# Schizophrenia in the Workplace: Is the Work Environment Inclusive?

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**ABSTRACT**

**Background:** In society, mental health is becoming the forefront of the conversation. In recent years, there has been an increase in acceptance aiding individuals with mental illnesses. While this is a positive step forward, individuals experiencing mental illness still face discrimination and mistreatment in public areas, including the workplace. Schizophrenia, an illness affecting reality perception, is one of the conditions that produce negative connotations. Biases related to this illness create opinions that can hinder the individual's professional career, making it harder to succeed and progress in the workplace. **Purpose:** This review aimed to explore the mistreatment of individuals with schizophrenia in the workplace and analyze how they are affected by such actions. **Method:** Evidence-based data such as research studies and peer-reviewed journals concerning the subject were compiled and analyzed to acquire information. **Findings:** Results indicate that stigmatization occurs based on schizophrenia symptoms in the workplace. Discrimination, mistreatment, and prejudice all combine to create a work environment for the affected individual negatively. Based upon these findings, it is apparent that there is a need for increased knowledge and education concerning schizophrenia. **Conclusion:** Employers should create a welcoming environment for all employees, whether they have medical diagnoses or not, to produce an accepting and productive workplace for all.

**INTRODUCTION:**

The concept of schizophrenia encompasses a vast amount of physical, emotional, and mental elements. This specific mental illness affects how an individual experiences reality, which can be detrimental to certain characteristics of life, such as relationships and mental health. An important aspect that often gets overlooked is the individual's ability to function in the workplace. Symptoms that play a part in schizophrenia, such as delusions, psychosis, and hallucinations, are not well accepted in a professional work setting. Society often associates these mental abnormalities as "crazy" and reacts shamefully and fearfully toward the affected person. The National Alliance of Mental Illness (NAMI) has warned about these unfair stereotypes put upon these affected individuals. A push for a more inclusive work environment is being proposed worldwide to help accommodate such hardships individuals must face. NAMI elucidates that organizations must ensure employees from diverse backgrounds can access adequate mental health support [1]. This literature review aimed to explore the experiences of individuals with schizophrenia in the workplace and investigate the misconceptions of this illness. Research question: How does having schizophrenia affect individuals in the workplace?

**Background**

Mental illnesses, such as schizophrenia, are challenging for outside peers to comprehend because only the affected individual is experiencing the physiological and psychological effects of the illness. This creates a misconception for outside peers on what these affected individuals are experiencing. These inaccurate inferences are usually based on the symptoms of hallucinations, deeming the individual crazy and psychotic. This can affect multiple aspects of the individual's life, especially work balance. Individuals with schizophrenia have to deal with the illness's side effects making traits like attention and awareness more difficult [2]. In return, observers of this behavior may begin to feel that the individual is incompetent and is not fit for the job. These negative thoughts often associated with schizophrenia are detrimental to that person's mental health, in addition to the circulating opinions of other workers at the company. Exploring the thoughts and feelings of both the affected individual and surrounding peers in the workplace may produce a leveled understanding of the experience both parties go through. Having a higher

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understanding of the emotions experienced in the workplace concerning mental illness can aid in a healthier and more productive work environment for all.

**Conceptual Definition of Mistreatment**

Mistreatment can be characterized in multiple ways depending on how an individual interprets it. According to the Cambridge Dictionary, mistreatment is the act of treating a person or animal badly, cruelly, or unfairly [3]. While this definition gives a broad overview, what actions in the workplace have to be done for it to be deemed mistreatment? This is where differentiating opinions on the severity of mistreatment play a role. Personal experiences of individuals mold a framework for how they interpret life. Some individuals might see an action as unfair, while others might think the opposite. This puts vulnerable individuals at risk for experiencing mistreatment since the definition is based on subjective actions. In this literature review concerning schizophrenia in the workplace, mistreatment can be from harmful verbal expressions to emotional detachment and even job termination solely based on mental illness. Individuals with schizophrenia experience prejudice and judgment from the way they act and the overt symptoms they show. This puts them at risk of being mistreated in the workplace. Being aware of mental health and actively searching for new knowledge to become educated would greatly benefit employers and their employees.

**Stigma of Schizophrenia**

While mental illness is increasingly being accepted throughout society, there are still pessimistic philosophies of what these illnesses are. As explained earlier, schizophrenia is a disorder in which people interpret reality abnormally. As illustrated in Figure 1, these atypical interpretations can manifest as hallucinations, delusions, and even disordered thinking. These subjective experiences are usually only noticed by the affected individual because it is happening neurochemically. Social stigma occurs when outward actions from the affected individual become apparent. This observable symptomatic behavior usually occurs from the patient's self-initiated coping strategies in response to their internal symptoms [4]. These actions typically manifest as avoidance strategies, social withdrawal, or expressing abnormal thought processes [4]. These negative social interactions usually stimulate peers to make judgmental opinions about the individual quickly. Such thoughts can be anything from thinking the individual is "crazy" to

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asserting they are not fit for the job requirements. Research states that social stressors, such as stigmatizing interactions, can exacerbate symptoms and impact social functioning [5]. Furthermore, victimization may cause a delay in treatment-seeking behaviors and result in poor treatment compliance [5]. Stigmatizing behaviors affect the individual in more ways than just emotionally. The workplace should be a space where individuals are accepted and aided to produce their full potential. While stigma concerning mental illness is still very much prevalent, knowing personal prejudice and bias may contribute to healthier interactions throughout the workplace.
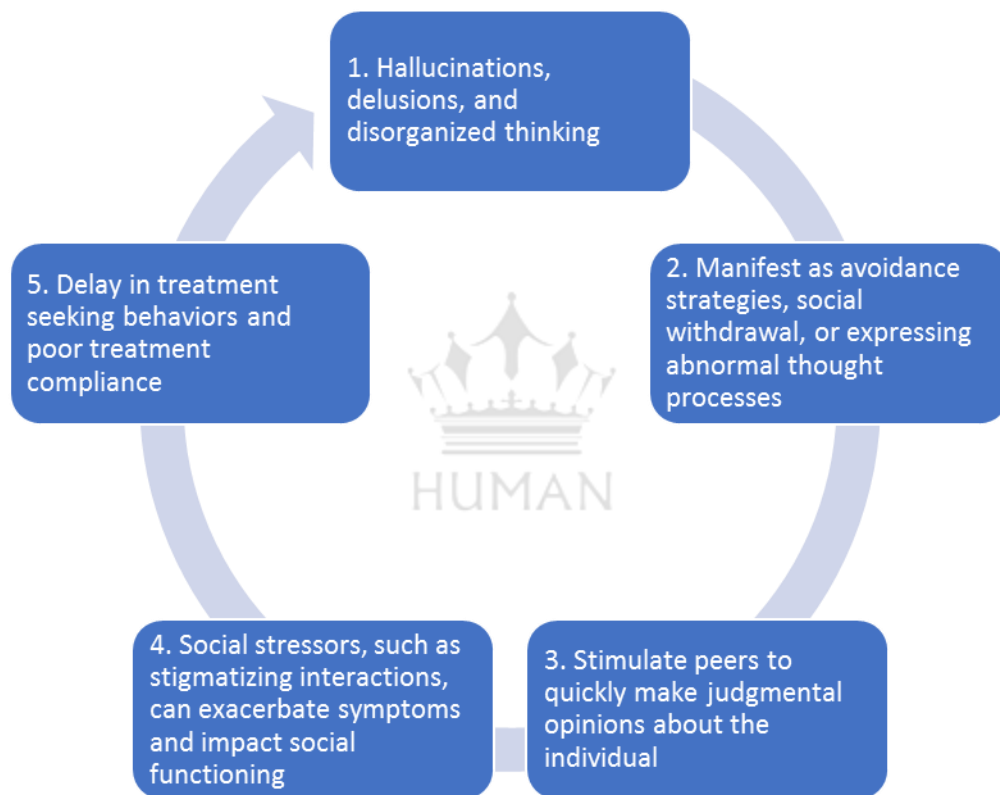


**Figure No. 1: Stigma related to schizophrenia results in a cycle of maladaptive behaviors**

**CASE STUDY**

Upon speaking with individuals who have schizophrenia, a pattern began to emerge. These men with schizophrenia have difficulty maintaining a job solely based on their mental illness. Some struggles come with having such an illness. For this review, three patients are discussed and explored as to how their work-life has been affected by the diagnosis of schizophrenia. For

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confidentiality reasons, verbal consent only was obtained from these individuals for the case study.

**Patient A**

Patient A arrived in the hospital unit willingly to better himself for his wife and their life together. He disclosed that he had not been taking his medications per the prescribed regimen, which resulted in a decreased performance at work and even days of no call, no shows. He was given an ultimatum from his boss and wife, stating that he needs to get help or not have a job or a wife anymore. The effects of the patient's illness were becoming too much for his peers; so much so, they were willing to leave him. The patient mentioned that the moment his wife said leaving, he knew he had to get inpatient help and fast. He understands that it is necessary to take his medications as prescribed and how his brain is affected when the medications are not taken. From his experience on the unit, he can see how the prescribed medication decreases his positive and negative symptoms of schizophrenia. With the reduction of positive and negative symptoms of schizophrenia, the ability to perform outside tasks such as work and being a husband becomes increasingly maintainable.

**Patient B**

While some patients are voluntarily committed into a psychiatric unit, some, like patient B, are involuntarily committed. He found himself involuntarily committed to the hospital due to multiple occasions of verbal and physical disputes with coworkers. Patient B shared that he was on thin ice at work, and he knew it, but he also knew his coworkers were all talking bad about him in the break room and could not tolerate it anymore. This led him to storm into the break room and have an outburst, accusing them of talking behind his back and making fun of him. This escalated into him throwing office supplies around the room and making a scene. This resulted in security being called, which got the police involved, which landed him in the hospital. Upon questioning, he disclosed that he had not been taking his medications because he didn't have time to go to the store to pick them up. This probably could account for his behavior. He seemed quite bitter to be in the hospital and mentioned that he could not wait to get out. When asked what his plans were when he got out, he looked annoyed and shared that he will have to look for a new job, even though he knew nobody would hire him after this incident. That is not

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the moral psychiatric patients should have when re-entering the work field, which impacted his recovery outlook.

**Patient C**

Unlike Patient A or B, Patient C has been unemployed living, with friends trying to find a job to support him. He voluntarily committed himself to the hospital to receive the help he needs to communicate with peers and attain a workplace position. While on the unit, he shared some of the unpleasant comments that employers have said to him. These comments included some of the following: "I can't hire someone to work for me that can't even take care of them," or "I just don't think that you are the right fit; McDonald's might be hiring." Both comments can be hurtful and cause anyone to feel less about them. He mentioned that sometimes when he is rejected, in his head, he will think, "if only I was good enough," or "I wish I was normal." This has caused Patient C, in the past, to attempt to harm him for not being able to change who he is. In this case, it is the constant put-downs and rejections that ultimately drove this patient to feel worthless.

**LITERATURE REVIEW**

Research of articles for the literature review was conducted using multiple databases, including Springer, ProQuest, NAMI, and the university library. The keywords ' schizophrenia in the workplace' were searched using only articles from 2014 to 2021. The stigma, treatment, and support of employees with schizophrenia were discussed in multiple studies and meta-analyses in psychiatry, nursing, and medicine. The literature review encompasses the varying treatment of individuals with schizophrenia in the workplace and analyzes research conducted in various environments. The varying treatment and support systems available to employees, both positive and negative, are discussed to highlight the strengths and weaknesses of mental health treatment in the workplace and identify changes that should be implemented for a more inclusive environment.

**High Mortality Gap**

In a study that analyzed the global burden of schizophrenia, Charlson *et al.* [6] identified a high mortality gap for people with schizophrenia. Although low in prevalence, schizophrenia patients experience a higher mortality rate across all age groups. This places a higher burden on the

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workplace because of the high mortality risk at younger ages. Having such a substantial burden of disease requires the necessary support systems to be put in place in workplaces even if the prevalence of schizophrenia is low. The burden is increasing globally in the middle to low-income nations. With the increase in prevalence, action must be taken to provide services and effective treatments for schizophrenia [6]. Effective schizophrenia treatments are comprehensive because all patients with schizophrenia have different experiences, especially when another mental illness is present. This lack of specificity results in a lack of knowledge or awareness of effectively supporting employees with schizophrenia.

In a study regarding a return to work or school after the first episode of schizophrenia, Nuechterlein *et al*. [7] Aim to enhance the evidence supporting individual placement and support with workplace fundamentals modules. The study was conducted over 18 months in a randomized controlled trial with 69 recent-onset schizophrenia patients recruited from over 25 hospitals and clinics in Los Angeles. The criteria were a recent first psychotic episode within the last two years, a diagnosis by Research Diagnostic Criteria of schizophrenia or schizoaffective disorder, 18-45 years of age, English speaking, residence close to UCLA, and possible interest in trying to resume work or school [7].

**Individual Placement and Support**

In their study, evaluating a return to work or school after the first episode of schizophrenia, Nuechterlein *et al.* [7] identified that the implementation of individual placement and support following the episode enhanced recovery in individuals with schizophrenia. Individual Placement and Support (IPS) was combined with a Workplace Fundamental Module (WFM) for an enhanced outpatient, vocational intervention and compared to individuals who received conventional vocational rehabilitation in an inpatient setting at UCLA. The results indicated that the IPS-WFM combination led to 83% of patients participating in employment or school after six months of treatment compared to 41% in the group with conventional vocational rehabilitation [7]. Immediate integration into the workplace following the first episode of schizophrenia requires intensive support but is much more effective at achieving the goal of attending school or finding employment.

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**Employers Weigh Risk vs. Individualism**

While the previous study focused on immediate rehabilitation after the first episode, a different study by De Sousa and Lodha [8] identified the impact of schizophrenia in the workplace. This study indicated many issues that may arise while having employees with schizophrenia in the workplace, citing a higher risk for violence, aggression, absenteeism, lack of productivity, and the need for treatment [8]. These issues highlight the negative stigmas associated with schizophrenia and fail to address the individualism aspect when it comes to the disease (see Figure 2). Schizophrenia takes on a different disease process in every individual. Highlighting all the potential problems at work without taking individualism into account will only make employers less willing to hire employees diagnosed with schizophrenia.
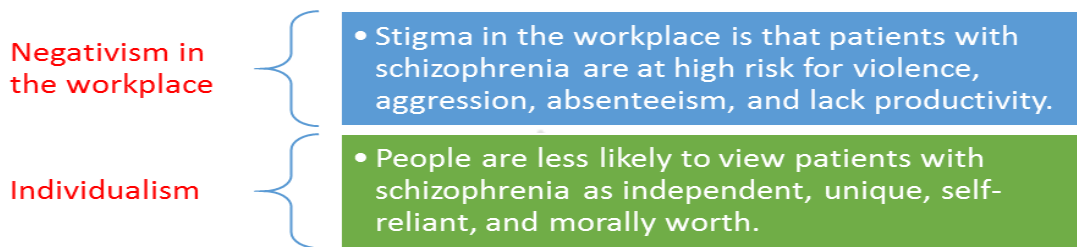


Negativism in the workplace
- Stigma in the workplace is that patients with schizophrenia are at high risk for violence, aggression, absenteeism, and lack productivity.

Individualism
- People are less likely to view patients with schizophrenia as independent, unique, self-reliant, and morally worth.

**Figure No. 2: Impact of schizophrenia in the workplace. Issues that may arise vs. individualism**

**Discrimination in the Workplace**

Addressing workplace discrimination of mental illness is necessary for having a positive workplace environment for individuals with schizophrenia. Yoshimura *et al*. [9] examined whether a psychiatric diagnosis is associated with the likelihood of experienced and anticipated workplace discrimination and the concealment of psychiatric diagnosis. There were 5924 mental health service participants between 2009 and 2014, and they were asked to respond to questions regarding workplace discrimination. Age, gender, ethnicity, employment, and education were all analyzed, and the results of the study concluded that 25.6% of the participants reported experiencing discrimination in the workplace [9]. With such a high prevalence of discrimination against mental illness, employees with schizophrenia are at an increased risk of experiencing discrimination in the workplace.

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**Employment Support Needs**

In a similar study, Carmona *et al*. [10] established employment support needs of people with schizophrenia. Employment acquisition is challenging among the schizophrenia population. With job acquirement being a major goal for people with schizophrenia, the difficulty of acquiring employment is an enormous burden on the recovery and treatment process. In their study, Carmona *et al*. [10] synthesized existent evidence about employment support needs of people diagnosed with schizophrenia using relevant databases to assist in their research. There is a scarcity of publications that evaluate the support needs of employees with schizophrenia; therefore, only twelve articles met the study criteria, which were mostly individualized support programs which creates a logistical issue when it comes to widespread employment support systems being implemented. The combination of lack of research and a heavy focus on individual support has resulted in a lack of adequate employment support for individuals with schizophrenia. Future research should consider societal attitudes, stigma, and work-related legislation [10].

**Negative Stigma**

Hampson *et al*. [11] point out how the negative stigma of individuals living with schizophrenia impacts discrimination in the workplace. The barriers to employment for this population previously described stem from negative stigma and discrimination in the workplace. The employment barriers and support needs of people living with psychosis were investigated. It was concluded that the negative stigma was associated with work avoidance, reluctance to disclose mental health conditions to employers, work-related stress, and reduced employment longevity [11]. Stigma is a concept that is not easily changed but addressing the fact that stigmatization is the first step towards improving employment outcomes for individuals living with schizophrenia.

**Employment is a Symbol of Normalcy**

The employment of individuals diagnosed with schizophrenia has a positive effect on psychosocial well-being [12]. Like most adults, individuals with schizophrenia strive to have a job to promote independence as it is an essential social role in life (see Figure 3). The benefit of employment is significant because social inclusion in the workplace continues their family and

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professional roles independently and symbolizes 'normal' life [12]. Employment for these individuals should be seen as a means of social inclusion rather than a form of treatment. Various studies addressed in the literature review suggest that standards of living and self-esteem are higher among individuals with schizophrenia that are employed.



**Figure No. 3: Employment is a symbol of normal life for people with schizophrenia**

Along with social and individual factors, legal barriers were also addressed by Buz *et al*. 12]. The constitution of Turkey grants everyone the right and duty to work. With working being a right, making the regulations necessary to support individuals with schizophrenia is of utmost importance [12]. Labor laws vary based on the country in which an individual resides. Still, most developed nations have standards to ensure that individuals with mental health disorders are treated fairly under the law.

The problems related to the job placement of individuals with schizophrenia are deeply rooted in discrimination from employers. Oz *et al.* [13] studied opinions and expectations related to job placement, including testimony from both patients and employers. For patients, a job is necessary to improve independent living skills, interpersonal relationships, social functionality, and education [13]. On the contrary, employers worry about prejudice from other employees, the threat of a violent attack, and the need for informative meetings about the disease [13]. Having real-life testimonials and experiences from patients and employers highlights the discrimination individuals with schizophrenia experience in the workplace. It gives insight into the individual experiences of both patients and employers.

Access to employment for people with schizophrenia plays a critical role in the recovery and functioning of people with schizophrenia, and Carmona *et al.* [14] compiled a meta-analysis of randomized controlled trials regarding employment outcomes for people with schizophrenia. The

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employment rates for individuals with schizophrenia range between 14.5-17.2% in the united states, which results in a considerable economic burden on families and health systems [14]. Vocational treatment to enhance employment outcomes effectively increased employment groups compared to the control group [14].

**The Concept of "World Travelling" to Reduce Stigma**

Understanding employment from the position of an individual with schizophrenia is the best way to understand their experience. In an article from [15], the concept of 'World Travelling' was applied to reduce the stigma associated with schizophrenia. 'World Travel' refers to imagining yourself as an individual with schizophrenia in the workplace. This can create a newfound understanding for neurotypical employees and is an effective intervention for employers to use to educate others about the experiences of individuals with schizophrenia.

**DISCUSSION**

Based on the literature review and case studies findings, workplace discrimination is real and affects people with different disabilities ranging from physical, intellectual, and mental. As discussed, schizophrenia is a mental health disorder that requires medication therapy and support to thrive in all aspects of life. Negative symptoms of schizophrenia may include lack of attention and emotion, social withdrawal, and lack of interest in the world around them. Positive symptoms of schizophrenia may include any changes in thoughts or behaviors like hallucinations or delusions. Many people with schizophrenia do not experience hallucinations or delusions that many employers associate with this illness (see Figure 4). The negative stigma associated with schizophrenia and the word "crazy" generally comes from the actions secondary to delusions and hallucinations. Something to consider is that hallucinations and delusions occur most when a person is not managing their illness, whether via medications, therapy, or a combination of both. The positive symptoms are exacerbated while not managing schizophrenia, but the negative symptoms become more noticeable, for example, lack of interest in the world around them and social withdrawal. Negative symptoms can be seen in Patient A and C in the case study; these were demonstrated by patient A arriving tardy to work and eventually stopped showing up. After multiple attempts to get a job, Patient C was finally discouraged enough by potential employers to where he quit searching for jobs and accepted; he was not good enough because of who he

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was. The difficulty for people with schizophrenia to fit into society at a level as basic as a day job is unacceptable. Whether this involves a first, second, or third psychotic episode, they should be supported to ease a patient back into everyday life, including work.
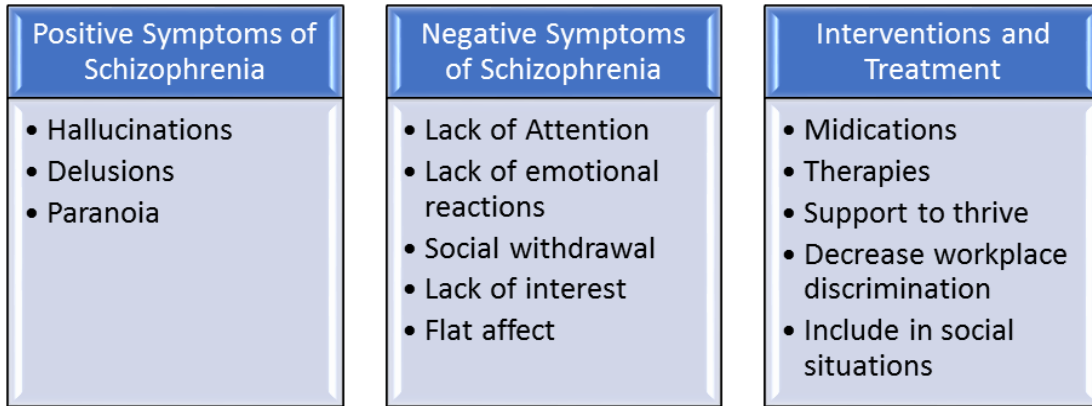
| Positive Symptoms of Schizophrenia | Negative Symptoms of Schizophrenia | Interventions and Treatment |
|---|---|---|
| • Hallucinations<br>• Delusions<br>• Paranoia | • Lack of Attention<br>• Lack of emotional reactions<br>• Social withdrawal<br>• Lack of interest<br>• Flat affect | • Midications<br>• Therapies<br>• Support to thrive<br>• Decrease workplace discrimination<br>• Include in social situations |

**Figure No. 4: Symptoms of schizophrenia and treatment options**

As discussed above, an intervention that proved effective in aiding the transition of persons from a psychiatric episode back to working is Individual Placement and Support (IPS) combined with a Workplace Fundamental Module (WFM) for an enhanced outpatient, vocational intervention. This allows the patients to recover in a setting outside the psych ward, where they still receive support regarding their mental health and transition back to work, with a success rate of 83% of patients participating in employment or school after six months of treatment compared to 41% in the group with conventional vocational rehabilitation [7]. Outcomes were measured by enrollment in academic or employment after six months of treatment. Patients A, B, & C all received vocational rehabilitation. Perhaps if they would have received IPS combined with WFM, greater outcomes may have been achieved. This would have been beneficial for all patients in the above case study, but especially Patient C, who repeatedly tried to get a job but could not land one due to his illness and image. Patient B most definitely would benefit from transitional support because he was involuntarily committed secondary to a work dispute. Any steps to encourage employers to accept those with mental illnesses are a step in the right direction.

It should not be acceptable that out of a total of 5924 mental health service participants between 2009 and 2014, 25.6% reported experiencing workplace discrimination [9]. That is nearly 1,516

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people who were either turned away, fired, or verbally discriminated against in the workplace due to mental illness. With the help of transitional support, a decrease in workplace discrimination will ensure adequate treatment for employees with schizophrenia.

## SUMMARY:

In answering the research question, specifically, in this case, schizophrenia in the workplace is a discriminatory factor when it comes to employment. There is a negative stigma around those with schizophrenia. This stigma is a problem for people with schizophrenia in their job, social life, school, and housing. Remembering that each person is not the same and will cope differently, act and react differently, perform differently, think differently, and most importantly, feel differently is the key to acceptance for all. To not generalize, but to individualize persons and allow them to show who they are, rather than what is thought of as who they are.

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