comparing these opposing emotions, I developed the themes of positive emotions and negative emotions.

Once all the transcripts had been analysed on their own, I then searched for patterns across the cases or transcripts. I took the super-ordinate themes that I had created for each transcript and compared them to create larger themes for the whole study. For example, a few transcripts had the theme of informal supports and others had the theme of medical and psychological support and so a larger theme of supports was created. In this study the intent was to identify common experiences of seeking employment for individuals with mental illness. Sometimes this required a renaming of themes in order to better fit them together with other cases and participants. Once the patterns across the participants were identified, data analysis was considered to be complete. Both direct quotes from participants and a description of the broad themes gathered from all the participants were included in the final report to present a deep understanding of the experience of job seeking for the participants.

Quality and Rigor

This study employed various strategies to ensure qualitative rigour, or trustworthiness. Any evidence that did not align with the themes found in the data was

still reported to ensure the final report included all participant perspectives (Creswell &

Creswell, 2018). I also included a thick, rich description of what the participants shared

to provide readers a chance to compare the description with the analysis. A key quality of

strong IPA is that all claims about a participant's experience are well evidenced with

sufficient quotations from the participant themselves (Eatough, & Smith, 2007).

Some qualitative research employs member checking in which participants are

asked to confirm that the interpretation of the findings is accurate (Creswell & Poth,

2018). Member checking is often seen as a step of validation of the data (McConnell-

Henry, Chapman, & Francis, 2011). Member checking is also used to further engage the

participants and can often result in more data to analyze including reactions and

reflections of the initial data (Candela, 2019). However, member checking in

phenomenological research is controversial. While some phenomenological researchers

employ member checking to improve rigor, others do not use it and instead argue that

member checking is incongruent with Heideggerian phenomenology and its interpretive

nature (Bradbury-Jones, Irvine & Sambrook, 2010; McConnell-Henry et al., 2011). this

study, member checking was not used. The first reason that member checking was not

used is that coming back to the participants after the study adds to participant burden.

Since this study was asking participants to discuss their experience with mental illness,

which can be a stressful topic, it was judged that asking the participants to return for

member checking would add additional stress to their lives and that would be unwise.

The second reason is that phenomenology is interested in how the participants made

sense of their experience during the interview and having them come back later might

change their interpretation of their experience (McConnell-Henry et al., 2011).

Additionally, since the researcher also interprets the data, by going back to the participants we would be searching for the "correct" interpretation which leads the researcher to the questions of what is the "right" interpretation, this can compromise validity (Bradbury-Jones et al., 2010; McConnell-Henry et al., 2011). If the participant disagrees with the interpretation, it leaves the researcher in a difficult position of deciding what to do with the data (Morse, 2015). While participants are the experts of their own experience, the researcher also has power over their own interpretation (McConnell-Henry et al., 2011). Finally, member checking is a potential threat to interpretive studies because there is the possibility that when a participant is asked to review a concept or an interpretation, they may overemphasize it because they think that the researcher thinks it is important or relevant (Bradbury-Jones et al., 2010; McConnell-Henry et al., 2011). The researcher's interpretation would then be affected by the participant's interpretation.

I created a paper trail of analysis (Yardley, 2008). This means that I tracked and recorded each step of analysis so that other researchers could follow the steps and understand the analysis and interpretation. I did this using a combination of hand-written notes on printed transcripts, and then used Microsoft Excel to keep track of quotes and themes. While the paper trail will not be published, it will be available upon request from other researchers. The paper trail exists to reassure other researchers that the analysis was done carefully and professionally. The themes were also peer reviewed by my supervisor who reviewed each transcript for the larger project (Creswell & Poth, 2018; Yardley, 2008). My supervisor has experience with IPA and so acted as both a peer and an expert. Peer review is done to ensure the codes and themes are not only understood by the researcher but rather they make sense to other people.

Ethical Considerations

As participants were asked to share their personal and often difficult experiences, I was aware of the responsibility that, as a researcher, I had to manage and mitigate ethical issues that may have arose. These ethical considerations include privacy, confidentiality, and potential harms and benefits to the participants.

As mental illness is a very personal experience, many individuals may wish to keep their diagnosis private from others in their life. As a researcher, it is my duty to maintain the privacy of participants in this study. To protect participant privacy, all interviews were completed in my supervisor's private office at Dalhousie behind closed doors. This was done for both in-person and telephone interviews. Additionally, all email between participants and myself had neutral subject lines that did not reveal the nature of the study. In order to protect participant's confidentiality, each participant chose an alias to be referred to by. This was done so that the transcripts could not be linked back to a participant's real name. I also took steps to deidentify any other sources of information that could link back to the participants. For example, when a participant mentioned their workplace by name or by specific detail, it was replaced in the transcript with a more neutral term. All transcripts, even when they had been deidentified, were kept on a password protected laptop and the hard copies of the transcripts that were used for initial coding were kept in a locker that only I had the key to. For paperwork that included identifying information such as informed consent documents and the one hard copy list that connected participant names to their alias were kept in a locked filing cabinet in my supervisor's office that is locked whenever it is empty.

The potential harms of this study included difficult topics being discussed. It was anticipated that distressing or difficult to contain emotions may be brought up when discussing employment and mental illness. To minimize the harm from this source, participants were ensured that they had the right to leave the interview at any time and to also skip any questions that made them feel uncomfortable or unsafe. There were no anticipated direct personal benefits of participating in the study. However, it is hoped that the study will contribute to improving the experience of seeking employment for people with mental illness. To thank participants for their time, they received a $10 gift card to Tim Hortons. For those who came to Dalhousie for the interview, they received an additional $5 in gift cards to help offset their travel costs. For those who chose to complete their interviews over the phone, their $10 gift card was mailed to them.

Chapter 3. Results

For Nova Scotians living with mental illness, the experience of seeking employment raises both challenges and opportunities. All participants in this study were able to find employment as they were all employed at the time of the interview. Most were employed full-time but two were also completing graduate degrees, so they were working part-time. While all were able to find work, some had more difficulties than others. While some participants indicated that they felt they did not face many challenges when they were seeking employment, most experienced at least some challenges when they were job seeking. One participant said, *"having a mental illness and finding just like a regular job is like ah somebody who is paralyzed wanting to run a race, but they can't because their legs don't work"*. The challenges that the participants shared represent a wide variety of barriers as well as a range of supports and strengths. The five themes that were developed were barriers to finding work, negative emotions, disclosure, positive emotions, and supports. An overview of the themes and subthemes is included in Table 2.

Table 2
Themes and Subthemes

- Barriers to Finding Work
  - Specific job requirements resulting in limited job pool
  - Difficulty with the job seeking process
- Negative Experience due to Job Seeking
  - Stress and anxiety
  - Reduced self-esteem
- Disclosure
  - Concerns and uncertainty around disclosure
  - Non-disclosure
  - Opting to disclose
  - Required to disclose
- Importance of Work
  - Feeling lucky or thankful
  - Pride and Agency
  - Ability to do a good job
- Supports
  - Informal supports
  - Formal supports
  - No supports
  - Desired supports

Barriers to Finding Work: "Running a race with legs that don't work"

Most participants indicated that they experienced some difficulty when seeking work. Of these participants, many experienced specific barriers to finding work. These barriers included specific work requirements that limited their job options while many struggled with specific aspects of traditional job seeking process including interviews and resumes.

A number of participants had specific work requirements that led to a limited job pool. A common requirement was a specific work schedule, either regular and reliable or with enough flexibility for their variable health conditions. Wendy struggled with finding

work in her field because she needed working hours that would accommodate her sleep and medication routine. She also needed to have a regular and reliable schedule to accommodate her health needs. Similarly, Hannah needed more flexibility for poor mental and physical health days. These specific scheduling restrictions made the job seeking experience more difficult as there were few jobs that fit the needs of the participants.

Three participants reported that the type of job was important. Lauren found that customer service jobs were tiring because of the constant need for a friendly and positive face, while Ro found that fitness jobs were triggering for her and her mental illness. Ro shared that *"just the nature of [her] illness in itself is a barrier and a challenge"*. Ro struggled with exercise addiction and so her compulsive need to exercise impacted her ability to find and maintain work. She needed work that would allow her to move around without going so far as to enable her addiction. Charlie struggled with finding paid work that met her interests and that she found meaningful. "*Finding something that I thought would be meaningful yet not volunteer*". There were other difficulties in finding work. Ro shared the specific difficulty of seeking work in Nova Scotia. *"Challenges just in the fact that there's not a lot to do in Nova Scotia".* This lack of jobs made it difficult since she already had other barriers.

A few other participants found the process of applying for jobs to be a barrier. For this thesis, the process of job seeking includes exploring available jobs, creation of a resume or CV, collection of references, completing the application requirements as outlined by the potential employer (submitting a cover letter and resume for example), and lastly, interviewing and follow up.

Charles mentioned concerns about obtaining references for job applications due to negative previous experiences with his mental health:

> *"I know how difficult that is for me, to put three references together and out of all the work experience I have, it's difficult sometimes because I don't know who I can put on there and who I can't. Because who's going to say oh well you know he went into this depression and he didn't show up for three weeks."*

For Charles, he did not know who would be able to provide a strong and positive reference for him. This was due to past experiences in which his mental illness affected his ability to work.

Other stages of the job seeking process presented barriers as well. Both Charles and Chad felt it was hard to get to the interview stage. This was due to the resume process being difficult because they felt it did not demonstrate their full potential. This was because they each had large gaps in employment because of their mental illness. Charles said: "*it's a general rule to try not to have too many gaps in your resume because it makes, it sends up red flags for people*". Both Charles and Chad felt that their employment history made it difficult to find work for the future.

Once Charles and Chad secured interviews, they faced additional challenges. They felt that the gaps in their employment that they each experienced caused interviewers to doubt them. Both men felt dismissed by potential employers when they brought up their gaps in employment. Chad explained:

> *"I mean just the stigma alone of this person hasn't worked in five years because of a mental health issue, how do I hire somebody like that? … Telling people*

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that you've been unemployed even if it wasn't five years you know for any period

of time, people are unfortunately going to judge".

He spoke of a specific example during an interview in which his largest gap in

employment was brought up:

> *"I said well I've been off for about five years. I was just dealing with some*
>
> *emotional issues or and they essentially they gave me the brush off without even,*
>
> *there wasn't even an interview … when it came time to like I said talk about my*
>
> *previous employment and I told them that length of time he was just, I could tell*
>
> *right away that it just, it took him back and he was like we can't depend on this*
>
> *guy."*

In this situation, Chad felt dismissed by the interviewer after explaining his time off from

work due to his illness. He felt that the interviewer judged his trustworthiness or

dependability on his previous work experience. Charles also had negative interview

experiences. He explained:

> *"Over the last we'll say four years, the amount of job searching I've had to do*
>
> *and interviews and like that period where I was off work for about ten months I*
>
> *went on eight or nine interviews before I found a job, so it was a lot of*
>
> *interviews. I felt like I was the runner-up a lot, I got a lot of silver medals".*

Charles needed to complete a number of interviews before he got a job. This may

be due to explaining the gaps in employment or his mention of not being able to trust that

a reference gave a good report. For some applicants, numerous interviews could be

barrier because interviewing can be stressful.

Lauren, Sarah, and Ro found the interview process to be anxiety inducing. Lauren said "*I would, honestly I would never want to find another job again anymore, 'cause it was so bad. I would have nightmares for days leading up to the interviews and like go in like visibly shaking, it was horrible.*" For Lauren, the interview stage of job seeking caused her quite severe anxiety. This is a clear barrier to seeking employment as some individuals, such as Charles, need to complete a number of interviews before securing work.

The barriers that were discussed by these participants may help to explain why people with mental illness face higher rates of unemployment than their counterparts without mental illness. Facing these barriers during the job search also led participants to experience a range of negative emotions.

Negative Experience Seeking Work: "Making me feel like I'm worth less than somebody else"

For many participants, seeking employment resulted in negative experiences including experiencing added stress and anxiety, and reduced self-esteem. Participants shared that having a mental illness while job seeking made it more difficult and stressful. Ro said,

> "*it's so much harder for people with mental illness, for the rejection part of finding a job and the anticipation because we're already mentally ill and for somebody who is not mentally ill, it is a very stressful thing to go through so it just, like it just, it makes it worse*".

She also shared that the process of seeking work was negative for her self-esteem.

"I think for me personally the biggest like the barriers and the challenges have been the lack of awareness, the judgement and people not wanting to understand. People being close-minded and making me feel like I'm you know worth less than somebody else."

For Ro, job seeking was difficult and she believes it was made more difficult because of her mental illness. Charles explained the experience as "*really discouraging sometimes*" and Susan felt nervous about looking for work. "*Especially when I've been looking for other work, I do get a bit nervous about that*". There appears to be some common negative experiences associated with job seeking. Sarah explained how the financial struggles of seeking work negatively affected her mental health. "*I did have a long period where I was looking for work and that was difficult financially which also affects obviously your mental health because you know you're struggling*". For many, job seeking was a negative experience. Among these experiences was the fear of stigma which was reflected in their experience of disclosure.

Disclosure: "The Mental Health Rabbit Hole"

Many participants shared concerns about disclosing their mental health status, including fear of stigma. All participants were asked how they handled the topic of disclosure during either their interviews for jobs or when they were first hired. Susan said,

"I don't want to disclose because I think anxiety especially still has a lot of stigma, especially when it comes to high-pressure jobs … I have to be really careful because at first blush a lot of people are going to say, 'well no you can't handle pressure' and that's not it. It's how to manage around the pressure."

At one job, Chad "*opted to not go down the mental health rabbit hole if you will until it came up*". He did not want to bring up his diagnosis until it was necessary. Wendy was unsure about whether she should disclose and so she sought the advice of an employment centre.

> "*I asked specifically asked I said when I'm applying for jobs and they say that they want to hire me, should I divulge that I have a disability? Well that person said yes but then I'm apprehensive in saying that because I feel that that's going to put like a black mark on my record but then I feel that they're going to judge me in a different way*".

Even when an employment specialist suggested that she disclose, she was still quite hesitant. She did not want to be judged or treated differently because of her diagnosis. Others chose not to disclose because they were not asked to, or they felt there was no need. Emma said that "*it wasn't anything that [she] shared through that process*" and Melissa said that "*in terms of me as an employee, I've never been asked to discuss that*". Emma and Melissa chose to stay in a state of non-disclosure because they didn't think it was relevant to share.

Alternatively, some participants did disclose their mental illness to potential employers and coworkers. Chad, Charles, and Ro chose to disclose because they felt comfortable with their illnesses and wanted to be open. Ro said *"I actually feel for the first time in my life, I feel happy. I feel like I'm comfortable in my own skin*". She was proud that she was able to be open about her diagnosis. Charles felt that he wanted to be open so that others would feel comfortable to be open with him:

> *"I casually drop it into the conversation about my experience because … if I*
> *can't be open, I can't expect other people to be open about it. And I always hope*
> *that it doesn't come back on me, and for the most part it doesn't, but you know*
> *I'd rather be open about it and have it come back on me sometimes than not be*
> *open at all"*

While he acknowledges the risk of disclosure, he would rather be open and take the risk instead of concealing his diagnosis. Chad also had a similar belief in being open and honest. He said:

> *"I think part of that comes with just a complete acceptance of what I have and*
> *that I am just, I am doing everything I can do to say control it, I don't want to*
> *say fix it, treat it, maintain a balance if I can. And I think if I stand behind that, if*
> *I explain it and talk about it to an employer in the right way it will come across*
> *as here's somebody that actually they identified the issue, they're doing what*
> *they can to deal with it, it'll come across as a sign of somebody that works hard*
> *at you know problem solving."*

For Chad, he decided to share his diagnosis and use it as evidence of his problem solving and work ability.

Wendy had a unique situation in which she required accommodations at the beginning of her job, and in order to get those accommodations, had to disclose. She said, "*I had no choice at the end to divulge that I had a disability*". This was perceived as helpful, however, because she received the accommodation and, as she shared, "*by giving me another month extra [of training] it helped me out and I flourished in that*

department." Wendy's experience of flourishing after receiving accommodations is an example of how many participants showed resilience, strength, and gratitude.

Importance of Work: "I feel like I'm comfortable in my own skin"

For many participants, finding work, thus being successful in their job seeking, was important and this was demonstrated by feelings of pride and thankfulness. Many participants shared feeling lucky or thankful that they were able to find work. Many referenced others, both that they knew personally and people they had heard of, who had worse times seeking work. Ro said,

> "*Where I am now because I've got so much acceptance and not everybody has this and I feel so bad for the rest of the world, but I actually feel for the first time in my life, I feel happy.*"

Ro felt happy about her ability to find meaningful work, but she also felt badly that others do not have the same opportunity. Melissa shared "*I was quite thankful that my depression and anxiety didn't actually debilitate me from finding a job, that I was always motivated*". Similar to Melissa, Charlie felt thankful that she could maintain her work for long periods of time, she said "*in terms of challenges finding work, I've been quite lucky and privileged in that I stayed in jobs for long periods of time so I didn't have to look for work a lot*". For these participants, work was important and being able to find work resulted in positive experiences and emotions.

While some participants felt lucky, others indicated more agency and pride in their ability to find work. Chad shared:

"I was very proud when I got hired. You know my friends and family were very proud and that was a big deal to me, bigger than it would be for a lot of people, just because I look at the road that I've been down and find myself, you know, [able] to sit and interview for a job."

Ro experienced a boost in confidence when she secured employment. Ro said, *"I feel like I'm comfortable in my own skin."* Employment, for these two participants, is a source of pride and confidence. Susan shared a similar sentiment, when she expressed concern about other people's judgment around her ability and her anxiety, she said *"It doesn't mean I can't do them [high pressure jobs], I'm good at them"*. Despite the stigma she faces, she knows that she can do a good job.

Other participants spoke of their ability to do good work despite, or sometimes because of, their illness. Two participants shared that while it is hard to seek work and be employed as a person living with mental illness, there is a resilience that comes from the experience of living with a mental illness. Charles said, *"there's that resilience there and I think it helps them so much more in their role even though they're you know dealing with all these difficulties."* Chad shared a similar feeling:

"I think if I stand behind that, if I explain it and talk about it to an employer in the right way it will come across as here's somebody that actually they identified the issue, they're doing what they can to deal with it, it'll come across as a sign of somebody that works hard at you know problem solving".

Chad and Charles believed that their experience with mental illness could be used as evidence of their ability to face challenges and come up with solutions on how to deal

with them. Susan spoke of being capable of both finding work and being a good employee even as someone living with anxiety and working high pressure jobs. These participants felt that they were capable and that working with their illness fostered resilience in them that was beneficial for them and their employers. While these participants were able to find and maintain work, it was not without help. Many participants spoke of their supports and others spoke of a need for supports and help.

Supports: "Someone to help get you through it"

When seeking work, participants had various forms of support. These supports included informal support from their families and friends as well as formal supports such as mental health professionals and employment services. Participants also spoke of the type of supports they looked for in their employers and finally, they shared supports that they wished they had access to when they were seeking employment.

For many, informal support such as family and friends were major supports during their job seeking and during their everyday experiences with mental illness. Chad spoke of close friends and his strong relationship to his ex-wife as supports during hard times. He also spoke of friends who were able to help him with his work situation. "*I had two friends I was able to get some employment through so that helped bridge a bit of an employment gap*". Emma and Wendy spoke of their families as supports during their job seeking process. Ro spoke of the support of her husband and her mother, but she also indicated that she needed more support than just her two family members.

Several participants also said that they found counselling and medical help to be helpful during their time seeking employment. Susan said,

> *"If I'm not feeling well I go to a therapist, I go see my doctor, I try to find an expert and then so that I can manage things better and get another perspective outside my head which with anxiety tends to, thoughts tend to run a lot so it's good to get that outside perspective."*

Susan found her medical and mental health providers helpful in making sense of her job seeking experience. Emma, Ro, and Chad also mentioned psychological help such as counselling and their doctors as useful supports.

A few participants sought the help offered by employment services. For many of them, the experience of seeking help from employment services was very beneficial. Melissa said: *"It was one of those like job hiring places that I actually ended going into the career that I'm at now, so they did help a lot in terms of that"*. Melissa found the employment services to be helpful when she was looking for her current job. Susan said *"I'm actually working with a career counsellor now. That's been really positive"*. Charles also found employment services to be helpful:

> *"Really helped keep me on track and more just to go there and say this is what I'm doing, and they said you're doing all the right stuff you know. Even to hear that I was doing the right stuff is good because it didn't feel like it sometimes. ... then even 'cause it was literally two or three weeks after I had heard that and after she looked at my resume a little bit, that I had a job. ... so yah just bouncing it off people"*.

Charles found that employment services helped him to be on the right track during his job seeking. He found the support very helpful and through the support of the employment service he was able to find a job.

While some participants found employment services to be helpful, two other participants went to employment centres but had negative experiences. Ro said

> *"I went through ah some employment agencies to try you know and get some help. I found them less than helpful for me because they were treating me like a normal person who, I don't know what normal is, but you know not understanding the extra misery that I was going through".*

She felt as though the employment agency did not have a strong understanding of mental illness and that resulted in her negative experience.

While a few participants found employment services to be helpful, others did not realize that was an option. Charlie and Hannah said they did not know that there were services that could help them to find work. Lauren mentioned that she did not use any services and just did it the *"old fashioned"* way. These participants were not aware of the supports available to them.

A few participants expressed a need for more supports during the job seeking process. Ro wished that employment counsellors had extra training in mental health, and for better access to mental health professionals. She wants *"more like professional supports available, readily available … some more like you know access to more free supports and more of them"*. She also suggested that there should be more connection between employment counsellors and other mental health professionals. *"After you go see your employment counsellor who's trying to find you a job and it's not working, then you can go and talk to another professional who can help get you through it."*. Ro would like integrated or, at minimum, complimentary supports.

Some participants spoke of supports that they found helpful once they were able to find work. Chad found the medical support through his work to be crucial to his life. *"I think if I hadn't had the jobs that I've had and the support from the medical side of things, I would have a very different life right now"*. He also said that a supportive employer was always very helpful.

> *"I've had help obviously from like I said employers that have coverage and employers I've had a couple of them as I said really do their best to understand and will actually talk to you in a very un-boss/employee way. They just talk to you like two buddies sitting down having a chat and help you feel open to just saying whatever's on your mind."*

While this experience is not directly related to the job search, finding an employer and a company that supports the mental health of their employees may be a goal for other people with mental illness while they are job seeking. Similarly, when looking forward, Chad wanted to know about the work environment and mental health culture of potential jobs.

> *"if I were to leave, my challenge would be I would be trying to look at I mean, most people would say I just need a job that gives me these hours, pays this money and covers these bills. And I would be like I need to know that I have enough medical coverage for medications and therapy. I need to know that my employer is somebody that cares about employees. I need to know the work environment maybe has an area that people can go and destress you know it would revolve around a lot of mental health related things and that would be a challenging thing to discover on Nova Scotia Job Shop. They're not going to broadcast we advocate*

mental health wellness and stuff like that and maybe that's something that needs

to happen, is to let people know that employers have a much bigger support

network at a job".

Chad would want to know what sort of supports a company offers before he

applies because these supports are important to him and his job seeking. The

question of benefits is very important for applicants with mental illness as therapy

and medication can have very high costs.

The themes described in this thesis include barriers to finding work,

negative emotions related to job seeking, the question of disclosure, positive

emotions related to job seeking, and supports used or desired during job seeking.

Barriers included limited job pool due to illness specific requirements and the

labour market. Negative emotions included feeling discouraged and stressed.

There was a diverse range of experiences related to disclosure including positive

experiences, negative experiences, and non-disclosure. Positive emotions included

feeling proud, feeling lucky, and being thankful for their ability to find work.

Finally, various supports were used, many more were desired.

Chapter 4. Discussion

The participants in this study identified several barriers to job seeking, they shared negative experiences associated with job seeking, they discussed the difficult decision of disclosure, they shared the importance of work and the supports they used and desired during job seeking. Employment is important for the participants in this study and for many people with mental illness. As discussed previously, employment and unemployment are fundamental social determinants of health (Mikkonen & Raphael, 2010). Employment and unemployment are closely linked to other social determinants of health including income and housing. However, many of the barriers these participants faced have been previously identified in the literature and thus the question remains, why they continue to persist and impact job seeking for people with mental illness. This chapter will discuss the key findings of the research as well as identify implications for this work and highlight the strengths and weaknesses of the research. Lastly, it will outline potential areas for future research.

Individuals with Mental Illness Want to Work

At the time of the interviews, all of the participants had been successful in their job seeking and were employed. This suggests that people with mental illness are capable of finding and maintaining work. More importantly, it shows that these participants wanted to obtain employment as they used various supports, went to several interviews, and persisted through experiences of stigma. For many, they wanted to obtain employment that felt meaningful and important. Many of the participants in this study expressed positive emotions related to their work or their ability to find work. However, there seemed to be an important distinction between those who felt lucky and thankful versus

those who expressed more agency and pride in their ability. Many used the terms

"thankful" or "lucky" that their illness did not create more barriers. These terms were

often mentioned in comparison to other people that they knew or of whom they had

heard. The word choice of "lucky" could be interpreted as an external locus of control,

meaning that it was due to external factors that they were able to find work. Additionally,

these participants may have been experiencing self-stigma and therefore attributed their

success to external sources because they felt they did not deserve the opportunities they

received. Conversely, several participants spoke of being proud that they were able to

find work and do a good job. This suggests more agency and an internal locus of control,

meaning it was due to their own effort, and it was due to this effort that they were able to

find work. Most of the participants who showed more agency in their ability to find work

also chose to disclose their illness once they were employed. This connection may

suggest that feeling comfortable with a diagnosis may allow individuals to reflect on their

ability and their experience with mental illness. A study looking at work related locus of

control and self-esteem for women in recovery of substance abuse found that individuals

with high self-esteem were more likely to have an internal locus of control (Campagna,

Wilson, Callahan, & Jason, 2015). This may support the interpretation that the more

comfort someone has with their diagnosis, the more likely they are to have an internal

locus of control and be proud of their ability to find work. Interestingly, two participants,

Chad and Charles, spoke of resilience that they fostered through their experience with

mental illness and how that could be a benefit for their employers. These two men

believed that their mental illnesses are not barriers but rather have facilitated skills

development that have prepared them to face challenges at work.

While only some participants spoke of being proud of their ability to find work, many more found work to be meaningful and important to them. This may suggest that employment may hold special importance for those living with mental illness. Many spoke of barriers that they faced and yet they were able to find work. Facing these hurdles and being successful in their work may result in the work being meaningful for individuals with mental illness. As discussed in the literature, employment has many benefits for people with mental illness including increasing self-esteem, help to achieve goals, and provide coping strategies for handling the symptoms of their illness (Brucker & Doty, 2018; Dunn et al., 2008; Stuart, 2006). Perhaps the seeking process helps to develop many of those skills and competencies as well. As Charles expressed, overcoming barriers to find work and maintain a job while living with mental illness may foster resilience. Therefore, individuals with mental illness should be able to find work and should be able to access the accommodations and supports that they need to succeed in their workplaces.

While all the participants in this study wanted to work and were able to gain employment, they used various strategies to address disclosure during their job seeking and once they were hired. In this study, comfort with one's diagnosis seemed to be an important factor for deciding whether to disclose or not. Ro, Chad, and Charles were all very open about their experiences with their coworkers and even in interviews. Sometimes, sharing their experience with mental illness resulted in negative experiences such as being dismissed in interviews; however, it was still important to them all to be open and honest about their history and their experience. They appeared the most confident in their ability and their resiliency which was reflected in their experiences of

disclosure. While some participants felt that their diagnosis was not something that their employer, or potential employer, needed to know, Ro, Charles, and Chad felt that it was important to disclose in order to be more open with their employer. They wanted to be open and honest in order to foster strong workplace relationships and be honest about their experience with mental illness. Previous research has supported the notion that disclosure can be beneficial in fostering workplace relationships (Jones, 2011). Not only did these three participants want to find work, they wanted to find a workplace that allowed them to be open about their mental illness. Due to the limited number of men in the study, an analysis of the influence of gender would be difficult. However, it is interesting to note that both of the men in this study opted to disclose and were very open with their experience of mental illness while only one of the women in the study did the same.

Most of the participants spoke of informal supports and several others spoke of formal supports. The seeking out and use of different types of supports may suggest that people with mental illness want to work and are willing to seek assistance to meet that goal. Several participants had success with employment support services and this is also a suggested support in the literature as job coaches and employment support workers have been found to be helpful both during employment and during the job seeking process (Fabian, Waterworth, & Ripke, 1993; Gowan & Robbins, 2012; MacDonald-Wilson et al., 2003; MacDonald-Wilson, Rogers, Massaro, Lyass, & Crean, 2002; Sevak & Khan, 2017; Tremblay, 2011; Wang, Patten, Currie, Sareen, & Schmitz, 2011; A. Williams, Fossey, & Harvey, 2012).

Individuals with Mental Illness Continue to Face Barriers During Job Seeking

While individuals with mental illness want to work, they face many barriers that make the job-seeking experience difficult. Many participants spoke of how their illness was a barrier. This included the need for specific schedules as well as a desire for specific types of jobs. Research has echoed this sentiment of mental illness as a barrier itself. Symptoms of mental illness can be a barrier for those seeking work (Audhoe et al., 2018; Honey, 2003; Lloyd & Waghorn, 2007; Lynda R Matthews et al., 2014; Milfort et al., 2015; Netto et al., 2016). Participants spoke of specific scheduling needs and this has been found in suggested workplace accommodations for individuals with mental illness. Flexible scheduling including reduced hours is a commonly suggested workplace accommodation (Bastien & Corbière, 2018; Buhariwala, Wilton, & Evans, 2015; Carling, 1993; Chow & Cichocki, 2015; Corbière, Villotti, Lecomte, Bond, & Lesage, 2014; Dahl, Larivière, & Corbière, 2017; Gowan & Robbins, 2012; Hantula & Reilly, 1996; MacDonald-Wilson et al., 2002, 2003; McDowell & Fossey, 2015; Mellifont, Smith-Merry, & Scanlan, 2016; Negrini et al., 2018; Secker & Membrey, 2003; Seeman, 2009; Sevak & Khan, 2017; Tremblay, 2011; Villotti et al., 2017; Wåhlin, Ekberg, Persson, Bernfort, & Öberg, 2013; Wang et al., 2011; Williams, Fossey, Corbière, Paluch, & Harvey, 2016; Zuckerman, 1993). Wendy needed structured schedules to allow for a strict sleep schedule which is also a suggested workplace accommodation (Mak, Tsang, & Cheung, 2006). While many of these accommodations are suggested, it appears that they are not always implemented as these participants felt limited by their scheduling needs and other illness specific requirements.

Ro was the only participant to discuss the Nova Scotia labour market. This is due in part to the fact that I did not ask about how Nova Scotia's labour market may have affected participants' job seeking experiences. I did not ask this question because for participants who have lived and worked in Nova Scotia their entire lives, they may not be aware of the role of the labour market as they have only ever worked in one. Future research could investigate the role of the labour market by comparing the job seeking process across provinces. Ro's mention of the Nova Scotia's limited job opportunities is supported by the high unemployment rate relative to the national average (Statistics Canada, 2018). Nova Scotia's labour market may have also affected other participants including Wendy and Hannah as they already had a limited job pool due to other factors including specific scheduling needs and the state of Nova Scotia's employment rate could have resulted in an even smaller job pool. It has been found in the literature that when there are few open jobs, individuals with mental illness face an even harder time finding work (Audhoe et al., 2018; Lloyd & Waghorn, 2007). Since people with mental illness have a harder time finding work, many will choose not to disclose their illness in hopes of avoiding stigma and discrimination.

Many of the barriers mentioned by participants have also been found in the literature. This is important to note because despite these barriers being identified previously, the problems they create continue to persist today. Additionally, while many solutions and supports have been identified previously, these barriers still persist. Perhaps many of the solutions and supports are not accessible. In terms of stigma and discrimination, perhaps the current solutions are not enough to combat these negative opinions of individuals with mental illness in the workplace. Understanding why these

barriers continue to negatively affect individuals with mental illness should be an area for future research.

Unsurprisingly, facing barriers during the job seeking process leads to negative experiences. Facing rejection and worrying about stigma led many participants to feel negatively about themselves and about the job-seeking process. Previous research has looked at the role of rejection on internalized stigma and how this internalized or anticipated stigma can result in individuals with mental illness being less motivated to continue seeking employment (Green et al., 2003; Yoshimura et al., 2018). Concerns about stigma from potential employers also impacted how participants approached the question of disclosure. As the research has found previously, disclosing an illness can result in stigma and discrimination in interviews and in the workplace (Elraz, 2017; Gladman & Waghorn, 2016; McDowell & Fossey, 2015; Netto et al., 2016). Charles and Chad also experienced this when explaining gaps in their employment which has been found previously as well (Harris et al., 2014). They had been dismissed in interviews after disclosing or explaining their gaps in employment which, again, is consistent with previous studies on the risk of disclosure (Reavley et al., 2017). Many others chose not to disclose due to concerns regarding negative consequences which is consistent with the literature (Lasalvia et al., 2013; Reavley et al., 2017). For many, they stayed in a default position of non-disclosure because they felt that was a safer choice in terms of risk of disclosure which is a common stance taken by individuals with mental illness (Brohan, Evans-Lacko, et al., 2014; Toth & Dewa, 2014). Research suggests that when an applicant or employee is deciding whether to disclose their illness or not, they weigh the benefits and risks of disclosing (Dalgin & Gilbride, 2003). Wendy's experience echoed

this finding. She did not want to disclose but, in the end, needed to disclose in order to receive her accommodation. She appeared to weigh the risk of stigma against the benefits of the accommodation. Some research has been done on decision making tools for disclosure of mental illness (Brohan, Henderson, et al., 2014; Henderson et al., 2012), but no one in this study used a decision-making tool.

Another barrier faced by people with mental illness is lack of supports. An overall theme regarding supports is that there is a desire for more consistent supports through the mental health field and in the employment services field. Ro spoke of a need for more affordable and available mental health services. Just as employment and unemployment are social determinants of health, access to health services (including mental health services) is also a social determinant of health (Mikkonen & Raphael, 2010). Not only are mental health services important during job seeking, mental health services are important to overall health. Chad expressed a desire for potential employers to advertise what mental health supports they offer in their job descriptions so that applicants with mental illness can be aware of the workplace climate with regard to mental health support. Several participants had success with employment support services and this is also a suggested support in the literature as job coaches and employment support workers have been found to be helpful both during employment and during the job seeking process (Fabian et al., 1993; Gowan & Robbins, 2012; MacDonald-Wilson et al., 2003, 2002; Sevak & Khan, 2017; Tremblay, 2011; Wang et al., 2011; Williams et al., 2012). Additionally, there was the desire for mental health services and employment services to better compliment one another. This could be done by engaging the users of the services as stakeholders and to identify how they see the different services working together.

However, there would need to be a culture shift from siloed services to collaborative services. This would entail a sharing of information between services, as long as the clients agree to have their information shared. While there are many hurdles on the way to integrated services, there is an opportunity for greatly improved services if we can remove the silos and encourage collaborative supports for people with mental illness during their job search.

A few participants spoke of the lack of supports and a limited awareness of what supports were available, which is consistent with previous findings (Audhoe et al., 2018; Lloyd & Waghorn, 2007; Netto et al., 2016). Several participants shared that they were not aware of any supports to help them during job seeking. This may show a need for better awareness or advertisement of employment services and what supports they offer to those who are seeking employment. While not all participants found employment centres helpful, it is possible that these participants could have improved their experience of job seeking if they had known about employment services. Ro specifically spoke of an unmet need for mental health specific employment support and a desire for there to be coordination between employment services and mental health services which are also themes discussed in Netto et al. (2016). She spoke of a desire for employment counsellors to understand "the extra misery" of job seeking while living with a mental illness. The job-seeking experience for people with mental illness appears to be quite different than the job-seeking experience of other groups of people, especially those without mental illness. It has been suggested previously that employment services need to be tailored for people with mental illness (Hall et al., 2015). Previous research has also suggested that there is a need for individualized employment support for individuals with mental illness

(Henry & Lucca, 2004; Mellifont, 2017; Netto et al., 2016). This is important as the employment search is different for people with mental illness but also because each individual with mental illness is unique. Since mental illness has a range of symptoms and effects, individualized support is important. People with mental illness need comprehensive, integrated, and individualized supports to overcome the additional barriers that they face during job seeking.

Implications

The findings from this study have important implications for employers, employment counsellors, the field of health promotion, and lastly, individuals with mental illness who are seeking employment.

For employers, this research shows that applicants with mental illness are capable of doing a good job despite, or sometimes because of, their experience with mental illness. It also highlights the importance of work for individuals with mental illness, which may encourage more employers to hire applicants with mental illness. This research shows that while mental illnesses present barriers and challenges for workers, it is important to acknowledge the resilience of people with mental illness. Mental illnesses can result in difficult experiences, but people are able to grow and overcome these challenges. Additionally, it is important to remember that while work may present some challenges for individuals with mental illness, it also presents many opportunities as well. This research also shows the importance of job accommodations as in the case of Wendy, who was hesitant to disclose, but after receiving her needed accommodation flourished in her position. This research supports the idea that while disclosure can result in negative consequences such as discrimination, disclosing may also result in positive consequences

such as accommodations which can be beneficial for the employee and the employer. Chad's experience with wanting more information about a workplace's benefits plan can also help employers to attract workers with mental illness. With therapy and medications being very expensive, offering a comprehensive benefits plan will help to attract and retain workers, especially those with mental illness.

There are also implications for employment counsellors. As highlighted by Ro's experience, as well as seen in Netto et al. (2016), employment counsellors need to be educated on mental illness and how the experience of job seeking is different for populations with mental illness. There needs to be mental health literacy for employment counsellors who work with people with mental illness. Understanding the different challenges that individuals with mental illness face when seeking work will help employment counsellors to assist these individuals better. Additionally, this research highlights the need for better connections between different support systems including better integration of psychological supports and employment assistance.

For the field of health promotion, there are important implications for the role of employment. Employment (and working conditions) and unemployment have been identified as social determinants of health (Mikkonen & Raphael, 2010). Additionally, employment may have a special meaning for individuals with mental illness. With this knowledge, health promoters should focus on improving access to employment services and mental health services, as well as improving opportunities for employment for individuals with mental illness. Health promoters can be apart of highlighting the need for and the benefits of hiring individuals with mental illness. There are still negative attitudes towards mental illness and employment but health promoters can help to

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dismantle some of these negative attitudes by highlighting the benefits that work offers and the resilience that mental illness can foster in workers. They can work as the bridge between employment services and mental health services by promoting each stream of support to the other. Aiding individuals with mental illness in finding work should be a health promotion priority.

For individuals with mental illness who are seeking employment, the findings from this research may serve as an opportunity to learn from others' experience. It may be helpful for other individuals with mental illness to hear the experiences of others who have gone through the process of job seeking and were successful. Thus, it is hoped, will help to reduce self-stigma by recognising that others have experienced similar challenges in their job seeking.

Strengths and Limitations

One source of limitation in this study was the researcher. I was new to interviews and while I received some interview training from my supervisor, the first few interviews may have lacked detail as I was not confident in my ability to probe deeper into questions. The last few interviews contained more details than the first few. Another source of limitation in this study is the characteristics of the sample. The participants in this sample were predominately white and fairly educated. Therefore, this study explored a specific experience of seeking work. There is lack of representation of people of colour and less education. Additionally, it only explored successful job seeking. While some participants spoke of interviews and applications that were unsuccessful, at the time of the interview all participants had successfully found work. The fact that all participants were successfully employed at the time of the interview may have affected the way

participants recalled their job seeking. Since phenomenology is about interpretation and understanding of one's own experience, this study is exploring how the experience was understood after the fact. The interpretation of the experience may be different for those actively engaged in job seeking.

A characteristic of this study that is both a limitation and a strength, is the choice I provided to participants to complete the interview face-to-face or over the phone. For those who chose over the phone, I was limited by my inability to observe facial expression and body language. This may have affected my interview skills and also may have potentially impacted how I interpreted what was being said. However, being interviewed over the phone may have helped the participants to feel more comfortable since they were at their own homes. Additionally, by offering phone interviews, I was able to reach participants from outside of Halifax.

A strength of this study was the diversity in mental illness diagnoses. This sample experienced a wide range of mental illnesses and this allowed for more diversity in the experiences explored. The rich demographic detail collected in this study serves as a strength as it allows for greater transferability. Another strength of this study was the use of Interpretive Phenomenological Analysis. This methodology allows for a deep exploration of the experience and how individuals make sense of their experience. Using this methodology helps to provide a deep picture of the experience of seeking employment.

Future Research

There were a few key ideas that came up in this study that could warrant further investigation. Firstly, future research on mental illness and seeking employment should

examine the concept and experience of resilience through mental illness, as mentioned by Charles. The idea that experiencing mental illness may be beneficial in developing skills and strategies may be very useful for job seeking. Future research could examine how resilience, developed through the experience of mental illness, may be beneficial for both the applicant with mental illness and for the potential employer. Secondly, future research on the Nova Scotian perspective could compare the job seeking experience of Nova Scotians with individuals from other provinces to more directly examine the influence of the provincial labour climate. Additionally, future research should focus on the mental health competency of employment assistance agencies and employment counsellors. From this analysis, there should be education created for professionals who work with individuals with mental illness on how to better support this population. Finally, as highlighted previously, many of the barriers to seeking employment have been identified in the literature and many solutions have been proposed and yet the participants in this study still face many of the previously identified barriers. Future research should explore why these barriers persist and why the proposed solutions have not made more of an impact on the experience of seeking employment.

Knowledge Translation

As a few of the participants shared that they did not know what employment supports were available during their job search, I plan to create an infographic for the main employment services available in Nova Scotia and share it through various social media channels including the Work Wellness Lab with which my supervisor is involved.

Employers should be made aware that applicants with mental illness are motivated to work and are able to maintain stable employment. However, these

individuals would like to know what mental health supports are available to them when they apply for work. In order to spread this information, I plan to create another infographic that outlines suggestions for promoting a mentally healthy workplace such as comprehensive medical benefits, possible job accommodations, and workplace climate initiatives.

To address the need for mental health competency in employment services, I intend to compile a list of mental health educational services, such as the Mental Health First Aid program offered by the Mental Health Commission of Canada and share it with Nova Scotian employment services to highlight the need for this education among their staff.

Finally, to share the findings of this entire study, I will present these findings at local conferences such as Dalhousie's *Crossroads Interdisciplinary Health Research Conference*. I also wish to publish these results in an academic journal such as *Work*. For the participants of this study who indicated, on the informed consent, that they were interested in receiving a summary of the result, I will write up a plain language summary that highlights the key findings of this study and distribute it by email.

Conclusion

The aim of this research was to explore the experience of seeking employment for individuals with mental illness in Nova Scotia. The main findings are that individuals with mental illness want to work and this work may hold a special meaning for this population. They are thankful and proud of when they are able to find work. They also use many supports to help them achieve their employment goals. For those who are proud of their ability to find work while living with a mental illness, disclosing their illness in

order to be open and honest is important to them. While people with mental illness want to find work, they face many barriers during this process. They face stigma and discrimination and their illnesses may create barriers as well. Illness specific job requirements result in small job pools and this is made worse by the poor Nova Scotian labour market. While many individuals in this study used supports, many more spoke of a lack of supports, a lack of appropriate supports, and a desire for better access to supports. Many of the barriers that the participants in this study faced have been identified previously in the literature. This begs the questions, despite being identified before, why do these barriers persist? Many solutions have been proposed to reduce these barriers and improve this experience of job seeking and yet the same problems continue to affect individuals with mental illness today. Facing all of these barriers results in negative emotions such as stress, anxiety, and reduced self-esteem. Concerns about facing stigma and discrimination also arose and influenced the decision to disclose or not, with many opting to not disclose.

In conclusion, individuals with mental illness want to work and are capable of finding and maintaining work. Working may hold a special meaning for individuals with mental illness. However, they continue to face barriers including stigma, discrimination, and lack of supports that need to be removed so that individuals with mental illness can fully participate in the labour market and have the opportunity to experience all the benefits that employment has to offer.

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Appendix A: Interview Guide

Thank you for your willingness to take part in this research study, conducted by me (Robyn Moore) and my supervisor, Dr. Lynne Robinson, Dalhousie University as part of a larger study Dr. Robinson is conducting with Dr. Lucie Kocum, and Ms. Barbara Thompson of St Mary's University.

Please feel free to just say no to any questions you don't feel comfortable answering. As we said in the consent form, you can also withdraw from the study right up to when we analyze your information.

Demographic questions

I'd like to first get to know a little bit about you so I can understand your context.

11. How old are you as of today?
12. What is your highest education level?
13. Ethnicity?
14. What gender do you identify as?
15. Are you currently employed for pay or going to school or both?
    If answer to above is NO, ask:
16. In what year were you last employed?
17. How many years/months have you been employed since you were diagnosed with a mental illness?
    If the answer is YES, ask, are you currently employed?
18. What was the last job you either did or the job you are currently doing?
19. Do you live in a larger town (Halifax, Dartmouth), a smaller town (e.g. Lunenberg, Truro) or in a rural area?
20. What are the mental illness diagnoses you have received?

Now, I'd like to ask you some questions about your experiences with mental illness and employment. Again, stop me if there is anything you don't wish to answer.

Semi structured interview

1. Can you describe for me, as fully as possible, what your experience with employment has been since you were first diagnosed with a mental illness? (The participant should be given as much time as s/he wishes to answer this question fully, with encouraging comments and sounds given, as well as prompts as needed, such as "can you explain that more fully to me?" "what happened after that?", "what was that like for you?". Other prompts to encourage a full description may be "were you employed at the time, were you able to stay in employment, what were the difficulties/benefits of the employment for you, how many different jobs have you done since the diagnosis"
2. What does being employed or working mean for you?

3. *If the interviewee is currently employed ask:*

> How satisfied are you with your current employment situation? (prompts: is it meaningful, are you working the hours you would like, how satisfied are you with what you do in your job, your relationships with your co-workers? with your boss, with your pay?)

4. *If the interviewee has looked for work ask:*

> What was your experience in seeking work? (prompts: how did you handle **disclosure** of mental illness, did you experience challenges or supports while seeking work).

5. What are the barriers/ challenges you have experienced or are experiencing in working after/during an episode of mental illness.
6. What support in your workplace or elsewhere helped you most to have meaningful employment during or after your episodes of mental illness.
7. If your employment experience could have been better for you, what would have made it better?
8. Is there anything else you would like to tell me that would help me to better understand what your experience has been with employment since your diagnosis or any advice you would like to offer that might help to make for better experiences for others like you?

Thank you for your help. This is the end of the interview. *If you are willing, and only if you are willing,* we ask that you take several of these information cards about our study and share them with others who might be able to help us understand the experience of employment after a diagnosis of mental illness. [If yes, participants will be handed the cards, participants who do telephone interviews will be emailed business sized images of the recruitment poster, with a neutral subject heading.]

Appendix B: Health Sciences Research Ethics Board Letter of Approval

DALHOUSIE UNIVERSITY
Research Services

Health Sciences Research Ethics Board
Letter of Approval

February 15, 2019

Lynne Robinson
Health\School of Health and Human Performance

Dear Lynne,

REB #:   2018-4658
Project Title: Mental illness and the experience of meaningful employment

Effective Date: February 15, 2019
Expiry Date: February 15, 2020

The Health Sciences Research Ethics Board has reviewed your application for research involving humans and found the proposed research to be in accordance with the Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans.* This approval will be in effect for 12 months as indicated above. This approval is subject to the conditions listed below which constitute your on-going responsibilities with respect to the ethical conduct of this research.

Sincerely,

Dr. Tannis Jurgens, Chair
Funding Agency: Department of Communities, Culture and Heritage of Nova Scotia
Award number: 5009241
Romeo Number: 1028671

Post REB Approval: On-going Responsibilities of Researchers

After receiving ethical approval for the conduct of research involving humans, there are several ongoing responsibilities that researchers must meet to remain in compliance with University and Tri-Council policies.

1. Additional Research Ethics approval

Prior to conducting any research, researchers must ensure that all required research ethics approvals are secured (in addition to this one). This includes, but is not limited to, securing appropriate research ethics approvals from: other institutions with whom the PI is affiliated; the research institutions of research team members; the institution at which participants may be recruited or from which data may be collected; organizations or groups (e.g. school boards, Aboriginal communities, correctional services, long-term care facilities, service agencies and community groups) and from any other responsible review body or bodies at the research site.

2. Reporting adverse events

Any significant adverse events experienced by research participants must be reported **in writing** to Research Ethics **within 24 hours** of their occurrence. Examples of what might be considered "significant" include: an emotional breakdown of a participant during an interview, a negative physical reaction by a participant (e.g. fainting, nausea, unexpected pain, allergic reaction), report by a participant of some sort of negative repercussion from their participation (e.g. reaction of spouse or employer) or complaint by a participant with respect to their participation. The above list is indicative but not all-inclusive. The written report must include details of the adverse event and actions taken by the researcher in response to the incident.

3. Seeking approval for protocol / consent form changes

Prior to implementing any changes to your research plan, whether to the study design, methods, consent form or study instruments, researchers must submit a description of proposed changes to the REB for review and approval. This is done by completing an Amendment Request (available on the Research Ethics website). Please note that no reviews are conducted in August.

4. Submitting annual reports

Ethics approvals are valid for up to 12 months. Prior to the end of the project's approval deadline, the researcher must complete an Annual Report (available on the website) and return it to Research Ethics for review and approval before the approval end date in order to prevent a lapse of ethics approval for the research. Researchers should note that no research involving humans may be conducted in the absence of a valid ethical approval and that allowing REB approval to lapse is a violation of University policy, inconsistent with the TCPS (article 6.14) and may result in suspension of research and research funding, as required by the funding agency.

5. Submitting final reports

When the researcher is confident that no further data collection or participant contact will be required, a Final Report (available on the website) must be submitted to Research Ethics. After review and approval of the Final Report, the Research Ethics file will be closed.

6. Retaining records in a secure manner
Researchers must ensure that both during and after the research project, data is securely retained and/or disposed of in such a manner as to comply with confidentiality provisions specified in the protocol and consent forms. This may involve destruction of the data, or continued arrangements for secure storage. Casual storage of old data is not acceptable.

It is the Principal Investigator's responsibility to keep a copy of the REB approval letters. This can be important to demonstrate that research was undertaken with Board approval, which can be a requirement to publish.

Please note that the University will securely store your REB project file for 5 years after the study closure date at which point the file records may be permanently destroyed.

7. Current contact information and university affiliation
The Principal Investigator must inform the Research Ethics office of any changes to contact information for the PI (and supervisor, if appropriate), especially the electronic mail address, for the duration of the REB approval. The PI must inform Research Ethics if there is a termination or interruption of his or her affiliation with Dalhousie University.

8. Legal Counsel
The Principal Investigator agrees to comply with all legislative and regulatory requirements that apply to the project. The Principal Investigator agrees to notify the University Legal Counsel office in the event that he or she receives a notice of non-compliance, complaint or other proceeding relating to such requirements.

9. Supervision of students
Faculty must ensure that students conducting research under their supervision are aware of their responsibilities as described above, and have adequate support to conduct their research in a safe and ethical manner.

Appendix C: Recruitment Poster

MENTAL HEALTH & WORK

Diagnosed with a mental illness? We want to understand your employment experiences.

Open to all Nova Scotians **18 years of age or over**, who **have been diagnosed with a mental illness**, and who have been **employed at any time** during or after a diagnosis of mental illness or who are currently employed.

What's needed: A confidential in-person or telephone interview (your choice). Costs will be covered and there will be a small "thank you" gift card.

Limited to **12** participants.

Interested? Contact the interviewer, Robyn Moore, Dalhousie University. Email:

robyn.moore@dal.ca or text 778-867-6100

The *Barriers and Facilitators to Finding Meaningful Employment after Mental Illness Study* has been reviewed and approved by the Research Ethics Board at Dalhousie University (REB file# 2018_4658). For questions regarding participants' rights and ethical conduct of research, contact the DAL Research Ethics Board at ethics@dal.ca.

Appendix D: Informed Consent

DALHOUSIE UNIVERSITY

CONSENT FORM

Project title: *Mental Illness and the Experience of Meaningful Employment*

Lead researcher: Lynne Robinson, PhD, School of Health and Human Performance, Dalhousie University, lmrobins@dal.ca, 902-494-1157

Other researchers
Robyn Moore, MA student, Health & Human Performance. Robyn will carry out interviews.
Lucie Kocum, PhD, Psychology, Saint Mary's University
Barbara Thompson, Research Associate, Saint Mary's University

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Introduction
We invite you to take part in a research study being conducted by me, Lynne Robinson and my Masters student, Robyn Moore at Dalhousie University School of Health and Human Performance as part of her degree program and as part of a larger study L. Robinson is conducting with Dr. L. Kocum and Ms. B. Thompson. It is entirely your choice whether or not you take part in this research. There will be no impact on your employment or on any health care you receive if you decide not to take part in the research. The information below tells you about what is involved in the research, what you will be asked to do and about any benefit, risk, inconvenience or discomfort that you might experience.

You should discuss any questions you have about this study with Robyn Moore. Please ask as many questions as you like. You may contact her at **robyn.moore@dal.ca or** 778-867-6100. If you still have questions, please contact Lynne Robinson (lmrobins@dal.ca or 902.240.8489.

Purpose and Outline of the Research Study
The purpose of this study is to explore the workplace experience of Nova Scotians with mental illness., We know that employment and finding employment can be harder for people with mental illnesses. And we know that employment is important for them as well. We want to understand the experience of meaningful employment for Nova Scotians like you. We want to hear from you what makes your work life easier or harder and what makes it easier or harder to find that work. We hope this information will help to guide future research on work for others like you and also help to create strategies to

improve the experience of work and seeking work for others like you. We hope to have about 12 people take part in an interview on their experience.

Who Can Take Part in the Research Study
You may take part in our study if you live in Nova Scotia, are 18 years of age or over, identify as having been diagnosed with a mental illness, and have been employed for pay at any time during or after a diagnosis of mental illness or are currently employed.

What You Will Be Asked to Do
You will be asked to take part in an interview which will last until the you are satisfied that you have shared all that you want to of your experience. We expect, based on experience, that your interview will tend to take about one hour. You may choose to have an in person interview at Dalhousie University or a telephone interview, with the interviewer in an office at Dalhousie with the door closed (and a do not disturb sign on the door). If you choose a telephone interview, we advise you to make sure you are in a safe and private space when you take the call from the interviewer.

The interview will be audio recorded if you give permission. If you do not give permission, the interviewer will take notes during the interview. If you don't give permission for audio-recording, or note taking, the interview cannot be carried out, but you will still get a thank you gift card if you have come into Dalhousie.

Possible Benefits, Risks and Discomforts
We will not be asking questions about your current mental state and only asking a question about the diagnoses you have received. However, topics such as self-harm and suicide may still come up. Difficult to contain emotions may be aroused when discussing the important life issue of employment.

There are no anticipated direct personal benefits to you of taking part in this study. However, as this study is being carried out as part of a larger research focus on improving workplace accommodations for people with disabilities, there is a realistic chance that your voice will contribute to the understanding in Nova Scotia of workplace experiences of individuals like you. We hope that our findings will contribute towards changes for the better in workplace accommodations for people with mental illnesses.

Compensation / Reimbursement
To thank you for your time, we will give you a Tim Horton's gift card for $10 if you do the interview by telephone. If you carry out the interview at Dalhousie University, we will give you a Tim Horton's gift card for $15 to cover travel expenses plus we will pay for parking if needed. This gift card is yours to keep once the interview starts, whether or not you complete the interview or do not answer some questions.

How your information will be protected:

Protecting your privacy: We will do our best to preserve your privacy and

confidentiality at all times. Robyn Moore will carry out all interviews, whether in person or via telephone, in a private office at Dalhousie university, behind closed doors. If you choose to carry out your interview via telephone, we encourage you to call from a place where you can close the door and be out of the hearing of others. We also encourage you to **protect any emails or texts** to the researchers, using a private and secure email to contact us, and to delete those emails or texts once the interview is set up. Any emails will have subject lines that do not reveal the nature of the study.

Protecting your confidentiality: At the time of the interview, **you will be asked to select a preferred alias (a name you would like us to use to identify you in our records and in any quotations from you that we use)**. This should be one that others won't recognize as you. This alias will be recorded on a paper list that matches your names with that alias, and will be used to identify any quotations we use from you, IF you give us permission to use quotations.

All documents except this consent form and the paper list of aliases will be identified with your alias. All paper documents related to you will be kept in a locked filing cabinet in Lynne Robinson's office at Dalhousie (kept locked when she is not there). Anything with your real name on it will be kept separately from the transcript of your interview and any other documents. Only Lynne Robinson will have the key to the cabinet. A professional and experienced transcriptionist will be provided with the audio recording of your interview in a password protected memory stick, which she will keep securely locked when not in use and return by hand to the researchers. Your interview will be audio-recorded on a recorder that is kept in a locked cabinet when not in use. The recorder will be wiped clean of your recording once we are sure that the transcript of your interview matches your actual audio interview. All email and/or text communications with you will be deleted once the interview takes place. **Anything that might identify you will be removed from the transcript, which will be identified only by your chosen alias.** Your interview transcript will be kept on a **password protected memory stick or external hard drive** by Robyn Moore during analysis of the interview and returned to Lynne Robinson for secure storage in her locked filing cabinet. Only Robyn Moore and Lynne Robinson will know your real name. Lucie Kocum will help with analysis but will only see quotations from the interviews, not the interviews with aliases.

We will describe and share our findings in Robyn Moore's thesis and in presentations, public media, other reports or publications from this study. We will use your alias to identify quotations from you, if you give permission to use quotations. We will be very careful to only talk about group results so that no one will be identified. The people who work with us have an obligation to keep all research information private

Data retention: Once the analysis and writeup of the study is completed, all electronic and paper files will be held by Lynne Robinson in a locked cabinet in her office kept locked when not in use. All electronic and paper records will be securely destroyed 5 years after publication. Paper files will be shredded and electronic files with wiped magnetically.

Limits to confidentiality: While we don't expect this to happen, we have a legal duty to contact authorities if what you say to us leads us to suspect child abuse or neglect, or abuse or neglect of an adult in need of protection. If we have reason to believe you may harm someone else, we have a duty to tell this to the police. If your interviewer believes you may harm yourself, she will advise you to seek help and offer support to do so, and may ask for help on your behalf if she believes you are at serious risk.

If You Decide to Stop Participating
You are free to leave the study at any time. If you decide to stop participating at any point in the study, you can also decide whether you want any of the information that you have contributed up to that point to be removed or if you will allow us to use that information. We can remove your data up to the completion of our analysis of your interview. After that time, it will become impossible for us to remove it because it will already be analyzed. We anticipate that we will have completed analysis of your interview no later than two weeks from the end of the interview.

How to Obtain Results
We will provide you with a short description of group results when the study is finished. No individual results will be provided. You can obtain these results by requesting them on the signature page attached. The summary will be sent to you via the email address you are using for this study. The subject heading for the summary report will be a neutral one that does not reveal your participation in this study.

Questions
We are happy to talk with you about any questions or concerns you may have about your participation in this research study. Please contact Robyn Moore at robyn.moore@dal.ca or Lynne Robinson at 902.240.8489 or Lynne.Robinson@dal.ca at any time with questions, comments, or concerns about the research study (if you are calling long distance, please call collect). We will also tell you if any new information comes up that could affect your decision to participate.

If you have any ethical concerns about your participation in this research, you may also contact Research Ethics, Dalhousie University at (902) 494-1462, or email: ethics@dal.ca (and reference REB file # 2018-4658).

Resources:
If you experience emotions you find difficult to control, the Mental Health Mobile Crisis (MHMC) Telephone Line is an available resource. Call 902-429-8167 or 1-888-429-8167 (toll free).
Emergency Health Services (911) can also be a helpful resource if emotions are overwhelming.